

# Open Council 24 November

MEETING  
24 November 2021 09:30

PUBLISHED  
16 November 2021

## Meeting of the Council

To be held virtually from **09:30** on Wednesday 24 November 2021

### Agenda

Virtual link: <https://global.gotomeeting.com/join/616155381>

Phone: 0 800 389 5276

Access Code: 616-155-381#

Sir David Warren  
Chair of the Council

Fionnuala Gill  
Council Secretary

<b>1</b>	<b>Welcome and Chair's opening remarks</b>	NMC/21/91	<b>09:30</b>
<b>2</b>	<b>Apologies for absence</b>	NMC/21/92	
<b>3</b>	<b>Declarations of interest</b>	NMC/21/93	
<b>4</b>	<b>Minutes of the previous meeting</b>	NMC/21/94	
	Chair of the Council		
<b>5</b>	<b>Summary of actions</b>	NMC/21/95	
	Secretary		

### Matters for discussion

<b>6</b>	<b>Executive report including performance and risk report (Q2 July to September 2021)</b>	NMC/21/96	<b>09:35</b>
	Chief Executive and Registrar/Executive		
	<i>Comfort break 10 minutes</i>		<i>10:25</i>
<b>7</b>	<b>Fitness to Practise Improvement Programme Update</b>	NMC/21/97	<b>10:35</b>
	Interim Executive Director, Professional Regulation		

8 **Learning Lessons and Improving our Handling of Discrimination Cases Report** NMC/21/98 **11:05**

Interim Executive Director, Professional Regulation

*Comfort break 10 minutes*

**11:35**

### **Matters for Decision**

9 **Pay Gap reports 2021, including WRES survey update** NMC/21/99 **11:45**

Executive Director, People and Organisational Effectiveness

10 **Review of Education recovery standards** NMC/21/100 **12:05**

Executive Director, Professional Practice

11 **Review of the Royal Pharmaceutical Society Competency Framework for All Prescribers** NMC/21/101 **12:35**

Executive Director, Professional Practice

12 **Governance: Review of Council Policies** NMC/21/102 **12:50**

Secretary

13 **Appointment of Fitness to Practise Panel Chairs** NMC/21/103 **13:05**

Interim Executive Director, Professional Regulation

### **Matter for discussion**

14 **Questions from observers** NMC/21/104 **13:15**

Chair

**(Oral)**

### **Matters for information**

15 **Audit Committee Report** NMC/21/105

Chair of the Audit Committee

**16 Investment Committee Report**  
Chair of the Investment Committee

NMC/21/106

**17 Chair's actions taken since the last meeting**  
Chair

NMC/21/107

**CLOSE**

**13:30**

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12
13
14
15
16
17

Meeting of the Council  
Held on 29 September 2021 by videoconference.

## Minutes

### Council:

Sir David Warren	Chair
Karen Cox	Member
Hugh Bayley	Member
Claire Johnston	Member
Tracey MacCormack	Associate
Eileen McEneaney	Member
Marta Phillips	Member
Derek Pretty	Member
Dr Gloria Rowland	Associate
Sue Whelan Tracy	Member
Ruth Walker	Member
Dr Lynne Wigens	Member
Justine Craig	Member

### NMC Officers:

Andrea Sutcliffe	Chief Executive and Registrar
Emma Broadbent	Executive Director, Professional Regulation
Helen Herniman	Executive Director, Resources and Technology Services
Matthew McClelland	Executive Director, Strategy and Insight
Tom Scott	Interim Executive Director, Professional Regulation
Geraldine Walters	Executive Director, Professional Practice
Edward Welsh	Executive Director, Communications and Engagement
Alice Hilken	General Counsel
Anne Trotter	Assistant Director, Education and Standards
Tom Moore	Chief Information Officer, Resources and Technology Services
Fionnuala Gill	Secretary to the Council
Pernilla White	Senior Governance Manager
Alice Horsley	Governance Manager
Mike Andrews	Assistant Director, Quality Improvement ( <i>NMC/21/86 only</i> )
Rob Beaton	Head of Corporate Planning, Performance and Risk ( <i>NMC/21/77 and NMC/21/82 only</i> )
Linda Everet	Interim Deputy Director, Registration and Revalidation ( <i>NMC/21/78 only</i> )
Lubna Haq	Head of Equality, Diversity and Inclusion ( <i>NMC/21/79 &amp; 80 only</i> )
Rose Fieber	EDI Coordinator ( <i>NMC/21/80 only</i> )
Paul Johnson	Assistant Director, Professional Regulation ( <i>NMC/21/81 only</i> )
David Power	Head of Estates ( <i>NMC/21/85 only</i> )

Alexander Rhys

Assistant Director, Professional Practice (*NMC/21/78 only*)

Dan Smith

Head of Procurement (*NMC/21/83 only*)

Sue West

Senior Nursing Education Adviser (*NMC/21/76 only*)

Richard Wilkinson

Assistant Director, Finance and Audit (*NMC/21/82 only*)

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

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12
13
14
15
16
17

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12
13
14
15
16
17

**Minutes**

**NMC/21/71 Welcome and Chair’s opening remarks**

1. The Chair welcomed all attendees to the meeting, including external observers. The Chair also welcomed Jane Slatter, Chair of the Appointments Board; Anne Trotter, Assistant Director, Education and Standards; and Tom Moore, newly appointed Chief Information Officer.
2. The Chair noted that this was an historic week marking the 100 year anniversary of the opening of the Nursing Register.
3. The Chair congratulated Eileen McEaney on her appointment to the GMC’s Advisory Forum on *Good Medical Practice*; Anna Walker in her absence, on her appointment as Chair, South West Academic Health Science Network; and Geraldine Walters on revalidating successfully.

**NMC/21/72 Apologies for absence**

1. Apologies were received from Anna Walker, Council member and Francesca Okosi, Executive Director, People and Organisational Effectiveness.

**NMC/21/73 Declarations of interest**

1. All registrant members, Associates and Geraldine Walters declared an interest in the following items:
  - a) NMC/21/76: Education Programme Standards Review
  - b) NMC/21/78: Planning for the end of the Covid-19 emergency
  - c) NMC/21/81: Fitness to Practise Improvement programme
  - d) NMC/21/82: Review and re-approval of Corporate plan and budget 2020-2021

These interests were not considered material such as to require the individuals concerned to withdraw from discussion or decisions, as they were no more affected by these proposals/changes than other registrants.

**NMC/21/74 Minutes of the previous meeting**

1. The minutes of the meeting on 28 July 2021 were agreed as an accurate record.

**NMC/21/75 Summary of actions**

1. There were no actions to flag on this occasion.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

**Secretary's note: The Senior Nursing Education Adviser joined for this item.**

**NMC/21/76 Educational Programme Standards Review**

1. The Executive Director, Professional Practice introduced proposals for a programme of work to review our pre-registration nursing and midwifery education programme standards, as the requirements of the EU Directive no longer applied.
  
2. In discussion, the following points were noted:
  - a) There was a limited evidence base about the quality and impact of practice hours on learning both in the UK and internationally. Further research was for others to commission and undertake, rather than the NMC; we could encourage and facilitate.
  - b) A more qualitative approach to evidence gathering was likely to be necessary, given that courses would still need to meet requirements for entry on the register.
  - c) Scope for education institutions and providers to be more flexible and innovative around placements was possible by not being bound by the EU directive.
  - d) There was ongoing work with Universities on entry to nursing and midwifery programmes focussed on removing barriers for people from black and ethnic minority backgrounds to enter into nursing and on tackling the difficult experiences they may encounter. Work was ongoing on ensuring that the Education Quality Assurance process identified these issues.
  - e) Internationally, although programmes tended to be three years long, practice hours were not necessarily specified, as required in the EU directive; however other measures such as different approaches to preceptorship may be in place, which meant comparisons were not straightforward.
  - f) There were variations internationally in education and training requirements and any UK trained nurses or midwives seeking to work abroad would need to meet the requirements of specific countries. UK professionals working in other countries and internationally trained working nurses and midwives working here brought benefits in terms of strengthening the professions and maintaining the flexibility to support this was an important consideration
  - g) The international picture was complex. Following UK's exit from the EU, the former mutual recognition of qualifications from countries in the EU no longer applied. Ireland had put in place unilateral arrangements and was continuing to recognise UK qualifications as before, since our standards remain aligned to the EU directive. There were close working links between NMC colleagues and our counterpart, the Nursing and Midwifery Board of Ireland. Agreeing mutual arrangements would be the preferred way forward. However, individual EU countries were unlikely to negotiate on a bilateral basis and separate from the EU-UK trade negotiations.



1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

h) The proposals were welcome, particularly the commitment to co-production and to addressing the four country views and the midwifery implications separately.

3. Summing up, the Chair noted that safe and effective care was our highest priority. As well as maintaining and strengthening our education standards, it was important to ensure that our practices reflected the developing evidence base in the sector on the effectiveness of innovative methods of training. The fact that we were no longer bound by the EU Directive was an important opportunity to consider whether we should change our standards, noting that while some stakeholders might have reservations, others welcomed the possibility of change. It was clear that both groups were equally committed to maintaining and enhancing the quality of education.

4. **Decision: The Council approved a programme of work to explore changes to our standards for pre-registration nursing and midwifery programmes in relation to:**

- the EU requirements for student selection and entry for both nursing and midwifery.
- increasing the flexibility regarding the use of simulation, with the potential to explore increasing simulated practice learning using a range of modalities, to up to 600 hours. For nursing only.
- the knowledge and skills requirements within the EU Directive for nursing and midwifery, where these are now incorporated into our NMC standards of proficiency.
- where standards on required placement settings could be retained, modernised or removed for nursing and midwifery.
- exploring specific areas where there is an appetite for more radical change, where there are currently evidence gaps and a lack of consensus (specifically exploration of the context of programmes which are delivered using less practice learning hours).

**Consequently, the Council approved that:**

- the required numbers of specific experiences required during midwifery education (such as number of births) are retained, as this requires further exploration with subject matter experts.
- the current minimum programme length of three years and the total number of hours (4600) for nursing and midwifery; and the same standards for recognition of prior learning for nursing are retained.
- the current focus on embedding and evaluating our new midwifery standards should be prioritised before making any wider changes to our programme standards. Stakeholders, including our Midwifery Panel, felt that ideally, further research would be required.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12
13
14
15
16
17

5. The Chair thanked the Executive Director, Professional Practice and her team for all the work on this and noted that the Council would keep this subject under constant review, as further research was carried out, and our understanding of the evidence base developed. This would ensure that the Council remained actively engaged in discussing how we could aspire to a higher level of ambition in this area without compromising patient safety.

**Secretary’s note: The Senior Nursing Education Adviser left the meeting. The Head of Corporate Planning, Performance and Risk joined for this item.**

**NMC/21/77 Executive Report**

1. The Chief Executive and Registrar introduced the report; the next quarterly performance and risk report would come to the November meeting of the Council.
2. The Chief Executive noted, with congratulations, the appointments of Sue Tranka as the new Chief Nursing Officer (CNO) in Wales, Alex Mahon as interim Chief Nursing Officer for Scotland and Professor Charlotte McArdle, Chief Nursing Officer in Northern Ireland as Deputy Chief Nursing Officer for Patient Safety and Improvement for NHS England and NHS Improvement England.
3. The Chief Executive highlighted the significant ongoing pressures on the health and care system. A joint statement from the NMC and four CNOs was in preparation to professionals on the register to acknowledge and recognise the pressures they were working under and express gratitude to all of them.
4. In discussion, the following points were noted:
  - a) The NMC had stood firmly with the former NMC Policy Manager, Equality, Diversity and Inclusion (EDI) who had written a personal blog over a year ago titled ‘Dear white people in the UK’ which had subsequently been republished by the NHS Leadership Academy, and more recently received considerable hostile public commentary in the mainstream and social media. The Council expressed solidarity with the former staff member in being able to express personal views consistent with the NMC’s approach to tackling discrimination without being subject to attack. The staff Black and Minority Ethnic Network had organised a ‘Brave space’ discussion for colleagues affected by these attacks, which the Chief Executive attended.
  - b) The second phase of *Ambitious to change* research was underway with invitations being sent to employers to participate in the research, recognising the pressure on the sector. As the research was being undertaken by a third party, no interim findings were available yet.

- c) The NMC's response to the Department of Health and Social Care's decision on mandatory vaccinations for care home staff was welcomed. Whilst the NMC would encourage professionals to take up vaccinations in compliance with government requirements and to protect themselves and the people they care for, mandatory vaccination was a matter for employers and not a Fitness to Practise matter.
- d) As part of regulatory reform, the NMC had provided information to the review KPMG was undertaking for the UK Government's review of the number of regulators, criteria for which professions ought to be regulated and the role of the Professional Standards Authority (PSA). A draft report was expected at the end of December 2021.
- e) The Government's plan was still that regulatory reform should start with the General Medical Council (GMC) with reform of the NMC legislation coming next, with expected implementation in April 2023.
- f) A response had been submitted to Health Education England to assist its work on the long-term strategic framework for health and care workforce planning in England. This included data gathered through the leavers survey; it was clear that workplace pressure and culture were factors. Retention, not just recruitment, needed to be addressed. As the number of Fitness to Practise referrals represented a very small percentage of the number of professionals on the register, it was not possible to identify any direct correlation between pressures in the system and referrals. Consideration would be given to sharing any learning from referrals across the wider health and care system
- g) The joint work with the GMC and the Care Quality Commission (CQC) was currently focused on England, but would be expanded to the other four countries in the future. Putting in place the necessary security and data-sharing agreements was a complex and slow process.
- h) The internal Midwifery and Maternity Services Coordination Group (MMSCG), chaired by the Executive Director, Strategy and Insight included a wide range of colleagues including the two senior midwifery advisors and was aimed at learning across the four countries. The focus of the group was on sharing learning with the sector, including on how we can best collaborate with others to make a difference with our partners, stakeholders and the public.

4. Summing up, the Chair noted the important themes from this discussion, which included the continuing pressures on the system, the importance of context on maternity safety and fitness to practise matters. All of these were issues which the Council would want to keep on its agenda and review in the future.

**Secretary's note: The Head of Corporate Planning, Performance and Risk left the meeting. The Interim Deputy Director, Registration and Revalidation and the Assistant Director, Professional Practice joined for this item.**

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12
13
14
15
16
17

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

**NMC/21/78 Planning for the end of the Covid-19 emergency**

1. The Executive Director, Strategy and Insight introduced this paper, which set out the preparations being made for when the Government declared the Covid-19 emergency period over and the implications for our temporary register and emergency and recovery standards.
  
2. There had been no formal notification of the Government’s intentions but it was understood that the Parliament was due to debate extension of the Coronavirus Act during October 2021. The changes proposed were to enable us to be well prepared to support employers and professionals on our register. Further, the proposal to stop people from entering the temporary register three months before closure would enable resources to be focused on supporting those on the temporary register to transition onto the permanent register, if they wished to do so.
  
3. In discussion, the following points were noted:
  - a) The process to transfer from the temporary register to the permanent register was relatively straightforward.
  - b) Whilst a high proportion of people on the temporary register were working on the vaccination programme, registration was not needed to administer the vaccine.
  - c) There were 93 overseas-trained temporary registrants who were still waiting to join the permanent register. They had all been contacted to offer support and guidance to complete their permanent registration.
  - d) The Objective Structured Clinical Examination (OSCE) test centres had sufficient capacity.
  
4. **Decision: The Council:**
  - **approved the proposal to stop adding new people to the temporary register three months before the end of the emergency once that date is known.**
  - **noted our approach to supporting temporary registrants to join the permanent register.**
  - **noted our approach to withdrawing emergency and recovery standards in line with the Council’s previous decisions.**
  - **noted the communications plan.**
  
5. The Chair thanked the Executive Director, Strategy and Insight and the Interim Deputy Director, Registration and Revalidation for all the work in this area.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

**Secretary's note: The Interim Deputy Director, Registration and Revalidation and the Assistant Director, Professional Practice left the meeting. The Head of Equality, Diversity, and Inclusion joined for this item.**

**NMC/21/79 Introduction of the Equality, Diversity and Inclusion Plan 2021–2025**

1. The Chair noted on behalf of the Council the importance of integrating Equality, Diversity and Inclusion (EDI) into all aspects of our work.
2. The Head of EDI introduced the proposals for a refreshed EDI Plan, replacing the previous EDI framework from September 2020. The plan addressed both our roles as a regulator and as an employer and had been widely discussed within the organisation. At the heart of our approach was relating everything to the NMC strategy and taking a person-centred approach. The aim was to be more joined up, strategic, targeted and proactive in how we achieved this, but also to make sure that we could sustain and build on progress.
3. In discussion, the following points were noted:
  - a) The refreshed EDI plan built on the previous framework from 2020, including work on our pay gap reports and stakeholder engagement. The work to date had been aligned with our strategy and four core priority areas.
  - b) The Council was keen to understand what would be different and how the Council could hold the organisation accountable for delivery. Whilst not all outcomes were measurable, a detailed plan was being developed bringing various actions together, including on black lives matter, race equality and disability. *(Secretary's note: this will be brought to the Council's meeting in January 2022.)*
  - c) The inequalities in maternity services such as the disproportionate number of Black and Asian women who die in childbirth compared to the white population were stark. The disaggregation of diversity data, as part of the Ambitious for Change project to understand if there was a particular impact on midwifery professionals on our register was welcome.
  - d) The NMC strategy included a commitment to review and update the Code: Professional standards of practice and behaviour for nurses and midwives (the Code) by 2025. This was an important opportunity to emphasise anti-racism in a clearer way within the future Code. The future nurse and future midwife standards had already ensured that these messages were amplified.
  - e) The recognition of the criticality of health inequalities was welcome. It was important to remember that the role of the NMC was to influence, advocate and work with others, both regulators and other partners in tackling these issues. For example, a joint statement had been published with the NHS Race and Health Observatory and we were engaging with the various different nursing and midwifery networks and groups.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

- f) The strength of the staff networks within the NMC was also acknowledged; it was important that the action plan identified how contributions from these networks would be incorporated and taken forward.
- g) All our EDI principles also applied to our work with suppliers and contractors. This was a requirement of any successful bid to work with us and work was now ongoing to look at how to monitor compliance.
- h) The focus on internal matters to start with was necessary; once we could demonstrate we had the basics right and could show that we were a good employer, our ability to influence external matters would be stronger.

4. The Council noted the responses provided to a series of EDI related questions received from an observer through social media. The responses are attached at **Annexe B**.
5. The Chair thanked the Executive Director, People and Organisational Effectiveness, in her absence, and the Head of EDI for development of the plan and for championing this across the organisation.
6. Summing up, the Chair and Chief Executive noted that this paper had provoked discussion about health and inequality, anti-racism, the position of the NMC as a leader on areas of policies which directly underpin our support to nurses, nursing associates, midwives and leaders. Thought leadership had come through strongly in our consultation on development of the 2020-2025 Strategy, with many professionals on the register wanting us to use our insight to influence the future working environment for them.
7. The NMC needed to promote a positive, inclusive and safe environment for all registrants on the register including those with protected characteristics. With over 730,000 professionals on the register, our influence was significant. This was an important leadership role; however we also need to benefit from the expertise of others and recognise we did not have all the answers. The NMC was proud and keen to develop this further in collaboration and partnership including our employee networks and particularly our BMe network. The Chair congratulated the network on being shortlisted in the Employee Network Group of the Year category at the Enei Inclusivity Excellence Awards 2021.
8. **Decision: The Council approved the revised EDI plan 2021-2025 for publication.**

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

**Action:** Share the detailed EDI action plan with the Council, incorporating measurable outcomes, the role of the NMC and collaboration with others including staff networks.  
**For:** Executive Director, People and Organisational Effectiveness  
**By:** 26 January 2022

*Secretary's note: The EDI Coordinator joined for this item.*

**NMC/21/80 Adroddiad Monitro'r Cynllun iaith Gymraeg ar gyfer y cyfnod rhwng 1 Ebrill 2020 a 31 Mawrth 2021**

**Welsh Language Scheme annual monitoring Report 1 April 2020 to 31 March 2021**

1. The Head of EDI introduced this item which addressed how the NMC had complied with the Welsh language scheme requirements during 2020-2021. If approved by the Council, the annual report would be submitted to the Welsh Language Commissioner.
2. In discussion the following points were noted:
  - a) The report was welcome and showed this was more than just a commitment to the Welsh language, it was also about the engagement taking place between NMC and Wales. The Chief Executive, the Executive Director, Communications and Engagement and colleagues were thanked for keeping the relationships strong.
  - b) The outcomes of the Welsh Language Commissioner's consultation should be shared with the Council.
  - c) The approach taken by Executive Directors, in linking to particular countries, had strengthened the work of the NMC across all four countries.
  - d) The number of staff with Welsh language awareness training was low. However, it was less the numbers that were important and more whether relevant front line staff were equipped to deal with any Welsh language requests, for example, in the contact centre. This would be checked and be reported back to the Council.
3. **Decision: The Council approved the draft Welsh language scheme annual monitoring report 2020–2021.**

**Action:** Give further consideration to ensuring that relevant staff are appropriately equipped to deal with any Welsh language requests and report back to the Council  
**For:** Executive Director, People and Organisational Effectiveness  
**By:** 24 November 2021

*Secretary's note: The EDI Coordinator left the meeting. The Assistant Director, Professional Regulation joined for this item.*

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

**NMC/21/81 Fitness to Practise Improvement Programme Update**

1. The Interim Executive Director, Professional Regulation introduced the update on the progress of the Fitness to Practise (FtP) improvement programme and efforts to reduce the caseload backlog through the following key areas for focus: headcount; resolving cases earlier; avoiding process bottlenecks; and embedding improvements.
  
2. It was noted that the narrative related to the end of July 2021 figures, rather than the August 2021 figures included in the performance metrics at Annexe 1 to the report.
  
3. In discussion, the following points were noted:
  - a) Recruitment and retention was an ongoing challenge. There had been an ambition to create a recruitment pool, however this was depleted before it was created as there were more vacancies than anticipated. Many colleagues moved onto other roles in the NMC with FtP often serving as an entry point for colleagues. Steps were being taken, including offering permanent rather than fixed term roles and creating teams within screening and investigation with the aim of slowing down, and/or reducing the impact of, turnover.
  - b) High caseloads put colleagues under pressure and also affected turnover. Some of the steps being taken should help increase job satisfaction by removing more repetitious aspects of roles. Colleagues were being encouraged to be part of identifying and implementing improvements.
  - c) Staff absences in the screening decision making team were around 50 percent which meant that the number of cases waiting for a decision was increasing.
  - d) In terms of ensuring appropriate referrals, improvements had been made to the website and the online referral form.
  - e) Improving productivity and maintaining quality were equally important. The quality of decision-making was being carefully monitored; there had been no increases in decisions being challenged even through productivity was increasing, nor any increase in complaints.
  - f) Remote working had made it more challenging to embed good practice and ways of addressing this included regular reviews of the training material, an increased use of instant messaging tools, in-person training and engagement as appropriate. This would also inform the planning regarding our return to work.
  - g) Communications about our progress were primarily through existing channels, including with the representative bodies and Unions who were working closely with us; CNOs and key stakeholders. Consideration could usefully be given to how we communicated with employers, providers and others more widely.



1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

4. In summing up, the Chair noted that the next update on the FtP improvement programme would be provided to the Council in November. The Interim Executive Director, Professional Regulation, the Assistant Director, Professional Regulation and all colleagues were thanked for the hard work going into the improvement programme.

**Secretary’s note: The Assistant Director, Professional Regulation left the meeting. The Assistant Director, Finance and Audit and the Head of Corporate Planning, Performance and Risk joined for this item.**

**NMC/21/82 Review and re-approval of Corporate plan and budget 2020-2021**

1. The Executive Director, Resources and Technology Services introduced the report which requested re-approval of the 2021–2022 corporate plan and budget agreed in March 2021, with no changes.
2. In discussion, the following points were noted:
  - a) Recruitment and retention issues, such as making sure that the NMC was a competitive and attractive employer on the labour market would be part of the business planning process for next year’s budget.
  - b) The budget underspend was linked to challenges in recruitment and delivery and timing of key strategic programmes of work. For example, the timescales for refurbishment of 23 Portland Place and the Modernisation of Technology Services programme (MOTs) programme were different from when the budget was originally set in March 2021. It was important to be realistic about the timing of work. Whilst higher than budgeted free reserves at the end of 2021-2022 potentially provided scope to operate with a deficit for slightly longer, setting deficit budgets should not be a long term position.
  - c) Improving customer and user experience was a key focus for MOTs. The interim Executive Director, Professional Regulation was now the Senior Owner for the programme and was working closely with the Chief Product Owner and team to ensure this.
  - d) Phase 2a of the programme was coming to an end and work was commencing on the next phase which would be brought back to the Council for approval. In developing the replacement for the FtP case management system, the focus would be future needs taking account of the FtP improvement programme and regulatory reform and not transferring over current processes. A current work stream within the FtP improvement programme was focused on how technology could support a more agile approach in the future, with a number of pilots running to assist with this.
3. **Decision: The Council confirmed its approval of the 2021–2022 budget agreed in March 2021, with no changes.**

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12
13
14
15
16
17

**Secretary's note: The Head of Corporate Planning, Performance and Risk left the meeting. The Head of Procurement joined for this item.**

**NMC/21/83 Appointment of external auditors**

1. The Executive Director, Resources and Technology Services introduced the report which sought Council's approval to appoint HW Fisher LLP, a top 25 UK chartered accountancy firm, as external auditors. The proposed contract would last up to ten years, with a review at five years.
2. The Chair of the Audit Committee noted that the NMC had received an excellent service from the outgoing external auditors, haysmacintyre; however, retender of the external audit contract was in accordance with good practice. The lead Partner at HW Fisher LLP had significant experience of both charity audit and working with the National Audit Office.
3. As discussed earlier, it was important to recognise the influence that we have on EDI matters in relation to contractors. For example whilst the senior team and Partners at HW Fisher LLP included accountants from Asian backgrounds, there appeared to be none from a black background. We could explore issues such as this with them in terms of any action they were taking to address this.
4. **Decision: The Council approved the appointment of HW Fisher LLP as external auditors. The contract will last up to ten years, with a review at five years.**
5. The Chair thanked the Executive Director, Resources and Technology Services, the Chair of the Audit Committee and everyone else involved for all the work on this matter.

**Action: Explore Equality Diversity and Inclusion issues with HW Fisher LLP in particular action being taken to ensure colleagues from all diverse backgrounds can progress.**  
**For: Executive Director, Resources and Technology Services**  
**By: 24 November 2021**

**Secretary's note: The Head of Procurement left the meeting. The Chair of the Appointments Board joined for this item.**

**NMC/21/84 Panel member transfers between Practice Committees**

1. The Interim Executive Director, Professional Regulation introduced this paper which sought Council's approval of the Appointments Board's recommendation to transfer the four panel members listed at Annexe 1 from the Investigating Committee to the Fitness to Practise Committee.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

2. The Chair of the Appointments Board assured the Council that this was a house-keeping matter, which did not involve any changes to anyone's tenure.

3. **Decision: The Council accepted the recommendation of the Appointments Board to transfer the four panel members listed at Annexe 1 from the Investigating Committee to the Fitness to Practise Committee.**

**Secretary's note: The Head of Estates joined for this item.**

**NMC/21/85 Annual Health, Safety and Security Report**

1. The Executive Director, Resources and Technology Services introduced this report which sought to provide assurance to the Council that the NMC was managing its health and safety obligations.

2. The Head of Estates noted that there continued to be a focus on ensuring that the offices were Covid-19 secure and providing wellbeing and mental health support to colleagues.

3. In discussion, the following points were noted:

- a) Support for colleagues' mental health and wellbeing had been a major focus over the last year. A 'Thrive app' had been introduced as part our employee assistance programme and mental health first aiders were available to support colleagues. The Communications and Engagement team had also worked on triggers which might cause increased concerns for colleagues and addressing these in communications.
- b) Those colleagues keen to return to the office, for example, due to challenges working from home were able to do so.
- c) Sickness levels for both physical and mental health were monitored.
- d) All colleagues were required to undertake assessments of their workspace at home and action taken to address any reasonable adjustments needed. A business account was available for colleagues who need to purchase any office equipment to make up a suitable home working environment. The account was subject to review to ensure it was still fit for purpose.
- e) Separate risk assessments had also been carried out with all colleagues around return to the workplace and these included issues such as workload pressures.
- f) There had been a dip in the completion of the mandatory e-learning for health and safety, which could be due to workload issues. It was important for managers to continue to encourage the uptake of this training. The Health and Safety steering group, chaired by the Head of Estates was looking into the training issue as well as a review of the e-learning itself to make sure it was appropriately tailored to future ways of working and not merely office-focused.

- g) A fire risk assessment had been carried out and shared with the Council in relation to the offices at One Westfield Avenue. A number of findings had been identified and an action had been put in place to address these in conjunction with the Landlord's building manager.

4. **Decision: The Council approved the Annual Health, Safety and Security Report 2020-2021.**

***Secretary's note: The Head of Estates left the meeting. The Assistant Director of Quality Improvement joined for this item.***

**NMC/21/86 Professional Standards Authority performance review 2019-2020 action plan**

1. The Chief Executive and Registrar introduced this item which updated the Council on action to address learning from the Professional Standards Authority's (PSA's) performance review report 2019-2020.
2. The Chief Executive noted that the draft PSA performance report for 2020-2021 was expected in early October. Timescale for publication of the report was not yet known.
3. In discussion, the following points were noted:
  - a) The 2019-2020 report covered the pre-Covid-19 period. The 2020-2021 report would capture the first year of Covid-19.
  - b) Timeliness of the reports was critical in ensuring the feedback and learning was helpful and relevant and so that there was an opportunity to implement the recommendations from a previous report before the next review began.
  - c) The Chair and Chief Executive had been encouraged that at their recent introductory meeting, the PSA Chair and Chief Executive had made clear they were committed to significantly improving the timeliness of the reports. The PSA was also looking at the performance review process and how this could be made more of a dialogue.
4. The Council welcomed the report but noted that greater granularity around the issues already addressed would be helpful in future updates.
5. The Chair thanked the Assistant Director, Quality Improvement and, in her absence, the Executive Director, People and Organisational Effectiveness for all the work on this.

**Action: Ensure that future PSA performance review updates includes greater granularity around issues already addressed**  
**For: Executive Director, People and Organisational Effectiveness**  
**By: 24 November 2022**

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

**Secretary's note: The Assistant Director of Quality Improvement left the meeting.**

**NMC/21/87 Questions from observers**

1. The Council noted the written questions submitted by observers and the responses as set out in **Annexe C** to the minutes. It was noted that full written responses would be sent to the Observers who had asked the questions and they would also be published on the website.

**NMC/21/88 Investment Committee Report**

1. The Committee noted the report of the Investment Committee meeting on 27 July 2021.

**NMC/21/89 Appointments Board Report**

1. The Committee noted the Appointments Board report of the meeting on 8 September 2021.

**NMC/21/90 Chair's actions taken since the last meeting**

1. There had been the following three Chair's actions since the last meeting:
  - approving the Annual Returns 2020-2021 to the Charity Commission and the Office of the Scottish Charity Regulator (OSCR);
  - sealing the License to Carry out Works at One Westfield Avenue, Stratford); and
  - authorising action to correct an error in the Annual Fitness to Practise Report 2020-2021.

**Closing remarks**

1. The Chair thanked everyone who had joined the meeting for listening. All colleagues, including Council members were also thanked for their ongoing hard work and dedication.

**Confirmed by the Council as a correct record; Chair's permission given to attach electronic signature due to Covid-19 emergency in the UK.**

**SIGNATURE:** .....

**DATE:** .....

## Attendees

### Observers

Kate Fawcett	Senior Scrutiny Officer, Professional Standards Authority
Eileen McKenna	Associate Director, Royal College of Nursing (RCN) Scotland
Carmel Lloyd	Midwife, Royal College of Midwives, Retired
Liz Fenton	Deputy Chief Nurse, Health Education England (HEE)
Bridget Hoad	Regional Clinical Lead – Nursing, HEE
Cheryl Fagan	Clinical Fellow, HEE
Crystal Oldman	Chief Executive, The Queen's Nursing Institute
Victoria Bagshaw	Regional workforce lead, NHS England/Improvement
Gail Adams	Head of Professional Services, UNISON
Jane Beach	Lead professional officer regulation, Unite the union
Beverley Curtis	Corporate Governance Officer, Education Workforce Council, Wales
Annie Burrin	Patient Safety and Organisational Learning Manager, Cardiff and Vale University Health Board
Joanna Kehoe	Student health visitor, Hertfordshire Community NHS
Helen Dogo	Specialist stroke nurse, Midlands Partnership Foundation Trust
James Penry-Davey	Partner, Capsticks Solicitors LLP
Jenny Wood	Associate, Capsticks Solicitors LLP
Ajinder Gidda	Nurse, University hospitals of Derby and Burton
Cynthia Joy Ibhafidon	Nurse/Midwife, People Tree Hospital
Caroline Marshallsay	Nurse, University Hospital Dorset
Jenny McNeill	Lead Midwife for Education, Queen's University Belfast
Alex Penfold	Registered Mental Health Nurse, Priory Group
Grace Chapman	Practice Nurse, St Austell Healthcare
Nichola Davidson	Community Staff Nurse, Bridgewater Community
Emma King	Health visitor, NHS
Julie Armoogum	Macmillan Senior Lecturer, University of the West of England Bristol
Mushtag Kahin	Community Engagement Practitioner, Barnet Enfield Haringey NHS Trust
Richard Williams	Senior Lecturer - Practice Learning Lead, Edge Hill University
Emilio Borbon	Charge Nurse, Chelsea & Westminster Hospital NHS Trust
Sarah Lee	Senior Lecturer, University of Essex
Christine Jehorstnam	Nurse Consultant Director, Talent Care Professionals LTD
Katie Robinson	Associate Director of Nursing, Leeds Teaching Hospitals
Claire Farrugia	Infection prevention and control nurse, Mater Dei
Geraldine Nevin	Director for Apprenticeships, Birmingham City University
Kate Bowers	Academic Lead, University of Hull
Abbie Fordham Barnes	Associate Professor, Birmingham City University
Francesca Marney	HR GMTS Trainee, NHS Business Services Authority

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12
13
14
15
16
17

**Press**

Gemma Mitchell  
Megan Ford  
Kimberley Hackett

News editor, Nursing Times  
Reporter, Nursing Times  
Senior news reporter, Nursing Standard.

**NMC staff observing**

Elizabeth Faircliffe  
Natalie Brown  
Susan West  
Louis Sewitt  
Colette Howarth  
Michele Harrison  
Jack Kilker  
Emma Lawrence  
Abigail Burtenshaw  
Atif Ahmed  
Bethan Lethbridge  
Karen Sellick  
Lucy Thorne  
Dan Regan  
Lauren Barnie

Events Manager  
Paralegal, GCT  
Senior Nursing Education Adviser, PP  
Policy Manager, Regulatory Reform team  
Intelligence Sharing Officer, S&I  
Regulation Adviser, S&I  
Senior EDI Policy Officer, P&OE  
Regulatory EDI Manager, P&OE  
Governance Manager  
Corporate Performance and Risk Officer, RTS  
Senior Planning and Risk Improvement Officer, C&E  
Corporate Planning Delivery Manager, RTS  
Policy Manager, PR  
Policy Manager, PR  
Lawyer, GCT

## Observer questions – Council meeting 29 September 2021

### Questions submitted by Mushtag Kahin via Twitter

**You have 16 leaders in NMC with only person of colour.**

#### Response

- We have 12 Council members – one Council member is from a black and minority ethnic background.
- The Council is committed to diversity and in January 2021, we appointed two Associates. So of the 14 Council and Associates colleagues, 3 have a black and minority ethnic background.
- Our leadership also includes eight Executive colleagues, of whom one is from a black and minority ethnic background. Within the overall leadership of 22, we have four black and minority ethnic colleagues – just under 20%.

**What will NMC do to increase diversity and embed anti-racism in the organisation?**

**What actions are being taken to become an anti-racist organisation?**

#### Response

- We have a joint statement on anti-racism which sends a clear message on our position and is on our web site
- We are pulling together various threads from Workplace Race Equality Survey, staff engagement survey, Pay Gap reports, Black Lives Matter action plan, rising together findings (internal programme for BAME staff), BMe staff forum recommendations and the People Plan into one action plan. This will look at embedding anti-racism and EDI more broadly into all policies, processes, training, and development and, very importantly, talent management.
- We will look at our end-to-end approach to recruitment and make improvements to encourage application, interview, and appointment of more senior BAME people
- We are specifically looking at bullying and harassment, grievances etc. to find out if we have any issues here and have committed to tackle them
- We have an active BMe network and encourage safe space discussions. The Network Chairs are members of our Equality Diversity and Inclusion Leadership Group and so can input on policy and process and have an opportunity to highlight other areas of discrimination
- We are embedding anti-racism by developing all our learning and development to include clear expectations of all staff and a programme to support managers as well as developing a resource pack of readily accessible resources
- We regularly talk to other regulators and look at good practice elsewhere to make what we do stronger.
- Alongside the work on race equality we are committed to equality across the piece. The work of the EDILG includes our other staff networks and groups, such as LGBT+, Disability and we encourage the groups to work collaboratively on intersectional issues.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.



1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

**How will NMC ensure psychological safety for Black nursing associates, nurses, and midwives when 63% of referrals are no case to answer?**

**Response**

We understand that being referred to our fitness to practise process can be overwhelming for anyone. We also know that the majority of referrals result in no case to answer across all professions and ethnicities and that these often get a long way through our process before this decision is reached, which is difficult to all involved.

Our Ambitious for Change research has shown that professionals from a Black or Minority Ethnic background are more likely to be referred to us by their employer.

We are tackling this in a number of ways:

- Taking a more person-centred approach. We have a free 24-hour careline service to give emotional support, as well as practical help and advice to registrants during the fitness to practise process.
- Working with employers to prioritise local action and ensure referrals are managed effectively at a local level, where appropriate. This has had a dramatic downward effect on inappropriate referrals, resulting in fewer no case to answer referrals from employers.
- Getting a clear understanding of concerns at an early stage has seen us conclude more referrals at the first stage of our process, avoiding the anxiety, stress and uncertainty that can arise from a lengthy investigation.
- A more systematic approach to capturing and taking account of **context** in our fitness to practise investigations.
- Concentrating on what registrants have done to strengthen their practice where there is a concern, so we can make an informed decision at an early stage without the need for lengthy investigations.
- Only holding full hearings to resolve material disputes between us and the professional.

We hope these changes better support professionals subject to fitness to practise investigations and we will continue to monitor how they are having a positive impact.

As part of the second phase of our Ambitious for Change research we are speaking to professionals referred to fitness to practise to help us understand the impact on them and hear their views about what they think we and others can do to tackle any unfairness.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12
13
14
15
16
17

**What accountabilities will NMC take when NHS Trusts and individuals refer Black registrants due to biases, racism and Islamophobia exposing themselves posing a danger to the public and patients?**

**Response**

Our work on context and our work with employers are both key to this. As mentioned last year we published guidance and resources for employers on managing concerns locally. It encourages employers to:

- 1.Promote just culture
- 2.Have clear policies in place
- 3.Treat everyone fairly, and actively look for and address areas of bias or discrimination in local processes
- 4.Ensure that referrals are signed off by someone other than the person who investigated the concerns so they can satisfy themselves that a referral is fair and appropriate

The guidance makes it clear that any evidence of bias of discrimination in a referral would be a very serious concern that we would need to investigate. Any alleged discrimination would need to be identified separately and dealt with on that basis.

**Observer questions – Council meeting 29 September 2021**

<b>Questions submitted by Christine Jehoratham to the Secretary via email on 28 September 2021</b>	1.
<p><b>1. I am very much supportive of the SPQ programme. I have personally witnessed. How the agents. who are taking the contracts with the council. The delivery of care for people in their own homes is very frightening. Please give some clarity in this. I would like to be part of this programme.</b></p> <p><i>Thank you for your interest in our post registrations review. The 16 week consultation closed on 2 August 2021 and the responses are being independently analysed and will inform the next phase of this work. Further information on the work done so far and on the next steps can be found <a href="#">here</a>.</i></p>	2. 3. 4. 5.
<p><b>2. Adult Nursing Programme. Does still have the Protocol remaining the same. What I mean is. Do they have to do the CBT which is designed for the Trained nurses. Its Part 1 and Part Two. which I am embarking on teaching with my team.</b></p> <p><i>All professionals applying to the NMC register who gained their qualification outside the UK will follow the same registration process and meet the same requirements whichever part of the register they are seeking to join. This means they will need to pass the two part test of competence which comprises the CBT that covers numeracy and clinical theory and the objective structured clinical examination (OSCE), which is a practical exam.</i></p>	6. 7. 8. 9.
<p><b>3. Senior carers who are now begin allowed to come into the UK. what sort of Protocol is the regulatory body NMC following?</b></p> <p><i>We regulate nurses and midwives across the UK, and nursing associates in England. We are therefore unable to comment on the protocol for Senior carers, as this is not a role we regulate.</i></p>	10 11. 12
<p><b>4. Can the NMC have a joint meeting with the Board force on Immigration.</b></p> <p><i>Immigration and visa requirements are solely a matter for the Home Office. We are of course mindful of the impact their policies have on the workforce in the UK and we will be responding to the Migration Advisory Committee's call for evidence for their review into <a href="#">The impact of the ending of freedom of movement on the adult social care sector: call for evidence</a>. The NMC has regular contact with the Home Office in relation to visa requirements.</i></p>	13 14 15 16 17

## Council

### Summary of actions

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

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

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

## Summary of outstanding actions arising from the Council meeting on 29 September 2021

Minute	Action	Action owner	Report back date	Progress to date
<b>NMC/21/79</b>	<p><b>Introduction of the Equality, Diversity and Inclusion (EDI) Plan 2021–2025</b></p> <p>Share the detailed EDI action plan with the Council, incorporating measurable outcomes, the role of the NMC and collaboration with others including staff networks</p>	<b>Executive Director, People and Organisational Effectiveness</b>	<b>26 January 2022</b>	This is on the agenda for the meeting on 26 January 2022.
<b>NMC/21/80</b>	<p><b>Welsh Language Scheme annual monitoring Report 1 April 2020 to 31 March 2021</b></p> <p>Give further consideration to ensuring that relevant staff are appropriately equipped to deal with any Welsh language requests and report back to the Council</p>	<b>Executive Director, People and Organisational Effectiveness</b>	<b>24 November 2021</b>	We are reviewing this and will update Council in January 2022.

Minute	Action	Action owner	Report back date	Progress to date
<b>NMC/21/83</b>	<p><b>Appointment of external auditors</b></p> <p>Explore Equality Diversity and Inclusion issues with HW Fisher LLP in particular action being taken to ensure colleagues from all diverse backgrounds can progress</p>	<p><b>Executive Director, Resources and Technology Services</b></p>	<p><b>24 November 2021</b></p>	<p>This is an agenda item for discussion at the February 2022 meeting of the Audit Committee.</p>
<b>NMC/21/86</b>	<p><b>Professional Standards Authority performance review 2019-2020 action plan</b></p> <p>Ensure that future PSA performance review updates include greater granularity around issues already addressed.</p>	<p><b>Executive Director, People and Organisational Effectiveness</b></p>	<p><b>24 November 2022</b> <b>26 January 2022</b></p>	<p>We will ensure this is addressed when the 2020-2021 PSA performance review report is considered by Council at the meeting on 22 January 2022.</p>

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

## Summary of outstanding actions arising from the Council meeting on 28 July 2021

Minute	Action	Action owner	Report back date	Progress to date
NMC/21/66	<p><b>Corporate risk report</b></p> <p>Reflect on the balance of information included in the summary corporate exposure risk report and full corporate risk register.</p>	<p><b>Executive Director, Resources and Technology Services</b></p>	<p><b>24 November 2021</b></p>	<p>There are two key documents that we maintain to track and monitor our corporate risk and which complement one another:</p> <ol style="list-style-type: none"> <li>1. Corporate risk register: this contains our detailed entries regarding the causes, impacts, and mitigations for each corporate risk.</li> <li>2. Corporate risk exposure report: this provides a summary picture of the current factors that could impact our risk exposure, and is designed to link risks back to our performance.</li> </ol> <p>Factors highlighted within the risk exposure report are then added to the corporate risk register as appropriate.</p> <p>The corporate risk register is provided to the Council twice a year (at Q2 and Q4), and the corporate risk exposure report as part of the performance and risk report provided quarterly with the Executive Report.</p>

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

Minute	Action	Action owner	Report back date	Progress to date
				<p>To respond to the Council's feedback, we have:</p> <ul style="list-style-type: none"> <li>- Provided a description of how the two reports work together;</li> <li>- Clarified that our risk scores are post mitigation for actions already in place (residual risk score);</li> </ul> <p>The full corporate risk register is provided with the performance and risk report at this meeting. Where risks need more clarity (such as STR/19/02) we have also provided the key risk factors (see below).</p>
<b>NMC/21/66</b>	<p><b>Corporate risk STR/19/02</b></p> <p>Develop a clearer, more specific articulation of corporate risk STR19/02 that we fail to delivery our strategic ambitions for 2020-2025.</p>	<b>Executive Director, Strategy and Insight</b>	<b>24 November 2021</b>	<p>We have reviewed the risk articulation and causations on the corporate risk register and concluded they accurately reflect the current risk exposure.</p> <p>We have added the contributing factors to the risk exposure report to make matters clearer.</p>
<b>NMC/21/66</b>	<p><b>Corporate risk INF21/04</b></p> <p>Review the stable rating for the risk relating to Modernisation of Technology (INF21/04).</p>	<b>Interim Executive Director, Professional Regulation</b>	<b>24 November 2021</b>	<p>The risk has been reviewed and the latest position reflected in the Executive Report.</p>

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.



Minute	Action	Action owner	Report back date	Progress to date
<b>NMC/21/67</b>	<p><b>Fitness to Practise: case review</b></p> <p>Update the Council on how learning and action from the case review is integrated into the improvement programme and given immediacy.</p>	<b>Interim Executive Director, Professional Regulation</b>	<b>24 November 2021</b>	This on the agenda for the meeting (see item 7).

### Summary of outstanding action arising from the Council meeting on 7 July 2021

Minute	Action	Action owner	Report back date	Progress to date
<b>NMC/21/52</b>	<p><b>Executive Report – Health and Social Care Committee Report</b></p> <p>Report back on maternity services safety issues, including action to address the Health and Social Care Committee report recommendations.</p>	<b>Executive Director, Professional Practice / Executive Director Strategy and Insight</b>	<b>24 November 2021</b>	<p>The Council is due to discuss midwifery and maternity services at the seminar on 23 November 2021.</p> <p>The <a href="#">Government's response</a> to the Health and Social Care Committee report on maternity services in England was published on 21 September 2021. The response explains the work we are doing to help end a blame culture in maternity services.</p>

## Summary of outstanding actions arising from the Council meeting on 19 May 2021

Minute	Action	Action owner	Report back date	Progress to date
<b>NMC/21/36</b>	<p><b>Education Emergency and Recovery Standards</b></p> <p>Bring back the recovery standards enabling AELs to replace up to 300 hours of practice learning with alternative methods of simulated practice learning across the programme (RN5 and RN5.1) for review in 6 months' time</p>	<b>Executive Director, Professional Practice</b>	<b>24 November 2021</b>	This is an agenda item for the meeting (see item 10).
<b>NMC/21/38</b>	<p><b>Review of Investment Policy</b></p> <p>Review the position relating to investing in companies profiting from opioid dependency</p>	<b>Executive Director, Resources and Technology Services</b>	<b>29 September 2021</b>	The Investment Committee agreed to recommend to Council that the NMC's policy should not make any specific declaration with regards to opioid manufacturers, but rely on Sarasin's existing environmental, social and governance (ESG) vetting processes. See the Committee's report on this agenda (item 16).

## Summary of outstanding actions arising from the Council meeting on 24 March 2021

Minute	Action	Action owner	Report back date	Progress to date
NMC/21/22	<p><b>Emergency Rules – consultation outcomes and decision on continuing use of powers</b></p> <p>Report back on the review of the guidance post emergency.</p>	<b>Interim Executive Director, Professional Regulation</b>	<b>24 November 2021 (originally: 29 September 2021)</b>	As the Government has not yet declared that the emergency is over, this item has been provisionally re-scheduled for a Council meeting in 2022 (date to be confirmed).

## Summary of outstanding action arising from the Council meeting on 2 December 2020

Minute	Action	Action owner	Report back date	Progress to date
NMC/20/89	<p><b>Fitness to practise cases</b></p> <p>Provide an annual update on learning from fitness to practise cases</p>	<b>Interim Executive Director, Professional Regulation</b>	<b>24 November 2021</b>	We will include case studies within the next Fitness to Practise Annual Report which illustrate learning.

## Council

### Executive report

**Action:** For discussion.

**Issue:** The Council is invited to consider the Executive's report on key developments during 2021-2022 up to November 2021.

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

**Strategic priority:** All priorities for the strategic period 2021–2022.

**Decision required:** None.

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

- Annexe 1: Performance against our corporate plan for 2021-2022
- Annexe 2: Corporate risk exposure report and register

**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: Rebecca Calver  
Phone: 0204 524 1309  
[rebecca.calver@nmc-uk.org](mailto:rebecca.calver@nmc-uk.org)

Executive Director: Edward Welsh  
Phone: 020 7681 5272  
[edward.welsh@nmc-uk.org](mailto:edward.welsh@nmc-uk.org)

Author: Roberta Beaton  
Phone: 020 7681 5243  
[roberta.beaton@nmc-uk.org](mailto:roberta.beaton@nmc-uk.org)

Executive Director: Helen Herniman  
Phone:  
[helen.herniman@nmc-uk.org](mailto:helen.herniman@nmc-uk.org)

- Context:**
- 1 This paper is produced by the Executive and provides an update from the external environment, progress against our corporate plan and risks facing the organisation.
  - 2 The report consists of three sections:
    - 2.1. This report with highlights from the external environment and our strategic engagement work up to November 2021;
    - 2.2. Our quarter two corporate performance report providing status updates against our corporate plan and budget for 2021–2022 up to 30 September 2021 (Annexe 1); and
    - 2.3. Our corporate risk position for 2021–2022 up to 30 October 2021 (Annexe 2).
  - 3 We have removed any detailed discussion regarding fitness to practise and our recovery work from this report into NMC/21/97 item 7 (Fitness to Practise recovery plan update) on the agenda to support the Council to have a holistic discussion of the issues under a single agenda item.

**Four country factor** 4 Same in all UK countries unless highlighted.

**Discussion Covid-19 pandemic**

- 5 On 5 October 2021, we sent a joint email of thanks with the Chief Nursing Officers to those on the permanent and temporary registers. The email recognised the huge pressures registrants are under and signposted to sources of support in each nation. Additionally, we circulated a letter from the deputy Chief Nursing Officer (CNO) in Scotland to temporary registrants in Scotland highlighting employment opportunities. We are exploring with other UK nations whether something similar would be useful.
- 6 The latest data shows that the total number of people on the temporary register increased very slightly in October 2021, from 14,630 on 30 September 2021 to 14,660 on 31 October 2021.
- 7 In October 2021 we submitted our response to the Department of Health and Social Care’s consultation on making Covid-19 vaccinations a condition of deployment in the health and wider social care sector. On 9 November 2021 the UK Government confirmed frontline NHS staff in England will have to be fully vaccinated against Covid-19 in order to be deployed. This requirement is likely to be effective from the beginning of April 2022, subject to parliamentary approval.

1.
2.
3.
4.
5.
6
7.
8.
9.
10
11.
12
13
14
15
16
17

- |     |
|-----|
| 1.  |
| 2.  |
| 3.  |
| 4.  |
| 5.  |
| 6.  |
| 7.  |
| 8.  |
| 9.  |
| 10  |
| 11. |
| 12  |
| 13  |
| 14  |
| 15  |
| 16  |
| 17  |
- 8 In August 2021 we surveyed 13,043 people on our temporary register. The insight gained has enabled us to better understand their experiences and future intentions. We received 3690 responses (28 percent) and found that:
- 8.1. Most respondents' experience of joining the temporary register was straightforward and they felt supported
  - 8.2. 57.5 percent of respondents have worked since joining the temporary register and around 46 percent are still working. Vaccination centres are the most common workplace.
  - 8.3. Where people are no longer working, this was most likely due to employer demand. However around a quarter cited stress, lack of support or poor culture
  - 8.4. A third of respondents are open to the idea of re-joining the permanent register and 15 percent said they were highly likely to re-join. But this may not be straightforward for everyone, as they need to meet minimum practice hours requirements.
  - 8.5. Most people have been working part time and for those looking to stay on, they want to continue with similar working patterns.
- 9 We are sharing the detailed findings with our partner organisations and will publish them on our website. The findings will also inform our future communications to temporary registrants as we look to support as many people as possible to re-join the permanent register if they wish.

**Professional Standards Authority matters**

- 10 We expect the Professional Standards Authority to publish the annual review of our performance for 2020-2021 on 23 November 2021. We will bring the report to the Council meeting for discussion on 26 January 2022.

**Fitness to practise caseload**

- 11 Please refer to agenda item 7: *Fitness to Practise recovery plan update*.

**Fitness to practice improvement programme**

- 12 Following the confirmed outcome of the Melanie Hayes case, we have conducted a review of our handling of this case. Please refer to agenda item 8: *Learning Lessons and Improving our Handling of Discrimination Cases Report*.

