

# Open Council 29 September 2021

MEETING  
29 September 2021 09:30

PUBLISHED  
21 September 2021

## Meeting of the Council

To be held virtually from **09:30** on Wednesday 29 September 2021

### Agenda

Virtual link: <https://global.gotomeeting.com/join/457000085>

Phone: United Kingdom (Toll Free): 0 800 169 0432

Access Code: 457-000-085#

Sir David Warren  
Chair of the Council

Fionnuala Gill  
Council Secretary

|          |  |           |              |
|----------|--|-----------|--------------|
| <b>1</b> | <b>Welcome and Chair's opening remarks</b> | NMC/21/71 | <b>09:30</b> |
| <b>2</b> | <b>Apologies for absence</b>               | NMC/21/72 |              |
| <b>3</b> | <b>Declarations of interest</b>            | NMC/21/73 |              |
| <b>4</b> | <b>Minutes of the previous meeting</b>     | NMC/21/74 |              |
|          | Chair of the Council                       |           |              |
| <b>5</b> | <b>Summary of actions</b>                  | NMC/21/75 |              |
|          | Secretary                                  |           |              |

### Matter for decision

|          |   |           |              |
|----------|---|-----------|--------------|
| <b>6</b> | <b>Educational Programme Standards Review</b> | NMC/21/76 | <b>09:35</b> |
|          | Executive Director, Professional Practice     |           |              |

### Matter for discussion

|          |   |           |              |
|----------|---|-----------|--------------|
| <b>7</b> | <b>Executive report</b>                 | NMC/21/77 | <b>10:00</b> |
|          | Chief Executive and Registrar/Executive |           |              |

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*Comfort break 10 minutes*

*10:35*

## **Matters for decision**

**8 Planning for the end of the Covid-19 emergency** NMC/21/78 **10:45**

Executive Director, Strategy and Insight / Interim  
Executive Director, Professional Regulation

**9 Introduction of the Equality, Diversity and  
Inclusion Plan 2021–2025** NMC/21/79 **11:05**

Executive Director, People and Organisational  
Effectiveness

*Comfort break 10 mins*

*11:35*

**10 10.1 Adroddiad Monitro'r Cynllun iaith Gymraeg  
ar gyfer y cyfnod rhwng 1 Ebrill 2020 a 31  
Mawrth 2021** NMC/21/80 **11:45**

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

Executive Director, People and Organisational  
Effectiveness

## **Matter for discussion**

**11 Fitness to Practise Improvement Programme  
Update** NMC/21/81 **11:55**

Interim Executive Director, Professional Regulation

## **Matters for decision**

**12 Review and re-approval of Corporate plan and  
budget 2020-2021** NMC/21/82 **12:25**

Executive Director, Resources and Technology  
Services

|           |   |           |              |
|-----------|---|-----------|--------------|
|           | <i>Comfort break 10 mins</i>                              |           | <i>12:55</i> |
| <b>13</b> | <b>Appointment of external auditors</b>                   | NMC/21/83 | <b>13:05</b> |
|           | Executive Director, Resources and Technology Services     |           |              |
| <b>14</b> | <b>Panel member transfers between Practice Committees</b> | NMC/21/84 | <b>13:15</b> |
|           | Interim Executive Director, Professional Regulation       |           |              |
| <b>15</b> | <b>Annual Health, Safety and Security Report</b>          | NMC/21/85 | <b>13:20</b> |
|           | Executive Director, Resources and Technology Services     |           |              |

### **Matters for discussion**

|           |  |               |              |
|-----------|--|---------------|--------------|
| <b>16</b> | <b>Professional Standards Authority performance review 2019-2020 action plan</b> | NMC/21/86     | <b>13:35</b> |
|           | Executive Director, People and Organisational Effectiveness                      |               |              |
| <b>17</b> | <b>Questions from observers</b>  | NMC/21/87     | <b>13:55</b> |
|           | Chair  | <b>(Oral)</b> |              |

### **Matters for information**

|           |   |           |  |
|-----------|---|-----------|--|
| <b>18</b> | <b>Investment Committee Report</b>                  | NMC/21/88 |  |
|           | Chair of the Investment Committee                   |           |  |
| <b>19</b> | <b>Appointments Board Report</b>                    | NMC/21/89 |  |
|           | Chair of the Appointments Board                     |           |  |
| <b>20</b> | <b>Chair's actions taken since the last meeting</b> | NMC/21/90 |  |
|           | Chair   |           |  |

**CLOSE** **14:10**

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Meeting of the Council  
Held on 28 July 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    |
| Anna Walker       | Member    |
| Ruth Walker       | Member    |
| Dr Lynne Wigens   | Member    |

### NMC Officers:

|                    |  |
|--------------------|--|
| Andrea Sutcliffe   | Chief Executive and Registrar  |
| Emma Broadbent     | Executive Director, Professional Regulation                              |
| Andy Gillies       | Executive Director, Resources and Technology Services                    |
| Helen Herniman     | Interim Executive Director, Resources and Technology Services            |
| Matthew McClelland | Executive Director, Strategy and Insight                                 |
| Francesca Okosi    | Executive Director, People and Organisational Effectiveness              |
| Tom Scott          | Interim Executive Director, Professional Regulation                      |
| Alexander Rhys     | Assistant Director, Professional Practice                                |
| Edward Welsh       | Executive Director, Communications and Engagement                        |
| Alice Hilken       | General Counsel  |
| Fionnuala Gill     | Secretary to the Council   |
| Pernilla White     | Senior Governance Manager  |
| Rob Beaton         | Head of Corporate Planning, Performance and Risk<br>(NMC/21/66 only)     |
| Fausto Felice      | Head of Strategic Change (NMC/21/67 only)                                |
| Tina Sahota        | Programme Manager (NMC/21/67 only)                                       |
| Abby Crawford      | Workforce Equality, Diversity, and Inclusion Manager<br>(NMC/21/68 only) |

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

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**Minutes**

**NMC/21/61 Welcome and Chair’s opening remarks**

1. The Chair welcomed all attendees to the meeting, including external observers. The Chair also welcomed Helen Herniman, recently appointed Interim Executive Director, Resources and Technology Services.
2. The Chair noted the sad news that Dame Clare Marx had stepped down as Chair, General Medical Council (GMC) due to serious illness. The Council had appreciated the generous support Dame Clare and GMC colleagues had given when we had faced a similar situation. Our thoughts and support were with Dame Clare, her family and GMC colleagues at this difficult time.
3. The Chair congratulated Karen Cox on revalidating successfully for the second time.

**NMC/21/62 Apologies for absence**

1. Apologies were received from Justine Craig, Council member and Geraldine Walters, Executive Director, Professional Practice.

**NMC/21/63 Declarations of interest**

1. None.

**NMC/21/64 Minutes of the previous meeting**

1. The minutes of the meeting on 7 July 2021 were agreed as an accurate record.

**NMC/21/65 Summary of actions**

1. The Council noted progress on actions from the previous meetings.
2. Arising from NMC/21/56: Appointment of panel members, it was noted that the correct data had been provided, together with the ethnicity data disaggregated by age, as requested by the Council at the meeting on 7 July 2021.

NMC/21/66 Executive Report, including performance and risk report (Q1 April to June 2021)

*Executive report*

1. The Chief Executive and Registrar introduced the report. The Chief Executive expressed her thanks and those of the NMC to Dame Donna Kinnair who had recently stepped down as General Secretary and Chief Executive of the Royal College of Nursing (RCN). It had been confirmed that Pat Cullen would take up the post for 18 months.
2. The Chief Executive confirmed that the Annual Reports and Accounts 2020-2021 and Annual Fitness to Practise report had been laid in Parliament on 21 July 2021 and had now been published.
3. In discussion, the following points were noted:
  - a) A survey would be launched shortly to those on the temporary register to gain insight into deployment and ascertain their plans for joining or re-joining the permanent register. The four Chief Nursing Officers (CNOs) had been briefed and were supportive. The survey was part of preparing for the eventual closure of the temporary register, although there was no indication yet when the Government would declare the emergency over. The Council would be briefed in the autumn on the preparations including communications.
  - b) The consultation on the post registration standards would close on Monday 2 August. So far, we had received 1603 responses to the professional survey; over 300 public responses; and 10 easy read responses. All responses would be assessed and collated with input from the post registration standards steering group.
  - c) Health Education England (HEE) had been commissioned by the Minister of State for Care, to work with partners and review long term strategic trends for the health and social care workforce. The NMC would respond to the call for evidence.
  - d) The 'NMC and Me' campaign would explain not only what we do but importantly what is not our role. It was important to reach out to students and educators as part of this work. Other initiatives such as opportunities for students to shadow NMC colleagues were already in place. The project had been delayed by a need to retender for a research partner.
  - e) The research would also inform the work on updating our visual identity which would be discussed with the Council in November. This work would focus on how accessible and inclusive the NMC is through various channels, including the website and social media.

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- f) The work to develop a public engagement forum was welcome. Significant efforts had been made to ensure those invited to contribute to initial scoping discussions reflected a diverse mix, including from across the four countries, as well as the regions in England and to involve people who had not previously engaged in this kind of work. Initial scoping meetings had gone well but it would take another two to three months to set up the forum. The Council was keen to be closely involved in this work given its responsibilities for public accountability.
- g) The work on exploring protected titles was welcome. This had been discussed with the four CNOs and had received widespread support. Discussions with Department of Health and Social Care (DHSC) were ongoing as part of the wider work on regulatory reform.

4. Summing up, the Chair noted the appetite for the Council to be more closely involved in development of the public engagement work.

***Progress against our 2021-2022 corporate plan and budget***

5. The Executive Director, Resources and Technology Services introduced the report. Two key performance indicators (KPIs) were below target:

- a) UK registrations requiring additional scrutiny within 60 days (KPI 2): the reasons for this had been explored and learning taken onboard. The Executive was confident that there would be improvements going forward.
- b) Call attempts handled (KPI 6): performance had been affected by a combination of challenges, including redeployment of call centre staff to support fitness to practise work and a consequent need to train new colleagues; technology not functioning as well remotely; and an unanticipated increase in call volumes about revalidation and the temporary register. Staff resources had been increased with an improvement in performance seen in July.

6 In discussion, the following points were noted:

- a) There may be value in considering digital solutions to help address the call centre challenges and improve the service and options available to those contacting us. This and other enhanced tools would be explored.
- b) Delays in responding to MPs' cases were due to a combination of factors, including the number and complexity of the issues raised. Additional senior colleagues had been recruited to the team which would assist in reaching the target. The importance of responding to MP enquiries quickly was stressed.
- c) Delays to the 'Fit for the Future' corporate commitments relating to people matters were also due to various factors including the challenges of working remotely. The Council noted the importance of progressing this work.



- d) In relation to the target for assessing overseas registrations, the Executive confirmed that this would reduce from 30 to 20 days for future quarters following the grant from the Department of Health and Social care for increased Objective Structured Clinical Examination (OSCE) capacity.
- e) A proportion of the complaints relating to registration related to the time taken for overseas registrations; additional information would be provided.
- f) The low levels of staff sickness were welcome; Covid-19 illness was recorded separately, and 'self-isolation' was not counted in sickness absence where colleagues were able to continue to work.
- g) The new format of the report was welcome.

*Financial monitoring report*

- 7. h) It would be helpful if future reports included prior year out-turn as a comparator, as this was helpful to understand trends and direction of travel.

*Corporate risk exposure report to 30 June 2021*

- 8. The Executive Director, Resources and Technology Services introduced the report.

- 9. In discussion the following points were noted:

- a) The risk ratings contained in the corporate risk exposure report were post-mitigation scores; the full corporate risk register included inherent; post-mitigation; and target risk scores. This could be made clearer.
- b) The corporate risk exposure report was intended to provide an accessible summary of the full corporate risk register which the Council received twice a year. It did not therefore include all actions and mitigations being taken to address risks. The Executive confirmed that, although the collaborative work on safety of maternity services was not mentioned in the risk on regulatory effectiveness (REG 18/02), this was reflected on the full risk register. It would be helpful to reflect on the balance of information included in the summary report and the full register.
- c) Our work on regulatory reform could be added as a mitigation for the risk that we fail to meet external expectations (EXP 18/01).
- d) The risk relating to delivery of our strategic ambitions (STR19/02) was somewhat generic and could be articulated more clearly.
- e) The stable rating for the risk relating to the Modernisation of Technology Programme (INF21/04) was questioned given the significant turnover of staff working on the programme. The Executive would review this.

- 10. The Council welcomed the offer by the Chair of the Audit Committee to assist in reviewing the various points raised with the Executive, including the balance of content across the summary and full risk register.

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| <b>Action:</b> | <b>Consider how to involve the Council more fully in the public engagement work</b>  |
| <b>For:</b>    | <b>Executive Director, Communications and Engagement</b>   |
| <b>By:</b>     | <b>29 September 2021</b>   |
| <b>Action:</b> | <b>Provide clarity around the proportion and nature of complaints relating to overseas registration processes</b>                              |
| <b>For:</b>    | <b>Executive Director, People and Organisational Effectiveness</b>   |
| <b>By:</b>     | <b>29 September 2021</b>   |
| <b>Action:</b> | <b>Reflect on the balance of information included in the summary corporate exposure risk report and full corporate risk register</b>           |
| <b>For:</b>    | <b>Interim Executive Director, Resources and Technology Services</b>   |
| <b>By:</b>     | <b>24 November 2021</b>  |
| <b>Action:</b> | <b>Develop a clearer, more specific articulation of corporate risk STR19/02 that we fail to delivery our strategic ambitions for 2020-2025</b> |
| <b>For:</b>    | <b>Executive Director, Strategy and Insight</b>  |
| <b>By:</b>     | <b>24 November 2021</b>  |
| <b>Action:</b> | <b>Review the stable rating for the risk relating to Modernisation of Technology (INF21/04)</b>  |
| <b>For:</b>    | <b>Interim Executive Director, Professional Regulation</b>   |
| <b>By:</b>     | <b>24 November 2021</b>  |

**NMC/21/67 Fitness to Practise improvement programme update**

1. The Interim Executive Director, Professional Regulation introduced the report which also included performance information KPI data and the performance dashboard.
2. There had been solid progress and the growth of the backlog had been slowed. A good foundation had been laid but some of the performance improvements expected by June had not yet been achieved. Volume, costs, and quality were all being monitored. In relation to quality there had been no increases in complaints, serious event reviews, or numbers of cases raised with the Quality of Decision-making team, even though productivity had increased.
3. In discussion, the following points were noted:
  - a) The delays in recruitment were concerning, not least given the need to protect our staff. There had been more vacancies than anticipated and initial expectations around the speed of recruitment had been over-optimistic and were being recalibrated. However there had been a good response and the aim was to train and support new colleagues to become effective more quickly than previously.

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- b) Both speed and quality were important in improving the Fitness to Practise (FtP) process and ensuring that we continued our focus on a person-centred approach for all involved.
- c) Some of the delays in implementing improvements had been due to the range of interdependencies which impacted the speed with which these could be taken forward.
- d) It would be helpful to understand what the timeliness of case closure would look like once the target of reducing the backlog to 4000 cases had been reached in March 2023. Similarly, it would be helpful to understand the ultimate goal and what timeliness looked like in terms of the balance of historical, complex, straightforward cases. It was too early for the Executive to say what the optimum caseload would look like. Inclusion of trajectories in future reports would be helpful.
- e) The work to fully implement the new approach to taking account of context went live on 1 March 2021. This was not new but should ensure a more systematic and consistent approach, with a focus on root causes, rather than individual blame.
- f) Work was ongoing on moving from a focus on remediation to strengthening professional practice. We were updating all our materials including webpages, e learning, training and guidance, library, and naming conventions. A review would take place at three months, seven months and 12 months and learning would be shared with internal and external stakeholders.
- g) It would be helpful to understand any learning identified from the reductions achieved in the percentage of 'no case to answer' outcomes at both case examiner and hearing stages.
- h) An observer had raised some interesting and important questions which warranted serious consideration; the Council would welcome early sight of the full written response.
- i) It was important to ensure an immediacy to the work on equality, diversity, and inclusion (EDI) arising from the rapid case review underway. The Executive confirmed that the improvement programme would be revised to ensure that learning from the review was integrated into all aspects of the programme.
- j) There was a multiplicity of learning channels in place including learning between peers, review by direct reports and reviews by the internal Quality of Decision-making team.

4. Summing up, the Chair stressed the critical importance of this work which was the organisation's top priority and noted the Council's desire to see the EDI issues given immediacy and to have early sight of the full response to the questions raised by the Observer (**annexe B**).

|                |   |
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| <b>Action:</b> | <b>Update the Council on how learning and action from the rapid review is integrated into the programme and given immediacy</b> |
| <b>For:</b>    | <b>Interim Executive Director, Professional Regulation</b>  |
| <b>By:</b>     | <b>24 November 2021</b>   |

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**Action:** Share the full written response to the questions raised by an observer  
**For:** Interim Executive Director, Professional Regulation  
**By:** 31 August 2021

**NMC/21/68 Black Lives Matter action plan progress update**

1. The Chair noted that although this report was primarily focused on our role as an employer, as it was a report back on specific commitments, it was equally important to address EDI in our role as a regulator. The Executive Director, People and Organisational Effectiveness introduced the report which provided a progress update against the commitments made in July 2020.

2. The following points were noted in discussion:
- a) It would be helpful to understand what the data showed about how extensively the work on race education, including micro aggression training, overcoming bias and the mandatory EDI training had been taken up by colleagues. The Executive Director, People and Organisational Effectiveness would share the figures outside of the meeting.
  - b) The Leadership Development Programme had not been launched as planned as the Executive Director was not satisfied that the proposed content had an appropriate focus on raising leadership capability. An inclusive leadership programme would be put in place during 2022. The ability to manage change, drive our strategy and EDI matters would be at the heart of the inclusive leadership programme.
  - c) The ‘Rising Together’ mentoring programme was a good initiative but only catered for 20 people. It was important to consider what would really make a fundamental difference in this area. The ethnicity pay gap was a concern. Effective career development was key.
  - d) The degree to which we could exert influence on this agenda with stakeholders, partners, our registrants, and the public depended on our ability to demonstrate that we were also tackling these issues internally.
  - e) It would be important in future EDI reports to address the implications for staff, registrants and the public when reporting on these matters. The need to address midwifery issues in the regulatory aspects was stressed. The Executive confirmed that all three elements would be brought together in the EDI plan which would come to the Council in the autumn.

3. The Chair thanked the Executive Director, People and Organisational Effectiveness and her team for all the work in this area.

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**Action:** Provide information about how extensively race education, including micro aggression training, overcoming bias and mandatory EDI training has been taken up by colleagues  
**For:** Executive Director, People and Organisational Effectiveness  
**By:** 29 September 2021

**NMC/21/69 Questions from observers**

1. The Council noted the four written questions submitted by an observer and the responses provided by the Executive. Full written responses would be sent to the Observer, shared with the Council, and published on the website (**annexe B**).

**NMC/21/70 Chair's action taken since the last meeting**

1. There has been one Chair's action since the last meeting to approve closing temporary registration to overseas cohort six (overseas applicants under the current process who have submitted complete applications but not yet been assessed).

**Closing remarks**

1. The Chair thanked everyone who had joined the meeting for listening. All colleagues were also thanked for their ongoing hard work and dedication.
2. The Chair thanked Andy Gillies on behalf of the Council and the Executive, for his contribution to the NMC over the past 3 years and wished him well for the future.

*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             |
| Liz Fenton        | Deputy Chief Nurse, Health Education England                          |
| Gail Adams        | Head of Professional Services, UNISON                                 |
| Eileen McKenna    | Associate Director, Royal College of Nursing Scotland                 |
| Amy Dalrymple     | Policy Manager, Royal College of Nursing Scotland                     |
| Peter Bell        | Member of the public  |
| Beatrice Munesti  | Cardiac Specialist Nurse, NHS   |
| Sharleen Nkwo     | Student, University of Leicester                                      |
| Kym Rice          | Trainee Nurse Associate, NHS  |
| Rebecca Seaman    | Critical Care Research Nurse, Maidstone and Tunbridge Wells NHS Trust |
| James Penry-Davey | Partner, Capsticks Solicitors LLP                                     |
| Jenny Wood        | Associate, Capsticks Solicitors LLP                                   |
| Ana Sajoo         | Counsellor, NHS (LNWUH) Northwick Park Hospital                       |

### NMC staff observing

|                      |  |
|----------------------|--|
| Atif Ahmed           | Corporate Performance and Risk Officer |
| Danya Bradley-Barnes | Executive Assistant                    |
| Natalie Brown        | Paralegal                              |
| Sophie Corke         | Trainee Solicitor                      |
| Laurie Marks         | Lawyer, General Counsel team           |
| Gurinder Whall       | Senior Event Officer                   |

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| Question 1 submitted by Mr Peter Bell, Member of the public  |  |
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| <p>Dear NMC</p> <p>Could I please pose a couple of questions to the Council:</p> <p>Regarding my question at the last Council meeting on the forecast balance sheet and the investment of £30 million on the stockmarket</p> <p>The Council is forecasting / targeting a total return of CPI + 3% on its investment portfolio and has confirmed that any capital return will be retained in the investment portfolio</p> <p>This would mean that the £30 million should increase each year, but the forecast balance sheet shows this static at £30 million in each of the years ahead. Is this correct?</p> | <p><b>Response: Executive Director, Resources and Technology Services</b></p> <p>Dear Mr Bell, thank you for submitting the above question.</p> <p>The reason we have not budgeted for any gains is because we intend to leave those gains in the portfolio for the short to medium term, and we are not relying on any income or gains from the portfolio to fund our activities for the short to medium term. However, in the longer term, post five years, we may use the gains from the portfolio to fund expenditure and help keep the registrants' fee at £120, and if we do in future plan to use income and/or gains from the portfolio to fund our expenditure, then it would follow that we should include those income/gains in our budget at that stage.</p> |

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Question 2 of several relating to Fitness to Practise submitted by Mr Peter Bell, Member of the public

**Fitness to practise improvement programme update**

Can I encourage the Council to rethink the reports on Fitness to Practise that it asks the executive to bring to the Council?

1. Missing from this report is any metric relating to an assessment of the effectiveness of the whole Fitness to Practise regime – particularly on its contribution to patient safety, which is surely the underlying reason for having a Fitness to Practise regime in place at all.
2. There are no quantitative or qualitative measures reported about what happens to registrants who have been through the Fitness to Practise process – whether discharged at initial screening, investigation, case examiner or hearing stage – or whether the registrant progresses to some sanction.

**Response: Interim Executive Director, Professional Regulation**

Dear Mr Bell

Thank you for your questions, comments and suggestions. I(we) have endeavoured to respond to the individual points you raise in turn, please see below:

**Overall effectiveness of Fitness to Practise:**

The act sets out in some detail the Fitness to Practise process that we are required to operate. Our focus is to ensure that how we undertake this within the context of all our activity maximises our contribution to public safety and public confidence in the professions we regulate.

**Quantitative or qualitative measures reported on registrant outcomes:**

Our Annual Fitness to Practise report provides details of the outcomes of our processes where a final decision is taken [link]. For all registrants who are subject to conditions of practise orders or who have agreed undertakings in respect of their practise are monitored until they are able to return to practise without restriction or they are removed from the register.

Our Interim Order process enables us to act on the basis of the risk to patient and public safety or public confidence before any Fitness to Practise investigation is completed and this provides us with the means to proactively perform our role of public protection and engendering public confidence in the professions.



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One of the outcomes must surely be an assessment of whether the Fitness to Practise regime assists registrants with any remediation, allowing them to return to practise as soon as practical or alternatively to remove from the profession any registrants where remediation is not possible and there is a danger to the public if they continue in the profession.

3. There also appears to be no financial assessment of the alternatives to taking so many registrants through the Fitness to Practise regime when compared with the costs of the Fitness to Practise procedures.

4. The statistics in the report appear to be framed to justify the continuance of the current system and rate of investment, rather than being a strategic overview of the options open to Council to consider.

**Financial assessment of the alternatives to taking registrants through Fitness to Practise:**

Under 5% of all concerns raised within Fitness to Practise are from NMC – in all other cases the referrer is exercising their right to require us to evaluate if the concern is appropriate for us to consider within our process and if so to investigate such that a final decision can be taken. We therefore cannot consider any alternatives on the basis of our choice regarding how to respond to a concern.

We do consider the efficacy of our approach on an on-going basis, both for those parties where the concern does engage our responsibilities and those many referrals where we are not able to deal with what is shared with us. We seek through partnership working, influencing, communication and creating additional support mechanisms to maximise our impact whilst fulfilling our statutory obligations.

**The statistics seem framed to justify the continuance of the current system:**

It is not within our gift to deviate from the current system nor to mandate that anyone raising a concern take their matter elsewhere rather than require us to consider it. We do regularly evaluate our efficiency and effectiveness of our approach and the efficacy of alternative complementary activities.

5. For example, there is no assessment of the financial impact of the Employer Link Service in reducing the number of new referrals to the FtP process. It looks as though increasing the spend on the ELS from 8 staff to 12 staff has considerably reduced the number of new cases. It would be helpful to see the financial savings which result from this activity in order to gauge whether additional monies should be invested in this initiative.
6. There also seems to be little discussion about the number of registrants referred to FtP who, having sat sometimes for 3 years or more awaiting their fate (often on suspension) are then discharged without any action being taken.
7. What is the financial impact on the registrants and on the profession as a whole in having so many registrants economically hampered whilst the threat of NMC sanction is over their heads.

**For example, there is no financial impact of the Employer Link Service in reducing the number of new referrals to the FtP process:**

We undertake a regular financial review and challenge process within the Executive that is designed to provide the forum for exactly this debate. The creation, development and expansion of the ELS has been possible due to demonstration of its added value.

**Little discussion about the number of registrants referred to FtP how, having sat sometimes for 3 years or more....., are then discharged without any action being taken:**

A report detailing the length of time cases have been at various stages of the process is provided to our local management teams weekly, the Executive monthly and Council quarterly. We are acutely aware of the fact that many cases have been with us for extended periods and that overall around 90% of our referrals ultimately close with no case to answer, no misconduct or no current impairment therefore requiring no further action. Our FtP Improvement Programme is delivering a number of changes that are designed to ensure that we are able to make informed decisions at the earliest possible stage of the process including revising our screening guidance, the importance of hearing about how a registrant may have strengthened their practise and the context of any matters that are raised to us. We monitor the levels of concerns that are concluded at each stage with these outcomes and we believe the actions above will reduce the number of referrals that travel through the process before ultimately concluding in such a fashion.

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8. Between 60 and 80% of cases are discharged at the initial screening stage which means that, of the 3,108 cases awaiting screening, between 1,986 and 2,486 registrants are going to be released from any temporary sanction and have the threat of NMC sanction removed from them (because they are innocent of the charges alleged against them).
9. The charts which show median figures hide more than they display. Any statistician will tell you that mean, median or mode are simply different measures. What is wrong with providing a proper scatter chart which shows how long these 3,108 registrants are actually waiting for their innocence to be decided? And shows the shortest and the longest waiting time.

**Between 60 and 80% of cases are discharged at the initial screening stage:**

This is correct. We make full use of our powers to make enquiries at this stage to ensure that a fully informed decision is taken at screening. Our recent changes to articulate the impact of context on our decision making and the move to strengthening practise rather than remediation in our language all seek to obtain all possible information to make an appropriate, proportionate and informed decision.

**The charts which show median figures hide more than they display:**

Our regulator, the Professional Standards Authority, has a preference for median analysis and this is reflected in some of our metrics. We also do a detailed review of the number of concerns in different age categories on a weekly, monthly and quarterly basis as outlined above.

**What is wrong with providing a proper scatter chart which shows how long these 3,108 registrants are actually waiting for their innocence to be decided? And shows the shortest and the longest waiting time:**

This information is considered on a weekly, monthly and quarterly basis by the management team and a monthly basis by the Executive. We also report our longest and shortest cases as well as medians to our regulator together with case numbers that have been within our process beyond certain thresholds.

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10. Of course, the costs per case at screening stage would also help the Council to focus on whether additional monies spent earlier in the process – supporting and educating employers to deal with matters locally would be a better spend of registrants monies.

11. And the same applies at the following stages – case examiners – where between 30% and 60% of cases are closed with ‘no case to answer’ or ‘no current impairment’. How long does it take the NMC to conclude (another scatter chart, please, showing minimum and maximum and distribution of duration) that the registrant should not have been referred to the NMC in these cases?

**Of course, the costs per case at screening stage would also help the Council to focus on whether additional monies spent earlier in the process – supporting and educating employers to deal with matters locally would be a better spend of registrants monies:**

We do consider the cost/benefit of our marginal decisions to make investment in growing the team, recognising that we are required to provide the fitness to practise process itself. When seeking to establish the detailed cause and effect relationship between our various actions, those taken in partnership with us, those from other organisations – quality drives within NHS trusts, regions or nations – and the underlying changing landscape of the concerns brought to us from all sources the picture is often less than clear-cut. This does not stop our constant efforts to seek to be an effective regulator by avoiding errors, patient harm and therefore referrals rather than responding to these.

Amongst our successes the implementation and growth of the Employer Link Service has delivered an identifiable, measurable and significant reduction in referrals from Employers where these matters were closed without the need for regulatory intervention.

**And the same applies at the following stages –.....**

Our responses above equally apply to other stages of the process.

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| <p>12. And the backlog – which cannot all be put down to Covid – why is the NMC holding £30 million that it can invest in the stockmarket when it has so many registrants waiting (a recent case) 3 and a half years for a hearing decision?</p> | <p><b>And the backlog – which cannot all be put down to Covid – why is the NMC holding £30 million that it can invest in the stockmarket when it has so many registrants waiting (a recent case) 3 and a half years for a hearing decision?</b></p> <p>In terms of our backlog, the Council has committed to raising the expenditure of Fitness to Practise by approximately £20m over the next 2 years specifically to tackle the high numbers of cases - and an increased headcount within the directorate of approximately 100 full-time equivalent positions. When taking these decisions we must balance the imperative for action against the capacity of the organisation to grow, our marginal costs and the requirement to perform to consistently high standards in terms of our decision making.</p> <p>We also acknowledge that case numbers were rising before the pandemic and our intention is to return numbers of referrals within the process back to or below those seen in 2018.</p> |
| <p>13. Would it not be a better use of registrants fees to actually remove the backlog of cases and invest heavily in prevention and remediation rather than employ lots of FtP staff for years to come?</p>                                     | <p><b>Would it not be a better use of registrants fees to actually remove the backlog of cases and invest heavily in prevention and remediation rather than employ lots of FtP staff for years to come?</b></p> <p>As we state above, our fitness to practise processes are set out in statute and must be available for all. We do however agree that prevention and early engagement to support strengthened practise are the most effective way for us to perform our role and our strategy is to expand the activities that support these approaches.</p>  |

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14. Again – where are the outcome measures – and I do NOT mean statistics on how many FtP cases settle at which stage – but the outcome measures of increased public safety and satisfaction amongst the public and registrants with the NMC’s regulatory functions.