- |     |
|-----|
| 1.  |
| 2.  |
| 3.  |
| 4.  |
| 5.  |
| 6   |
| 7.  |
| 8.  |
| 9.  |
| 10  |
| 11. |
| 12  |
| 13  |
| 14  |
| 15  |
| 16  |
| 17  |
- 13 We want to do all we can to help people to navigate our fitness to practise processes and provide us with the evidence that we need to progress a case fairly. We are putting in place advocacy and intermediary support services for the public. This is to help people when they need additional support, such as a reasonable adjustment, or find our processes hard to navigate because of a traumatic life event.
- 14 We have appointed independent suppliers to provide this service. The advocacy service will launch before the end of the year (not in October 2021 as previously reported), with intermediaries to follow soon.

### **International registrations**

- 15 On 19 October 2021, we confirmed the five test centres which have been awarded contracts to deliver the Objective Structured Clinical Examination (OSCE) from February 2022, and advised stakeholders and media. Further information for candidates will be published at the end of the year.
- 16 The Professional Qualifications Bill reached its Report Stage in the House of Lords on 9 November. We briefed the Minister Lord Grimstone and other peers that we were supportive of the government amendments in relation to regulatory autonomy, assessing international applicants in our preferred way and for regulators to be consulted with in future discussions. The amendments were passed and our position was referenced in the debate.
- 17 On 18 November 2021, we hosted a virtual roundtable about our English language tests. The purpose was to hear the views and experiences of registrants, employers, recruiters and membership bodies representing international nurses and midwives.

### **Post-registration standards**

- 18 We are planning to publish the findings of our consultation on the post-registration education standards, along with the user testing report and equality impact assessments.
- 19 Groups of independent professionals from across health and social care are using the evidence to suggest refinements to our draft standards for post-registration education. Given the pressures in the system and the availability of stakeholders to attend consultation assimilation meetings, it is likely that the final standards will come to Council for approval in a public meeting early next year.

1.
2.
3.
4.
5.
6
7.
8.
9.
10
11.
12
13
14
15
16
17

## Programme standards for pre-registration education

- 20 Following Council’s approval of our proposals at its September meeting, we are undertaking further stakeholder engagement to coproduce new pre-registration education standards for nursing and midwifery, following the UK’s departure from the EU. We will work with groups of subject matter experts to help us refine and work on the detail of the proposed changes, ahead of a public consultation next year.

## Build trust in nursing and midwifery professional regulation

- 21 Building on the events we held in the summer with members of the public, we are developing a new public voice forum and a broader network for public engagement.
- 22 We have appointed a provider to conduct qualitative research with members of the public and professionals to help shape our understanding of what it means to be person-centred as a regulator. The findings will be used to support our commitment to articulate and embed a person-centred approach, in a way that the public can hold us to account.

## Regulatory reform

- 23 We hosted our latest External Advisory Group on 5 October 2021 to update stakeholders on our regulatory reform work. We also sought their views on proposed changes to our fitness to practise and education processes. The response to our proposals was generally positive with some helpful input to ensure fairness in our proposed new processes.
- 24 We are engaging with the Department for Health and Social Care (DHSC) on its approach to reform, including its reviews of professions regulated and professional regulators. We expect DHSC’s response to the “Regulating healthcare professionals, protecting the public” consultation will be published early next year.

## Data and insights

- 25 On 16 November 2021 we published our mid-year registration data report. It covers the six-month period from the beginning of April to the end of September 2021. The data showed a rise in the number of professionals on our register, amid severe pressures on health and care services. This growth is driven in large by an increase in joiners from countries outside the European Economic Area. However, the data also shows an increase in the number of people leaving the register. We briefed key stakeholders and published an embargoed press release, before the report was made public.



## Equality Diversity and Inclusion and accessibility

- 26 We have contributed to the Birthrights' Inquiry into racial injustice in UK maternity services. After providing verbal evidence, we provided detailed written answers to their questions. We met with them on 1 November 2021 where we discussed how we could collaborate with them in the future.
- 27 Midwifery Panel took place on 11 October 2021, with discussions on Covid-19 workforce pressures and exploring health inequalities.
- 28 Following approval by the Council on 29 September 2021, we will shortly publish our Equality, Diversity and Inclusion (EDI) Plan 2021–2025 on our website. This will be followed by a more detailed action plan which will be shared with the Council in January 2022.
- 29 The action plan includes relevant learnings from agenda item 8: *Learning Lessons and Improving our Handling of Discrimination Cases Report*
- 30 We are asking panel members and legal assessors about their experiences of EDI at the NMC.
- 31 We ran Mind Your Language Week again in October 2021, an internal campaign to improve how we communicate with each other and those we interact with. As part of this, we launched an inclusive communication EDI style guide to support colleagues in communicating in a respectful and inclusive way, in line with our values.

## Public affairs

- 32 The Health and Care Bill went to committee stage in the UK Parliament on 7 September 2021. Amendments to the Bill were considered by members of the Public Bill Committee, which has now concluded its report. We submitted written evidence to the Committee on 12 October 2021. The Bill will now return to the floor of the House of Commons for its report stage, where the amended Bill can be debated and further amendments proposed.
- 33 On 15 November 2021, Andrea Sutcliffe, Sir David Warren and Matthew McClelland met with Humza Yousaf, Cabinet Secretary for Health and Social Care from the Scottish Government. This was our first meeting with the new Minister and an opportunity to learn what his priorities for health and care are and how we can work together in the future. Topics covered included our registration data and wider workforce issues in Scotland, the Scottish Government's Covid-19 inquiry; the National Care Service and post-registration.

## Events

- 34 We were pleased to congratulate all the winners of this year's Royal College of Nursing (RCN) Nursing Awards (12 October 2021), and especially Nicola Bailey in the 'innovation in your specialty' category, sponsored by the NMC. Nicola received the award for her innovation in setting up an early medical abortion service in Belfast while also converting community contraceptive clinics to telemedicine services, working closely with a range of partners to do so. Nicola was also named Nurse of the Year.
- 35 We were also proud to sponsor the Excellence in Perinatal Mental Health award as part of the Royal College of Midwives (RCM) Awards 2021 (27 October 2021). We are delighted that Fiona Laird and Mellissa Jhagroo have been recognised for their outstanding work supporting the mental health of pregnant women in their care.
- 36 We also sponsored the Student Innovation in Practice award at the Student Nursing Times Awards. Congratulations to award winner DeMonfort University. It was recognised for the development of accessible Covid-19 vaccination information for people with learning disabilities or people who benefit from easy read information.

### Midwifery implications

- 37 There are no differences to the application of this report for midwifery.

### Public protection implications:

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

### Resource implications:

- 39 No external resources have been used to produce this report.

### Equality diversity and inclusion implications:

- 40 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.

### Stakeholder engagement:

- 41 Discussed within this paper.

### Risk implications:

- 42 The impact of risks is assessed and rated within our corporate risk register.

### Legal implications:

- 43 None.

## Performance against our corporate plan for 2021-2022

### Section 1 Executive Summary

Annexe 1 provides the corporate performance highlights for corporate commitments, KPIs and financial monitoring up to 30 September 2021.

- 1 As agreed at quarter one, we have reset our amber and green traffic light definitions for KPIs (with green now on or above target, and amber for results of 1 to 8 percent below target). We have applied these definitions to all KPI results since April 2021.
- 2 **Progress of 2021-2022 corporate commitments:**
  - **Q2 status:** four are on track/green, six are amber. No change from Q1.
  - **Year-end forecast:** we are forecasting six commitments as amber at year end (at 31 March 2022). Commitment 1 and commitment 7 were previously forecast as being green at year-end but are now been reforecast to be amber. Amber areas are:
    - **Commitment 1:** fitness to practise improvement programme (*reflecting risks within the programme to reduce the caseload*)
    - **Commitment 3:** post registrations standards (*reflecting potential risks in the delivery timeline*)
    - **Commitment 5:** building trust in nursing and midwifery professional regulation (*due to delays in our audience perceptions research*)
    - **Commitment 6:** regulatory reform (*to reflect uncertainties in the timelines*)
    - **Commitment 7:** Get smarter at using our data, insight and influence (*due to delays and ongoing capacity risks within the programme*)
    - **Commitment 8:** improve how our organisation is structured and develop our people (*reflecting delays in our milestones*)
- 3 **Progress of our corporate budget:** Year to date income was £48.6m to 30 September 2021. This is 5 percent above budgeted income.
- 4 Year to date expenditure was £45.2m, a 9 percent underspend against budget including both slippage and genuine savings.
- 5 The year to date net surplus at September is £4.1m, which represents a £7.7m variation against the budgeted deficit of £3.6m. We set a full year deficit budget of £9 million for 2021–2022. Our current forecast estimates a breakeven position at year-end.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

1.
2.
3.
4.
5.
<b>6</b>
7.
8.
9.
10
11.
12
13
14
15
16
17

6 **Exception comments for KPIs:**

- **Fitness to practise:** our caseload rose during the quarter rather than decreased, and we saw reductions in our timeliness KPIs. Further detail discussed at item 7.
- **Registrations:** due to a processing error, we have corrected our results for processing UK registrations.
- **Contact centre:** following nine months of underperformance for our call handling within the contact centre, performance recovered in August and September. This is especially noteworthy, as performance recovered during our annual peak for contact.
- **Complaints:** the number of complaints has increased when compared to last year. The largest number of complaints received related to registrations.
- **Enquires:** we have seen a 27 percent increase in the number of enquires. This includes higher numbers of subject access requests related to fitness to practise which are more complex to process.
- **Turnover:** As expected, turnover has increased and stands just below our target. We expect this trend to continue to rise as movement in the labour market continues. We have also seen some challenges with recruitment which we are working to address.
- **Agency and contractors:** we have updated our definition for how we count this (as a proportion of actual full time equivalent (FTE) colleagues rather than our budgeted FTE).
- **New starters:** we corrected our Q1 results for the number of new starters since April due to a processing error.

## Section 2 Progress against our ten corporate commitments for 2021-2022



- We ask for a current status and a year-end status every time we forecast this report. Every change we denote is a change to a previous forecast.
- **Q2 status:** No change compared quarter one.
- **Year End forecast:** Our year end (YE) forecast for commitment 1 (Fitness to Practise Improvement programme) and commitment 7 (using data, insight and influence) have changed from Green to Amber at Q2.


Commitment	Q1 actual	Q2 actual	YE forecast
<b>Commitment 1:</b> Fitness to Practise improvement programme	Amber	Amber	Amber ▼
<b>Commitment 2</b> New international test of competence	Green	Green	Green
<b>Commitment 3</b> Post-registration standards	Green	Green	Amber
<b>Commitment 4</b> Research regarding potential new pre-registration standards	Green	Green	Green
<b>Commitment 5</b> Build people's trust in nursing and midwifery professional regulation through better understanding	Amber	Amber	Amber
<b>Commitment 6</b> Remove legal barriers that limit improvements in the way we regulate (regulatory reform)	Amber	Amber	Amber
<b>Commitment 7</b> Get smarter at using our data, insight and influence	Amber	Amber	Amber ▼
<b>Commitment 8</b> improve the way our organisation is structured, and develop our people	Amber	Amber	Amber
<b>Commitment 9</b> Upgrade our digital tools an systems	Amber	Amber	Green
<b>Commitment 10</b> Create workspaces that support wellbeing and collaboration between those working remotely or in the office	Green	Green	Green


▼ Denotes change in traffic light

## Section 3 Detailed progress against our corporate commitments and KPIs by strategic theme


### 3.1. Innovation and Improvement

3.1.1. Corporate commitments contributing towards Innovation and Improvement	Q1 Actual	Q2 Actual	Year-end Forecast	Exception Comments
 <p><b>Commitment 1:</b> Reduce the fitness to practise caseload and improve how we handle people’s concerns about nursing and midwifery professionals</p>	Amber	Amber	Amber	<p>Discussed in detail at item 7 on the Council agenda.</p> <p><b>Year-end forecast</b> - forecast has worsened since Q1 Our year-end forecast moves from green at Q1 to amber at Q2.</p> <p>We had expected to see the caseload start reducing at this point in the year, the caseload has marginally increased. The programme continues to deliver new capabilities, however, the ability of the operational teams to embed the changes has been impacted by high vacancy rates within the teams.</p>
 <p><b>Commitment 2:</b> Update the test that international nurses and midwives take to join our register</p>	Amber	Green	Complete	<p>We launched our new test of competence on 2 August 2021. We continue to monitor the impact of the new tests on candidates, employers, pass rates, and test outcomes.</p> <p>An update on implementation will be provided to the Executive Board in March 2022.</p>


 3.1.2. KPIs contributing towards Innovation and Improvement (1 of 4)	Target	April	May	June	July	Aug	Sept	Exception Comments for July to August 2021
<b>Fitness to Practise</b>								
Volume of the overall fitness to practise caseload (quarter actual)	Monitor	Quarter actual		6,392	Quarter actual		6,582	<p>We have provided detailed commentary and data charts about fitness to practise at item 7. This is to allow the Council to have a full discussion within a single agenda item. Below we have highlighted key facts only.</p> <p><b>Caseload:</b> Our fitness to practise caseload rose by 2.9 percent between Q1 and Q2, ending the quarter at 6,582. At Q1 we had forecast that the caseload would reduce to circa 5,200 cases by the end of the year, but due to the challenges already discussed with the Council, it's likely that we won't reach this expectation.</p> <p><b>Interim orders:</b> The percentage of Interim Orders imposed within 28 days of opening the case dropped significantly below target at Q2. This was due to resource issues within the decisions at screening team. We have taken action to bolster the team, and divert work away from this area. We expect the impact to be visible in October.</p> <p><b>Cases concluded within 15 months:</b> As reported to the Council in March 2021, we don't expect to be within our 80 percent target during 2021-2022 whilst we reduce the caseload and implement our improvement programme.</p>
Percentage of Interim orders imposed within 28 days of opening the case (month actual)	80%	92.3%	92%	84.2%	76.7%	66.7%	56.0%	
Percentage of fitness to practise cases concluded within 15 months of being opened (month actual)	80%	65.6%	65.3%	64.3	63.8%	64.5%	50.4%	
Percentage of fitness to practise cases at case examiners with decisions to close with 'no case to answer' or 'no current impairment'	Monitor	60%	63.2%	45.4%	59.6%	46.7%	49.3%	
Percentage of cases at hearings with decisions to close with 'no case to answer' or 'no current impairment'	Monitor	19.4%	25%	15.9%	20.7%	23.1%	25.0%	

 <b>3.1.2. KPIs contributing towards Innovation and Improvement (2 of 4)</b>	Target	April	May	June	July	Aug	Sept	Exception Comments for July to August 2021
<b>Registrations</b>								
Percentage of UK initial registration applications completed with no concern within 1 day*	97%	98.5%	100%	100%	99.9%	99.9%	100%	<b>UK initial registration applications completed:</b> We completed our annual peak of registration applications during August and September. The peak reflects completion of UK nursing and midwifery education programmes. We remained above target for applications completed with no concerns.
Percentage of UK initial registration applications completed where concerns are raised within 60 days*	95%	86.7%	90.3%	95.0%	94.4%	100%	100%	
Percentage of overseas registrations applications assessed within 30 days	90%	100%	100%	90.5%	93.1%	92.3%	94.7%	<b>UK initial registration applications completed where concerns are raised within 60 days:</b> We marginally dipped below target in July. This was due to one application that was processed outside of the 60 days. 17 of 18 applications were processed within the statutory timeframe.
Percentage of EU applications assessed within 30 days	90%	96.1%	100%	99.2%	98.4%	97.4%	96.6%	
Percentage of readmissions applications completed within 21 days	90%	99.0%	99.6%	98.8%	99.0%	98.2%	98.3%	<b>Overseas registrations and EU applications:</b> we have continued to measure volumes of international registration applications using our pre 2019 international process. We will be ready to update how we measure our volumes using our post 2019 registrations process from Q3.  The implication of this change is to report the true volume of international registrations, rather than the reducing numbers using the old process. We will provide a full picture from Q3.
<p><b>*Data correction for Q1:</b> we have updated the results for our two UK Initial registrations KPIs after we reported them to the Council at quarter one. This was due to a technical error in our KPI dashboard which under estimated our volumes, and affecting our overall results. Corrections are:</p> <p><u>UK initial registrations completed with no concerns within 1 day:</u></p> <ul style="list-style-type: none"> <li>• April: incorrect result was 99.6% / correct result is 98.5%</li> <li>• May: incorrect result was 100% / correct result is 99.7%</li> <li>• June: although the overall percentage remains the same at 100%, the volume of registration was corrected because it is marginally higher.</li> </ul> <p><u>UK initial registrations completed within 60 days:</u></p> <ul style="list-style-type: none"> <li>• April: incorrect result 85.7% / correct result is 86.7%</li> <li>• May: incorrect result 88% / correct result is 90.3%</li> <li>• June: incorrect result 85% (was red) / correct result is 95% (now green)</li> </ul>								






 <b>3.1.2. KPIs contributing towards Innovation and Improvement (3 of 4)</b>	Target	April	May	June	July	Aug	Sept	Exception Comments for July to August 2021
<b>Registrations</b>								
Percentage of call attempts handled	90%	78%	69.5%	76.3%	87.1%	90.1%	95.5%	<p><b>Analysis:</b> Performance has recovered within our contact centre after 9 months of underperformance, with August and September results above target despite higher contact (both telephone and email) as a result of our annual peak. We answered marginally more calls (2.2%) than at the same period last year, but received 13% fewer emails.</p> <p>We missed our target in July by 2.9% due to time spent on recruiting and training colleagues. Our new telephony system for the contact centre is due to be implemented at the end of Q3.</p>
Number of calls answered	N/a	13,992	14,353	18,304	17,996	18,559	19,547	
Number of emails handled	N/a	4,205	4,576	4,397	4,809	5,863	6,019	

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.


 <b>3.1.2 KPIs contributing towards Innovation and Improvement (4 of 4)</b>	Target	Q1 Actual	Q2 Actual	Exception Comments for July to August 2021
<b>Customer enquiries, complaints and feedback</b>				
Percentage of complaints handled within 20 working days	90%	94%	93%	<p><b>Analysis:</b></p> <ul style="list-style-type: none"> <li>• <b>Complaints:</b> There has been a 60 percent increase in complaints compared to last year (460 complaints compared to 292 in Q2 last year).</li> <li>• Complaint themes were related to:               <ul style="list-style-type: none"> <li>• Registrations (the largest proportion at 54 percent)</li> <li>• Equality, diversity and inclusion – 25 complaints were received about an article written by a former colleague on the issue of race inequality, which attracted some criticism. We have reaffirmed our commitment to being an anti-racist organisation.</li> <li>• Technical issues experienced by nurses, midwives, and nursing associates with revalidation and registration payments.</li> </ul> </li> <li>• <b>Information requests:</b> There has been a 22 percent increase in information requests compared to last year (407 information requests compared to 333 in Q2 last year). There has been an increase in subject access requests (SARs) which are time consuming and often complex.</li> <li>• <b>Enquires:</b> Although both types of enquires are below target, small volumes of enquires have a significant impact on the overall percentage. Reasons for delays included complexity of cases.               <ul style="list-style-type: none"> <li>• 2 out of 6 MP enquires were outside of 20 days</li> <li>• 3 out of 17 enquiries were outside of 20 days</li> </ul> </li> <li>• <b>Satisfaction:</b> The reduced number of surveys completed in Q2 are due to an error with the survey link sent out in September. This issue has now been resolved.</li> </ul>
Number of complaints handled	Monitor	460	476	
Percentage of information requests responded to within their statutory timeframes	90%	82%	86%	
Number of information requests handled	Monitor	406	399	
Percentage of MP enquires responded to in 20 days	90%	67%	67%	
Percentage of enquires responded to in 20 days	90%	86%	82%	
Percentage of customers highly satisfied/satisfied with the service received	85%	84%	86%	
Number of feedback surveys completed	Monitor	1237	509	


## 3.2. Strategic theme: Proactive support for professionals

3.2.1. Corporate commitments contributing towards proactive support for professionals	Q1 Actual	Q2 Actual	Year-end Forecast	Exception comments for July to August 2021
 <p><b>Commitment 3:</b> Deliver new education standards that build on ambitions for community and public health nursing in the UK.</p>	Green	Green	Amber	<p><b>Q2 status and year-end forecast:</b> no change.</p> <p>The 16 week consultation closed on 2 August. We have received stakeholder nominations for those who will participate in co-producing the final standards.</p> <p>We arranged a meeting with the four chief nursing officers (CNOs) and their education leads in October. This was to discuss and understand the proposed ambition and direction of travel for wider policy areas relating to public health and community nursing specialist practice.</p>
 <p><b>Commitment 4:</b> Use evidence and research to decide whether to propose changes to our programme standards for pre-registration education.</p>	Green	Green	Green	<p><b>Q2 status and year-end forecast:</b> no change.</p> <p>Following independent review in Q1, there was a lack of consensus to determine the way forward. Council agreed proposals to review a limited number of standards and we are now drafting plans for the next stage of this work, including public consultation.</p>

 <b>3.2.2. KPIs contributing towards proactive support for professionals</b>	Target	Q1 Actual	Q2 Actual	Exception Comments for July to August 2021
Number of approval decisions against all 55 current AEIs running midwifery programmes seeking to be re-approved by September 2022 (target: 55 by September 2022)	55 (by Sept 22)	29	39	N/a.


### 3.4. Empowering and engaging

3.4.1. Corporate commitments contributing towards empowering and engaging	Q1 Actual	Q2 Actual	Year-end Forecast	Exception Comments for July to August 2021
 <p><b>Commitment 5:</b> Build people’s trust in nursing and midwifery professional regulation through better understanding.</p>	Amber	Amber	Amber	<p><b>Q2 status and year-end forecast:</b> no change.</p> <p>A key aspect of this commitment is to undertake research to understand how our key audiences perceive us, and how much they understand about the regulation of nursing and midwifery professionals. We will use the outcomes of this research to develop tailored information campaigns, to improve our website, and to develop a new ‘look and feel’ (visual identity) for the NMC that aligns to our values.</p> <p>Although we have appointed a supplier to conduct this research and launched the project in June 2021, we have experienced delays which have affected overall timelines. We now expect our research to be completed by quarter three instead of in quarter one.</p> <p>Delays in the research mean that we are forecasting amber for the end of the year because we are unlikely to deliver all three planned information campaigns. Key audiences are: the public, professionals, students and stakeholders.</p>


 <b>3.4.2. KPIs contributing towards empowering and engaging</b>	Target	Q1 Actual	Q2 Actual	Exception Comments
Parliamentary stakeholder audit: Percentage awareness of NMC	Monitor	Due Q2	Delayed	2021-2022 results will provide the benchmark for future years.
Parliamentary stakeholder audit: Percentage perception of NMC’s effectiveness	Monitor	Due Q2	Delayed	

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

### 3.5. Insight and Influence


3.5.1. Corporate commitments for 2021-2022 contributing towards insight and influence	Q1 Actual	Q2 Actual	Year-end forecast	Exception Comments for July to August 2021
 <p><b>Commitment 6:</b> Work with the Government to remove legal barriers that limit improvements in the way we regulate, so we can deliver better, safer regulation for the public.</p>	Amber	Amber	Amber	<p><b>Q2 status and year-end forecast:</b> no change.</p> <p>Progress:</p> <ul style="list-style-type: none"> <li>The drafting process is ongoing in respect of the model rules. These are due to be 'consultation ready' by April 2022.</li> <li>The timetable for the NMC's consultation remains unconfirmed, but recent discussions with Department and Health and Social Care indicate ours may take place around summer 2022.</li> </ul> <p>Although we have confidence that we will deliver the draft rules on time, we are forecasting amber because the legislative timetable and scope of legislative change is ultimately outside of our control and carries an inherent risk. We are also mitigating some issues regarding our capacity and resilience in some areas.</p>

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.



3.5.1. Corporate commitments contributing towards insight and influence (continued)	Q1 status	Q2 status	Year-end forecast	Exception Comments for July to August 2021
 <p><b>Commitment 7:</b> Get smarter at using our data, insight, and influence.</p>	Amber	Amber	Amber	<p><b>Q2 status - no change</b></p> <ul style="list-style-type: none"> <li>Our partnerships workstream has experienced delays whilst we identify a lead for the programme. All other workstreams are operational and progressing.</li> <li>We were unsuccessful in our procurement to undertake our capability review, so instead intend to deliver this work internally. Discussions about how we intend to do this continue at the organisational design programme board.</li> <li>Work on implementing comprehensive coded settings for data is behind schedule because of resource constraints. A revised plan was agreed by the insight programme board in September 2021. Risks to delivery therefore remain high.</li> <li>Work is progressing to put in place the foundations to produce our authoritative annual report on the state of our nursing and midwifery professions from next year.</li> <li>The second phase of research for our work regarding people with protected characteristics is underway, with qualitative research due to be completed in Q3. Participation from employers has been lower than expected, which could impact confidence in findings from this aspect of the research. We continue to attempt to mitigate this. The purpose and timing of the roundtable with employers will be reviewed.</li> </ul> <p><b>Year-end forecast - forecast has worsened since Q1</b></p> <ul style="list-style-type: none"> <li>Our year end forecast moves from green at Q1 to amber at Q2. This reflects pressures within our internal capacity which will likely lead to some delays for our milestones, and risks regarding the pacing of our work. This is particularly acute within our data team and in our ability to recruit new roles. We are seeking to mitigate these issues.</li> </ul>

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.


### 3.6. Fit for the Future organisation

3.6.1. Corporate commitments contributing to Fit for the Future	Q1 status	Q2 status	Year-end forecast	Exception Comments for July to August 2021
 <p><b>Commitment 8:</b> Continue to improve the way our organisation is structured, and develop our people so that we can deliver our strategy.</p>	Amber	Amber	Amber	<p><b>Q2 status and year-end forecast:</b> no change.</p> <p>Our amber status for Q2 and our Q4 forecast reflects delays across a number of our milestones.</p> <p><b>Organisational design programme:</b></p> <ul style="list-style-type: none"> <li>• The priority reviews are currently underway but remain at various stages of progress. Implementation will continue throughout the year.</li> <li>• Implementation of the change and continuous improvement review will begin from Q3.</li> <li>• We are currently at the tendering stage of the selection process to secure an external partner who will support us to develop our vision for organisational design. We hope to secure a contract by Q3.</li> <li>• We will conduct directorate reviews of Strategy and Insight, People and Organisational Effectiveness and Professional Regulation directors in Q4. We will carry out the review in Resources and Technology Services in Q1 2022.</li> <li>• Work on an interim career progression programme will commence in Q3.</li> </ul> <p><b>People Plan:</b> Our new People Plan is at the initial draft stage. We have developed a framework with four underpinning themes. The next stage is to undertake detailed mapping work following a presentation at Executive Board and Remuneration Committee, and signed off by Council in January 2022.</p> <p>The EDI plan was approved by council in September. The next stage is to develop an integrated work plan to support the plan.</p>


1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

3.6.1. Corporate commitments contributing to Fit for the Future (continued)	Q1 Actual	Q2 Actual	Year-end forecast	Exception Comments for July to August 2021
 <p><b>Commitment 9 (a):</b> Upgrade our digital tools and systems to make it easier for people to connect with us and for NMC colleagues to do their jobs well. (IT improvements)</p>	Amber	Amber	Green	<p><b>Q2 status and year-end forecast:</b> no change.</p> <p>Our aim for 2021-2022 is to improve the user experience by moving our colleagues onto new hardware, bolstering our Microsoft platform, and improving our collaboration tools.</p> <p>Our current amber status reflects the change of direction agreed by the Council in July 2021, which allows us to invest additional resources to implement our preferred IT solution.</p> <p>During Q2 we developed a full project plan to deliver the improvements via a 'fat client' laptop using Windows 10, and latest versions of Office and MS Teams. This will be implemented during Q3 and Q4, and forecast to be completed by April 2022.</p>
 <p><b>Commitment 9 (b):</b> Upgrade our digital tools and systems to make it easier for people to connect with us and for NMC colleagues to do their jobs well. (MOTS)</p>	Amber	Green	Green	<p><b>Q2 status and year-end forecast:</b> no change.</p> <p>We are on track to deliver against the MOTS Phase 2a business case (to move our registrations processes from our legacy system to Microsoft Dynamics), and realise associated benefits by the end of this calendar year. Two releases to support this delivery are due over the coming months.</p> <p>Work to scope and schedule the recently approved activity in support of the Education QA technology solution is underway. We are currently scoping the next phase of the programme.</p>



3.6.1. Corporate commitments contributing to Fit for the Future (continued)	Q1 Actual	Q2 Actual	Q4 Forecast	Exception Comments for July to August 2021
 <p><b>Commitment 10:</b> Create workspaces that support wellbeing and collaboration between those working remotely or in the office.</p>	Green	Green	Green	<p><b>Q2 status and year-end forecast:</b> no change.</p> <p><b>Moving our Edinburgh colleagues into a new office:</b> our colleagues in Edinburgh moved into new premises in early October. Although the original target date was end of September (Q2), Covid-19 and UK-wide supply issues delayed the move until October (Q3). Despite this, we have made savings against our original plans.</p> <p><b>Returning colleagues to our offices:</b> The majority of our colleagues continue to work remotely. We have conducted individual risk assessments, and continue to ensure that the building remains Covid secure. Many colleagues have started to return our offices in some way for collaboration events and meetings. Following our pilot in summer, we've made improvements to improve our hybrid working and continue, to look at new ways of working to support new practices.</p> <p>We have updated building risk assessments and published on our website following changes to Government guidance.</p> <p><b>Improving our office at 23 Portland Place:</b> we have procured initial building survey work to begin the programme.</p>

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

 <b>3.6.2. KPIs contributing toward Fit for the Future organisation</b>	Target	April	May	June	July	Aug	Sept	Exception Comments for July to August 2021
<b>People</b>								
Number of full time equivalent (FTE) NMC employees	1,122	Quarter snapshot		1,052	Quarter snapshot		1,098	<p>As predicted, turnover continues to rise and has nearly exceeded our 10 percent target. When compared to 2020-2021, our low turnover was likely due to the Covid restrictions and a lack of movement in the labour market. Now that restrictions have eased, there is increasing movement within the labour market and we've seen the number of people leaving increase. Average length of service sits at around 3 years 0 months and is decreasing.</p> <p>Turnover of new starters leaving within 6 months of joining has increased above target in September 2021. This is due to the departure of two employees in August. This measure is calculated using 12-month rolling data which includes leavers between October 2020 to September 2021 (83 total leavers for the year).</p> <p>We continue to monitor exit data for trends to understand the reasons.</p>
Percentage of agency and contractors (FTE)*	N/a	8.1%	7.5%	7.5%	6.7%	6.4%	5.8%	
Percentage of all NMC turnover (permanent employees only) (12 months rolling)	10%	5.7%	6.5%	6.7%	7.7%	9.0%	9.7%	
Total number of new starters (permanent)*	N/a	10*	5*	8*	17	13	5	
Total number of leavers	N/a	6	7	7	8	12	10	
Percentage of new starters leaving within 6 months of joining (12 month rolling)	10%	9.4%	10.7%	10.0%	7.9%	9.7%	11.7%	
Number of new starters leaving within 6 months of joining (month actuals)	N/a	1	0	0	0	2	0	
<p>* <b>Change of measurement:</b> we previously measured the percentage of agency and contractors as a proportion of our total budgeted establishment. This has been corrected to calculate agency staff and contractors as a proportion of our actual full time equivalent/ overall headcount.</p> <p>* <b>Data correction for Q1:</b> At Q1 we reported an incorrect result for the total number of new starters during the quarter. We reported as 18 but this should have been 23 new starters. We will put checks in place to make sure errors of this type do not occur again.</p> <ul style="list-style-type: none"> <li>• April: incorrect result 5 / correct result is 10</li> <li>• May: incorrect result 8 / correct result is 5</li> <li>• June: incorrect result 5 / correct result is 8</li> </ul>								

3.6.2. KPIs contributing toward Fit for the Future organisation (continued)	Target	April	May	June	July	Aug	Sept	Exception Comments for July to August 2021
<b>People</b>								
Average number of days of sickness per employee (days)	6.5	5.1	5.5	5.6	5.7	6.1	6.4	<p><b>Sickness absence:</b> Sickness absence has continued to rise in Q2, moving towards pre-Covid-19 levels. Mental health is the most common reason cited for absence.</p> <p><b>Employee engagement:</b> Our 6 month colleague engagement survey ran in July. Engagement fell by 0.4. Results are broadly consistent across all directorates and we are considering next steps.</p> <p><b>Net promoter score:</b> Our net promotor score in 2020-2021 was 13 against a target of 16. This showed a positive opinion of NMC.</p> <p>Our net promoter score for 2021-2022 (at July) is -3, showing that people working at the NMC have a negative opinion of the organisation.</p> <p>We are not expecting a significant recovery during Q3/Q4, but we are aiming to return to positive figures next year (2022-2023) once we begin to realise benefits from our people initiatives (such as improved technology and the next phase of our mentoring scheme).</p>
Employee engagement score (out of 10)	7.5	Quarter snapshot		Due Q2	Quarter snapshot		6.7	
Employee net promoter score (takes account of various factors from our colleague engagement survey to assess their overall opinion of the organisation. Scores are either plus (positive opinion) or minus (negative opinion) (6 monthly)	16	N/a for Q1			6 monthly snapshot		-3	

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

## Section 4 Traffic light definitions

	RED	AMBER	GREEN
<b>Corporate Commitments</b>	<b>Significant concerns</b> <ul style="list-style-type: none"> <li>• Significant risk that key milestones or expected benefits / outcomes won't be realised</li> <li>• The budget exceeds approved tolerances</li> <li>• Major risks or issues that we need to mitigate with urgency</li> </ul>	<b>Some concerns</b> <ul style="list-style-type: none"> <li>• Expected to partially deliver against its milestones – some delays</li> <li>• Will make significant progress towards benefits/outcomes, but some aspects are delayed</li> <li>• Or actions are being taken to bring the commitment back on track</li> <li>• Or there are some uncertainties or risks that we need to monitor and managed</li> </ul>	<b>No concerns - on track</b> <ul style="list-style-type: none"> <li>• Expected to deliver against its milestones and realise benefits</li> </ul>
<b>KPIs</b>	<b>Significantly below target</b> More than 8 percent below target	<b>Off target</b> Below target between 1 to 8 percent	<b>Within range</b> On or above target

## Section 5: Financial monitoring

Table 1 – Income & Expenditure to 30 September 2021 (incl. Full-Year Revised Forecast)

Nursing and Midwifery Council Financial Monitoring Report <sup>1</sup>						
£'m	September 2021 Year-to-Date				Full Year	
Income	Actual	Budget	Var.	Var. (%)	Forecast <sup>2</sup>	Budget
Income <sup>3</sup>	47.3	46.3	1.0	2%	95.3	93.1
DHSC Grant	1.3	-	1.3	-	2.9	-
<b>Total Income</b>	<b>48.6</b>	<b>46.3</b>	<b>2.3</b>	<b>5%</b>	<b>98.2</b>	<b>93.1</b>
<b>Expenditure</b>						
<u>Core Business</u>						
Professional Regulation	21.7	23.4	1.7	7%	46.6	48.4
Resources & Technology Services	9.0	9.9	0.9	9%	19.1	19.5
People & Organisational Effectiveness	3.8	4.4	0.6	14%	8.4	8.7
Professional Practice	1.9	2.8	0.9	31%	4.4	5.7
Strategy & Insight	1.9	2.3	0.4	17%	4.4	4.6
Communications & Engagement	1.4	1.7	0.2	13%	3.2	3.1
Directorate - Core Business	39.7	44.5	4.8	11%	86.2	90.0
<u>Corporate</u>						
Depreciation	2.3	2.6	0.2	9%	4.9	5.2
PSA Fee	1.0	1.0	-	-	2.0	2.0
Apprenticeship Levy	0.1	0.1	0.0	18%	0.3	0.3
Contingency	-	-	-	-	-	1.5
Total Corporate	3.5	3.7	0.2	6%	7.1	8.9
<b>Total Core Business</b>	<b>43.2</b>	<b>48.3</b>	<b>5.1</b>	<b>11%</b>	<b>93.3</b>	<b>98.9</b>
<b>Surplus/(Deficit) excluding Programmes</b>	<b>5.4</b>	<b>(2.0)</b>	<b>7.4</b>		<b>4.8</b>	<b>(5.8)</b>
<b>Programmes &amp; Projects</b>						
Accommodation Project	1.1	3.1	2.0	63%	2.9	3.3
Modernisation of Technology Services	2.2	2.8	0.5	20%	4.5	4.6
FTP Improvement Programme	0.2	0.2	0.0	8%	0.4	0.4
DHSC Grant	1.3	0.0	(1.3)	0%	2.9	0.0
People Strategy	0.0	0.1	0.0	41%	0.1	0.1
Data, Information & Analytics	0.1	0.2	0.1	65%	0.3	0.4
Technology Improvements	0.0	0.2	0.2	98%	0.7	0.9
IT Infrastructure Programme	-	-	-	0%	1.9	0.7
Regulatory Reform	0.3	0.5	0.2	31%	0.7	0.9
Insight Programme	-	0.2	0.2	100%	0.3	0.3
Education QA IT Project	-	0.2	0.2	100%	0.5	0.4
Total Programmes/Projects	5.3	7.5	2.2	29%	14.9	12.0
<b>Total Expenditure including capex</b>	<b>48.5</b>	<b>55.8</b>	<b>7.3</b>	<b>13%</b>	<b>108.2</b>	<b>110.9</b>
Capital Expenditure	3.3	5.9	2.6	44%	9.3	8.6
<b>Total expenditure excluding capex</b>	<b>45.2</b>	<b>49.9</b>	<b>4.7</b>	<b>9%</b>	<b>98.9</b>	<b>102.3</b>
<b>Net income/(expenditure)</b>	<b>3.3</b>	<b>(3.6)</b>	<b>6.9</b>		<b>-</b>	<b>(9.3)</b>
Unrealised Gains/(Losses)	0.8	-	0.8	0%	0.8	-
<b>Net Surplus/(Deficit) excluding capex</b>	<b>4.1</b>	<b>(3.6)</b>	<b>7.7</b>		<b>0.1</b>	<b>(9.3)</b>
<b>Free Reserves</b>	<b>44.7</b>	<b>32.0</b>	<b>12.7</b>	<b>40%</b>	<b>37.3</b>	<b>26.1</b>

<sup>1</sup> Figures are rounded

<sup>2</sup> High Level Revised Forecast conducted in October 2021

<sup>3</sup> Including registration fees, overseas application fees and other income

Table 2 – Balance sheet as at 30 September 2021 (incl. Full-Year Forecast)

Balance Sheet (£'m)	Actual 31 March 2021	Actual 30 Sept 2021	Change	Change %	Forecast 31 March 2022	Budget 31 March 2022
<b>Fixed Assets</b>						
Tangible Assets	27.7	28.7	1.0	3.6	32.2	31.1
Stock Market Investments	31.3	32.5	1.2	3.8	32.1	30.0
<b>Total Fixed Assets</b>	<b>59.0</b>	<b>61.2</b>	<b>2.2</b>	<b>3.7</b>	<b>64.2</b>	<b>61.1</b>
<b>Current Assets</b>						
Cash & cash equivalents	67.9	72.7	4.8	70.7	53.8	49.5
Debtors	4.0	2.2	(1.8)	(45.8)	3.4	2.9
<b>Total Current Assets</b>	<b>71.9</b>	<b>74.9</b>	<b>2.9</b>	<b>4.0</b>	<b>57.1</b>	<b>52.4</b>
<b>Total Assets</b>	<b>131.0</b>	<b>136.1</b>	<b>5.1</b>	<b>3.9</b>	<b>121.4</b>	<b>113.5</b>
<b>Liabilities</b>						
Deferred Income	(56.5)	(58.4)	(2.0)	(3.5)	(49.3)	(43.4)
Other creditors, accruals, provisions	(1.9)	(2.0)	(0.1)	(4.6)	(1.3)	(10.7)
<b>Total Liabilities</b>	<b>(58.4)</b>	<b>(60.4)</b>	<b>(2.1)</b>	<b>(3.5)</b>	<b>(50.6)</b>	<b>(54.2)</b>
<b>Net Assets (excl pension liability)</b>	<b>72.6</b>	<b>75.7</b>	<b>3.1</b>	<b>4.2</b>	<b>70.8</b>	<b>59.3</b>
Pension Liability	(3.2)	(2.2)	0.9	29.4	(1.3)	(2.1)
<b>Total Net Assets</b>	<b>69.4</b>	<b>73.4</b>	<b>4.0</b>	<b>5.7</b>	<b>69.5</b>	<b>57.2</b>
<b>Free Reserves</b>	<b>41.7</b>	<b>44.7</b>	<b>3.0</b>	<b>7.4</b>	<b>37.3</b>	<b>26.1</b>

Table 3 – Cash flow statement to 30 September 2021 (incl. Full-Year Forecast)

Cashflow (£'m)	Actual 31 March 2021	Actual 30 Sept 2020	Forecast 31 March 2022	Budget 31 March 2022
<b>Cashflow from operating activities</b>				
Surplus/(deficit)	11.7	4.1	0.1	(9.3)
Adjustment for non-cash transactions	3.3	2.3	4.9	5.2
Unrealised (Gains)/Losses from Stock Market Investments	(1.0)	(0.8)	(0.8)	-
Interest/Dividend income from Stock Market Investments	(0.3)	(0.4)	(0.6)	(0.5)
(Increase)/decrease in current assets	(1.3)	1.8	0.7	(0.1)
Increase/(decrease) in liabilities	1.4	2.0	(7.8)	0.2
Pension deficit payments	(8.5)	(0.9)	(1.9)	(1.9)
<b>Net cash inflow/(outflow) from operating activities</b>	<b>5.3</b>	<b>8.1</b>	<b>(5.4)</b>	<b>(6.4)</b>
<b>Cashflow from investing activities</b>				
Capital expenditure	(4.5)	(3.3)	(9.3)	(8.6)
<b>Net cash inflow/(outflow) from investing activities</b>	<b>(4.5)</b>	<b>(3.3)</b>	<b>(9.3)</b>	<b>(8.6)</b>
<b>Cashflow from financing activities</b>				
Stock Market Investments	(30.0)	0.0	-	0.0
Interest/Dividend income from Stock Market Investments	0.3	0.0	0.6	0.5
<b>Net cash inflow/(outflow) from financing activities</b>	<b>(29.7)</b>	<b>0.0</b>	<b>0.6</b>	<b>0.5</b>
<b>Net increase/(decrease) in cash &amp; cash equivalents for the year</b>	<b>(28.9)</b>	<b>4.8</b>	<b>(14.1)</b>	<b>(14.5)</b>
Cash & cash equivalent at the beginning of the year	96.9	67.9	67.9	63.9
<b>Cash &amp; cash equivalent at the end of the year</b>	<b>67.9</b>	<b>72.7</b>	<b>53.8</b>	<b>49.5</b>

## d. Financial commentary

### Financial Position at 30 September 2021

Our overall financial position remains secure, with free reserves at £45 million, up from £42 million at 31 March and compared to £38 million a year ago. Our liquidity remains strong with cash and investments at £105 million, up from £99 million six months ago, and at the same level as a year ago.

Although our reserves continue to be higher than the upper target range of £25 million set out in our Financial Strategy, this reflects the significant anticipated investment over the next three years to support our 2020-2025 Strategy. In particular, improvements in our IT capability and accommodation as well the Fitness to Practise Improvement Programme. As discussed below, there are also increasing risk factors for our financial position that make holding such reserves appropriate.

This financial position is stronger than planned, as a result of the £4.1 million surplus made in the first six months of this financial year. We had anticipated a deficit of £3.6 million in that period when the budget was set earlier in the year. The main drivers of this £7.7 million net variance have been:

- Higher than expected income, by £1.0 million, mainly due to an increase in overseas applications. The unbudgeted grant income of £1.3 million from the Department of Health and Social Care (DHSC) with respect to support to overseas applications has no net effect on our financial position since it is exactly offset by increased costs;
- Unrealised gains of £0.8 million from our investment portfolio. Our policy is not to budget from such gains which may fluctuate;
- A £4.8 million (11 percent) underspend on core business operations. A significant part of this was driven by vacant posts across most areas, with challenges in recruitment causing vacancies in key fitness to practise (FtP) case progression roles in particular. Also in FtP, there were lower travel costs for panel members and others due to fewer than anticipated number of physical hearing activities. Other drivers of the underspend include Professional Practice Directorate underspending due to slippage of plans for the “Data Taskforce” work to improve the Education Quality Assurance (QA) and fewer than expected course quality inspections as some universities defer seeking their accreditation.
- Underspends across a range of smaller, non-capital programmes, due to slippage and later than planned recruitment.

Our capital costs were £3.3 million, £2.6 million (44 percent) below budget. This is largely attributable to slippage in the timing of completion of the Edinburgh New Office re-fit project and delayed expenditure on the Modernising of Technology Services (MOTS) programme’s next phase.

#### Looking ahead

Some of the forecast underspends are genuine savings that do not impact delivery. These include some savings on staff (due to vacancies), on travel and accommodation costs and operational expenditure across the directorates of £2.1 million.

Others are costs that are simply deferred either to later this year or to subsequent years. For instance, vacancies in FtP should be filled over the next few months, but they have resulted in delays to our reducing the caseload that may impact both on spend next year and potentially in 2023-2024.

Removal of a central contingency provision of £1.5 million, not needed due to our underspend, is also contributing for an expected favorable year-end position

#### d. Financial commentary

As a result, and combined with slightly higher income than forecast, our current forecast to the end of the year indicates at least a break-even position is likely rather than the deficit of £9 million budgeted. It means that, in the budgeting exercise that is due to commence in November, the deficits expected in 2021-2022 and 2022-2023 are likely to be delayed by one year, potentially resulting in deficits in 2022-2023 and 2023-2024 with the cumulative deficit being broadly in line with the budget approved in March 2021. This lag in deficits would reflect the re-phasing of costs and delivery in some areas.

We are developing a better picture of costs as we continue to re-plan work in particular on FtP to reduce case numbers and improve efficiency, and on MOTS where the business case is due with Council later this financial year.

Part of that re-planning is also going to have to factor in the latest position on a range of issues that impact our financial position. These include the outlook on registrant numbers and so income, increased inflation that will translate into higher costs than anticipated for both pay and non-pay, and the potential costs (and savings) from implementing Regulatory Reform.

1.
2.
3.
4.
5.
6
7.
8.
9.
10
11.
12
13
14
15
16
17

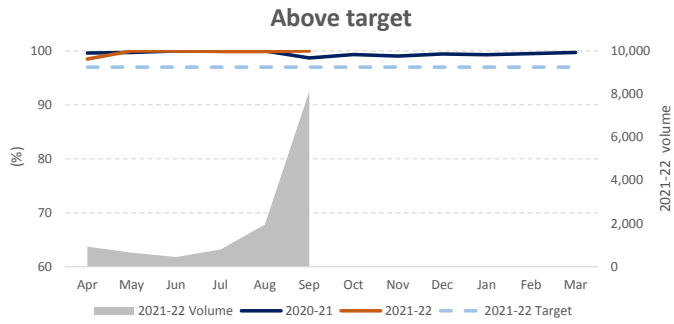


# 6. KPI Trend Dashboards

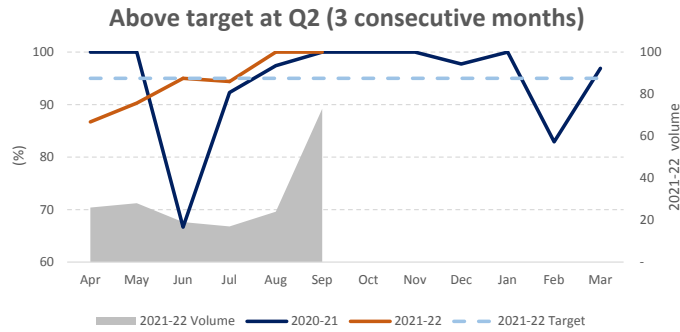
## Innovation and Improvement

### Registrations

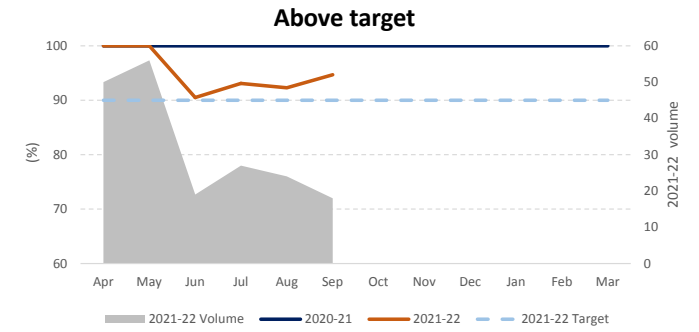
1. UK registration completed with no concern within 1 day (% and volume)



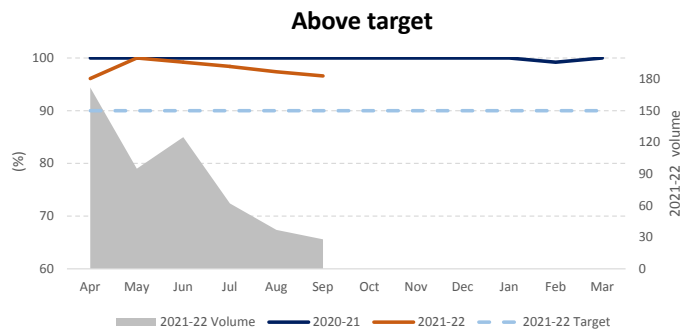
2. UK registrations requiring additional scrutiny within 60 days (% and volume)



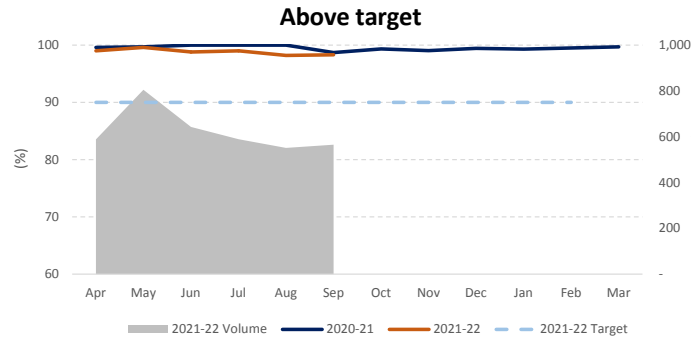
3. Overseas registration assessed within 30 days (% and volume)



4. EU applications assessed within 30 days (% and volume)

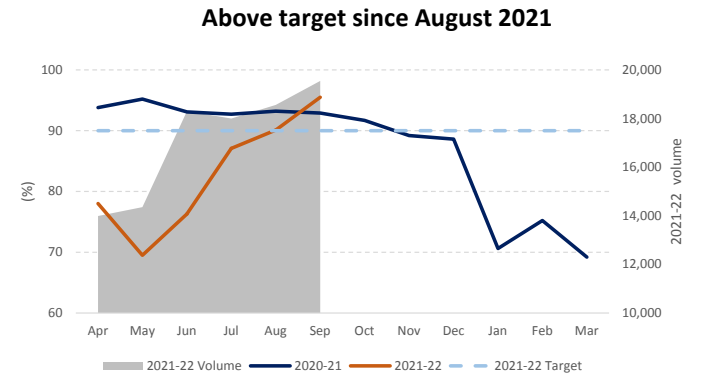


5. Readmission applications completed within 21 days (% and volume)



### Contact Centre

6. Call attempts handled (% and volume)

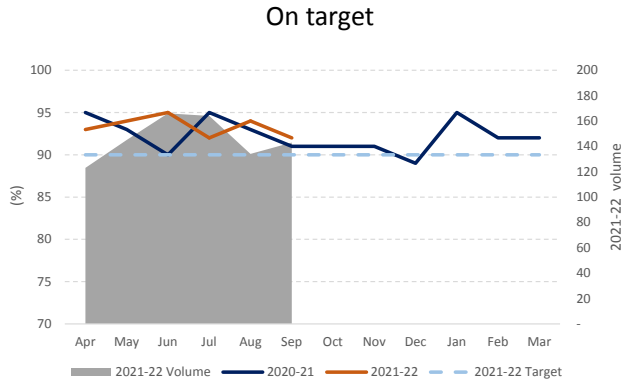


Fitness to Practise - see item 7, annexe 1

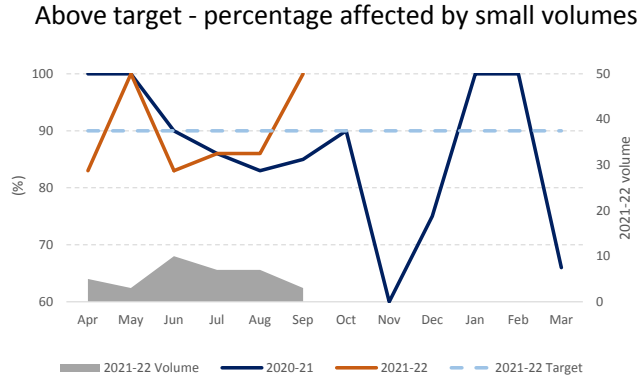
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

# Customer enquiries, complaints and feedback

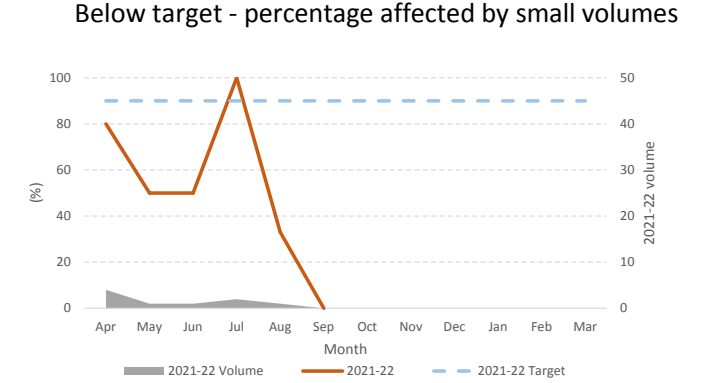
**Customer complaints responded to within in 20 days**



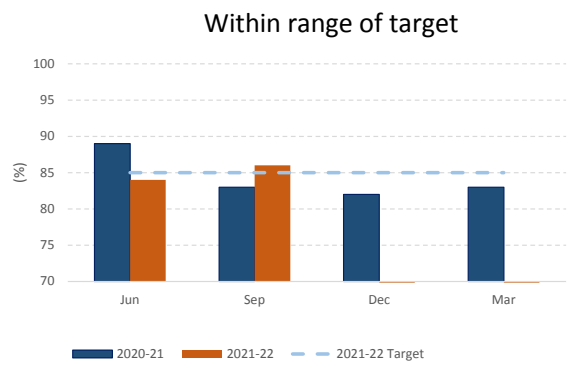
**Enquiries responded to in 20 days**



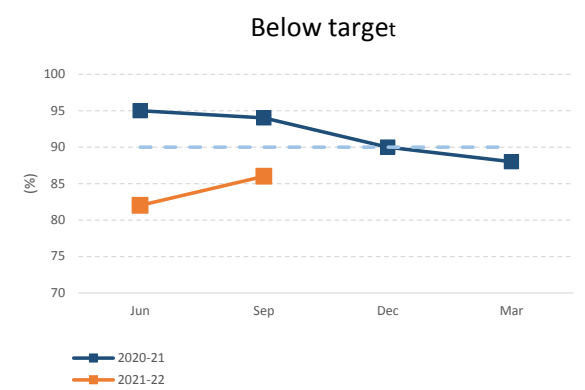
**MP Enquiries responded to in 20 days**



**Customers rating our service as good or very good**



**Information requests responded to in statutory timeframes**



1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

## Corporate Complaints

93%

Complaints responded to in 20 days

### Complaints themes

There has been a 60% increase in the number of complaints received compared to last year. We have identified 26 learning points, and we have identified the following themes:

- **Registrations (258 complaints)** – some overseas applicants are unhappy when we have to request further information before the application can be reassessed. International colleagues are now reviewing and updating the information on the website.
- **Equality, diversity and inclusion (EDI) (25 enquiries)** – people were unhappy about an article written by a former colleague on the issues of racial inequality. We stated our commitment to being an anti-racist organisation.
- **Technical issues (14 complaints)** – nurses, midwives and nursing associates have experienced technical issues with their revalidation and registration payments. We are working with Resources and Technology Services colleagues to address these issues.

67%

(4/6)

MP enquiries responded to in 20 days

82%

(14/17)

Enquiries responded to in 20 days

## Customer Feedback Dashboard

1 July 2021 to 30 September 2021



## Customer feedback surveys

86%

Customers rated our customer service as good or very good.

2

Unhappy customers contacted and resolved their concerns.



It was a very emotional thing for me to let go of my registration and be fully retired. I feel he understood my distress. I feel at peace leaving the register in a dignified manner after 35 years of service.

I received their full attention. They gave me step by step guidance and were customer focused and caring.



The person I spoke to was not up to date with the readmission process, I had significantly more help talking to other nurses and looking on line.

The person I spoke to did not want to listen or hear my concerns and kept telling me I had to send an email. I have been waiting for my PIN for three months and this was very frustrating.

## Information requests

86%

responded to on time

### Information requests themes

- There has been a 27% increase in requests compared to last year.
- A large part of the increase in case volumes is the receipt of more Subject Access Requests (SARs) from Fitness to Practise case parties (64 SARs, compared to 50 in the same period last year).
- There were no identifiable themes in terms of topics of interest, the requests received were varied.

### Our person centred approach

- We continue to work with people to ensure that we are focussing our attention on the information they need.
- We continue to provide guidance to people when we feel that they do not understand the legislation which is key to managing expectations.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12
13
14
15
16
17

## Key insights from our customer feedback surveys for Q2 2021-2022

### Overview

1. We have received a total of 509 completed customer survey feedback surveys for Q2.
2. In error we sent out the incorrect survey link in September and therefore we did not receive any survey responses in September. This has now been resolved.
3. 86 percent of those completing the survey rated our service as good or very good.

### Themes

4. There were several themes that emerged from customer feedback. These were:
5. **Technical issues:** Some customers were unhappy with the delays in resolving technical issues with their registration and revalidation applications. Colleagues are working to address these concerns as quickly as possible, we have also escalated the concerns to colleagues within Resources and Technology Services directorate to understand the root causes and resolve the issues.
6. **Processes:** Customers find step by step guidance on our processes over the phone really helpful. We have shared this positive feedback and reminded colleagues of providing step by step guidance for our processes rather than just referring to the website.
7. **Customer service:**
  - Customers have advised that they find it helpful when Contact Centre Advisors check in at the end of the call to ensure they are satisfied with the advice given and clear on next steps. We have shared this helpful feedback and Contact Centre Advisors are checking in with customers at the end of the call.
  - Some customers have reported being unhappy that they have been directed to send an email and there has then been a delay with the response. Our Contact Centre Advisors always aim to address concerns during the call. However sometimes more complex concerns are referred to our registration colleagues. Our Contact Centre Advisors have been updating customers on when they can expect a response.
  - Some customers have raised concerns about a lack of knowledge of our processes by some of our advisors. Our Contact Centre colleagues have advised that there are some advisors on short term contracts due to the higher volumes of calls during our annual peak time. Contact Centre colleagues are arranging one to one feedback and training for agents whose customers have indicated they were not clear on a particular process.

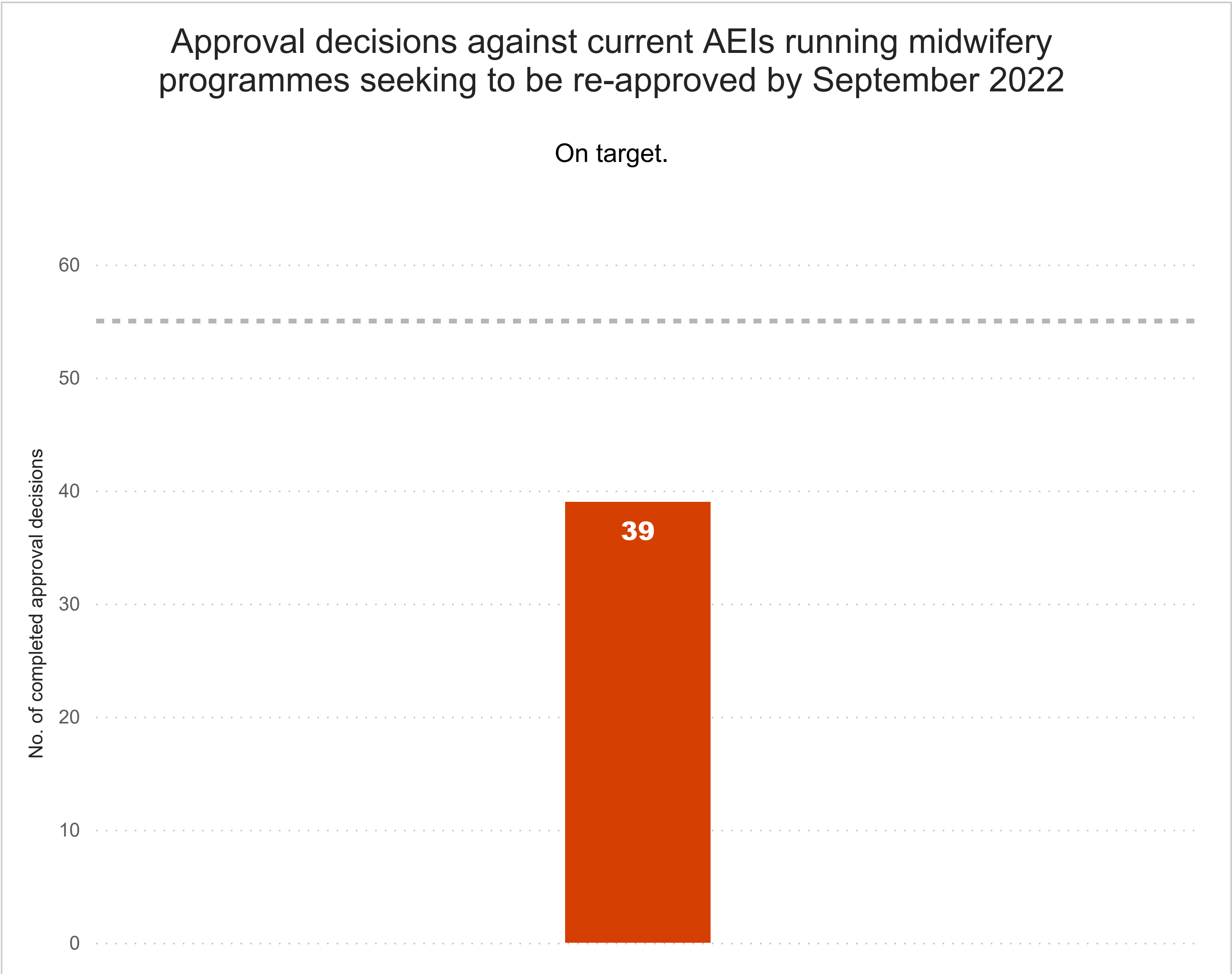
# Proactive Support for Professionals

## Midwifery Standards

Financial year: ● Current Year (2021-22) ● Previous Year (2020-21) Target: - - - 2021-22

Approval decisions against current AElS running midwifery programmes seeking to be re-approved by September 2022

On target.



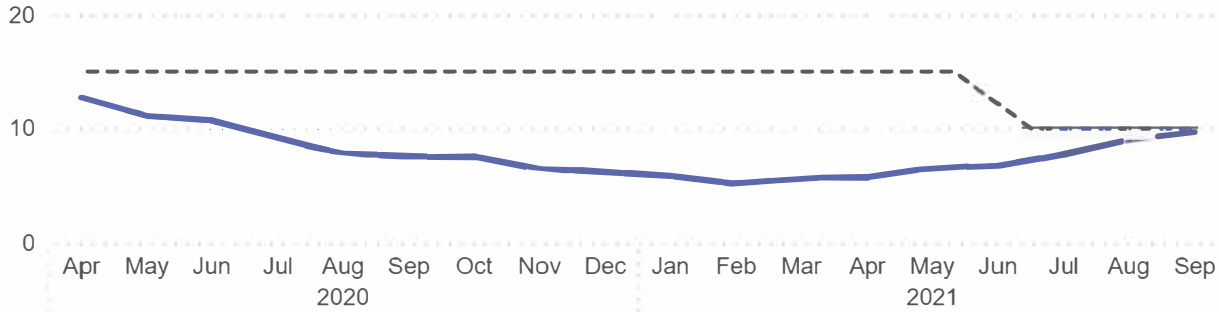
# Fit for Future Organisation

## Our People

Financial year: ● Current Year (2021-22) ● Previous Year (2020-21) ● Long term trend Target: - - - 2020-21 - - - 2021-22

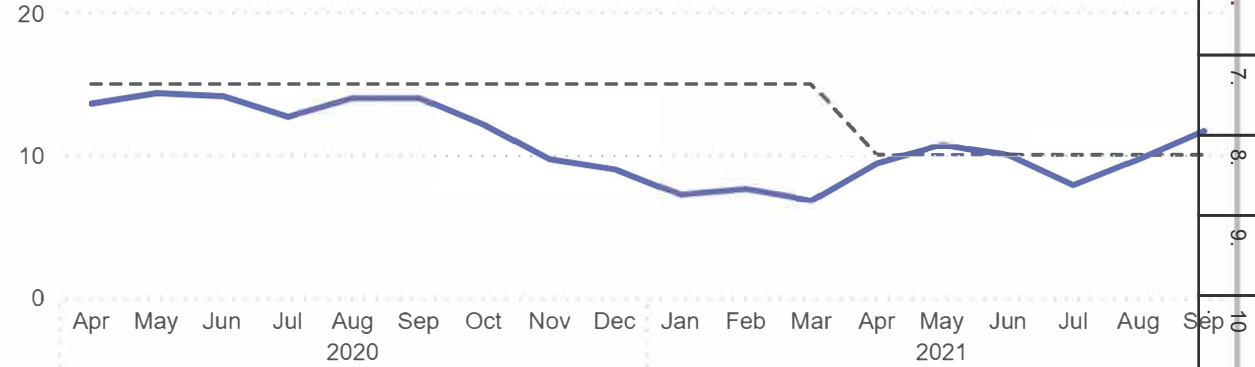
### Total turnover %

Below target but continues to trend upwards - 30 leavers in Q2



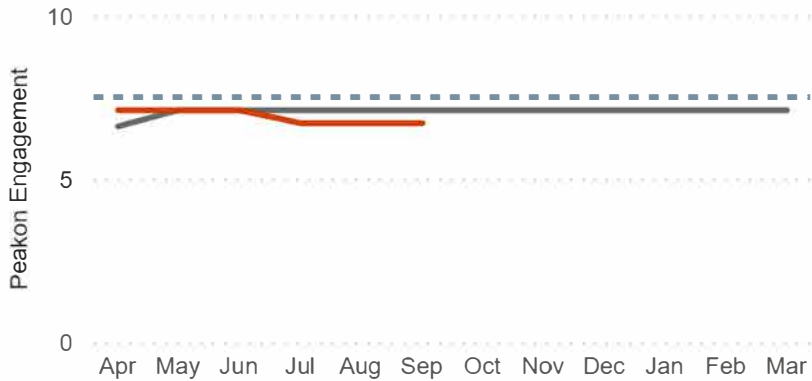
### Turnover of new starters within 6 months of joining %

Above target in September - 2 leavers in Q2.



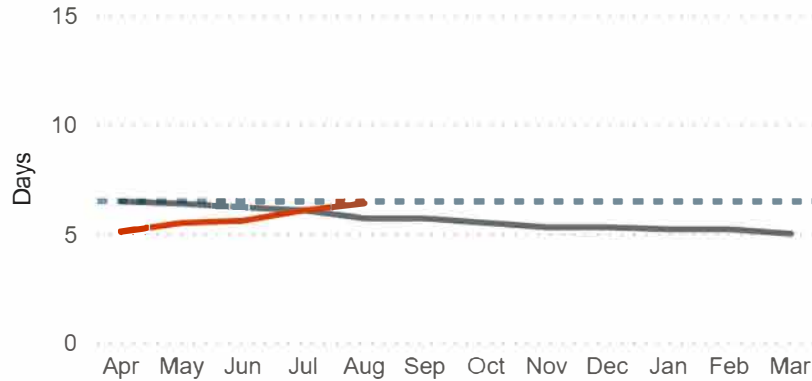
### Employee engagement score

Below target.



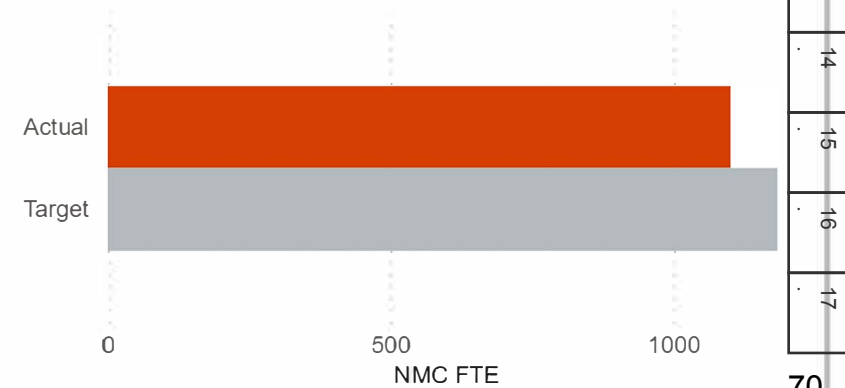
### Sickness absence average days

Below target but trending upwards



### Total FTE

Below planned establishment



# Annexe 2: Corporate risk exposure report and register - November 2021

Version: 09  
Author: Roberta Beaton  
Contact: [Roberta.beaton@nmc-uk.org](mailto:Roberta.beaton@nmc-uk.org)



1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
12.
13.
14.
15.
16.
17.

# How to use this report

- This report combines 2 key documents: 1) our corporate risk exposure report which we provide to the Council every quarter (section 2), and 2) our full corporate risk register which we provide to the Council at Q2 and Q4 only (section 3).
- This is the first time that the Council will see the new style risk register format introduced for 2021-2022. The Executive Board approved this in June 2021. Risks and issues are now contained within two distinct sections – materialised risks and potential risks. New information added to register has been provided in red text for easy read.
- If you have accessibility requirements reading this register, please contact [roberta.beaton@nmc-uk.org](mailto:roberta.beaton@nmc-uk.org)).

## Discussion questions

1. Have the correct risks and issues been highlighted?
2. Are risk assessments (risk scores) held at the correct level?
3. Are you content with the mitigations and planned actions?
4. Are there any new emerging risks that need to be incorporated?

## Contents

Section 1: Executive Summary

Section 2: Risk exposure report

Section 3: Corporate risk register for 2021-2022

Annexe: Summary of new risks, closed risks, and escalated risks (for information)

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.



# Section 1: Executive Summary

## Risk exposures and changes to the risk register

- **REG18/02 (addressing regulatory concerns):** our fitness to practise (ftp) caseload remains high, and has marginally increased during Q2. We had intended that the caseload would begin to decrease from Q2, but there are challenges within our ftp improvement programme which we are actively mitigating.
- **PEO18/01 (People):** As predicted, turnover has continued to rise and there are recruitment pressures in key areas across NMC due to a buoyant labour market where candidates have more choice. We are taking a range of actions tailored to the specific recruitment area (e.g. reviewing contract types, working with agencies, redeployment).
- **EXT20/02 (Covid 19 emergency):** we closed this risk at October 2021 as we didn't feel that it reflected the current risk exposure. We opened a new risk **EXT21/03 (Covid 19 recovery)** '*Risk that we do not recover efficiently following the coronavirus pandemic, including removal of emergency rules, closing the temporary register, and the realising benefits from new ways of working*' to better reflects our current pressures.
- **STR20/02 (Strategy), FIN20/01 (Investments) and FIN21/02 (Sustainable budget):** as requested by our Investment Committee, we have considered potential risk factors related to compliance with, and our independence regarding 'Managing Public Money' (HM Treasury, 2021).
- **COM18/02 (Legal compliance):** The Melanie Hayes fitness to practice case highlighted process gaps in how we handle discrimination cases. We have since undertaken a review and put in place additional measures to ensure that colleagues handling complex discrimination cases receive appropriate senior support and additional guidance.



# Section 2: Detailed Risk Exposure Report

1. Our last corporate risk exposure report was reviewed by the Executive Board on 16 November 2021.
2. The purpose of the corporate risk exposure report is to summarise any risk factors that could potentially affect one or more of our corporate risks right now. It is intended as the main corporate risk report for discussion by the Executive Board and the Council.
3. The corporate risk exposure report complements the corporate risk register (CRR), and drives what we capture on the corporate register.
4. The Council review the corporate risk exposure report every quarter. At quarters two and four, the Council also receive the full CRR. For Q2 we've integrated the two reports into a single report.
5. The Council last reviewed the CRR in May 2021 (Q4 2020–2021). Since then we have updated the CRR to reflect risks for 2021-2022, and revised the format to make the register easier to engage with.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

## Detailed risk exposures – current factors affecting each corporate risk (1/6)

### REG18/02 (Dealing with fitness to practise concerns) – RED

- During Q2 we have seen an increase in our caseload - our closing caseload was 6,582 cases at the end of September (up 139 on August). Our aim is to reduce our caseload to pre-pandemic levels (4000 cases by 2023). Our year end forecast is c5,200 (revised from c5,000) which we will keep under review.
- The age of our caseload remains a concern and is higher than desired across all stages. Delays could have a negative impact on those affected - we continue to monitor customer feedback as we work through our caseload and communicate with those involved in cases.
- We are experiencing challenges around recruitment and ongoing vacancies in key case progression roles. This is impacting on our ability to bring our caseload down within our planned timescales which is reflected in our Professional Regulation directorate underspend at Q2.
- There is also pressure within our high profile team due to turnover. This is being closely monitored, but we have experienced challenges in filling these posts. We are looking at various options, including support from the wider teams and potentially working with specialist recruitment agencies which will take time.
- We have discovered a potential pressure point within our future hearings pipeline. The fitness to practise improvement programme will continue to review this issue, to mitigate the pressure.
- We have just finished recruitment for our panels. There continues to be some capacity and capability gaps which are working to mitigate with HR colleagues.
- A number of cases may arise from the Ockenden report which will be published in 2022. We are planning resources now so that we are prepared and ready if we do receive cases.

### INF21/04 (MOTS programme) – RED

- MOTS phase 2a (registrations processes moving from Wiser) is on track to deliver later this year.
- We expect to realise the associated benefits from this phase of the programme by the end of the year.
- Phase 2b is currently at scoping stage – there are no further details to include at this time.
- The impact of high turnover from within the programme continues to be mitigated.

### EXP18/01 (Failure to meet external expectations) – RED

- **Post registration standards:** we are currently reviewing the consultation feedback and generate recommendations. This work will be completed by Spring 2022. Aspects of the proposals have been controversial with some stakeholders, with some criticism. In line with the agreed post registration assimilation governance framework, we are working with groups of professionals, students and educators to recommend refinements to the draft standards for the Council to agree.
- **FTP:** delays in fitness to practise could result in increased dissatisfaction, complaints or criticism. We are monitoring this closely.
- **Sector recovery / overload:** the health and social care sector continues to recover from the secondary impacts of Covid 19 (e.g. funding pressures, long waiting lists, workforce burnout, and higher expectations of the public). We will continue to monitor and manage competing demands on stakeholders to engage, consult with, and co-produce with us. We have a number of communications planned over the coming months which we will phase to ensure that we don't overload stakeholders, and will factor how we can support sector priorities into our annual business planning.
- **Maternity services:** investigations and enquiries regarding maternity safety remains a key sector issue. We are delivering joint work with other regulators on data sharing, and have released information about what people should be expected from their midwife. We have initiated an internal Midwifery and Maternity Services Coordination Group (MMSCG) to ensure a co-ordinated and coherent approach on all issues related to midwifery and maternity services.
- **Social care:** plans announced in September for social care reform will have implications for our registrants working in social care and community nursing. We are working to understand the full implications.
- **Nursing:** Royal College of Nursing (RCN) strike ballot on pay started on 4 November for one month. The outcome could have an impact on us and the sector. The Scottish RCN open ballot opened on the 8 November, Northern Ireland is still under consideration, and Wales has the same ballot timeframes as England.
- **Internal:** there are some capacity pressures within our Communications and Engagement directorate which we are mitigating.

## Detailed risk exposures – current factors affecting each corporate risk (3/6)

### PEO18/01 (People) - RED

- **Return to the office:** we continue to plan for the return of our colleagues to the office from 2022. Employee numbers attending an office has increased
- **Turnover and retention:** employee turnover has continued to rise and there are recruitment pressures in key areas across NMC due to a buoyant labour market where candidates have more choice. September results show overall NMC turnover of permanent staff at 9.7% (up from 9% in August, 7.7% in July and 6.7% in June).
- **Vacancies:** we have a number of vacancy pressures across the organisation which has created capacity and capability gap in some areas – specifically fitness to practise. We continue to work to ensure we attract candidates into the organisation, taking a range of actions tailored to the specific recruitment area (e.g. reviewing contract types, working with agencies, redeployment)
- **Capacity and productivity:** capacity gaps in our HR teams means that there is a knock on effect for teams dealing with recruitment and HR issues.
- Productivity is likely to be affected in the short term as we continue the review of our change and continuous improvement (CI) capacity across the NMC. Implementation of the outcomes from the review will continue until the end of the year and will create some uncertainty for teams affected.
- Rising numbers of Covid 19 cases and long Covid could affect our capacity. We continue to monitor this. As we enter winter with respiratory illness and Covid 19, we are likely to see increased sickness.
- **Organisation design/People Plan:** we have experienced some delays within our organisational design and people planning. We anticipate that the draft plan will be presented to the Council in January 2021. This could affect the pace at which we achieve our strategic objectives for people under the Fit for the Future strategic theme.

### REG18/01 (Fail to maintain an accurate register) – AMBER

- **Test of competence:** test centre capacity remains strong across our three test sites, and they continue to offer additional test slots to support higher demand where needed. The aim is to mitigate delays to international recruitment. Not all of these slots are being used at the moment, but we are providing ongoing assurance to Department of Health and Social Care (DHSC) that there is plenty of test capacity when needed.
- Council has approved the appointment of 5 suppliers to deliver objective structure clinical examination (OSCE) from Feb 2022. We will be continuing with the current 3 suppliers, and appointing two new suppliers. We will be focussing over the coming months on set-up and mobilisation
- **Fraud:** we continue work on the issue of the fraudulent Pakistani Nursing register entries and have controls in place to detect and check suspicious applications.

**ACTIONS:** Professional Regulation plan to review this risk and report this to the Council in January 2022.

## Detailed risk exposures – current factors affecting each corporate risk (4/6)

### INF18/02 (ICT Failure) – AMBER

- Supply chain issues could impact the speed at which we implement our IT infrastructure programme to replace our IT hardware and software. We will shortly be moving to new hardware and cloud desktops to improve our ability to work from multiple locations and for blended working (by Q4). As part of our tendering process, we have assessed each potential supplier's ability to achieve our timelines as a key component.
- Specific problems with recruiting business architects – linked to the salary that we are offering.

**ACTIONS:** Our new chief information officer will review key areas of risk exposure and update the corporate risk register during Q3.

### EXT20/02 - (Coronavirus Emergency) - CLOSED

- The Executive Board closed this corporate risk in October 2021. Remaining areas of risk exposure have been moved into a new risk focused on recovery – **EXT21/03** below. The rationale for closing this risk was to ensure that we focused on residual issues remaining from the pandemic.

**EXT21/03 - (Coronavirus Recovery) – AMBER.** This is a **new risk** to better reflect our recovery from the pandemic including the appropriate removal of emergency rules, closing the temporary register, future waves, or realising the benefits from new ways of working.

- We continue to make plans to revert back to our non-emergency standards and close the temporary register. The total number of people on the register now is 14,660 at 31 October 2021.
- The impact of seasonal flu combined with coronavirus remains a high priority area of public concern – specifically the capacity of the NHS to respond coupled with burnout out of the workforce from the past 18 months. We continue to keep the situation under review.
- The Government has set a deadline for all NHS staff and social care staff not already covered by the care homes mandate in England to be vaccinated with both doses by 1 April 2022, to prevent avoidable harm to patients. The deadline for care home workers in England was 11 November 2021. This follows the outcomes of the Government's consultation in September. The flu vaccine is recommended but not compulsory.
- Planning continues for returning our workforce to our office, and maximising the opportunities from working remotely for 18 months. Colleagues who have been risk assessed can return to the office, and more people have returned since September. The majority of colleagues continue to work remotely.

**ACTIONS:** We updated our website information on mandatory vaccinations for care home staff in England came into force on 11 November 21.

## Detailed risk exposures – current factors affecting each corporate risk (5/6)

### STR20/02 (Fail to delivery strategy) – AMBER

#### Key risk factors:

- Prolonged recovery from the pandemic impacts our ability to deliver our strategic ambitions.
- Insufficient capacity or capability to deliver our strategic ambitions.
- We miss strategic opportunities to influence or collaborate.
- Pressure to adopt additional commitments as the result of external factors diverts capacity.
- We don't join up to deliver strategic change.
- We don't maximise regulatory reform.
- Our ability to act independently of government is restrained.
- We continue to manage uncertainties regarding the timeline for regulatory reform. Current timelines estimate that the consultation on NMC model rules will be in spring 2022 with new legislation being implemented from April 2023 at the earliest. We continue our preparations and engagement.

#### Risk exposures:

- Our ability to act independently of government could be restricted if we need to comply with 'Managing Public Money' (*HM Treasury 2021*) (MPM) e.g. a change in government policy on application of managing public money and/or legislative change.
- The Department of Health and Social Care (DHSC) have raised a query as to whether we should be complying with 'Managing Public Money'. Our previous agreed position is that we take MPM into consideration but are not required, as an independent body to comply with it. With the support of the National Audit Office (NAO), we have written to DHSC to clarify the previous agreed position that we take MPM into consideration but are not required, as an independent body, to comply with it. We await their response.

**ACTIONS:** Engagement with Department of Health and Social Care and National Audit Office regarding MPM. Collaboration with other regulators in light of any proposed changes from MPM or other legislation

### FIN20/01 (Investment) – AMBER

- If we do need to comply with 'Managing Public Money', we could be required to liquidate our investment portfolio at short notice. This could potentially cause significant financial detriment, as it may mean that we would have to do it at a time that is sub-optimal in terms of value.

**ACTIONS:** MPM has been added to the corporate risk register.

## Detailed risk exposures – current factors affecting each corporate risk (6/6)

### FIN21/02 (Sustainable budget) – AMBER

- Government plan to increase National Insurance Contribution (NIC) to help pay for social care will mean increased employer contributions from April 2022 (circa £600k).
- If we are required to liquidate our investments at short notice there may be costs, and this would impact on our longer term financial strategy as we intended to use gains from investments within our future strategy beyond 2025 (as per FIN20/01 regarding 'Managing Public Money').
- More work is required to provide confidence regarding cost savings in future years, headcount, funding strategic initiatives, and ensuring that we return to an affordable position by 2023-2024. We will consider this as part of business planning.
- The UK is currently experiencing supply chain disruption (goods and labour) due new requirements regarding Covid-19 testing and the impact of Brexit. This is affecting the availability and supply of goods and services. This is likely lead to rising costs, shortages, and high demand or backlogs in services. We continue to monitor the situation as this could lead to delays in delivering programmes such as our accommodation programme.
- Rising inflation and costs for energy will need to be factored into our budget planning for 2022 and beyond.

**ACTIONS:** Increased NIC will be reflected in our budgets for future years along with inflation. We continue to monitor the outcome regarding the DHSC query on MPM. Business planning launched in October 2021, and will explore costs in further detail. We continue to monitor the situation regarding our supply chain.

### COM18/02 (Legal) – AMBER

- In light of the recent fitness to practise case, an issue emerged that we do not deal with racial discrimination cases appropriately. Pending the publication of our new guidance, we have put special measures in place to ensure that colleagues handling complex discrimination cases receive appropriate senior support. Our review will deliver updated fitness to practice guidance to support decision making by panel members.

**ACTIONS:** With the increased focus on EDI, should we consider a new corporate risk that covers EDI including racial discrimination

### REG19/03 (Standards) – GREEN

- **Post registration standards:** discussed at **EXP18/01** at slide 6.



# Section3: Detailed corporate risk register at November 2021

Ref.	Risk for 2021-2022	Current Rating	Risk Type	Appetite
REG18/02	Risk that we fail to take appropriate action to address a regulatory concern or do this in a timely or person centred way	RED (20)*	Regulatory	Minimalist
INF21/04	Risk that our Modernisation of Technology Services (MOTS) programme doesn't deliver the intended benefits for our registration system or case management system	RED (20)*	Operational/ Commercial	Open
PEO18/01	Risk that we fail to recruit and retain an adequately skilled and engaged workforce	RED (16)*	Operational/ Commercial	Open
EXP18/01	Risk that we fail to meet external expectations which significantly affects our ability to maintain the trust of stakeholders, the public and people on register in how we regulate	RED (16)	Stakeholder / Engagement	Open
REG18/01	Risk that we fail to maintain an accurate register of people who meet our standards	AMBER (15)	Regulatory	Minimalist
INF18/02	Risk that core business ICT failure impedes our ability to deliver effective and robust services for stakeholders or value for money	AMBER (15)	Operational/ Commercial	Open
EXT21/03 (new)	Risk that we do not recover efficiently following the coronavirus (Covid-19) pandemic including removal of emergency rules, closing the temporary register, or realising the benefits from new ways of working	AMBER (12)	Strategic	Open
STR20/02	Risk that we fail to deliver our strategic ambitions for 2020-2025	AMBER (12)	Strategic	Open
FIN21/02	Risk that we do not achieve a sustainable budget or the planned financial benefits from our strategy	AMBER (12)	Finance	Open
FIN20/01	Risk of not achieving our investment strategy particularly with regard to: long term growth; appetite for short term capital loss; alignment with our values	AMBER (12)	Finance	Open
COM18/02	Risk that we do not act in line with our statutory or wider legal obligations	AMBER (9)	Legal / Compliance	Cautious
REG19/03	Failure to ensure that educational standards are fit for purpose (including processes to ensure compliance with standards are being met)	GREEN (8)	Regulatory	Minimalist

\* Materialised

# Our risk profile – current scores for corporate risks (likelihood and impact)

5 (Critical)	(5)	(10)	REG18/01 – Fail to maintain an accurate register (15)	(20)	(25)	1.			
			INF18/02 – Core business ICT failure impedes our ability to deliver (15)			REG18/02 – Fail to take appropriate action (20)	2.		
							3.		
							4.		
							5.		
4 (Major)	(4)	(8)	FIN20/01 – Risk of not achieving our investment strategy (12)	(16)	(20)	6.			
			REG18/03 – Fit for purpose education standards (8)			FIN21/02 – Sustainable budget / planned financial benefits (12)	PEO18/01 – Fail to recruit & retain an adequate skilled workforce (16)	INF21/04 – Risk that MOTS programme doesn't deliver the intended benefits (20)	7.
						STR19/02 – Fail to deliver our strategic ambitions (12)	EXP18/01 – Fail to meet external expectations and maintain trust (16)		8.
						EXT21/03 – Fail to recover efficiency from C-19 pandemic (12)			9.
3 (Moderate)	(3)	(6)	(9)	(12)	(15)	10.			
			COM18/02 – Don't act in line with our statutory or legal obligations (9)				11.		
							12.		
2 (Minor)	(2)	(4)	(6)	(8)	(10)	13.			
							14.		
							15.		
1 (Insignificant)	(1)	(2)	(3)	(4)	(5)	16.			
							17.		

Likelihood

# Section 3a: Materialised risks that we are actively mitigating (issues)

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

**REG18/02- Risk that we fail to take appropriate action to address a regulatory concern or do this in a timely or person centred way**

Risk appetite: **Minimalist**  
 Risk response: **Treat**  
 Risk trend: **Stable**

Inherent risk score: **25**

Current risk score: **20** ★

Target risk score: **10**

Target score by latter 2022



**Owner:** Executive Director, Professional Regulation

**Possible causes**

- a. We fail to action referrals in a timely or appropriate way - specific pressure in 2021-2022 with high caseloads, pressure at particular stages of the fitness to practice process, or we experience longer lead times to complete cases.
- b. We fail to process FtP cases effectively or make the wrong decision about a case outcome.
- c. Our FtP improvement fails to deliver sustainable solutions to improve efficiencies now and in the future to improve processes and reduce the caseload
- d. Intelligence and insights are not escalated, used effectively, or shared with key stakeholders.
- e. Professional Regulation (PR) and Professional Practice (PP) work in silos or fail to communicate effectively resulting in process gaps and inaccurate data sharing.
- f. We do not engage effectivity with members of public.
- g. Increased dissatisfaction or complaints as a result of delayed FtP outcomes

**Possible impact**

- We don't reduce the FtP caseload or pressure on our FtP processes
- Increased dissatisfaction or complaints
- The public are not protected
- Loss of confidence and trust in NMC
- We don't realise the expected benefits from our FtP programme or reduce costs in the future

**Mitigations and controls**

- a-b. Values and behaviours framework with 'Kindness' central to how we are expected behave.
- a, b, e. Public Support Service provides tailored support to patients, families and parents.
- a, b, g. Centralised corporate enquiries and complaints team.
- a, d. Regulation and education policies and procedures.
- a, c, f. Monthly performance monitoring. Council/public visibility via KPIs presented at open Council meetings.
- a, b. Quality of decision making function assures decisions and captures learning.
- c. Increased spend on FtP in 2021-2023 to drive improvements and reduce the caseload
- c. FtP improvement programme to provide a structured way to deliver improvements, manage risk and realise benefits.
- c, d. Collaboration and data sharing with external stakeholders and partners. Routine information sharing regarding processes and risks between PR and PP.
- a, c. Employer Link Service supports early engagement with employers and relevant stakeholders to improve knowledge of FtP processes and reduce inappropriate referrals.
- d. Intelligence used to identify, monitor and take action on high risk regulatory concerns

**Planned actions**

- a, b, e, f. FtP improvement programme is ongoing to:
    - Continue to implement the ftp change strategy (including person centred, context and remediation)
    - Increase our capacity to reduce the backlog,
    - Deliver efficiencies across our ftp model enable better, earlier resolution of cases and reduce our backlog (By Q4)
    - Deliver improvements to how we deal with enquires (By Q3)
  - d Continue to deliver process improvements between Professional Regulation functions to ensure more consistency in regulatory actions and approach (ongoing).
  - a-c, d, f. Employer Link Service will put place foundational work during 2021-2022 in preparation for implementing outreach from 2022-2023
- We expect this risk to reduce once the FtP improvement programme begins to reduce the backlog in our caseload in 2022.

## INF21/04- Risk that our Modernisation of Technology Services (MOTS) programme doesn't deliver the intended benefits for our registration system or case management system

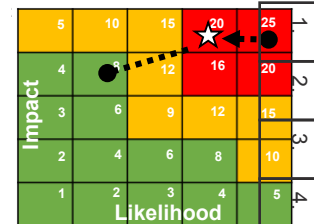
Risk appetite: **Open**  
Risk response: **Treat**  
Risk trend: **Stable**

Inherent risk score: **25**

Current risk score: **20** ★

Target risk score: **8**

Target score by 2022-23



**Owner:** Executive Director, **Professional Regulation**

### Mitigation and controls

**a,c,d.** Following independent review and additional consultancy support, the programme has put in place reinforced programme governance, a fixed scope of work, clear prioritisation, formalised change control, and fixed resources and budget. Oversight from EB and Council via regular reporting. Benefits are being profiled

**a.** Phase 2a was established in February 2021 with improved programme ways of working and a fixed scope. Phase 2a is a tactical step change to move 96% registration transactions off of WISER, reducing the impact of a WISER failure by the end of the calendar year.

**b.** Phase one has delivered improvements including a new overseas applications process, new readmissions process, new payments module and new quality assurance (QA) online system.

**b.** Senior product owner in place.

**d.** Benefits profiling, monitoring and reporting to Executive Board.

Wiser (our registrants system) and our fitness to practise case management system are on unsupported hardware and are obsolete. This risks potential business interruption if something goes wrong, potential data loss, or registering people inappropriately. The MOTS programme was established to move these processes to Dynamics 365.

### Possible causes

**a.** We fail to improve the customer experience for internal and / or external customers or meet their expectations.

**b.** We fail to appropriately implement the outcomes from the two independent reviews of the programme conducted in 2020-2021 – leading to poor scoping of requirements for the next phases or slippages in cost, time, or quality.

**c.** Turnover of key individuals within the programme means that corporate knowledge and skills are lost.

**d.** Implementation of the programme creates new risks within core business that were not anticipated, which leads to significant disruption within core processes.

**e.** We fail to realise the benefits from the programme because they are not clearly defined and understood, tracked or realised once MOTS is handed over core business.

### Possible Impact

- We don't realise the intended benefits of the programme – including return on investment and improved ICT experience.
- Wasted resources because of slippages or poor planning.
- The programme costs more than budgeted for.
- Loss of trust or criticism

### Planned actions

**a-d.** Modernising our Technology (MOTS) programme will deliver core systems replacement for Wiser. (2021-2022)

**a-d.** MOTS programme will deliver improved case management using D365 (Planning during 2021-22 and work will begin during 2022-23).

**b.** Recruitment of new Chief Information Officer (CIO) to provide targeted leadership for technology solutions. (By Q1/Q2).

**c.** Recruitment to replace key roles, and redeployment from within the business to support delivery (By Q1/Q2),

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

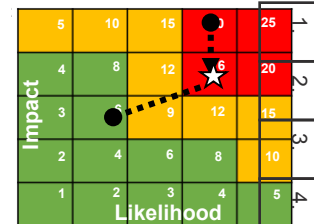
Risk appetite: **Open**  
 Risk response: **Treat**  
 Risk trend: **Stable**

Inherent risk score: **20**

Current risk score: **16** ★

Target risk score: **6**

Target score by 2024



**Owner:** Executive Director, People and Organisational Effectiveness

**Possible causes**

- a. We fail to recruit the right people: We don't have the capacity to recruit rapidly for FtP or quality/availability of candidates is affected by the job market or remote recruitment
- b. Colleagues have low resilience, reduced wellbeing, or lower productivity due to prolonged remote working or we are over reliant on key individuals / teams.
- c. Rising turnover
- d. We don't have the right skills or fail to embed a culture of high performance and development (e.g. developing people takes longer remotely, people miss opportunities to access key stakeholders, or training / networking is reduced).
- e. Gaps in our capacity due to redeployment to support programmes, projects or core business initiatives. (e.g. planning our return to the office/Covid, FtP recovery programme, MOTS).
- f. Inefficiency within our organisational design means that we don't have the right skills, resources or processes in the right places to deliver our strategy (e.g. silo's, duplication,).
- g. Members of the defined benefits pension scheme are distressed by the outcomes of proposed changes.
- h. Weak action on equality, diversity and inclusion (EDI) issues, including not supporting colleagues from ethnic minority groups to progress, develop and be paid equally.

**Possible impact**

- Reduced capacity or inadequate skills
- Low staff engagement / resilience
- Increased costs
- Unable to deliver commitments when we intended

**Mitigations and controls**

- a-d. Values and behaviours framework including values based appraisals and recruitment.
- f. Management and Leadership Programme based on identified skills gaps.
- a, h. Managed Service Providers (MSP) and Applicant Tracker System (ATS) to drive up recruitment compliance (including blind shortlisting to limit unconscious bias).
- b, g. Employee wellbeing initiatives: employee assistance programme, mental health first aiders network, employee forum, employee networks, Thrive app.
- d, g. Targeted engagement initiatives e.g Employee Forum Reps, workplace unionisation
- b. Six monthly colleague engagement surveys to increase two-way communication with employees.
- a-e. Business Partnering model to improve performance management practices, management confidence and increased support at significant times of change
- a-d. Increased analysis and horizon scanning (e.g. exit data, possible employment law changes (e.g. post Brexit)
- g. Managed closure of the defined benefits pension scheme (June 2021) including employee support.
- h. Strengthen focused on EDI: clear commitments set for 2021-2022, rising together mentoring scheme to support progression (phase two in summer 2021), benchmarking and action plan against workplace race equality standard, BME employee network and encouragement of allyship.

**Planned actions**

- a-f. Planning for next phase of people plan and organisational design programmes (by Q2) and implement from Q3-2021-2022. **Q4 –January 22**
- a. FtP recruitment reviewed on a quarterly basis (throughout 2021-2022)
- a-d. Continue reward and benefits review. (throughout 2021-2022)
- a-c. Continue work on candidate experience and leadership development (Throughout 2021-2022)
- a-f. Modernisation of HR IT systems (dates TBC)
- a-d. Back to basics programme to improve efficiency across our People teams (Q2)
- b. Next engagement survey results by Aug 21
- b. Return to the office survey launched to determine new ways of working post Covid. Employee risk assessments completed for all colleagues (results reviewed in July 2021)
- h. EDI Action plan to introduce Workforce Race Equality (WRES) standard with a focus on progression and leadership. (in progress)
- h. Targeted work with the Council and Executive Board on EDI (Q1)

# Section 3b: Potential risks that we are treating (risks)

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

**EXP/1801-** Risk that we fail to meet external expectations which significantly affects our ability to maintain the trust of stakeholders, the public and people on register in how we regulate

Risk appetite: **Open**  
 Risk response: **Treat**  
 Risk trend: **Stable**

Inherent risk score: **16**

Current risk score: **16** ★

Target risk score: **9**

Target score once FtP caseload begins to reduce



**Owner:** Executive Director, Communications and Engagement

**Possible causes**

- a. We don't demonstrate learning and improvement from adverse incidents within the sector or internally to NMC – e.g. expectations regarding such Gosport, Shrewsbury and Telford, or process failures within NMC.
- b. We don't appropriately respond to publicity, a campaign or a consultation.
- c. We fail to deliver significant regulatory change which leads to criticism e.g. FtP improvement, overseas, reg. reform.
- d. Negative publicity, dissatisfaction, or complaints because of core business issues (e.g. FtP timeliness) or a perception that we lack independence (e.g. if we receive funding).
- e. We don't maintain trust, engagement and influence with key audiences - particularly in the devolved UK countries to understand local issues – due to how we work.
- f. Unfairness or harm as a result of unfair outcomes or avoidable delays because we don't live our values
- g. Our website doesn't provide the information that our audiences need or we fail to communicate with one voice
- h. Competing demands on stakeholders to engage, consult with, and co-produce with us. (E.g. sector still recovering).
- i. Pressure to respond proactively or at pace to high profile reports and reviews
- j. We don't plan for or effectively respond to divergent views of stakeholders during co-production (e.g. post reg. standards)
- k. Lack of collaboration within NMC leading to disparate or conflicting communications.

**Impact**

- Inability to influence or maintain public trust
- Inability to deliver our strategic aims

**Mitigation and controls**

- a-j. Organisational values and behaviours.
- a-j. Early engagement of Comms and Engagement teams in development, planning and delivery of corp. activities – prioritise accordingly.
- a, e. Person centred support for people affected by concerns - referrers, patients, witnesses and registrants.
- a-j. Tracking monthly management information such as digital communications, press coverage and sentiment.
- b, d. Dedicated press office, public affairs and stakeholders functions, schedule of authorised people that can speak with the media, and analysis to anticipate potential media publicity, and horizon scanning to anticipate external developments, issues and risks. Crisis management process.
- c. Programme governance & monitoring at Exec / Council.
- c. Regulatory reform programme and collaboration with Department of Health and Social Care and other regulators.
- e. Director led engagement with senior partners and stakeholders across the four UK countries and Assistant Director (CLT) led senior external stakeholders
- f. Audience specific engagement approaches and content to provide the most relevant information.
- g. See risks mitigations for REG18/02 and COM18/01.
- a, e, h, k, i. Regular and sustained and coordinated engagement with senior stakeholders to collaboratively work on sector issues. Underpinned by a joined up and sustained programme of strategic communications.
- j. Agreed audience led specific messaging across corporate priorities and engagement plans. Escalate to Executive Board (EB) if required. Working groups and consultations to co-produce and consult with stakeholders. New digital engagement platform in place.

**Planned actions**

- c. Deliver phase 2 of our work (Ambitious for Change) for people with protected characteristics to inform and address inequalities in how we regulate. (Q3)
- c, d, g. Fitness to practise improvement programme to reduce the backlog and deliver improvements (throughout 2021-2023).
- e. Perceptions audit to determine confidence and trust in the organisation (Q2)
- e, f. Establish a strategic approach to stakeholders and embed this across the NMC (complete in 2021-2022)
- f. Initial scoping for new website underway, improvements to fitness to practise information and signposting (Q2), website rebuild from Apr 2022
- e, i. Corporate commitment to build trust in regulation. We will support professionals, students, stakeholders and the public to understand what we do, where we're going and how we can collaborate (NMC and Me campaign) (2021-2022)
- b, d, f, h. Implement CRM ([insert date])
- k. Embedding stakeholder engagement principles and approach's across NMC ([insert date])

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100



**INF18/02 - Risk that our core business ICT fails and impedes our ability to deliver effective and robust services for stakeholders or value for money for the organisation**

Risk appetite: **Open**  
 Risk response: **Treat**  
 Risk trend: **Stable**

Inherent risk score: **25**

Current risk score: **15** ★

Target risk score: **8**

Target score by TBC



**Owner: Chief Information Officer (with oversight for Executive Director, Resources and Technology Services)**

**Possible causes**

- a. Our core systems (e.g. WiFi, TRIM, Wiser, CMS) and servers are on unsupported hardware and are obsolete, risking potential business interruption, data loss or registering people inappropriately.
- b. Our network infrastructure has potential cyber vulnerabilities which could result in data and information security breaches.
- c. Ageing IT infrastructure and processes mean workarounds and manual work. Incompatibility between legacy and modern systems and applications results in reduced capability impeding efficient delivery and risking compliance obligations.
- d. Technical challenges posed by working from home for the Contact Centre means a reduced customer experience (e.g. call dropping due to home WiFi or virtual network, delay on the line, poor call quality).
- e. Our IT hardware doesn't support the next phase of our desired IT improvements (MS teams).
- f. We fail to realise the benefits (efficiencies and cost saving) from our ICT programme in the longer term

**Possible Impact**

- Service disruption
- Poor customer experience and negative feedback
- Wasted resources, incurred costs and reduced productivity

**Mitigation and controls**

- a. Disaster recovery testing to test switching between our main systems and our back up systems.
- a. Oversight of ICT stability by Audit Committee.
- a, b, c. Priority actions to improve cyber and other vulnerabilities on an ongoing basis (including monthly security patches).
- b. Management plan for systems failures and incidents.
- b. Regular penetration and vulnerability testing of our IT network. Last network penetration test carried out in Q3 2019-2020 - next test in 2021-2022 date tbc.
- a-d. Additional investment in digital technology agreed as part of the 2021-22 budget.

**Planned actions**

- a-e. Continue to implement the IT improvement programme to improve the ICT infrastructure, and data and analysis technologies (next phase IT improvement programme due in Q4).
- d. **New telephony system for Contact Centre (Due Q3)**
- a-f: this risk will be reviewed by the Chief Operating Officer (CIO) during Q3

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

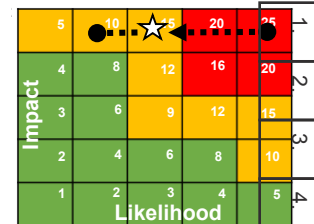
Risk appetite: **Minimalist**  
Risk response: **Tolerate**  
Risk trend: **STABLE**

Inherent risk score: **25**

Current risk score: **15** ☆

Target risk score: **10**

Target score by 2023-2024



**Owner:** Executive Director, Professional Regulation

### Possible causes

- We register people that don't meet our standards due to processing errors, fraudulent applications, or Approved Education Institutions (AEIs) providing the wrong details or qualifications.
- AEIs do not continue to deliver programmes of education and training that meet our standards (e.g. Future Nurse, Future Midwife) or student admissions don't meet our standards for education / training on approved programmes.
- We fail to reflect a fitness to practise (FtP) outcome on the register due to errors or processing gaps.
- Our overseas registrations process does not adequately assess risk or reflect our current standards.
- Ability to keep up with rising demand for Objective Structured Clinical Examination (OSCE) testing for overseas candidates.
- Our core registration system (Wiser) fails for a prolonged time (beyond the tolerance of our business continuity plans).
- We fail to appropriately manage the transition of the register from Wiser onto our new registrations systems on MS D365.
- Uncertainty regarding the impact of removal of the EU directive on qualifications comparability and automatic recognition.

### Possible impacts

- We register people who don't meet our standards
- The public are not protected
- Loss of confidence and trust in NMC

### Mitigations and controls

- Staff training and induction in required standards and core processes.
- Identity and quality checks for UK and international initial registrations, renewals and readmissions to limit fraudulent entry and human errors.
  - Revalidation ensures that the details of registrants are up to date and that their fitness to practise is confirmed. Automated revalidation readmissions process.
  - Self serve and process improvements provide automation of core processes to reduce errors. (NMC Online, automated readmission, and overseas process on D365, case management functionality for our Appeals team (RAST)).
  - Risk based quality assurance approach for AEIs against our standards. Workshops with selected AEIs to offer support on qualification uploads for registration and to strengthen relationships.
  - Assurance controls –e.g. Serious Event Reviews, complaints, customer feedback
  - Daily reconciliation of FtP outcomes and International Market Information (IMI) alerts with the register.
  - Business continuity to manage system down time. All registration services can be operated remotely and we back up the register data daily.
  - Updated Overseas process post Brexit (Dec 2020)
  - Capacity increased in OSCE test centres from May 21 – new test live 2 Aug 2021
  - Approval for the appointment of 5 suppliers to deliver the OSCE from Feb 22.

### Planned actions

- Ongoing data, systems and registration process improvement work to resolve gaps and improve robustness. (Ongoing)
- Approve education programmes against new standards:
  - Future Nurse and prescribing standards - September 2021
  - Return to practice - September 2021
  - Future Midwife - September 2022
- Modernising our Technology Services (MOTS) programme will deliver core systems replacement for Wiser onto D365 (next phase during 2021-2022) and improved case management using D365 and Wiser decommissioning (starting from 2023).
- Dual running of systems for a set period to manage safe transition from Wiser onto D365.(Ongoing)
- Research and consultation on future proposals to change, remove, or retain the EU requirements within our education standards (By Q3 2021)

## STR19/02- Risk that we fail to deliver our strategic ambitions for 2020-2025.

Risk appetite: **Open**  
Risk response: **Treat**  
Risk trend: **Stable**

Inherent risk score: **16**

Current risk score: **12** ★

Target risk score: **8**

	5	10	15	20	25	1
Impact	4	●	★	●	●	20
	3	6	9	12	15	3
	2	4	6	8	10	4
	1	2	3	4	5	5
	Likelihood					

**Owner:** Executive Director, Strategy and Insight

### Possible causes

- Prolonged recovery and/or failure to adapt to new ways of working following the pandemic have a longer term impact on our ability to deliver our strategic ambitions.
- Insufficient capacity and capability to deliver our strategic ambitions.
- We miss strategic opportunities to influence and collaborate with our stakeholders to deliver our strategic ambitions.
- Pressure to adopt additional commitments as a result of external factors diverts capacity away from our strategic plans.
- We do not adopt a joined up approach to managing strategic change.
- We do not maximise the full opportunities of regulatory reform.
- Our ability to act independently of government is restricted, e.g. by change in government policy on application of managing public money and/or legislative change.**

### Possible Impact

- Missed opportunities - slow pace of change
- Wasted resources
- Increased employee turnover
- Undermined public confidence

### Mitigation and controls

- Annual business planning and budgeting, and quarterly progress reporting, aligned to the strategy
- Contingency fund provides flexibility within our budget
- 6 monthly strategic review points with Council to consider the internal and external context and adjust our plans
- Regular, sustained engagement with key stakeholders across the four nations and strategic approach to communications
- Standardised approach to planning and governance of strategic programmes and projects
- Regulatory reform programme established with strong emphasis on engagement with DHSC, other regulators, and key stakeholders and strong internal collaboration.
- Engagement with DHSC and NAO and collaboration with other regulators.**

### Planned actions

- Next strategic review point with the Council: ~~October 2021~~**
- Next strategic review at approval of business plan and budget: **March 2022**
- Discussion on new ways of working following the pandemic planned in **Q4**
- Procurement of external support to develop future operating model underway in Q3.**
- Delivery of 'NMC & Me' strategic communications campaign during 2021/22 aims to build trust in regulation
- Change management review moving into implementation phase from Q3.**
- Importance of regulatory independence emphasised in our response to regulatory reform proposals and legislative change.**

**Note:** The risk was reassessed in July 2021 and the risk descriptions were simplified. On reassessment, the target score has increased from 4 to 8. We had previously stated that both impact and likelihood would reduce, but on review we have concluded that planned actions principally address the likelihood.