**Again – where are the outcome measures – and I do NOT mean statistics on how many FtP cases settle at which stage – but the outcome measures of increased public safety and satisfaction amongst the public and registrants with the NMC’s regulatory functions.**

We do undertake and report on customer satisfaction in registrations and in fitness to practise – that’s included in the performance report that went to the Council in July. We also undertake periodic qualitative perception work so that we understand in more depth what stakeholders and the public think about us and can use that to inform our work. We also undertake in depth stakeholder work and/or evidence reviews whenever we consult on any changes to the way we regulate; some examples include a detailed piece of work in 2017 which informed the FTP strategy; more recently we’ve done it on post registration standards and on our approach regarding the successor arrangements for EU directive references within our education standards. Given the infrequent nature of this work it is not conveyed within the regular periodic key performance indicator process but it is scrutinised by the Executive and Council.

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**Question 3 submitted by Mr Peter Bell, Member of the public**

Performance against corporate plan (page 50)

Could I please ask that thought is given to making financial commentary intelligible?

What does the phrase “over-accrual of external invoices” actually mean – in plain English, please?

And why has there been a halt in recruitment to some roles in the Modernisation of Technology Service?

This is an area where the Council has repeatedly demonstrated weaknesses in planning and monitoring and has underachieved its targets for an area of its work that is hugely important. Why does this item keep coming back with adverse reports on progress?

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

Dear Mr Bell, thank you for submitting the above question.

The financial commentary on page 50 of the pack highlights an underspend of £0.8m in the budget of the Professional Practice department for the first quarter of the year. One of the reasons for that is “over-accrual of external invoices”. That refers to costs that we had estimated that we had incurred in financial year 2020-2021, and we charged / “accrued” in the accounts for 2020-2021. It turned out that we had over-estimated those costs, and the correction reduces the costs that get charged this year.

The Modernisation of Technology Services programme was missing its delivery targets and overshooting its budget over the period from spring 2019 to summer 2020. More recently, though, the programme has been performing much better, and as noted earlier in the report the current phase is on track against time and scope and budget. We needed to improve the productivity of the programme, and we concluded that some of the roles that we had budgeted for were not necessary or would not be good value for money. So, we did not recruit to those roles, and that is part of the underspend against budget for the programme for the first quarter of the year.

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**Question 4 submitted by Mr Peter Bell, Member of the public**

Target for Information Requests (p 53)

Could I ask why the “target” against a statutory requirement (of 100%) is only set at 80%?

Forgive me but there is a legal requirement to respond to Information Requests in a particular timeframe. It is not an optional requirement. It is the law.

Why has the Council set itself a target to break the law in 20% of cases?

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

Dear Mr Bell, thank you for submitting the above question.

Our target within the Executive Report papers is set 90% (not 80%) and we achieved 82% in quarter one.

In 2019-2020 we sought guidance from the Information Commissioner’s Office (ICO) on setting targets for this. The ICO confirmed that below 90% is the threshold at which an organisation is added to their ‘watch list’. They advised us that a target of 90% is therefore acceptable. We put this target in place for 2020-2021 and continued this for 2021-2022.

While we clearly do want to aim for 100% compliance, the Information Commissioner’s Office recognises it’s unlikely that public authorities will achieve that and that 90% is acceptable.

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## Council

### Summary of actions

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| <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)

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## 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>Executive Report: Public engagement work</b></p> <p>Consider how to involve the Council more fully in the public engagement work.</p>                   | <b>Executive Director, Communications and Engagement</b>           | <b>29 September 2021</b> | Council is being updated in the Seminar session on 28 September 2021.   |
| NMC/21/66 | <p><b>Executive Report: Complaints</b></p> <p>Provide clarity around the proportion and nature of complaints relating to overseas registration processes.</p> | <b>Executive Director, People and Organisational Effectiveness</b> | <b>29 September 2021</b> | In the period from 1 April 2021 to 16 September 2021, we have received 878 complaints, and 499 of these have related to overseas registration issues. This represents approximately 57 percent of the total. It should be noted that 357 of these complaints were classified as ones that could be resolved quickly, within our five day deadline, as they were relatively minor queries. Most complaints have related to delays arising from process and systems issues. The Enquiries and Complaints team are undertaking a detailed analysis of the trends and learning from these complaints which will be shared with managers in the Professional Regulation Directorate. |

| 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>Not yet due.</p> |
| NMC/21/66 | <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> | <p><b>Executive Director, Strategy and Insight</b></p>              | <p><b>24 November 2021</b></p> | <p>Not yet due.</p> |
| NMC/21/66 | <p><b>Corporate risk INF21/04</b></p> <p>Review the stable rating for the risk relating to Modernisation of Technology (INF21/04).</p>   | <p><b>Interim Executive Director, Professional Regulation</b></p>   | <p><b>24 November 2021</b></p> | <p>Not yet due.</p> |

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| Minute    | Action   | Action owner  | Report back date  | Progress to date  |
|-----------|--|---|-------------------|---|
| NMC/21/67 | <p><b>Fitness to Practise: Rapid case review</b></p> <p>Update the Council on how learning and action from the rapid case review is integrated into the improvement programme and given immediacy.</p>   | Interim Executive Director, Professional Regulation         | 24 November 2021  | Not yet due.  |
| NMC/21/67 | <p><b>Fitness to Practise improvement programme update: Observer questions</b></p> <p>Share the full written response to the questions raised by an observer.</p>  | Interim Executive Director, Professional Regulation         | 31 August 2021    | A full written response was sent on 19 August 2021 and shared with the Council on 23 August 2021. The response to this and other questions raised by observers is annexed to the minutes of the last meeting and is also published on the website.  |
| NMC/21/68 | <p><b>Black Lives Matter action plan progress update</b></p> <p>Provide information about how extensively race education, including micro aggression training, overcoming bias and mandatory EDI training has been taken up by colleagues.</p> | Executive Director, People and Organisational Effectiveness | 29 September 2021 | <ul style="list-style-type: none"> <li>• 40 Rising Together Participants during 2020, further 60 to take part 2021.</li> <li>• 735 employees completed mandatory virtual or face to face EDI session (updated April 2021 to focus more on race and bias).</li> <li>• 85 percent completed mandatory EDI e-learning.</li> <li>• 139 employees attended race and inclusive language workshop, with further workshop to follow during 2021.</li> </ul> |

| Minute | Action | Action owner | Report back date | Progress to date  |
|--------|--------|--------------|------------------|---|
|        |        |              |                  | <ul style="list-style-type: none"> <li>Regular ongoing discussions organised by BMe network and via workplace platform – with high levels of engagement and participation.</li> </ul> |

### 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> | <p><b>Executive Director, Professional Practice / Executive Director Strategy and Insight</b></p> | <p><b>24 November 2021</b></p> | <p>This is on the Council’s agenda for November 2021.</p> |

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## 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 AEs 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>  | Not yet due.  |
| <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 had an initial discussion at its July meeting – see the Committee's report on this agenda. The Committee will be discussing this further at its meeting on 18 October 2021 and will update Council in November 2021. |

| Minute    | Action  | Action owner   | Report back date                        | Progress to date |
|-----------|---|--|---|------------------|
| NMC/21/41 | <p><b>Professional Standards Authority annual performance review 2019-2020</b></p> <p>Provide an update on the Executive Board's discussion of the action plan as part of the Executive report to the Council in July</p> | <b>Executive Director, People and Organisational Effectiveness</b> | <b>28 July 2021 / 29 September 2021</b> | On the agenda.   |

### 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 the November 2021 Council meeting. |

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| Minute           | Action   | Action owner                                   | Report back date         | Progress to date   |
|------------------|--|--|--------------------------|--|
| <b>NMC/21/23</b> | <p><b>Annual Corporate plan and budget 2021-2022</b></p> <p>Provide clarity about the benefits to be realised, including staff resources, when bringing the updated budget back for approval in 2021-2022.</p> | <b>Chief Executive and Registrar/Executive</b> | <b>29 September 2021</b> | This is a separate item on the agenda We have addressed these points as far as is possible with the information currently available. Colleagues in Professional Regulation have worked with our finance and performance team in the drafting of the paper to detail the benefits to be realised from programmes, and the current and future implications for resource- in particular in the area of Fitness to Practise improvement. |

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

| Minute           | Action   | Action owner   | Report back date        | Progress to date |
|------------------|--|--|-------------------------|------------------|
| <b>NMC/20/89</b> | <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> | Not yet due.     |

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## Council

### Educational Programme Standards Review

**Action:** For decision.

**Issue:** To seek Council's approval to progress a programme of work to review our current educational programme standards for nursing and midwifery pre-registration education now that we are no longer bound by the EU Directive. .

**Core regulatory function:** Professional Practice  
Strategy and insight  
All regulatory functions

**Strategic priority:** Strategic aim 1: Improvement and innovation  
Strategic aim 5: Insight and influence

**Decision required:** The Council is recommended to approve 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 (paragraph 17.1).
- 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. (paragraph 17.2)
- the knowledge and skills requirements within the EU Directive for nursing and midwifery, where these are now incorporated into our NMC standards of proficiency (paragraph 17.3).
- where standards on required placement settings could be retained, modernised or removed for nursing and midwifery (paragraph 17.4).
- 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) (paragraph 17.5).

Consequently, the Council is recommended to approve 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 (paragraph 19.1).

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- 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 (paragraph 19.2).
- 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 (paragraph 19.3).

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

- Annexe 1: Directive 2005/36/EC minimum requirements for general care (adult nurses)
- Annexe 2: Directive 2005/36/EC minimum requirements for education of midwives
- Annexe 3: Stakeholder responses
- Annexe 4: Standards review timeline and co-production governance

**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: Sue West  
Phone: 020 7681 5296  
[sue.west@nmc-uk.org](mailto:sue.west@nmc-uk.org)

Director: Prof Geraldine Walters CBE  
Phone: 020 7681 5821  
[geraldine.walters@nmc-uk.org](mailto:geraldine.walters@nmc-uk.org)

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**Context:**

- 1 The departure of the United Kingdom (UK) from the European Union (EU), removes the requirement to incorporate the European Union Directive within our education programme standards. **Annexe 1** and **Annexe 2** shows the EU directive requirements for nursing and midwifery, which include: student selection; length of programme; recognition of prior learning; theory and practice learning hours; and the required knowledge and skills.
- 2 Since the UK ended its transition period (during which all EU legislation had full effect in UK law) on 1 January 2021, the content in our programme standards for nursing and midwifery that is dictated by EU legislation has remained in place. Now the UK has left the EU, we are fully responsible for setting these standards ourselves. As a result, we have to consider whether the current EU requirements are still appropriate to include in our standards.
- 3 The purpose of our education standards is to ensure that pre-registration students receive a high standard of education that assures the knowledge and skills to access our register. The components of the EU Directive have been incorporated in our standards for many years. Removing or changing these standards without a sound evidence could potentially generate a risk to the quality of education and training.
- 4 We had planned to explore these requirements at a later date. The Department of Health and Social Care encouraged us to expedite the work as a result of pressures on the workforce and availability of student placements, and the potential positive impact that removing some of the requirements might have in relation to these constraints.
- 5 This paper summarises the independent research, which explores the impact of the EU Directive on the quality and outcome of nursing and midwifery pre-registration education, and stakeholder views towards it. This research was presented at our Senior Stakeholder Reference Group who were asked for their views. The outcome of those discussions are now presented for Council’s approval.

**Methodology of the review**

- 6 In November 2020, we convened a senior stakeholder reference group with participants from the four UK countries, and agreed to review the evidence that underpins the requirements of the EU Directive.
- 7 In December 2020, two pieces of work were commissioned with external stakeholders contributing to the procurement process:

- 7.1 Harlow Consulting was appointed to explore the evidence available, nationally and internationally which related to nursing and midwifery education and training, focusing specifically on the impact of the requirements of the EU directive.
- 7.2 We specifically asked for evidence around practice learning and use of simulation to be prioritised, given that this issue is of particular and immediate interest to education providers.
- 7.3 Traverse were appointed to seek views of stakeholders across the UK. This included a series of interviews with senior stakeholders, and an online survey aimed at a wider group of professionals including practising registrants, educators; employers; students and organisations who represent the public.

The survey was developed with the stakeholder reference group to seek views on the elements of the programme standards that are currently underpinned by the EU directive. A small group of users also tested the survey prior to publication. The survey was administered by Traverse and was supported by a communication plan.

- 8 Both elements of the work were completed at the end of May 2021 following an earlier delay and the draft reports were produced and reviewed.
- 9 Both reports are now published on our [website](#), a joint synthesis report was also produced which summarises the findings of both of these activities under the headings of the each EU directive requirement.

### **Summary of the evidence from literature and international benchmarking**

#### **Outcome And conclusions**

- 10 There is variation in relation to the delivery of nursing and midwifery education internationally. Although programmes are at degree level and are a minimum of three years in duration, not all are specific about the length in hours of the theory and practice components. Where practice hours are stated these vary from 800 to 2300 hours. Unfortunately there is little evidence about how these differences affect the quality or outcome of nursing and midwifery education, or the impact of variables other than practice hours on fitness for practice (for example, organisation of practice learning, or formal post registration support or preceptorship).
- 11 There is similarly little evidence directly related to the individual components of the EU directive and their impact on the quality and outcome of nursing and midwifery education.

- 12 There is evidence about the use of simulation in nursing and midwifery education. The quality of these studies is variable and mainly focused on student perceptions of simulation, and its impact on their confidence. The conclusions were largely positive in this respect, but only one study addressed the area of particular interest, which was whether simulated learning was an acceptable substitute for practice learning. This study from the USA concluded that there were no negative effects of replacing practice hours with simulated practice learning.

**Summary of evidence from the stakeholder views:**

- 13 Although there was some appetite for additional flexibility in a limited number of areas, the majority of respondents wanted to retain the requirements of the EU directive. The desire not to change the EU standards was stronger for midwifery than for nursing, stronger among respondents who responded to the online survey than the senior stakeholders who were interviewed, and stronger in some of the devolved administrations than in England.
- 14 The areas where there was more appetite for flexibility included use of innovative simulation to support practice learning; support for widening access to nursing and midwifery education by reviewing the admission requirements currently specified in the EU Directive, and the need to modernise the language of the EU directive in relation to knowledge and skills requirements for both nursing and midwifery. It is worth mentioning that knowledge and skills requirements in the UK are incorporated in the standards of proficiency rather than the programme standards, and our new standards of proficiency for nursing and midwifery already exceed the EU directive requirements in this regard.
- 15 There was some concern for consistency of the standards across the devolved administrations and Europe, related to the desire to retain the mobility of the workforce, especially between the EU and UK in the context of supporting the cross border movement of student and registrants between Northern Ireland and the Republic of Ireland. There was also a stronger desire to retain the EU directive among some Scottish respondents.

**Senior Stakeholder Reference Group :**

- 16 The senior stakeholder reference group was convened on 15 July 2021. The findings of the research were presented and the key points below were discussed:
- 16.1 There is insufficient research evidence to justify immediate and wide ranging changes to the standards.

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- 16.2 There is insufficient consensus among stakeholders to justify a change in the standards in the absence of any evidence.
- 16.3 There are differences in views across the four countries of the UK.
- 16.4 This work was done at speed and during the height of the pandemic. There are concerns among some stakeholders that changes will be made without the level of engagement that we have employed in the past to develop new standards.
- 16.5 Alongside this, there is a desire for change and flexibility among some groups of senior stakeholders, particularly in the light of the post pandemic pressures on the workforce and on placements.
- 16.6 Based on the lack of evidence to support radical change the consensus among the stakeholders at the meeting was to move forward with caution at this point, in the direction outlined below (paragraph 17 onwards).
- 16.7 Following the meeting, stakeholders were asked to reconfirm their support for the proposals in writing, before presentation to Council. Their positions are summarised in **Annexe 3**. Some of these responses subsequently expressed disappointment that the changes being proposed were not sufficiently radical, particularly in relation to practice hours.
- 16.8 We have therefore committed to continuing to explore these issues with stakeholders so that further changes can be made in the future, as more evidence is generated.
- 16.9 In summary at this time, the evidence is weak and a consensus with stakeholders was not reached. The proposals in this paper represent a staged approach to change given the findings of the exploratory work so far. They allow us to progress some changes now which will be of benefit.
- 16.10 This does not suggest that there is no potential for further reform as more evidence becomes available.

**Recommendations**

- 17 The Council is recommended to approve a programme of work to explore changes to our standards for pre-registration nursing and midwifery programmes in relation to:
- 17.1 the EU requirements for student selection and entry for both nursing and midwifery.

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- 17.2 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.
  - 17.3 the knowledge and skills requirements within the EU Directive for nursing and midwifery, where these are now incorporated into the our NMC standards of proficiency.
  - 17.4 where standards on required placement settings could be retained, modernised or removed for nursing and midwifery.
  - 17.5 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 fewer practice learning hours).
  - 18 Any proposals for changes to our standards as a result of this work would be subject to full public consultation.
  - 19 Consequently, it is recommended that:
    - 19.1 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.
    - 19.2 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.
    - 19.3 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.

**Next Steps**

- 20 Due to the significance of these changes, new standards need to be carefully co-produced with our senior stakeholders with their full support, informed by subject matter experts. Any proposed changes will be subjected to full public consultation.

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21 If the Council agrees to the recommendations, we will establish groups of subject matter experts to work on the areas outlined above in order to strengthen, replace, or develop additional programme standards, prior to a public consultation and final approval by Council in 2022 (**Annexe 4**). Implementation of any changes would therefore impact programmes starting in September 2023.

**Four country factors:**

22 The views toward retaining the EU Directive requirements are different across the four countries of the UK. The reasons for this are outlined in paragraph 16.

23 The main area being the EU Mutual Recognition of Professional Qualifications directive (MRPQ) across borders, which ceased to be UK law when the ‘transition period’ ended on 31 December 2020, with one element that still applies in our regulatory framework here. This is the MRPQ provisions that are embedded in our education standards for UK-trained professionals and are the subject of this paper to the Council. Any deviation away from the EU directive may have a negative impact for some of the four countries. Our outcome focused standards may alleviate this issue to some extent. In addition, earlier in the year, the UK government brought forward the Professional Qualifications Bill. If it becomes law, the Bill will provide a legislative basis for replacing the ‘standstill arrangements’. Among the Bill provisions are enabling powers for UK regulators to enter into bilateral qualification recognition agreements with regulators around the world.

**Midwifery implications:**

24 The EU Directive requirements are different for nursing and midwifery, and consequently nursing and midwifery stakeholders have different views toward retaining the EU Directive requirements. In particular for midwifery, there is a desire to continue to ensure alignment with the International Confederation of Midwives position. In addition the new 2019 standards for midwifery are just starting to be implemented and there is a view that evaluation of these standards should take place before any major change. We should also take into consideration, in light of current concerns in maternity services, the risk that the public perception may be that we are diluting our standards. The differences are outlined in the proposals and we are committed to reviewing any changes in standards separately for each profession with appropriate stakeholders (see **Annexe 4**).



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| <b>Public protection implications:</b>                | 25 | The purpose of our education standards is to ensure that pre-registration students receive a high standard of education that ensures they have the necessary knowledge, skills and experience to join our register and be able to practise safely and effectively. The requirements of the EU Directive have been incorporated in our standards for many years. Removing or changing these standards without a sound evidence base potentially generates a risk to the quality of education and training. It may also have a negative impact on professional and public perceptions. |
| <b>Resource implications:</b>                         | 26 | To date, this project has been funded via the regulatory reform programme. Resource implications have been outlined in the budget and will depend on the decisions taken.  |
| <b>Equality diversity and inclusion implications:</b> | 27 | Equality, diversity and inclusion implications have been considered as part our equality impact assessment (EQIA). The EQIA priority areas influenced the commissioning of the evidence review, the focus of the research and the stakeholder interviews. The EQIA has also influenced the proposals being made, particularly those relating to ensuring widening participation and access to programmes, and practice learning experiences. Going forward the EQIA will be regularly reviewed and will continue to identify and influence any changes to standards.                 |
| <b>Stakeholder engagement:</b>                        | 28 | Stakeholder engagement is central to this project as described throughout the paper. The Senior Stakeholder Reference Group, will continue as part of the steering group to the next phase of work in reviewing the changes to the standards as indicated in the proposals.  |
| <b>Risk implications:</b>                             | 29 | Two key risks from this work are patient safety implications of changing our standards without sufficient evidence and rationale, and maintaining relationships with stakeholders who have different views and aspirations, and retaining the confidence of the public and specifically people who use services. We will attempt to mitigate these by working closely and in co-production, by taking a measured and pragmatic approach if any changes are indicated, and ensuring changes are evaluated and monitored.  |
| <b>Legal implications:</b>                            | 30 | Any future changes to the standards of education and training will require public consultation and approval by the Council.  |

| Directive 2005/36/EC minimum requirements for general care (adult nurses) |  |   |
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| Article 31 - training of nurses responsible for general care              |  |   |
| Article/ref   | Provision  | Location in NMC standards   |
| <b>31(1)</b>  | Admission to training for nurses responsible for general care shall be contingent upon either:   |   |
| <b>31(1)(a)</b>   | completion of general education of 12 years, as attested by a diploma, certificate or other evidence issued by the competent authorities or bodies in a Member State or a certificate attesting success in an examination of an equivalent level and giving access to universities or to higher education institutions of a level recognised as equivalent; or | Part 3 Programme standards<br>1.8 ensure that all those enrolled on pre-registration nursing programmes are compliant with Article 31(1) of Directive 2005/36/EC regarding general education length as outlined in Annexe 1 of this document. |
| <b>31(1)(b)</b>   | completion of general education of at least 10 years, as attested by a diploma, certificate or other evidence issued by the competent authorities or bodies in a Member State or a certificate attesting success in an examination of an equivalent level and giving access to a vocational school or vocational training programme for nursing.               | Part 3 Programme standards<br>1.8 ensure that all those enrolled on pre-registration nursing programmes are compliant with Article 31(1) of Directive 2005/36/EC regarding general education length as outlined in Annexe 1 of this document. |
| <b>31(2)</b>  | Training of nurses responsible for general care shall be given on a full-time basis and shall include at least the programme described in Annex V, point 5.2.1.  |   |

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| <p><b>31(3)</b></p> | <p>The training of nurses responsible for general care shall comprise a total of at least three years of study, which may in addition be expressed with the equivalent ECTS credits, and shall consist of at least 4 600 hours of theoretical and clinical training, the duration of the theoretical training representing at least one third and the duration of the clinical training at least one half of the minimum duration of the training. Member States may grant partial exemptions to professionals who have received part of their training on courses which are of at least an equivalent level. The Member States shall ensure that institutions providing nursing training are responsible for the coordination of theoretical and clinical training throughout the entire study programme.</p> | <p>Part 3 Programme standards</p> <p>1.5 permit recognition of prior learning that is capable of being mapped to the Standards of proficiency for registered nurses and programme outcomes, up to a maximum of 50 percent of the programme and comply with Article 31(3) of Directive 2005/36/EC (included in Annexe 1 of this document)</p> <p>2.12 ensure that all pre-registration nursing programmes meet the equivalent of minimum programme length for nurses responsible for general care in Article 31(3) of Directive 2005/36/EC (included in Annexe 1 of this document)</p> |
| <p><b>31(4)</b></p> | <p>Theoretical education is that part of nurse training from which trainee nurses acquire the professional knowledge, skills and competences required under paragraphs 6 and 7. The training shall be given by teachers of nursing care and by other competent persons, at universities, higher education institutions of a level recognised as equivalent or at vocational schools or through vocational training programmes for nursing.</p>   | <p>Part 1 Standards framework</p> <p>4.1 Theory and practice learning and assessment are facilitated effectively and objectively by appropriately qualified and experienced professionals with necessary expertise for their educational and assessor roles.</p>  |

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| <p><b>31(5)</b></p> | <p>Clinical training is that part of nurse training in which trainee nurses learn, as part of a team and in direct contact with a healthy or sick individual and/or community, to organise, dispense and evaluate the required comprehensive nursing care, on the basis of the knowledge, skills and competences which they have acquired. The trainee nurse shall learn not only how to work in a team, but also how to lead a team and organise overall nursing care, including health education for individuals and small groups, within health institutes or in the community.</p> <p>This training shall take place in hospitals and other health institutions and in the community, under the responsibility of nursing teachers, in cooperation with and assisted by other qualified nurses. Other qualified personnel may also take part in the teaching process.</p> <p>Trainee nurses shall participate in the activities of the department in question insofar as those activities are appropriate to their training, enabling them to learn to assume the responsibilities involved in nursing care.</p> | <p>Part 3 programme standards</p> <p>3.4 ensure technology enhanced and simulation-based learning opportunities are used effectively and proportionately to support learning and assessment and pre-registration nursing programmes leading to registration in the adult field of practice comply with Article 31(5) of Directive 2005/36/EC (included in Annexe 1 of this document)</p> |
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| <b>31(6)</b>    | Training for nurses responsible for general care shall provide an assurance that the professional in question has acquired the following knowledge and skills:   | Part 3 programme standards<br>2.11 ensure pre-registration nursing programmes leading to registration in the adult field of practice are mapped to the content for nurses responsible for general care as set out in Annexe V.2 point 5.2.1 of Directive 2005/36/EC (included in Annexe 1 of this document).<br>4.11 ensure the knowledge and skills for nurses responsible for general care set out in Article 31(6) and the competencies for nurses responsible for general care set out in Article 31(7) of Directive 2005/36/EC for pre-registration nursing programmes leading to registration in the adult field of practice have been met. (Annexe 1 of this document)..<br>Standards of proficiency for registered nurses |
| <b>31(6)(a)</b> | comprehensive knowledge of the sciences on which general nursing is based, including sufficient understanding of the structure, physiological functions and behaviour of healthy and sick persons, and of the relationship between the state of health and the physical and social environment of the human being. | Standards of proficiency for registered nurses  |
| <b>31(6)(b)</b> | knowledge of the nature and ethics of the profession and of the general principles of health and nursing.  | Standards of proficiency for registered nurses  |

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| <b>31(6)(c)</b> | adequate clinical experience; such experience, which should be selected for its training value, should be gained under the supervision of qualified nursing staff and in places where the number of qualified staff and equipment are appropriate for the nursing care of the patient.  | SSSA<br>2.7 all students on an NMC approved programme are supervised in practice by NMC registered nurses, midwives, nursing associates, and other registered health and social care professionals.<br>6.3 nursing students are assigned to practice and academic assessors who are registered nurses with appropriate equivalent experience for the student's field of practice |
| <b>31(6)(d)</b> | the ability to participate in the practical training of health personnel and experience of working with such personnel.   | Standards of proficiency for registered nurses   |
| <b>31(6)(e)</b> | experience of working together with members of other professions in the health sector.  | Standards of proficiency for registered nurses   |
| <b>31(7)</b>    | Formal qualifications as a nurse responsible for general care shall provide evidence that the professional in question is able to apply at least the following competences regardless of whether the training took place at universities, higher education institutions of a level recognised as equivalent or at vocational schools or through vocational training programmes for nursing: | Those indicated can be mapped against the Standards of proficiency for registered nurses   |
| <b>31(7)(a)</b> | competence to independently diagnose the nursing care required using current theoretical and clinical knowledge and to plan, organise and implement nursing care when treating patients on the basis of the knowledge and skills acquired in accordance with points (a), (b) and (c) of paragraph 6 in order to improve professional practice.  | Standards of proficiency for registered nurses   |

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| <b>31(7)(b)</b> | competence to work together effectively with other actors in the health sector, including participation in the practical training of health personnel on the basis of the knowledge and skills acquired in accordance with points (d) and (e) of paragraph 6. | Standards of proficiency for registered nurses |
| <b>31(7)(c)</b> | competence to empower individuals, families and groups towards healthy lifestyles and self-care on the basis of the knowledge and skills acquired in accordance with points (a) and (b) of paragraph 6.   | Standards of proficiency for registered nurses |
| <b>31(7)(d)</b> | competence to independently initiate life-preserving immediate measures and to carry out measures in crises and disaster situations.  | Standards of proficiency for registered nurses |
| <b>31(7)(e)</b> | competence to independently give advice to, instruct and support persons needing care and their attachment figures.   | Standards of proficiency for registered nurses |
| <b>31(7)(f)</b> | competence to independently assure the quality of, and to evaluate, nursing care.   | Standards of proficiency for registered nurses |
| <b>31(7)(g)</b> | competence to comprehensively communicate professionally and to cooperate with members of other professions in the health sector.   | Standards of proficiency for registered nurses |
| <b>31(7)(h)</b> | competence to analyse the care quality to improve his own professional practice as a nurse responsible for general care.  | Standards of proficiency for registered nurses |

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| <b>Annex V.2 point 5.2.1</b> | The training leading to the award of a formal qualification of nurses responsible for general care shall consist of the following two parts. | Part 3 programme standards<br>4.11 ensure the knowledge and skills for nurses responsible for general care set out in Article 31(6) and the competencies for nurses responsible for general care set out in Article 31(7) of Directive 2005/36/EC for pre-registration nursing programmes leading to registration in the adult field of practice have been met. (Annexe 1 of this document). |
|                              | <b>A. Theoretical instruction</b>  | Those indicated can be mapped to the standards of proficiency for registered nurses  |
|                              | Nursing:   |  |
|                              | Nature and ethics of the profession  |  |
|                              | General principles of health and nursing   | Standards of proficiency for registered nurses   |
|                              | Nursing principles in relation to:   |  |
|                              | general and specialist medicine  |  |
|                              | general and specialist surgery   |  |
|                              | child care and paediatrics   | Standards of proficiency for registered nurses   |
|                              | maternity care   |  |
|                              | mental health and psychiatry   | Standards of proficiency for registered nurses   |
|                              | care of the old and geriatrics   | Standards of proficiency for registered nurses   |
|                              | Basic sciences:  |  |



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|  | Anatomy and physiology                  | Standards of proficiency for registered nurses |
|  | Pathology                               | Standards of proficiency for registered nurses |
|  | Bacteriology, virology and parasitology | Standards of proficiency for registered nurses |
|  | Biophysics, biochemistry and radiology  | Standards of proficiency for registered nurses |
|  | Dietetics                               | Standards of proficiency for registered nurses |
|  | Hygiene:                                | Standards of proficiency for registered nurses |
|  | preventive medicine                     | Standards of proficiency for registered nurses |
|  | health education                        | Standards of proficiency for registered nurses |
|  | Pharmacology                            | Standards of proficiency for registered nurses |
|  | Social sciences:                        |  |
|  | Sociology                               | Standards of proficiency for registered nurses |
|  | Psychology                              | Standards of proficiency for registered nurses |
|  | Principles of administration            | Standards of proficiency for registered nurses |
|  | Principles of teaching                  | Standards of proficiency for registered nurses |
|  | Social and health legislation           | Standards of proficiency for registered nurses |
|  | Legal aspects of nursing                | Standards of proficiency for registered nurses |
|  | <b>B. Clinical instruction</b>          |  |