**FIN20/01**- Risk of not achieving our investment strategy particularly with regard to: long term growth; appetite for short term capital loss; alignment with our values.

Risk appetite: **Open**  
 Risk response: **Treat**  
 Risk trend: **Stable**

Inherent risk score: **12**

Current risk score: **12** ☆

Target risk score: **9**

Target score: **TBC**

	5	10	15	20	25	1
Impact	4	8	12	16	20	2
	3	6	9	12	15	3
	2	4	6	8	10	4
	1	2	3	4	5	5
		Likelihood				

**Owner:** Executive Director, Resources and Technology Services

**Possible causes**

- a. We fail to achieve the targeted total net return of CPI plus 3% over the long term:
  - i. Investments lose value due to a downturn in the stock market (e.g. economic crash, competition within the market, mismanagement, financial insolvency).
  - ii. Long term mismanagement by our investment management company
- b. Short term capital loss beyond our risk appetite (as set out in the investment policy) of a 20% fall (c£6m). Due to stock market investment value on any given anniversary as a result of volatility within the market:
  - i. Short term downturn in the stock market (e.g. economic crash, Covid-19 impacts, mismanagement)
  - ii. Long term mismanagement by our investment management company
- c. Reduced trust in NMC due to poor returns on investment and/or failure to comply with our ethical investment policy or with legal or Charity Commission constraints - our ethical policy becomes misaligned with our values and external expectations of key stakeholders.
- d. Risk that we may need to liquidate our portfolio at short notice due to an adverse conclusion on us having to comply with 'Managing Public Money' (MPM) which leads to a loss and long term risks for our financial strategy.

**Possible Impact**

- Financial loss over the long or short term
- Reduced trust in NMC

**Mitigation**

- a-c. Investment management company with expertise in stock market based investments, ethical investing and strong internal controls procured to manage our investments.
- a-c. Investment Committee provides oversight for investment decisions.
- a-c. Independent expert external members of the Investment Committee
- a-b Monthly investment reports which monitor investment performance, with alerts if performance dips. The chair of Investment Committee and CE+R will be informed if investments value drops below expected thresholds (10% or more).
- a-b. Healthy balance sheet with no dependency on making returns for in year budgets. Longer term budgeting strategy.
- c. Investment policy clearly sets the boundaries for ethical investing which has been benchmarked with other regulators and which is regularly reviewed by the Investment Committee in the context of possibly developing values and stakeholder expectations.
- c. Communications such as Council papers that highlight and explain the risks. Reactive communications if an issue arises
- c. The legal position with respect to the scope of ethical investing has been reviewed by our General Council Team and external Counsel (Q3/4 2021-21)

**Planned actions**

- d. We have written to DHSC to protect current wording and interpretation of the Accounting Office letter with regard to MPM. Other safeguards whilst we await a response:
  - If 'compliance' is required, prepare a defence against the interpretation of our investments as a 'speculation'.
  - Negotiate a phased liquidation if appropriate with Sarasin.
  - Confirm contract with Sarasin contains no financial penalties for rapid liquidation and confirm the speed with which our investments could be liquidated
  - Consider with our investment managers the scope to reduce the volatility of our portfolio or any other mitigations. This would reduce the risk that investments would have to be sold at a loss should the timing of any requirement to sell be during a low point in the market
  - Avoid increasing the size of the portfolio until we are clearer as to the degree of risk.

**FIN21/02 – Risk that we do not achieve a sustainable budget or the planned financial benefits from our strategy**

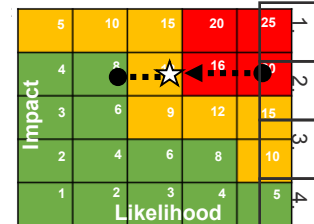
Risk appetite: **Open**  
 Risk response: **Treat**  
 Risk trend: **Stable**

Inherent risk score: **20**

Current risk score: **12** ☆

Target risk score: **8**

Target score by TBC



**Owner:** Executive Director, Resources and Technology Services

**Possible causes**

- a. External factors destabilise our budget e.g:
  - registrant numbers flatten or decrease
  - Higher inflation devalues fees/ increase cost pressures
- b. We fail to spend as planned on strategic initiatives leading to delayed or eroded outcomes and budget surpluses.
- c. We don't manage our core and project costs effectively or ensure value for money. This leads to cost increases that jeopardise longer term affordability
- d. We don't to realise the benefits and return on investment from our change and improvement activities (efficiencies and economies – key are FtP programme and MOTS).
- e. Size and volatility of DB pension cost and net liability.
- g. We fail to comply with financial regulations or public sector rules

**Possible Impact**

- We can't adequately fund our regulatory activities
- We can't fund and deliver our strategic objectives
- Need to increase the fee or require a bail out
- Poor return on investment / value for money
- Loss of trust or fines

**Mitigations and controls**

- a-e. Planning and budget controls: Budget approval limits, headcount control, monthly management accounts and quarterly forecasting, budget adjustments as required, business partnering, change portfolio and programme management controls and monitoring.
- a. External environment monitoring of the economy
- a-e. Annual corporate plan and budget and 6 monthly business plan reviews
- c. Competitive procurement to ensure value for money
- e. Council approved closure of the DB pension scheme to further accrual as from July 2021.

**Planned actions**

- b, c. zero based reviews of core business to be developed.
- d. Efficiency gains assessment built into project plans as an expected benefit. In particular MOTS; Accommodation, FtP programme, re-organisation
- a-e. Planned review of financial position, in particular with respect to FTP- September 2021

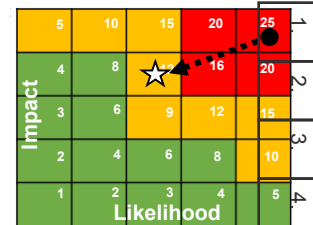
**EXT21/03** - we do not recover efficiently following the coronavirus (Covid-19) pandemic including removal of emergency rules, closing the temporary register, or realising the benefits from new ways of working

Risk appetite: **Open**  
Risk response: **Treat**  
Risk trend: **New risk**

Inherent risk score: **25**

Current risk score: **12** ★

Target risk score: **Close risk**



**Owner:** Chief Executive

**Possible causes**

- a.** We do not effectively transition back to standard regulatory arrangements:
  - Reverting back from temporary standards and ensuring compliance with our permanent standards;
  - Closing the temporary register.
- b.** We are unable to recover core business effectively or fail to maximise the benefits from working remotely.
  - Reducing the fitness to practise caseload
  - Safely returning NMC colleagues back to the office
- c.** We do not plan for or manage subsequent waves effectively.
- d.** Uncertainties impact the sector in the long term:
  - Long term impact on workforce
  - Disruption to student education (e.g. not educated against our new standards disrupted student practice placements, disrupted course completion dates);
  - Ensuring that we are accountable and transparent when responding to public enquiries and questions raised regarding the response.

**Possible Impact**

- Heightened risk of harm to the public or NMC colleagues
- Disrupted service delivery and backlogs
- Delayed strategy
- Undermined public trust

**Mitigations and controls**

- a, b, c.** Clear chain of command to make decisions at pace and activate business continuity procedures.
  - a.** Planning for transitioning back to standard regulatory arrangements
  - b.** Recovering core business: extended the implementation date of the new pre-registration nursing and prescribing standards from September 2020 to September 2021 and Future Midwife deferred to September 2022. Corporate plan rescheduled and prioritised for 2021-22.
  - b, c.** Return to our premises risk assessment and social distancing measures in place at NMC sites. Statement published on our website. Colleagues beginning to come back.
- a-d.** Regular internal and external communications.
- a, d.** Log of decisions and rationale for policy changes

**Planned actions**

- a, b, c.** Fitness to practise recovery programme (2021-2023) to recover our casework (risk exposure of the caseload captured in REG18/02)
- a.** Closing temporary registration (TBC).

## COM18/02- Risk that we do not act in line with our statutory or wider legal obligations

### Possible causes

- Our management of complex regulatory and corporate issues, development of legislation and guidance, and management of appeals and litigation is not aligned to our strategy, values, statutory or wider legal obligations
- We don't have legally compliant policy, guidance or process in place to support us and our decision-makers
- We don't develop our legal professionals and decision-makers, or learn lessons from our mistakes
- We fail to keep our legal knowledge and understanding (legislation, caselaw) up to date and apply it to our policies, guidance and process
- We fail to identify, secure and retain appropriate legal support to manage our legal risk and support NMC decision-making and to deal with legal challenges
- We don't take proper account of the developing public interest in sensitive issues (e.g. race, trans rights etc)

### Possible impact

- Unfair outcomes or avoidable delays in regulatory and corporate processes.
- Criticism and/or sanctions from Courts and other bodies eg ICO, PSA, Charity Commission, SCA
- New legislation, policy or guidance is not compliant with our regulatory functions and objectives and/or wider legal obligations
- Unfairness or harm to registrants, applicants, referrers, witnesses, members of the public or employees.
- Financial loss and wasted resources (regulatory fines, damage claims, legal costs and bank sanctions)
- Loss of trust/confidence in the NMC

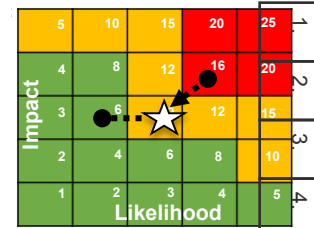
Risk appetite: **Cautious**  
Risk response: **Treat**  
Risk trend: **Stable**

Inherent risk score: **16**

Current risk score: **9** ★

Target risk score: **6**

Target score by TBC



Owner: General Counsel

### Mitigations and controls

**a-e.** Collaborative relationship between key legal functions, (General Counsel (GC), regulatory teams, policy and legislation) with clear, differentiated roles and responsibilities

**a-e.** Centralised GC team:

- to support and advise EB and Council to achieve legal compliance and support if breaches occur
- to oversee person centred litigation and responses to Coroner and other enquiries.
- to provide oversight of regulatory appeals and PSA referrals, in collaboration with Head of CPP
- to provide legal support for all corporate programmes and change processes (including regulatory reform) to support legal awareness and compliance
- to provide legal support for complex enquiries and complaints, complex regulatory issues, procurement and contracts, governance and information law issues
- close collaboration between GC and EDI teams and active support for EDI work for people and processes
- support the Appointments Board and Panel support team including developing panel training

**d.** Legal knowledge management system to identify changes in law and assess impact on policy, guidance and process

**b.** Strengthened in-house procurement team

**a-e.** Strong, centralised complaints & information team

**c.** Learning and development for lawyers and decision makers on legal compliance and wider public law issues

**b, e.** Quality of decision making team strengthened in FTP.

### Planned actions

**a-e** Strengthen risk analysis and reporting of legal risk to EB and Council to reduce blind spots (working with corporate risk and performance team)

**a-e** Phase 2 of duty of care work including reviewing successful implementation of phase 1.

**a.** Improve support for witnesses, public support service including emotional support and careline

**a.** Rapid review of the Melanie Hayes FTP case, and updates to decision making guidance in FTP

**a.** Phase 2 safeguarding work.

**d** Lawyer development programme (clearly defining lawyer roles and responsibilities, a quality assurance framework for advice, learning and development)

**c-d.** Improvements to/expansion of legal knowledge management process

**c.** Increased learning and development for statutory decision makers, and increased line of sight between assistant registrars and registrars.

## REG19/03- Failure to ensure that educational standards are fit for purpose (including processes to ensure compliance with standards are being met)

Risk appetite: **Minimalist**  
 Risk response: **Treat**  
 Risk trend: **Stable**

Inherent risk score: **16**

Current risk score: **8** ☆

Target risk score: **4**

Target score by TBC



**Owner:** Executive Director, Professional Practice

### Possible causes

- a. Our Code and standards fail to keep pace with changes in legislation, education, healthcare delivery and practice within and across the four devolved UK countries (including delays to implementation of new standards).
- b. We do not process programme approvals within the expected timescales, which potentially impacts the number of new nurses, midwives and nursing associates joining the register.
- c. We do not meet the Standards of Good Regulation (SoGR) for standards and education.
- d. Approved Education Institutions (AEIs) and their practice learning partners do not continue to deliver programmes of education and training for nurses, midwives and nursing associates that meet our standards. Pressure in 2021-2022 to make progress with the implementation of new standards which were delayed due to Covid.

### Possible impact

- Loss of confidence in educational standards
- Undermines public trust and protection
- Loss of confidence in our processes for quality assurance of education

### Mitigation and controls

- a. For this strategy period we will review our standards to seek feedback, co-produce new standards, and evaluate their impact (post registrant standards in 2021-22, Advanced practice in 2022-23, revalidation 2024, the code in 2024-25)
  - a. Four country communications and engagement plan embedded in our approach to standards development and implementation.
  - a. New Midwifery standards published in November 2019.
  - b. Quality Assurance for AEIs with a defined timescale for approvals.
  - d. Continued review of the PSA standards to ensure compliance.
  - e. Our quality assurance (QA) framework for education of nurses, midwives and nursing associates includes requirements for monitoring of all programmes.
  - e. Additional requirements for programmes under enhanced scrutiny, and a data driven approach to monitoring, with action taken when concerns are identified.
  - e. Active monitoring of programmes in line with our QA framework.
  - e. Database of approved programmes for educators on D365.

### Planned actions

- a. Consultation and launch of post registration standards (standards agreed by Q4) (standards agreed by Q1 2022-2023)
- a. A rolling programme of independent evaluation, continuous improvement, a review of our internal methodology and a pipeline of updates for all existing standards (ongoing)
- a. Implementation phase for Future Midwife standards including approval decisions for AEIs (by September 2022)
- b, d. Continue to monitor programme approval timelines at the monthly QA Board. Timescales for approval decisions against Future Nurse standards for all AEIs extended until September 2024.
- a. Research and consultation on future proposals to change, remove, or retain the EU requirements within our education standards (By Q3 2021) (research phase approaching completion)



# Annexe 1: Summary of risk movement since April 2021

## New risks

### 3 risks added for 2021-2022

1. INF21/04- Risk that our Modernisation of Technology Services (MOTS) programme doesn't deliver the intended benefits for our registration system or case management system
2. FIN21/02 – Risk that we do not maintain a stable budget or achieve the planned financial benefits from our strategy
3. EXT21/03 - Risk that we do not manage recovery sufficiently after the novel coronavirus (Covid-19) pandemic leading to flaws in our new ways of working, affecting how we regulate, our strategy and how we protect NMC colleagues.

## Closed risks

### 2 risks closed for 2021-2022

1. EXT18/01- *Failure to influence or respond to changes in the external environment.* - This risk was closed for 2021-2022 as it duplicated our strategy risk. The remaining risk factors were merged into (STR19/02) *Risk that we fail to deliver our strategic ambitions for 2020-2025*
2. EXT20/02- *Risk that novel coronavirus (Covid-19) means that we are unable to effectively regulate our professions or protect the public or protect NMC colleagues.* – This risk was closed as it referred to the ongoing pandemic when we are now in recovery phase. New recovery risk added (EXT21/03)

## Risk escalations

No risks escalated corporately.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

## Council

### Fitness to Practise Improvement Programme Update

**Action:** For discussion.

**Issue:** To update the Council on the Fitness to Practise (FtP) improvement programme, which is a corporate priority, and invite feedback.

**Core regulatory function:** Professional Regulation.

**Strategic priority:** Strategic aim 1: Improvement and innovation  
Strategic aim 2: Proactive support for our professions  
Strategic aim 6: Fit for the future organisation

**Decision required:** None.

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

- Annexe 1: Performance metrics
- Annexe 2: Efficiency ratios
- Annexe 3: Key performance indicators and dashboard

**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: Paul Johnson  
Phone: 020 7681 5680  
[paul.johnson@nmc-uk.org](mailto:paul.johnson@nmc-uk.org)

Director: Tom Scott  
Phone: 020 7046 7914  
[tom.scott@nmc-uk.org](mailto:tom.scott@nmc-uk.org)

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

**Context:**

- 1 This report provides an update on our Fitness to Practise (FtP) improvement work. The work aims to address increase in caseload that has arisen throughout the FtP process, predominately arising from the impact of the Covid-19 pandemic on our organisation and the professions we regulate.
- 2 The Council is invited to consider and comment on the update to the improvement programme.
- 3 Reducing the backlog of FtP cases is commitment number one in our corporate plan for 2021-2022.
- 4 Our current improvement activities are centred around:
  - 4.1 Avoiding inappropriate referrals, leading to a reduction in the number of referrals received on a monthly basis
  - 4.2 Ensuring that we take a final decision on any case at the earliest possible stage
  - 4.3 Ensuring that we make full use of the additional resources provided in our 2021-2022 budget by growing our teams and retaining team members
  - 4.4 Improving the efficiency and effectiveness of our operation, eradicating duplication, waste and low-value activities where possible
- 5 Every case we have involves people. The programme is structured around a person-centred approach, ensuring that the right decision is made at the earliest opportunity in our cases and that those who are involved in our processes are heard, supported and respected.

**Four country factors:**

- 6 This programme impacts stakeholders across each of the four nations.

**Discussion:**

**Our performance**

**Summary**

- 7 Progress continues to be made in our drive to raise performance. As can be seen in Annexe 1, page 7, on a rolling annual total basis we are close to reaching total decision numbers equivalent to those we saw prior to lockdown in March 2020. Page 8 shows that for final decisions we are now achieving decision numbers in line with those seen prior to lockdown. Nevertheless, the improvements do not represent performance in line with our ambitious targets, set at the start of this year.

- |     |
|-----|
| 1.  |
| 2.  |
| 3.  |
| 4.  |
| 5.  |
| 6.  |
| 7.  |
| 8.  |
| 9.  |
| 10. |
| 11. |
| 12. |
| 13. |
| 14. |
| 15. |
| 16. |
| 17. |
- 8 At the last meeting of Council we reported the caseload had stabilised and we were looking to move into a concerted phase of caseload reduction. Unfortunately since the meeting of Council in September we have seen underperformance against our overload caseload targets. As a result of the above challenges the actual number of cases has grown by around 200 cases rather than reducing by the targeted 240 over quarter 2.
- 9 The change programme is delivering a significant number of new ways of working which we are confident will improve our medium to long term performance. Some changes are taking longer to embed than anticipated and others have out-performed our expectations. Realising the benefits of change has been a particular challenge within our Screening and Investigation functions with continued capacity issues in key case progression and leadership roles. The impact of these issues has been changes not being delivered or embedded as quickly as we had planned.
- 10 We are tackling these issues and as a result since early October we have seen an improvement in performance.
- 11 A breakdown of the issues experienced and actions taken / underway is provided below in addition to the information in Annexes 1, 2 and 3 that provide a range of data about current performance.

**Screening**

- 12 The number of referrals received into our Screening teams remains broadly in line with plan for the year to date – representing a slightly lower level of referrals than we have seen in recent years.
- 13 Despite expanding the team since the start of the year, the number of decisions made by Screening in August and September has been significantly below target levels due to a number of separate resourcing issues in our decision making team.
- 14 In response we have deployed support from several other teams to expand our decision making capacity and, just as importantly, to streamline the process and focus the role of the decision makers on those decisions they must make.
- 15 Our work to enable more decisions to be made as early as possible has continued. We have seen positive results through the application of our new guidance for decision makers alongside our ability to consider both context and evidence of strengthened practice. This has resulted in 75 percent of decisions in screening being final decisions on a referral, where as previously only 65 percent of cases were final decisions. This means that registrants, employers and the public are receiving more timely decisions that they would have done before.

- |     |
|-----|
| 1.  |
| 2.  |
| 3.  |
| 4.  |
| 5.  |
| 6.  |
| 7.  |
| 8.  |
| 9.  |
| 10. |
| 11. |
| 12. |
| 13. |
| 14. |
| 15. |
| 16. |
| 17. |
- 16 Our performance against our interim order key performance indicator was also impacted in September for the same reasons as outlined above as Screening Decision Makers are integral to the process of preparing interim orders. We have seen performance recover in October and have taken action to expand the pool of colleagues responsible for progressing interim order applications.

### **Investigations**

- 17 The number of cases moving to our investigations teams has been below expected numbers, this is due to lower numbers of decisions made at Screening but also because we have seen an increased number of cases being resolved at the Screening stage and not requiring further investigation.
- 18 The number of investigations being completed has not yet reached target levels and there is a risk if that continues that when cases begin to flow in the expected numbers from our Screening teams that cases will be held at Investigations.
- 19 We are proactively progressing options to increase the volume of investigations we complete. These include full roll out of our streamlined investigation reports, full roll out of the use of digital signatures for witness statements, assessing the impact of enhanced cases plans, process simplification and ensuring we make full use of the resource available to us from external legal firms. The launch of our accreditation scheme for investigators has removed routine checking of a range of their work which will remove barriers to cases flowing.

### **Case Examiners**

- 20 The number of cases moving to our Case Examiners for a decision are below expectations. The caseload has remained broadly stable, rather than reduced, as Case Examiner output has also been below the expected levels, in part due to the limited availability of our external contractors to accept work. The average age of cases at the Case Examiner stage has reduced from six months to less than three months.
- 21 We are in the process of recruiting further contractor resource to support increased levels of decision making over the coming months, the priority for the team is to avoid a backlog building at this stage when the number of investigations being completed increases.

## Adjudication

- 22 Our caseload at Adjudication has increased as we prioritised consideration of cases with interim orders at the Case Examiner stage. This led to a higher case to answer rate than normal in August and September when we were not running significant hearing numbers due to vacancy levels.
- 23 We have adjusted our approach to prioritising interim order cases and are now more fully resourced so we do not expect the increasing trend to continue at this rate.
- 24 We have also commissioned a new stream of work within the programme which has a direct focus on maximising the effective use of hearing time and therefore the number of cases we are able to conclude.

## Overall

- 25 We have deployed our ability to move more staff in key roles onto a permanent contract basis, mostly in roles that support our hearings work, and have commenced recruitment for our new flexible support teams in screening and investigations.
- 26 Finally, along with the Executive Team we are exploring further options to ensure we are able to make full use of the financial resource available to us working in conjunction with partners as appropriate.

### Midwifery implications:

- 27 As previously reported elements of our programme are designed to specifically improve our performance in relation to midwives, for example concentrating all incoming concerns relating to midwives within a smaller team so that expertise can build more rapidly.

### Public protection implications:

- 28 The programme seeks to drive improvements in public protection through delivering a greater volume of more timely and more proportionate decisions across FtP.
- 29 Our focus on person-centred regulation should also enhance access to and experience of our processes.

### Resource implications:

- 30 The change activity associated with the programme is being delivered through dedicated headcount which is included in this year's budget.
- 31 We have underspent our increased budget by around 7 percent year to date, that means we are not making full use of the budget available to us. This has been driven primarily by lower levels of spend in investigations and hearings related activities. Addressing our underspend will be critical to our plans and to reduce the caseload in FtP.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

32 Annexe 2 sets out our efficiency ratios, i.e., how much it costs us to make a decision at each stage of the process and it can be seen that our costs had been on a downward trend per decision. As our costs at Screening are primarily fixed the impact of low decisions over the past 2 months has been a marked increase in the cost per decision made.

**Equality diversity and inclusion implications:**

33 The strategic programme to further explore observed differences of referral rate to, progression through, and sanction arising from, our Fitness to Practise processes is being undertaken through the ‘Ambitious for Change’ programme. We will be informed by the outcome of this work.

34 The piece of work arising from a recent FtP decision referred by us to the PSA, entitled ‘Lookback, Learn & Improve – The Handling of Discrimination Cases’ will have any actions arising from the evaluation incorporated into the scope of the improvement programme.

35 We will monitor improvements against our baseline EDI data to determine impact.

**Stakeholder engagement:**

36 Stakeholders are being engaged both specifically and generally. Individual projects, such as modification of our correspondence with registrants at the start of the process, have involved representative body and union input.

37 More broadly we are engaging with our professional stakeholder groups through regular forums, it should be noted that our key stakeholder groups are concerned at the lack of progress in resolving our backlog but have expressed a commitment to working with us to resolve known issues.

**Risk implications:**

38 There is a risk that the programme fails to deliver increased output across the FtP process. This would impact on our ability to meet corporate commitment one to: “Reduce the FtP caseload and improve how we handle people’s concerns about nursing and midwifery professionals”.

39 This paper demonstrates the fragile nature of our recovery and the complexity of the issues being managed by the operational teams.

40 Whilst our recent issues have been around operational capacity our dedicated programme board will continue to be provided with performance information, challenge the relative success of change initiatives, and approve new streams of work as required to bring the caseload down.

**Legal implications:**

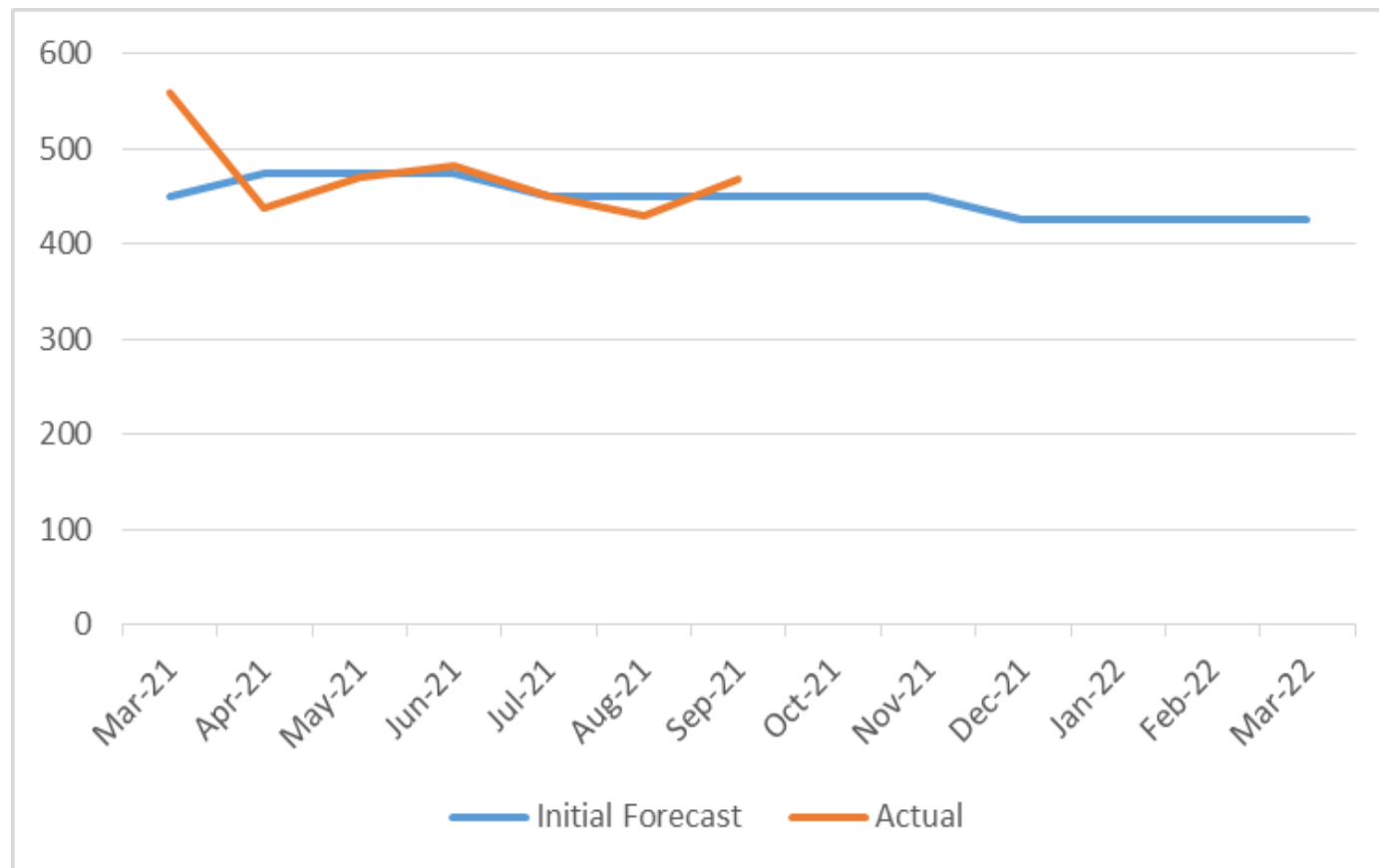
41 None.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12
13
14
15
16
17



## Performance metrics Fitness to Practise Improvement Programme Update

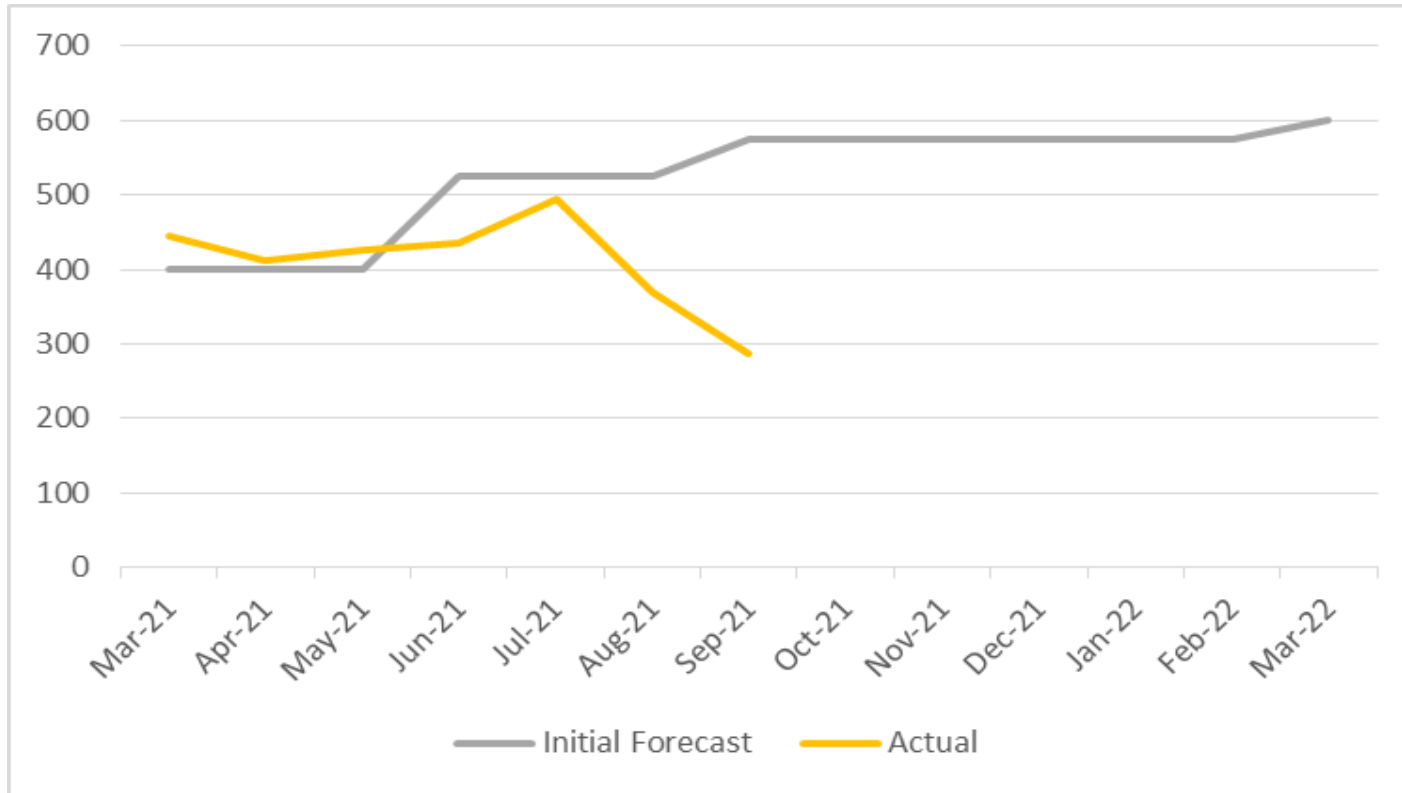
### Referrals in



Our Initial forecast was for 450 referrals in September, we received slightly more than this at 469. The overall trend is broadly in line with our initial forecast.

The expectations for referral numbers remain that we will receive around 450 per month until December when we will reduce to 425.

## Screening Decisions

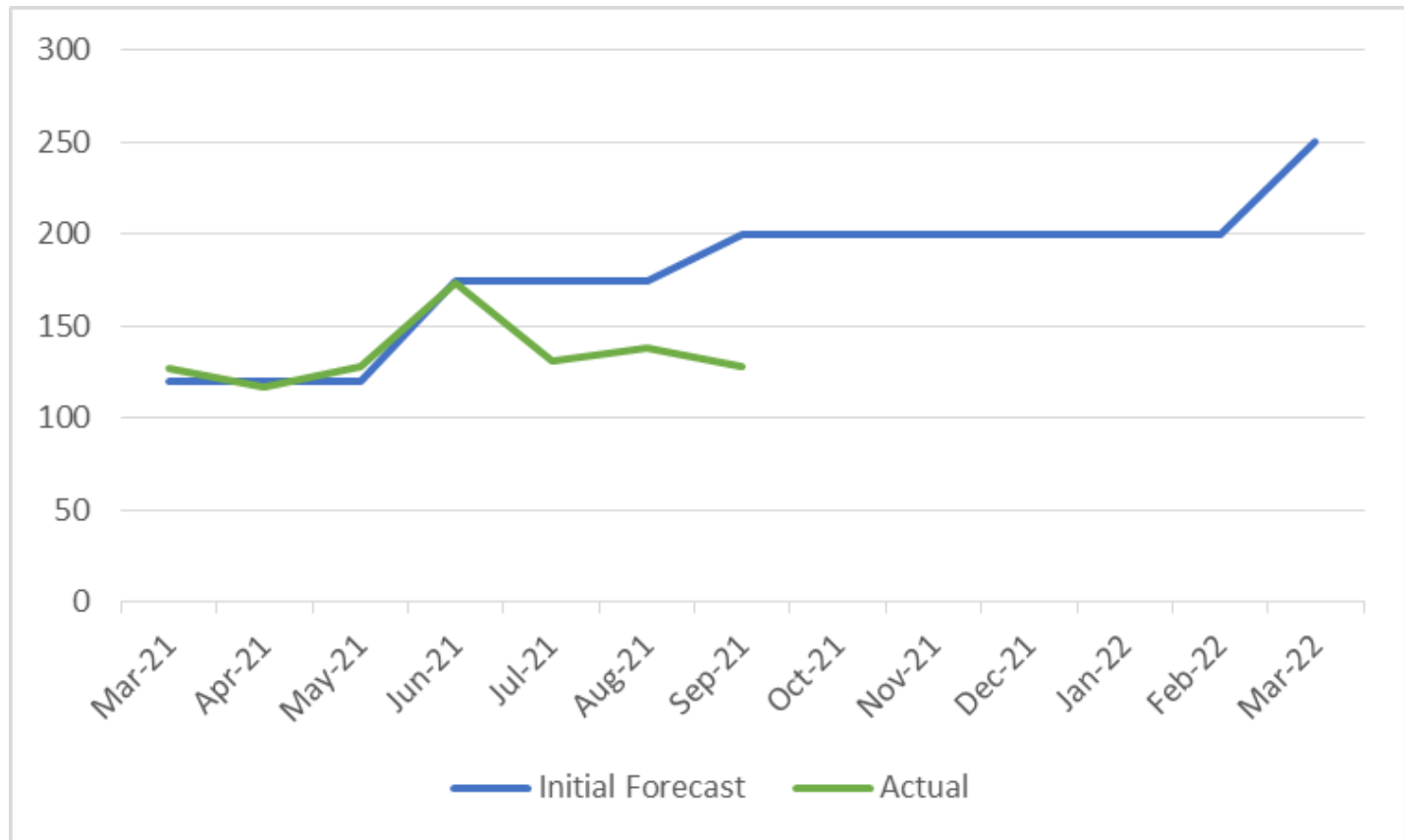


Initial forecast for September was 575, actual output was 287.

We were significantly under the required performance levels for September, a significant proportion of our decision-making capacity was again not available in the month due to a variety of different short and long term absences within the decision making team. In response we have made number of tactical adaptations to the way we are working to lift decision numbers and clear the backlog of cases that are ready for decision.

Looking ahead the impact of our changes will not take full effect until November. However, we anticipate decisions in screening to consistently exceed referrals from this point forward.

## Investigations Completed

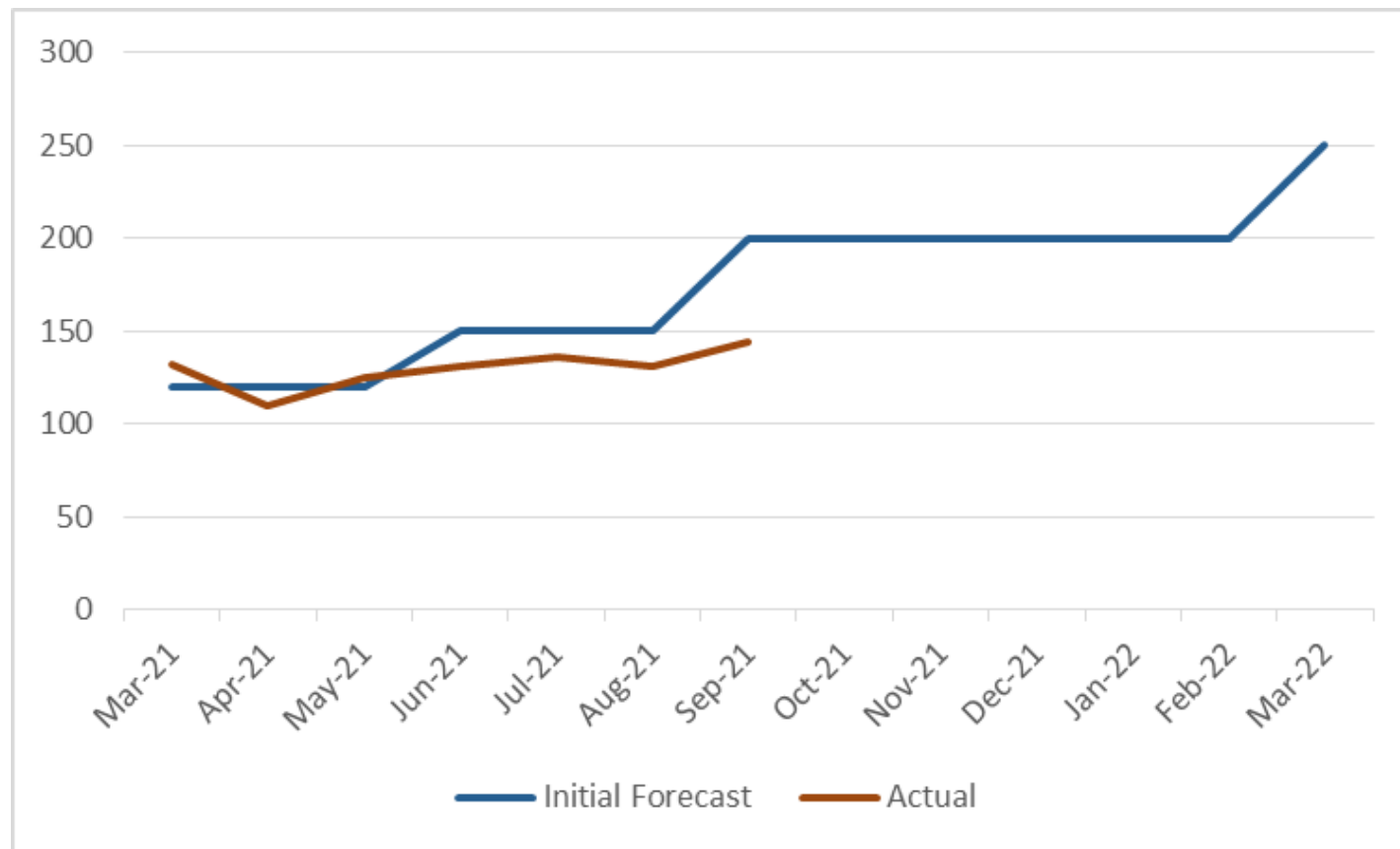


Initial forecast for September was 200, actual output was 128.

The downturn in performance came about even though we had an extremely positive number of returns from our external investigation firms. The caseload for Investigations has continued to decrease but this is mainly attributable to the fact that cases are not coming through from Screening in the expected numbers.

Recruitment is ongoing into roles with high vacancy levels with tactical measures and more proactive management processes being put in place to increase output from the internal case teams as well as making sure the teams are able to manage the expected higher numbers of cases coming through from Screening in the coming months.

## Case Examiners' Decisions



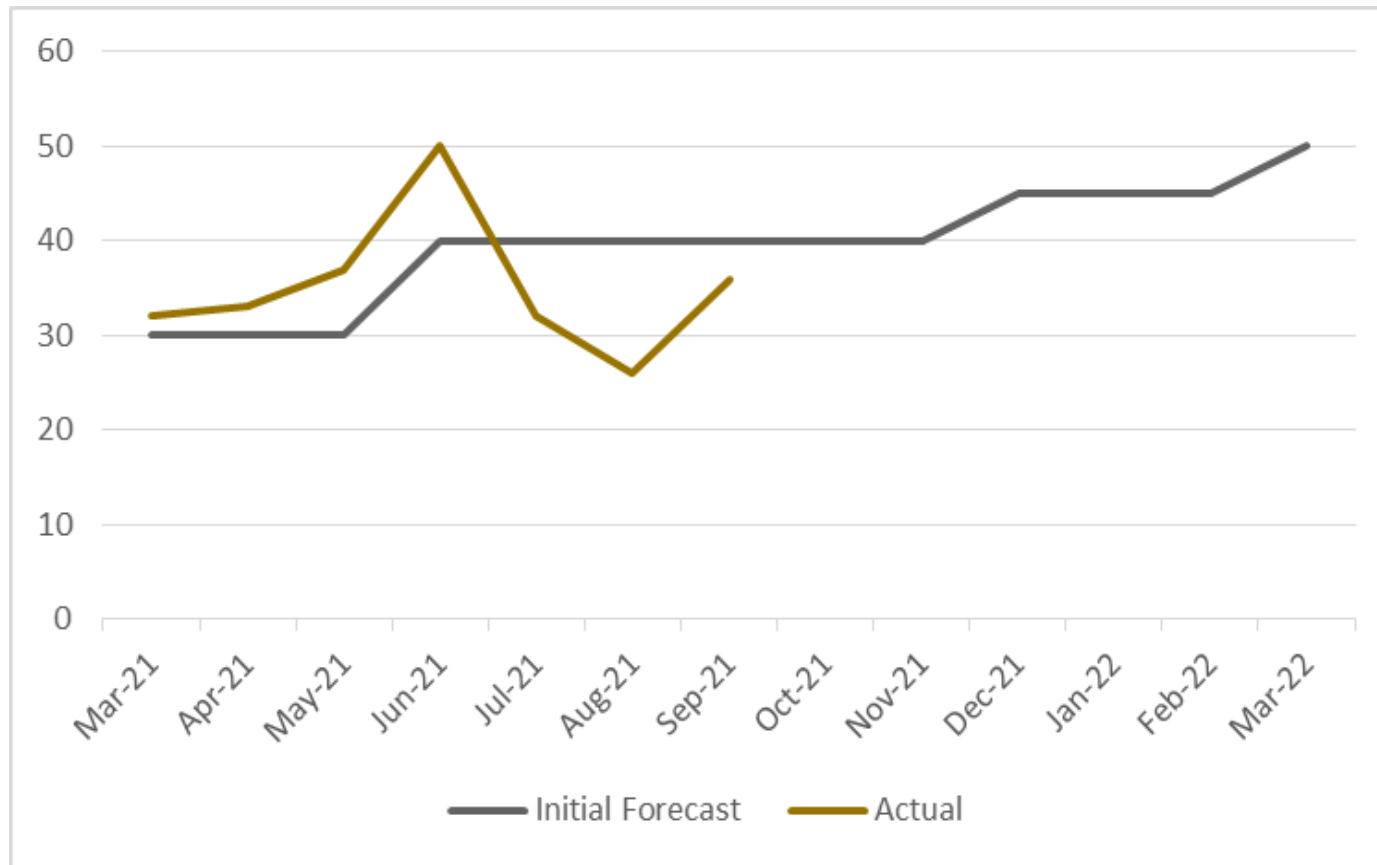
Initial forecast for September was 200, actual output was 144.

This is the highest number of decisions we have reached in 2 years and continues the mid-term performance improvements for the team but is below expectations.

We are finding it difficult to secure time from our external contractors and are working with colleagues in People and Organisational Development to review fee models as well as planning a campaign to recruit more external contractors to support the permanent team. We are still to see a significant benefit from improvements to the investigation report but are reviewing the reasons for that.

October has been a challenging month with staff absence so we are expecting a reduction in volumes before moving back in a positive direction in November.

## Final Adjudication Decisions

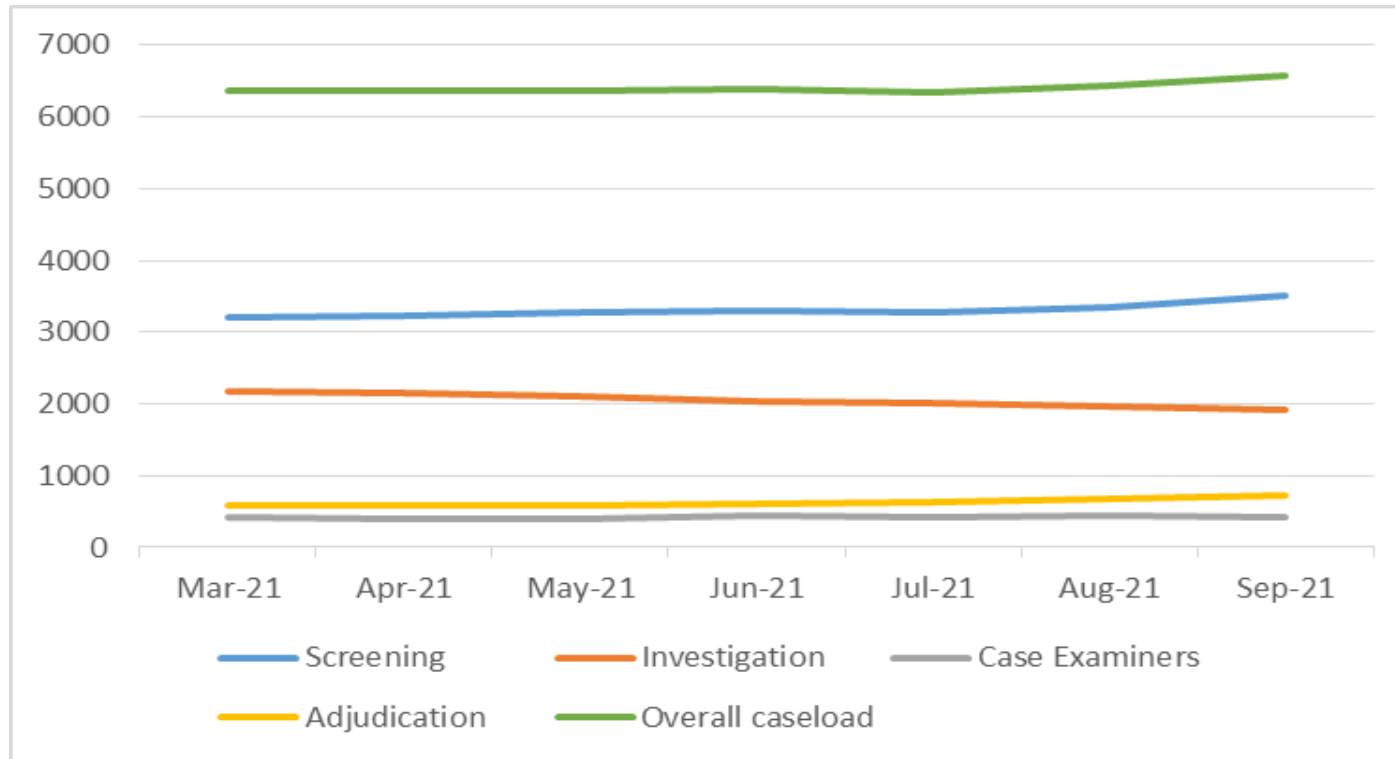


Initial forecast for September was 40, actual output was 36.

Work is ongoing to list sufficient cases to reach our required output numbers and the resource shortages have started to be addressed which enables us to staff events and increase closure numbers.

The total number of cases at the final stage increased again because of a high percentage of case examiner decisions finding a case to answer because high risk cases have been prioritised.

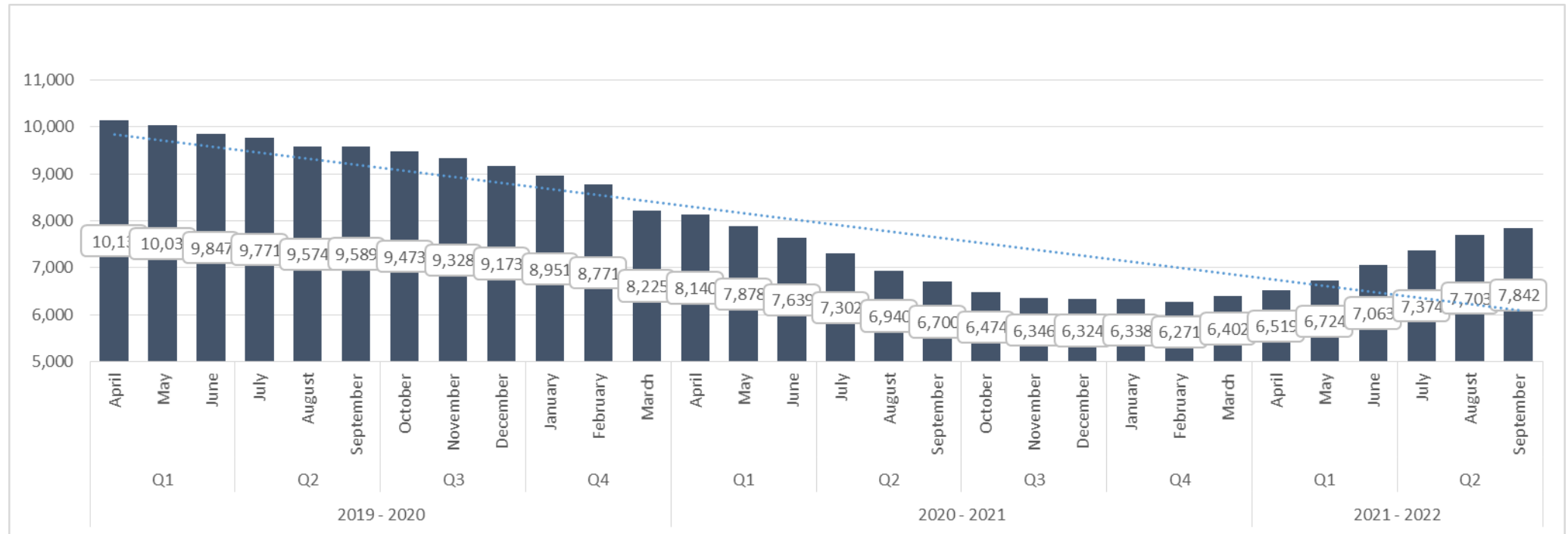
## Overall caseload position



Whilst the overall caseload position remains generally flat it has moved in the wrong direction over the last 2 months, although we do not consider this to be a trend but rather the result of specific operational issues which are being mitigated.

As previously reported embedding the work streams we have delivered so far and ensuring we are fully resourced with lower levels of churn will be critical in ensuring we move to caseload reduction swiftly. Our decision making capacity was severely constrained again in September and this has led to an overall increase in the size of the caseload even though numbers of cases post Screening continued to decrease.