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|  | Nursing in relation to:  |  |
|  | general and specialist medicine  | Experience care across the all ages                          |
|  | general and specialist surgery   |  |
|  | child care and paediatrics   | four field experience  |
|  | maternity care   |  |
|  | mental health and psychiatry   | four field experience  |
|  | care of the old and geriatrics   | Standards of proficiency for registered nurses               |
|  | home nursing.  |  |
|  | One or more of these subjects may be taught in the context of the other disciplines or in conjunction therewith.   | Four field experience may well be accounted for in this way. |
|  | The theoretical instruction must be weighted and coordinated with the clinical instruction in such a way that the knowledge and skills referred to in this Annex can be acquired in an adequate fashion. | Part 3 Programme standards                                   |

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| Directive 2005/36/EC minimum requirements for education of midwives |   |   |
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| Article 40 - training of midwives                                   |   |   |
| Article/ref   | Provision   | Location in NMC standards   |
| 40(1)   | The training of midwives shall comprise a total of at least:  |   |
| 40(1)(a)  | specific full-time training as a midwife comprising at least three years of theoretical and practical study (route I) comprising at least the programme described in Annex V, point 5.5.1, or   | <b>Part 3 Programme Standards</b> 2.9.1 full time education and training as a midwife is a minimum of three years and 4600 hours  |
| 40(1)(b)  | specific full-time training as a midwife of 18 months' duration (route II), comprising at least the study programme described in Annex V, point 5.5.1, which was not the subject of equivalent training of nurses responsible for general care. | <b>Part 3 Programme Standards</b> 2.9.2 where a student is already registered with the NMC as a registered nurse first level (adult), full-time education and training as a midwife shall be a minimum of two years and 3600 hours or 2.9.3 where a student is already registered with the NMC as registered nurse first level (adult) full time education and training as a midwife shall be a minimum of 18 months and 3000 hours and in order the qualification to be recognised in EU member states it must be followed by a year of professional midwifery practice. |
| 40(2)   | <b>Admission to training as a midwife shall be contingent upon one of the following conditions:</b>   |   |
| 40(2)(a)  | completion of at least 12 years of general school education or possession of a certificate attesting success in an examination, of an equivalent level, for admission to a midwifery school for route I;  | Part 3 Programme Standards 1.5.1 enrolled on pre-registration midwifery programmes are appropriately compliant with Article 40(2) of Directive 2005/36/EC regarding general education length and/or nursing qualification as outlined in Annexe 1 of this document.   |

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| (40(2)(b)) | Possession of evidence of formal qualifications as a nurse responsible for general care referred to in point 5.2.2 of Annex V for route II.   | <b>Part 3 Programme Standards</b> 2.9.2 where a student is already registered with the NMC as a registered nurse first level (adult), full-time education and training as a midwife shall be a minimum of two years and 3600 hours or 2.9.3 where a student is already registered with the NMC as registered nurse first level (adult) full time education and training as a midwife shall be a minimum of 18 months and 3000 hours and in order the qualification to be recognised in EU member states it must be followed by a year of professional midwifery practice. |
| 40(3)      | <b>Training as a midwife shall provide an assurance that the professional in question has acquired the following knowledge and skills:</b>  |   |
| 40(3)(a)   | detailed knowledge of the sciences on which the activities of midwives are based, particularly midwifery, obstetrics and gynaecology  | <b>Standards of proficiency for midwives</b> Domain 4B: 6.72  |
| 40(3)(b)   | adequate knowledge of the ethics of the profession and the legislation relevant for the practice of the profession;   | <b>Standards of proficiency for midwives</b> Domain 1: 1,31.18,1.21   |
| 40(3)(c)   | adequate knowledge of general medical knowledge (biological functions, anatomy and physiology) and of pharmacology in the field of obstetrics and of the newly born, and also knowledge of the relationship between the state of health and the physical and social environment of the human being, and of his behaviour;   | <b>Standards of proficiency for midwives</b> Domain 3: 1.17, 3.11,3.21,3.14,  |
| 40(3)(d)   | adequate clinical experience gained in approved institutions allowing the midwife to be able, independently and under his own responsibility, to the extent necessary and excluding pathological situations, to manage the antenatal care, to conduct the delivery and its consequences in approved institutions, and to supervise labour and birth, postnatal care and neonatal resuscitation while awaiting a medical practitioner; | <b>Part 3 Programme Standards</b> 3.1,3.2,3.3.3.4.3.5, 3.6, 3.8   |

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| 40(3)(e) | adequate understanding of the training of health personnel and experience of working with such personnel.   | <b>Part 3 Programme Standards</b> 3.2, 3.3   |
| 41(1)    | <b>The evidence of formal qualifications as a midwife referred to in point 5.5.2 of Annex V shall be subject to automatic recognition pursuant to Article 21 in so far as they satisfy one of the following criteria:</b>   |  |
| 41(1)(a) | full-time training of at least three years as a midwife, which may in addition be expressed with the equivalent ECTS credits, consisting of at least 4600 hours of theoretical and practical training, with at least one third of the minimum duration representing clinical training;  | <b>Part 3 Programme Standards</b> 2.9.1 full time education and training as a midwife is a minimum of three years and 4600 hours   |
| 41(1)(b) | full-time training as a midwife of at least two years, which may in addition be expressed with the equivalent ECTS credits, consisting of at least 3 600 hours, contingent upon possession of evidence of formal qualifications as a nurse responsible for general care referred to in point 5.2.2 of Annex V;  | <b>Part 3 Programme Standards</b> 2.9.2 where a student is already registered with the NMC as a registered nurse first level (adult), full-time education and training as a midwife shall be a minimum of two years and 3600 hours or 2.9.3 where a student is already registered with the NMC as registered nurse first level (adult) full time education |
| 41(1)(c) | full-time training as a midwife of at least 18 months, which may in addition be expressed with the equivalent ECTS credits, consisting of at least 3 000 hours, contingent upon possession of evidence of formal qualifications as a nurse responsible for general care referred to in point 5.2.2 of Annex V, and followed by one year's professional practice for which a certificate has been issued in accordance with paragraph 2. | <b>Part 3 Programme Standards</b> 2.9.3 Training as a midwife shall be a minimum of 18 months and 3000 hours and in order the qualification to be recognised in EU member states it must be followed by a year of professional midwifery practice.   |
| 42(1)    | The provisions of this section shall apply to the activities of midwives as defined by each Member State, without prejudice to paragraph 2, and pursued under the professional titles set out in Annex V, point 5.5.2.  |  |
| 42(2)    | <b>The Member States shall ensure that midwives are able to gain access to and pursue at least the following activities:</b>  |  |

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| 42(2)(a) | provision of sound family planning information and advice;  | <b>Standards of proficiency for midwives 6.52, 6.52.1</b>                                |
| 42(2)(b) | diagnosis of pregnancies and monitoring normal pregnancies; carrying out the examinations necessary for the monitoring of the development of normal pregnancies;  | <b>Standards of proficiency for midwives 6.15,6.18,6.19, 6.20, 6.31, 6.56,</b>           |
| 42(2)(c) | prescribing or advising on the examinations necessary for the earliest possible diagnosis of pregnancies at risk;   | <b>Standards of proficiency for midwives 6.19, 6.20, 6.21</b>                            |
| 42(2)(d) | provision of programmes of parenthood preparation and complete preparation for childbirth including advice on hygiene and nutrition;  | <b>Standards of proficiency for midwives 3.8, 6.28, 6.36</b>                             |
| 42(2)(e) | caring for and assisting the mother during labour and monitoring the condition of the foetus in utero by the appropriate clinical and technical means;  | <b>Standards of proficiency for midwives 6.30, 6.31, 6.32, 6.33, 6.34,</b>               |
| 42(2)(f) | conducting spontaneous deliveries including where required episiotomies and in urgent cases breech deliveries;  | <b>Part 3 Programme standards 2.9 Standards of proficiency for midwives 6.57, 6.71.7</b> |
| 42(2)(g) | recognising the warning signs of abnormality in the mother or infant which necessitate referral to a doctor and assisting the latter where appropriate; taking the necessary emergency measures in the doctor's absence, in particular the manual removal of the placenta, possibly followed by manual examination of the uterus; | <b>Standards of proficiency for midwives 6.42, 6.43, 6.7</b>                             |
| 42(2)(h) | examining and caring for the new-born infant; taking all initiatives which are necessary in case of need and carrying out where necessary immediate resuscitation;  | <b>Standards of proficiency for midwives 6.46, 6.47, 6.48</b>                            |
| 42(2)(i) | caring for and monitoring the progress of the mother in the post-natal period and giving all necessary advice to the mother on infant care to enable her to ensure the optimum progress of the new-born infant;   | <b>Standards of proficiency 6.60, 6.75</b>   |
| 42(2)(j) | carrying out treatment prescribed by doctors;   | <b>Standards of proficiency for midwives 6.74</b>  |

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| 42(2)(k)  | drawing up the necessary written reports.  | <b>Standards of proficiency 1.23, 1.24</b>                                |
| Annex V.5. point 5.5.1                                | The training programme for obtaining evidence of formal qualifications in midwifery consists of the following two parts: |   |
|   | <b>A. Theoretical and technical instruction</b>  |   |
|   | General subjects:  |   |
|   | Basic anatomy and physiology   | <b>Standards of proficiency for midwives 3.11,3.21, 3.13, 3.14,6.18</b>   |
|   | Basic pathology  | <b>Standards of proficiency for midwives 3.11, 3.12, 3.13, 3.14</b>       |
|   | Basic bacteriology, virology and parasitology  | <b>Standards of proficiency for midwives 3.20, 6.24</b>                   |
|   | Basic biophysics, biochemistry and radiology   | <b>Standards of proficiency for midwives 6.24,6.35</b>                    |
|   | Paediatrics, with particular reference to new-born infants   | <b>Standards of proficiency for midwives 6.58, 6.59</b>                   |
|   | Hygiene, health education, preventive medicine, early diagnosis of diseases  | <b>Standards of proficiency for midwives 3.10</b>                         |
|   | Nutrition and dietetics, with particular reference to women, new-born and young babies                                   | <b>Standards of proficiency for midwives 6.52.2, 6.52.3, 6.61</b>         |
|   | Basic sociology and socio-medical questions  | <b>Standards of proficiency for midwives 1.17.1, 1.17.2., 2.7, 6.53.7</b> |
|   | Basic pharmacology   | <b>Standards of proficiency for midwives 6.50</b>                         |
|   | Psychology   | <b>Standards of proficiency for midwives 3.17</b>                         |
| Principles and methods of teaching                    | <b>Standards of proficiency for midwives 2.12, 3.3 , 6.85</b>  |   |
| Health and social legislation and health organisation | <b>Standards of proficiency for midwives 1.1,1.2, 1.3</b>  |   |

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| Professional ethics and professional legislation  | <b>Standards of proficiency for midwives 1.1, 1.2</b>                   |
| Sex education and family planning   | <b>Standards of proficiency 6.52.1</b>                                  |
| Legal protection of mother and infant   | <b>Standards of proficiency for midwives 1.2, 1.3</b>                   |
| Subjects specific to the activities of midwives:  |   |
| Anatomy and physiology  | <b>Standards of proficiency for midwives 3.11,3.21, 3.13, 3.14,6.18</b> |
| Embryology and development of the foetus  | <b>Standards of proficiency for midwives 3.11,3.21, 3.13, 3.14,6.18</b> |
| Pregnancy, childbirth and puerperium  | <b>Standards of proficiency 3.11, 3.12, 3.13, 3.14, 3.15,3.17</b>       |
| Gynaecological and obstetrical pathology  | <b>Standards of proficiency for midwives 4.1,4.3</b>                    |
| Preparation for childbirth and parenthood, including psychological aspects                  | <b>Standards of proficiency for midwives 2.12, 3.3 , 6.85</b>           |
| Preparation for delivery (including knowledge and use of technical equipment in obstetrics) | <b>Standards of proficiency for midwives 6.30, 6.32</b>                 |
| Analgesia, anaesthesia and resuscitation  | <b>Standards of proficiency for midwives 6.41,6.42, 6.58.3, 6.73</b>    |
| Physiology and pathology of the new-born infant   | <b>Standards of proficiency for midwives 6.58, 6 .59, 6.61</b>          |
| Care and supervision of the new-born infant   | <b>Standards of proficiency for midwives 6.58, 6.59, 6.61</b>           |
| Psychological and social factors  | <b>Standards of proficiency for midwives 6.56.3</b>                     |



| <b>B. Practical and clinical training</b>   |  |
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| This training is to be dispensed under appropriate supervision  | <b>Part 3 Programme Standards</b> 4.8 Ensure the knowledge and skills for midwives set out in Article 40(3) and the activities of a midwife specified in Article 42 of Directive 2055/36/EC have been met as outlined in Annexe 1 of this document |
| Advising of pregnant women, involving at least 100 pre-natal examinations.  | <b>Part 3 Programme Standards</b> 4.8 Ensure the knowledge and skills for midwives set out in Article 40(3) and the activities of a midwife specified in Article 42 of Directive 2055/36/EC have been met as outlined in Annexe 1 of this document |
| Supervision and care of at least 40 pregnant women.   | <b>Part 3 Programme Standards</b> 4.8 Ensure the knowledge and skills for midwives set out in Article 40(3) and the activities of a midwife specified in Article 42 of Directive 2055/36/EC have been met as outlined in Annexe 1 of this document |
| Conduct by the student of at least 40 deliveries; where this number cannot be reached owing to the lack of available women in labour, it may be reduced to a minimum of 30, provided that the student assists with 20 further deliveries.   | <b>Part 3 Programme Standards</b> 4.8 Ensure the knowledge and skills for midwives set out in Article 40(3) and the activities of a midwife specified in Article 42 of Directive 2055/36/EC have been met as outlined in Annexe 1 of this document |
| Active participation with breech deliveries. Where this is not possible because of lack of breech deliveries, practice may be in a simulated situation  | <b>Part 3 Programme Standards</b> 4.8 Ensure the knowledge and skills for midwives set out in Article 40(3) and the activities of a midwife specified in Article 42 of Directive 2055/36/EC have been met as outlined in Annexe 1 of this document |
| Performance of episiotomy and initiation into suturing. Initiation shall include theoretical instruction and clinical practice. The practice of suturing includes suturing of the wound following an episiotomy and a simple perineal laceration. This may be in a simulated situation if absolutely necessary. | <b>Part 3 Programme Standards</b> 4.8 Ensure the knowledge and skills for midwives set out in Article 40(3) and the activities of a midwife specified in Article 42 of Directive 2055/36/EC have been met as outlined in Annexe 1 of this document |

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| Supervision and care of 40 women at risk in pregnancy, or labour or post-natal period.  | <b>Part 3 Programme Standards</b> 4.8 Ensure the knowledge and skills for midwives set out in Article 140(3) and the activities of a midwife specified in Article 42 of Directive 2055/36/EC have been met as outlined in Annexe 1 of this document |
| Supervision and care (including examination) of at least 100 post-natal women and healthy new-born infants.   | <b>Part 3 Programme Standards</b> 4.8 Ensure the knowledge and skills for midwives set out in Article 140(3) and the activities of a midwife specified in Article 42 of Directive 2055/36/EC have been met as outlined in Annexe 1 of this document |
| Observation and care of the new-born requiring special care, including those born pre-term, post-term, underweight or ill.  | <b>Part 3 Programme Standards</b> 4.8 Ensure the knowledge and skills for midwives set out in Article 140(3) and the activities of a midwife specified in Article 42 of Directive 2055/36/EC have been met as outlined in Annexe 1 of this document |
| Care of women with pathological conditions in the fields of gynaecology and obstetrics.   | <b>Part 3 Programme Standards</b> 4.8 Ensure the knowledge and skills for midwives set out in Article 140(3) and the activities of a midwife specified in Article 42 of Directive 2055/36/EC have been met as outlined in Annexe 1 of this document |
| Initiation into care in the field of medicine and surgery. Initiation shall include theoretical instruction and clinical practice.  | <b>Part 3 Programme Standards</b> 4.8 Ensure the knowledge and skills for midwives set out in Article 140(3) and the activities of a midwife specified in Article 42 of Directive 2055/36/EC have been met as outlined in Annexe 1 of this document |
| The theoretical and technical training (Part A of the training programme) shall be balanced and coordinated with the clinical training (Part B of the same programme) in such a way that the knowledge and experience listed in this Annex may be acquired in an adequate manner. | <b>Part 3 Programme Standards</b> 4.8 Ensure the knowledge and skills for midwives set out in Article 140(3) and the activities of a midwife specified in Article 42 of Directive 2055/36/EC have been met as outlined in Annexe 1 of this document |

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

**Part 3 Programme Standards** 4.8 Ensure the knowledge and skills for midwives set out in Article 140(3) and the activities of a midwife specified in Article 42 of Directive 2005/36/EC have been met as outlined in Annexe 1 of this document

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**Stakeholder Reference Group responses to agreed proposals**

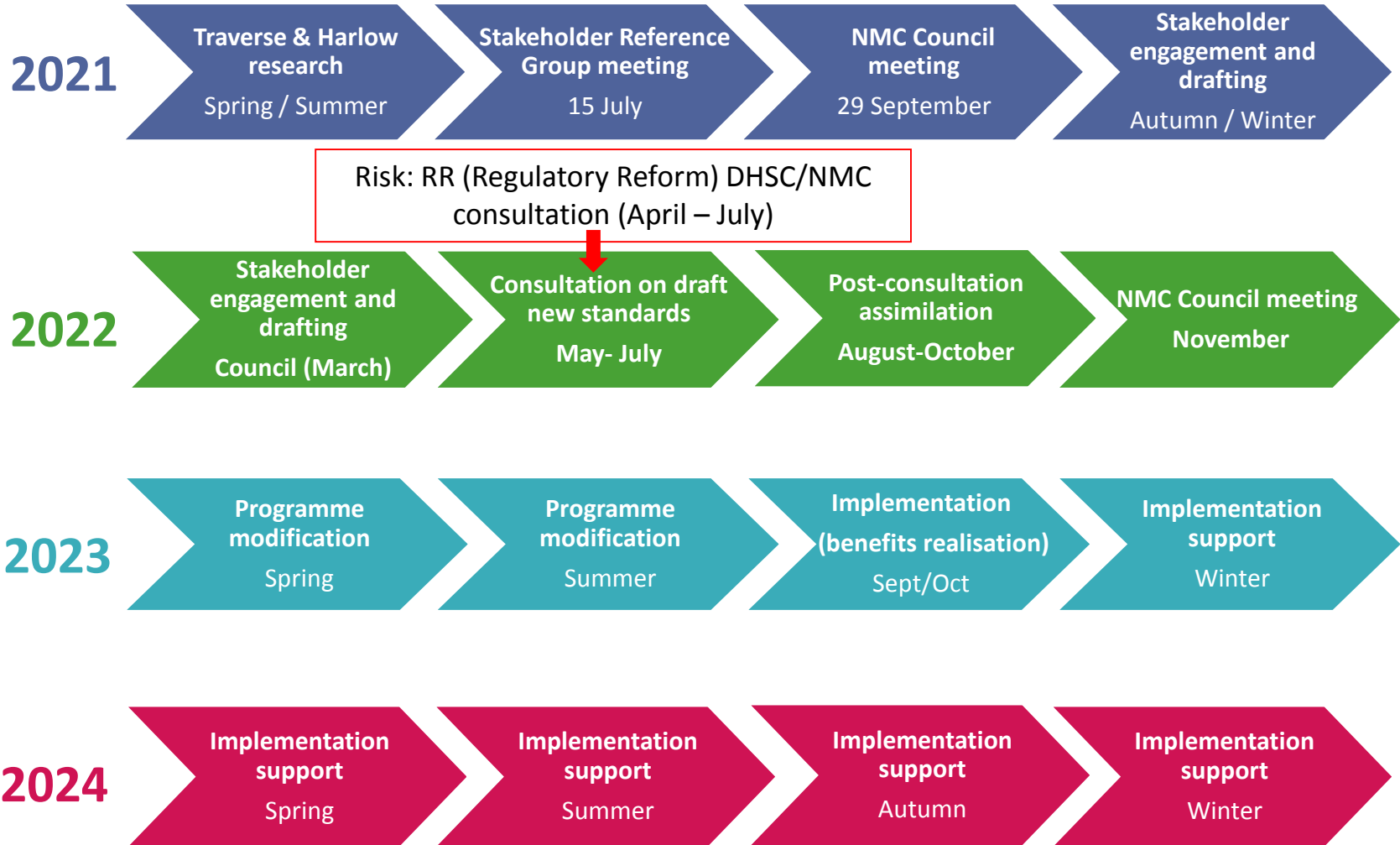
| Organisation   | Agree or disagree with proposals                                      | Further information  |
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| Organisation 1 | Disagree  | Felt the proposals were not ambitious or radical enough for the future. Would like to see the minimum hours reviewed and to be outcome focused and risk based especially in relation to hours. Also to increase the number of hours for simulated practice learning. |
| Organisation 2 | Broadly agree   | Ambition for definition of simulation and research<br>Clarity on the SSSA (standards for student supervision and assessment) for simulated learning<br>Impact of any FtP referrals following increased simulated learning  |
| Organisation 3 | Agreed  |  |
| Organisation 4 | Agreed  |  |
| Organisation 5 | Broadly agree   | Support a considered exploration of expanding simulation to be considered separate from clinical placement hours.<br>Only consider a limited reduction in clinical learning hours with investment & mitigation to improve the quality of learning in practice.       |
| Organisation 6 | Do not agree there was a consensus against more adventurous proposals | Wishes to remain aligned with the EU where possible, but open to divergence where the benefits are clear.<br>Feels there is potential for more simulation in both nursing and midwifery  |
| Organisation 7 | Agreed  | “Broadly content” with our proposals   |
| Organisation 8 | Agreed  |  |

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| Organisation 9 & 10 | Agreed with the proposals | Would like us to consider a review of and the reduction of practice learning hours, with an increase in simulated learning hours. Disappointed that we were not moving forward more quickly, but understood why. Willing to work with us to develop the evidence base. |
| Organisation 11     | Agreed with proposals     | Raised a number of caveats in the response pertaining to hours, to be outcome focused based on competence not number of hours; also simulation for midwifery   |
| Organisation 12     | Agree                     | "Broadly content" with our proposals   |
| Organisation 13     | Agree                     |  |

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# Programme standards review - Long view timeline



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## Council

### Executive report

**Action:** For discussion.

**Issue:** Provides the Executive's report on key developments since the last meeting.

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

**Strategic priority:** All strategic priorities.

**Decision required:** None.

**Annexes:** None.

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

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

Executive Director: Helen Herniman  
Phone: 020 7681 5641  
[helen.herniman@nmc-uk.org](mailto:helen.herniman@nmc-uk.org)

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- Context:**
- 1 This report provides the Executive’s update on highlights from the external environment and our strategic engagement work up to September 2021. Our corporate performance and risk annexes which we provide quarterly, will next be reported to the Council at quarter two in November 2021.
  - 2 The report is structured using the five themes from our 2020–2025 strategy and significant external updates.

**Four country factors:** 3 Same in all UK countries.

**Discussion Innovation and improvement**

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

**Covid-19 pandemic**

- 4 On 9 September 2021, the Government launched a six week consultation on whether it should be compulsory for frontline NHS and social care workers in England to be vaccinated against Covid-19.
- 5 We updated our website information on mandatory vaccinations for care home staff in England, which will come into force on 11 November 2021.
- 6 Mandatory vaccination has not been formally considered in the other devolved nations.
- 7 The Chief Midwifery Officer (CMO) in England, issued a statement on 30 July 2021, encouraging pregnant women to take up the Covid-19 vaccine. We issued a supporting statement encouraging midwives to stay up to date with the latest advice on the vaccine and its benefit for pregnant women.

**Fitness to practise**

- 8 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 an advocate and intermediary support service for members of the public who need additional communications or engagement support as a reasonable adjustment, or who find our processes hard to navigate as a result of a traumatic life event. We have appointed independent suppliers to provide this service. The service will launch on 8 October 2021.



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- 9 As part our work to improve people’s experience of using our website, we are changing the forms through which health and social care colleagues and third parties can make a referral from PDFs that people have to download, to digital forms they can fill in online. We are also introducing an online self-referral form, and have made improvements to our public referral form. Offline alternatives are available for those who do not have internet access.
- 10 At our request, the Professional Standards Authority (PSA) exercised its power to refer the original decision of the NMC’s Fitness to Practise Committee to the High Court in the Melanie Hayes’ case. We are currently awaiting final confirmation of the Court’s decision.
- 11 We will be reporting on the findings of work we have undertaken in response to this case *‘Lookback, Learn & Improve – The Handling of Discrimination Cases’* to the Executive Board shortly. Many of the matters identified in the report are already being actioned: longer term actions will be delivered through the Fitness to Practise Improvement Programme.

### **International registrations**

- 12 The new Test of Competence (ToC), reflecting our Future Nurse and Future Midwife standards, launched on 2 August 2021. The new ToC received the backing of all four of the UK’s Chief Nursing Officers (CNOs).
- 13 The Professional Qualifications Bill is expected to enter Report Stage in the coming weeks. This Bill seeks to implement a new system to recognise overseas qualifications following the end of the Brexit standstill period. Its intention is to give independent healthcare regulators the flexibility to determine their own approaches for registering international applicants to practice in the UK. It will also allow us to pursue Mutual Recognition Agreements with other regulators. We have been working closely with the General Medical Council, Department for International Trade and Department for Business, Energy and Industrial Strategy to ensure the Bill allows us the necessary flexibility to use the Test of Competence when assessing international applicants.
- 14 We will work with partners and the Government on future trade deals to understand and assess the impact of these on our international registration process.

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- 15 We are also engaging more with our counterpart regulator in Ireland (the Nursing and Midwifery Board of Ireland) regarding our respective registrations processes once the UK Government's standstill policy ends in December 2022.
- 16 We removed 11 people from our register for providing fraudulent evidence purporting to be from the Pakistan Nursing Council in support of their registration applications. We responded to media enquiries about our wider investigations in this area.
- 17 In addition to the fraudulent entry cases already concluded, we are investigating a further eight similar cases. Six cases had been previously investigated and closed with no action.

### Proactive support

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

#### Post registration standards consultation

- 18 The post-registration standards consultation closed on 2 August 2021, with 2,362 consultation responses. We heard from 1,889 individuals and organisations, 462 members of the public, and received 11 responses to our easy read consultation, making this the most engaged with consultation within our education programme.
- 19 We are extremely grateful for people's participation in the consultation. When the consultation closed we wrote to those who had supported it by attending or hosting events – including our steering group – to thank them for their support.
- 20 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 to the Council.
- 21 Following the *Independent* article: '*Fears over patient safety amid plans to 'water down' training for nurses*' on 8 August 2021, we wrote to the partners who were quoted to clarify the role of post registration regulatory standards, and offered follow up meetings.
- 22 The statement we issued to the *Independent* explained that the standards are now 15 years old, and how it is vital that our standards recognise huge changes in the sector. Far from diluting the standards, we want the standards to demonstrate the advances in nursing practice by reflecting the expert skills, complexity, responsibility and diversity of modern nursing practice in the community.

## A more visible and informed regulator

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

### Together in Practice

- 23 The second phase of *Ambitious for Change* research is underway; an analysis of employer referrals is taking place, and DSJ research (our supplier) have completed interviews with professionals about their experiences of revalidation and fitness to practise. Interviews with employers are ongoing. We will soon be approaching members of the public to take part. It is likely that the full report and action plan will now be published in early 2022.
- 24 We have broadened the scope of the independent review of registration and fitness to practise case files to encompass a review of cases where discrimination has been alleged. We went out to tender on this review in early September 2021.
- 25 Following the success of the NMC's *Rising Together* mentoring scheme for colleagues, primarily from black and ethnic minority backgrounds, piloted in 2020–2021, we have launched applications for the 2021–2022 cohort. This year we will have 30 pairs of mentors/mentees.
- 26 *The Daily Telegraph* and *MailOnline* reported in early September 2021 on a personal blog by our former Equality, Diversity and Inclusion (EDI) Manager, titled 'Dear white people in the UK' which was then published on the NHS Leadership Academy website. The press coverage triggered some very unpleasant social media activity over the following days. We issued a statement, standing firmly behind our former colleague and the blog.

### Maternity Safety

- 27 We are developing joint work with other regulators on data sharing to identify maternity safety trends in fitness to practice referrals. Our Employer Link Service team supports the General Medical Council (GMC) on the Professional behaviours and patient safety (PBPS) virtual programme.

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- 28 PBPS is a programme of engagement with health care providers developed and piloted by the GMC in 2018-2019, and is now a collaborative project between the GMC and NMC. It is designed to help employers and healthcare professionals improve patient safety through consultation and training.
- 29 We have initiated an internal Midwifery and Maternity Services Coordination Group (MMSCG), chaired by the Executive Director, Strategy and Insight. The remit of the group is to make sure that we have a coordinated and coherent approach on all issues related to midwifery and maternity services.
- 30 We will be engaging with the GMC on the recommendation for us arising from the June 2021 House of Commons Select Committee report *'The Safety of maternity services in England'*, to reduce the fear clinicians have of their regulators and allow them to open up more about mistakes that are made.
- 31 Our work to support a no-blame culture was reflected in an article in Nursing in Practice from the Executive Director, Professional Practice, Geraldine Walters, which is expected to be published by the end of September 2021. It was also the topic of the King's Fund's conference on 16 September 2021 which focused on building a culture of learning and accountability. Andrea Sutcliffe spoke about the role of fitness to practise in learning from mistakes.
- 32 For World Patient Safety Day on 17 September 2021, we highlighted our approach to addressing maternity care concerns via social media, trade press and a guest blog for the charity Make Birth Better.

### Engaging and empowering

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

#### **“NMC and Me” campaigns**

- 33 Our research into the perceptions and values of our audiences is underway. This insight will help us create a stronger, 'One NMC' voice to explain who we are, what we do and do not do, what we stand for and where we are heading over two to three years.
- 34 Starting with focus groups and in-depth interviews with members of the public, we explored their experiences and views of the health and care sector, our professions, regulation and the NMC.

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- 35 This will be followed by further quantitative and qualitative research involving professionals, students, partners, employers and politicians.
- 36 Through this research, we are also gaining further insight into the impact of our response to the Covid-19 pandemic.
- 37 An additional, dedicated part of the research will shine a spotlight on the implementation of the new nursing and midwifery standards, to facilitate their understanding and adoption.
- 38 We will present the perceptions research findings and visual identity concepts to Council in November 2021.

### **Public engagement**

- 39 We are developing our network of people who use services, and friends and families of those who do, for public engagement, following the two successful events held in July 2021. Emerging themes include the importance of EDI; supporting meaningful engagement from the outset of projects and via a diverse range of methods; and the importance of listening and taking a person-centred approach.
- 40 We are tendering for qualitative research to ensure that the voices of members of the public and nurses, midwives and nursing associates shape our understanding of what it means to be person-centred as a regulator.
- 41 We are reviewing programmes across the organisation and their engagement approaches, for instance on regulatory reform, to ensure consultations tell a coherent story, are paced appropriately and will therefore not overwhelm our target audiences.

### **Engagement with UK government**

- 42 The Executive Director, Strategy and Insight attended a roundtable for regulators and NHS leaders hosted by the Secretary of State for Health and Social Care, The Rt Hon Sajid Javid MP on 18 August 2021. We have written a follow-up letter to the Secretary of State to request a meeting between him, Andrea Sutcliffe and Sir David Warren.
- 43 The Health and Care Bill went to Committee Stage on 7 September 2021. Amendments to the Bill will be considered by members of the Public Bill Committee, and we will submit written evidence to the committee. The Committee is scheduled to report on the Bill by 2 November 2021.

44 Following the recent Government reshuffle, a number of ministerial changes have been made at the Department of Health and Social Care. Helen Whately MP, formerly Minister of State for Care with responsibility for workforce, has moved to the Treasury. She has been replaced by Gillian Keegan MP. We have written to Ms Whately to thank her for her support for the NMC. We have also written to Ms Keegan congratulating her on the appointment and requesting a meeting.

45 Further changes include Maria Caulfield MP replacing Nadine Dorries MP as Minister for Patient Safety, Suicide Prevention, and Mental Health; Maggie Throup MP replacing Nadhim Zahawi MP as Minister for Prevention, Public Health and Primary Care; and Lord Kamall replacing Lord Bethell as Minister for Innovation. We will be looking to build relationships with these new Ministers in line with our corporate priorities.

#### **Engagement with UK Parliament**

46 Our Public Affairs team monitored the Scottish National Party's conference which took place on 10–13 September 2021 and attended the Labour Party conference in person on 26 September 2021. This helped us to further understand the parties' and our stakeholders' future priorities for the nursing and midwifery workforce. We will also be attending the Conservative Party conference on 4–5 October 2021.

#### **Engagement with the four nations**

47 We sent congratulatory letters to Professor Charlotte McArdle, (Deputy Chief Nursing Officer for Patient Safety and Improvement for NHS England and NHS Improvement England), Professor Alex McMahon (Interim Chief Nursing Officer for Scotland) for their new appointments. Andrea also sent a letter to Amanda Croft who stood down as CNO for Scotland for personal reasons.

48 On 6 September 2021, we responded to Health Education England's (HEE) call for evidence to inform their review of the long-term strategic framework for health and care workforce planning in England. We will engage closely with HEE as they develop the new framework.

49 The Chair, Chief Executive and Lead Director for Scotland will be meeting with the new Scottish Cabinet Secretary for Health and Social Care, Humza Yousaf, in the coming weeks.

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- 50 We submitted [our response](#) to the Northern Ireland’s government’s consultation on its proposed statutory duty of candour for professionals with criminal liability. We support the statutory organisational duty of candour, because organisations are responsible for culture and so it is right that there should be a duty on them.
- 51 We do not advocate the statutory individual duty of candour with either criminal sanctions or criminal offences because we think they run contrary to having open cultures. We also think that it would expose professionals in Northern Ireland to criminal sanctions that they are not exposed to elsewhere in the United Kingdom, which has workforce risks for Northern Ireland.
- 52 We already have the professional duty of candour which we use to hold individuals to account. We can see how having a statutory duty (without criminal sanctions) could strengthen and amplify that by creating a clear expectation in law in Northern Ireland. We would welcome working with the Department of Health to ensure that the drafting and implementation reflects our shared interest in this important issue.

### **Insight and influence**

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

### **Regulatory reform**

- 53 On 10 September 2021, we responded to a survey as part of the UK Government’s review of professional regulators, which is being led by the Professional Standards Authority which has commissioned KPMG to support this work. The Chief Executive and Executive Director of Strategy and Insight met with KPMG on 16 September 2021 to further inform the review.
- 54 We will be hosting a meeting of the our regulatory reform Expert Advisory Group on 5 October 2021 to update stakeholders on our regulatory reform work and seek their views on proposed changes to our Fitness to Practise and Education processes.

## Exploring artificial intelligence

55 In line with our commitment to use data better to improve the way we regulate, we have participated, alongside regulators in Australia and in Texas, in research led by Royal Holloway University to explore whether artificial intelligence could be used to support decision-making in the initial stages of Fitness to Practise processes.

56 The research has demonstrated there is potential for a decision-support tool to be developed. An article summarising the research will be published in the Journal of Nursing Regulation in October 2021. As part of our business planning for 2021-2022, we will consider plans for continuing to explore use of artificial intelligence alongside our other priorities for the organisation, including careful consideration of ethical issues.

### Midwifery implications

57 A section of this report discusses midwifery at paragraph 27-32.

### Public protection implications:

58 Public protection implications are considered whilst planning and reporting on our work.

### Resource implications:

59 None.

### Equality diversity and inclusion implications:

60 Our 'Ambitious for Change' research to understand the experiences of people with protected characteristics will inform actions that we need to take to address inequalities in our processes.

### Stakeholder engagement:

61 Discussed within this paper.

### Risk implications:

62 The Melanie Hayes fitness to practise case has highlighted risks about taking proper account of the public interest in sensitive issues, such a racial discrimination. We are mitigating this through our rapid review to improve our guidance to panel members.

### Legal implications:

63 None.



## Council

### Planning for the end of the Covid-19 emergency

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|----------------------------------|--|
| <b>Action:</b>                   | For decision.  |
| <b>Issue:</b>                    | The end of the Covid-19 emergency will have implications for our temporary register and our emergency and recovery standards. This paper explains the preparations we have made for when the Secretary of State decides the emergency period is over. We have not yet received notice of when that will be. While the emergency remains ongoing we will continue to do whatever we can to support the people on our register and the health and care sector.   |
| <b>Core regulatory function:</b> | Professional Practice<br>Professional Regulation   |
| <b>Strategic priority:</b>       | Strategic aim 2: Proactive support for our professions   |
| <b>Decision required:</b>        | The Council is recommended to: <ul style="list-style-type: none"><li>• approve the proposal to stop adding new people to the temporary register three months before the end of the emergency once that date is known (paragraph 10).</li><li>• note our approach to supporting temporary registrants to join the permanent register (paragraph 15).</li><li>• note our approach to withdrawing emergency and recovery standards in line with the Council's previous decisions (paragraph 19).</li><li>• note the communications plan (paragraph 22).</li></ul> |
| <b>Annexes:</b>                  | The following annexe is attached to this paper: <ul style="list-style-type: none"><li>• Annexe 1: Summary of current Emergency and Recovery Standards removal dates.</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.<br><br>Authors: Linda Everet<br>Phone: 020 7681 5068<br><a href="mailto:Linda.Everet@nmc-uk.org">Linda.Everet@nmc-uk.org</a><br><br>Director: Matthew McClelland<br>Phone: 020 7681 5987<br><a href="mailto:Matthew.McClelland@nmc-uk.org">Matthew.McClelland@nmc-uk.org</a><br><br>Dr Alexander Rhys<br>Phone: 020 7681 5751<br><a href="mailto:Alexander.Rhys@nmc-uk.org">Alexander.Rhys@nmc-uk.org</a>   |

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**Context:**

- 1 We put in place a number of measures to support the Covid-19 emergency, including:
  - 1.1 Establishing a temporary register of professionals the Registrar considers to be fit, proper and suitably qualified to support the emergency.
  - 1.2 Setting emergency and recovery standards to support the workforce and students' education during the pandemic.
- 2 As a matter of law, the temporary register will close when the Secretary of State declares that the emergency has ended. At that point, any remaining temporary registrants will cease to be allowed to undertake registered practice. As at the end of August 2021, there were 14,674 temporary registrants, including 112 overseas trained applicants.
- 3 Setting and withdrawing emergency and recovery education standards are matters of policy decided by the Council. The emergency and recovery standards currently in force, and the decisions the Council has previously taken regarding their withdrawal, are summarised in **Annexe 1**.
- 4 To help facilitate a smooth transition out of the emergency period for professionals, employers, and other partners, we have asked the Department of Health and Social Care (DHSC) for at least three, and preferably six, months' notice of the end of the emergency period. At the time of writing, we have not received notification of when the Secretary of State will declare that the emergency has ended. We recognise the system is currently under significant pressure and we are committed to doing whatever we can to support the people on our register and the health and social care sector while the emergency remains ongoing.
- 5 This paper summarises the preparations we have made for the end of the emergency period to ensure clear communications, mitigate the impact on individuals and on the sector, and have as smooth a transition as possible.

**Four country factors:**

- 6 The majority (11,681) of temporary registrants are based in England with many fewer in Scotland (1,799), Wales (739) and Northern Ireland (328), while the location of 127 has not been given.
- 7 Our emergency and recovery standards apply to all four countries.

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## Discussion

### Closing the temporary register to new applicants

- 8 At present, we continue to make newly lapsed registrants eligible to join the register on request. The number of recent lapsers joining the register is low and diminishing (38 of those who left between March and July 2021 compared to 70 who left between December 2020 and February 2021). We are no longer making new overseas-trained applicants eligible to join the temporary register because they are able to apply to join the permanent register. Overseas-trained applicants who have already been made eligible are able to apply to join the temporary register on request.
- 9 We propose to stop adding new people to the temporary register three months before the end of the emergency, once that date is known. Our reasons for proposing this approach are:
- 9.1 primarily to minimise confusion for potential applicants and employers we will focus our engagement on promoting permanent registration for everyone wishing to practise;
  - 9.2 we expect any notice to be provided at a time when the emergency is abating and therefore the need to temporary registrants reduces so that stopping admissions to the temporary register will have minimal impact; and
  - 9.3 as we have seen, the numbers coming forward to join the temporary register are significantly lower and reducing.
- 10 **Recommendation: The Council is recommended to approve the proposal to stop adding new people to the temporary register three months before the end of the emergency, once that date is known.**

### Supporting people on the temporary register to join the permanent register

- 11 At the end of the emergency period, the temporary register will automatically cease to exist and any remaining temporary registrants will no longer be allowed to undertake registered practice. We recognise the potential impact this will have on individuals and on the sector. Our communications plan is designed to ensure people are aware of what their options are and encouraged to seek permanent registration as soon as possible.

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- 12 We have already welcomed 837 lapsed registrants back on to the permanent register and continue to process applications when they are received. Nurses and midwives re-joining the permanent register will need to meet our normal readmission requirements including for practice hours and continuing professional development (CPD). Those wishing to re-join the permanent register will be able to count the hours worked, and any training received, while on the temporary register towards meeting the readmission requirements.
- 13 By the end of August 2021, 4,248 overseas-trained professionals who had joined the temporary register had completed their permanent registration applications and are now fully registered. The majority of these nurses and midwives only had to take their practical exam, the Objective Structured Clinical Examination (OSCE). For some we needed to complete the assessment of their registration application. This is also the case for the remaining 112 overseas-trained temporary registrants. Those who were impacted by the closure of the OSCE test sites last year were prioritised when they reopened. The test centres have remained open since July 2020 and can accommodate the remaining temporary registrants comfortably. We have contacted those still on the temporary register, offering support and guidance to complete their permanent registration.
- 14 We anticipate an increase in enquiries and requests for support immediately after any announcement by the government regarding the date of the end of the emergency, with a steady increase in the volume of applications for permanent registrations thereafter. We have put in place arrangements to ensure our contact centre and registrations teams are appropriately briefed and resourced to provide the necessary support to individuals.
- 15 **Recommendation: The Council is recommended to note our approach to supporting temporary registrants to join the permanent register.**

### **Emergency and recovery standards**

- 16 The Council agreed at its May 2021 meeting that the two remaining emergency standards (E3 and E5.1) should be withdrawn on 30 September 2021. Approved Education Institutions were notified of that decision on 25 May 2021.
- 17 The Council also agreed that recovery standards R1 to R3 should be withdrawn at the end of the emergency period. These standards were designed to be facilitative, and their withdrawal would not negatively impact on programmes. It is therefore still proposed to withdraw those standards at the end of the emergency; this was communicated in on 25 May 2021 and reminders will be issued as part of the communication plan below.

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- 18 The Council agreed at its May 2021 meeting that recovery standards R5 and R5.1, which enable further use of simulation, should remain in place and be reviewed in six months. This is tied to the work to review our programme standards now that the EU Directive no longer applies, which is subject to a separate paper to the Council in November.
- 19 **Recommendation: The Council is recommended to note our approach to withdrawing emergency and recovery standards in line with the Council’s previous decisions.**

### Communication plan

- 20 We are approaching our planning for the end of the emergency period in three phases:
- Phase one: pre-announcement.
  - Phase two: post- announcement during the notice period.
  - Phase three: closure at the end of the notice period.
- 21 Aligned to these three phases, our communications plan comprises, in summary, the following key elements:
- Phase one
    - Survey to all current temporary registrants about their intentions (in progress).
    - Direct communication with our approved education institutions and stakeholders on the intended removal of the recovery standards.
    - A review and update of Covid-19 website hub.
    - Early engagement with partners across the UK.
  - Phase two
    - Direct communications to temporary registrants setting out options and encouraging action.
    - Further engagement with partners.
    - Communications to employers.
  - Phase three
    - Direct communications to everyone who joined the temporary register, thanking them for coming forward to support the emergency situation.
    - Direct communications to remaining temporary registrants confirming they can no longer practise and to remind them of options.
    - Direct communication with our approved education institutions and stakeholders on the removal of the recovery standards.
    - Reminders to partners and employers.
- 22 **Recommendation: The Council is recommended to note the communications plan.**

## Next Steps

- 23 We will continue to liaise with the government to ensure we receive good notice of the ending of the emergency situation. We will confirm to the Council when we receive notice of the end of the emergency. Once we received the notice, we will proceed in accordance with the Council's decisions and the plans outlined in this paper.
- Midwifery implications:**
- 24 There are currently 970 midwives and 189 people with dual registration as a nurse and midwife on the temporary register.
- 25 The recovery standards apply to both midwifery and nursing, with the exception of recovery standard R5 and R5.1 on the use of simulation which only apply to nursing.
- Public protection implications:**
- 26 Closure of the temporary register removes a significant number of professionals from the workforce. However, we understand that the number who are in practice is relatively low and this is likely to be confirmed by the survey. As outlined above, we are also making arrangements to support temporary registrant to join the full register if they wish to do so to mitigate the risk.
- 27 There may be some confusion or uncertainty by some professionals, employers and the public as to a temporary nurse or midwife's ability to continue practising once the temporary register closes. This will be mitigated by clear messaging on our Covid-19 website hub, removal of the temporary register from the public domain and direct engagement with professionals and employers.
- Resource implications:**
- 28 Every effort will be made to ensure that any additional resources required are kept to a minimum. A better estimate of potential need will be available once we receive the survey results. In addition, strong encouragement to seek readmission early, including before the Secretary of State makes any announcement will allow readmission applications to be largely managed by the core team. Resource requirements will also depend on the length of notice we receive and the balance of the time to take to process the readmission applications manually.

**Equality  
diversity and  
inclusion  
implications:**

- 29 We have an agreement with the DHSC that in lieu of the registration fee we would seek to recover emergency registration costs from them. Initial indications however are that they consider decommissioning of the temporary register to be part of our core functions and therefore not covered by the funding. While that is their initial view, there is a strong argument that all decommissioning activity (the additional UK Registration and other staff time) is only due to the emergency and therefore falls within the terms of the agreement.
- 30 We would only seek to recover the proportion of any Contact Centre agents that we could attribute to an increase in contact driven by the end of the emergency period.
- 31 We will update our diversity data as part of the upcoming survey. In the July 2020 report the majority of lapsers who had joined the temporary register identified as white British. The majority of temporary registrants at that time who identified as having a different ethnicity were from the overseas-trained applicant cohort, of whom only 112 remain. The overseas-trained temporary registrants are supported by employers.
- 32 The July 2020 report also showed that 47 percent of the lapsers were aged over 60, a further 32 percent between 50 and 59 years old with the remaining 21 percent below 50.
- 33 Closure of the temporary register will mean that those who do not re-join the permanent register will no longer be able to practice, although we know that comparatively low numbers have been practising. Our previous report would indicate that closure may adversely impact older people. This reflects the fact that it was those who had retired from practice who returned to support the emergency.
- 34 Further analysis and the impact of the closure will follow the upcoming survey as the shape of the practising register may have changed significantly given the vaccination programme.

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**Stakeholder engagement:**

35 We have developed a communication and engagement plan. This follows the continual engagement with those responsible for workforce to support the emergency so they understand the trigger for the closure of the temporary register. At the end of August we surveyed those on the temporary register, primarily to gauge their intentions towards moving to permanent registration; the analysis is due early October 2021. We have also developed lines to update our website in response to the announcement when it comes and we have drafted emails to send to all temporary registrants outlining what the announcement means for them and their options. Our communication and engagement plan follows the three phases of operational planning outlined above.

**Risk implications:**

36 The key risk arises from a lack of notice of the end of the emergency period. Not only would a short notice period hinder our ability to support our registrants, it is likely that they, and their employers, will not be able to respond positively either. Mitigations include: (a) continued active engagement with government and others to encourage a sufficient notice period; (b) early completion of our phase one activity; (c) finalisation of our readiness plans; (d) continued encouragement of early readmission to the permanent register.

**Legal implications:**

37 Once the Secretary of State informs us that circumstances which gave rise to the emergency are over, our legislation requires that temporary registration is automatically revoked for everyone. Temporary registration powers will no longer be available to the Registrar. Revocation of temporary registration cannot be appealed and therefore there is limited legal risk associated with closure of the temporary register. Any challenge to the decision to declare the end of the emergency would lie with DHSC.

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**Summary of current Emergency and Recovery Standards removal dates**

| <b>Emergency/Recovery Standard</b>  | <b>Council approved withdrawal date</b>                 |
|---|---|
| E3. Students in the first year of pre-registration undergraduate programmes who continue with their nursing and midwifery programme may spend 100 percent of their year in theory/ academic learning.   | 30 September 2021                                       |
| E5.1. Exceptionally, the same person may fulfil the role of practice supervisor and practice assessor during this emergency period. The assessment is to be conducted by a registered nurse, midwife or nursing associate with suitable equivalent qualifications for the programme the student is undertaking, and who is not on a temporary register. | 30 September 2021                                       |
| R1. Ensure placement allocations take account of current, relevant public health guidelines with due regard to the health and wellbeing of individual students.   | When the Secretary of State declares the emergency over |
| R2. All students will receive support, supervision and assessments in line with the Standards for student supervision and assessment (SSSA, 2018).  | When the Secretary of State declares the emergency over |
| R3. Theoretical instruction can be replaced with blended learning, where appropriate to support student learning, which meets the required theoretical hours and learning outcomes.   | When the Secretary of State declares the emergency over |

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| <p>RN5 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. 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>To be reviewed by November 2021</p> |
| <p>RN5.1 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>   | <p>To be reviewed by November 2021</p> |

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## Council

### Introduction of the Equality, Diversity and Inclusion (EDI) plan 2021-2025

**Action:** For decision.

**Issue:** To update on the proposed refreshed EDI Plan to support the NMC strategy 2020- 2025 and priorities within the corporate plan.

**Core regulatory function:** All regulatory functions

**Strategic priority:** Strategic aim 1 improvement and innovation  
Strategic aim 2: Proactive support for our professions  
Strategic aim 3: More visible and informed  
Strategic aim 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:** The Council is recommended to approve the revised EDI plan 2021-2025 (Annexe 1 and 2) for publication (paragraph 17).

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

- Annexe 1: EDI Plan
- Annexe 2: High level EDI workforce and regulatory work priorities for 2021-2023

**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: Lubna Haq  
Phone: 020 4548 9207  
[Lubna.Haq@nmc-uk.org](mailto:Lubna.Haq@nmc-uk.org)

Director: Francesca Okosi  
Phone: 020 7681 5448  
[Francesca.Okosi@nmc-uk.org](mailto:Francesca.Okosi@nmc-uk.org)

**Context:**

- 1 We are subject to the Equality Act 2010 and the Human Rights Act 1998. The public sector equality duty, 149(1) of the Equality Act, (where under regulation 19 the NMC is named for compliance) states that we must have due regard for eliminating discrimination, advancing equality of opportunity and fostering good relations. This means we must look at our own activities, but also consider a wider approach looking at where we have influence to tackle prejudice and promote understanding.
- 2 As the sole regulator of over 734,000 nurses, midwives and nursing associates we are aware that there is constant public interest and public scrutiny in the way we carry out our role in regulating and supporting the professionals on our register as well as members of the public and people who use health and social care services. We must ensure that there cannot be any external perception of bias in our processes or decisions that could undermine confidence in us as an effective regulator.
- 3 Our ambition is for the NMC to be a fair regulator and support to all the professionals on our register. If we do this well we will have greater authority to become a leading voice externally. We can better use our platform to promote and influence other regulators and stakeholders in delivering equitable, fair and discrimination free health and social care for the public we serve.
- 4 To influence externally with authority we must ensure that we are an employer who is able to show that we are exemplary in the treatment of our own workforce. We need to be able to demonstrate best practice in integrating EDI into all policies, business planning processes and procedures. To help us to work towards becoming a confident role model there is a significant focus in the Plan for 2021-2023 on:
  - 4.1 advice to directorates to ensure EDI is integrated into all business and planning processes and clear KPIs are introduced to measure our progress,
  - 4.2 supporting the development of the People Plan,
  - 4.3 improving our approach to carrying out and using the data from Equality Impact Assessments (EQIAs),
  - 4.4 reviewing and improving the way we collect, manage and make recommendations for action based on workforce data and
  - 4.5 ensuring internal EDI training is relevant, up to date and responsive to developments in the external environment.

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5 This EDI Plan replaces the Equality Framework published in September 2020. It reflects the strategic and corporate needs of the NMC 2020-2025 with a programme of supporting activity. It is a living document that we will expect to update regularly. This paper provides clarity on the NMC vision for EDI and the priority activities to be undertaken in 2021-2023.

**Four country factors:**

6 The report references the Equality Act 2010. This does not apply in Northern Ireland, however relevant legislation exists. The Welsh language scheme applies. We will seek to understand regional differences for professionals and colleagues working in Scotland.

**Discussion:**

**Why introduce a new EDI Plan?**

7 An internal review of EDI function and the support needed to achieve our goals was carried out in the summer of 2020. In line with the recommendations made, the EDI team now sits in the People and Organisational Effectiveness (P&OE) directorate. The team has been newly constituted with the creation of a Head of EDI role to provide strategic leadership and consists of a further 4 posts: Workforce EDI Manager, Regulatory EDI Manager, Senior Policy Officer (recently appointed) and the EDI Support Officer. The NMC executive sponsor for EDI work is the Executive Director of P&OE.

8 The EDI framework was signed off in September 2020 having been subject to extensive consultation and engagement with diverse groups of people. This revised Plan builds on the Framework. It continues to sit alongside the NMC strategy 2020-2025 but has been refined, amended and adapted to ensure that the way we work reflects a person-centred approach and is core to ensuring that EDI is integrated into all NMC activity so that it becomes the way we think, behave and act. It reflects the priorities within the People Plan that is currently being developed. It further includes considerations of the impact of Covid-19 for the last 18 months and the impact of Black Lives Matter.

9 The Plan has been broadly socialised within the NMC with members of Executive Board (EB) and senior leaders. Workshop sessions were held with the EDI Leadership Group (EDILG) and the EDI Forum. The plan was discussed at staff networks and with the Chair of the Council. An all staff video briefing was developed and communicated, allowing for comments and contributions and is still available on Workplace. EDILG members should have met with their Directorate Senior Leadership Teams (SLTs) and the EDI team has provided additional briefings where requested. Two colleagues from other regulators were also asked to provide reflections and feedback. The initial EDI plan has been refined to take on board comments and suggestions.

- 10 The EDI team will work with colleagues in business planning and those colleagues managing change projects to ensure that EDI is an integral part of all plans.

### **Core priorities within the Plan**

- 11 The Plan contains 4 core priority areas:
- 11.1 To reflect our values of being a regulator that prioritises the needs and wellbeing of the nursing and midwifery professions and the public
  - 11.2 To ensure we role model good equality practice as an employer
  - 11.3 To be strategic and coordinated in our use of EDI data and evidence both internally and with partners across the sector
  - 11.4 To use our regulatory position to advocate for better care for everyone accessing services to tackle health inequalities

Details of the plan are included at **Annexe 1**.

### **How we will monitor the EDI Plan**

- 12 We want to ensure that all current EDI action plans are streamlined and integrated for consistency. For example, an action plan on race equality will integrate findings from WRES, the Peakon survey, the BLM action plan, the BME network group feedback to EB and the reports on race equality pay gaps. The success criteria, accountability for action and outcomes will be specifically expressed and reported to the EDILG every quarter.
- 13 The EDI team are developing a work programme of activity. This will highlight the areas where we will take a lead, the key colleagues and teams we will work with, the outcomes desired and the timetable for completion of activity. Progress will be reported monthly to the EDI executive sponsor, key themes, including blocks to progress to the EDILG. Quarterly updates will come to the EB and comprehensive updates will be provided to Council twice a year. Given the work the external consultant has done with EB and Council, we expect greater challenge and support with the EDI agenda.
- 14 As part of implementing the Plan, Directorates will be expected to integrate the 4 priorities above into the business planning process. The EDI team will support each directorate with a kick off workshop to consider how they will integrate EDI into their plans. EDILG members will be required to actively report on progress within their directorates.

- 15 Furthermore, the People Plan will integrate EDI principles into the whole employee lifecycle. Activity will be monitored by the EDILG with exceptions reported to EB.
- 16 We are keen to ensure that our EDI regulatory policy plans align with our EDI workforce plans. This will be helped by involvement in the Regulatory Reform group from the outset and introducing greater discipline and rigour in the quality of EQIAs for all projects.
- 17 **Recommendation: The Council is recommended to approve the revised EDI plan 2021-2025 (Annex 1 and 2) for publication.**

**Next Steps**

- 18 The revised EDI Plan will undergo a tone of voice review and replace the current Framework on our website.
- 19 The EDI team will begin a process of workshops to support the business planning teams to embed EDI in the 2021-2022 business planning cycle.
- 20 The EDI team will work with Directorate SLTs to support in the introduction of KPI to measure progress and success.
- 21 The EDI team will work with the Regulatory Reform Team to work towards embedding EDI into the new regulation.
- 22 EDILG will monitor progress against the strategic EDI priorities and report exceptions to the Executive Board, once approved.

**Midwifery implications:**

- 23 We can separate diversity data that we analysed in the Ambitious for Change project to understand if there is a particular impact on midwifery professionals on our register. We can also consider health inequalities in midwifery such as the disproportionate number of Black and Asian women who die in childbirth compared to the white population.

**Public protection implications:**

- 24 Good practice in EDI is integral to good regulation. A sound approach to EDI helps to eliminate compromising public protection by making errors in decisions about which registrants can practice as a nurse, midwife or nursing associate.

**Resource implications:**

- 25 There are no additional financial costs. Teams across the NMC have allocated people to complete actions relating to EQIAs.

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| <b>Equality diversity and inclusion implications:</b> | 26 | The EDI plan provides structure and evidence that the NMC is demonstrating ambition with our public sector equality duties (in the Equality Act 2010 and similar legislation in Northern Ireland). As parts of the Plan are progressed, EQIAs will need to be completed at each stage of implementation  |
| <b>Stakeholder engagement:</b>                        | 27 | The development of the NMC strategy 2020-2025 included consultation with diverse groups. In 2019 research by Stonehaven found that 71 percent of our registrants taking part wanted us to counter discrimination in health and social care.  |
|   | 28 | Stakeholder engagement involved 42 external EDI representatives, together with views sought from senior internal stakeholders and staff network groups.  |
| <b>Risk implications:</b>                             | 29 | There is an ongoing risk of failure to embed equality and diversity and comply with relevant legislation in the regulatory and operational functions of the NMC, which can be exacerbated by pressures caused due to working under emergency conditions. Regularly reviewing this Plan and accompanying actions helps us mitigate and monitor that risk. |
| <b>Legal implications:</b>                            | 30 | Implementation of this Plan will improve compliance with the Equality Act 2010 (similar legislation in Northern Ireland) and future Welsh language standards.  |



## EDI Plan

The purpose of this document is to provide clarity to both our internal workforce and our external stakeholders about the approach the NMC is taking to integrating Equality, Diversity and Inclusion (EDI) in all aspects of our work. It sets out our primary focus for the next 18 to 24 months.

The NMC strategy 2020 -2025 is explicit about our corporate priorities over the next five years. At the heart of the strategy is our ambition to always be person-centred in the way we work:

- as a **regulator** in the public interest, giving people confidence in our professions
- Enhancing our regulatory role by **supporting** the public, our professions and our partners
- Sharing intelligence from our work and collaborating with others to **Influence** in the context of learning and caring.

We also have a set of shared **organisational values** which have EDI at their core, and we want to live these to demonstrate the positive impact we can achieve. We are:

- **Fair.** Fairness is at the heart of our role as a trusted, transparent regulator and employer. It's also why our commitment to EDI is so central to all that we do: understanding the barriers and discrimination people face, demonstrating fairness and dignity to everyone we interact with, and driving positive change whether that's through our regulatory responsibilities, as an employer or through our wider influence.
- **Kind.** We act with kindness and in a way that values people, their insights, situations and experiences. We are inclusive, and we all share a responsibility and commitment to understand people's experiences and perspectives and behave with kindness and sensitivity.
- **Ambitious.** We take pride in our work. We're open to new ways of working and always aim to do our best for the professionals on our register, the public we serve and each other. This plan sets an ambitious standard for our EDI work, and we know we have a lot to do. We're committed to a strategic, proactive and joined up approach to EDI, where we all have a part to play in realising the ambition we've set as an organisation.
- **Collaborative.** We value our relationships (both within and outside of the NMC) and recognise that we're at our best when we work well with others. We will only achieve the aims set out in this document by working collaboratively together as colleagues, with our partners, registrants and stakeholders, and with the people and communities we and our professionals serve.

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## Our approach to EDI

This plan sets out the context and headline objectives for our strategic approach to EDI over the next 18-24 months. At its heart is an ambition to take a joined up, planned, proactive and sustained approach. We are committed to integrating EDI in all aspects of our work. Our overall direction, set by Council and our five-year strategy, will be supported by an approach to business planning, operations, project planning and delivery that actively builds in EDI from the outset. We will be guided by the evidence base we have from our regulatory data and our engagement with colleagues, registrants, stakeholders and the public. This plan aims to provide the backdrop and common thread to hold together specific action plans for priority areas of focus, including on race and disability.