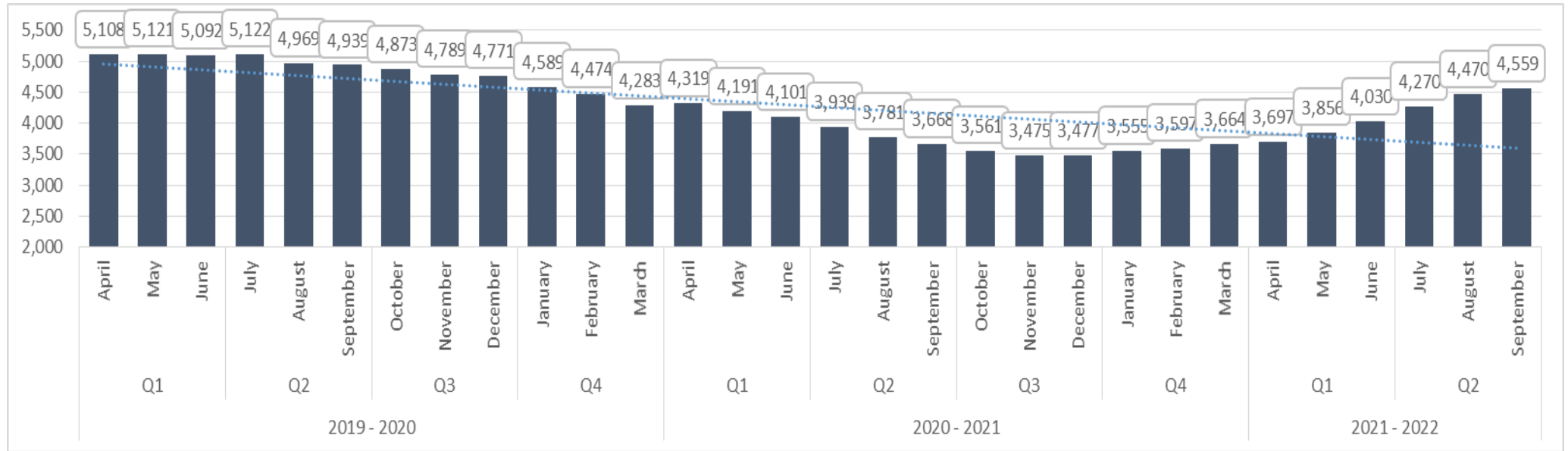
## Moving annual total decisions



The line chart includes decisions made at Screening, Case Examiners and Adjudication, as well as the number of cases reported by our Investigations teams.

Since February of this year, we can see a continued upward trajectory in the number of decisions being made across the process. The upward trajectory slowed in September, whilst the overall level of activity within the directorate is moving in a positive direction our performance at Screening slowed that improvement significantly.

## Moving annual total closure decisions



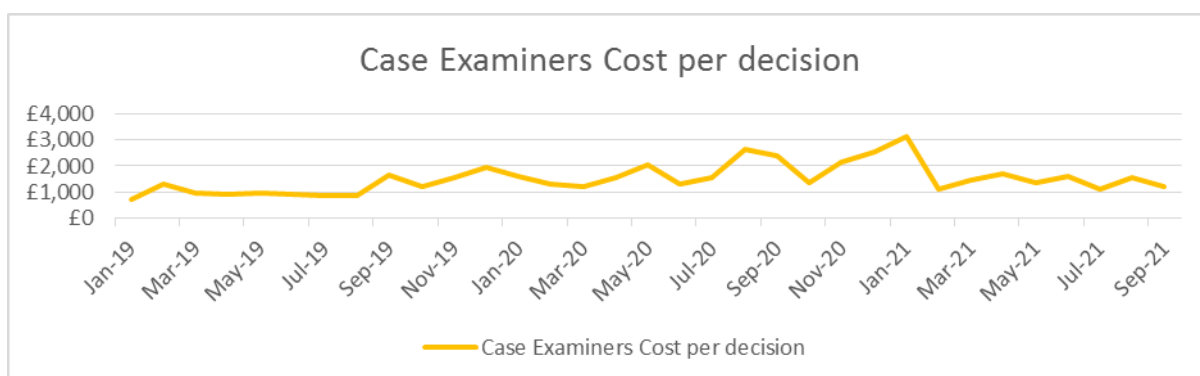
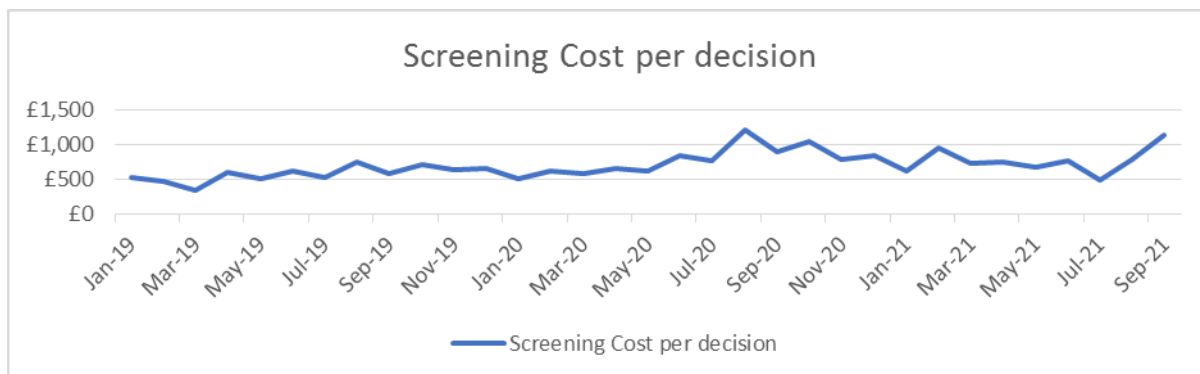
The line chart includes decisions made at Screening, Case Examiners and Adjudication that conclude a case.

Since February of this year, we can see a continued upward trajectory in the number of decisions to conclude cases appropriately across the process. The upward trajectory slowed in September, whilst the overall level of activity within the directorate is moving in a positive direction our performance at Screening slowed that improvement significantly.

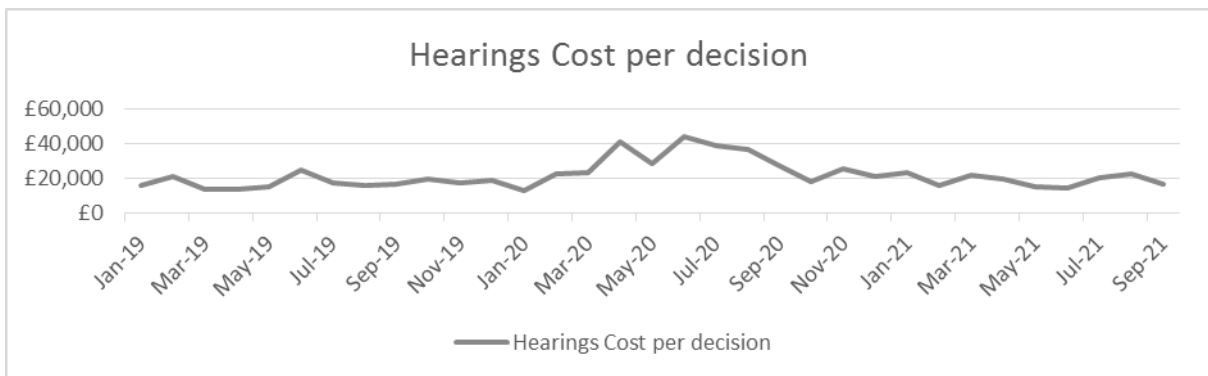
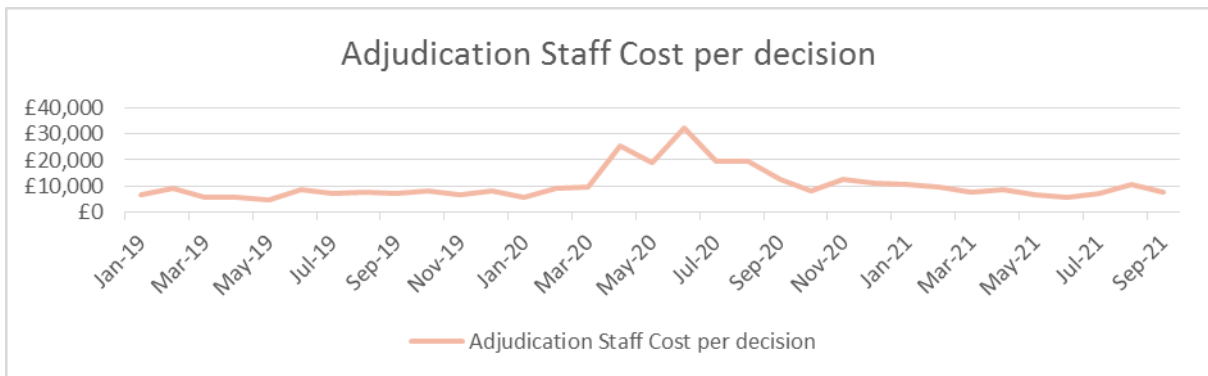
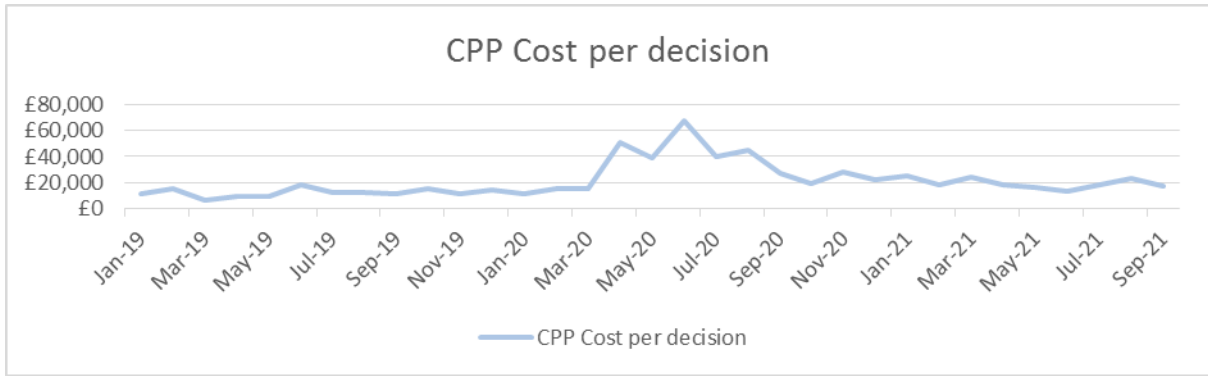


## Efficiency ratios

### Fitness to Practise Improvement Programme Update



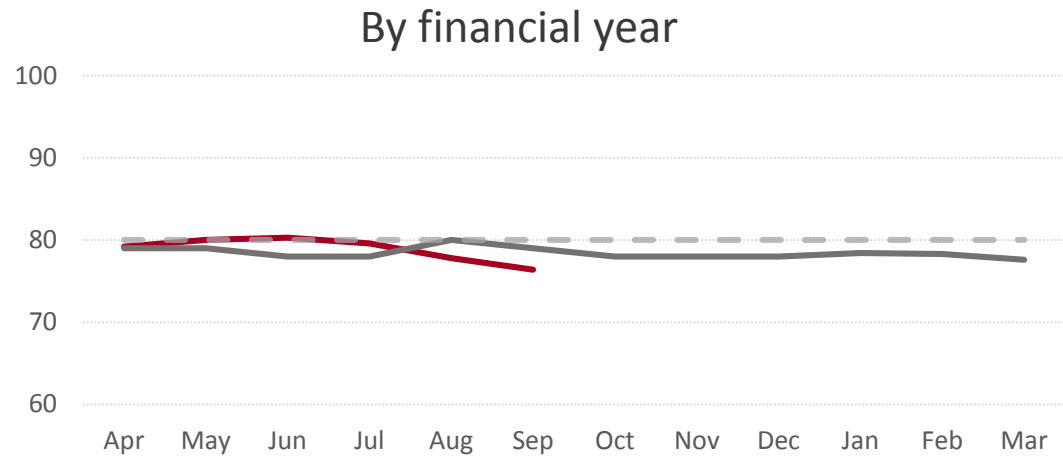
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.



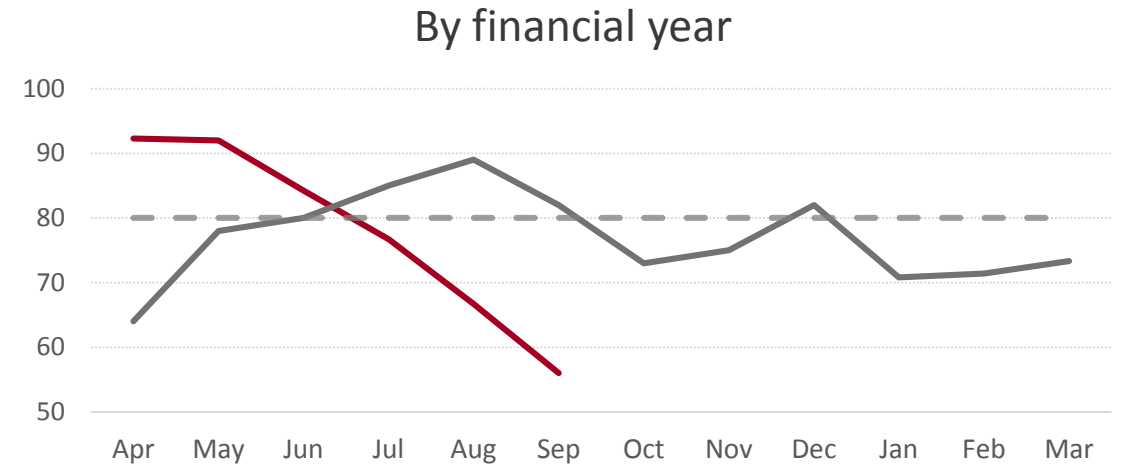
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

Interim Orders issued within 28 days of opening case

a. 12 months rolling average %

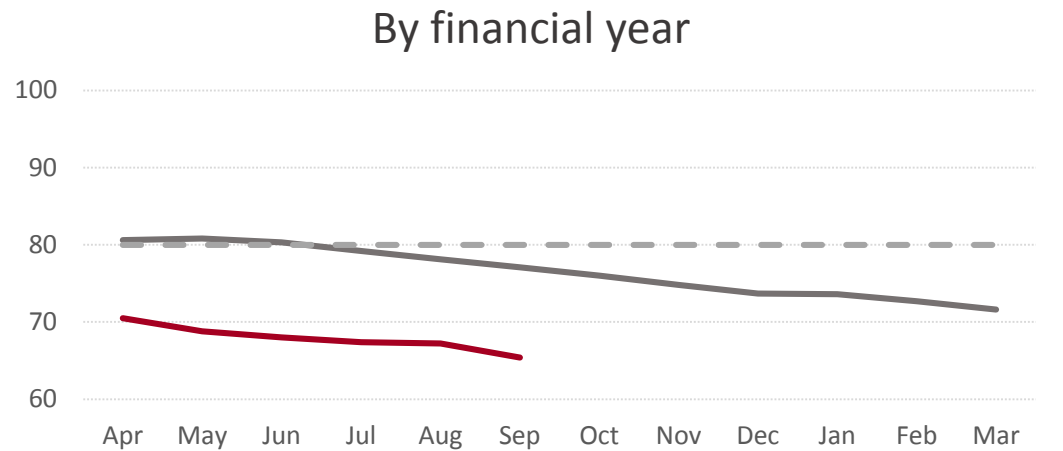


b. Monthly actual %

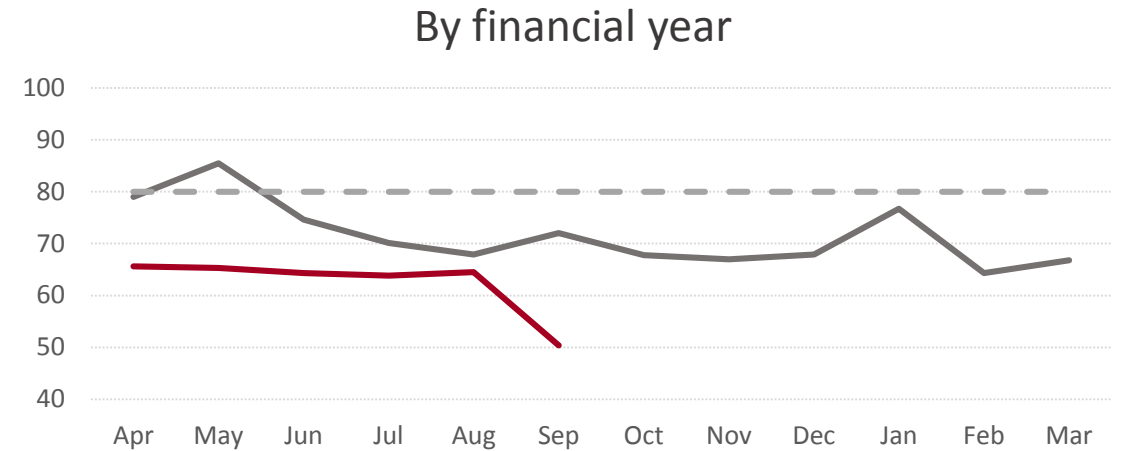


Cases concluded within 15 months of opening

a. 12 months rolling average %



b. Monthly actual %

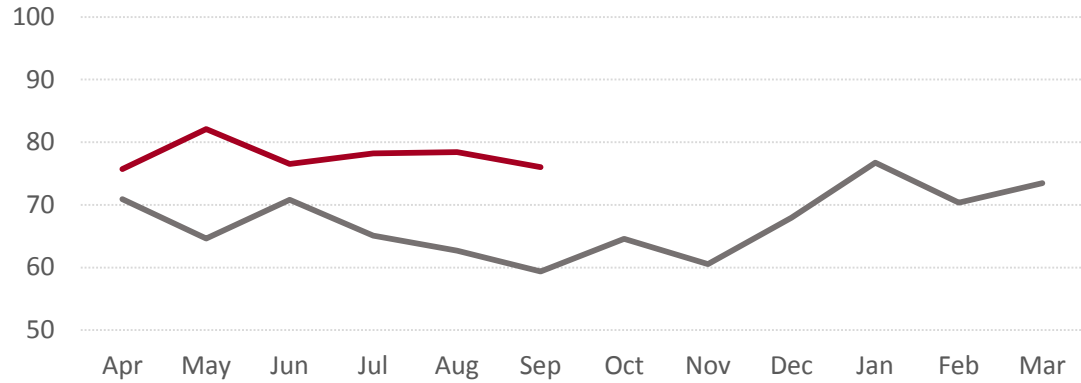


1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

**Decision that no further investigation is needed (monthly actual %)**

Screening

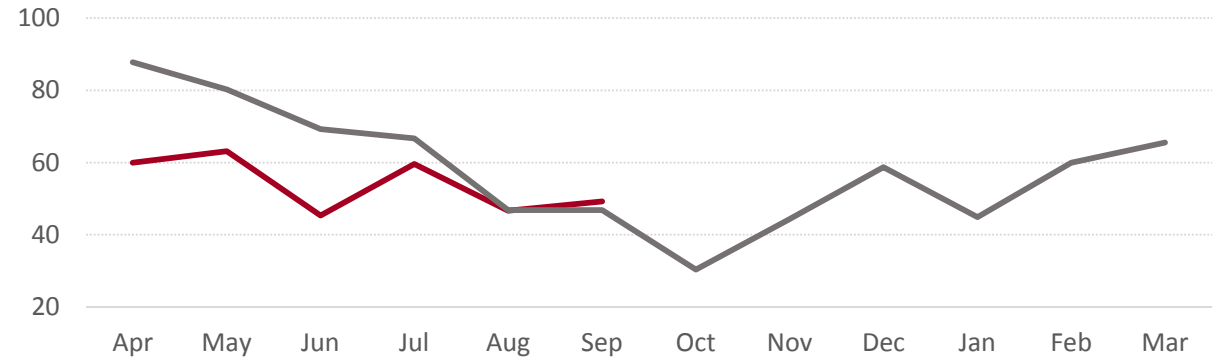
By financial year



**Decisions to close with 'no case to answer' or 'no current impairment (monthly actual %)**

Case examiners

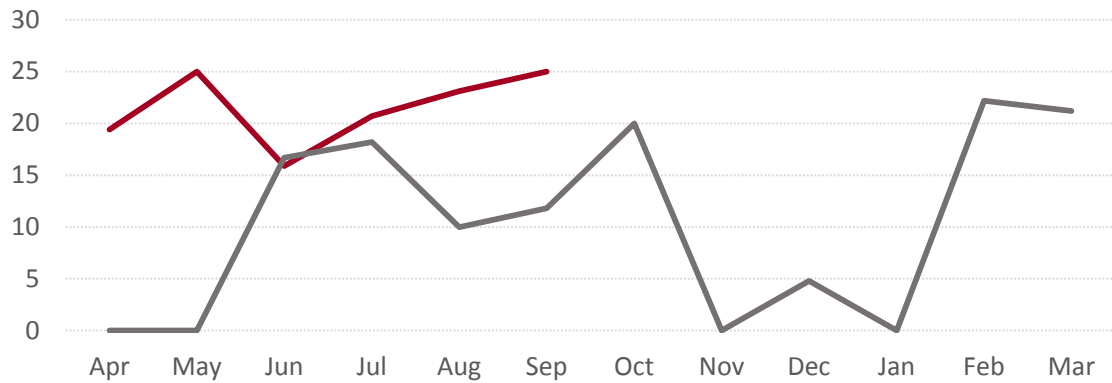
By financial year



**Decisions to close with 'no case to answer' or 'no current impairment (monthly actual %)**

At hearings / meetings

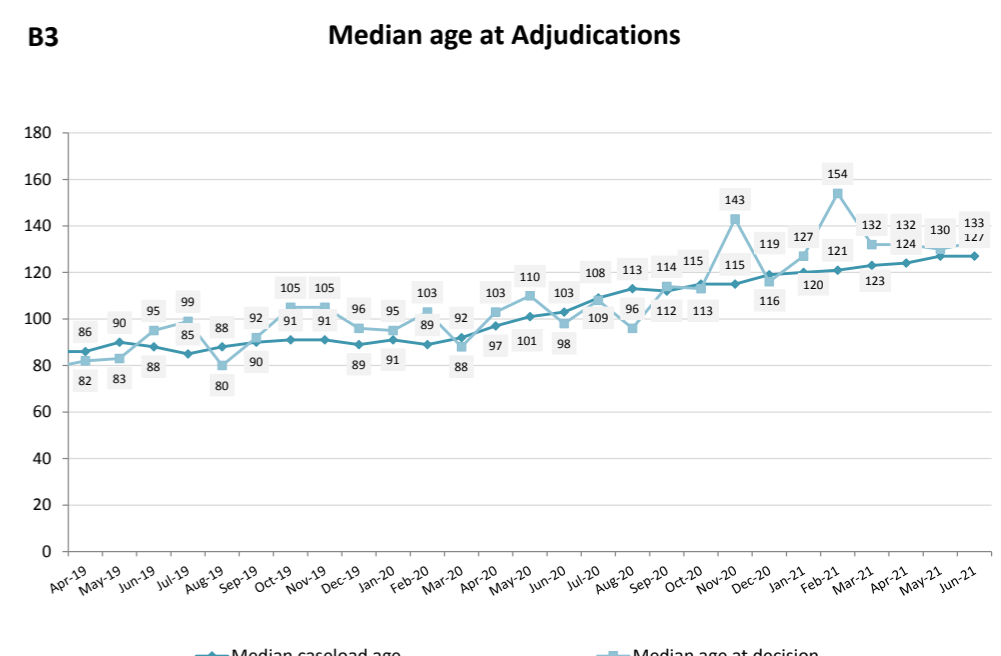
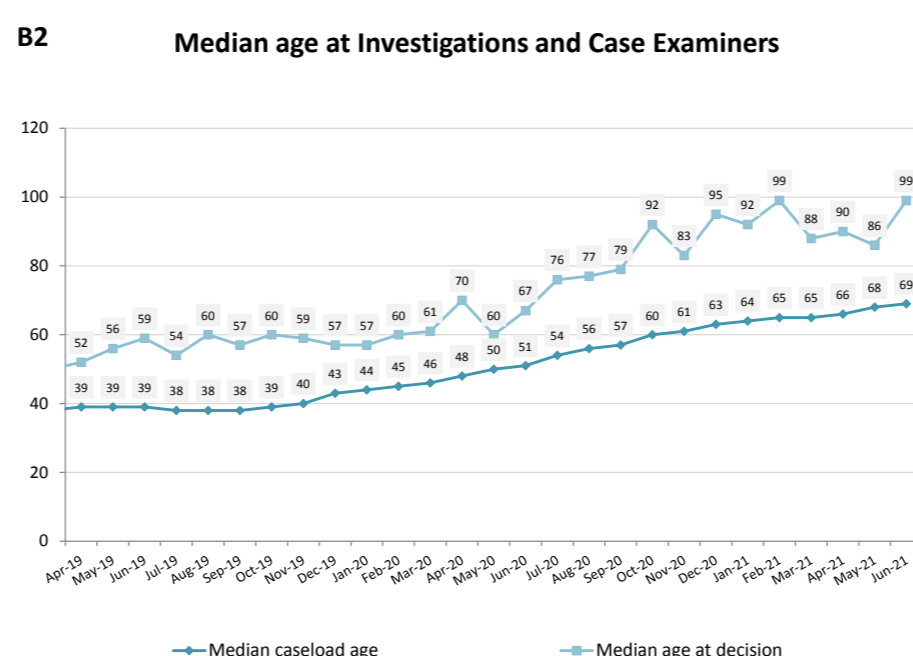
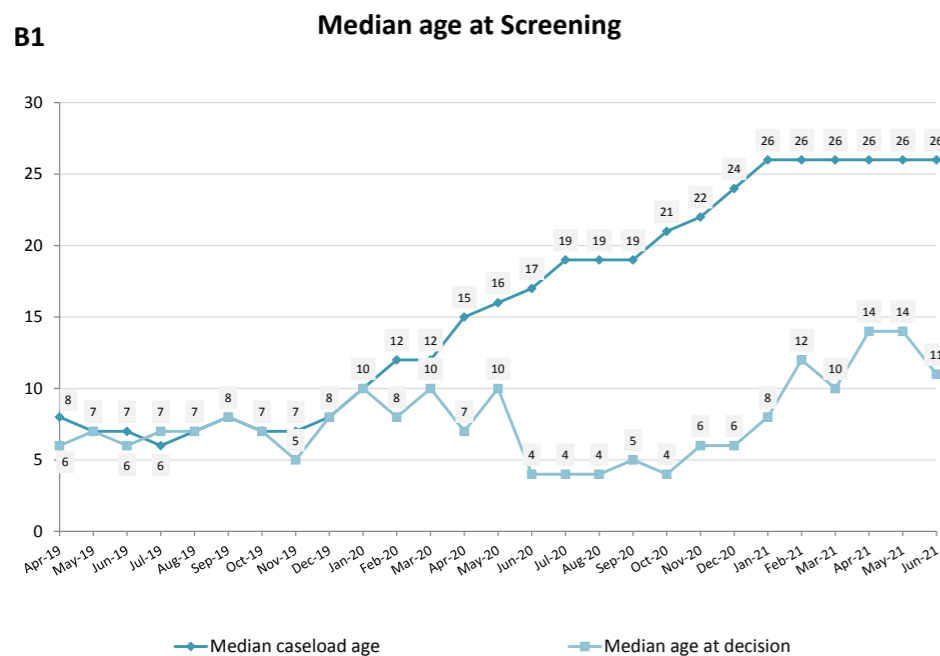
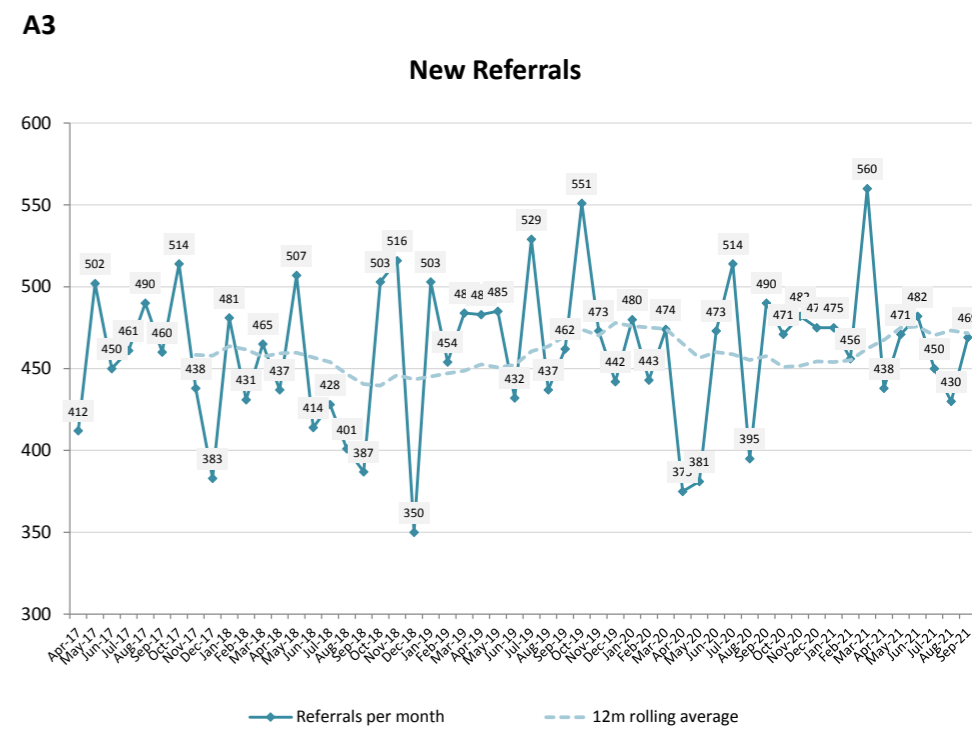
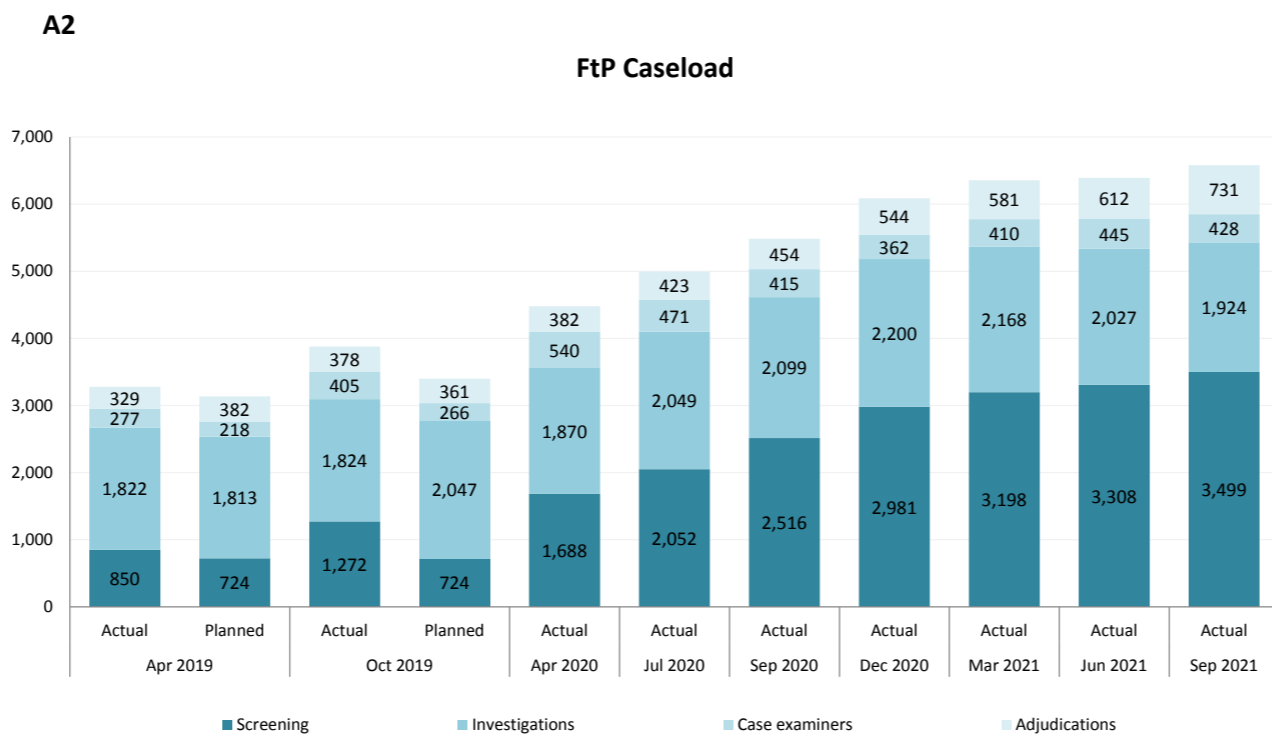
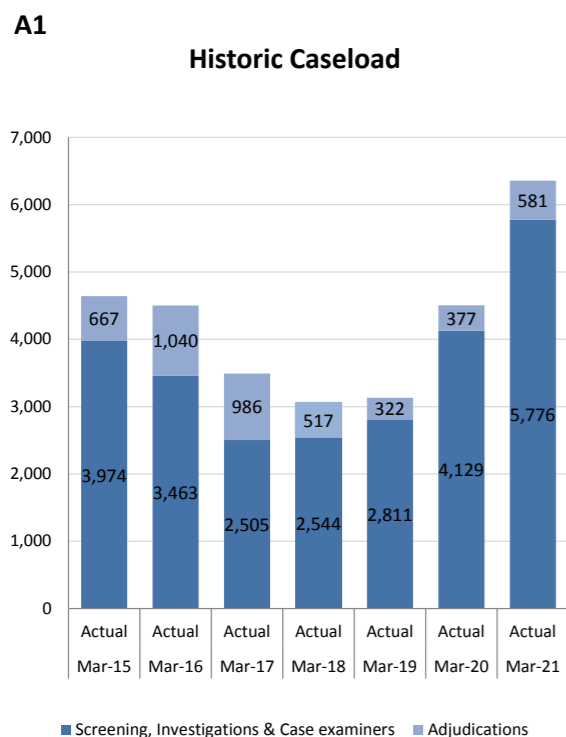
By financial year



Financial year: ● Current Year (2021-22) ● Previous Year (2020-21)

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

# FtP Performance Dashboard September 2021 - Final



Caseload Movement Summary Jul - Sep 2021

Opening caseload 6,392

1,349 cases received

1,159 cases closed

6,582 Closing caseload

## Council

### Learning Lessons and Improving our Handling of Discrimination Cases Report

**Action:** For discussion.

**Issue:** To update the Council on the learning identified relating to the case of Melanie Hayes.

**Core regulatory function:** Professional Regulation

**Strategic priority:** Strategic aim 1: Improvement and innovation  
Strategic aim 3: More visible and informed  
Strategic aim 4: Engaging and empowering the public, professionals and partners  
Strategic aim 5: Insight and influence  
Strategic aim 6: Fit for the future organisation

**Decision required:** None.

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

- Annexe 1: Looking back, learning lessons and improving - Discrimination in health and care: learning from a recent fitness to practise case.

**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: Anthony Robinson  
Phone: 020 7681 5336  
[Anthony.Robinson@nmc-uk.org](mailto:Anthony.Robinson@nmc-uk.org)

Director: Tom Scott  
Phone: 020 7046 7914  
[Tom.Scott@nmc-uk.org](mailto:Tom.Scott@nmc-uk.org)

- |     |  |
|-----|--|
| 1.  |  |
| 2.  |  |
| 3.  |  |
| 4.  |  |
| 5.  |  |
| 6.  |  |
| 7.  |  |
| 8.  |  |
| 9.  |  |
| 10. |  |
| 11. |  |
| 12. |  |
| 13. |  |
| 14. |  |
| 15. |  |
| 16. |  |
| 17. |  |
- Context:**
- 1 We opened a fitness to practise case against nurse Melanie Hayes in 2019 after concerns were raised with us about her professional conduct. This was specifically about racially abusive comments she made between 2012 and 2018 about colleagues and a threatening comment she made about a patient. Following a full investigation, we put the case forward to a panel to be resolved by [consensual panel determination](#) (CPD).
  - 2 Ms Hayes admitted all the charges, agreed with our view that her fitness to practise was impaired and accepted a six month suspension order. We drafted a provisional consensual panel determination to be considered by an independent fitness to practise panel for approval. The panel accepted the provisional agreement on 10 May 2021.
  - 3 After we published the panel’s decision, concerns were raised that the sanction might not be sufficient to protect the public. We considered the panel decision at our internal decision review group on 20 May 2021 and decided to refer the case to the Professional Standards Authority (PSA).
  - 4 The PSA then exercised its power to appeal the decision to the High Court on the grounds that the panel’s decision might not be sufficient to protect the public, because we had not made clear the seriousness of the charges against Ms Hayes.
  - 5 On 1 November 2022 the Court ordered that nurse Melanie Hayes be struck off the NMC’s register. The Court approved a consent order agreed by all the parties.
  - 6 We committed to reviewing this case in order to identify learning and improve our processes, guidance and training, as well as our general approach to cases involving an allegation of discrimination.
  - 7 The draft report at Annexe 1 sets out the learning we have identified, the actions we have taken and the action we plan to take.
- Four country factors:**
- 8 Not applicable for this paper.
- Discussion:**
- 9 We are clear that there is no place for racism in health and care and we are committed to making positive changes to play our part in tackling all forms of discrimination. We recognise that the decision in the case of nurse [Melanie Hayes](#) caused a great deal of concern for many and we are sorry that we did not get it right.

- |     |
|-----|
| 1.  |
| 2.  |
| 3.  |
| 4.  |
| 5.  |
| 6.  |
| 7.  |
| 8.  |
| 9.  |
| 10. |
| 11. |
| 12. |
| 13. |
| 14. |
| 15. |
| 16. |
| 17. |
- 10 As a regulator, we must set the tone and lead by example for those on our register, external stakeholders and colleagues. We have a responsibility to reflect on the impact of societal change on the work we carry out, and this should guide how we review our training and guidance.
- 11 Our report sets out what we have learned, what we have done so far, and what we plan to do, to make sure that we are making correct decisions in cases concerning racism or any other form of discrimination.
- 12 Our internal review started in June 2021 and concluded in October 2021. It involved colleagues from across the NMC and we reviewed the guidance, process documents and training in place for our teams.

**What we have found**

- 13 We reviewed the decision and found that it did not sufficiently weigh up the seriousness and nature of the racial abuse. It did not properly consider the potential impact on Ms Hayes’ clinical practice, nor the public’s trust and confidence in the nursing profession.
- 14 While we still consider our strategic approach to fitness to practise to be the right one, we found that its application to certain types of cases, particularly where the concerns are not about a professional’s clinical practice, could be misunderstood by some NMC colleagues.
- 15 The absence of sufficient guidance in some areas meant that our fitness to practise strategy principles, taken in isolation, contributed to a series of decisions which did not fully reflect the seriousness of Ms Hayes’ conduct, and its impact on patients and the wider public.
- 16 While NMC colleagues and panel members are provided with equality, diversity and inclusion (EDI) training, this does not go far enough to ensure that the impact of discriminatory behaviour on patients, and the wider public, and how it can impact on a professional’s fitness to practise, is fully understood.
- 17 The management control that exists to quality assure our provisional CPD decisions failed to identify these issues. We are reviewing the supervisory and quality management processes to address that.

**Actions we are taking**

- 18 We have already provided teams and decision makers with additional guidance and training to address some of the learning identified. This is explained in Annexe 1.



- 19 In addition, there is further action underway and planned:
  - 19.1 We have started work on updating our public facing information and guidance to make clear what approach to take when considering the seriousness of a case and sanction, ensuring our decisions are consistent.
  - 19.2 We are reviewing and refining our training and case management protocols provided to colleagues.
  - 19.3 We are considering how we can provide independent panel members with more regular learning material on high priority issues like EDI.
  - 19.4 We are proposing to carry out an independent audit of our fitness to practise cases under phase 2 of our 'Ambitious for Change' work. The audit will examine two issues: how we treat allegations about discrimination either from, or about professionals with different diversity characteristics, and differences in how far professionals with different diversity characteristics progress through our process

### Next Steps

- 20 The findings of this review will be published on our website and shared with partners and other interested parties.
- 21 The implementation of the actions arising from this work will be fully incorporated into our Fitness to Practise improvement programme.
- 22 We will provide a progress report to Council in Spring 2022 setting out the progress we have made in implementing the improvements we have identified.

**Midwifery implications:** 23 There are no differences in policy, practice or application of this paper for the midwifery profession.

**Public protection implications:** 24 The actions proposed to address process, training and guidance will help to ensure our decisions protect the public.

**Resource implications:** 25 There may be some resource implications to design and deliver a comprehensive EDI training package to NMC staff and other parties. These will be met through the Fitness to Practise Improvement Programme.

**Equality diversity and inclusion implications:**

- 26 The work outlined in the report is about addressing concerns about how cases involving allegations of discrimination were dealt with. The findings and recommendations of the report will improve the way these cases are dealt with.
- 27 The Equality Impact Assessment (EQIA) identified that:
  - 27.1 Our guidance should be reviewed,
  - 27.2 Training for staff and panel members is reviewed, and
  - 27.3 Our casework data is monitored.

**Stakeholder engagement:**

- 28 The decision in this case understandably caused significant concern among some of our partners. We have continued to keep partners updated as this work has developed and will share the learnings of this review with them.
- 29 We are also continuing to engage with external partners and experts as we develop our ambitious for change work, exploring the reasons why some people face different outcomes from our processes based on who they are.

**Risk implications:**

- 30 There is a risk that our current training and guidance does not provide colleagues with the support they need to reach the right outcomes on cases concerning allegations of discrimination.
- 31 The progress described in this paper and Annexe 1 provides mitigation against that risk.

**Legal implications:**

- 32 This paper and Annexe 1 covers:
  - 32.1 Our regulatory duties under the Nursing & Midwifery Order 2001.
  - 32.2 Duties under the Equality Act 2010 including our Public Sector Equality Duty.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

# Looking back, learning lessons and improving

## Discrimination in health and care: learning from a recent fitness to practise case

There's no place for racism in health and care. At the Nursing and Midwifery Council (NMC), we're committed to making positive changes to make sure that we play our part in tackling all forms of discrimination. The impact that racist and other discriminatory attitudes and behaviours has on people is devastating and we have legal duties as a regulator to protect the public. The values of equality, diversity and human rights are fundamental to what it means to be on our register and are enshrined in [our Code](#) and professional standards.

The decision made in the case of nurse [Melanie Hayes](#) caused a great deal of concern for many. We signalled our commitment to learning from this case in May 2021. This report sets out what we've learnt, what we've done and what we plan to do to make sure that we get it right when making decisions in cases concerning racism or any other form of discrimination.

### Background

We opened Ms Hayes' case in 2019 after concerns were raised with us about her professional conduct. This was specifically about racially abusive comments she made between 2012 and 2018 about colleagues and a threatening comment she made about a patient. Following a full investigation, we put the case forward to a panel to be resolved by [consensual panel determination](#) (CPD).

Ms Hayes admitted all the charges, agreed with our view that her fitness to practise was impaired and accepted a six month suspension order. We drafted a provisional consensual panel determination to be considered by an independent fitness to practise panel for approval. The panel accepted the provisional agreement on 10 May 2021.

After we published the panel's decision, some of our colleagues and external stakeholders raised concerns that the sanction might not be sufficient to protect the public. We therefore considered the panel decision at our internal decision review group (DRG) on 20 May 2021. That group decided to refer the case to the Professional Standards Authority (PSA). The PSA could then consider whether to exercise its power to appeal the decision to the High Court on the grounds that the panel's decision might not be sufficient to protect the public, because we hadn't made clear the seriousness of the charges against Ms Hayes. On 13 July 2021 the PSA confirmed that it would exercise that power and the case was referred to the High Court.

On 1 November 2022 the Court ordered that nurse Melanie Hayes be struck off the NMC's register. The Court approved a consent order agreed by all the parties.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

## Our review

Our internal review started in June 2021 and finished in September 2021. We reviewed the guidance, process documents and training in place for our teams. Our findings are grouped into four areas: the decision, our fitness to practise (FtP) strategy and guidance, training, and process.

## The decision

### *What we found*

If, following an investigation, an independent panel finds that a professional's fitness to practise is impaired, we publish the decision. This decision sets out which allegations have been proved based on the evidence, whether a registered professional's fitness to practise is currently impaired, and what sanction, if any, is appropriate. This decision is made by an independent panel. In this case, the decision was made after a provisional CPD was presented to the panel.

We reviewed the decision and found that it didn't sufficiently weigh up the seriousness and nature of the racial abuse. It didn't properly consider the potential impact on Ms Hayes' clinical practice, nor the public's trust and confidence in the nursing profession.

The decision stated that the registrant's conduct was capable of remediation. However, the reasoning for this is sparse and failed to take into account a number of relevant considerations. These are the main concerns identified by the DRG and shared with the PSA in our letter on 20 May.

- Neither the CPD agreement nor the decision properly consider the seriousness and nature of the racial abuse. They also don't consider the potential impact on Ms Hayes' clinical practice, as well as on the public's trust and confidence in the nursing profession.
- The four incidents occurred over a period of six years, which indicates an attitude held over a long period of time. Although this is noted in the CPD agreement, the later reference to an "unblemished career" seems to indicate that the panel did not fully grapple with the longstanding attitudinal issues. These were relevant to the seriousness of the conduct and to Ms Hayes' ability to remediate.
- The reasoning as to why Ms Hayes' conduct is considered to be remediable is sparse. We would expect the CPD agreement and the panel to have referred to our guidance on remediation and context, and to have reflected this in their reasons.

Neither the CPD agreement nor the decision properly explain why a six month suspension order is an appropriate sanction in light of the points above. The DRG considered that this is a case in which it's not possible to determine whether the sanction imposed was sufficient to protect the public, in light of the gaps in reasoning relating to misconduct and impairment.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

After further review, we are also concerned that:

- there was no direct evidence from Ms Hayes about the circumstances around the misconduct and her level of insight
- due to a lack of evidence, the panel shouldn't have accepted the reasoning in the CPD that attending equality and diversity training had improved the nurse's understanding of racism in the workplace and its effect on the workforce
- the decision failed to appreciate the significance of the absence of a reflective piece or any meaningful training undertaken by the registrant when assessing her ability to remediate, particularly in light of the protracted period over which she had expressed racist views.

The decision also failed to provide adequate reasons to support the conclusion that Ms Hayes' conduct wasn't fundamentally incompatible with remaining on the register.

## **Our strategic approach FtP and FtP guidance**

### ***Strategic approach to FtP***

In 2018, following a public consultation, we launched our new strategic direction for fitness to practise: [Ensuring Patient Safety, enabling professionalism](#). This new approach focussed on moving away from a culture of blame and punishment when things go wrong in health and social care, and instead moving towards a just culture which promotes learning and safer practice.

We developed [12 principles](#) which underpin our FtP work and make sure that the decisions we make about professionals' fitness to practise are fair, consistent and transparent.

While we still consider our strategic approach to be the right one, we found that its application to certain types of cases, particularly where the concerns are not about a professional's clinical practice, could be misunderstood by NMC colleagues. In this case, there was a lack of specific guidance on how to approach cases that involve racism and other forms of discrimination, which is addressed in more detail below. The lack of guidance in these areas meant that the strategy principles, taken in isolation, contributed to a decision which didn't fully reflect the seriousness of Ms Hayes' conduct, and its impact on patients and the wider public.

### ***Guidance***

We publish guidance on our website which outlines how we investigate FtP concerns and how we prepare cases for hearings. We also publish guidance for our FtP panel members which they follow when making decisions on cases.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

While most of our guidance on seriousness is clear, we found that there were opportunities for us to strengthen what we say on this topic. This included our guidance on what [usually amounts to a serious concern](#), as well as [how we determine seriousness](#), in particular when dealing with discrimination, harassment, and bullying. We also found that we could improve our guidance on [considering sanctions for serious cases](#) for incidents that demonstrate discriminatory or racist conduct.

Current guidance on [factors to consider before deciding sanctions](#) helps the panel to approach sanctions. The guidance doesn't reference discrimination, bullying, victimisation or harassment as an aggravating feature. It does, however, reference 'previous good character or history' as a mitigating factor. This can be interpreted as meaning that the absence of any concerns being raised about a registrant's conduct in the past should be weighed in their favour. While this may be appropriate in cases about clinical concerns, the fact that concerns haven't been raised about a registrant behaving in a racist or unprofessional way in the past shouldn't be seen as a mitigating feature of a case.

We currently have no guidance on drafting charges in cases involving bullying, harassment, victimisation or discrimination, and we should have. Our current guidance on [remediation and insight](#) is also unclear about whether allegations relating to discrimination are remediable.

### ***What we've done***

We've reviewed our [aims and principles for fitness to practise](#), as well as our guidance for decision makers, to assess how clearly we articulate that allegations of discrimination, bullying and harassment must be taken seriously. We found that the principles were clear, but the explanatory notes could be strengthened so we've made those changes. We're satisfied that our strategic principles remain appropriate, but should be supported by strengthened guidance. This will help NMC colleagues to understand how these principles apply in cases which raise concerns about racism and discrimination.

We're updating our guidance documents to make sure that we're clear on what we mean by discrimination, bullying, victimisation and harassment, and how seriously allegations of this nature need to be taken. We'll also make clear how and why discriminatory behaviour has particular implications for patient safety and the wider public interest. We expect to have done this by December 2021.

These updates will make sure we, and our independent panels, consider the nature of racist and discriminatory conduct and its effect on others very carefully. The revised guidance will also make sure that both colleagues and panel members carefully consider whether a professional's reflection, insight, and the steps they've taken to remediate, are genuine and sufficient to address the concerns raised. Where we think it's insufficient, the guidance will make clear what else needs to be done. Our process isn't meant to be punitive, but we need to make sure any evidence of insight given by a professional is genuine.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

## ***What we plan to do***

We'll develop new guidance on drafting charges for cases involving bullying, harassment, victimisation or discrimination. This guidance will make clear what approach to take when considering both the seriousness of the case and sanction, and make sure we're consistent.

We'll review our guidance on [insight and strengthened practice](#) to make sure we're clear about whether allegations relating to discrimination can be remediated. We'll outline what factors to consider and what we think sufficient remediation looks like to prevent a similar situation from happening again.

As part of the second phase of our [Ambitious for Change](#) work, cases involving discrimination are being independently audited. This audit will look at two issues: how we treat allegations about discrimination from or about professionals with different diversity characteristics, and the differences in how far professionals with different diversity characteristics progress through our process. The findings from that audit will help to identify whether there are further improvements we can make in the future to make sure we make good decisions.

## **Training**

### ***What we found***

NMC colleagues must complete equality, diversity and inclusion (EDI) training when they start and refresh it every two years. This training provides definitions of direct and indirect discrimination, victimisation and harassment, guidance on how to avoid stereotypes, and sets out the responsibilities of employees and managers.

We don't think this training is enough and we recognise we need to do more to make sure colleagues understand the impact of discriminatory behaviour on patients and the wider public, and how it can impact on a professional's fitness to practise. The training doesn't cover issues such as unconscious bias and how this could impact our work. It also doesn't make clear how we should respond to cases of this nature. This will also ensure we're compliant with our responsibilities under the Public Sector Equality Duty.

EDI training is also provided annually to panel members. It covers the impact of unconscious bias on decision-making and how to challenge behaviours which don't align with the FtP decision-making principles.

### ***What we've done***

All FtP colleagues are receiving additional training on discrimination which covers research, case studies and implications of the Equality Act 2010. It also clearly states our position on discrimination.

We've updated the training for new panel members recently in light of learning from this case. We're also considering how we can introduce more regular learning and development content. This will make sure panel members are provided with regular bite-size learning material relating to high priority issues like equality and discrimination.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12
13
14
15
16
17

## ***What we plan to do***

We'll develop a comprehensive EDI training package for relevant NMC colleagues, which will include an overview of the Public Sector Equality Duty and our obligations under the Equality Act throughout the regulatory process. This will include case-study led workshops which will help us understand the impact of racism and discrimination on a professional's fitness to practise. The training will also include the lived experience of people who have been subject to racism and discrimination, including micro-aggressions to ensure the impact on professionals and the public is truly understood by our colleagues and panel members.

We'll also provide training for decision makers and colleagues in operational teams on our approach to regulating professionals where concerns have been raised about racism or other forms of discrimination. This will include training on our updated guidance, supported by case studies covering a range of FtP issues.

## **Process**

### ***What we found***

Teams within the NMC are responsible for agreeing [CPDs](#) and presenting the provisional CPD to a panel for approval. The colleagues in these teams are trained and there are procedural guidance and templates in place to provide structure when preparing CPDs. When we looked at these documents, we found that people would have been better supported by including specific links to key decision making guidance.

We found there are good support processes in place for managing complex and sensitive cases. All provisional CPDs have to be signed off by a senior NMC colleague.

### ***What we've done***

We've included relevant links in the CPD documents to our FtP principles and guidance on seriousness. We'll train the team on the revised guidance documents in December 2021 when they're finalised. This will give the team a clearer set of guidelines to follow and refer to when making decisions.

Managers are providing additional support to less experienced team members when handling sensitive or complex cases.

## **Conclusion**

There were a number of things that went wrong in this case, mostly due to gaps in our guidance and training. We've already made significant improvements to our guidance and are designing and delivering a comprehensive programme of training to prevent this from happening again. However, we're well aware that there's a great deal more for us to do.



1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

This review has provided the opportunity to scrutinise the training and guidance available for colleagues and our independent FtP panels. While we've identified gaps within existing resources and opportunities to develop new guidance, a key lesson we take away is that as a regulator we must set the tone and lead by example for those on our register, external stakeholders and colleagues. We have a responsibility to stay up-to-date with important societal topics. Their potential impact on the work we carry out as a regulator should guide how we review our training and guidance.

All organisations need to work hard to make sure that their culture and values leave no place for discrimination, and ours is no different. We'll continue to engage with these issues and proactively address them by reviewing our guidance, developing new guidance, and improving our training and discussions to make sure we don't make the same mistakes again.