The way we work is core to ensuring that EDI is integrated into all NMC activity so that it becomes the way we think and act:

- It ensures our registrants and the public are at the heart of everything we do.
- It is integral to our people plan and all improvement initiatives.
- It is integral to our approach to Regulatory Reform.
- It is built into all business and planning processes.
- It is essential to the way we communicate internally and externally.
- It reduces silo working and supports a joined-up strategic approach that celebrates success and takes organisational learning seriously.



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## Why EDI is important to us at the NMC – our vision

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. This is important because we represent a diverse population of nurses, midwives, and nursing associates, who in turn support an increasingly diverse population. It is important we protect the public by understanding their needs, reduce the inequalities they might face, and ensure we are a great, inclusive place to work for our colleagues too.

It is important that we support all our colleagues to understand their individual roles and responsibilities and how working together will drive the NMC's initiatives in relation to EDI. The way we go about our day-to-day work must have equality, diversity, and inclusion at the heart of all our activities. We need to ask ourselves the questions:

- Is EDI **part of my mind set** and integral to the way I work at the NMC? Am I curious and do I ask questions? Does my behaviour reflect our values?
- Do the people on our register have confidence we are **fair, kind and transparent**? Do they feel we are continually improving the way we interact with them and holding ourselves accountable for making the changes that matter to them?
- Do we hear the **voices of diverse people and communities** who use health and care services, and do they shape what we do and how we do it? Does the public trust that we are fair and transparent and that we understand their needs and perspectives?
- Do all colleagues feel **valued, respected, and proud** to work here, and do they believe we place a priority on their health and wellbeing?
- Do we demonstrate we value our internal and external relationships by **collaborating** with others to achieve the best results?
- Do our leaders and our Council demonstrate **accountability and ambition** for EDI best practice and ask challenging questions?
- Can we be confident that we are a role model for our **partners**?

## The wider context for EDI

Everyone deserves to receive safe, effective, and kind nursing and midwifery care, whoever they are. And every professional on our register deserves the opportunity to deliver care within structures and processes which are free from bias and discrimination. We are committed to being a regulator who champions the rights and needs of our diverse population, professionals, and our own internal workforce. This EDI plan sets out how we will respond to challenges and ensure we role model best practice internally as an employer.

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We will not be able to achieve our vision of improving everyone’s health and wellbeing without acknowledging the issues and barriers people face. For example, there are still unacceptable health inequalities in the UK, including higher rates of mortality for Black and minority ethnic women using maternity services, and unacceptable mortality gaps for people with learning disabilities and/or autism accessing health and care. Too often we hear stories of people struggling to access the services they need and feeling disempowered in making decisions about their care. We are determined to work with partners to improve the experiences of everyone using services, and this is set out in more detail in this document.

We also know there are differences in the outcomes facing the professionals on our register, and this framework reflects the work we will do to ensure our processes are always fair and promote EDI across the sector. Our own Ambitious for Change research shows that certain groups of professionals can face disadvantage at almost every stage of their nursing and/or midwifery career, including during education, registration, revalidation and fitness to practise referrals. We are committed to tackling any disproportionality present in our own processes, as well as joining with partners to explore and tackle sector issues, for example disparities in progression opportunities and disciplinary rates for different professionals. We are clear that the health and care system should be free of discrimination.

**The work we do as an employer will underpin and support these aims** – we must role model excellent EDI practice to build a solid foundation from which to advocate for professionals and the public. This plan sets out the work we’ll undertake to bring inclusion to life at the NMC, including rooting out differences in recruitment, progression and development opportunities, and implementing fair processes and policies at every stage of the employee lifecycle. We take feedback from our colleagues about the barriers they face very seriously, and this document sets out tangible steps we will take to address issues such as the gaps in diversity we know exist at all levels of our organisation.

We have started to make progress in our EDI work, but we recognise we still have a long way to go until EDI is part of the NMC’s DNA. We recognise that commitments alone are not enough and intend to show through the **actions** we take that we are committed to achieving excellence in EDI as a leading healthcare regulator and employer.

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## Our EDI Objectives

Our EDI priorities are likely to change on an annual basis as we progress and begin to embed new processes and behaviours. The objectives cover both the internal and external aspects of our organisation – what we do for our colleagues has a direct impact on the professionals and public we work with. For this reason, we are prioritising workforce requirements in the first 12 months. This in turn will give us more credibility and influence with other regulators, partners and the wider health and care system. It will provide opportunities to share our learning and examples of best practice with others. In our external facing work, we will focus on Regulatory Reform in the first 12 months, supporting with the implementation of the Ambitious for Change recommendations and ensuring we are establishing effective and trusting stakeholder relationships.

The EDI objectives have been developed to support the corporate plan and reflect the six themes within the NMC strategic plan 2020-25:

1. Improvement and innovation
2. Proactive support
3. Visible and better informed
4. Engaging and empowering
5. Insight and influence
6. Fit for future organisation

| EDI Objective  | NMC Strategic Theme |
|--|---------------------|
| a) To reflect our values of being a regulator that prioritises the needs and wellbeing of the nursing and midwifery professions and the public | 1,2,3 and 4         |
| b) To ensure we role model good equality practice as an employer   | 1,3 and 6           |
| c) To be strategic and coordinated in our use of EDI data and evidence both internally and with partners across the sector                     | 2,5 and 6           |
| d) To use our platform to advocate for better care for everyone accessing services to tackle health inequalities                               | 2,3,4 and 5         |

### The objectives in more detail.

Under each of the objective areas is a **high-level** summary of the core priorities and activities included. A more detailed programme of work will support this plan. This work plan clarifies the priority areas of work for the first 18 – 24 months. Each area of activity involves collaboration, support, engagement and taking us beyond compliance. We want to demonstrate we are actively advancing EDI, in line with our obligations under the Equality Act 2010 and the Public Sector Equality Duty set out in section 149.

Internally we want to be an exemplar employer and externally we want to confidently use our voice to tackle inequality and address important EDI issues for both the professionals on our register and people using health and care services.

#### a) To reflect our vision of being a regulator that prioritises the needs and wellbeing of the nursing and midwifery professions and the public

**We will know we have made progress** when our regulatory processes are consistently non-discriminatory, fair, and considerate of the diverse needs of nursing and midwifery professionals and the public, and when our data and engagement show that people feel we are fair and inclusive in the way we interact with them.

Our areas of focus will include:

- Developing policies that take us beyond minimum compliance and consider the impact on professionals and the public of our regulatory processes.
- Having a clear view on how regulatory reform can improve the experiences of professionals and the public interacting with our processes, for example increased flexibility and ability to be person-centred.
- Using our regulatory insight, including information gathered in the Fitness to Practice (FtP) contextual factors tool, to ensure we are informed about the issues facing the professions and take this into account where relevant.
- Ensuring our colleagues have the right training to be person-centred, inclusive and kind to all our professionals and customers, and that our way of working ensures we hear from people who use health and care services so that they can influence our work.

#### What will be different as a result? – An example

We have a once in a generation opportunity to improve our regulatory processes through Regulatory Reform. By assessing and updating existing orders and rules we can address gaps in our legislation to strengthen our EDI expectations of all those we regulate and work with. We can provide stronger expert guidance and training for all involved in FtP. This will support us to actively **reduce barriers to inequality**. We don't need to replicate the way things have traditionally been done. We can be innovative, and we can incorporate good practice from the outset such as early public and stakeholder consultation. We can demonstrate transparency, show that we are putting our learning about disparities in our existing processes into practice and use the data we have to positive effect.

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## **b) Ensuring we role model good equality practice as an employer**

**We will know we have made progress** when our data shows we have successfully supported the implementation of the People Plan such as tackling some of the issues we have in relation to ethnicity, age and disability. We will have supported colleagues to understand and embed best practice in all stages of our work from scoping and planning, engagement and communications to business planning and evaluations of projects and programmes. Finally, when we can demonstrate we all live the NMC values through everything we do.

Our areas of focus will include:

- Supporting directorates with best practice in integrating EDI into our policies, practices, processes, behaviours and system developments.
- Ensuring business plans and EqlAs are robust and EDI considerations are built into projects from the outset.
- Supporting the whole life cycle of an employee from recruitment and developing talent pools to career development.
- Supporting internal equality networks for colleagues and engaging them in collaborating on improving the employee experience

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**What will be different as a result? – An example**

We have an ambition to ensure that all our workforce understand their roles and responsibilities in relation to EDI. One way of supporting this change in mindset and promoting good practice is to ensure that an EqlA is conducted at the development stage of **every internal and external** process, project, change initiative or introduction of a new or revised policy. Everything we do at the NMC has an impact on people and therefore **will** have an EDI impact. Papers to the Executive Board will demonstrate an evidence-based approach to assessing EDI impact, eliminating ‘guess work’ and changing the perception that EqlAs are an administrative task.

What this look like in practice: an example from elsewhere.

To make financial savings, organisation X decided to review all secretarial and administrative support available to senior leaders. A recommendation was taken to the Board to reduce the number of support staff from 65 to 45. No initial EqlA on the recommendation was completed, but one was requested by the Board before they took their decision. The results of the EqlA showed that 15 of the 20 staff who were to be made redundant were from BME groups, and all were women, demonstrating a significant adverse impact on race and gender, and undoing a significant amount of work which had previously been done to attract and recruit BME women in to roles. This would not have been a surprise if workforce data showing that BME groups and women made up over half of the workforce in lower grades had been taken into consideration, and had the EqlA been undertaken at the planning stages of the financial decision-making, rather than at the late stage when the Board requested it. The organisation had to rethink its recommendations to mitigate against this disproportionate, unjustifiable impact, and propose alternative ways to make the financial saving

**c) To be strategic and coordinated in our use of EDI data and evidence both internally and with partners across the sector.**

**We will know we have been successful** when our data and engagement are used to inform our own robust decision making. Our data and messages will be shared by other regulators and partners to support wider improvements to health and social care.

Our areas of focus will include:

- Working with colleagues to collect good quality data and evidence which we can analyse, interpret, present, share and monitor progress against.

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- To support relevant internal and external NMC research such as Ambitious for Change, pay gap reports and the NHS Workforce Race Equality Standard (WRES) and audience insight research.
- Ensuring that we hear insights and experiences from those who use health and care services and that they shape what we do and the way we work
- Capturing learning from our EqlAs to improve our systems and processes.
- Using our information and position to communicate to share data and important messages with our professionals and partners across the sector to influence change.

**What will be different as a result? – An example**

The NMC is a member of the Business Disability Forum. Working together we gathered data in 2019 on assessing our commitment and performance in supporting colleagues with disabilities. This was compared to data from 2018 to show where we had done better or worse and what the key priorities for action are. The data was then published in a Disability Standard report and publicly available for transparency. We have developed an action plan with clear success indicators on key areas of improvement involving colleagues and staff networks across the organisation, incorporating data from the Disability pay gap report and looking at best practice elsewhere. In addition, we have ensured those improvements are built into the whole employee life cycle in the People Plan as well as EqlAs identifying further issues. This will help us to demonstrate our progress beyond the recommended requirements when we resubmit our data in 2022 and subsequent years.

**d) To use our regulatory position to advocate for better care for everyone accessing services to tackle health inequalities.**

**We will know we have been successful** when we are leading the sector by making sure that all our regulatory decisions are centred around the experiences of people accessing care and that this is a core consideration in how all our professionals treat people.

Examples of areas of focus include:

- Ensuring we have a strong framework for promoting inclusion in health services, including the presence of EDI commitments in our Standards and in the review of the Code.
- Hearing people’s stories and experiences, shining a light on EDI issues across the health and social care sector and building public engagement into our work from the earliest opportunity so that people and communities can shape our work.

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- Working with colleagues to ensure we have policies and guidance in place to hold professionals to account.
- Building and strengthening relationships with stakeholders to both influence them and to share data and best practice.
- Using the Together in Practice campaign to communicate in a clear, coherent and joined up way internally and externally about our commitment to EDI and the action we are taking.

### **What will be different as a result? – An example**

The NMC sets the expected behaviours and standards for the professional practice and behaviour for nurses, midwives, and nursing associates in the Code. This is due for renewal by 2025 and we want to start the process of consulting and engaging with the public and stakeholders as early as possible so that we can co-produce the guide.

Our core role is to regulate and ensure we regulate as well as possible and provide support to our professions. This means ensuring that EDI is at the heart of the Code and that it is understood by all those who are currently on the register and registrants of the future. We have an opportunity in this refresh ensure we embed EDI and think about how we create resources that are useful and inclusive to help our professionals to deliver the standards now and in the future in a way that meets the needs of the public. We will not do this on our own. We will work with our professionals, educational institutions, students, other regulators, and the public to ensure that EDI and person-centred care are at the heart of how we practice and behave.

## **The law – supporting our EDI plan**

The Equality Act 2010<sup>1</sup> contains measures which have direct implications for our functions and underpins the legal framework in which we operate. It informs our approach as a regulator and employer.

The Equality Act 2010 identifies nine protected characteristics. These are:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race

<sup>1</sup> The Equality Act 2010 doesn't apply to Northern Ireland, where the equalities legislation is spread across several orders and regulations and has some differences to the rest of the UK.

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- religion or belief
- sex
- sexual orientation

In respect of these nine protected characteristics, section 149 of the Equality Act 2010 established the Public Sector Equality Duty (PSED), which requires us to have due regard to:

- eliminate unlawful discrimination, harassment and victimisation
- advance equality of opportunity between people from different groups
- foster good relations between people from different groups

Having ‘due regard’ means that decision makers need to consciously consider their duties under the Public Sector Equality Duty (PSED), and how these can be applied to the work we do and decisions we make. We must also be able to show how we comply with the PSED as the NMC are specifically named for compliance in Regulation 19. Although EqIAs are not a legal requirement, they are a valuable tool in demonstrating that we have considered our legal duties and are advancing EDI.

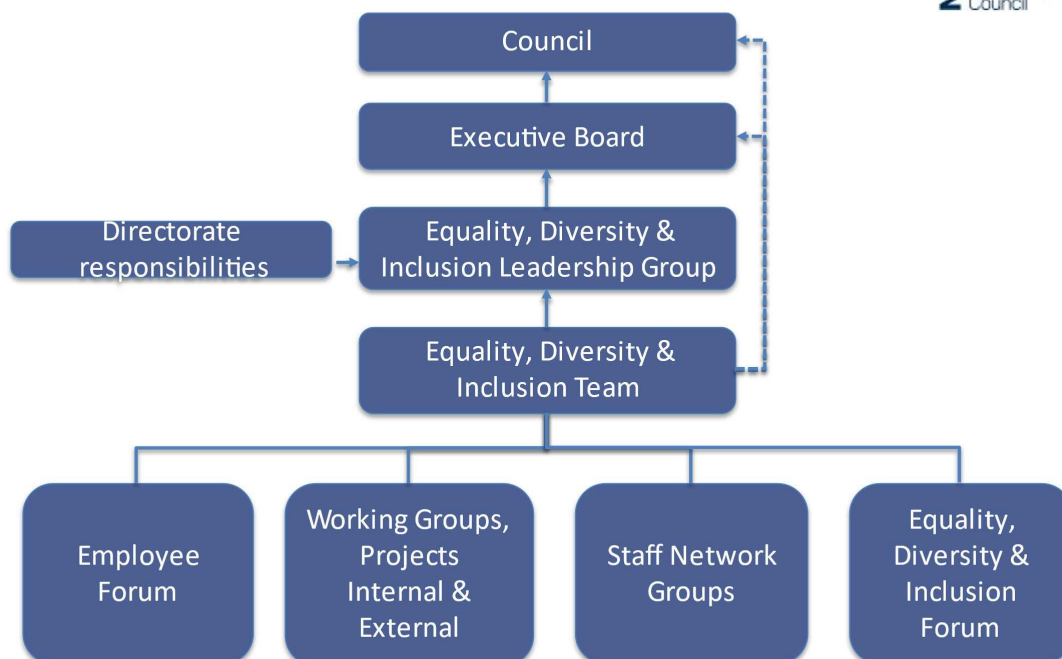
The Human Rights Act 1998 protects people’s human rights in the UK and enshrines the articles of the European Convention on Human Rights in British law. Examples of articles of relevance to the NMC, Article 6, the right to a fair trial in how we run our FtP processes, Article 8, the right to private and family life, and Article 14, freedom from discrimination in how these rights are observed.

## **Governance – arrangements for integrating EDI**

Our EDI governance structure shows the decision-making routes for EDI in the organisation. The arrows denote how information flows.

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## EDI Governance



## Roles and responsibilities

**The CEO and Registrar** is the most senior person in the NMC. They are accountable to the Council and responsible for leading and managing the NMC's professional, business and financial affairs. They will agree the direction for EDI with the support of the Executive Board.

The **senior sponsor for EDI** is the Executive Director, People and Organisational Effectiveness who is accountable to the Chief Executive for ensuring adequate provisions are in place to deliver the EDI priorities in the plan. The senior sponsor chairs the internal EDI Leadership Group and sponsors the EDI activities on behalf of the executive team.

**Executive Directors** deliver the EDI priorities. All Executive Directors are expected to incorporate the EDI priorities into their **directorate** business plans. They are accountable to the Chief Executive for ensuring adequate resources are in place to deliver the EDI priorities in the plan. For example, equality impact assessments, policies, processes and projects to ensure compliance with the Equality Act 2010, the Public Sector Equality Duty and any other relevant legislation, and monitoring progress against the EDI actions in senior management and performance reporting meetings. Executive Directors report exceptions to the progress against EDI actions through performance reporting and governance papers.

**The Equality Diversity and Inclusion Leadership Group (EDILG)** is made up of Assistant Directors or Heads of teams representing functions from across the organisation, plus the chairs and co-chairs of our employee network groups. EDILG members are responsible for championing EDI in their directorate and making recommendations on corporate EDI decisions to the Executive Board.

**Other senior sponsors** (for a protected characteristic) are executive directors, deputy directors or assistant directors who promote equality and awareness for a particular protected or personal characteristic. Where appropriate, they collaborate closely with employee network groups that represent the characteristic they are sponsoring.

**Senior management and line managers** are responsible for the delivery of the EDI priorities and for understanding and raising the importance of EDI in their area of responsibility. They must undertake EqlAs when developing new processes, policies or making changes which have an impact on people. In managing teams, they must conduct appraisals and provide feedback on how colleagues are doing their work in line with EDI principles and values.

The **EDI team** support the delivery of the EDI priorities in line with equalities and human rights legislation and best practice. Their role is to provide advice and support to colleagues and lead on best practice initiatives that will improve the experience of our workforce, our registrants and the public.

The **EDI Forum** shares best practice across the organisation. It is open to all employees to join and attend meetings. It acts as a vehicle to communicate EDI messages, share best practice and acts as a consultative forum on a range of current issues and topics.

**Champions and diversity allies** are people at any level in the organisation that promote EDI messages and work to raise awareness of and remove barriers that may be blocking achievement against EDI priorities.

**Employee network groups** bring employees with shared characteristics such as gender, race, cultural heritage, sexual orientation, disability and allies together in a safe space. Our groups and the Employee Forum offer invaluable insight and advice on policy, community and staff engagement. The co-chairs for our employee network groups are members of the EDILG.

**All employees** are responsible for the delivery of EDI. All employees are accountable for compliance with equalities and human rights legislation as employees; in their interactions with other members of employees and in their roles as employees for the regulator in their activities that affect nurses, midwives, nursing associates and the public. They are responsible for keeping their training and understanding of EDI up-to-date and contributing to an inclusive working culture that celebrates the diversity of our registrants and the public as well as our employees.

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## Assurance and accountability

Throughout the year, both the EDI team and the EDILG makes recommendations on corporate EDI decisions to the executive board. Every summer we present progress against our EDI priorities to Council in our annual NMC report.

**Council** has an important leadership role both in setting the ambition for this work and establishing and maintaining the organisation's commitment to it. Council is conscious of their own role and responsibility to demonstrate and embody our commitment. They must be assured that the NMC is compliant with equalities and human rights legislation in the decisions and information that the NMC presents to them. They are representative of the views of the people and voice of the professionals on our register, and as such should hold the NMC to account for placing EDI at the heart of all it does.

## EDI performance monitoring: how we will measure success

### Measuring and evaluation

We measure success by providing data on the outcomes, and where possible the impact, of our corporate EDI plan. In addition, we measure progress through completion of EDI benchmarks such as the Business Disability Forum's Disability Standard and the NHS WRES. The decisions on which benchmarks we complete are taken annually and may change, determined by organisational priorities.

### Project management

EqIAs are built into the structure of our programme and project management processes. We complete EQIAs for all programmes.

### Business planning

Our business plans set out the activities for the year and include EDI within them from the outset. This helps to ensure we comply with equalities and human rights legislation.

### Tools

The principal tools that we use to ensure that we are compliant and fair in how we deliver our strategy are:

- EDI actions in business plans
- Corporate action plans e.g., Ask Listen Do
- EqIAs
- Human rights impact assessments (HRIAs)
- Training and awareness raising
- Insight and evidence

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**Action plans:** we use action plans to monitor our progress and hold the business to account. Action plans are developed for all areas that we want to make progress in, including progress against benchmarks and strategic commitments. Actions are monitored by the EDI Team and the EDI-related activities in each business plan are monitored by EDILG. Where things are not progressing, meetings take place with the relevant Director and where appropriate with the executive board.

**EqlAs:** are a tool to assess the impact of our policies, processes and projects on people who share protected characteristics. Producing robust and quality EQIAs demonstrates compliance with the Equality Act 2010, and other relevant equalities legislation, including our Welsh Language Scheme. The EQIA should begin at the start of any project or policy work and be reviewed regularly when there is new evidence or at key decision points.

**Training and awareness raising:** Employees and panellists are supported to understand the requirements of the relevant equality's legislation in relation to their roles; for example, on how to carry EqlAs, and unconscious bias training for decision-makers.

**Insight and evidence:** We look at different types of evidence to provide insight into differentials and issues by protected characteristics for nurses, midwives, nursing associates, the public and employees. This informs the prioritisation of our EDI activities:

- Reviewing research and reports (both commissioned by the NMC and external reports)
- Surveys and consultations
- Diversity data monitoring and analysis of the professionals on our register
- Benchmarks
- Employee diversity data and surveys
- Public and stakeholder engagement including via our engagement forums
- Customer feedback and complaints

**Co-production, consultation, and engagement:** with diverse groups or organisations that represent the views of those groups. Our external stakeholders are:

- Registered nurses, midwives, and nursing associates
- Current or prospective student nurses, midwives, and nursing associates and those that educate them
- Overseas nurses, midwives, and nursing associates
- EDI groups that reflect the different characteristics of the public
- EDI watchdogs and expert groups (e.g., Equality & Human Rights Commission)
- EDI leads at healthcare regulators and unions e.g., GMC, RCN
- External employee networks e.g., LGBT+ inter-regulatory group and BME inter-regulatory network
- Diverse representative groups e.g., Chief Nursing Officer Black and Minority Ethnic Strategic Advisory Group (England).

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# High level EDI workforce regulatory work priorities for 2021-2023

## Getting our NMC internally reflective of good practice

- Everything goes through an EqIA from the outset
- Using data, surveys and reports to make improvements
- Support to staff networks – listen, learn and involve
- Service EDI leadership groups to develop and embed best practice
- Talent management including positive action initiatives such as career progression for BME staff
- Exemplary policies and procedures including return to work
- Clarity on embedding values and behaviours
- EDI integrated into all change initiatives
- EDI Leadership competency development
- Learning and development at all levels including the role of a manager and leadership development
- Use of language.

## Overlap between workforce and regulatory work

- Collection, interpretation and use of good data
- Recruitment including panel members
- Induction of staff and panel members
- Communication internally and externally
- How we respond to feedback individually and organisationally
- Impact of policies on staff and customers
- Embedding values and behaviours and being person-centred
- Directorate/functional clarity on integrating EDI
- Evidencing our approach in the decisions we make.

## Regulatory Focus

- Panel support, advice, improved guidance and ongoing development and training
- Ambitious for Change:
  - implement findings from phase 1
  - develop next steps
  - work with employers
  - joint projects with employers and professional groups e.g. disproportionate referrals and innovative developments
- Robust Education standards, spotlighting EDI and helping to develop the right behaviours and attitudes in people working in the nursing and midwifery professions
- Stakeholder engagement on issues ranging from consultations to co production
- Working with other regulators and stakeholders
- Responding to consultations
- Using our voice to highlight issues and improve practice
- Regulatory reform – improvements and increased impact.



**Y Cyngor Nyrsio a Bydwreigiaeth**

Eitem 10.1  
NMC/21/80  
29 Medi 2021

**Y Cyngor Nyrsio a Bydwreigiaeth  
Adroddiad Monitro Blynyddol Cynllun Iaith Gymraeg 1 Ebrill  
2020 - 31 Mawrth 2021**

**Gweithredu:** I'w drafod

**Cyhoeddi:** Mae'r papur hwn:

- Yn ceisio cymeradwyaeth y Cyngor i'r Adroddiad Monitro Blynyddol drafft, y disgwylir iddo gael ei adrodd i'r Cyngor ym mis Medi ac yna Comisiynydd y Gymraeg ym mis Hydref

**Swyddogaeth reoleiddio graidd:** Swyddogaethau ategol  
Pob swyddogaeth reoleiddio

**Blaenoriaeth strategol:** Blaenoriaeth strategol 1: Gwella ac arloesi  
Blaenoriaeth strategol 3: Rheoleiddiwr mwy amlwg a gwybodus  
Blaenoriaeth strategol 4: Ymgysylltu a grymuso

**Penderfyniad gofynnol:** Dim un.

**Atodiadau:** Mae'r atodiad dilynol ynghlwm wrth y papur hwn:

- Atodiad 1: Adroddiad Monitro Blynyddol Cynllun Iaith Gymraeg, 1 Ebrill 2020 - 31 Mawrth 2021.

**Gwybodaeth bellach:** Os oes angen eglurhad arnoch am unrhyw bwynt yn y papur neu os hoffech ragor o wybodaeth, cysylltwch â'r awdur neu'r cyfarwyddwr a enwir isod.

Awdur: Rose Fieber  
Ffôn: 020 7681 5266  
[Rose.Fieber@nmc-uk.org](mailto:Rose.Fieber@nmc-uk.org)

Cyfarwyddwr: Francesca Okosi  
Ffôn: 020 7681 5448  
[Francesca.Okosi@nmc-uk.org](mailto:Francesca.Okosi@nmc-uk.org)

**Cyd-destun:** 1 Y papur hwn:

1.1 Yn ceisio cymeradwyaeth y Cyngor i'r Adroddiad Monitro Blynyddol drafft, y mae disgwyl iddo gael ei adrodd i'r Cyngor ym mis Medi ac yna Comisiynydd y Gymraeg ym mis Hydref.

**Ffactorau pedair gwlad:** 2 Mae'r adroddiad hwn yn arbennig o berthnasol i Gymru a siaradwyr y Gymraeg.

**Trafodaeth Cefndir**

3 Mae'r NMC, fel corff cyhoeddus sy'n arfer swyddogaethau statudol yng Nghymru, yn ddarostyngedig i Ddeddf yr Iaith Gymraeg 1993 sy'n ei gwneud yn ofynnol i ni:

3.1 Sefydlu'r egwyddor y dylid trin yr ieithoedd Saesneg a Chymraeg ar sail cydraddoldeb wrth gynnal busnes cyhoeddus.

3.2 Hwyluso'r defnydd o'r Gymraeg.

**Adroddiad Monitro Blynyddol**

4 Fel sy'n ofynnol o dan Ddeddf yr Iaith Gymraeg, rydym wedi sefydlu Cynllun Cymraeg cymeradwy ers 2011. Bob blwyddyn, rydym yn gwneud Adroddiad Monitro Blynyddol i Gomisiynydd y Gymraeg ar y camau rydym wedi'u cymryd i gydymffurfio â'r Cynllun ac i hyrwyddo cyfleoedd i ddefnyddio'r Gymraeg.

5 Mae ein nawfed Adroddiad Monitro Blynyddol Cynllun Iaith Gymraeg am y cyfnod 1 Ebrill 2020 i 31 Mawrth 2021 ynghlwm yn Saesneg ac yn Gymraeg (Atodiad 1).

6 Rydym yn hyderus ein bod wedi cydymffurfio'n llwyddiannus â'n Cynllun Iaith Gymraeg rhwng 1 Ebrill 2020 a 31 Mawrth 2021. Yn benodol, cofleidiwyd anghenion siaradwyr Cymraeg trwy gydol ein datblygiad strategaeth gorfforaethol 2020-2025.

7 Yn dilyn cyfarfod y Cyngor, mae disgwyl i'r Adroddiad Monitro Blynyddol gael ei gyflwyno i'r Comisiynydd erbyn 08 Hydref 2020.

8 **Argymhelliad:** Gwahoddir y Cyngor i gymeradwyo'r Adroddiad Monitro Blynyddol drafft.

**Goblygiadau diogelu'r cyhoedd:** 9 Nid oes gan yr adroddiad hwn unrhyw oblygiadau uniongyrchol ynghylch diogelu'r cyhoedd.

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| <b>Goblygiadau adnoddau:</b>                   | 10 | Mae goblygiadau adnoddau sy'n codi o'r Adroddiad Monitro Blyneddol hwn yn ymwneud â llunio, cyfieithu a chyhoeddi'r adroddiad, a gwmpesir yn yr adnoddau cyfredol.   | 3.  |
|  | 11 | Gallai goblygiadau adnoddau o Safonau'r Iaith Gymraeg newydd fod yn sylweddol, ac maent yn dibynnu ar ganlyniad yr ymgynghoriad a gwblhawyd ym mis Hydref 2020. Bydd angen ystyried y rhain, ynghyd â chostau rheoli prosiect ar gyfer y cam gweithredu, yng nghyllidebau'r dyfodol. | 4.  |
|  |    |  | 5.  |
| <b>Goblygiadau cydraddoldeb ac amrywiaeth:</b> | 12 | Mae ystyriaethau iaith Gymraeg yn cael eu cynnwys yn ein pecyn cymorth asesu effaith cydraddoldeb a chânt eu hadolygu'n barhaus i sicrhau ein bod yn cynnal yr ymrwymadau a wnaethom yn ein Cynllun yn ein holl waith.   | 6.  |
|  |    |  | 7.  |
| <b>Ymgysylltu â rhanddeiliaid:</b>             | 13 | Mae'r adroddiad yn cynnwys gwybodaeth am sut roedd siaradwyr Cymraeg yn cymryd rhan yn ein gweithgareddau sefydliadol yn y cyfnod adrodd.  | 8.  |
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| <b>Goblygiadau Risk:</b>                       | 14 | Dim un.  | 10  |
| <b>Goblygiadau Cyfreithiol:</b>                | 15 | Rydym yn cydymffurfio â'r cynllun ac nid oes unrhyw oblygiadau cyfreithiol.  | 11. |
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# Adroddiad monitro'r cynllun iaith Gymraeg 1 Ebrill 2020–31 Mawrth 2021

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## Ynglŷn â ni

Ein gweledigaeth yw nyrsio a bydwreigiaeth ddiogel, effeithiol a charedig sy'n gwella iechyd a lles pawb. Fel rheolydd proffesiynol bron i 732,000 o weithwyr proffesiynol ym meysydd nyrsio a bydwreigiaeth, mae gennym rôl bwysig i'w chwarae wrth wireddu hyn.

Ein rôl graidd yw **rheoleiddio**. Yn gyntaf, rydym yn hyrwyddo addysg a safonau proffesiynol uchel ar gyfer nyrsys a bydwragedd ledled y DU,. Yn ail, rydym yn cynnal y gofrestr o weithwyr proffesiynol sy'n gymwys i ymarfer. Yn drydydd, rydym yn ymchwilio i bryderon ynghylch nyrsys, bydwragedd a chymdeithion nyrsio - rhywbeth sy'n effeithio ar lai nag un y cant o weithwyr proffesiynol bob blwyddyn. Rydym yn credu mewn rhoi cyfle i weithwyr proffesiynol fynd i'r afael â phryderon, ond byddwn bob amser yn gweithredu yn ôl yr angen.

Er mwyn rheoleiddio'n dda, rydym yn **cefnogi** ein proffesiynau a'r cyhoedd. Rydym yn creu adnoddau a chanllawiau sy'n ddefnyddiol trwy gydol gyrfaedd pobl, gan eu helpu i gyflawni ein safonau yn ymarferol a mynd i'r afael â heriau newydd. Rydym hefyd yn cefnogi pobl sy'n ymwneud â'n hymchwiliadau, ac rydym yn cynyddu ein hamlygrwydd fel bod pobl yn teimlo eu bod yn ymgysylltu ac wedi'u grymuso i lunio ein gwaith.

Mae rheoleiddio a chefnogi ein proffesiynau yn caniatáu i ni **ddylanwadu** ar iechyd a gofal cymdeithasol. Rydym yn rhannu gwybodaeth o'n gweithgareddau rheoleiddio ac yn gweithio gyda'n partneriaid i gefnogi cynllunio'r gweithlu a gwneud penderfyniadau ar draws y sector. Rydym yn defnyddio ein llais i godi llais dros amgylchedd gwaith iach a chynhwysol ar gyfer ein proffesiynau.

## Llywodraethu ein gwaith Cymraeg

Mae aelodau'r Cyngor, y tîm Gweithredol a'r holl gyflogeion yn chwarae rhan wrth gyflawni ein cynllun iaith Gymraeg. Nodir cyfrifoldebau allweddol isod:

- Mae'r Cyngor yn gyfrifol am osod a goruchwyllo ein strategaeth gyffredinol.
- Mae'r tîm Gweithredol yn gyfrifol am weithredu ein strategaeth ac am osod polisiau a chynlluniau busnes mewnol sy'n cefnogi cyflwyno'r cynllun iaith Gymraeg.
- Y Cyfarwyddwr Gweithredol Pobl ac Effeithiolrwydd Sefydliadol sydd â'r cyfrifoldeb cyffredinol am gyflawni'r cynllun Cymraeg, tra mai ein Prif Weithredwr yw arweinydd gweithredol Cymru ar hyn o bryd.
- Mae'r tîm Polisi a Deddfwriaeth yn gyfrifol am fonitro newid deddfwriaethol a'r effaith ar ein cynllunio busnes mewn perthynas â chydymffurfio â Deddf Iaith Gymraeg 1993.
- Mae'r tîm Amrywiaeth a Chynhwysiant Cydraddoldeb (EDI) yn gyfrifol am ymwybyddiaeth o'r Gymraeg a chefnogi ein cyflogeion i deimlo'n hyderus ac yn gymwys i gydymffurfio â'n cynllun iaith Gymraeg.

## Ein hymrwymiad i'r Gymraeg

Yn unol ag Adran 21 Deddf yr Iaith Gymraeg 1993, rydym yn glir ynghylch yr angen i drin y Gymraeg a'r Saesneg yn gyfartal wrth gynnal busnes cyhoeddus a gweinyddu cyfiawnder yng Nghymru, cyn belled ag sy'n briodol o dan yr amgylchiadau ac yn rhesymol ymarferol. Cymeradwywyd ein cynllun iaith Gymraeg gan Fwrdd yr Iaith Gymraeg ym mis Ionawr 2011.

Nod yr adroddiad monitro blynyddol hwn yw crynhoi ein cynnydd wrth weithredu ein cynllun iaith Gymraeg yn ystod y cyfnod 1 Ebrill 2020 i 31 Mawrth 2021, yn unol â gofyniad y Comisiynydd y Gymraeg. Mae adroddiad cryno (yn seiliedig ar gwestiynau gan Swyddfa Comisiynydd y Gymraeg) wedi'i nodi yn Atodiad 1.

Rydym wedi ymrwymo i gydymffurfio'n gyson â'n cynllun iaith Gymraeg, ac ymgysylltu â Chomisiynydd y Gymraeg ac eraill i fod yn ymatebol ac yn wybodus wrth i ni ddatblygu ein dull o ddiwallu anghenion siaradwyr Cymraeg. Mae'r adroddiad hwn yn nodi ein gwaith yn y maes hwn, a bydd yn hygyrch i gwsmeriaid trwy drafodaeth gyhoeddus mewn sesiwn Cyngor yn ogystal â chael ei gyhoeddi ar ein gwefan, yn unol â blynyddoedd blaenorol.

## Gweithgarwch Diweddar

Yn 2020 cymerodd ein Prif Weithredwr a'n Cofrestrydd Andrea Sutcliffe rôl Cyfarwyddwr Arweiniol Cymru. Yn ystod y cyfnod adrodd, cynhaliodd cydweithwyr o'r sefydliad cyfan nifer o gyfarfodydd a digwyddiadau gyda rhanddeiliaid allweddol yng Nghymru. Mae rhai enghreifftiau yn cynnwys:

- Cynnal byrddau crwn rhanddeiliaid gyda phartneriaid bydwreigiaeth, nyrsio a rheoleiddio yng Nghymru i archwilio effaith y pandemig ar nyrsio a bydwreigiaeth, ochr yn ochr ag archwilio themâu ehangach, megis EDI, a gweithgarwch NMC.
- Cynnal gweminar ar gyfer myfyrwyr mewn partneriaeth ag Addysg a Gwella Iechyd Cymru, Cyngor Deoniaid Iechyd a'r Brif Swyddfa Nyrsio i esbonio'r newidiadau i safonau brys yr NMC ym mis Ionawr 2021 a sut y cawsant eu gweithredu ledled y DU.
- Ymgysylltiad parhaus â rheoleiddwyr proffesiynol a rheoleiddwyr systemau eraill yng Nghymru i sicrhau aliniad rheoleiddiol, mae hyn yn cynnwys mynychu a chyfrannu at uwchgynhadledd Gofal Iechyd Arolygiaeth Gofal Iechyd Cymru.
- Gweithio'n agos gyda Brif Swyddog Nyrsio blaenorol a dros dro a'u tîm, megis ar ein hymgyngoriad ar safonau ôl-gofrestru, ein hadolygiad o safonau ein rhaglenni addysg a chyflwyno ein safonau argyfwng ac adfer.
- Cynnal ymweliadau rhithwir â Chymru i ddysgu am brofiadau ein cofrestreion, megis ymweld â'r Tîm Iechyd Lloches ym Mae Abertawe.

- Cynnal digwyddiadau i gofrestreion yng Nghymru am ein rhaglenni gweithgareddau allweddol. Mae'r digwyddiadau hyn wedi'u cynnal mewn partneriaeth â sefydliadau rhanddeiliaid yng Nghymru.
- Mae'r NMC wedi cynhyrchu animeiddiad ar ein safonau bydwreigiaeth yn seiliedig ar adborth gan rieni yng Nghymru i sicrhau bod y cyhoedd yn deall effaith y safonau ar ofal.

Mae Jacqui Williams, ein Huwch Gyngorydd Bydwreigiaeth wedi cyfarfod yn rheolaidd â'r Bydwreigedd Arweiniol dros Addysg yng Nghymru yn ogystal â chael sesiynau dal i fyny misol gyda Karen Jewell, Swyddog Nyrsio Mamolaeth a'r Blynnyddoedd Cynnar, Swyddfa CNO Cymru. Mae Jacqui hefyd wedi mynychu nifer o ddigwyddiadau rhanddeiliaid Cymru wrth iddynt baratoi ar gyfer eu rhaglenni newydd.

Mae Kristian Garsed, ein Cynghorydd Rheoleiddio ar gyfer Cymru yn y Gwasanaeth Cyswllt Cyflogwyr, wedi bod yn dysgu Cymraeg ers mis Mai 2020 fel ymrwymiad datblygiad proffesiynol i'r rôl. Mae Kristian hefyd wedi bod yn darparu:

- Diweddariadau ysgrifenedig pwrpasol rheolaidd i bob Cyfarwyddwr Nyrsio Gweithredol yn y GIG yng Nghymru, gan eu hysbysu am newidiadau a datblygiadau allweddol o ran ymateb rheoleiddiol yr NMC i bandemig Covid 19.
- Diweddariadau / gweithdai rheoleiddio wyneb yn wyneb rhithwir i gyflogwyr yng Nghymru ar gais yn amlygu ac yn archwilio'r newidiadau i'r ffordd yr ydym yn rheoleiddio ein proffesiynau a gyflwynwyd mewn ymateb i'r pandemig.
- Cymorth arferol i holl gyflogwyr ein gweithwyr proffesiynol nyrsio a bydwreigiaeth yng Nghymru ar draws iechyd a gofal a'r sector annibynnol, ar ffurf cyngor rheoleiddio ad hoc, gwybodaeth a chyfleoedd dysgu.
- A sefydlu a chynnal fforwm rheolaidd i'r NMC, GMC, GPhC a GDC yng Nghymru ac HIW i rannu gwybodaeth, deallusrwydd, ystyriaethau polisi a blaenoriaethau a rennir ar gyfer ymgysylltu â rhanddeiliaid yn ystod y pandemig.

Ym mis Mai 2020, bu ein Prif Swyddog Gweithredol yn gweithio gyda Llywodraeth Cymru i gydnabod nyrsys gofal cymdeithasol mewn [llythyr ar y cyd](#) ac ym mis Tachwedd 2020 fe wnaethom ymateb i [Adolygiad Cenedlaethol Gwasanaethau Mamolaeth](#) Arolygiaeth Gofal Iechyd Cymru. Postiwyd y ddau ymateb ar wefan yr NMC a'u rhannu ar ein platfform cyfryngau cymdeithasol mewnol, Workplace.

Fe wnaethom lansio [hyb gwe EDI newydd](#) fis Hydref y llynedd ac fe wnaethom sicrhau bod gennym dudalen bwrpasol, yn Gymraeg yn gyntaf ac yna Saesneg, ar gyfer ein Cynllun Iaith Gymraeg.

Fe wnaethom hefyd barhau i ystyried y Gymraeg ac anghenion siaradwyr Cymraeg yn

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ofalus fel rhan o'n hymateb parhaus i'r pandemig Covid-19, gan gynnwys parhau i weithio ar y cyd â Phrif Swyddog Nyrsio Cymru i sicrhau bod ein dull yn cyd-fynd â'u gweithgarwch parhaus. yn y maes hwn. Fe wnaethom sicrhau bod cyfathrebiadau am ein safonau rhaglenni addysg frys yn cael eu hanfon yn Saesneg a Chymraeg at addysgwyr yng Nghymru ac yn cael eu [cyhoeddi](#) yn Gymraeg ar gyfer myfyrwyr ar ein hyb gwe Covid-19 ar-lein. Roedd dogfennau allweddol eraill, megis ein canllaw ar ailddilysu yn ystod Covid-19, hefyd [ar gael](#) ar ein gwefan yn Gymraeg. Yn yr un modd â'n holl asesiadau effaith cydraddoldeb safonol mae gennym faes penodol i asesu effaith gweithgarwch ar siaradwyr Cymraeg. Er bod y gweithgarwch y tu allan i'r cyfnod adrodd, [cyhoeddwyd](#) ein hasesiad rheoleiddiol diweddaraf o effaith cydraddoldeb Covid-19 ym mis Gorffennaf 2021 a gellir gweld ein hasesiad iaith Gymraeg yn adran 5.

## Safonau'r iaith Gymraeg

Rydym ni, gyda'r rheoleiddwyr proffesiynol eraill, wedi gweithio'n agos gyda Llywodraeth Cymru ar ei safonau iaith Gymraeg newydd ac wedi croesawu'r cyfle i [ymateb](#) i'w hymgyngoriad yn 2020. Mae'r gweithgaredd hwn wedi rhoi cyfle i ni adolygu ein cydymffurfiaid â'n cynllun iaith Gymraeg bresennol a deall yn well sut rydym yn diwallu anghenion siaradwyr Cymraeg ar hyn o bryd.

Yn ein [hymateb](#) i gynigion iaith Gymraeg 2016 fe wnaethom gadarnhau ein cefnogaeth i uchelgais Llywodraeth Cymru i feithrin a chynyddu'r defnydd o'r iaith Gymraeg yng Nghymru. Dywedon ni hefyd ein bod yn hapus i weithio i gyflawni'r nod hwn, a'n bod am i holl wasanaethau perthnasol yr NMC fod yn hygyrch i bob rhan o'r gymuned, gan gynnwys siaradwyr Cymraeg. Dyma ein safbwynt o hyd ac mae'n cadarnhau ein gwerthoedd sefydliadol sylfaenol - ein bod yn deg, yn garedig ac yn gydweithredol.

Ar ôl ymgysylltu â rhannau perthnasol o'r NMC yn ychwanegol at ein rheolyddion partner, ein barn am y safonau arfaethedig oedd eu bod yn fwy na thebyg yn hylaw. Fodd bynnag, fel y dywedon ni yn wreiddiol yn ein hymateb yn 2016, rydym yn dal i gredu bod angen eglurder ynghylch cwmpas, maint a gweithredu'r safonau hyn. Heb yr eglurder hwn, bydd yn anodd i ni asesu effaith y safonau yn gywir a chynllunio ar gyfer cydymffurfio. Fe wnaethom nodi rhai o'r meysydd allweddol yn ein hymateb lle credwn fod angen mwy o eglurder. Rydym yn edrych ymlaen at barhau i weithio gyda Llywodraeth Cymru ar yr ymgynghoriad hwn.

## Blaenoriaeth strategol

Yn ein Strategaeth 2020-2025, a gyhoeddwyd ym mis Ebrill 2020, fe wnaethom yn glir bod 'angen cysylltiadau cryf ar draws pedair gwlad y DU a gwerthfawrogiad o'r cyd-destunau gwleidyddol, darparu gwasanaethau a chynllunio'r gweithlu amrywiol', ac fe wnaethom ymrwymo i 'adolygu a datblygu ein presenoldeb' yng Nghymru a rhannau eraill o'r DU.

Bydd ein fframwaith newydd ar gyfer gwerthoedd ac ymddygiadau cysylltiedig yn sail i'n hymagwedd tuag at gydymffurfio â'r Gymraeg, fel y nodir isod:

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- **Teg** - byddwn yn sicrhau y bydd pobl sy'n rhyngweithio â'n gwasanaethau yn cael cyfleoedd teg i gyrchu gwybodaeth yn Gymraeg, ac yn gallu ymddiried yn ein hymrwymiad i'n cynllun Cymraeg.
- **Caredig** - rydym yn gwerthfawrogi pobl sy'n defnyddio'r Gymraeg, a byddwn yn barchus wrth ddelio â cheisiadau yn y Gymraeg. Byddwn yn ymdrechu i sicrhau bod siaradwyr Cymraeg yn teimlo eu bod yn cael eu cynnwys ac yn hyderus i ymgysylltu â ni yn y Gymraeg.
- **Cydweithredol** - byddwn yn buddsoddi yn ein perthnasoedd presennol, gan gynnwys gyda Chomisiynydd y Gymraeg, ac yn ymgysylltu â chymunedau Cymraeg ehangach, gan gydnabod ein bod ar ein gorau pan fyddwn yn gweithio'n dda gydag eraill.
- **Uchelgeisiol** - byddwn yn agored i ffyrdd newydd o fodloni ein gofynion iaith Gymraeg, a byddwn bob amser yn anelu at wneud ein gorau dros siaradwyr y Gymraeg.

## Camau gweithredu allweddol ar gyfer y flwyddyn nesaf

Dros y flwyddyn nesaf, byddwn yn canolbwyntio ein hymdrechion ar:

1. Nodi ein hymrwymiad a'n hymagwedd tuag at gydraddoldeb yr iaith Gymraeg yn ein fframwaith EDI wedi'i ddiweddarau erbyn diwedd 2021
2. Ehangu ein hymgysylltiad ag anghenion gweithwyr proffesiynol a phobl sy'n defnyddio gwasanaethau yng Nghymru, a'n dealltwriaeth ohonynt
3. Ymgorffori ymagwedd systematig at gydymffurfio ar gyfer yr iaith Gymraeg ar draws y sefydliad gan ddefnyddio ein prosesau llywodraethu sefydledig

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## Atodiad 1: Adroddiad cryno ar weithredu'r cynllun iaith Gymraeg rhwng 1 Ebrill 2020 a 31 Mawrth 2021

| Gwybodaeth y gofynnwyd amdani   | Ein gwaith   |
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| <b>Asesiad effaith polisi</b>   |  |
| <p>Nifer a chanran y polisiâu (gan gynnwys y rhai a adolygwyd neu a ddiwygiwyd) lle rhoddwyd ystyriaeth i'r effeithiau y byddai'r polisi'n eu cael ar ddefnydd y Gymraeg.</p> | <p>Mae ystyriaethau'r iaith Gymraeg wedi'u hymgorffori yn ein proses datblygu safonau addysg a hyfedredd. Mae gennym ddogfennau Cymraeg ar gael ar bob cam allweddol o'r ymgynghoriad, megis safonau drafft a chwestiynau ymgynghori, ac rydym yn cynnig yr opsiwn o ymateb i'n hymgynghoriadau yn Gymraeg.</p> <p>Rydym hefyd yn darparu cyfleoedd i siaradwyr Cymraeg gymryd rhan lawn yn y digwyddiadau ymgysylltu allanol rydym yn eu cynnal yng Nghymru fel rhan o'r broses hon trwy ddarparu cyfieithu ar y pryd, dogfennaeth digwyddiadau, arwyddion ac ati. Yn anffodus fodd bynnag, oherwydd y pandemig Covid-19 nid oeddem yn gallu cynnal unrhyw ddigwyddiadau o'r fath yn unrhyw le yn y DU, gan gynnwys Cymru, yn ystod y cyfnod adrodd hwn.</p> <p>Mae adborth a thystiolaeth ar yr effaith ar siaradwyr Cymraeg hefyd yn cael eu cipio fel rhan o'n gwaith asesu effaith cydraddoldeb ar gyfer ein safonau. Mae asesiad llawn o effaith cydraddoldeb yn rhan hanfodol o'n holl brosiectau datblygu safonau ac fe'u cyhoeddir fel mater o drefn ar ddiwedd pob prosiect.</p> <p>Yn ystod y cyfnod adrodd dilynwyd y dull hwn yn ystod y gwaith parhaus ar yr adolygiad o'n safonau addysg a hyfedredd Ôl-gofrestru (digwyddodd lansiad ffurfiol yr ymgynghoriad ei hun yn fuan iawn ar ôl i'r cyfnod adrodd hwn ddod i ben).</p> |
| <p>Enghraifft o asesiad y bernir ei fod yn cael effaith ar ddefnydd y Gymraeg a manylion am sut y cafodd y polisi ei ddiwygio o ganlyniad.</p>                                | <p>Nid ydym wedi cynnal unrhyw ddadansoddiad effaith a arweiniodd at newid polisi arfaethedig neu bolisi presennol yn ystod y cyfnod adrodd hwn.</p>   |
| <b>Cyhoeddiadau</b>   |  |
| <p>Nifer y cyhoeddiadau sydd ar gael i'r cyhoedd</p>  | <p>Mae gennym 984 o gyhoeddiadau ar y wefan.</p>   |

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| <p>Nifer y cyhoeddiadau sydd ar gael i'r cyhoedd yn Gymraeg</p>                               | <p>Mae 128 o ddogfennau ar y wefan yn Gymraeg gan gynnwys adroddiadau blynyddol, dogfennau safonau, dogfennau ailddilysu a dogfennau safonau addysg.</p> <p>Mae hyn yn unol â'n cynllun iaith Gymraeg sy'n dweud y bydd gwybodaeth sydd wedi'i hanelu at gleifion ac aelodau'r cyhoedd ar gael yn Saesneg a Chymraeg. Cyhoeddir safonau, canllawiau a deunydd technegol neu arbenigol arall sydd wedi'u hanelu at weithwyr proffesiynol ac nid yn uniongyrchol at y cyhoedd yn Saesneg.</p> <p>Fodd bynnag, rydym yn cynnig cyfieithiad i'r Gymraeg ar gais. Yn ogystal â gofynion ein cynllun rydym yn cyfieithu deunyddiau pan fyddwn yn ymgysylltu â'r cyhoedd sy'n siarad Cymraeg, er enghraifft ein deunyddiau ymgynghori a'n dogfennau ar gyfer digwyddiadau ymgysylltu yng Nghymru.</p> |
| <p><b>Cwynion</b></p>   |  |
| <p>Nifer yr holl gŵynion a dderbyniwyd am ymddygiad ymarferwyr yng Nghymru</p>                | <p>Fe gawsom 198 o atgyfeiriadau mewn perthynas â nyrs gofrestredig, bydwaig neu gydymaith nyrsio gyda chyfeiriad cofrestredig yng Nghymru rhwng Ebrill 2020 a Mawrth 2021.</p>  |
| <p>Nifer y cwynion a dderbyniwyd yn Gymraeg am ymddygiad ymarferwyr yng Nghymru</p>           | <p>Rhwng Ebrill 2020 a Mawrth 2021, fe gawsom gyfanswm o 5,547 o atgyfeiriadau newydd. Roedd 198 o'r rhain yn ymwneud ag ymarferwyr yr oedd eu cyfeiriad cartref cofrestredig yng Nghymru. Ar ôl gwirio ein cofnodion, ni chawsom unrhyw atgyfeiriadau newydd yn Gymraeg.</p>  |
| <p>Nifer y cwynion a dderbyniwyd yn ymwneud â chydymffurfiad y Cyngor â'i gynllun Cymraeg</p> | <p>Ni dderbyniodd y tîm Ymholiadau a Chwynion Cwsmer unrhyw gwynion corfforaethol mewn perthynas â chydymffurfiad yr NMC â'r cynllun Cymraeg yn y cyfnod adrodd 2020 - 2021.</p>   |
| <p><b>Gwefan</b></p>  |  |
| <p>Canran gwefan y sefydliad sydd ar gael yn Gymraeg</p>                                      | <p>Llai nag un y cant.</p> <p>Mae gennym un brif dudalen gyflwyniad yn Gymraeg ar y wefan, y gellir ei chyrchu trwy fotwm 'Cymraeg' yn y bar llywio. Rydym yn diweddarar'r dudalen hon o bryd i'w gilydd. Yn y flwyddyn ariannol 2020/2021 cafodd y dudalen honno 3,139 o olygon.</p>  |

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|  | <p><a href="https://www.nmc.org.uk/about-us/our-role/ein-rol/">https://www.nmc.org.uk/about-us/our-role/ein-rol/</a></p> <p>Mae gennym hefyd un dudalen ar ein cynllun Cymraeg yma:<br/> <a href="https://www.nmc.org.uk/about-us/equality-diversity-and-inclusion/welsh-language-scheme/">https://www.nmc.org.uk/about-us/equality-diversity-and-inclusion/welsh-language-scheme/</a></p> <p>Rydym yn cynnig cyfieithiad i'r Gymraeg ar gais.</p> |
| Tystiolaeth yn ymwneud ag unrhyw gynlluniau i wella neu gynyddu'r ddarpariaeth iaith Gymraeg ar y wefan  | Rydym yn dechrau gweithio ar ailddatblygu ein gwefan. Bydd y rhaglen hon yn ystyried darpariaeth gwefan yn y Gymraeg gan gynnwys ffyrdd i ddiwallu anghenion siaradwyr Cymraeg. Ar hyn o bryd rydym yn cynnal ymchwil ddarganfod yn 2021 a fydd yn mynd ati i chwilio am farn ac anghenion siaradwyr Cymraeg. Byddwn yn ystyried yr anghenion hyn wrth ddatblygu'r wefan newydd.   |
| Mae tystiolaeth sy'n ymwneud â'r broses a ddefnyddir i sicrhau bod cynnwys presennol, diweddariadau a chynnwys newydd, yn cydymffurfio â gofynion y cynllun iaith Gymraeg (os yw'r broses yn wahanol i'r hyn a adroddwyd yn 2018-19) | Pryd bynnag y cynhyrchir cyhoeddiad, cynhelir asesiad gan y tîm cyfathrebu Corfforaethol ynghylch a oes angen cynhyrchu fersiwn Gymraeg ar gyfer y cyhoeddiad penodol hwnnw hefyd.   |
| <b>Hyrwyddo gwasanaethau Cymraeg</b>   |  |
| Gwybodaeth am ddulliau a ddefnyddir i hyrwyddo gwasanaethau Cymraeg y sefydliad a thystiolaeth o unrhyw gynnydd dilynol yn nefnydd y cyhoedd o'r gwasanaethau.   | <p>Mae tudalen ar ein gwefan sy'n ymroddedig i roi manylion ein cynllun iaith Gymraeg, gan gynnwys y gwasanaethau rydym yn eu cynnig. Gweler hefyd y wybodaeth uchod am ein dogfennau a'n cyhoeddiadau iaith Gymraeg uchod.</p> <p>Nid ydym wedi cael unrhyw geisiadau yn y ganolfan gyswllt i gyfieithu nac unrhyw gŵynion am beidio â chyfieithu eitemau.</p>  |

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| <p>Gwybodaeth am ddulliau a ddefnyddir i asesu ansawdd gwasanaethau Cymraeg y sefydliad (ee trwy asesu profiad defnyddwyr gwasanaeth presennol / darpar ddefnyddwyr)</p> | <p>Er nad ydym wedi cael unrhyw adborth gan gwsmeriaid yn sôn am yr iaith Gymraeg, rydym yn asesu profiad defnyddwyr presennol trwy wahoddiad i gymryd rhan yn ein harolygon adborth cwsmeriaid. Mae cwsmeriaid yn graddio eu boddhad ac yn cael cyfle i adael sylwadau ychwanegol, megis adborth ar gyfathrebiadau iaith Gymraeg. Mae dadansoddiad meintiol ac ansoddol o'r ymatebion yn cael eu nodi mewn adolygiadau boddhad cwsmeriaid, sy'n sylfaen i wella profiad ein cwsmeriaid.</p> <p>Yn ogystal, rydym yn defnyddio'r adborth a gawn o ymatebion ymgynghori gan gyrff sy'n cynrychioli siaradwyr Cymraeg i ystyried ansawdd gwasanaethau ein sefydliad ar gyfer siaradwyr Cymraeg.</p> |
| <p><b>Achosion ffitrwydd i ymarfer</b></p>   |   |
| <p>Nifer y gwrandawiadau a gynhaliwyd yng Nghymru</p>  | <p>Ni chynhaliwyd gwrandawiadau corfforol yng Nghymru am y cyfnod hwn.</p>  |
| <p>Nifer y gwrandawiadau lle gwnaeth y tyst gais i siarad yn Gymraeg</p>   | <p>Ni fu unrhyw geisiadau gan dyst i siarad yn Gymraeg.</p> <p>Nid ydym wedi derbyn cais am gyfieithydd Cymraeg mewn gwrandawriad yn ystod y flwyddyn ariannol ddiwethaf.</p>   |
| <p>Nifer y gwrandawiadau lle cyflwynwyd tystiolaeth yn Gymraeg.</p>  | <p>Ni chafwyd unrhyw geisiadau gan bartïon gwrandawriad i siarad Cymraeg mewn gwrandawriad.</p>   |
| <p><b>Hyfforddiant ymwybyddiaeth iaith</b></p>   |   |
| <p>Nifer a chanran staff newydd y sefydliad (h.y. newydd ers 1 Ebrill 2019) a dderbyniodd hyfforddiant ymwybyddiaeth iaith Gymraeg.</p>                                  | <p>15<br/>3%</p>  |
| <p>Nifer a chanran holl weithlu'r sefydliad sydd wedi derbyn hyfforddiant ymwybyddiaeth iaith Gymraeg ers cyflwyno'r hyfforddiant.</p>                                   | <p>25<br/>2%</p>  |

| <b>Hunan-reoleiddio</b>   |  |
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| Manylion y trefniadau a'r gweithdrefnau y mae'r sefydliad wedi'u mabwysiadu i'w alluogi i hunanreoleiddio'n effeithiol. | Rydym wedi parhau i ddilyn amserlen ddeddfwriaethol Llywodraeth Cymru ar gyfer y safonau iaith newydd. Ar hyn o bryd, mae hyn i'w benderfynu o hyd. Cyn i hyn ddigwydd, mae Llywodraeth Cymru wedi nodi yr hoffai ymgysylltu â rheoleiddwyr ynghylch y pryderon a godwyd ganddynt yn eu cyflwyniad i'r ymgynghoriad yn 2020. |

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## Council

### The Welsh Language Scheme Annual Monitoring Report 1 April 2020 - 31 March 2021

**Action:** For decision

**Issue:** This paper seeks Council's approval of the draft Welsh Language Scheme Annual Monitoring Report, which is due to be reported to the Welsh Language Commissioner in October 2021.

**Core regulatory function:** Supporting functions  
All regulatory functions

**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.

**Decision required:** The Council is invited to approve the draft Welsh Language Scheme Annual Monitoring Report 2020 - 2021 (paragraph 8).

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

- Annexe 1: The Welsh Language Scheme Monitoring Report, 1 April 2020 - 31 March 2021.

**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: Rose Fieber  
Phone: 020 7681 5266  
[Rose.Fieber@nmc-uk.org](mailto:Rose.Fieber@nmc-uk.org)

Director: Francesca Okosi  
Phone: 020 7681 5448  
[Francesca.Okosi@nmc-uk.org](mailto:Francesca.Okosi@nmc-uk.org)

**Context:** 1 This paper seeks Council's approval of the draft Annual Welsh Language Scheme Monitoring Report, which is due to be reported to the Council in September and then the Welsh Language Commissioner in October.