## Council

### Pay Gap reports 2021, including WRES survey update

<b>Action:</b>	For decision.
<b>Issue:</b>	To discuss the results and narrative of the NMC's 2021 gender, ethnicity and disability pay gap reports before approval for publication on the NMC external website.
<b>Core regulatory function:</b>	All regulatory functions.
<b>Strategic priority:</b>	Strategic aim 6: Fit for the future organisation.
<b>Decision required:</b>	The Council is recommended to approve the publication of the NMC's 2021 gender, ethnicity and disability pay gap reports (paragraph 26).
<b>Annexes:</b>	The following annexes are attached to this paper: <ul style="list-style-type: none"><li>• Annexe 1: Gender Pay Gap Report 2021</li><li>• Annexe 2: Ethnicity Pay Gap Report 2021</li><li>• Annexe 3: Disability Pay Gap Report 2021</li></ul>
<b>Further information:</b>	If you require clarification about any point in the paper or would like further information please contact the author or the director named below.  Author: Mark Egan <a href="mailto:Mark.Egan@nmc-uk.org">Mark.Egan@nmc-uk.org</a>  Director: Francesca Okosi <a href="mailto:Francesca.Okosi@nmc-uk.org">Francesca.Okosi@nmc-uk.org</a>

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12
13
14
15
16
17

**Context:**

- 1 We know that having Equality, Diversity & Inclusion (EDI) at our core will make us a better employer. It will increase public confidence in us, help us be a more effective regulator and provide the platform for us to influence other regulators and partners across the sector. Our pay gap reports help us to understand where the gaps are and take action to reduce them.
- 2 This report presents analysis of three pay gap areas: gender, ethnicity and disability. Although we have taken steps to improve the recruitment, retention, progression and experience of colleagues, there is much more to do and we are committed to closing our gaps appropriately and effectively through our People Plan and EDI Plan.
- 3 As an employer with more than 250 employees, we are required to publish a gender pay gap data every year in line with the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017.
- 4 This is the fifth year we have published an NMC Gender Pay Gap report.
- 5 The report requires the following analysis to be undertaken, using a snapshot date of 5 April each year:
  - 5.1 The difference between the pay of all men and women employees using the **mean** (numerical) average
  - 5.2 The difference in pay between men and women who are paid at the **median** (midpoint of a group of numbers) point of all males or females
  - 5.3 The proportion of men and women within the quartiles of their pay bands
  - 5.4 Eligibility for bonuses, and the actual distribution of bonus awards (as NMC does not offer bonuses, we do not need to report on this section).
- 6 The data is then publicly accessible via the government gender pay gap website, and our report is published on the NMC external website and communicated internally.
- 7 In addition, and in line with good practice, we also publish our ethnicity and disability pay gap data and reports, though this is not legally required. We published these reports for the first time in 2020 and adopt a similar methodology to that used for the Gender pay gap reports to assess the mean and median gaps.

**Four country factors:**

- 8 The legislation that underpins the production of the annual Gender Pay Report does not apply in Northern Ireland. However, NMC has chosen to apply it across all four countries.

## Discussion: Gender Pay Gap

- 9 Our 2021 Gender Pay Gap results show that:
- 9.1 Our Mean Gender Pay Gap has increased from 3.4 percent in 2020 to 4.9 percent in 2021.
  - 9.2 Our Median Gender Pay Gap has reduced from 9.0 percent in 2020 to 8.3 percent in 2021.
- 10 As a national comparison, the gender pay gap among UK employees was 14.4 percent in 2020 (*Gov.uk*).
- 11 Compared to 2020, our mean pay gap has increased by 1.5 percentage points. There is more positive news for our median pay gap which has reduced by 0.7 percentage points compared to 2020.
- 12 Analysis into the reasons why the mean pay gap has increased and median pay gap has decreased highlighted the following:
- 12.1 **Mean** - This increase has been caused by the reduction in men working in our lower middle quartile roles, and a small increase in men in upper middle quartile roles.
  - 12.2 **Median** – There is a small decrease in the median pay gap of 0.7 percentage points. The grade of the median male employee remained grade 5 and the median female employee remained grade 4; however the female median salary increased more than the male median salary. This is due to our focusing on increasing salaries for those employees who are in the lower part of their pay grade.
- 13 Compared to the 2020 publication of the national average Gender Pay Gap results for all organisations who published, the NMC has a comparatively low gender pay gap. One thing to note is that the number of employers publishing their results reduced last year due to the impact of the corona virus and the extension of the submission deadline.

## Ethnicity Pay Gap

- 14 This reporting remains voluntary and the NMC continues to promote greater transparency in pay gap analytics by reporting and amplifying the need for greater understanding of pay gap drivers, and the ways in which the ethnicity pay gap might be meaningfully and effectively reduced.
- 15 Our 2021 Ethnicity Pay Gap results show that:
- 15.1 Our mean Ethnicity Pay Gap has decreased; from 28.7 percent in 2020 to 23.7 percent in 2021.

- 15.2 Our Median Ethnicity Pay Gap has remained the same as in 2020 and 2021, at 27.1 percent.
- 16 Comparing to our 2020 results our mean pay gap has decreased by 5.0 percentage points which is a positive; however, there is still a significant gap.
- 17 Analysis into the reasons why the mean pay gap has decreased and median pay gap has remained the same highlighted the following:
- 17.1 **Mean** - This decrease has mainly been caused by the increase in Black and minority ethnic (BME) employees in our upper pay quartile. This increased by 3 percent in the last 12 months.
- 17.2 **Median** - There has been no change in the median gap as the overall distribution of white and BME employees has largely remained the same as in 2020.
- 18 Comparison of ethnicity pay gaps nationally remains challenging due to the lack of statutory mechanism to mandate publication.
- 19 Whilst detailed benchmarking is not available, in recent years a limited comparator view is available from other public sector organisations voluntary reporting. This is not wholly representative.

**London Borough of Waltham Forest (2021)**

- 11.72 percent median ethnicity pay gap

**Deloitte UK (2019)**

- 6.7 percent median
- 14.5 percent mean

**Competition & Markets Authority (2021)**

- 34.8 percent median
- 29.3 percent mean

- 20 It should be noted that the 23.7 percent mean average is aggregated for all declared ethnicity groups. When this data is disaggregated there are notable differences in the pay gap between different ethnic groups and white British employees, which is displayed in the following table:

Ethnic Group	Pay Gap
Asian or Asian British	19.9%
Black, African, Caribbean or Black British	35.1%
Mixed or Multiple Ethnic Groups	7.5%
Other Ethnic Group	17.8%
<b>BME</b>	<b>23.7%</b>

## Disability Pay Gap

- 21 This reporting remains voluntary and the NMC continues to promote greater transparency in pay gap analytics by amplifying the need for greater understanding of pay gap drivers, and the ways in which the disability disclosure rates would be better understood through increased voluntary disclosure numbers more in line with national and sectoral disclosure averages. Without a more robust disclosure rate, the results are statistically less reliable or to be relied upon as true positive.
- 22 Our 2021 Disability Pay Gap results show that:
- 22.1 Our mean Disability Pay Gap has increased from -2.6 percent in 2020 to -3.4 percent in 2021, representing a gap in favour of disabled employees.
- 22.2 Our median Disability Pay Gap has decreased from -10.5 percent in 2020 to -9.8 percent in 2021, again representing a gap in favour of disabled employees.
- 23 Comparing to our 2020 results our mean pay gap has increased by 0.8 percentage points; however this is still a very low gap and well with the 5 percent statistically appropriate level. There is also positive news with the reduction of our median pay gap by 0.7 percentage points.
- 24 Analysis into the reasons why the mean pay gap has increases and median pay gap has decreased has highlighted the following:
- 24.1 **Mean** - This increase has mainly been caused by the increase in employee declaring disabilities in our upper and upper middle pay quartile. They increased by 2 and 4 percentage points respectively in the last 12 months
- 24.2 **Median** - There has been a decrease in the median gap as the overall number of employees declaring a disability in the NMC has increased by 1.6 percentage points since 2020. This meant our median disabled employees salary was close to the NMC average in 2021.

- |     |
|-----|
| 1.  |
| 2.  |
| 3.  |
| 4.  |
| 5.  |
| 6.  |
| 7.  |
| 8.  |
| 9.  |
| 10. |
| 11. |
| 12. |
| 13. |
| 14. |
| 15. |
| 16. |
| 17. |
- 25 It should be noted that the Office of National Statistics (ONS) in 2018 estimate 18.9 percent of the UK working age population to be disabled. As of April 2021 just 5.4 percent of NMC employees declare a disability, which is an underrepresentation.
- 26 **Recommendation: The Council is recommended to approve the publication of the NMC's 2021 gender, ethnicity and disability pay gap reports.**

**Reducing our pay gaps: next steps**

- 27 We know that to see improvements in our pay gaps we must take practical action. In our EDI Plan 2021 (approved by the Council in September 2021, NMC/21/79) we set out four key objectives, including a specific aim to role model good equality practice as an employer.
- 28 A targeted positive action programme to support the development of BME colleagues is the NMC's flagship 'Rising Together' mentoring programme. Evaluation of the 2020-2021 Rising Together programme indicates success in achieving its initial outcomes. Twenty percent of the mentee cohort have been promoted either during or since the pilot, and a second cohort comprising significantly more participants has now joined the 2021-2022 programme which began in October 2021.
- 29 It should be noted that NHS Workforce Race Equality Standard (WRES) benchmarking reports have not yet been provided for 2020-2021 and submission of 2021-2022 data from participating organisations, including the NMC, has been postponed. We completed the survey back in May 2021 expecting to submit in September and carried out a thorough analysis of the NMC findings which were reported to the Executive Board.
- 30 Despite not having the WRES benchmarking report, the EDI team has compared the data between the two years of our submissions. The actions arising out of WRES together with all the other various race equality action plans have been brought together into one race equality plan incorporating six key areas of activity. This will be reviewed by the Executive Board as part of the EDI work programme in January 2021. When the WRES benchmarking reports become available we can review and address any gaps in our plans.
- 31 The workforce action plan for the next 18-24 months includes specific aims to:
- 31.1 Implement a specific race equality action plan which will underpin the EDI Plan and People Plan, with measurable objectives to increase representation, and improve the day to day experience of our BME employees.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12
13
14
15
16
17

- 31.2 Develop a specific Disability action plan, building on the findings from our 2020 Disability Standard submission.
- 31.3 Introduce a new People Plan in January 2022, which will be underpinned by EDI and include targeted strategic actions to improve the way we recruit, develop and manage talent across the organisation.
- 31.4 The workforce actions within the EDI Plan will bring all related actions towards reducing our pay gaps under one framework, against which we can measure our progress.
- 31.5 Introduce an Ethnicity Pay Gap action plan, triangulated to the People Plan and the Race Equality Action Plan which underpins our EDI Plan.
- 32 We will be held accountable by the governance structures we have in place, including our specific working groups (e.g. WRES Working Group), EDI Leadership Group and Executive Board, who have a specific role in monitoring our progress.

**Public protection implications:**

33 None.

**Resource implications:**

34 None.

**Equality and diversity implications:**

35 These reports are just one of a variety of indicators used by NMC to assess our progress in meeting our EDI objectives. There are actions arising from this report that will be contained within the overall EDI plan, which we will implement and monitor.

**Stakeholder engagement:**

36 None required.

**Risk implications:**

37 Publishing our Ethnicity and Disability Pay Gap with the relatively low amount of benchmarking data could give employees the impression that our results are excessively bad when actually they are very similar to other organisations, in particular the ethnicity pay gap.

**Legal implications:**

38 Production of the Gender Pay Gap report ensures that we are compliant with our legal obligations under the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017.



Item 9: Annexe 1  
NMC/21/99  
24 November 2021

# NMC Gender Pay Gap Report 2021

**NMC** Nursing &  
Midwifery  
Council



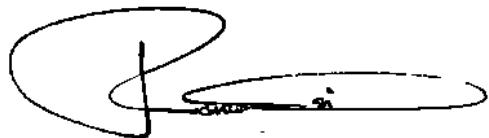
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

We know that integrating EDI into everything we do will make us a better employer. It will increase public confidence in us, help us be a more effective regulator and provide the platform for us to influence other regulators and partners across the sector.

Our pay gap reports help us to understand where the gaps are and take action to tackle them. We have taken steps already, such as the development of our new EDI Plan, launching our second cohort of our Rising Together Mentoring Programme, and committing to improving the recruitment, retention and development of women through our upcoming People Plan, but we know there is more to do.

We will be held accountable through our EDI Leadership Group, Executive Board and Council, and will report regularly on our progress towards achieving our EDI objectives.

I confirm that the figures contained in this report have been verified and checked thoroughly to ensure complete accuracy.



Francesca Okosi

**Executive Director of People and Organisational Effectiveness**

**NMC Gender Pay Gap Report 2021**



1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.



# Our Results

In 2021 we continued work on reviewing the way we pay our people. Through this work we have a specific aim to reduce our pay gaps. Our median pay gap is now 8.3 percent (9.0 percent in 2020) and our mean pay gap is 4.9 percent (3.4 percent in 2020). Although it's positive that our median pay gap has reduced, there has been an increase in our mean pay gap of 1.5%. The main cause of this is a very small increase in the proportion of men in our upper middle quartile roles, which represents a small number of people.

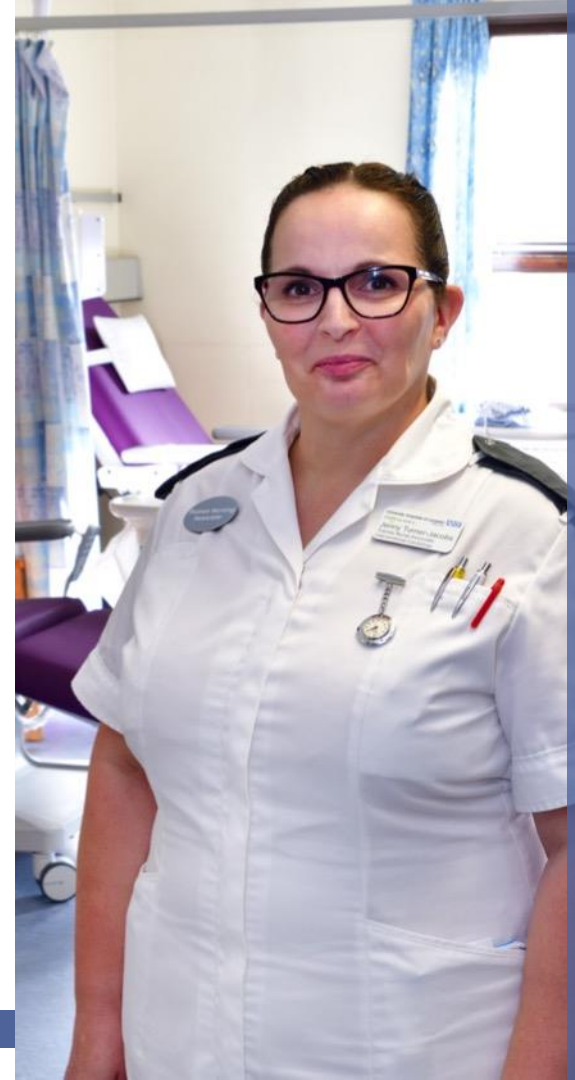
We are an ambitious organisation and we are committed to reducing both our median and mean pay gaps. We have taken initial steps towards this, including increasing the capacity of our Equality Diversity and Inclusion (EDI) Team and reviewing our EDI Priorities to ensure they are as effective as possible in helping us to achieve our goals. We are reviewing our training, development, recruitment and career progression areas to further ensure they are inclusive and explicitly support the development of women at the NMC.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

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

Below is a comparison of our 2021 results to the average gap for all employers in the 2020 gender pay gap submission (9,893 employers).

Gender pay gap	UK 2020	NMC	Difference
Mean	14.1%	4.9%	-10.2%
Median	12.7%	8.3%	-4.4%



- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.



# Why do we publish?

All employers with 250 or more employees are required to publish their gender pay gap data every year under new legislation that came into force in April 2017. The data must be provided for the snapshot date of 5 April 2021.

This is the fifth year the NMC has been required to publish its results.

## What does the NMC have to do?

To comply with regulation we have to provide:

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

### We must also:

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

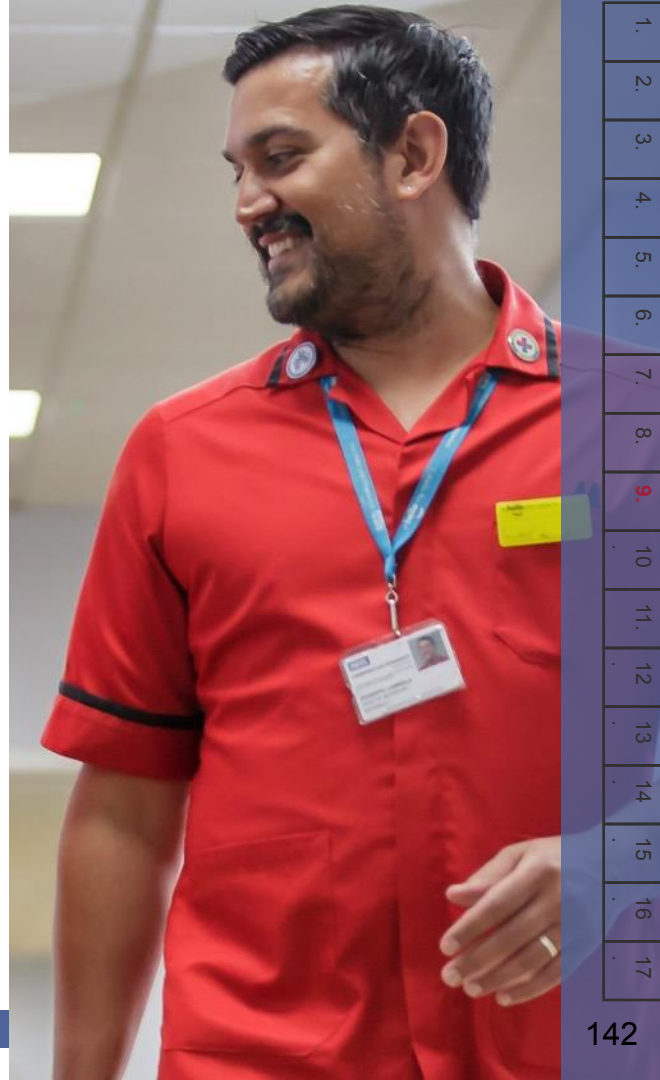
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

# How does 2021 compare?

NMC	2020	2021	Difference
Mean Gender pay gap	3.4%	4.9%	<b>+1.5%</b>
Median Gender pay gap	9.0%	8.3%	<b>-0.7%</b>
Mean Gender bonus gap	0%	0%	<b>0%</b>
Median Gender bonus gap	0%	0%	<b>0%</b>
Males receiving bonus	0%	0%	<b>0%</b>
Females receiving bonus	0%	0%	<b>0%</b>

In summary:

- Mean pay gap increased by **1.5%** vs 2020
- Median pay gap decreased by **0.7%** vs 2020
- The NMC does not run a bonus scheme



# 2021 Results

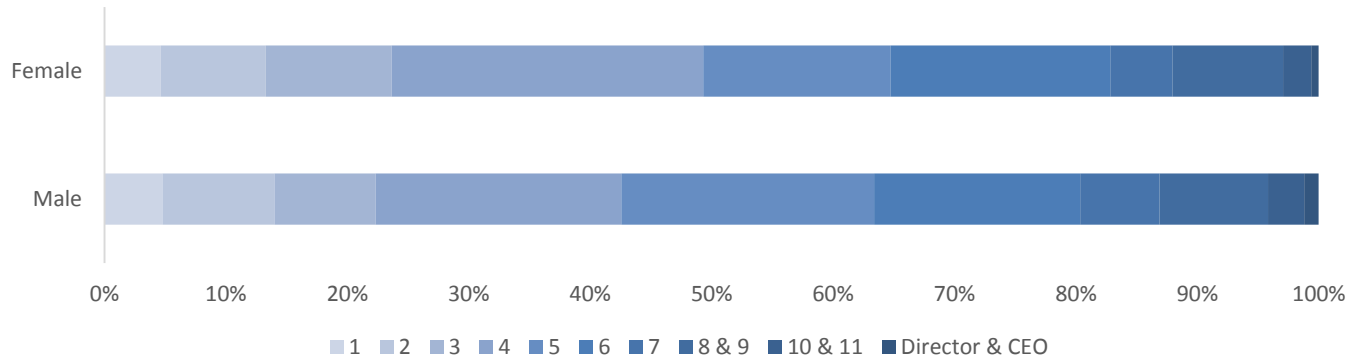
**Mean pay gap 4.9% Up 1.5% vs 2020**

This increase has been caused by the reduction in male employees working in our lower middle quartile (25%-50%) roles meaning the average male salary increased compared to the average female salary.

**Median pay gap 8.3% Down 0.7% vs 2020**

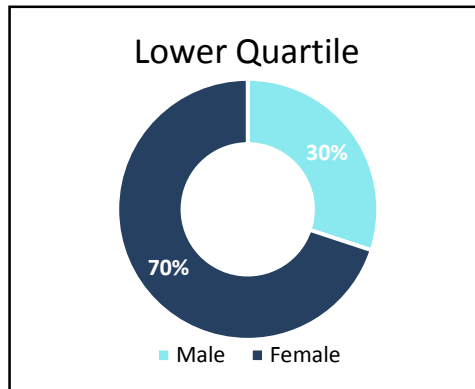
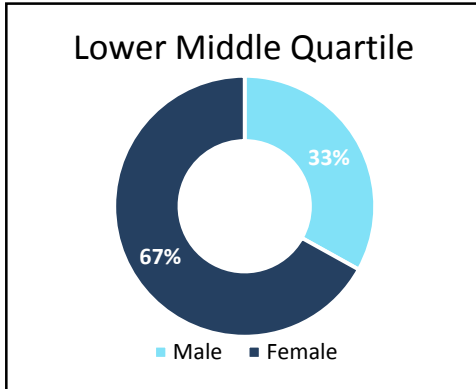
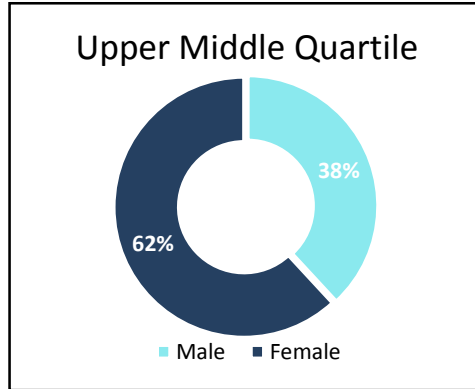
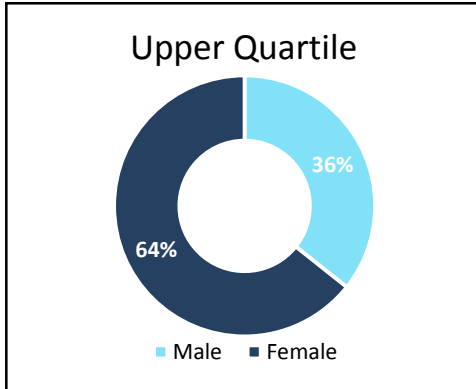
The grade of the median male employee remained grade 5 and the median female employee remained grade 4; however the female median salary increased more than the male median salary. This is due to our focusing on increasing salaries for those employees who are in the lower part of their pay grade.

**Grade by Gender Distribution**



- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.

# 2021 Results



Overall the proportion of female employees working at the NMC has slightly increased since 2020:

- 66% Female +1% vs 2020
- 34% Male -1% vs 2020

There were also small changes in the quartiles compared to 2020:

- UQ 1% Increase in Females
- UMQ 2% Increase in Males
- LMQ 3% Increase in Females
- LQ No change

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.



# What next?

We know that to see improvements in our pay gaps we must get to a position where EDI is embedded throughout all our work, in a meaningful way. The steps we are taking to do this include:

- Introducing a new People Plan later this year, which will include targeted strategic actions to improve the way we recruit, develop and manage talent across the organisation
- Launching our new EDI Plan which contains four new EDI priorities including a specific aim to role model good equality practice as an employer, and a specific workforce action plan underpinning this for the next 18-24 months
- An improvement of the way we train and support our people, including wellbeing support, learning and development
- Improving the capacity of our EDI Team, including resource to specifically improve workforce equality and inclusion
- Continuing to champion our employee networks and providing specific resource to support underrepresented groups at all levels.

The workforce actions within the EDI Plan will bring all related actions towards reducing our pay gaps under one framework, against which we can measure our progress. We will be held accountable by the governance structures we have in place, including our EDI Leadership Group and Executive Board, who have a specific role in monitoring our progress.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

Item 9: Annexe 2  
NMC/21/99  
24 November 2021

# NMC Ethnicity Pay Gap Report 2021

**NMC** Nursing &  
Midwifery  
Council



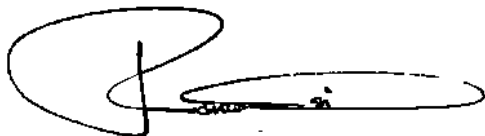
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

We know that integrating EDI into everything we do will make us a better employer. It will increase public confidence in us, help us be a more effective regulator and provide the platform for us to influence other regulators and partners across the sector.

Our pay gap reports help us to understand where the gaps are and take action to tackle them. We have taken steps to tackle our ethnicity pay gap already, such as the launch of our second cohort of our Rising Together Mentoring Programme, and developing a specific race equality action plan to embed progress and accountability for how we attract, retain and support our Black and ethnic minority colleagues. We know though, that there is more we need to do.

We will be held accountable through our EDI Leadership Group, Executive Board and Council, and will report regularly on our progress towards achieving our EDI objectives.

I confirm that the figures contained in this report have been verified and checked thoroughly to ensure complete accuracy.



Francesca Okosi

**Executive Director of People and Organisational Effectiveness**



1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.



# Our Results

In 2021 we continued work on reviewing the way we pay our people. Through this work we have a specific aim to reduce our pay gaps. Our median pay gap remained at 27.1 percent (27.1 percent in 2020) and our mean pay gap reduced by 5 percentage points to 23.7 percent (28.7 percent in 2020). Although this is a step in the right direction of reducing our pay gaps, we are an ambitious organisation and are taking specific steps to reduce this further.

We will continue to look at how we continue to increase the proportion of Black and minority ethnic (BME) employees working in our higher salary roles, and have taken initial steps towards this. This includes increasing the capacity of our Equality Diversity and Inclusion (EDI) Team and reviewing our EDI Priorities to ensure they are as effective as possible in helping us to achieve our goals. We are reviewing our training, development, recruitment and career progression areas, and are the first health professional regulator to participate in the NHS Workforce Race Equality Standard – using the findings to set specific actions to improve the development and experience of our Black and ethnic minority colleagues.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

# How does 2021 compare?

NMC	2020	2021	Difference
Mean Ethnicity pay gap	28.7	23.7	-5.0%
Median Ethnicity pay gap	27.1%	27.1%	0%
Mean Ethnicity bonus gap	0%	0%	0%
Median Ethnicity bonus gap	0%	0%	0%
White employees receiving bonus	0%	0%	0%
BaME employees receiving bonus	0%	0%	0%

In summary:

- Mean pay gap decreased by **5.0%** vs 2020
- Median pay gap saw **no change** vs 2020
- The NMC does not run a bonus scheme



# 2021 Results

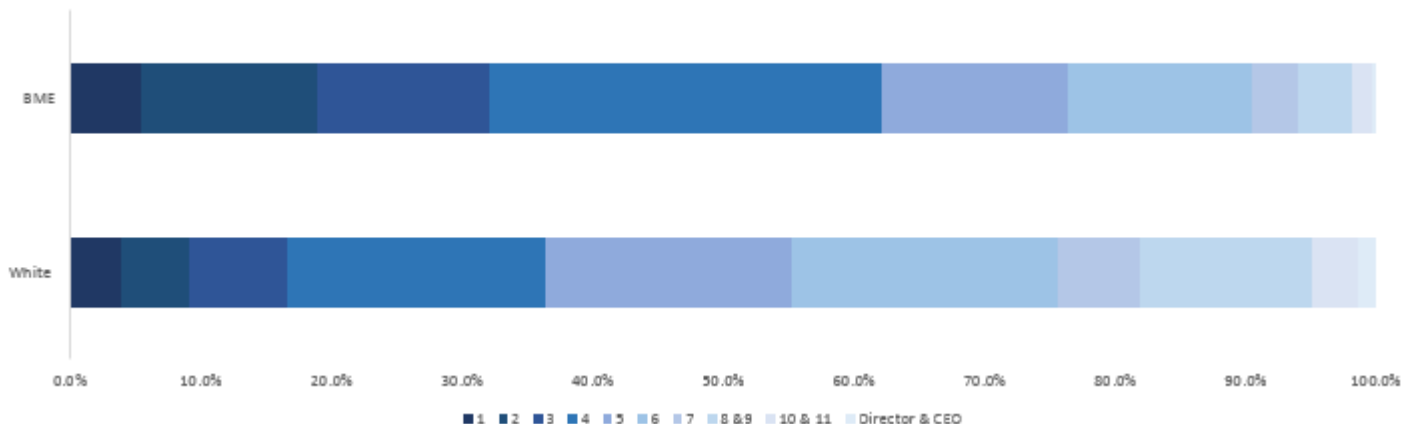
**Mean pay gap 23.7% Down 5% vs 2020**

This decrease has mainly been caused by the increase in BME employees in our upper pay quartile. This increased by 3 percentage points in the last 12 months.

**Median pay gap 27.1% No Change vs 2020**

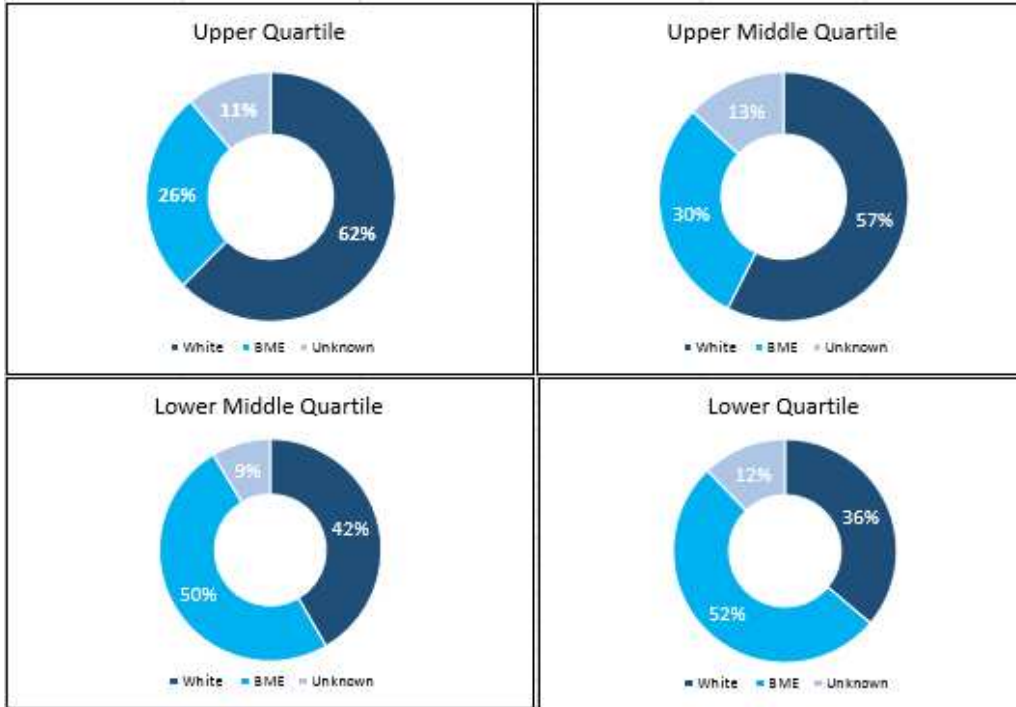
There has been no change in the median gap as the overall distribution of white and BME employees has largely remained the same as in 2020.

Grade by Ethnicity Distribution



- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.

# 2021 Results



The biggest change this year was an increase in employees not disclosing their ethnicity:

- 39% BME -2% vs 2020
- 50% White -3% vs 2020
- 11% Not Disclosed +5% vs 2020

There were small changes in the quartiles compared to 2020:

- UQ 3% Increase in BME employees
- UMQ 5% decrease in White employees
- LMQ 4% decrease in White employees
- LQ 6% decrease in BME employees

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

# What next?

We know that to see improvements in our pay gaps we must get to a position where EDI is embedded throughout all our work, in a meaningful way. The steps we will take to do this are:

- Developing a specific race equality action plan for 2021, building on the findings from our NHS Workforce Race Equality Standard submission and pulling together all our race equality actions into one holistic, measurable plan
- Launching our new EDI Plan which contains four new EDI priorities including a specific aim to role model good equality practice as an employer, and a specific workforce action plan underpinning this for the next 18-24 months
- Introducing a new People Plan later this year, which will include targeted strategic actions to improve the way we recruit, develop and manage talent across the organisation
- Continuing to champion our employee networks including our 'BME' race equality network, and providing specific resource to support underrepresented groups at all levels.
- A targeted positive action programme to support the development of BME colleagues is the NMC's flagship 'Rising Together' mentoring programme. Evaluation of the 2020-2021 Rising Together programme indicates success in achieving its initial outcomes. 20 percent of the mentee cohort have been promoted either during or since the pilot, and a second cohort comprising significantly more participants has now joined the 2021-2022 programme which began in October 2021.

The workforce actions within the EDI Plan will bring all related actions towards reducing our pay gaps under one framework, against which we can measure our progress. We will be held accountable by the governance structures we have in place, including our EDI Leadership Group and Executive Board, who have a specific role in monitoring our progress



Item 9: Annexe 3  
NMC/21/99  
24 November 2021

# NMC Disability Pay Gap Report 2021

**NMC** Nursing &  
Midwifery  
Council



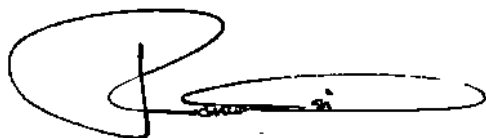
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

We know that integrating EDI into everything we do will make us a better employer. It will increase public confidence in us, help us be a more effective regulator and provide the platform for us to influence other regulators and partners across the sector.

Our pay gap reports help us to understand where the gaps are and take action to tackle them. Our disability pay gap is small, but we mustn't get complacent. We are proud to have participated in the Business Disability Forum's Disability Standard, and are using the findings from this to inform our actions to improve the development and experiences of our disabled colleagues.

We will be held accountable through our EDI Leadership Group, Executive Board and Council, and will report regularly on our progress towards achieving our EDI objectives.

I confirm that the figures contained in this report have been verified and checked thoroughly to ensure complete accuracy.



Francesca Okosi

**Executive Director of People and Organisational Effectiveness**



1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

# Our Results

In 2021 we continued work on reviewing the way we pay our people, through this work we have a specific aim to reduce our pay gaps. Our median pay gap decreased to -9.8 percent (-10.5 percent in 2020) and our mean pay gap increased to -3.4 percent (-2.6 percent in 2020). Our gaps remain low, and are in favour of disabled staff, however we are committed to reducing all our pay gaps and are taking active steps to do this.

According to The Office of National Statistics (ONS) in 2018 18.9% of the UK working age population disabled. 5.4% of NMC employees declare a disability, which is an underrepresentation, however we do have a goal to increase our declaration rates across the organisation to ensure we have an accurate understanding of our workforce demographics and can target our initiatives accordingly. In 2020 we submitted to the Business Disability Forum's Disability Standard, and have committed to developing a disability-specific action plan to ensure we implement the recommendations from this in 2021.



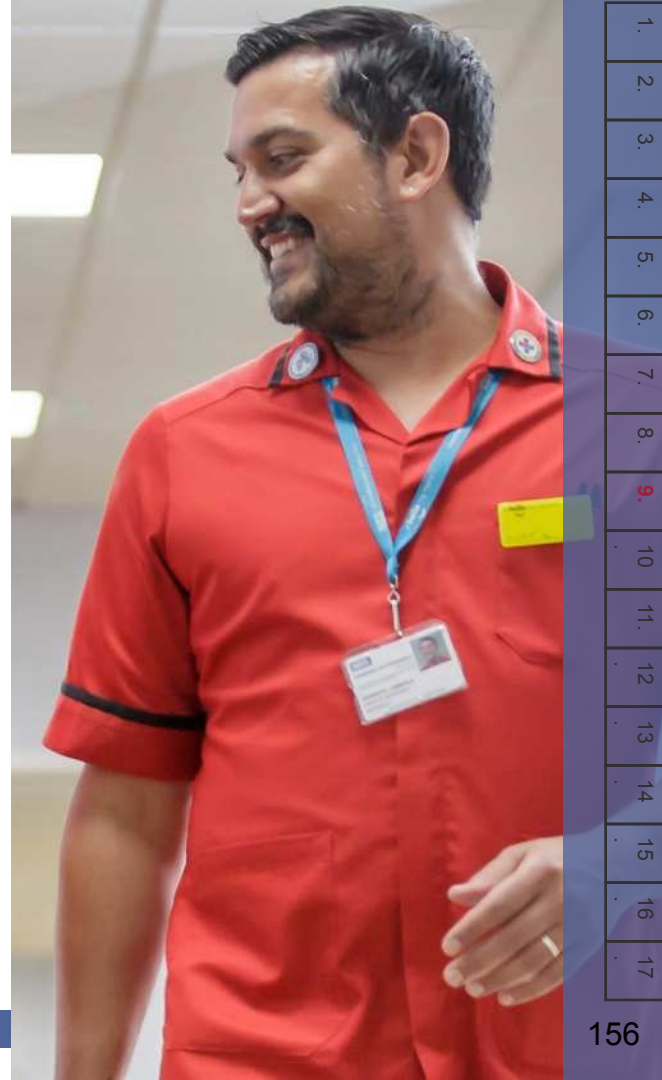
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

# How does 2021 compare?

NMC	2020	2021	Difference
Mean Disability pay gap	-2.6%	-3.4%	<b>-0.8%</b>
Median Disability pay gap	-10.5%	-9.8%	<b>0.7%</b>
Mean Disability bonus gap	0%	0%	<b>0%</b>
Median Disability bonus gap	0%	0%	<b>0%</b>
Disabled employees receiving bonus	0%	0%	<b>0%</b>
Non- Disabled employees receiving bonus	0%	0%	<b>0%</b>

In summary:

- Mean pay gap increased by **-0.8%** vs 2020
- Median pay gap decreased by **0.7%** vs 2020
- The NMC does not run a bonus scheme



# 2021 Results

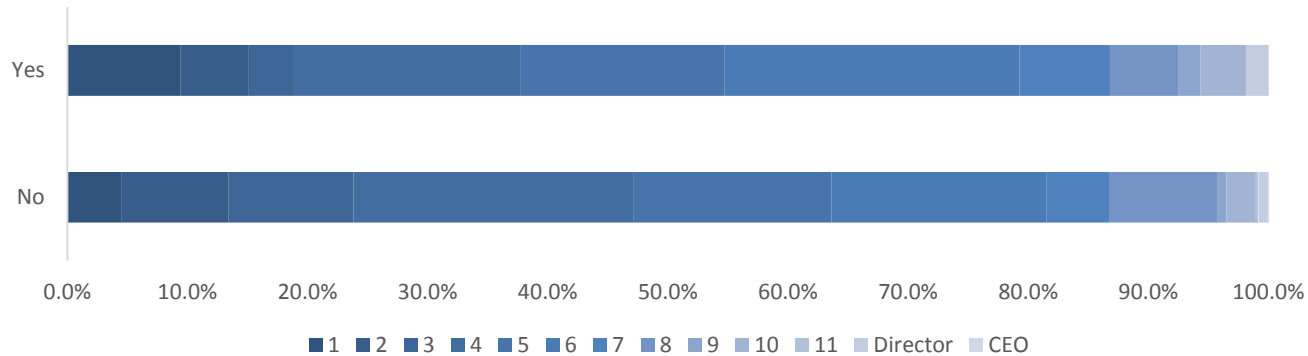
**Mean pay gap -3.4% Up -0.8% vs 2020**

This increase has mainly been caused by the increase in employees declaring disabilities in our upper and upper middle pay quartile. They increased by 2 and 4 percentage points respectively in the last 12 months.

**Median pay gap -9.8% Down 0.7% vs 2020**

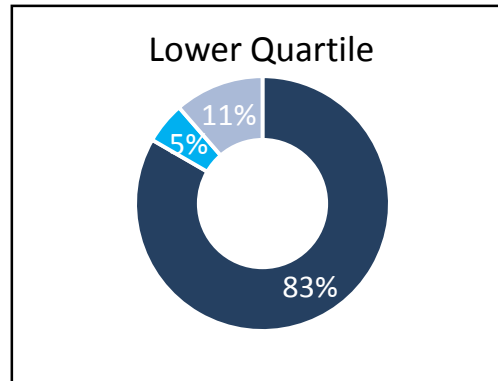
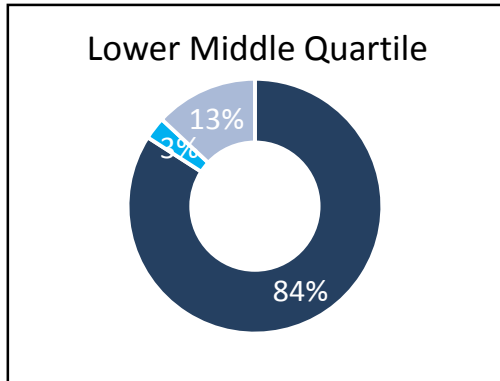
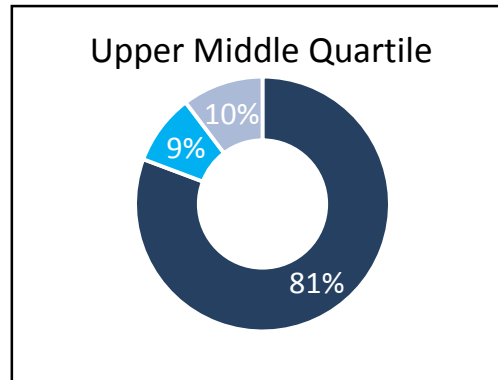
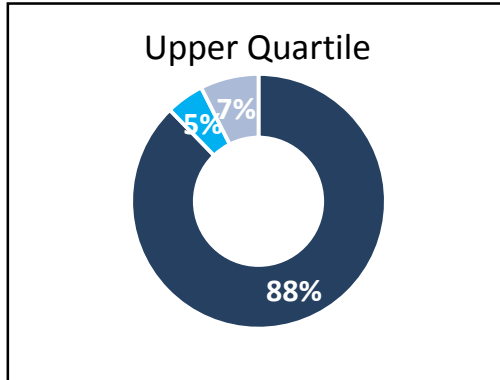
There has been a decrease in the median gap as the overall number of employees declaring a disability in the NMC has increased by 1.6 percentage points since 2020. This meant our median disabled employees salary was close to the NMC average in 2021.

**Grade by Disability Distribution**



- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.

# 2021 Results



The biggest changes this year was an increase disabled employees and in employees not disclosing their disability:

- 84.1% Non disabled **-5.7%** vs 2020
- 5.4% Disabled **+1.6%** vs 2020
- 10.5% Not Declared **+4.0%** vs 2020

There were small changes in the quartiles compared to 2020:

- UQ 2% increase in **Disabled** employees
- UMQ 4% increase in **Disabled** employees
- LMQ 2% decrease in **Disabled** employees
- LQ 4% increase in **Disabled** employees

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

# What next?

We know that to see improvements in employees feeling comfortable enough to declare their disabilities we must get to a position where EDI is embedded throughout all our work, in a meaningful way. The steps we will take to do this are:

- Developing a specific disability action plan for 2021, building on the findings from our 2020/21 Disability Standard submission
- Introducing a new People Plan later this year, which will include targeted strategic actions to improve the way we recruit, develop and manage talent across the organisation
- Launching our new EDI Plan which contains four new EDI priorities including a specific aim to role model good equality practice as an employer, and a specific workforce action plan underpinning this for the next 18-24 months
- An improvement of the way we train and support our people, including wellbeing support, learning and development
- Continuing to champion our employee networks including our 'Workaround' disability equality network, and providing specific resource to support underrepresented groups at all levels.

The workforce actions within the EDI Plan will bring all related actions towards reducing our pay gaps under one framework, against which we can measure our progress. We will be held accountable by the governance structures we have in place, including our EDI Leadership Group and Executive Board, who have a specific role in monitoring our progress.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

## Council

### Review of Education recovery standards

**Action:** For decision.

**Issue:** To update the Council on the implementation of recovery standards RN5 and RN5.1. Council is also invited to approve the continuation of these two standards, and an additional discretionary recovery standard until the project of work to review our standards following the removal of the EU Directive is complete.

**Core regulatory function:** 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:

- that the recovery standards RN5 and RN5.1 remain in effect until the project of work to review the standards following the removal of the EU Directive is complete, and until new permanent standards have been approved for delivery. We will begin approving delivery of the new standards from September 2023 (Paragraph 20).
- an additional discretionary standard RN6 (D), allowing education institutions, subject to additional approval from the NMC, to include up to 600 hours of clinical simulation within the practice hours component of the programme (Paragraph 27).

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

- Annexe 1: Summary of the implementation of recovery standards RN5 and RN5.1
- Annexe 2: Recovery standards RN5, RN5.1 and RN6 (D)

**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: Dr Alexander Rhys  
[Alexander.Rhys@nmc-uk.org](mailto:Alexander.Rhys@nmc-uk.org)

Director: Prof Geraldine Walters CBE  
[Geraldine.Walter@nmc-uk.org](mailto:Geraldine.Walter@nmc-uk.org)

Sue West  
[Sue.West@nmc-uk.org](mailto:Sue.West@nmc-uk.org)



**Context:**

- 1 In response to the Covid-19 pandemic, we introduced a number of emergency and recovery programme standards to provide flexibility to education programmes and to support students, approved education institutions (AEIs) and their practice learning partners.
- 2 In February 2021, after engaging with our partners across the UK, we introduced two additional recovery standards for pre-registration nursing programmes (RN5 and RN5.1). These provided further flexibility, enabling up to 300 hours of practice learning to be achieved through simulation.
- 3 Prior to the UK's withdrawal from the European Union (EU) our programme standards for pre-registration nursing in the adult field had to comply with the EU Directive on the Recognition of Professional Qualifications. This meant that previously we were unable to provide this flexibility.
- 4 We are currently undertaking a project of work exploring further flexibility that can be introduced more permanently to our standards following the removal of the EU Directive, while still ensuring that programmes enable students when they register with us to provide safe, kind and effective care.
- 5 Our emergency standards were removed on 30 September 2021. Council previously agreed that the recovery standards, other than those which are the subject of this paper, will be withdrawn following any announcement by the Secretary of State that the emergency period is ended.
- 6 This is likely to be before we have completed the programme of work to make permanent changes to the programme standards now that we are no longer required to comply with the EU Directive. This includes exploring the flexibility regarding the use of simulation. We expect AEIs to begin adopting the new standards from September 2023.
- 7 We also agreed to report back to Council on the implementation of the recovery standards RN5 and RN5.1.

**Four country factors:**

- 8 Our recovery standards apply to all four countries.
- 9 We continue to work closely with the four Chief Nursing Officers (CNOs), Chief Midwifery Officers (CMidOs) and their educational leads, the Council of Deans of Health (CoDH), and wider professional bodies and representative groups.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12
13
14
15
16
17

- 10 The four nations are continually monitoring the situation and are making decisions on what is needed to support their respective workforce and students at this time. Our recovery standards offer flexibility to enable all four UK nations to make timely decisions that work for them and the situations they face.
- 11 Our project to review the standards following the removal of the EU Directive is informed by an advisory group consisting of key external stakeholders from all four countries, and we are currently recruiting for the independent Chair for that group in line with our principles of co-production.

**Discussion: Recovery Standards Implementation**

- 12 Following the implementation of the recovery standards RN5 and RN5.1 AEIs have had to submit dedicated reports through our QA processes on how they have implemented these standards.
- 13 We have also asked AEIs to update us on the number of hours of simulation they are currently using, both including those that met the previous EU Directive requirements, and those further enabled through RN5 and RN5.1 through a recent survey. 57 AEIs responded to the survey (64 percent) and this data is summarised in Annexe 1.
- 14 The use of simulated learning has primarily been taken up in England, with low levels of uptake being seen in Wales and Scotland. Both AEIs in Northern Ireland who responded have not made use of the recovery standard.
- 15 In England where there has been more significant uptake, the majority of AEIs are including between one and 150 hours of simulated learning as part of the practice hours requirements. Four AEIs have included over 200 hours for their adult, child and mental health programmes, with only one AEI doing so for their learning disability programme. The use of simulated hours being included for learning disability programmes is lower than the other three fields.
- 16 The data from AEIs also shows that first year students are receiving a greater proportion of simulated learning being included within their practice hours.
- 17 Although usage is not to the level that the recovery standard allows, it is worth remembering that the change in standards is relatively recent, and some AEIs will still be assessing where and when it can be incorporated within the curriculum. Also, the extent to which AEIs have invested in the infrastructure and hardware to support high tech simulation varies across the UK.

- |     |
|-----|
| 1.  |
| 2.  |
| 3.  |
| 4.  |
| 5.  |
| 6.  |
| 7.  |
| 8.  |
| 9.  |
| 10  |
| 11. |
| 12  |
| 13  |
| 14  |
| 15  |
| 16  |
| 17  |
- 18 AElS have made use of these hours to reduce the burden on clinical placements, but also to enable students to continue learning and catch-up on missing practice hours due to the pandemic.
- 19 We are currently undertaking a programme of work to introduce changes to our standards now that we are no longer bound by the requirements of the EU Directive. One potential change that has been well received is to allow an increased use of simulation within the practice hours component of the programme (NMC/21/94). It is therefore recommended that these recovery standards remain in effect until that work is completed to provide clarity for the sector.
- 20 **Recommendation: The Council is recommended to approve that the recovery standards RN5 and RN5.1 remain in effect until the project of work to review the standards following the removal of the EU Directive is complete, and until new permanent standards have been approved for delivery. We will begin approving delivery of the new standards from September 2023.**

**Additional flexibility**

- 21 As part of the ongoing work to review our standards following the removal of the EU Directive, we commissioned three independent pieces of research from two companies, Harlow Consulting and Traverse. The findings were presented to Council at its meeting in September.
- 22 Following presentation of the findings, Council agreed to a programme of work to explore changes in a number of specific areas of the standards (NMC/21/94). One of these being whether up to 600 hours of simulated learning could be counted towards the number of practice hours required as part of a pre-registration nursing programmes.
- 23 To help build the evidence base to support this change, we propose implementing a new additional discretionary recovery standard; RN6 (D). This standard would allow up to 600 hours of simulation to be counted within practice hours, provided that AElS wishing to implement this standard are able to demonstrate the capacity and capability to deliver and evaluate the change effectively. The full wording can be found in Annexe 2.
- 24 To achieve this, unlike our other recovery standards, we would require an AEl to seek approval ahead of implementing this standard. The decision on whether an AEl can implement the discretionary standard will be delegated to our QA Board. The use of 'discretionary' in the standard's title is designed to reflect that the ability of an AEl to adopt the standard is at the discretion of the NMC.

- |     |  |
|-----|--|
| 1.  |  |
| 2.  |  |
| 3.  |  |
| 4.  |  |
| 5.  |  |
| 6.  |  |
| 7.  |  |
| 8.  |  |
| 9.  |  |
| 10  |  |
| 11. |  |
| 12  |  |
| 13  |  |
| 14  |  |
| 15  |  |
| 16  |  |
| 17  |  |
- 25 AEl's would first need to provide evidence that they had the appropriate resources and infrastructure to robustly implement this standard. AEl's will also need to commit to evaluating and sharing their experiences of the additional simulated practice hours as part of their pre-registration nursing programme.
- 26 Part of the rationale for this proposal is therefore to help build the evidence base in relation to the standards we are exploring as part of the EU project. We anticipate that the experience of introducing this standard will inform our work in relation to simulation.
- 27 **Recommendation: The Council is recommended to approve an additional discretionary standard RN6 (D), allowing education institutions, subject to additional approval from the NMC, to include up to 600 hours of clinical simulation within the practice hours component of the programme.**

**Next Steps**

- 28 Following Council's decision, we will write to AEl's outlining how they can submit a request to access the new discretionary standard. Those who meet a predetermined set of criteria will be approved to use the standard, and their experiences and outcomes will help inform our proposals to Council on more permanent changes to our standards.

**Midwifery implications:**

- 29 The recovery standards RN5 and RN5.1 do not impact on midwifery programmes. RN6 (D) would similarly only apply to nursing programmes.
- 30 Stakeholders including our Midwifery Panel have agreed the current focus should be on embedding and evaluating our new midwifery standards.

**Public protection implications:**

- 31 The purpose of our education standards is to ensure that students receive the high quality of education that ensures they have the necessary knowledge, skills and experience to join our register and be able to practise safely and effectively.
- 32 Enabling a variety of simulated practice learning modalities has the potential to enhance practice learning while providing further flexibility and ensuring students complete their programmes successfully and meet the standards of proficiencies required for safe, effective and inclusive practice. Implementing this standard will help us to evaluate this potential.

**Resource implications:**

33 This work is being carried out through our normal budgeted core resources.

**Equality diversity and inclusion implications:**

34 We have previously reported to the Council on the disproportionate impact of Covid-19 on those from black, Asian and minority ethnic backgrounds. It is the responsibility of individual AEs and their practice learning partners to manage risks to students at this time in both academic and practice learning environments. We will continue to monitor this area in line with our QA framework.

35 The continued availability of these additional recovery standards offers an opportunity for the continuation of learning when students, including those in specific risk categories, are unable to go into practice learning environments. It also enables those who have had restrictions on practice learning to continue their learning to prevent any delay in completion of their programme.

36 We will continue to support the UK REACH study investigating if, how, and why ethnicity affects Covid-19 clinical outcomes for those working in health and social care.

**Stakeholder engagement:**

37 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. Given the exceptional and extreme circumstances, we were not been able to consult widely, prior to the introduction of these standards. However, we have engaged with key stakeholders and representative bodies including the four CNOs, the Council of Deans of Health, Royal Colleges and representative bodies.

38 The stakeholders listed above that we have engaged with to date have been supportive. Most notably, the CNOs have asked us to explore increasing the number of practice learning hours that can be replaced by simulation.