**Four country factors:** 2 This report is of particular relevance to Wales and Welsh speakers.

**Discussion Background**

3 The NMC, as a public body that exercises statutory functions in Wales, is subject to the Welsh Language Act 1993 which requires us to:

3.1 Establish the principle that the English and Welsh languages should be treated on a basis of equality in the conduct of public business.

3.2 Facilitate the use of the Welsh language.

**Annual Monitoring Report**

4 As required under the Welsh Language Act, we have had in place since 2011 an approved Welsh Language Scheme. Every year, we make an Annual Monitoring Report to the Welsh Language Commissioner on the steps we have taken to comply with the Scheme and to promote opportunities to use the Welsh language.

5 Our ninth Welsh Language Scheme Annual Monitoring Report for the period 1 April 2020 to 31 March 2021 is attached in both English and Welsh language (Annexe 1).

6 We are confident that we have successfully complied with our Welsh Language Scheme between 1 April 2020 and 31 March 2021. In particular the needs of Welsh speakers were embraced throughout our 2020-2025 corporate strategy development.

7 Following the Council meeting, the Annual Monitoring Report is due to submitted to the Commissioner by 08 October 2020.

8 **Recommendation: The Council is invited to approve the draft Welsh Language Scheme Annual Monitoring Report 2020 - 2021.**



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| <b>Public protection implications:</b>      | 9   | This report does not have any direct implications for public protection.  |
| <b>Resource implications:</b>               | 10  | Resource implications arising from this Annual Monitoring Report relate to the compilation, translation and publication of the report, which are covered within current resources.  |
|   | 11  | Resource implications from the new Welsh Language Standards could be significant, and are dependent on the outcome of the consultation completed in October 2020. These, together with the project management costs for the implementation phase, will need to be factored into future budgets. |
| <b>Equality and diversity implications:</b> | 12  | Welsh language considerations are included in our equality impact assessment toolkit and will continually be reviewed to ensure that in all of our work we uphold the commitments we have made in our Scheme.   |
| <b>Stakeholder engagement:</b>              | 13  | The report includes information about how Welsh language speakers were engaged in our organisational activities in the reporting period.  |
| <b>Risk implications:</b>                   | 14  | None.   |
| <b>Legal implications:</b>                  | 15  | We are compliant with the scheme and there are no legal implications.   |
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Item 10.2: **Annexe 1**  
NMC/21/80  
29 September 2021

# The Welsh language scheme monitoring report

## 1 April 2020–31 March 2021

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## About us

Our vision is safe, effective and kind nursing and midwifery that improves everyone’s health and wellbeing. As the professional regulator of almost 732,000 nursing and midwifery professionals, we have an important role to play in making this a reality.

Our core role is to **regulate**. First, we promote high education and professional standards for nurses and midwives across the UK.. Second, we maintain the register of professionals eligible to practice. Third, we investigate concerns about nurses, midwives and nursing associates – something that affects less than one percent of professionals each year. We believe in giving professionals the chance to address concerns, but we’ll always take action when needed.

To regulate well, we **support** our professions and the public. We create resources and guidance that are useful throughout people’s careers, helping them to deliver our standards in practice and address new challenges. We also support people involved in our investigations, and we’re increasing our visibility so people feel engaged and empowered to shape our work.

Regulating and supporting our professions allows us to **influence** health and social care. We share intelligence from our regulatory activities and work with our partners to support workforce planning and sector-wide decision making. We use our voice to speak up for a healthy and inclusive working environment for our professions.

## Governance of our Welsh language work

Members of the Council, the Executive team and all employees play a part in delivering our Welsh language scheme. Key responsibilities are set out below:

- The Council is responsible for setting and overseeing our overall strategy.
- The Executive team is responsible for implementing our strategy and for setting internal policies and business plans that support the delivery of the Welsh language scheme.
- The Executive Director of People and Organisational Effectiveness has overall responsibility for the delivery of the Welsh language scheme, while our Chief Executive is currently the executive lead for Wales.
- The Policy and Legislation teams are responsible for monitoring legislative change and the impact on our business planning in relation to compliance with the Welsh Language Act 1993.
- The Equality Diversity and Inclusion (EDI) team is responsible for Welsh language awareness and supporting our employees to feel confident and competent complying with our Welsh language scheme.

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## Our commitment to Welsh language

In accordance with Section 21 of the Welsh Language Act 1993, we are clear about the need to treat Welsh and English equally in the conduct of public business and the administration of justice in Wales, as far as is appropriate in the circumstances and reasonably practicable. Our Welsh language scheme was approved by the Welsh Language Board in January 2011.

The aim of this annual monitoring report is to summarise our progress in implementing our Welsh language scheme during the period 1 April 2020 to 31 March 2021, in compliance with the requirement of the Welsh Language Commissioner. A summary report (based on questions from the Welsh Language Commissioner’s Office) is set out in Annexe 1.

We’re committed to consistent compliance with our Welsh language scheme, and engaging with the Welsh Language Commissioner and others to be responsive and informed as we develop our approach to meeting the needs of Welsh speakers. This report sets out our work in this area, and will be accessible to customers through public discussion at a Council session as well as being published on our website, in line with previous years.

## Recent activity

In 2020 our Director of Professional Regulation Emma Broadbent was the lead director for Wales. Our Chief Executive and Registrar Andrea Sutcliffe is currently the lead director for Wales. During the reporting period colleagues from across the organisation held a number of meetings and events with key stakeholders in Wales. Some examples include:

- Hosting stakeholder roundtables with midwifery, nursing and regulatory partners in Wales to explore the impact of the pandemic on nursing and midwifery, alongside exploring broader themes, such as EDI, and NMC activity.
- Hosting a webinar for students in partnership with Health Education and Improvement Wales, Council of Deans of Health and the Chief Nursing Office to explain the changes to the NMC’s emergency standards in January 2021 and how they have been implemented across the UK.
- Continuous engagement with other professional and system regulators in Wales to ensure regulatory alignment, this includes attending and contributing to Healthcare Inspectorate Wales’ Healthcare summit.
- Working closely with former and interim Chief Nursing Officer and their team, such as on our post-registration standards consultation, our review of our education programme standards and the introduction of our emergency and recovery standards.
- Conducting virtual visits to Wales to learn about the experiences of our registrants, such as visiting Asylum Health Team at Swansea Bay.

- Hosting events for registrants in Wales about our key programmes of activity. These events have been hosted in partnership with stakeholder organisations in Wales.
- The NMC have produced an animation on our midwifery standards based on feedback from parents in Wales to ensure the public understand the impact of the standards on care.

Jacqui Williams, our Senior Midwifery Advisor has met regularly with the Lead Midwives for Education in Wales as well as having monthly catch ups with Karen Jewell, Nursing Officer for Maternity and Early Years, Office of the CNO Wales. Jacqui has also attended a number of All Wales stakeholder events as they prepare for their new programmes.

Kristian Garsed, our Regulation Advisor for Wales in the Employer Link Service has been learning Welsh since May 2020 as a professional development commitment to the role. Kristian has also been providing:

- Regular bespoke written updates to all Executive Nurse Directors in the NHS in Wales, informing them of key changes and developments regarding the NMC's regulatory response to the Covid 19 pandemic.
- Virtual face-to-face regulatory updates / workshops for employers in Wales upon request highlighting and exploring the changes to how we regulate our professions introduced in response to the pandemic.
- Routine support to all employers of our nursing and midwifery professionals in Wales across health and care and the independent sector, in the form of *ad hoc* regulatory advice, information and learning opportunities.
- And establishing and maintaining a regular forum for the NMC, GMC, GPhC and GDC in Wales and HIW to share information, intelligence, policy considerations and shared stakeholder engagement priorities during the pandemic.

In May 2020, our CEO worked with the Welsh Government to acknowledge social care nurses in a [joint letter](#) and in November 2020 we responded to Healthcare Inspectorate Wales' [National Review of Maternity Services](#). Both responses were posted to the NMC website and shared on our internal social media platform, Workplace.

We launched a [new EDI web hub](#) last October and we ensured we had a dedicated page, in Welsh first and then English, for our Welsh Language Scheme.

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We also continued to carefully consider Welsh language and the needs of Welsh speakers as part of our ongoing response to the Covid-19 pandemic, including continuing to work in collaboration with the Chief Nursing Officer for Wales to ensure our approach was aligned with their ongoing activity in this area. We ensured that communication about our emergency education programme standards were sent in both English and Welsh to educators in Wales and were [published](#) in Welsh for students on our online Covid-19 web hub. Other key documents, such as our guidance on revalidation during Covid-19, were also [available](#) on our website in Welsh. As with all of our standard equality impact assessments we have a dedicated area to assess the impact of activity on Welsh Language speakers. Although the activity falls out of the reporting period, our most recent regulatory Covid-19 equality impact assessment was [published](#) in July 2021 and our Welsh Language assessment can be seen in section 5.

## Welsh language standards

We have, with the other professional regulators, worked closely with the Welsh Government on its new Welsh language standards and welcomed the opportunity to [respond](#) to their consultation in 2020. This activity has provided us with the opportunity to review our compliance with our existing Welsh language scheme and better understand how we currently meet the needs of Welsh speakers.

In our [response](#) to the 2016 Welsh language proposals we affirmed our support for the Welsh Government’s ambition to nurture and grow the use of the Welsh language within Wales. We also said that we were happy to work to achieve this goal, and that we wanted all relevant NMC services to be accessible to all parts of the community, including Welsh speakers. This remains our position and affirms our fundamental organisational values – that we are fair, kind and collaborative.

Having engaged with relevant parts of the NMC in addition to our partner regulators, our view of the proposed standards was that they are probably manageable. However, as we originally stated in our 2016 response, we still believe that there needs to be clarity around the scope, extent and application of these standards. Without this clarity it will be difficult for us to accurately assess the impact of the standards and plan for compliance. We set out some of the key areas in our response where we believe more clarity is needed. We look forward to continuing to work with the Welsh Government on this consultation.

## A strategic priority

In our 2020-2025 Strategy, published in April 2020, we made it clear that ‘we need strong links across the four countries of the UK and an appreciation of the diverse political, service delivery and workforce planning contexts’, and we committed to ‘review and develop our presence’ in Wales and other parts of the UK.

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Our accompanying new values and behaviours framework will underpin our approach to Welsh language compliance, as set out below:

- **Fair** – we will ensure people interacting with our services will have fair opportunities to access information in Welsh, and will be able to trust our commitment to our Welsh language scheme.
- **Kind** – we value people who use the Welsh language, and we will be respectful when dealing with Welsh language requests. We will strive to ensure Welsh language speakers feel included and confident to engage with us in Welsh.
- **Collaborative** – we will invest in our existing relationships, including with the Welsh Language Commissioner, and engage with wider Welsh communities, recognising we're at our best when we work well with others.
- **Ambitious** – we will be open to new ways of meeting our Welsh language requirements, and will always aim to do our best for Welsh language speakers.

## Key actions for the next year

Over the next year, we'll focus our efforts on:

1. Setting out our commitment and approach to Welsh language parity in our updated EDI plan by the end of 2021
2. Broadening our engagement with, and understanding of, the needs of professionals and people who use services in Wales
3. Embedding a systematic approach to Welsh language compliance across the organisation using our established governance processes

## Annexe 1: Summary report of the implementation of the Welsh language scheme from 1 April 2020 to 31 March 2021

| Requested information   | Our work   |
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| <b>Policy impact assessment</b>   |  |
| <p>Number and percentage of policies (including those that were reviewed or revised) where consideration was given to the effects the policy would have on the use of the Welsh language.</p> | <p>Welsh language considerations are embedded in our education and proficiency standards development process. We have Welsh language documents available at all key stages of consultation, such as draft standards and consultation questions, and we offer the option of responding to our consultations in Welsh.</p> <p>We also provide opportunities for Welsh speakers to be fully involved in the external engagement events we hold in Wales as part of this process through the provision of simultaneous translation service, event documentation, signage etc. Unfortunately however due to the Covid-19 pandemic we were unable to hold any such events anywhere in the UK, including Wales, during this reporting period.</p> <p>Feedback and evidence on the impact on Welsh speakers is also captured as part of our equality impact assessment work for our standards. A full equality impact assessment is an essential part of all of our standards development projects and they are routinely published at the end of each project.</p> <p>During the reporting period this approach was followed during the ongoing work on the review of our Post-registration education and proficiency standards (the formal launch of the consultation itself occurred very shortly after this reporting period concluded).</p> |
| <p>Example of an assessment deemed to have an impact on the use of the Welsh language and details of how the policy was amended as a result.</p>  | <p>We have not undertaken any impact analysis which resulted in an amendment to a proposed or existing policy during this reporting period.</p>  |
| <b>Publications</b>   |  |
| <p>Number of publications available to the public</p>   | <p>We have 984 publications on the website.</p>  |



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| <p>Number of publications available to the public in Welsh</p>  | <p>There are 128 documents on the website in Welsh including annual reports, standards documents, revalidation documents and education standards documents.</p> <p>This is in line with our Welsh language scheme that says information aimed at patients and members of the public will be available in English and Welsh. Standards, guidance and other technical or specialised material aimed at professionals and not directly at the public is published in English.</p> <p>However, we offer a translation into Welsh on request. In addition to our scheme requirements we translate materials when we engage with the Welsh-speaking public, for example our consultation materials and documents for engagement events in Wales.</p> |
| <p><b>Complaints</b></p>  |  |
| <p>Number of all complaints received about the conduct of practitioners in Wales</p>                    | <p>We had 198 referrals in relation to a registered nurse, midwife or nursing associate with a registered address in Wales from April 2020 to March 2021.</p>  |
| <p>Number of complaints received in Welsh about the conduct of practitioners in Wales</p>               | <p>From April 2020 to March 2021, we received a total of 5,547 new referrals. 198 of these related to practitioners whose registered home address was in Wales. Having checked our records, we did not receive any new referrals in Welsh.</p>   |
| <p>Number of complaints received related to the Council's compliance with its Welsh language scheme</p> | <p>The Customer Enquiries and Complaints team received no corporate complaints in relation to the NMC's compliance with the Welsh language scheme in the reporting period 2020 - 2021.</p>   |

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| <b>Website</b>  |   |
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| Percentage of the organisation's website that is available in Welsh   | <p>Less than one per cent.</p> <p>We have one main introduction page in Welsh on the website, accessed through a 'Cymraeg' button in the navigation bar. We periodically update this page. In the financial year 2020/2021 that page received 3,139 views.<br/> <a href="https://www.nmc.org.uk/about-us/our-role/ein-rol/">https://www.nmc.org.uk/about-us/our-role/ein-rol/</a></p> <p>We also have one page on our Welsh language scheme here:<br/> <a href="https://www.nmc.org.uk/about-us/equality-diversity-and-inclusion/welsh-language-scheme/">https://www.nmc.org.uk/about-us/equality-diversity-and-inclusion/welsh-language-scheme/</a></p> <p>We offer a translation into Welsh on request.</p> |
| Evidence relating to any plans to improve or increase the Welsh Language provision on the website   | <p>We are beginning work on redeveloping our website. This programme will consider Welsh language website provision including ways to meet the needs of Welsh language speakers. We're currently carrying out discovery research in 2021 which will actively seek out the views and needs of Welsh language speakers. We'll take these needs into consideration when developing the new website.</p>  |
| Evidence relating to the process used to ensure that existing content, updates and new content, complies with the requirements of the Welsh language scheme (if the process is different to that reported in 2018-19) | <p>Whenever a publication is produced, an assessment is taken by the Corporate communications team as to whether a Welsh version also needs to be produced for that particular publication.</p>   |

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**Promotion of Welsh language services**

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| <p>Information about methods used to promote the organisation’s Welsh language services and evidence of any subsequent increase in the public’s use of the services.</p>          | <p>There is a page on our website dedicated to giving details of our Welsh language scheme, including the services we offer. Also see information above regarding our Welsh language documents and publications.</p> <p>We have had no requests in the contact centre to translate nor any complaints about not having items translated.</p>   |
| <p>Information about methods used to assess the quality of the organisation’s Welsh language services (e.g. by assessing the experience of existing/ potential service users)</p> | <p>While we haven’t had any customer feedback mentioning Welsh language, we assess the experience of existing users by invitation to our customer feedback surveys. Customers rate their satisfaction and have the opportunity to leave additional comments, such as feedback on Welsh language communications. Quantitative and qualitative analysis of responses are captured in customer satisfaction reviews, which form the bedrock to improving our customer’s experience.</p> <p>In addition we use the feedback we gain from consultation responses from bodies that represent Welsh language speakers to consider the quality of our our organisation’s services for Welsh language speakers.</p> |

**Fitness to practise cases**

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| <p>Number of hearings held in Wales</p>   | <p>There have been no physical hearings held in Wales for this period.</p>  |
| <p>Number of hearings where a request was made by the witness to speak in Welsh</p> | <p>There were no requests made by a witness to speak in Welsh.</p> <p>We have not received a request for a Welsh interpreter in a hearing in the last financial year.</p> |
| <p>Number of hearings in which evidence was presented in Welsh.</p>                 | <p>There were no requests by hearing parties to speak Welsh at a hearing.</p>   |

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| <b>Language awareness training</b>  |   |
| Number and percentage of the organisation's new staff (i.e. new since 1 April 2019) that received Welsh language awareness training.                | 15<br>3%  |
| Number and percentage of the organisation's entire workforce that has received Welsh language awareness training since the training was introduced. | 25<br>2%  |
| <b>Self-regulation</b>  |   |
| Details of the arrangements and procedures the organisation has adopted to enable it to self-regulate effectively.                                  | We have continued to follow the Welsh Government's legislative timetable for the new language standards. At present, this is still to be decided. Before this happens, the Welsh Government has indicated that it would like to engage with regulators regarding the concerns they raised in their consultation submission in 2020. |

## 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

**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)

- Context:**
- 1 This report provides an update on our FtP improvement work. The work aims to address several backlogs that have 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 The improvement programme is commitment number one in our corporate plan for 2021-2022.

**Four country factors:** 4 This programme impacts stakeholders across each of the four nations.

**Discussion: Our performance**

- 5 On 1 April 2021 our total caseload stood at approximately 6,300 cases. The target is to reduce this to around 5,250 by the end of March 2022 and below 4,000 by the end of March 2023.
- 6 We have stabilised the caseload since April and we are redoubling our efforts to move to a position of regularly completing more final decisions than initial referrals so that the overall caseload reduces.
- 7 **Annexes 1 and 2** provide a range of data which shows a positive trajectory in terms of performance. Our plans for recovery were ambitious requiring significant performance improvements across the process and whilst we are seeing an improving trend our recovery is still in its infancy.
- 8 Our experience so far this year has highlighted the following key areas for focus:
  - 8.1 Ensuring we remain at our budgeted headcount is critical and remains a significant challenge. Our inability to recruit to our full headcount has impacted on our ability to address the backlog and reduces the effectiveness of the changes we are making.
  - 8.2 To date we have made better progress in our work to resolve cases earlier in the process than we have in process streamlining and productivity activities.
  - 8.3 Ensuring process bottlenecks are avoided will be key to progress.
  - 8.4 Embedding improvements is as important as developing and deploying further change.
- 9 Each point is expanded upon below.

## Headcount

- 10 A key initiative for us in managing our recruitment and retention issues has been the creation of a candidate pool. We have been working with colleagues in People and Organisational Effectiveness to create that pool which will help us avoid vacancies more effectively.
- 11 The effectiveness of the candidate pool solution to date has been impacted by high levels of turnover amongst our fixed term and temporary staff who are moving to new roles with longer tenure both within, and outside of, the organisation.
- 12 This has resulted in additional candidates that were originally supernumerary to requirements being offered positions immediately, rather than being a pool of appointable individuals to be called upon at short notice.
- 13 Another impact of short-duration appointments (either by design or due to resignation shortly after joining) is that individuals never become fully effective in role. The need to replace people who are with us on short term arrangements exacerbates our cycle of recruitment, induction, and training and diverts more experienced colleagues from their own workload onto oversight of less experienced colleagues.
- 14 Currently 19 percent of staff deployed across Professional Regulation operations are working on contract, fixed term or temporary arrangements (including parental leave cover arrangements and internal secondments) which represents a significant risk in the current context.
- 15 To mitigate the impact of high reliance on temporary and fixed term roles the Executive have agreed that we will:
  - 15.1 Offer permanent contracts to a proportion of our increased headcount for key progression roles for the remainder of this financial year.
  - 15.2 Create standing teams within Screening and Investigations to mitigate the impact of internal churn caused by secondments and cover for parental leave.
- 16 The additional offer to staff represents a significant additional tool to reduce unhelpful turnover and the creation of standing teams to cover vacancies mitigates the impact. Notwithstanding these approvals the department will still have around 15 percent of its current headcount, around 100 of 700 staff, on non-permanent contracts and the ability to divert work between in-house and third party teams will ensure we avoid any potential financial risk of increasing our permanent establishment in the short-term.

## Resolving cases early and improving productivity

- 17 Our work to resolve cases early, and not progress cases further than required, is still embedding. However, updating our Screening guidance, launching our context commitments and relaunching our approach to strengthening practice have all contributed to us being able to resolve more cases at Screening. We are currently referring less than 25 percent of cases on for further investigation against a long-term average of 35 percent of cases.
- 18 Our work trialing a multi-disciplinary approach to decision making will see us making more simple enquiries early in the process. This will either mean even fewer cases requiring a full investigation or a focused investigation from the outset for those cases where it is required.
- 19 Many of the initiatives we have underway have been generated by the case teams through identifying quick wins. The process of embedding these changes so that small productivity improvements for off-repeated tasks builds to a meaningful release of effort for more valuable work has been somewhat hindered by remote working as individuals don't observe or are unable to adopt better approaches from colleagues.
- 20 In addition we have designed witness evidence gathering training, reduced the level of sign-off required for the work of our experienced team members and implemented new streamlined processes as part of the trial of multi-disciplinary team decision-making.
- 21 Whilst major investment in technology will be delivered through the Modernisation of Technology Services (MoTS) programme, we have sought to make focused use of technology to deliver improvement. Two examples are the trial of using electronic signatures for witness statements, and dictation software to assist with witness evidence gathering.

## Potential bottlenecks

- 22 The three stages of decision-making within the FtP process have all experienced or been susceptible to bottlenecks due to resource constraints. These are:
  - 22.1 Screening – A fixed group of individual decision makers deciding on whether or not a case requires further investigation.

We have looked to address this bottleneck by increasing the pool of decision makers and enabling more straightforward decisions to close (i.e. referrals that do not relate to an individual on our register), being made by other suitably experienced staff members.



22.2 Case Examiners – A fixed group with one registrant and one lay decision maker working in pairs and deciding whether or not a case requires consideration by a panel.

We have looked to address this bottleneck with the establishment of a pool of external contractors who can be called on an as required basis.

22.3 Adjudication – Three Panel Members accompanied by a Legal Assessor together with significant support required from NMC staff attendance, drawn from a fixed group of panel secretaries, to enable events to be conducted.

We have looked to address this bottleneck through recent recruitment of new panel members which increases the size of the flexible pool but also through further staff recruitment of panel secretaries. We are also engaging with our legal services providers to secure suitably trained resource that can be available at short notice if required.

**Embedding**

23 The volume of change across FtP has been significant and to halt the rise in caseload whilst delivering so many major changes to guidance, process and ways of working is a significant achievement.

24 However failure to fully embed the changes we have made to date would represent a risk to our aim of reducing the caseload. As such we will be working closely with the teams to embed the changes we have made and ensure future changes do not detract from the benefits already delivered.

**Midwifery implications:**

25 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:**

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

**Resource implications:**

27 The programme is being delivered through dedicated headcount which is included in this year’s budget.

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|   | 28 | <b>Annexe 2</b> sets out our efficiency ratios, for example how much it costs us to make a decision at each stage of the process and it can be seen that our costs have been on a downward trend per decision. The more decisions we make earlier in the process the lower the cost of the decision.  | 1. |
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| <b>Equality diversity and inclusion implications:</b> | 29 | The strategic programme to further explore observed differences of referral rate to, progression through, and sanction arising from, our FtP processes is being undertaken through the ‘Ambitious for Change’ programme. We will be informed by the outcome of this work.   | 6. |
|   | 30 | 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.   | 7. |
|   | 31 | We will monitor improvements against our baseline Equality, Diversity and Inclusion (EDI) data to determine impact.   | 8. |
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| <b>Stakeholder engagement:</b>                        | 32 | 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. More broadly we are engaging with our professional stakeholder groups through regular forums and intend to seek input from public, patient and people using services through our revitalised strategic public forum. | 10 |
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| <b>Risk implications:</b>                             | 33 | 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”.   | 14 |
|   | 34 | This paper demonstrates a sustained stabilisation of the caseload as part of the first phase of bringing our case numbers down but our recovery is fragile. We are mindful of the effort being required from individuals and teams across the process. Measures agreed to increase our establishment will help manage the real risk of overloading the teams at a critical point in the programme.  | 15 |
|   | 35 | Our dedicated programme board will be provided with performance information, challenge the relative success of measures, and approve new streams of work as required to bring the caseload down.  | 16 |
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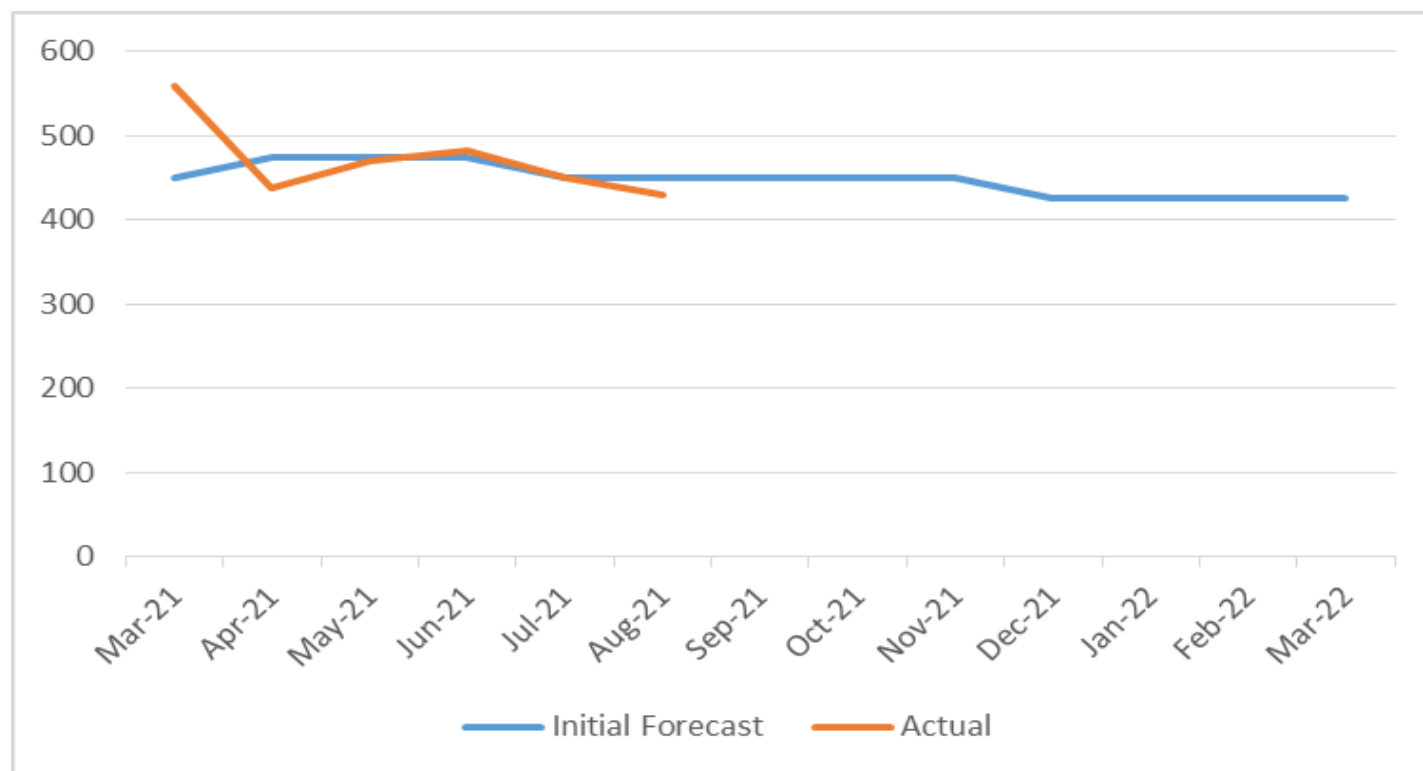
Legal implications:

36 None.

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## Performance metrics Fitness to Practise Improvement Programme Update

### Referrals in

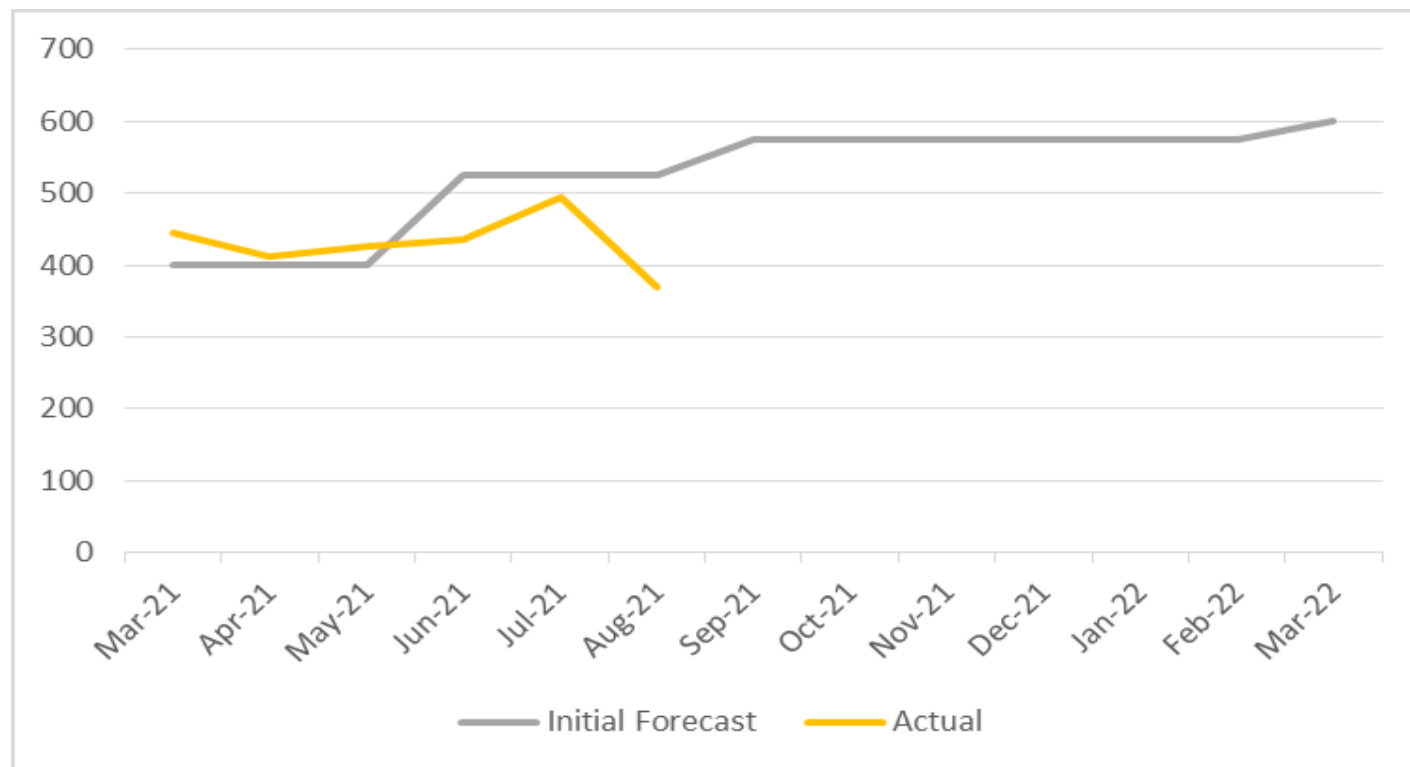


Our initial forecast was for 450 referrals in July which is exactly what was received.