39 We have since received the outcomes of an independent review and the research and stakeholder engagement, which welcomes the use of simulated practice learning as part of both the theoretical and practice learning hours. We have committed to support and influence further research and evaluation of the effectiveness of different modalities of simulation.

**Risk implications:**

- 40 Any change in standards creates a theoretical risk that students may enter the NMC register without the required knowledge and skills for safe, effective and inclusive practice. It is the AEIs' responsibility to provide assurance that students are fit for registration, and this remains the case. AEIs must continue to provide assurance that students have progressed and met all standards of proficiency necessary for safe, effective and inclusive practice to be able to join our register. We have monitored compliance with our recovery standards through additional education QA processes.
- 41 The introduction of a further discretionary standard would enable us to further develop an evidence base before potentially making more permanent changes to our standards which would be accessible to all programmes. Where we agree that a programme can adopt the discretionary standard, we would first need to be assured that the AEI has the appropriate processes and resources in place to provide high quality provision, while also evaluating the implementation of the standard alongside our quality assurance activity.

**Legal implications:**

- 42 The legal basis for setting our education standards is contained in article 15(1) of the Nursing and Midwifery Order 2001, which requires the Council to establish standards for education and training necessary to achieve the standards of proficiency. It is under this provision that programme standards are established.
- 43 Prior to leaving the EU on 31 December 2020, our programme standards for pre-registration nursing in the adult field had to comply with the EU Directive on the Recognition of Professional Qualifications. Following the UK's departure from the EU, the standards for nursing and midwifery education and training are no longer required to comply with this Directive. Therefore, the change that is being proposed would not risk challenge from the EU.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12
13
14
15
16
17

### Summary of the implementation of recovery standards RN5 and RN5.1

57 AEs responded to our survey outlining the number of hours of simulation being included as part of the counted practice hours. The data are displayed by the number of programmes, and then the percentage and are broken down by field of study and country.

	Hours	Adult						Child						Mental Health						Learning Disability					
		Year 1		Year 2		Year 3		Year 1		Year 2		Year 3		Year 1		Year 2		Year 3		Year 1		Year 2		Year 3	
		Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Four Countries	0	15	26%	18	32%	21	37%	11	26%	15	36%	18	43%	10	20%	15	30%	18	36%	9	39%	8	35%	9	39%
	1-50	9	16%	12	21%	12	21%	9	21%	10	24%	9	21%	9	18%	10	20%	13	26%	3	13%	4	17%	4	17%
	51-100	14	25%	16	28%	14	25%	6	14%	11	26%	10	24%	12	24%	16	32%	13	26%	4	17%	8	35%	7	30%
	101-150	9	16%	7	12%	6	11%	7	17%	5	12%	2	5%	9	18%	5	10%	3	6%	4	17%	3	13%	2	9%
	151-200	6	11%	2	4%	2	4%	5	12%	1	2%	1	2%	6	12%	3	6%	1	2%	2	9%	0	0%	0	0%
	201-250	2	4%	2	4%	1	2%	2	5%	0	0%	1	2%	1	2%	1	2%	1	2%	0	0%	0	0%	0	0%
251-300	2	4%	0	0%	1	2%	2	5%	0	0%	1	2%	3	6%	0	0%	1	2%	1	4%	0	0%	1	4%	
England	0	6	14%	12	27%	12	27%	6	17%	12	33%	13	36%	4	10%	11	27%	11	27%	5	26%	5	26%	5	26%
	1-50	7	16%	10	23%	10	23%	8	22%	9	25%	8	22%	7	17%	8	20%	11	27%	3	16%	4	21%	4	21%
	51-100	13	30%	12	27%	12	27%	6	17%	9	25%	10	28%	11	27%	14	34%	13	32%	4	21%	7	37%	7	37%
	101-150	8	18%	6	14%	6	14%	7	19%	5	14%	2	6%	9	22%	4	10%	3	7%	4	21%	3	16%	2	11%
	151-200	6	14%	2	5%	2	5%	5	14%	1	3%	1	3%	6	15%	3	7%	1	2%	2	11%	0	0%	0	0%
	201-250	2	5%	2	5%	1	2%	2	6%	0	0%	1	3%	1	2%	1	2%	1	2%	0	0%	0	0%	0	0%
251-300	2	5%	0	0%	1	2%	2	6%	0	0%	1	3%	3	7%	0	0%	1	2%	1	5%	0	0%	1	5%	
Wales	0	3	75%	2	50%	3	75%	2	67%	1	33%	2	67%	2	66%	1	33%	2	66%	2	100%	2	100%	2	100%
	1-50	1	25%	1	25%	1	25%	1	33%	1	33%	1	33%	1	33%	1	33%	1	33%	0	0%	0	0%	0	0%
	51-100	0	0%	1	25%	0	0%	0	0%	1	33%	0	0%	0	0%	1	33%	0	0%	0	0%	0	0%	0	0%
	101-150	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	151-200	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	201-250	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
251-300	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	
Northern Ireland	0	2	100%	2	100%	2	100%	1	100%	1	100%	1	100%	1	100%	1	100%	1	100%	1	100%	1	100%	1	100%
	1-50	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	51-100	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	101-150	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	151-200	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	201-250	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
251-300	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	
Scotland	0	4	57%	2	29%	4	57%	2	100%	1	50%	2	100%	3	60%	2	40%	4	80%	1	100%	0	0%	1	100%
	1-50	1	14%	1	14%	1	14%	0	0%	1	50%	0	0%	1	20%	1	20%	1	20%	0	0%	1	100%	0	0%
	51-100	1	14%	3	43%	2	29%	0	0%	0	0%	0	0%	1	20%	1	20%	0	0%	0	0%	0	0%	0	0%
	101-150	1	14%	1	14%	0	0%	0	0%	0	0%	0	0%	0	0%	1	20%	0	0%	0	0%	0	0%	0	0%
	151-200	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	201-250	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
251-300	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	

## Recovery standards RN5, RN5.1 and RN6(D)

Standard	Notes
<p><b>RN5</b> - Approved education institutions (AEIs) and their practice learning partners must ensure virtual and simulation-based learning opportunities are used effectively and proportionately to support learning and assessment in practice to meet specifically identified standards of proficiency, associated skills and nursing procedures, and pre-registration nursing programme outcomes for the intended year of study. Where there is insufficient direct contact with healthy or ill people and communities in audited practice learning placements available for students to meet learning outcomes, alternative learning opportunities that use simulation, virtual and digital learning and other contemporary approaches can be used. These approaches may replace direct contact in practice for up to a maximum of 300 hours (eight weeks) of the overall 2300 practice learning hours. The final practice learning assessment necessary for award and eligibility to register should take place in an audited practice placement setting and meet the standards for student supervision and assessment (2018).</p>	
<p><b>RN5.1</b> - Appropriate student supervision of the use of simulation, virtual and digital learning and other contemporary approaches to practice learning (for example, peer learning, actors; high and low fidelity including manikins; and virtual and online practice learning training programmes involving authentic case studies, reflection and interaction with people) and appropriate student assessment of learning outcomes achieved during simulated or digital learning must be in place in order to meet the standards for student supervision and assessment (2018).</p>	

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.



<p><u>Proposed new standard:</u></p> <p><b>RN6 (D)</b> - AEs and their practice learning partners must ensure virtual and simulation-based learning opportunities are used effectively and proportionately to support learning and assessment in practice to meet specifically identified standards of proficiency, associated skills and nursing procedures, and pre-registration nursing programme outcomes for the intended year of study. Use of simulation, virtual and digital learning and other contemporary approaches may replace direct contact in practice for up to a maximum of <b>600</b> hours of the overall 2300 practice learning hours. The final practice learning assessment necessary for award and eligibility to register should take place in an audited practice placement setting and meet the standards for student supervision and assessment (2018).</p>	<p>The (D) signifies this would be a ‘discretionary’ standard. Unlike the other standards this standard would only be applied to those AEs who had first provided robust evidence that they have the necessary resources and infrastructure to support its implementation. The AEs wanting to implement this change would also have to commit to undertaking an evaluation of the standards implementation to help inform our ongoing project of work to review more permanent changes to our standards following the removal of the EU Directive.</p> <p>The NMC’s QA Board would review any applications submitted by AEs to make a decision as to whether approval is granted to make use of this discretionary standard. RN5.1 would apply to any programme where this is agreed.</p>
---	---

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

## Council

### Review of the Royal Pharmaceutical Society Competency Framework for All Prescribers

**Action:** For decision.

**Issue:** To provide an update on the refreshed version of the Royal Pharmaceutical Society's Competency Framework for All Prescribers.

**Core regulatory function:** Professional Practice.

**Strategic priority:** Strategic aim 2: Proactive support for our professions.

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

- agree that the refreshed Royal Pharmaceutical Society Competency Framework for All Prescribers (2021) continue to be our standards for safe and effective prescribing practice, effective no later than 1 September 2022 (paragraph 19).
- approve the timeline that all Approved Education Institutions will confirm that their approved prescribing programmes meet the refreshed Royal Pharmaceutical Society Competency Framework for All Prescribers (2021) by no later than 1 September 2022 (paragraph 20).

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

- Annexe 1: Comparison of the 2016 and 2021 versions of the Royal Pharmaceutical Society Competency Framework for All Prescribers.

**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: Chris Bell  
Phone: 020 7681 5554  
[chris.bell@nmc-uk.org](mailto:chris.bell@nmc-uk.org)

Director: Geraldine Walters  
Phone: 020 7681 5924  
[geraldine.walters@nmc-uk.org](mailto:geraldine.walters@nmc-uk.org)

**Context:**

- 1 The first national single prescribing competency framework was published by the National Institute for Health and Care Excellence (NICE) in 2012 reflecting a common set of competencies that underpin safe and effective prescribing practice regardless of profession. Later the Royal Pharmaceutical Society (RPS) assumed responsibility for the framework, and an updated version, entitled 'A Single Competency Framework for All Prescribers' (hereafter referred to as the RPS CFAP), was published in July 2016.
- 2 Council agreed in 2018 that the RPS CFAP should be adopted by the NMC as our standards of proficiency for prescribing practice. This decision became effective as of January 2019, and since then it has fulfilled three central regulatory functions for the NMC.
  - 2.1 It provides proficiency details to inform curricula design and programme outcomes for all NMC approved prescribing programmes;
  - 2.2 It provides a useful resource against which nurse and midwife prescribers can measure their performance and training needs for revalidation and career development purposes; and
  - 2.3 It provides a benchmark for what constitutes safe and effective prescribing practice for fitness to practise purposes.
- 3 It was agreed in 2018 that in adopting the RPS CFAP we were adopting not only the 2016 version in place at that time but also any subsequently amended versions, thereby negating the need for a full-scale consultation exercise on our part in the event of future minor amendments to the document. This position is clearly stated in our [standards for prescribing programmes](#) (2018).<sup>1</sup>
- 4 Subsequent to Council's decision in 2018, the Health Care Professions Council (HCPC) have followed our lead and adopted the RPS CFAP as their standards of proficiency for prescribing practice.
- 5 The RPS CFAP was due for a substantive review in July 2020. For a variety of reasons, not least the Covid-19 pandemic but also due to a general feeling amongst stakeholders that the current version was more than adequately fulfilling its functions, this did not happen.
- 6 Instead, the RPS decided to 'refresh' the document during the first half of 2021. The refresh has been overseen by a task and finish group that has included representation from the NMC, HCPC, the Royal College of Nursing (RCN) and the Royal College of Midwives (RCM). It was also subject to a short public consultation exercise, which the NMC responded to, between 26 March and 7 May 2021.

---

<sup>1</sup> 'This and subsequent references in these standards to the RPS Competency Framework apply to the version of that document that was in place when these standards came into effect and to any subsequent revisions to it or any documents that replace it.'

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11
12
13
14
15
16
17

7 The updated version of the document was published on the RPS website on 7 September 2021.

**Four country factors:**

8 The RPS is not a UK wide body (the Pharmaceutical Society of Northern Ireland fulfils the role of both regulator and professional body for prescribers in that part of the UK). The RPS CFAP has been adopted by us as our regulatory standards for prescribing practice and this framework has effect across the whole of the UK for our purposes.

**Discussion and options appraisal:**

**Brief overview of the revised Single Competency Framework for All Prescribers (2021)**

- 9 The refreshed document is crisper and more concise. Much of the background information on matters such as the history of the document, how it was developed and parties involved in the development has been removed and can now be found on the RPS website, leaving the document to focus more sharply on the competencies.
- 10 In terms of structure of the competencies, the layout of the document remains as before. The competencies within the framework are still presented within two domains namely ‘the consultation’ and ‘prescribing governance’. These describe the knowledge, skill, behaviour, activity or outcome that prescribers should demonstrate.
- 11 Within the two domains there are ten competencies. Each of these competencies contains several supporting statements related to the prescriber role which describe the activity or outcome that the prescriber should actively and routinely demonstrate. The 2016 version of the RPS CPAF contained 65 statements.
- 12 The 2021 version is slightly longer with 76 statements. 11 new statements have been introduced and a number of existing statements have had minor amendments. A table indicating the changes and additions can be found in Annexe 1.
- 13 These changes and additions reflect what we expect for good, safe and effective nursing and midwifery prescribing practice. Although not explicitly contained within the earlier 2016 RPS CFAP, the subject areas covered by these changes and additions are already covered in the Code, our Future Nurse and Future Midwife standards of proficiency and in guidance we issue on subjects such as the professional duty of candour. These new RPS CFAP inclusions therefore consolidate our own position in relation to professional and prescribing practice. HCPC have confirmed that this is also their position.

- |    |
|----|
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |
| 6. |
| 7. |
| 8. |
| 9. |
| 10 |
| 11 |
| 12 |
| 13 |
| 14 |
| 15 |
| 16 |
| 17 |
- 14 While the new document does not explicitly state that face to face prescribing is required in particular situations, the standards are strengthened in relation to assessment, safeguarding, and the environment in which prescribing takes place. These standards therefore do not materially alter our current position in relation to this issue.
- 15 A briefing highlighting the changes that have been made between the 2016 and 2021 versions of the RPS CFAP has been produced by the RPS and can be found [here](#).

**Governance and transition requirements and quality assurance of education**

- 16 We normally provide a transition period so that registrants can familiarise themselves with any new requirements that may be contained within standards. Setting a transitional period would signal that we consider the updates and changes within the refreshed RPS CFAP to be safe and effective prescribing practice for all prescribers on our register.
- 17 In relation to quality assurance of prescribing programmes there are two aspects to seek agreement on. Firstly we must inform approved education providers of the refreshed framework to enable them to reflect the updated RPS CFAP within their existing curricula. Secondly we will indicate a transition period and a date by which we would expect education providers that deliver approved prescribing programmes to formally confirm that their approved prescribing programme now fully reflects the refreshed RPS CFAP.
- 18 As the Council already agreed to the adoption of current and future versions of the RPS CFAP in 2018 we are proposing that the Council agree to the following recommendations:
- 19 **Recommendation: Council is asked to agree that the refreshed Royal Pharmaceutical Society Competency Framework for All Prescribers (2021) continue to be our standards for safe and effective prescribing practice, effective no later than 1 September 2022.**
- 20 **Recommendation: Council is asked to approve the timeline that all Approved Education Institutions will confirm that their approved prescribing programmes meet the refreshed Royal Pharmaceutical Society Competency Framework for All Prescribers (2021) no later than 1 September 2022.**

<b>Midwifery implications:</b>	21	The RPS CFAP that has been adopted as our standards of proficiency for safe and effective prescribing practice, also applies to qualified midwife prescribers and to midwives on the register seeking to qualify as prescribers.
<b>Public protection implications:</b>	22	Safe and effective prescribing practice is central to public protection. This refreshed version of the RPS CFAP reflects an updated evidence base for prescribing practice that is inter-professionally recognised.
<b>Resource implications:</b>	23	None arising from these recommendations.
<b>Equality diversity and inclusion implications:</b>	24	None arising from these recommendations.
<b>Stakeholder engagement:</b>	25	A communication and engagement plan for informing all relevant internal and external stakeholders regarding the update of the RPS CFAP has been developed. This includes liaison with the RPS and the HCPC to ensure consistency of messaging, communication to education providers and other stakeholders and updates to our website.
<b>Risk implications:</b>	26	None arising from these recommendations. The refreshed RPS CFAP provides an updated evidence base that underpins nurse and midwife prescribers' safe and effective prescribing practice.
<b>Legal implications:</b>	27	Article 19(6) of the Nursing and Midwifery Order 2001 ('the Order') allows the NMC to establish standards for education and training that lead to recordable qualifications (or annotations) that meet our standards and are recorded on the NMC register. The Standards for prescribing programmes are made under this provision. In seeking agreement to adopt the refreshed RPS CFAP we are ensuring education providers continue to deliver programmes which ensure safe and effective prescribing practice.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11
12
13
14
15
16
17

**Comparison of the 2016 and 2021 versions of the Royal Pharmaceutical Society Competency Framework for All Prescribers**

Changes and additions can be summarised as follows:

Type of change	Number of statements
Brand new statements	11
Statements that have remained unchanged	19
Statements where minor changes of wording has been made to ensure greater clarity	11
Statements where explanatory footnotes have been added to ensure greater clarity	32
A previous statement from the 2016 version has been split into two separate statements	2
Two previous statements from the 2016 version have been merged to form one new statement	1
Total number of statements in the 2021 version	76
Total number of statements in the 2016 version	65

**Brand new statements – 11**

The 11 brand new statements are as follows:

1.1 - Undertakes the consultation in an appropriate setting. (Footnote: Appropriate setting includes location, environment and medium.)

1.2 - Considers patient dignity, capacity, consent and confidentiality. (Footnote: In line with legislation, best practice, regulatory standards and contractual requirements.)

1.3 - Introduces self and prescribing role to the patient/carer and confirms patient/carer identity.

1.4 - Assesses the communication needs of the patient/carer and adapts consultation appropriately. (Footnote: Adapts for language, age, capacity, learning disability and physical or sensory impairments.)

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11
12
13
14
15
16
17

1.5 - Demonstrates good consultation skills and builds rapport with the patient/carer. (Footnote: Good consultation skills include actively listening, using positive body language, asking open questions, remaining non-judgemental, and exploring the patient's/carer's ideas, concerns and expectations.)

1.8 - Identifies and addresses potential vulnerabilities that may be causing the patient/carer to seek treatment. (Footnote: Safeguarding children and vulnerable adults (possible signs of abuse, neglect, or exploitation), and focusing on both the patient's physical and mental health, particularly if vulnerabilities may lead them to seek treatment unnecessarily or for the wrong reasons.)

4.6 - Prescribes appropriate quantities and at appropriate intervals necessary to reduce the risk of unnecessary waste. (Footnote: Amount necessary for a complete course, until next review or prescription supply.)

9.4 - Takes responsibility for own learning and continuing professional development relevant to the prescribing role. (Footnote: By continuously reviewing, reflecting, identifying gaps, planning reflecting, identifying gaps, planning, acting, applying and evidencing learning or competencies.)

9.5 - Makes use of networks for support and learning.

9.6 - Encourages and supports others with their prescribing practice and continuing professional development. (Footnote: By considering mentoring, leadership and workforce development (for example, becoming a Designated Prescribing Practitioner)).

9.7 - Considers the impact of prescribing on sustainability, as well as methods of reducing the carbon footprint and environmental impact of any medicine. (Footnote: Methods of reducing a medicine's carbon footprint and environmental impact include proper disposal of medicine/device/equipment waste, recycling schemes, avoiding overprescribing and waste through regular reviews, de-prescribing, dose and device optimisation.)

- **Statements that have remained unchanged – 19** (these are statements 1.9; 1.10; 1.11; 1.12; 1.14; 2.2; 2.3; 2.10; 3.5; 3.6; 4.4; 4.5; 4.9; 6.3; 7.1; 7.5; 8.1; 8.6; 10.3)
- **Statements where minor changes of wording has been made to ensure greater clarity – 11** (these are statements 2.5; 2.7; 2.9; 3.3; 4.2; 4.8; 5.5; 7.2; 8.4; 9.1; 10.2)
- **Statements where explanatory footnotes have been added to ensure greater clarity – 32** (these are statements 1.6; 1.7; 1.13; 2.1; 2.4; 2.6; 2.8; 3.1; 3.2; 3.4; 4.1; 4.6; 4.7; 4.10; 4.13; 4.14; 5.1; 5.2; 5.3; 5.4; 6.1; 6.2; 6.4; 7.3; 7.4; 7.6; 8.2; 8.3; 8.9; 9.2; 9.3; 10.1)
- **A previous statement from the 2016 version has been split into two separate statements – 2** (statement 4.11 in the 2016 version is now statements 4.11 & 4.12 in the 2001 version)



1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11
12
13
14
15
16
17

- **Two previous statements from the 2016 version have been merged to form one new statement – 1** (statements 4.3 & 4.5 in the 2016 version are now statement 4.3 in the new version)

Total number of statements in the 2021 version – 76

Total number of statements in the 2016 version - 65

## Council

### Governance: Review of Council Policies

**Action:** For decision.

**Issue:** Asks Council to approve a revised Council Code of Conduct and the following related Council governance policies:

- Managing Interests; and
- Gifts and Hospitality.

**Core regulatory function:** Supporting functions.

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

**Decision required:** Subject to any comments, the Council is asked to adopt the:

- Revised Council Code of Conduct as set out in Annexe 2 (paragraph 12).
- Revised Council Managing Interests Policy as set out in Annexe 3 (paragraph 15).
- Revised Council Gifts and Hospitality Policy as set out in Annexe 4 (paragraph 22).

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

- Annexe 1: Overview of Council Governance framework.
- Annexe 2: Revised Council Code of Conduct.
- Annexe 3: Revised Council Managing Interests Policy.
- Annexe 4: Revised Council Gifts and Hospitality Policy.

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

Author: Alice Horsley  
Phone: 020 7681 5073  
[alice.horsley@nmc-uk.org](mailto:alice.horsley@nmc-uk.org)

Assistant Director: Fionnuala Gill  
Phone: 020 7681 5842  
[fionnuala.gill@nmc-uk.org](mailto:fionnuala.gill@nmc-uk.org)

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

**Context:**

- 1 In accordance with good governance, the Council should review its own Code of Conduct and related Council governance policies on a regular basis. The Council Code of Conduct and related policies form part of the overall Council Governance framework (**annexe 1**).
- 2 The current Council Code of Conduct and related policies were last reviewed and approved in March 2017 (NMC//17/26). An adapted version of the Code was produced for Associates in November 2020. A review planned for 2020-2021, was deferred due to other pressures and the Covid-19 pandemic.
- 3 The Code and key policies have been reviewed and refreshed to take account of developments since 2017 and ensure they reflect current good practice.
- 4 The Remuneration Committee reviewed the revised draft Council Code of Conduct, Managing Interests Policy and Gifts and Hospitality Policy in September 2021 and endorsed these for approval by the Council. The Committee’s comments and suggestions are reflected in the revised drafts now provided.
- 5 Under the Government’s regulatory reform proposals, the Council will become a Unitary Board in 2023 (based on the latest Government timetable). In preparation for transition to the new Unitary Board governance model, we will need to review and reformulate all aspects of our Governance framework and policies during 2022-2023. We have been mindful of this in proposing relatively light touch revisions to the existing Code and policies.

**Four country factors:**

- 6 The Code of Conduct and related policies apply to Council members, Associates and Partner members (non-Council Committee members) from all four countries. We look at governance related guidance and codes across all four countries as part of our review.
- 7 All our policies, including the Council Code of Conduct and the related policies are made available in Welsh on request.

**Discussion:**

- 8 In reviewing the Code and policies, we took account of a range of information including:
  - 8.1 The current NMC values and behaviours adopted in 2020.
  - 8.2 Learning from operation of the policies;

- |     |
|-----|
| 1.  |
| 2.  |
| 3.  |
| 4.  |
| 5.  |
| 6.  |
| 7.  |
| 8.  |
| 9.  |
| 10  |
| 11. |
| 12  |
| 13  |
| 14  |
| 15  |
| 16  |
| 17  |
- 8.3 The Charity Governance Code for larger charities (2020) and The Scottish Charity Regulator (OSCR) Guidance and Good Practice for Charity Trustees;
  - 8.4 The Cabinet Office Corporate Governance Code of practice and guidance notes (2017);
  - 8.5 UK Corporate Governance Code (2018);
  - 8.6 Reports by the Committee on Standards of Public life, including: Striking the Balance - upholding the 7 principles in regulation (2017); and review of Local Government Ethical Standards (2019);
  - 8.7 The Professional Standard Authority’s guide on Good practice in making Council appointments (2019);
  - 8.8 Current Council Codes of conduct and related policies of other health and care regulators;
  - 8.9 Joint statement on conflicts of interest from the Chief Executive Officers of statutory regulators of health and care professionals (2017);
  - 8.10 The Managing Conflicts of Interest – Model policy which applies to Trust Boards issued by NHS England.
- 9 We undertook a full Equality Impact Assessment (EQIA) and reflected findings from this in proposing revisions.

**Review and revision of the existing Code of Conduct**

- 10 The main amendments proposed to the current Code of Conduct, are highlighted in red at **Annexe 2**. In summary, these are:
  - 10.1 **Structure:** the opportunity has been taken to assimilate the Code of Conduct for Associates into the Council Code of Conduct so that we now have one Code for both. The cross reference to related policies has also been made clearer.
  - 10.2 **Conduct and Values:** amended to reflect the current NMC’s values and behaviours adopted in 2020.
  - 10.3 **Equality, diversity and inclusion (EDI):** expanded section to reflect Council colleagues’ leadership role on equality, diversity and inclusion matters, including race equality.

- |     |
|-----|
| 1.  |
| 2.  |
| 3.  |
| 4.  |
| 5.  |
| 6.  |
| 7.  |
| 8.  |
| 9.  |
| 10. |
| 11. |
| 12. |
| 13. |
| 14. |
| 15. |
| 16. |
| 17. |
- 10.4 **Communicating in person or online:** a refresh of the section on communicating in person or online.
  - 10.5 **Attendance, induction, development and appraisal:** the addition of sections about apologies, leave of absence and reasonable adjustments.
  - 10.6 **Continuing eligibility to serve on the Council:** an updated list of circumstances which may lead to disqualification under the Nursing and Midwifery Council (Constitution) Order 2008; the Charities Act 2011; or the Charities and Trustee Investment (Scotland) Act 2005, to reflect changes in related legislation.
  - 10.7 **Raising concerns:** clarification of the process for raising concerns.
  - 11 There are some elements of the governance framework which have yet to be reviewed due to capacity issues, including the supporting procedure for handling breaches of the Code of Conduct and the Council Travel, Accommodation and Expenses policy. These will be reviewed as part of our preparation for transition to the new Unitary Board governance model during 2022-2023. The current versions, which are in the document library on Board Intelligence, will continue to apply until they have been reviewed.
  - 12 **Recommendation: Subject to any comments, the Council is asked to adopt the revised Council Code of Conduct as set out in Annexe 2**

**Council Managing Interests Policy**

- 13 The Council, approved the current Managing Interests policy in March 2017 (NMC/17/26). This was subsequently amended in 2020 to include Associates. (There is a separate, but aligned, policy for the Executive).
- 14 Proposed amendments are highlighted in red at **Annexe 3**. In summary, these include:
  - 14.1 Consolidating the policy to include the similar policy for Partner members so that there is a single policy covering Council members, Associates and Partner members.
  - 14.2 Clarifying the section on the need to periodically declare interests.
  - 14.3 Simplifying language, making it gender neutral and adopting an active voice in line with our tone of voice guidance.

14.4 Making clear that Register of interest declarations comply with General Data Protection Regulation (GDPR) requirements.

15 **Recommendation: Subject to any comments, the Council is asked to adopt the revised Council Managing Interests Policy as set out in Annexe 3.**

### **Council Gifts and Hospitality Policy**

16 The revised draft Council Gifts and Hospitality Policy incorporates clearer guidance and rules relating to accepting and declining offers of gifts and hospitality. References to the Bribery Act have also been strengthened.

17 Associates have been included in the updated version of the policy so that there is a single, streamlined policy for Council members, Associates and Partner members.

18 There is a corresponding policy approved by the Executive Board for NMC staff, including consultants, contractors and agency staff. This will be reviewed and updated before the end of 2021.

19 The Policy states that gifts valued at over £20 should be declined and must be declared, which is consistent with the threshold value set by other health and care regulators.

20 The Remuneration Committee plans to review the 2021-2022 Council gifts and hospitality register in May 2022.

21 Proposed amendments are set out in red at **Annexe 4**.

22 **Recommendation: Subject to any comments, the Council is asked to adopt the revised Council Gifts and Hospitality Policy as set out in Annexe 4.**

#### **Midwifery implications:**

23 This report and the review of the Code of Conduct and associated policies do not have any direct implications for midwifery.

#### **Public protection implications:**

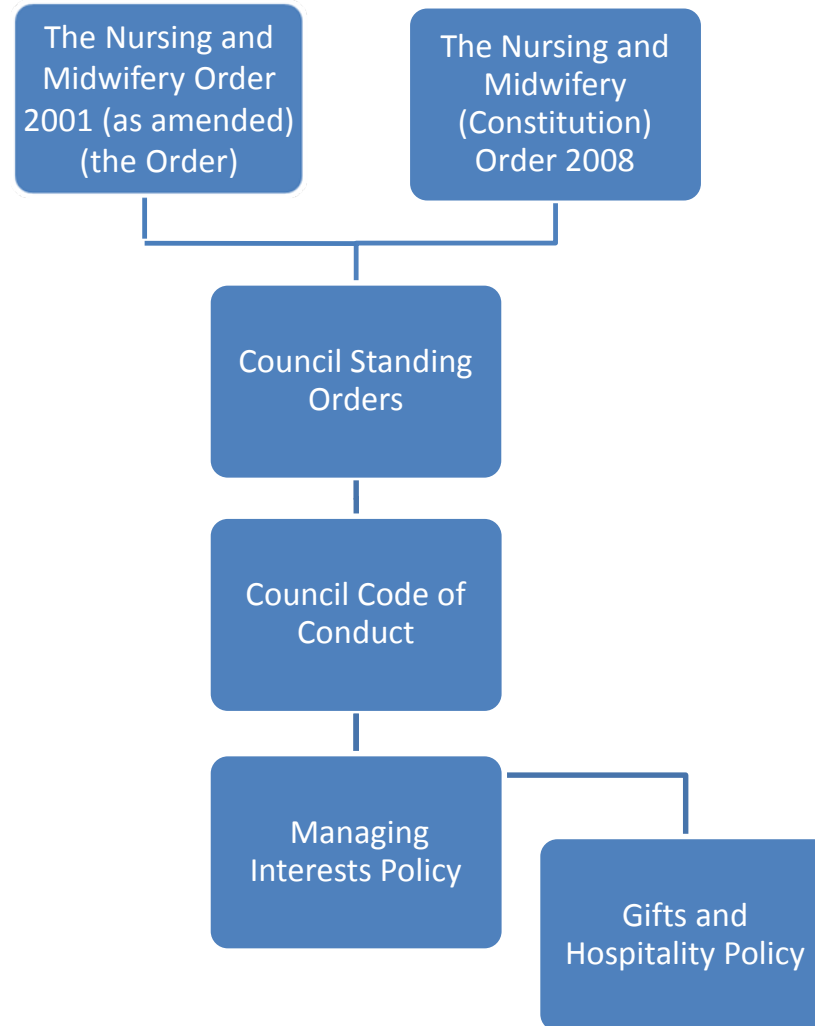
24 The Code of Conduct reflects the Council's overarching statutory duty to protect the public.

#### **Resource implications:**

25 None.

	1.	
	2.	
<b>Equality and diversity implications:</b>	26	A full EQIA has been undertaken. This identified a number of areas for improvement including: <ul style="list-style-type: none"> <li>26.1 Strengthening the EDI section of the Code of Conduct to reflect the leadership role Council colleagues have in relation to EDI (see paragraph 10.3 above).</li> <li>26.2 Clarifying the position on Council absences (see paragraph 10.5 above).</li> <li>26.3 Making the policies more accessible (for example, removing footnotes and digital objects). The accessibility aspect of the policies have been tested with a non-sighted colleague who uses assistive technology.</li> </ul>
	27	The EQIA will be updated in light of any amendments to the policies suggested by Council.
<b>Stakeholder engagement:</b>	28	None.
<b>Risk implications:</b>	29	There is a risk that failure to maintain appropriate standards of conduct could lead to loss of trust and confidence in the NMC and its decision-making processes. This risk is mitigated by the requirement that Council members and Associates adhere to a Code of Conduct. A declaration is completed on appointment/reappointment and annually thereafter to confirm that they will do so.
	30	If conflict of interests are not declared and/or managed effectively, or gifts and hospitality are accepted inappropriately and/or not declared, there is a risk that the NMC could be perceived to be acting improperly, rendering its actions and decisions vulnerable to legal challenge. Clear and well understood policies should mitigate this risk.
<b>Legal implications:</b>	31	The Code of Conduct and the underpinning policies are interlinked and part of the overall Council Governance framework: <b>annexe 1</b> sets this out and how the policies relate to the overarching legislative framework.
	7.	
	8.	
	9.	
	10	
	11.	
	12	
	13	
	14	
	15	
	16	
	17	

# Overview of Council Governance framework



1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.



## Nursing and Midwifery Council

### Council Code of Conduct

<b>Title</b>	Council Code of Conduct
<b>Summary</b>	This Code sets the ethical standards for Council members and Associates.
<b>Approved</b>	Approved by the Council [Date to be inserted].
<b>Policy Owner</b>	Secretary to the Council.
<b>Next review date</b>	Dependent on legislative change but possibly April /October 2023.  All governance policies will be reviewed in preparation for transition to a Unitary Board governing model. Any new NMC Governing body will need to adopt a Code and related policies as an early item of business.
<b>Comments / Suggestions</b>	If you have any comments / suggestions in relation to this Code please contact the Secretary to the Council.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12
13
14
15
16
17

Other related policies and guidance mentioned in this policy you may find helpful to look at:

Title	Board Intelligence (BI) Shelf
<b>Standing Orders</b>	Document Library: Governance and Constitutional
<b>Council Managing Interests Policy</b>	Document Library: Council Policies and Guidance
<b>Council Gifts and Hospitality Policy</b>	Document Library: Council Policies and Guidance
<b>Partner members Code of Conduct</b>	Document Library: Partner member Policies and Guidance
<b>Anti-fraud and anti-bribery Policy</b>	Document Library: Council Policies and Guidance

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
<b>12</b>
13
14
15
16
17

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12
13
14
15
16
17

## Introduction

- 1 The NMC is the professional regulator for nurses and midwives in the UK and nursing associates in England, established and governed by the Nursing and Midwifery Order 2001 (as amended) (the Order). The NMC is also a registered charity and seeks to ensure that all our work delivers public benefit.
- 2 The overarching aim of the Council is the protection of the public by:
  - protecting, promoting and maintaining the health, safety and wellbeing of the public;
  - promoting and maintaining public confidence in the professions regulated under the Order; and
  - promoting and maintaining proper professional standards and conduct for members of those professions.
- 3 In carrying out your Council role, you are expected to demonstrate integrity and high ethical standards as set out in this Code of Conduct. You are also expected to comply with the underpinning policies, including:
  - Council Managing Interests Policy; and
  - Council Gifts and Hospitality Policy.
- 4 This Code applies to both Council members and Associates.
- 5 **For Associates:** there are some aspects of the Code which do not apply, given that Associates do not vote on Council decisions (although votes are rare), are not Charity Trustees or subject to the legal duties, responsibilities or liabilities which apply to appointed Council members. However, as you will be involved in all aspects of the Council’s work and will contribute in the same way as appointed members, it is important that you are familiar with and understand all aspects of this Code.

## Individual responsibilities

### Principles of Public Life

- 6 You should uphold the Seven Principles of Public Life (the ‘Nolan principles’), in everything you do on Council. These are:
  - 6.1 **Selflessness:** Holders of public office should act solely in terms of the public interest.

- |     |
|-----|
| 1.  |
| 2.  |
| 3.  |
| 4.  |
| 5.  |
| 6.  |
| 7.  |
| 8.  |
| 9.  |
| 10  |
| 11. |
| 12  |
| 13  |
| 14  |
| 15  |
| 16  |
| 17  |
- 6.2 **Integrity:** Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.
- 6.3 **Objectivity:** Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.
- 6.4 **Accountability:** Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this. As a Council member you are accountable to the public **for the exercise of the NMC's functions and the use of its funds.**
- 6.5 **Openness:** Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.
- 6.6 **Honesty:** Holders of public office should be truthful.
- 6.7 **Leadership:** Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

## Conduct and Values

- 7 You should conduct yourself at all times in a way which promotes trust and confidence in the NMC and professional regulation.
- 8 **You should conduct yourself at all times in a way which supports our values:**
- 8.1 **Fair:** You should be honest and open, acting with integrity and respect for each other to create a fair, trusting and transparent workplace for all.
- 8.2 **Kind:** You should promote kindness through listening to and considering colleagues' points of view. Act kindly and considerately towards everyone in a way that values people's insights and provide constructive challenge in order to improve our ways of working.
- 8.3 **Ambitious:** You should be open to new ways of working and always aim to do the best for the professionals on our register, the public we serve and each other. Always aim to do better by being open to learning and feedback, and seeking to improve yourself and how you work.

8.4 **Collaborative:** You should work constructively with colleagues to a common purpose, sharing information and listening to others. Foster trust and demonstrate confidence in colleagues. You should offer ideas and be open to ideas proposed by others, working together to find creative solutions to problems. You address matters succinctly and without undue repetition so that others have sufficient opportunity to contribute. You value relationships both inside and outside of the NMC.

9 There is a [professional duty of candour](#) for the professions we regulate and the same ethos of being honest when things go wrong is expected of you in your Council role.

### Equality, diversity and inclusion

10 You are expected to understand equality diversity and inclusion issues, complying fully with the NMC's responsibilities under anti-discrimination legislation and ensuring the NMC's equality, diversity and inclusion objectives are upheld.

11 You have a crucial role in providing leadership at the NMC on equality, diversity and inclusion, including race equality, ensuring that it is embedded in and informs everything the NMC does. All decisions should be rooted in fairness ensuring that the NMC is inclusive and values diversity as a regulator and an employer. It is important that you challenge any behaviour that is counter to this agenda.

12 You are also expected to provide assurance that the NMC is compliant with equalities and human rights legislation. This includes the NMC's obligation to exercise its functions in a way which has due regard to the public sector general equality duty (under the [Equality Act 2010](#)). This means having due regard to the need to:

12.1 eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act;

12.2 advance equality of opportunity between people who share a protected characteristic and those who do not; and

12.3 foster good relations between people who share a protected characteristic and those who do not.

*Note: The protected characteristics are: sex, age, race, disability, religion or belief, sexual orientation, gender reassignment, pregnancy/maternity and marriage/civil-partnership.*

### Conflicts of interest including gifts and hospitality

13 In carrying out your Council responsibilities, you are expected to:

13.1 avoid being influenced by, or place yourself under an obligation, to any individual or organisation which might affect, or be perceived to affect, your ability to act impartially and objectively on the Council.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12
13
14
15
16
17

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12
13
14
15
16
17

13.2 declare any professional or personal interests which may conflict with, or be perceived to conflict with, your responsibilities on the Council. This may include registering or declaring the interests of family members or close associates.

13.3 maintain your entry in the Council register of interests.

13.4 decline any gifts, hospitality or benefits, offered in relation to NMC business, which could or might appear to influence you or compromise your personal judgement or integrity. Gifts or hospitality above £20 which are offered as a consequence of NMC business must be formally registered on the NMC's Gifts and Hospitality register.

14 Further guidance on conflicts of interests and gifts and hospitality can be found in the Council Managing Interests policy and in the Council Gifts and Hospitality Policy.

### Role as charity trustees

15 As a Council member, you are also a Trustee of the charity. You have responsibility for ensuring that the NMC complies with its charitable objectives; delivers public benefit; and complies with charity legislation and guidance, in line with the requirements of the Charity Commission and the Office of the Scottish Charity Regulator.

16 You should ensure you have a clear understanding of your responsibilities as a trustee of the charity (under the [Charities Act 2011](#) and the [Charities and Trustee Investment \(Scotland\) Act 2005](#)).

17 **Associate members: although you are not a Trustee of the charity, you should seek to develop your understanding of the responsibilities this places on the Council.**

### Collective responsibilities

18 You should ensure you have a clear understanding of the objectives, functions, powers and duties of the NMC as set out in the Order and associated legislation.

19 As a member of a statutory body employing staff, you share corporate responsibility for ensuring that the NMC complies with relevant employment, equality, human rights, health and safety, data protection, and freedom of information legislation.

20 You share corporate responsibility for ensuring that the NMC complies with any statutory or administrative requirements governing the use of its funds.

21 You have a responsibility to:

21.1 ensure that you have a clear understanding of the scope of authority delegated to the Chief Executive and Registrar; and

- 21.2 hold the Chief Executive and Registrar to account for the exercise of delegated authority.

### Decision-making

- 22 You have a responsibility to make sure decisions are taken in the best interests of the NMC's objectives, having regard to the Order and associated legislation, and the public interest, putting this before any personal or professional interests. Decisions should:

22.1 be in the best interest of what the NMC is seeking to achieve, the public we protect, and the professionals we regulate;

22.2 be consistent with the NMC's UK-wide remit; and

22.3 take into account the needs and views of interested parties.

- 23 You have a duty to accept collective responsibility for enabling the Council to achieve its objectives and for decisions taken by the Council. You are expected to contribute to discussion and debate to enable robust decision making. Once the Council has taken a decision, you should support its communication and implementation.

- 24 You have a responsibility to be as open as possible with interested parties about the Council's decisions and the work of the NMC, restricting information only when the principles of confidentiality or the law require it.

- 25 If you are an Associate, you will not vote on Council decisions; however, votes are rare, as the Council aims to make decisions by consensus wherever possible.

### Confidentiality and information security

- 26 You have a responsibility not to disclose confidential information obtained in the course of your role on the Council, unless it is in the public interest to do so, and in the event of any such disclosure you must notify the Secretary to the Council.

- 27 You should ensure that all confidential information, whether in electronic or paper form, is held and disposed of securely. Any loss or accidental disclosure, and the circumstances leading to the loss or disclosure, must immediately be notified to the Chair or the Secretary to the Council.

### Communicating in public or online

- 28 You have a responsibility to distinguish clearly, when speaking or writing in any public forum, between the views of the NMC, your personal views, and the views of any other organisation to which you may be affiliated. Any public engagement or communication with the media on behalf of the NMC must be discussed with the Chief Executive and Registrar in advance. The same principles for discussing NMC business in public apply on social media.

- 29 You should always make sure you use all forms of spoken, written and digital communication (including social media and networking sites) responsibly.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12
13
14
15
16
17

30 If you are unsure whether something you post online could compromise your professionalism and/or trust and confidence in the NMC, you should consider how the information affects your responsibilities as a Council member and how the information may reflect on the NMC.

31 When using social media, remember that anything you say online can be copied or forwarded and taken out of context. Once something has been posted, it can be very difficult to remove it – even if you delete a post, it may already have been copied or shared.

**Attendance, induction, development and appraisal**

32 You should make yourself available for meetings of the Council and any committees or working groups to which you have been appointed or asked to attend by the Chair.

33 Ideally you should seek to attend all Council meetings and seminars and as a minimum you are expected to attend at least 75 percent of such meetings (Standing Order 5.6.2).

34 You should participate in induction, development, and appraisal processes and commit to your personal development.

35 If you are unable to participate in the meetings that you are expected to attend please send your apologies to the Secretary of the Council.

36 In exceptional circumstances, the Chair of the Council may grant a leave of absence to a member for a defined period (Standing Order 5.6.3). This may be with or without remuneration, depending on the circumstances.

37 Please highlight in advance any specific requirements (including requirements related to different religions or beliefs) or the need for reasonable adjustments to enable you to access papers or to participate in meetings. The Chair and the Secretary to the Council will try to accommodate your request.

**Eligibility to continue to serve on the Council**

38 You have a responsibility to ensure that at all times you remain eligible to serve on the Council. You should seek advice immediately from the Chair and/or the Secretary to the Council if you have any doubts or become aware that you may not be eligible to serve on the Council. Failure to do so is a breach of the Code of Conduct.

39 For Council members, this means also continuing to be eligible to be a trustee of the charity. **Annexe 1** sets out a list of circumstances which may lead to disqualification, removal or suspension under both the Nursing and Midwifery Council (Constitution) Order 2008, the Charities Act 2011 and the Charities and Trustee Investment (Scotland) Act 2005.



1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12
13
14
15
16
17

40 For Associates, **Annexe 2** sets out a list of circumstances which may lead to disqualification, suspension or removal from being an Associate. You may be suspended or removed from office by the Chair of Council on the same conditions as a member of a statutory committee may be suspended or removed under the Statutory Committee Constitution Rules.

### Raising concerns

41 Council colleagues are expected to work with each other in a collaborative, kind and supportive way. If you have concerns about the behaviour or approach of a colleague on Council, you should act as follows:

41.1 In the first instance discuss your concerns with the individual concerned and resolve them if possible.

41.2 If this is not possible, you should raise your concern with the Chair of the Council and seek the Chair’s advice.

42 The Chair will then decide what approach to take. Options will include:

42.1 Meeting with the individuals concerned (separately and/or jointly);

42.2 The appointment of a fellow Council member to look in to the matters raised as a ‘neutral’ third party; or

42.3 A more structured procedure if appropriate.

43 You also have a responsibility to raise concerns about possible wrongdoing:

43.1 if they relate to a member of staff, with the Chief Executive and Registrar;

43.2 if they relate to the Chair of the Council, with the Vice-Chair of the Council.

### Non-compliance

44 Any action, conduct or behaviour which may be a breach of this Code will be dealt with in line with the supporting procedures (currently being reviewed, **see Annexe 3**) for managing complaints about Council members and Associates, including (where appropriate) formal suspension and removal procedures.

### Council member – disqualification, removal and suspension criteria

- 1 This is a summary of the legal provisions in paragraphs 5, 6 and 7 of the Nursing and Midwifery Council (Constitution) Order 2008, section 178 of the Charities Act 2011 and **section 69 of the Charities and Trustee Investment (Scotland) Act 2005**.
- 2 A member may be suspended or removed from office in the following circumstances:
  - 2.1 Where an action by a member causes embarrassment or disrepute to the NMC or the member's continued membership of the Council would undermine public confidence in the regulation of nurses, midwives and nursing associates;
  - 2.2 Where a registrant member's registration becomes lapsed;
  - 2.3 Where a lay member becomes a person who no longer satisfies the criteria for being a lay member as set out in the Nursing and Midwifery Order 2001;
  - 2.4 Where a registrant member becomes the subject of any investigation or proceedings in connection with an allegation of fraudulent entry to the NMC's register;
  - 2.5 Where any investigation or proceedings in connection with an allegation of fraudulent entry to the NMC's register results in the removal of a registrant member's entry in the NMC's register;
  - 2.6 Where a registrant member becomes subject to any investigation or proceedings concerning their fitness to practise by the NMC;
  - 2.7 Where any investigation or proceedings by the NMC results in a registrant member being removed from the register; suspended from the register, or any sanctions or conditions of practice;
  - 2.8 Where a member becomes subject to any investigation or proceedings relating to a serious offence;
  - 2.9 Where a member is convicted of a serious offence in the United Kingdom;
  - 2.10 **Where a member is removed from being a trustee, or an officer, agent, or employee of a charity by the Charity Commission, Office of the Scottish Charity Regulator or the Courts and have not been removed from management or control of any body;**
  - 2.11 Where a member is disqualified from being a trustee by an order of the Charity Commission under section 181A of the Charities Act 2011;

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

- 2.12 Where a member is found guilty of disobedience to an order or direction of the Commission under section 336(1) of the Charities Act 2011;
- 2.13 Where a member has been removed, under section 7 of the Law Reform (Miscellaneous Provisions) (Scotland) Act 1990 (c. 40) or section 34 of the Charities and Trustee Investment (Scotland) Act 2005, from being concerned in the management or control of any body;
- 2.14 Where a member is removed from office as the chair, member, convenor or director of any public body on the grounds that it was not in the interests of that body that the member should continue to hold office;
- 2.15 Where a member is adjudged bankrupt;
- 2.16 Where a member is subject to an insolvency order;
- 2.17 Where a member is subject to any disqualification under company law;
- 2.18 Where a member is included in a barred list under legislation pertaining to safeguarding vulnerable groups;
- 2.19 Where a member becomes subject to notification requirements under Part 2 of the Sexual Offences Act 2003, commonly referred to as being on the sex offenders register, or included by the Disclosure and Barring Service in a barred list;
- 2.20 Where a member becomes a designated person for the purposes of: Part 1 of the Terrorist Asset-Freezing etc. Act 2010; or The Al Qaida (Asset Freezing) Regulations 2011;
- 2.21 Where a member becomes subject to any investigation or proceedings concerning their fitness to practise by any licensing body;
- 2.22 Where any investigation or proceedings concerning fitness to practise by any licensing body results in a member being removed from a register; suspended from a register, or any sanctions or conditions of practice.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12
13
14
15
16
17

### Associate – disqualification, removal and suspension criteria

- 1 This is a summary of the legal provisions in paragraphs 8, 9 and 10 of the Nursing and Midwifery Council (Practice Committees) (Constitution) Rules 2008.
- 2 An Associate may be disqualified, suspended or removed from office in the following circumstances:
  - 2.1 Where an action by an Associate causes embarrassment, or disrepute to the NMC or would be liable to undermine public confidence in the NMC;
  - 2.2 Where an Associate's NMC registration becomes lapsed (if applicable);
  - 2.3 Where an Associate becomes the subject of any investigation or proceedings in connection with an allegation of fraudulent entry to the NMC's register;
  - 2.4 Where any investigation or proceedings in connection with an allegation of fraudulent entry to the NMC's register results in the removal of an Associate's entry in the NMC's register;
  - 2.5 Where an Associate becomes subject to any investigation or proceedings concerning their fitness to practise by the NMC;
  - 2.6 Where any investigation or proceedings by the NMC results in an Associate being removed from the register; suspended from the register, or any sanctions or conditions of practice;
  - 2.7 Where an Associate becomes subject to any investigation or proceedings relating to a serious offence;
  - 2.8 Where an Associate is convicted of a serious offence in the United Kingdom;
  - 2.9 Where an Associate is removed from the office of trustee for a charity in connection with misconduct or mismanagement in the administration of a charity;
  - 2.10 Where an Associate is removed from office as the chair, member, convenor or director of any public body on the grounds that it was not in the interests of that body that the member should continue to hold office;
  - 2.11 Where an Associate is adjudged bankrupt;
  - 2.12 Where an Associate is subject to an insolvency order;
  - 2.13 Where an Associate is subject to any disqualification under company law;
  - 2.14 Where an Associate is included in a barred list under legislation pertaining to safeguarding vulnerable groups;

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12
13
14
15
16
17

- 2.15 Where an Associate becomes subject to any investigation or proceedings concerning their fitness to practise by any licensing body;
- 2.16 Where any investigation or proceedings concerning fitness to practise by any licensing body results in an Associate being removed from a register; suspended from a register, or any sanctions or conditions of practice.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
<b>12</b>
13
14
15
16
17

## Procedure for handling complaints about Council members – to be reviewed.

### Introduction and scope

- 1 This document sets out the procedure to be followed in dealing with alleged breaches of the Code of Conduct for Council Members (“the Code”).
- 2 The procedure aims to ensure that complaints are resolved fairly, proportionately, and within reasonable timescales. Indicative timescales are set out in the procedure. These may be varied where necessary, for example, because of the nature or complexity of a complaint.
- 3 Any person making a complaint under this procedure will not be treated less favourably as a result of lodging a complaint in good faith. This procedure has been prepared to give effect to the provision above and has been approved (and will be periodically reviewed) by the Council.

### Legal representation

- 4 At any stage of an investigation into allegations made against a Member, the Member is entitled to legal representation. The Member will be reminded of this entitlement to advice at each relevant stage of the procedure. If the Member chooses to be legally represented, they must inform the Chair of the name and address of the legal representative.
- 5 Legal representation will be at the Member’s expense. However, depending on the outcome of the investigation, some or all of such costs may be reimbursed at the discretion of the Council.

### Procedure for investigating alleged breaches of duty in relation to Members other than the Chair

- 6 If a mutually acceptable outcome is reached between the two members, the complaint will be closed. No report will be made to the Council and the matter will remain confidential. The papers relating to the complaint, including details of the informal resolution, will be placed on the Council member’s file and may be taken into account in the event of a subsequent complaint.
- 7 Should the Chair of the Council feel that problems of conduct remain even after these steps have been taken, then the Chair should seek the advice of the Privy Council.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12
13
14
15
16
17

## Preliminary consideration

- 8 If the Chair becomes aware of issues relevant to this procedure relating to a Member, the Chair must:
- 8.1 inform the Member in writing of the details of the issue and invite them to submit written comments within 14 days, or such other period as may be specified; and
  - 8.2 notify the full Council that they have done so.
- 9 Following consideration of the Member’s written comments, if the Chair is satisfied, on the basis of all the information available to them, that any concerns raised are manifestly unfounded, no further action will be taken. The Chair must inform the Member, the full Council and any person who made a relevant allegation of their decision.
- 10 If the Chair is satisfied, on the basis of all the information available to them, that the issue raised is not manifestly unfounded, they must immediately write to the Member concerned:
- 10.1 stating that the issue will be investigated;
  - 10.2 enclosing a copy of these procedures;
  - 10.3 setting a date for the individual to meet the Chair (preferably within 14 days from receipt of the letter); and
  - 10.4 informing the individual of their entitlement to be accompanied or legally represented at the meeting and at any subsequent stages of the investigation.

## Meeting with the Chair

- 11 The Chair will meet the Member concerned to discuss the alleged issue and the Chair will then decide the appropriate course of action to be taken. The Member may be accompanied or legally represented at the meeting by a person of their choice.
- 12 After the meeting, the Chair, having regard to all relevant factors, including the outcome of any further investigation they may consider necessary, will submit a report to the full Council in which they may recommend that the Council should take one or more of the following courses of action:
- 12.1 dismiss any allegation and/or end the consideration of the issue;
  - 12.2 direct further investigation of any allegation/issue;
  - 12.3 provisionally suspend the individual’s appointment to the Council until the Privy Council has reached a decision on whether or not to suspend or remove the member under the Constitution Order; and

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12
13
14
15
16
17

12.4 direct such other action as the Chair considers necessary.

13 On the basis of the report prepared by the Chair, the full Council will determine the matter at a confidential meeting. In accordance with Standing Orders, paragraphs 5.7.5 and 5.7.6 the Council’s decision shall be reached by consensus rather than by a vote. Decisions will be reached by means of a vote if:

13.1 the Chair feels that no clear consensus has been reached and that there is significant disagreement with, or reservations about, a proposal;

13.2 a member requests that a vote be taken;

13.3 the Chair concludes, for any other reason, that a vote should be taken.

14 Any proposal put to a vote will be decided by a simple majority of the members present and voting. The Member concerned shall not be entitled to vote on this matter. The Chair will declare whether or not a resolution has been carried. In the event of a tie, the Chair will have an additional casting vote.

15 If the Council provisionally suspends the Member’s appointment, it may direct whether such suspension is to be with or without remuneration.

16 If the Council member is removed from office under Article 6(1)(j) of the Constitution Order by the Privy Council, the Member will be notified without delay and in writing, together with reasons for the Privy Council’s decision.

**Further investigation**

17 If the Council directs further investigation, it may appoint an Investigating Officer. The Investigating Officer may be an official of the NMC or any other person at the Council’s discretion.

18 Subject to the whistleblowing arrangements the NMC has in place, the Investigating Officer may seek any further evidence and interview any person, as they consider necessary.

19 The Investigating Officer must report their findings of fact to the Member concerned and invite their comments within 14 days, or such other period as may be specified. At the conclusion of the investigation, the Investigating Officer will report their findings together with the Member’s comments, if any, to the Council. The Investigating Officer may also make recommendations to the Council.

**Notification of decision**

20 After consideration of the Investigating Officer’s report and any recommendations and of any comments made by the Member, the Council will determine the matter. The Council’s decision shall require a simple majority of the Members entitled to vote to concur. The Member concerned shall not be entitled to vote on this matter. The Chair will declare whether or not a resolution has been carried. In the event of a tie, the Chair will have an additional casting vote.



1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

- 21 If the Council provisionally suspends the Member’s appointment and/or recommends that the Council member is removed from office under Article 6(1)(j) of the Constitution Order by the Privy Council, the Member will be notified without delay and in writing of this fact, together with reasons for the Council’s decision.
- 22 If the Council member is removed from office under Article 6(1)(j) of the Constitution Order by the Privy Council, the Member will be notified without delay and in writing, together with reasons for the Privy Council’s decision.
- 23 At the conclusion of the investigation and the consideration by the Privy Council, the Council may publicly announce its final decision.

**Procedure for investigating complaints made about Members in their professional capacity**

- 24 If a complaint in relation to the conduct of a Council Member in a professional or personal capacity is made to or by a professional body or prosecuting authority, they should notify the Chair without delay and the matter will be declared at the next confidential Council meeting.
- 25 If the Chair considers that the issue is one that potentially falls within the scope of this procedure, they will act in accordance with the requirements of this procedure.

**Investigations relating to the Chair**

- 26 Any allegation or concern relevant to this procedure and relating to the Chair should be made to the Chair of the Audit Committee. The Chair of the Audit Committee will also exercise all of the responsibilities of the Chair of the Council under this procedure if the Chair of the Council has a material conflict of interest in relation to a complaint.
- 27 The Chair of the Audit Committee will inform the Chair of the issue as soon as possible.
- 28 Any investigation relating to the Chair will be carried out by the Chair of the Audit Committee, on the Council’s behalf.
- 29 The procedures set out in this document will apply, save that references to the Chair in the conduct of the investigation will be substituted by ‘the Council’ (or any person the Council directs).
- 30 The Secretary to the Council will keep a record of all complaints received and will report regularly to the Audit Committee on progress in resolving them.

**Nursing and Midwifery Council**  
**Council Managing Interests Policy**

<b>Policy title</b>	Council Managing Interests Policy.
<b>Summary</b>	This policy provides guidance on managing conflicts of interest for Council members, Associates and Partner members, to ensure adherence to high standards of governance.
<b>Approval</b>	Approved by the Council on [Date to be inserted].
<b>Policy Owner</b>	Secretary to the Council.
<b>Review Due of Policy</b>	Dependent on legislative change but possibly April /October 2023.  All governance policies will be reviewed in preparation for transition to a Unitary Board governing model. Any new NMC Governing body will need to adopt a Code and related policies as an early item of business.
<b>Comments / Suggestions</b>	If you have any comments / suggestions in relation to this policy please contact the Secretary to the Council.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12
13
14
15
16
17

Other related policies and guidance mentioned in this policy you may find helpful to look at:

Title	Board Intelligence (BI) Shelf
<b>Standing Orders</b> <ul style="list-style-type: none"> <li>Section 5.8 – Conflicts of interest</li> </ul>	Document Library: Governance and Constitutional
<b>Council Code of Conduct</b>	Document Library: Council Policies and Guidance
<b>Partner members Code of Conduct</b>	Document Library: Partner member Policies and Guidance
<b>Council Gifts and Hospitality Policy</b>	Document Library: Council Policies and Guidance
<b>Anti-fraud and anti-bribery Policy</b>	Document Library: Council Policies and Guidance

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
<b>12</b>
13
14
15
16
17

# Council Managing Interests Policy

## Our values

- 1 Our values underpin everything we do and all our policies and you should conduct yourself at all times in a way which supports our values:
  - 1.1 **Fair:** You should be honest and open, acting with integrity and respect for each other to create a fair, trusting and transparent workplace for all.
  - 1.2 **Kind:** You should promote kindness through listening to and considering colleagues' points of view. Act kindly and considerately towards everyone in a way that values people's insights and provide constructive challenge in order to improve our ways of working.
  - 1.3 **Ambitious:** You should be open to new ways of working and always aim to do the best for the professionals on our register, the public we serve and each other. Always aim to do better by being open to learning and feedback, and seeking to improve yourself and how you work.
  - 1.4 **Collaborative:** You should work constructively with colleagues to a common purpose, sharing information and listening to others. Foster trust and demonstrate confidence in colleagues. You should offer ideas and be open to ideas proposed by others, working together to find creative solutions to problems. You address matters succinctly and without undue repetition so that others have sufficient opportunity to contribute. You value relationships both inside and outside of the NMC.

## Policy Purpose and Overview

- 2 Under the Nursing and Midwifery Council Order 2001 (Schedule 1) (the Order), the Council needs to have a system for the declaration and registration of private interests of its members, and to publish these interests.
- 3 All Council members, Associates and Partner members are expected to demonstrate integrity and high ethical standards, as set out in the Council Code of Conduct and the Partner Members Code of Conduct, which incorporate the seven principles of public life. The Codes state that you have a responsibility to:
  - 3.1 avoid being influenced by, or placing yourself under an obligation to, any individual or organisation which might affect, or be perceived to affect, your ability to act impartially and objectively in your conduct of NMC business;
  - 3.2 declare any professional or personal interests which may conflict with, or be perceived to conflict with, your responsibilities to the NMC. This may include declaring the interests of family members, relatives or close associates.
  - 3.3 maintain your entry on the register of interests.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12
13
14
15
16
17

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12
13
14
15
16
17

- 4 The purpose of this policy is to provide further guidance on how we identify and manage interests, including the systems in place for the declaration, registration and publication of interests.
- 5 This policy applies to Council members, Associates and Partner members. It aims to ensure that interests are managed appropriately and consistently, and to promote public trust and confidence in the NMC and its decision-making processes.

**Conflicts of Interest**

- 6 You could have a conflict of interest if any of your commitments, obligations or loyalties to other organisations or people could, or could be seen to, prevent you from making a decision only in the best interests of the NMC.
- 7 Conflicts of interest may arise in a number of different circumstances, including but not limited to:
  - 7.1 Professional roles or interests.
  - 7.2 Direct or indirect financial interests.
  - 7.3 Non-financial or personal interests.
  - 7.4 Through becoming beholden to other bodies or individuals including by accepting gifts or hospitality from them.
  - 7.5 Conflicts of loyalty due to your role or affiliation with another organisation or person, for example your employer, another body of which you are a member or Trustee or the role or interest of one of your family members may influence or be seen to influence your decision-making.

**Identifying and Declaring Interests**

- 8 You should declare any interest which might be relevant to the role or work of the NMC.
- 9 The following interests should be declared:
  - 9.1 **Posts held in the course of employment or practice.** This includes employment in a consultancy, directorship and / or advisory capacity and any unpaid work.
  - 9.2 **Any office held in any health care related organisation in the public, private or third sector.** This includes NHS authorities and trusts, regulatory bodies, professional associations, learned societies, royal colleges, trade unions, charities, trusts and voluntary organisations.
  - 9.3 **Membership of any body whose principal purposes include influencing public opinion or policy.** This includes membership of ‘think tank’ or lobbying organisations.
  - 9.4 **Majority, controlling or otherwise significant shareholdings, stocks and trusts** known to be held by you or, if you are aware of them, by anyone in your close family, in companies whose business activities may give rise to an actual or perceived conflict of interest with the NMC’s activities.

- |     |
|-----|
| 1.  |
| 2.  |
| 3.  |
| 4.  |
| 5.  |
| 6.  |
| 7.  |
| 8.  |
| 9.  |
| 10. |
| 11. |
| 12. |
| 13. |
| 14. |
| 15. |
| 16. |
| 17. |
- 9.5 **Any business dealing or other financial transactions, including any contract to supply goods or services** to the NMC, or to any person or organisation connected to the activities of the NMC.
- 9.6 **Current, future, or recent association with any NMC Approved Education Institutions.**
- 9.7 **Any close personal ties with the NMC's advisers/suppliers, executive or prospective advisers/suppliers.**
- 9.8 **A personal interest in any matter if it might influence, or be seen to influence you, in your conduct of NMC business.**
- 9.9 **Any other interest which may be relevant and not covered by the above.** This could include any association through close family members or associates which might influence, or be seen to influence, your judgement in matters relevant to NMC activity.

### The Register of Interests

- 10 We maintain a register of Council members, Associates, and Partner members' interests.
- 11 As part of our commitment to transparent governance, the register of interests is made public on our website and is available for public inspection at each Council meeting.
- 12 The Secretary to the Council is responsible for maintaining the register of interests, and ensuring it is published appropriately.
- 13 You have a responsibility to provide relevant information for the register.

### Declaring interests – periodically

- 14 **On appointment, you have a responsibility to declare your interests by completing the relevant Register of Interest Declaration form at **annexe 1**.**
- 15 **Register of Interest Declaration forms should be submitted by email to the Secretary to the Council.**
- 16 **You are responsible for informing the Secretary to the Council of any amendment to your Register of Interest Declaration, as soon as you are aware of any change in circumstances.**
- 17 **You will be asked to review and update your Register of Interest Declaration on a six monthly basis.**
- 18 **After expiry, an interest will be removed from the public register. Historic records will be maintained in accordance with GDPR and our retention policy.**

### Declaring interests - meetings

- 19 You are expected to act at all times in a way which promotes and reinforces trust and confidence in the Council and professional regulation.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

- 20 You should declare the existence and nature of any professional, personal, financial, or other interest in any item of business being discussed at a Council meeting (or any meeting of a committee reporting to Council).
- 21 You should notify the Secretary to the Council or the relevant committee about the conflict of interests at the earliest time possible.
- 22 In the event that you become aware of a conflict or potential of interest during the course of a meeting, you should make the meeting attendees aware of this as soon as the conflict arises.

**Determining whether a conflict of interest is material**

- 23 An interest is material if a member of the public with knowledge of the relevant facts would reasonably regard the interest as sufficiently significant to prejudice your judgement.
- 24 In accordance with Standing Order 5.8 of the Council, if you declare a professional personal, financial, or other interest in any item of business on the agenda, the Chair will determine where there is a material conflict of interest and, if so, whether and to what extent (if at all) that person should participate in discussion and decision of the matter.
- 25 If the Chair declares an interest in accordance with Standing Order 5.8.1 of the Council, the remaining members will determine whether there is a material conflict of interest, and, if so, whether and to what extent (if at all) the Chair should participate in discussion and decision of the matter.
- 26 Where there is no longer a quorum as a result of a decision under Standing Order 5.8.2 or 5.8.3, discussion of that item of business will be adjourned and the meeting will proceed to the next item for which a quorum exists.

**Gifts / hospitality**

- 27 As set out in the Code of Conduct, you must not accept gifts, hospitality or benefits offered in relation to NMC business which could or might appear to influence or compromise your judgement or integrity. Further guidance can be found in the Gifts and Hospitality Policy.

**Non Compliance**

- 28 Failure to adhere to this policy is in breach of our code of conduct.
- 29 Advice and guidance on this policy or on the registration or declaration of interests is available from the Secretary to the Council.

**Governance**  
**September 2021**

## EXAMPLE FOR INFORMATION ONLY - Council members

### Register of Interests

#### DECLARATION

Name:

Date:

I have read and understood the guidance on the Register of Interests. I list below organisations of which I am a member, with which I am associated or in which I have a financial interest where a conflict of interest or the appearance of such a conflict could arise.

Please note that the register of interests will be published on the NMC website.

Organisation	Role	Relevant dates		Comments
		From	To	

*Please continue this table if necessary*

1.  
2.  
3.  
4.  
5.  
6.  
7.  
8.  
9.  
10  
11.  
12  
13  
14  
15  
16  
17



1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12
13
14
15
16
17

**Close family and associates**

*You only need to list your close family members where a conflict of interest, or the appearance of such a conflict could arise with the NMC (see paragraphs 8 and 9 of the policy for guidance on identifying relevant interests). Please note that this section will **not** be published on the NMC website.*

I list below the names of my close family (see definition below) and associates and I wish to declare the following business dealings or other financial transactions they have had with the NMC (excluding annual registration fees).

**Close members of the family** of a person are those family members, who may be expected to influence, or be influenced by, that person in their dealings with the entity and include:

- a) That person’s children and spouse or personal partner;
- b) Children of that person’s spouse or personal partner; and
- c) Dependents of that person or that person’s spouse or personal partner.

Column A – **Please only list your close family members where a conflict of interest, or the appearance of such a conflict could arise with the NMC**

Column B – please list their relationship with you

Column C – please list any **relevant** transactions that have taken place.

Column A: Name of close family member and/or associate	Column B: Their relationship with you	Column C: Any <b>relevant</b> transactions that have taken place

**Fit and proper person declaration**

In addition to the above disclosures, I also confirm, for the purposes of my annual declaration, that I am a fit and proper person to act as a Trustee of the Nursing and Midwifery Council during the year under the Finance Act 2010. In this respect, I confirm that:

- I am not disqualified from acting as a charity trustee (as per paragraphs 5 - 7 of the [Nursing and Midwifery Council \(Constitution\) Order 2008](#)).
- I will at all times seek to ensure the charity’s funds and charity tax reliefs received by this organisation are used only for charitable purposes.

Name: .....

Signed: .....

Date: .....

1.  
2.  
3.  
4.  
5.  
6.  
7.  
8.  
9.  
10  
11.  
**12**  
13  
14  
15  
16  
17

**EXAMPLE FOR INFORMATION ONLY - Associates/Partner members**

**Register of Interests**

**DECLARATION**

**Name:**

**Date:**

I have read the guidance on the Register of Interests, and I list below organisations of which I am a member, with which I am associated or in which I have a financial interest, where a conflict of interest or the appearance of such a conflict could arise.

Please note that the register of interests will be published on the NMC website.

Organisation	Role	Relevant dates		Comments
		From	To	

*Please continue this table if necessary*

**Close family and associates**

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12
13
14
15
16
17

*You only need to list your close family members where a conflict of interest, or the appearance of such a conflict could arise with the NMC (see paragraphs 8 and 9 of the policy for guidance on identifying relevant interests). Please note that this section will **not** be published on the NMC website.*

I list below the names of my close family (see definition below) and associates and I wish to declare the following business dealings or other financial transactions they have had with the NMC (excluding annual registration fees).

**Close members of the family** of a person are those family members, who may be expected to influence, or be influenced by, that person in their dealings with the entity and include:

- d) That person’s children and spouse or personal partner;
- e) Children of that person’s spouse or personal partner; and
- f) Dependents of that person or that person’s spouse or personal partner.

Column A – **Please only list your close family members where a conflict of interest, or the appearance of such a conflict could arise with the NMC**

Column B – please list their relationship with you

Column C – please list any **relevant** transactions that have taken place.

Column A: Name of close family member and/or associate	Column B: Their relationship with you	Column C: Any <u>relevant</u> transactions that have taken place

I confirm that the above information is correct.

Name: .....

Signed: .....

Date: .....

## Nursing and Midwifery Council Council Gifts and Hospitality Policy

<b>Policy title</b>	Council Gifts and Hospitality Policy.
<b>Summary</b>	Provides guidance on gifts and hospitality for Council members, Associates and Partner members to ensure that the NMC adheres to a high standard of governance.
<b>Approved</b>	Approved by the Council on [Date to be inserted].
<b>Policy Owner</b>	Secretary to the Council.
<b>Next review date</b>	Dependent on legislative change but possibly April /October 2023.  All governance policies will be reviewed in preparation for transition to a Unitary Board governing model. Any new NMC Governing body will need to adopt a Code and related policies as an early item of business.
<b>Comments/ Suggestions</b>	If you have any comments / suggestions in relation to this policy please contact the Secretary to the Council.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12
13
14
15
16
17

Other related policies and guidance mentioned in this policy you may find helpful to look at:

Title	Board Intelligence (BI) shelf
<b>Standing Orders</b> <ul style="list-style-type: none"> <li>• Section 5.8 – Conflicts of interest</li> <li>• <b>Appendix 2b - Remuneration Committee Terms of Reference</b></li> </ul>	Document Library: Governance and Constitutional
<b>Council Code of conduct</b>	Document Library: Council Policies and Guidance
<b>Partner members Code of conduct</b>	Document Library: Partner member Policies and Guidance
<b>Council Managing Interests Policy</b>	Document Library: Council Policies and Guidance
<b>Anti-fraud and anti-bribery policy</b>	Document Library: Council Policies and Guidance
<b>NMC Financial Regulations</b> <ul style="list-style-type: none"> <li>• Section 65 - Bribery</li> </ul>	Document Library: Governance and Constitutional

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
<b>12</b>
13
14
15
16
17

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12
13
14
15
16
17

## Our values

- 1 Our values underpin everything we do and all our policies and you should conduct yourself at all times in a way which supports our values:
  - 1.1 **Fair:** You should be honest and open, acting with integrity and respect for each other to create a fair, trusting and transparent workplace for all.
  - 1.2 **Kind:** You should promote kindness through listening to and considering colleagues' points of view. Act kindly and considerately towards everyone in a way that values people's insights and provide constructive challenge in order to improve our ways of working.
  - 1.3 **Ambitious:** You should be open to new ways of working and always aim to do the best for the professionals on our register, the public we serve and each other. Always aim to do better by being open to learning and feedback, and seeking to improve yourself and how you work.
  - 1.4 **Collaborative:** You should work constructively with colleagues to a common purpose, sharing information and listening to others. Foster trust and demonstrate confidence in colleagues. You should offer ideas and be open to ideas proposed by others, working together to find creative solutions to problems. You address matters succinctly and without undue repetition so that others have sufficient opportunity to contribute. You value relationships both inside and outside of the NMC.

## Policy Purpose and Overview

- 2 All Council, Associates and Partner members must observe the standards of conduct set out in the Council Code of Conduct. The Code states that you must not accept gifts, hospitality or benefits, offered in relation to NMC business, which could or might appear to influence or compromise your personal judgement or integrity. The Code also highlights the need for you to observe the Seven Principles of Public Life (the 'Nolan principles'), in everything you do.
- 3 This policy should be considered in conjunction with the Bribery Act 2010, under which it is an offence for anyone in an official capacity to:
  - 3.1 Corruptly accept or request any gift or consideration as an inducement or reward for doing, or refraining from doing, anything in that capacity;
  - 3.2 Receive money, gifts or consideration from a person or organisation holding or seeking to obtain a contract; or
  - 3.3 Give or offer a bribe.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12
13
14
15
16
17

- 4 As stated in the Council Managing Interests policy, you could have a conflict of interest if any of your commitments, obligations or loyalties to other organisations or people could, or could be seen to, prevent you from making a decision only in the best interests of the NMC. A conflict of interest may arise in a number of different circumstances, including the acceptance of gifts and hospitality.
- 5 The purpose of this policy is to provide further guidance and advice on the offer and/or receipt of gifts and hospitality in connection with NMC activities.
- 6 We recognise that it is important to build and maintain effective networks to support our work and to gain a real understanding of the views of stakeholders. This can often give rise to offers of gifts or hospitality.
- 7 Declining gifts and hospitality can sometimes seem discourteous; however this may be necessary to uphold high standards of propriety and guard against any suspicion of perceived or actual conflict of interest or creation of an undue obligation.

## Scope

### Who is covered?

- 8 This policy applies to you as a Council member, Associate or Partner member. There is a corresponding policy for all staff of the NMC, including consultants, contractors and agency staff – approved by the Executive Board.

### What is covered under this policy?

- 9 This policy covers any gift or hospitality offered to you in your capacity as a Council member, Associate or Partner member.
- 10 It also covers any gift or hospitality offered to, or received by, a close family member, friend or associate (known as a ‘related party’) which may be perceived by you or others as connected or related to NMC activities.
- 11 There is no exhaustive list of what constitutes a gift or hospitality but broadly:
  - 11.1 **Gift** – Gifts include offers of cash or cash equivalents (for example gift vouchers, discounts, lottery tickets or trade cards) and non-cash gifts, for example pens, diaries, wine and spirits, hampers and electrical goods.
  - 11.2 **Hospitality** – Hospitality includes offers of food, refreshments, transport, accommodation and the use of facilities, equipment, services, holidays or attendance at events.

## Guidance on gifts and hospitality

- 12 If you receive an offer of a gift or hospitality but are unsure of what steps to take, or are unsure how this policy applies, please see **annexe 1** for a summary and examples of situations where this policy applies. You can also contact the Secretary to the Council for further guidance.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12
13
14
15
16
17

- 13 Gifts and hospitality can be an appropriate part of a working relationship, but accepting a gift or hospitality in inappropriate circumstances and/or not declaring it, could undermine trust and confidence in the Council and professional regulation.
- 14 Any acceptance of a gift or hospitality must not improperly influence, or be seen to improperly influence, any decisions or create a feeling of obligation. Failure to adhere to this is in breach of our code of conduct and potentially an offence under the Bribery Act 2010.
- 15 Gifts and hospitality must only be accepted in exceptional circumstances which are:
  - 15.1 appropriate to the circumstances, for example offered in the course of a normal business meeting, and
  - 15.2 modest and appropriate, for example a token item such as a promotional pen or key-ring, or routine hospitality such as coffee and biscuits, or a light working lunch.

**How should I approach an offer of a gift or hospitality?**

- 16 There are three responses to an offer of a gift or hospitality.
  - 16.1 Accept with no need to declare.
  - 16.2 Accept and declare on the Gifts and hospitality register.
  - 16.3 Decline and declare on the Gifts and hospitality register.
- 17 Before accepting or declining an offer of a gift or hospitality you should consider the following:
  - 17.1 **Purpose:** accepting a gift or hospitality should be in the interests of the NMC and only in furtherance of NMC objectives. If you feel concerned that accepting a gift or hospitality could give rise to the perception of a conflict of interest, then it should be declined.
  - 17.2 **Proportionality:** any gift or hospitality accepted should not be over-frequent or overgenerous. On the same basis, a gift or any hospitality should not seem lavish or disproportionate to the nature of the relationship you have with the provider. If the gift or hospitality does not fit with the NMC's interests, or is out of proportion, then it should be declined.
- 18 If accepting the gift or hospitality will give rise to an obligation that could affect your judgement, or could give the impression of such an obligation, you should decline it. For instance, gifts or hospitality of any value from someone seeking a contract or re-tendering a contract should be declined. Similarly, you should never accept a gift or hospitality from any person or organisation in which you know we are engaged in or considering formal regulatory action.



1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12
13
14
15
16
17

19 Gifts and hospitality must not be solicited.

**Proportionality: the value of the gift or hospitality**

20 You should identify the value of the gift or hospitality. If the value is unknown, you should estimate its value based on comparable items.

21 Gifts and hospitality should not be lavish or disproportionate to the nature of the relationship, in most circumstances:

21.1 Modest, trivial gifts (that do not exceed £5) and light refreshments and working lunches can be accepted and do not need to be declared.

21.2 Gifts valued at between £5 and £20 and modest offers to pay some or all of the travel and accommodation costs related to attendance at events can be accepted and must be declared.

21.3 Gifts valued at over £20 and offers of hospitality which go beyond modest, or of a type that the organisation itself might not usually offer, should be declined and must be declared.

22 Multiple gifts and/or frequent offers of hospitality from the same source over a 12-month period should be treated in the same way as single gifts over £20 where the cumulative value exceeds £20 or single offers of hospitality which go beyond modest.

23 Gifts of cash and vouchers should always be declined.

**Anonymous gifts or offers of hospitality**

24 Where gifts are sent anonymously and cannot be returned to the sender, you should pass the gift to the Secretary to the Council, who will liaise with the Chair of Council or the Chair of the relevant committee to agree an appropriate course of action. This may include donating the gift to charity. The receipt of the gift and course of action decided should be declared.

25 Where hospitality is paid for anonymously, you should make every effort to find out who covered the costs as soon as you become aware of the situation and, if possible, reimburse them. You should declare the hospitality and the action you have taken.

**Questions to consider when deciding on accepting gifts or hospitality should include:**

26 Could my actions be perceived by others as gaining an improper advantage or as accepting a bribe?

27 Could I satisfactorily defend my decision to a registrant or a member of the public?

28 Could I satisfactorily defend my decision to the Privy Council?

29 Will my business relationship be altered by accepting the gift or hospitality?

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12
13
14
15
16
17

## Completion of the Gifts and Hospitality Declaration form

- 30 You should record instances of gifts or hospitality in line with the guidance above. This includes any instance involving this policy applying to close family members, friends or business associates.
- 31 If you need to make a declaration, please complete the gifts and hospitality declaration form within 30 days of receipt or decline of gifts or hospitality and send it to the Head of Governance along with any relevant or supporting documentation. The Head of Governance will then make an entry on the NMC's Gifts and hospitality register.
- 32 We are committed to openness and transparency and will publish the gifts and hospitality register at least annually on our website.

**Governance**  
**September 2021**

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12
13
14
15
16
17

## Annexe 1: Summary and examples

### Summary

The diagram below provides a summary guide for gifts and hospitality. As each case needs to be considered on its merits - bearing in mind the nature of the relationship with the other party and the value of the item - the examples will not be applicable in all circumstances.

Accept with no need to declare	
<p><b>Gifts that do not exceed £5:</b></p> <ul style="list-style-type: none"> <li>• Isolated, trivial and inexpensive items such as: <ul style="list-style-type: none"> <li>○ Pocket diary</li> <li>○ Calendar or other stationery products</li> <li>○ Key ring</li> </ul> </li> </ul>	<p><b>Hospitality:</b></p> <ul style="list-style-type: none"> <li>• Catering service refreshments (tea / coffee / light lunch) at meetings</li> </ul>
Accept AND declare on the Gifts and hospitality register	
<p><b>Gifts that do not exceed £20:</b></p> <ul style="list-style-type: none"> <li>• Decorative item (plate / vase)</li> <li>• Box of chocolates</li> <li>• Flowers</li> <li>• Bottles of wine or spirits</li> </ul>	<p><b>Hospitality:</b></p> <ul style="list-style-type: none"> <li>• Attendance at modest social function or annual dinner of an organisation, association or body with which the NMC is in regular contact</li> </ul>
Decline AND declare on the Gifts and hospitality register	
<p><b>Gifts over £20:</b></p> <ul style="list-style-type: none"> <li>• Gift vouchers (other than through NMC Reward and Recognition schemes)</li> <li>• Membership / subscription to an organisation such as sports or other clubs</li> <li>• Tickets to sporting or social / leisure events</li> <li>• Holidays (UK or abroad) or holiday travel</li> <li>• Goods or services at trade / discount prices</li> </ul>	<p><b>Hospitality:</b></p> <ul style="list-style-type: none"> <li>• Attendance at frequent or extravagant social or sporting functions (particularly invitations from the same source).</li> </ul>

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12
13
14
15
16
17

## Case studies

### **Case study one:**

You are attending a stakeholder meeting which is also attended by an external organisation that produces and sells medical supplies. The external organisation has brought along a number of items which contain their company's details, such as pens, key rings and other stationery items. The company states attendees are free to take the stationery with them when they leave.

**Result:** ✓

It is acceptable to take small items such as this without needing to declare them on the Gift and hospitality register.

### **Case study two:**

An organisation which provides training for nurses and/or midwives invites you to visit their premises. They state they will cover all of your travel expenses.

**Result:** ✗

This offer should be refused and recorded on the gifts and hospitality register. It may still be possible for you to attend, but your costs would need to be covered under the NMC's travel and expenses policy.

### **Case study three:**

A contact at an external consultancy company that has undertaken work for the NMC sends you two tickets to the theatre with a note saying thank you and we look forward to working with you in the future.

**Result:** ✗

The tickets should be returned to the consultancy company, and noted on the gifts and hospitality register. It is not appropriate to accept tickets of this nature, especially given the company's note about future work, as it indicates a potential future conflict of interest. In this scenario, it is also inappropriate to give the tickets to associates, as the conflict of interest is still created.

### **Case study four:**

You attend a meeting with a patient representative group. They send you some flowers or a bottle of wine to say thank you for your time.

**Result:** ✓

This gift can be accepted, but should be declared on the register.

## Annexe 2: Gifts and Hospitality Declaration Form

### GIFTS AND HOSPITALITY DECLARATION FORM

*To be submitted to the Governance Team within 30 days of receipt or decline of gifts / hospitality*

To: Head of Governance (Email: [MaryAnne.Poxton@nmc-uk.org](mailto:MaryAnne.Poxton@nmc-uk.org))

Name:

Role:

I wish to declare the offer of the following gifts and/or hospitality for entry on the gifts and hospitality register. I understand the register will be published with my details.

**Signature:**

**Date signed:**

Date Received	Sender / Organisation	Description of gift / hospitality	£ of item	Accepted and reason	Declined and reason

#### Governance Office use only

Declaration received by:

Date declaration received:

Date declaration added to register:

## Council

### Appointment of Fitness to Practise Panel Chairs

**Action:** For decision.

**Issue:** Appointment of Panel Chairs of the Fitness to Practise and Investigating Committees.

**Core regulatory function:** Professional Regulation.

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

**Decision required:** The Council is invited to accept the recommendations of the Appointments Board to appoint the individuals listed at Annexe 1 as Panel Chairs of the Fitness to Practise and Investigating Committees (paragraph 11).

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

- Annexe 1: List of Panel Members recommended for appointment as Panel Chairs to the stated Practice Committee.

**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: Kelly O'Brien  
Phone: 020 7681 5151  
[kelly.obrien@nmc-uk.org](mailto:kelly.obrien@nmc-uk.org)

Director: Tom Scott  
Phone: 020 7046 7914  
[Tom.Scott@nmc-uk.org](mailto:Tom.Scott@nmc-uk.org)

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12
13
14
15
16
17

**Context:**

- 1 The process and methodology to select a new cohort of Panel Chairs were agreed in advance by the Appointments Board. The process was open only to existing Panel Members.
- 2 The Appointments Board is recommending the appointment of 34 existing Panel Members as Panel Chairs.
- 3 The appointment of a Panel Member as a Chair, or their transfer between committees, does not extend, alter or otherwise change the length of their term of appointment.

**Four country factors:**

- 4 93.88 percent of applicants were based wholly or mainly in England. 2.04 percent of applicants were based in Northern Ireland, 2.04 percent in Scotland and 2.04 percent in Wales. 97.06 percent of those Panel Members recommended for appointment are based wholly or mainly in England.

**Discussion: Results of the Panel Chair selection process results**

- 5 We received 49 applications for the Panel Chair roles. 28.57 percent of applications were from registrant Panel Members, which is lower than the percentage of registrants in our current Panel Member pool (44.13 percent).
- 6 37 of the candidates progressed to the assessment centre stage, where candidates participated in a group exercise and completed written exercises as approved by the Appointments Board.
- 7 At a meeting on 9 November 2021, the Appointments Board reviewed the following information to inform its decision-making on recommendations for appointment:
  - 7.1 Candidate narrative reports.
  - 7.2 Candidate scores and final cut-off levels for each stage of the process.
  - 7.3 Equality diversity and inclusion analysis.
- 8 34 of the candidates met the assessment benchmarks set by the Board:
  - 8.1 8 registrant Panel Members and 26 lay Panel Members.
  - 8.2 9 candidates are Panel members of the Investigating Committee.
  - 8.3 25 candidates are Panel Members of the Fitness to Practise Committee.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

9 Of the 14 registrant Panel Members who applied, 8 (57.14 percent) are recommended for appointment. Of the 35 Lay panel members who applied, 26 (74.3 percent) are recommended for appointment.

10 The Board considered that the process had been robust and run according to the selection criteria and assessment methodology it had approved. The Board recommends to Council the appointment of the 34 successful individuals as Panel Chairs.

11 **Recommendation: The Council is invited to accept the Appointments Board’s recommendation to appoint the individuals listed at Annexe 1 as Panel Chairs of the Fitness to Practise and Investigating Committees.**

**Next steps**

12 The number of applications received was lower than anticipated and, as a consequence, the number of Panel Members being recommended for appointment is less than the target we had set in order to meet our longer term hearings capacity.

13 To address the shortfall, we will run an external recruitment campaign to select more Panel Chairs for appointment. The campaign will be overseen by the Appointments Board and the Council will receive recommendations for the appointment of further Panel Chairs in 2022.

**Midwifery implications:**

14 No implications as there is no requirement for Panel Chairs to be registrants, whether that is nurses, nursing associates, midwives or dual registered.

**Public protection implications:**

15 Panel Chairs are required to make decisions at fitness to practise events that protect the public.

**Resource implications:**

16 The cost of the selection and appointment campaign was incorporated in existing operational budgets.

17 It is anticipated that the tender exercise for the external recruitment partner will start at the end of November 2021 and the cost will be met within the existing Professional Regulation budget for the current financial year.

**Equality diversity and inclusion implications:**

18 Diversity impacts were considered at each stage of the process and we are confident that the process did not result in any adverse equality and diversity implications.



1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12
13
14
15
16
17

- 19 The overall diversity of the Panel Chair pool will increase following these appointments:
- 19.1 23.53 percent of those recommended for appointment are from a Black and minority ethnic background. If the recommended appointments are made, 13.48 percent of the new Panel Chair pool will be from a Black and minority ethnic background, which is a 6.21% increase.
  - 19.2 19.23 percent of lay Panel Chairs recommended for appointment are from a Black and minority ethnic background, this is in comparison to 14 percent of the UK population.
  - 19.3 37.5 percent of registrant Panel Chairs recommended for appointment are from a Black and minority ethnic background. This is in comparison to 21.67 percent of our register.
- 20 As all the Panel Chair appointments are drawn from the existing panel membership, the overall diversity of the panel membership is not affected.

**Stakeholder engagement:**

- 21 Panel Members were engaged with and encouraged to apply for the Panel Chair role through a variety of internal communication channels. This was an internal campaign and was therefore not advertised externally.

**Risk implications:**

- 22 Failure to appoint sufficient Panel Members and Panel Chairs will prevent the NMC from sustaining future hearings activity. These appointments and the plans to now run an external process will mitigate that risk.

**Legal implications:**

- 23 Rule 7(1) of the Nursing and Midwifery Council (Midwifery and Practice Committees) (Constitution) Rules 2008 (the Rules) grants Council the power to appoint panel members as Chairs of the Fitness to Practise Committee and Investigating Committee.

**Practice Committee Panel Chairs - recommendations for appointment**

<b>Name</b>	<b>Committee</b>	<b>Role</b>	<b>First / Second term</b>	<b>Term Start</b>	<b>Term End</b>
1. Andrew Macnamara	Fitness to Practise	Lay	First	28/11/2018	27/11/2022
2. Angela Williams	Investigating Committee	Lay	First	07/07/2021	06/07/2025
3. Bernard Herdan	Fitness to Practise	Lay	First	28/11/2018	27/11/2022
4. Carolyn Tetlow	Fitness to Practise	Lay	Second	15/06/2017	14/06/2025
5. Christopher Taylor	Investigating Committee	Registrant	First	28/11/2018	27/11/2022
6. Claire Cheetham	Fitness to Practise	Lay	First	07/07/2021	06/07/2025
7. David Clive Lancaster	Fitness to Practise	Lay	First	07/07/2021	06/07/2025
8. Deborah Hall	Fitness to Practise	Registrant	Second	15/06/2017	14/06/2025
9. Denford Chifamba	Fitness to Practise	Registrant	First	07/07/2021	06/07/2025
10. Fiona Abbott	Fitness to Practise	Lay	First	07/07/2021	06/07/2025
11. Gary Tanner	Investigating Committee	Lay	First	07/07/2021	06/07/2025
12. Godfried Attafua	Investigating Committee	Registrant	First	28/11/2018	27/11/2022
13. Janet Fisher	Fitness to Practise	Lay	First	07/07/2021	06/07/2025
14. Jonathan Storey	Fitness to Practise	Lay	First	07/07/2021	06/07/2025
15. Judith Webb	Fitness to Practise	Lay	First	07/07/2021	06/07/2025
16. Kathy Martyn	Fitness to Practise	Registrant	Second	20/02/2017	19/02/2025
17. Katriona Crawley	Investigating Committee	Lay	First	07/07/2021	06/07/2025
18. Kiran Gill	Investigating Committee	Lay	First	28/11/2018	27/11/2022
19. Lucy Watson	Fitness to Practise	Registrant	First	07/07/2021	06/07/2025
20. Mary Idowu	Fitness to Practise	Lay	First	07/07/2021	06/07/2025
21. Nariane Chantler	Investigating Committee	Registrant	First	28/11/2018	27/11/2022
22. Nicola Dale	Fitness to Practise	Lay	First	28/11/2018	27/11/2022
23. Nisa Khan	Fitness to Practise	Lay	First	07/07/2021	06/07/2025
24. Patricia Dion Richardson	Fitness to Practise	Lay	First	07/07/2021	06/07/2025

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

25. Penelope Titterington	Fitness to Practise	Lay	First	07/07/2021	06/07/2025
26. Peter Wrench	Fitness to Practise	Lay	Second	20/02/2017	19/02/2025
27. Rachel Childs	Fitness to Practise	Lay	First	28/11/2018	27/11/2022
28. Rachel Forster	Fitness to Practise	Lay	First	07/07/2021	06/07/2025
29. Richard Youds	Fitness to Practise	Lay	First	08/07/2021	07/07/2025
30. Sadia Zouq	Fitness to Practise	Lay	Second	15/06/2017	14/06/2025
31. Sarah Boynton	Investigating Committee	Registrant	First	28/11/2018	27/11/2022
32. Sarah Hamilton	Investigating Committee	Lay	First	07/07/2021	06/07/2025
33. Scott Handley	Fitness to Practise	Lay	First	07/07/2021	06/07/2025
34. Tracy Stephenson	Fitness to Practise	Lay	First	07/07/2021	06/07/2025

## Council

### Audit Committee Report

**Action:** For information.

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

**Core regulatory function:** Supporting functions.

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

**Decision required:** None.

**Annexes:** None.

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

Author: Peter Clapp  
Phone: 020 4524 1298  
[peter.clapp@nmc-uk.org](mailto:peter.clapp@nmc-uk.org)

Chair: Marta Phillips

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12
13
14
<b>15</b>
16
17

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

**Context:** 1 Reports on the last meeting of the Audit Committee held on 20 October 2021. Key Issues considered by the Committee included:

- 1.1 Progress on the Internal Audit work plan and reviews completed in the last quarter.
- 1.2 A proposed approach to comprehensive assurance reviews and a comprehensive assurance review on the work of the Communications and Engagement directorate.
- 1.3 The annual review of accounting policies.
- 1.4 Standing reports on serious event reviews and single tender actions.

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

**Discussion: Internal Audit work plan 2021-2022**

- 3 The Committee reviewed progress against the Internal Audit work plan 2020-2021. The Committee considered four internal audit reports.
- 4 **People – Starters and Onboarding** which had received an opinion of partial assurance. The report identified the need for a more overarching, seamless process with clearer roles and responsibilities from the start. The Committee noted that the Executive was already aware of the issues identified by the report and work was underway to address the concerns, which would result in a redesign of the candidate journey. The Executive confirmed that it expected changes to be structurally implemented by spring 2022, and although technological improvements would be on a longer trajectory, the Executive still expected to see significant improvements in this area by autumn 2022.
- 5 **People – Equality, Diversity and Inclusion (internal facing work)** which had received an opinion of reasonable assurance. The report had noted that the NMC had sound control around the development and delivery of the EDI strategy, recognising that the NMC is in the earlier stages of delivery. The Committee noted that the scope of this report was focused on internal practice within the NMC, and that a report looking at external facing practice was proposed for the 2022-2023 internal audit plan.

- |     |
|-----|
| 1.  |
| 2.  |
| 3.  |
| 4.  |
| 5.  |
| 6.  |
| 7.  |
| 8.  |
| 9.  |
| 10. |
| 11. |
| 12. |
| 13. |
| 14. |
| 15. |
| 16. |
| 17. |
- 6 **Payroll** which had received an opinion of substantial assurance. This was an additional piece of work that was requested by the Executive following an issue which required additional employer pensions contributions to be made to some colleagues on maternity leave. The review identified a small number of overpayments and suggested that improvement monitoring of these should be introduced. A further report focusing on specific areas of tax and NI deductions was being undertaken concurrently and would be reported at the next meeting of the Committee.
- 7 **Fitness to Practise Caseload** which had received an opinion of reasonable assurance. The report concluded positively on programme management and wider governance but recognised that the practical results-oriented approach adopted has necessitated lighter controls in some places. The Committee discussed the controls in place to ensure quality was not being compromised and sought assurance that manageable caseloads were being allocated through effective processes. The Executive confirmed that the caseload per investigator was reducing and that it was working with colleagues to reassure them that quality should never be sacrificed for speed.
- 8 The Committee continues to monitor progress on clearing Internal Audit recommendations. The Committee noted that although progress was being made, it was taking longer than envisaged in some cases. This was particularly the case for a number of actions owned by the P&OE directorate; it was agreed that these would be summarised into a high level timeline so that the Committee could track progress.

### **Approach to Comprehensive Assurance Reviews**

- 9 The Committee considered a revised approach to Comprehensive Assurance Reviews (CARs) which provided a proposed set of principles for the reviews and a proposed schedule for 2022.
- 10 The Committee agreed that CARs played a key role in providing assurance on the effectiveness of risk management processes and that the revised approach would support the Committee to have frank, structured conversations with Executive Directors on the key risks their directorates were facing and how they were managing them.
- 11 The Committee confirmed the following schedule:
- 11.1 February 2022 – Technology, including cyber security.
- 11.2 April 2022 – Regulatory Reform.
- 11.3 October 2022 – Overseas Registrations Process.

### **Comprehensive Assurance Review of Communications and Engagement**

12 The Committee received a presentation on risks, mitigations and sources of assurance in relation to the work of the Communications and Engagement Directorate. The review provided an overview of how key risks had been managed and mitigated through the C&E change programme, as well as current risks within:

12.1 Strategic Communications and Engagement.

12.2 NMC & Me campaigns.

12.3 Public engagement.

13 The Committee welcomed the progress made in identifying and mitigating risks through the C&E change programme. The Committee was assured by the approach that had been put in place.

### **Whistleblowing, anti-fraud, bribery and corruption 2021-2022**

14 The Committee was pleased to note that no instances of fraud, bribery or corruption had been detected so far in 2021-2022, and that there had been no reported incidents of offences under the Modern Slavery Act 2015 in the NMC's supply chain.

15 There had been two instances of the whistleblowing policy being used since the last Committee meeting. The Committee was informed of these cases and updated on one case that had been previously reported on. The Committee was content with how the cases were being handled.

### **Annual review of accounting policies**

16 The Committee considered and approved proposed changes to the accounting policies.

### **Serious event reviews and data breaches report**

17 The Committee considered the report on serious event reviews (SERs) and data breaches for the period 1 April to 30 June 2021 and the learning and actions that arose from them, in particular reflecting on the systems in place to oversee the progression of cases between teams.

18 The Committee noted that the same events continued to reoccur in the reports and requested the Executive focus on making progress in resolving the underlying issues and root causes.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

## Single tender actions

- 19 The Committee considered a report on single tender actions (STAs) and the STAs actions log for the period 1 June 2021 to 30 September 2021. The Committee noted that there had been two STAs during that period, and was pleased to note that this was fewer than in previous quarters.

## Revised approach to agendas

- 20 The Committee's effectiveness review had identified that the Committee's agendas should be reviewed and potentially streamlined to provide more time for strategic focus. In response the Chair and the secretariat had met to review agendas and had proposed a revised schedule. The Committee agreed the following changes:

- 20.1 The quarterly corporate risk report will be replaced with the refreshed approach to Comprehensive Assurance Reviews and, in line with current practice, an annual review of risk management effectiveness. This will require a minor amend to the Risk Management Framework.
- 20.2 Single Tender Actions and Serious event reviews would be reported every six months, instead of every quarter.
- 20.3 Updates on whistleblowing, anti-fraud, bribery and corruption would be provided as part of the action updates.
- 20.4 The two private sessions with auditors – one with the external auditors and NAO, the other with internal auditors - would be replaced with one single session with all auditors.

### Midwifery implications:

- 21 No midwifery implications arising directly from this report.

### Public protection implications:

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

### Resource implications:

- 23 No resource implications arising directly from this report.

### Equality and diversity implications:

- 24 The Committee considered the findings of the Internal Audit report on the organisation's internal EDI activity which is summarised at paragraph 5.

### Stakeholder engagement:

- 25 None.



**Risk implications:** 26 No risk implications arising directly from this report.

**Legal implications:** 27 None identified.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12
13
14
<b>15</b>
16
17

## Council

### Investment Committee Report

**Action:** For information.

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

**Core regulatory function:** Supporting functions.

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

**Decision required:** None.

**Annexes:** None.

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

Author: Peter Clapp  
Phone: 020 4524 1298  
[peter.clapp@nmc-uk.org](mailto:peter.clapp@nmc-uk.org)

Chair: Derek Pretty

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12
13
14
15
<b>16</b>
17

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

- Context:**
- 1 Reports on the last meeting of the Investment Committee held on 18 October 2021. Key issues considered by the Committee included:
    - 1.1 Performance of the Investment Portfolio.
    - 1.2 Sarasin’s approach to environmental, social and governance (ESG) issues and equality, diversity and inclusion (EDI).
    - 1.3 The NMC’s position on investing in companies that manufacture opioids.
    - 1.4 Proposals for how the Committee could strengthen its approach to EDI.

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

**Discussion: Performance of the Investment Portfolio**

- 3 The Committee reviewed and discussed the performance of the Investment Portfolio with our Investment Managers, Sarasin. The objective for the fund is a return of UK Consumer Price Index (CPI) plus 3 percent per annum.
- 4 The last quarter has been a challenging period for the portfolio with a total return of -0.1 percent against a benchmark of 1 percent, and a return year to date of 4.8 percent against a benchmark of 8.7 percent. In particular, UK and global equities had not performed well against Sarasin’s benchmarks with an 8.1 percent return against an index of 13.7 percent for UK equities, and 7.4 percent return against an index of 12.7 percent for global equities.
- 5 The Committee explored this underperformance with the Investment Managers who were confident that whilst their thematic approach was producing disappointing returns in the short term due to market conditions, this would give way to growth in the long term. They noted that underperformance was also due to stock selection, in particular due to not holding equities in the energy sector due to ESG issues and not holding equities in banks sensitive to increased interest rates. They remained confident that the NMC’s targets were appropriate and achievable.
- 6 The Committee explored the following areas with the Investment Managers:
  - 6.1 Whether increased inflation was a short or long term trend and how the investment managers were managing the portfolio to mitigate this challenge;
  - 6.2 Sarasin’s penalty box process which is used to identify, assess and make decisions on poorly performing assets;

6.3 Sarasin’s view on the appropriateness of holding Chinese equities in the light of ESG issues.

7 The Committee confirms it is comfortable with the investment approach taken by the Investment Managers, and agrees with their assessment that there is no need to alter the approach at this stage.

**Sarasin’s approach to equality, diversity and inclusion (EDI) and environmental, social and governance (ESG) issues**

8 Sarasin provided the Committee with a presentation on their approach to EDI and ESG issues.

9 The Committee were pleased to note that Sarasin are active members of the 30 percent Club – a group campaigning to increase diversity at board and senior leadership level – and are using their influence to challenge companies to improve diversity. Sarasin shared examples of their active engagement with companies and the improvements they had seen.

10 Sarasin recognised that as well as encouraging other organisations to improve their diversity, they also needed to improve their own diversity, and are undertaking a number of initiatives to improve this. The Committee will receive a further presentation on this work in January 2021.

11 The Committee was pleased to hear Sarasin’s commitment and action on EDI issues and requested updates on progress as it was an area of significant interest and concern for the Committee and the NMC.

**Investments in companies profiting from opioid based therapies**

12 At its meeting on 19 May 2021, Council asked the Committee to consider the NMC’s position on companies that were profiting from the creation of opioid dependency. In response to this request, the Committee considered a paper which outlined three options:

12.1 To not make any specific declaration in the policy but rely on Sarasin’s ESG vetting processes to identify whether a company has a poor record on promoting opioids;

12.2 Similar to the NMC’s approach to gambling and alcohol (in ‘category two’ of the ethical investment policy), the NMC could specifically exclude pharmaceuticals as the narrowest standard industry category covering the likely relevant companies; or

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12
13
14
15
16
17

- |     |
|-----|
| 1.  |
| 2.  |
| 3.  |
| 4.  |
| 5.  |
| 6.  |
| 7.  |
| 8.  |
| 9.  |
| 10. |
| 11. |
| 12. |
| 13. |
| 14. |
| 15. |
| 16. |
| 17. |
- 12.3 Make an explicit exclusion in the policy for opioid mis-selling or manufacture, and explore with Sarasin whether there are sources to develop a 'core exclusionary list' where known mis-selling or manufacture of opioids has or is occurring and exclude any such companies.
- 13 The Executive had considered the paper in October 2021 and recommended option one as it has the advantage of being both efficient and effective. It focuses on preventing the wrong of 'mis-selling' and hence 'creation of dependency', rather than the less targeted 'manufacturing' of what is generally a beneficial class of drugs.
- 14 Having confirmed that the Investment Managers were confident their processes would effectively identify poor practice in this area, the Committee agreed to recommend option one to Council; namely that the NMC should not make any specific declaration in the policy but rely on Sarasin's ESG vetting processes to identify whether a company has a poor record on promoting opioids. This recommendation will be reflected in the Committee's upcoming review of the Investment Policy which will be recommended to Council in May 2022.

**Proposals for strengthening the Committee's approach to EDI**

- 15 The Committee considered a paper on how it could strengthen its approach to EDI and agreed the following:
- 15.1 Membership: When recruitment needs arise, as previously, an appropriately robust process will be undertaken to improve the diversity of the Committee. In the meantime, as previously agreed, Associates already have an open invitation to attend meetings and both are due to attend the January 2022 meeting; and colleagues from employee groups will be invited to observe appropriate meetings.
- 15.2 Relationship with investment managers: The Committee has confidence in the Investment Manager's approach to ESG and EDI and will continue to work in partnership with them to encourage the further development of their approach; both internally within Sarasin and in the companies they invest in.
- 15.3 External consultant: the Committee was supportive of considering seeking scrutiny from such a consultant as long as they were appropriately skilled in both investment and EDI and made some suggestions for how this might be explored further.

15.4 Approach to investment policy: The paper had proposed that as well as excluding certain types of organisation, the investment policy could include a positive stance on the sorts of companies the NMC would like to invest in. However, the Committee noted that it would be breaching the rules of the financial services regulator (the Financial Conduct Authority) to encourage the Investment Managers to invest in certain companies, and so it would not be possible to adopt this approach. As a charity, the NMC could choose to fund social enterprises that are aligned with its charitable aims, but this would need to be managed by a separate policy with distinct objectives. Therefore this is outside the remit of the Committee and is a matter for Council.

### Risk register

	16	The Committee discussed the portion of the corporate risk register relating to the investment risk and noted there were no amendments to the register since reviewed by the Committee in January 2021.
<b>Midwifery implications:</b>	17	No midwifery implications arising directly from this report.
<b>Public protection implications:</b>	18	No public protection issues arising directly from this report.
<b>Resource implications:</b>	19	No resource implications arising directly from this report. Our long term investment policy has a target overall rate of return on invested funds of CPI plus 3 percent per annum, net of investment management fees.
<b>Equality and diversity implications:</b>	20	EDI issues were considered as part of the discussion on Sarasin's approach to EDI and ESG (paragraphs 8-11) and the Committee's approach to EDI (paragraph 15)
<b>Stakeholder engagement:</b>	21	None.
<b>Risk implications:</b>	22	The Committee will continue to discuss and monitor the associated risks. A summary of their discussion on risks is at paragraphs 16-17.
<b>Legal implications:</b>	23	None identified.