March was an outlier with significantly higher referral numbers than expected, but since then referrals have been broadly in line with expectations.

The expectation for referral numbers is that this remains around 450 until December when we forecast a further reduction to 425. This is based on our proactive work across NMC having greater impact than the general rise in concerns witnessed in previous years allied to a growth in the register.

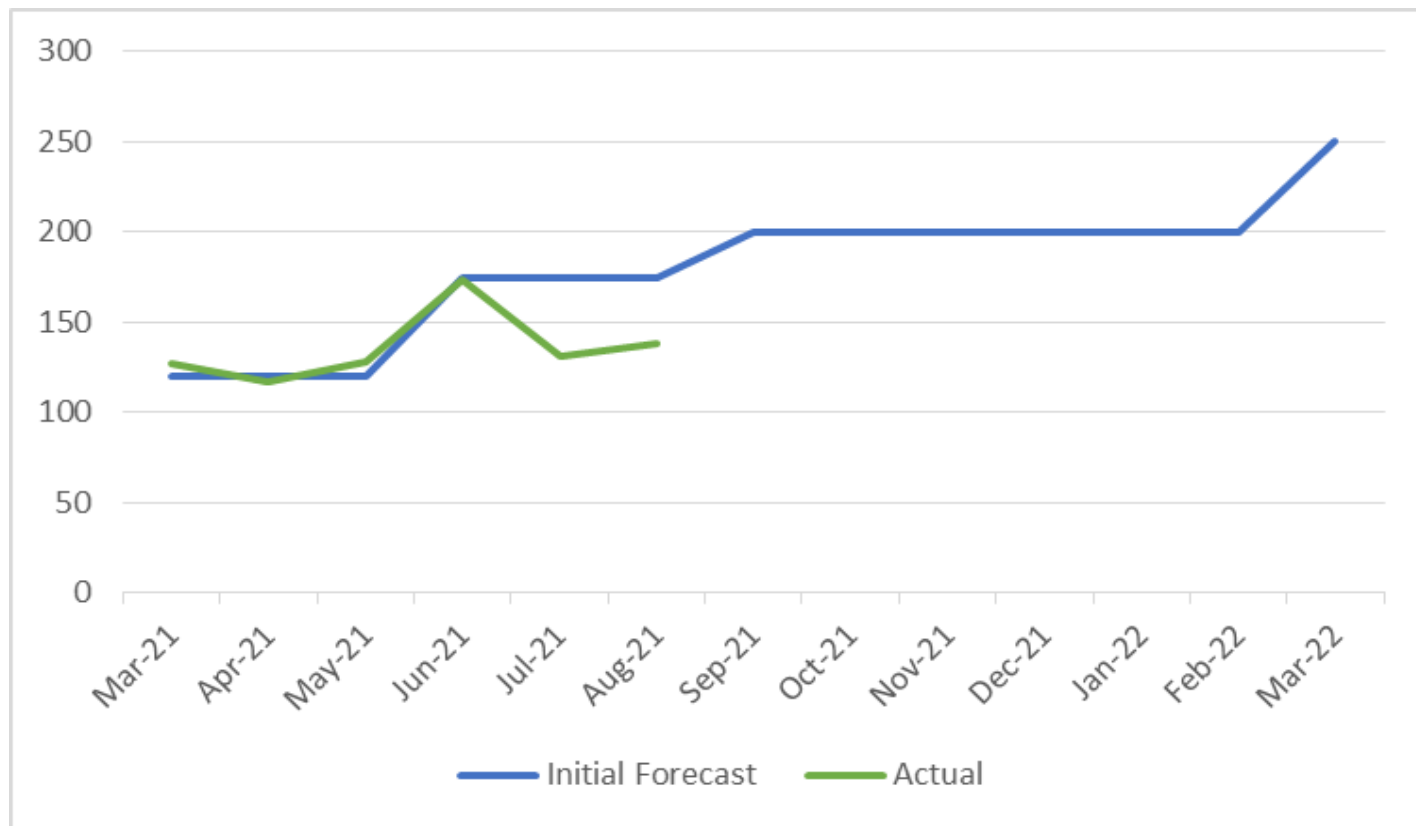
### Screening Decisions



Our initial forecast was 525 and actual output was 495, which was the highest number of decisions since March 2019 which is a positive direction, but below the forecast required.

We still have significant vacancy levels but Screening decisions by both the Multi Disciplinary Team and extra support from the Quality of Decision Making Team have bolstered decision numbers.

## Investigations Completed



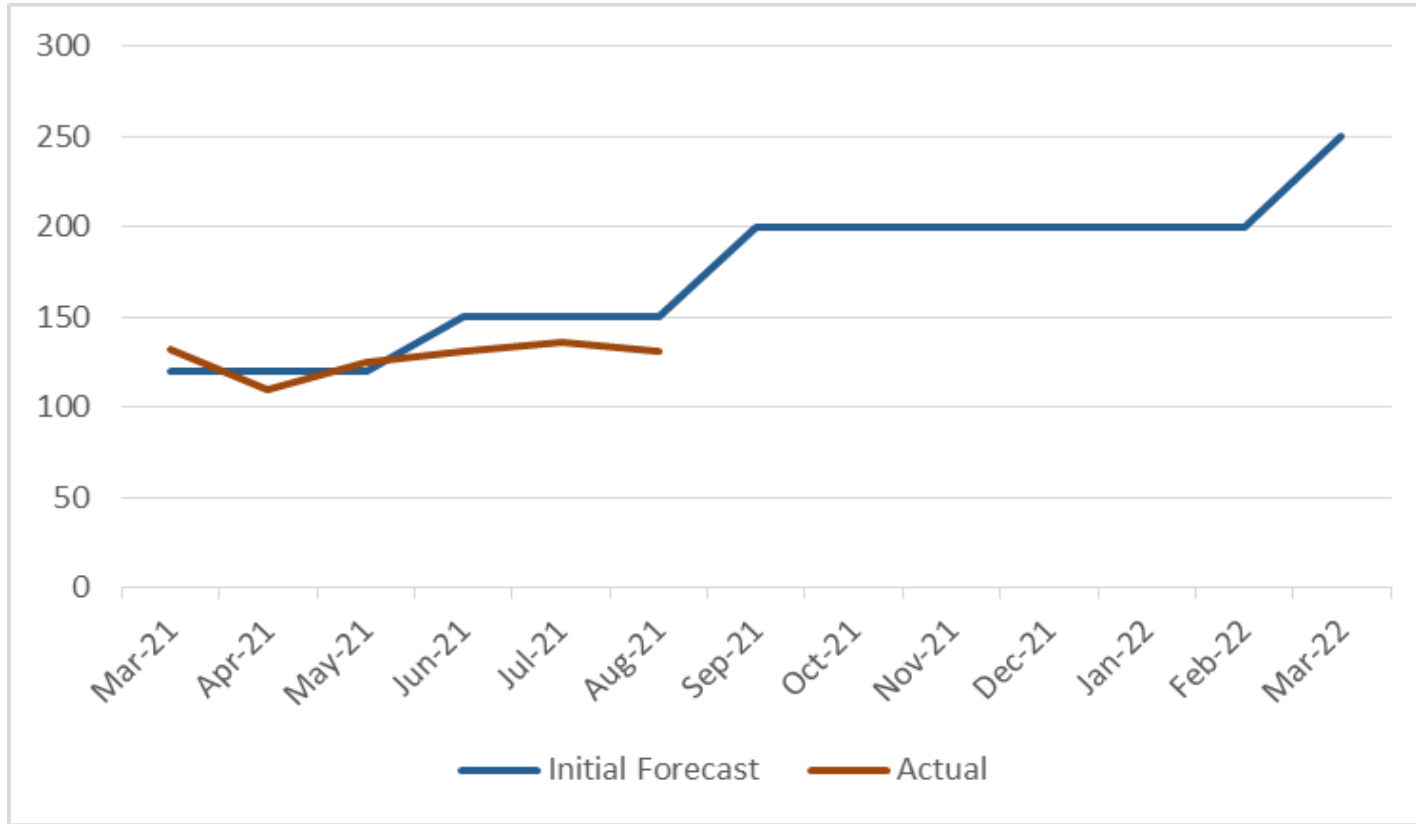
Our initial forecast was 175, actual output was 131.

March through to June performance was in line with expectations but July saw a move in the wrong direction with a reduction in the number of cases reported to Case Examiners.

The total caseload in Investigations has reduced by around 10% since the improvement programme commenced and now stands at 2009 cases in total.

There are significant vacancy challenges in the area and work undertaken to streamline investigation reporting is still to embed.

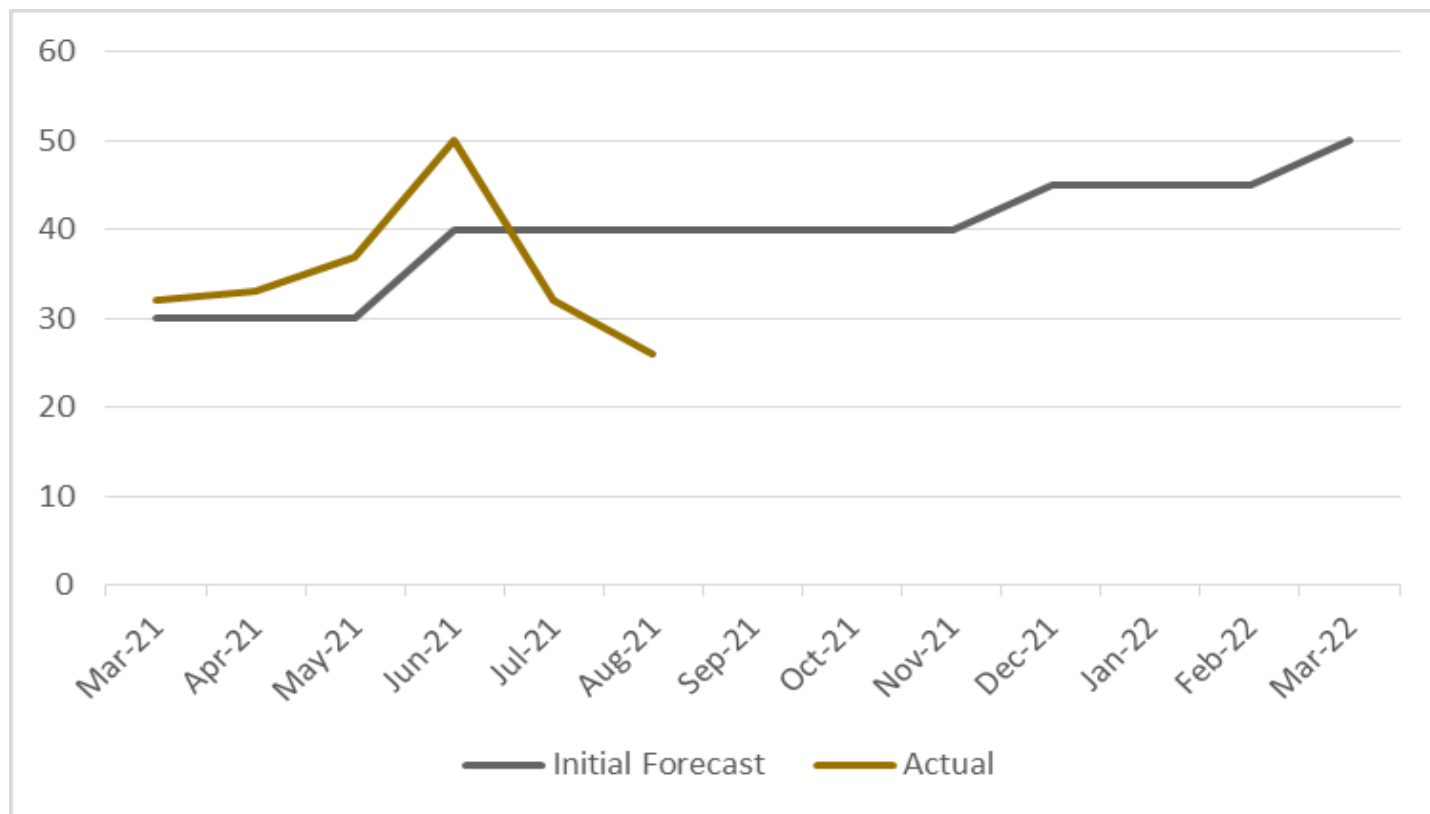
## Case Examiners' Decisions



Our Initial forecast was 150 and actual output was 136, which is the highest level of output since August 2019.

Change activity planned for Case Examiners will benefit from August however that will be partially offset by leave commitments in the team so we are likely to see a dip in performance before we move back up in September when a significant uplift in performance is expected.

## Final Adjudication Decisions



Our initial forecast was 40, actual output was 32.

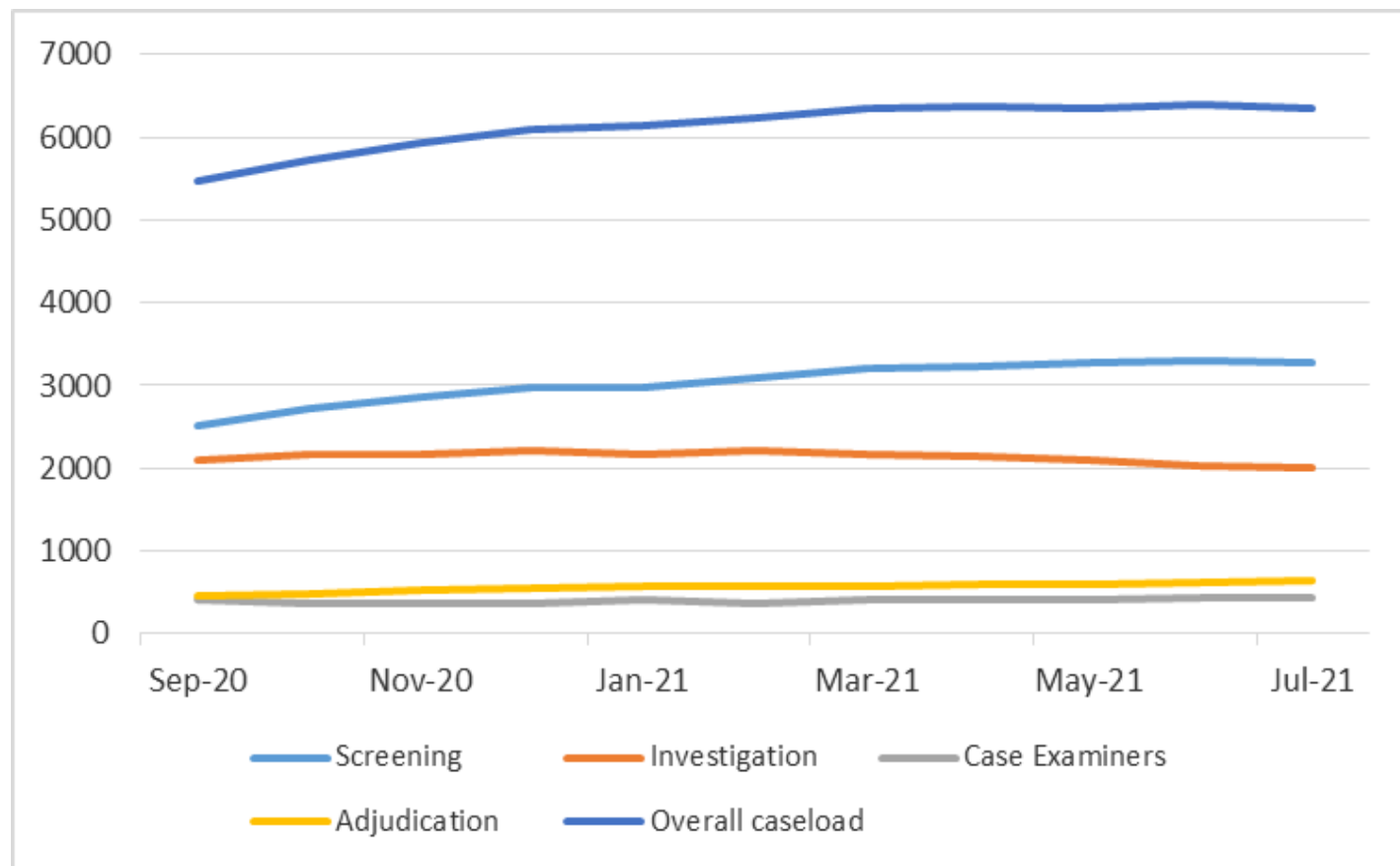
Prior to this month performance had been above expectations but we have seen a correction in July which we expect will run through to August. This is being driven by vacancy levels which means we aren't able to staff the required number of adjudication events.

The caseload at Adjudication continues to grow which is significant particularly as cases closing at Adjudication come at a high cost.

The adjudication efficiency work stream will become increasingly important and we need to prioritise initiatives within that to focus very clearly on ensuring the most effective use of hearing time.



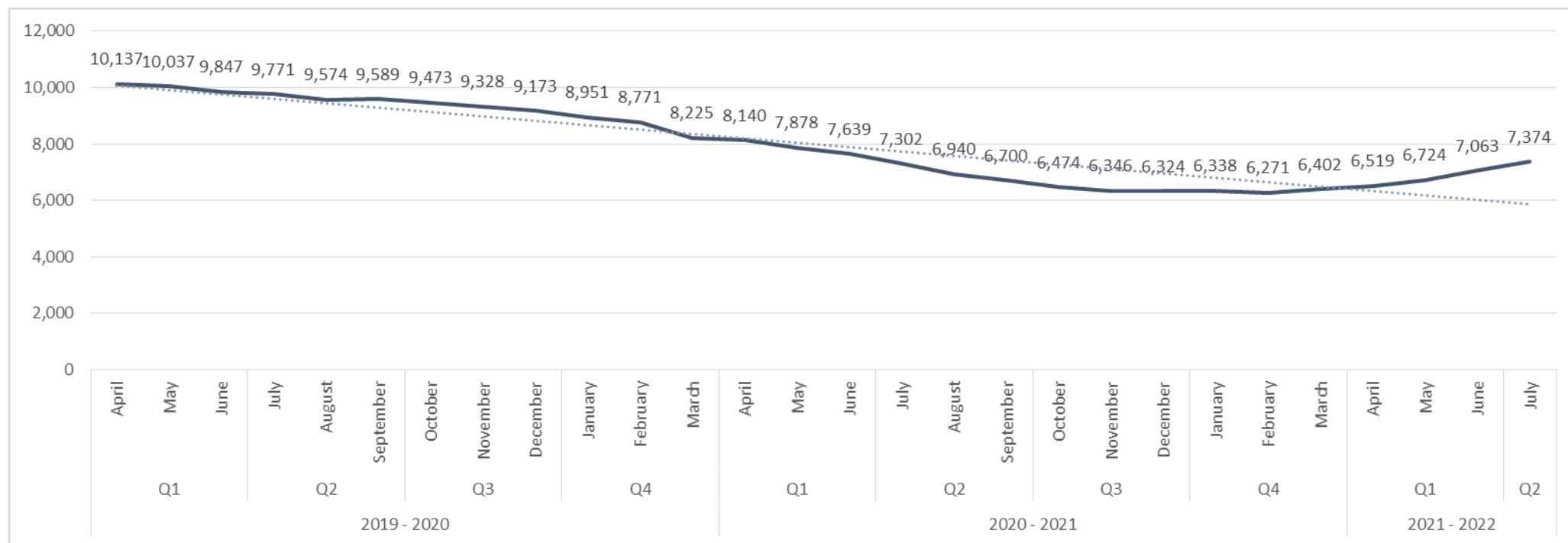
## Overall caseload position



The overall caseload position remains generally flat.

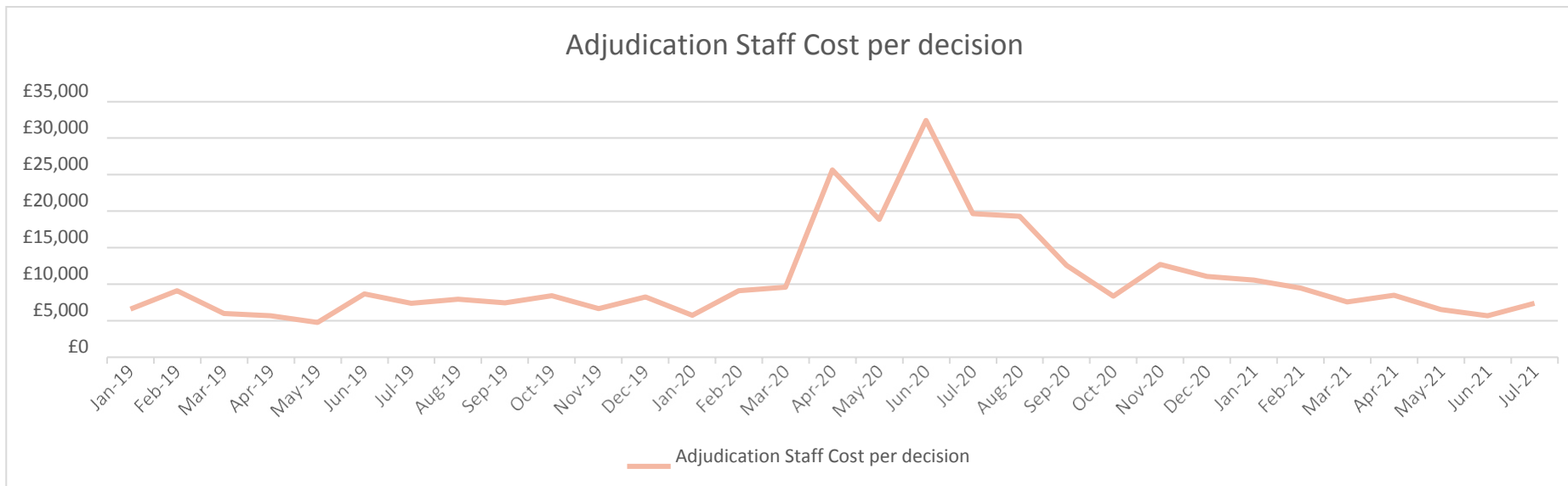
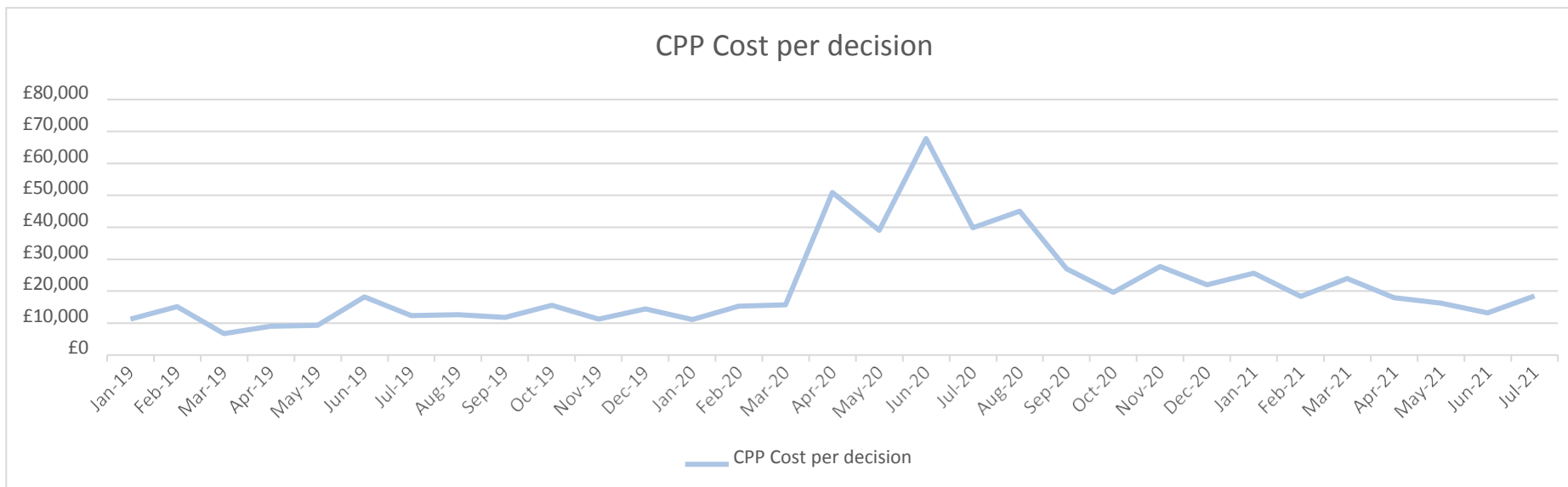
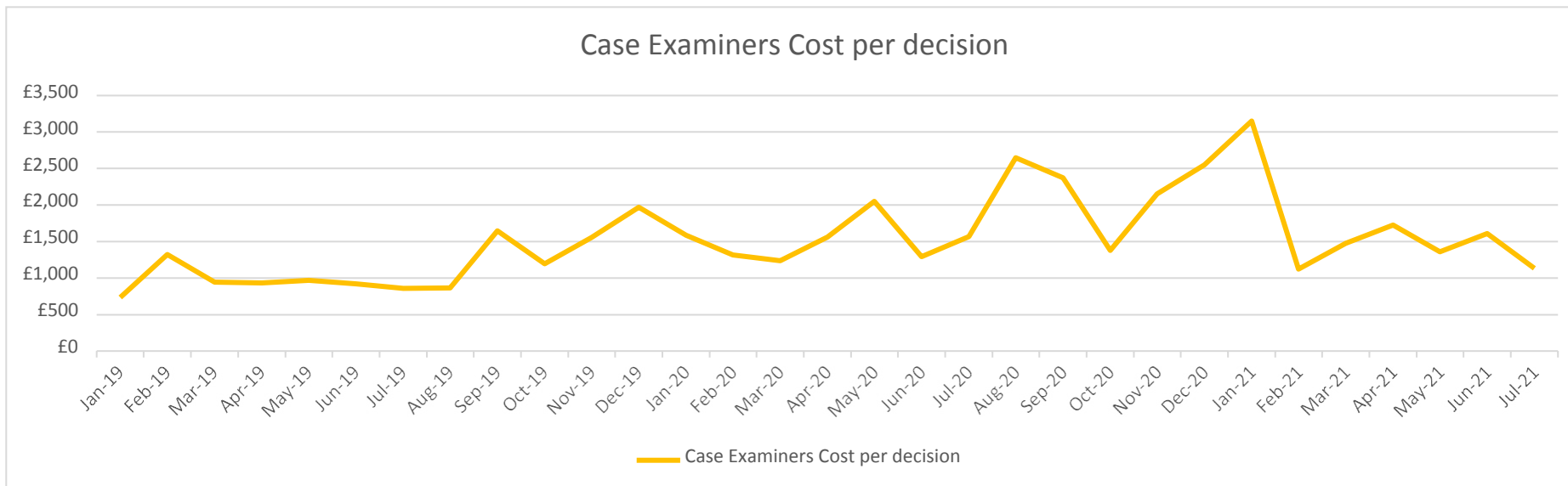
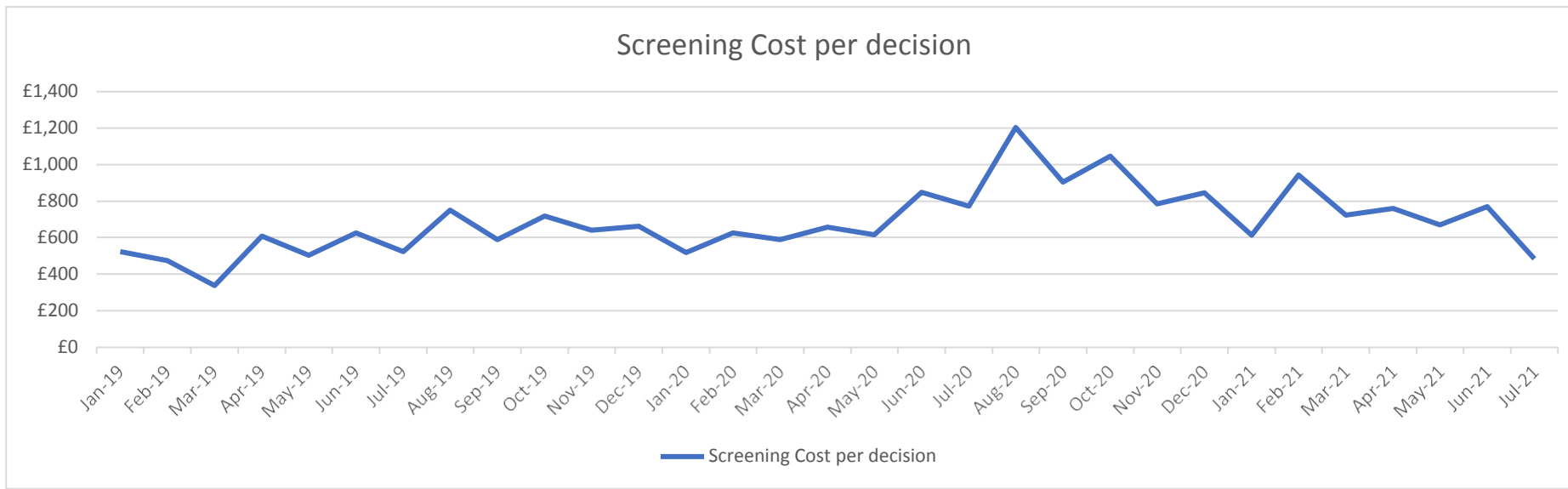
Embedding the work streams we have delivered so far and ensuring we are fully resourced with lower levels of churn will be critical in ensuring this stabilisation phase is as short as possible and we move quickly into caseload reduction.

## Moving annual total decisions

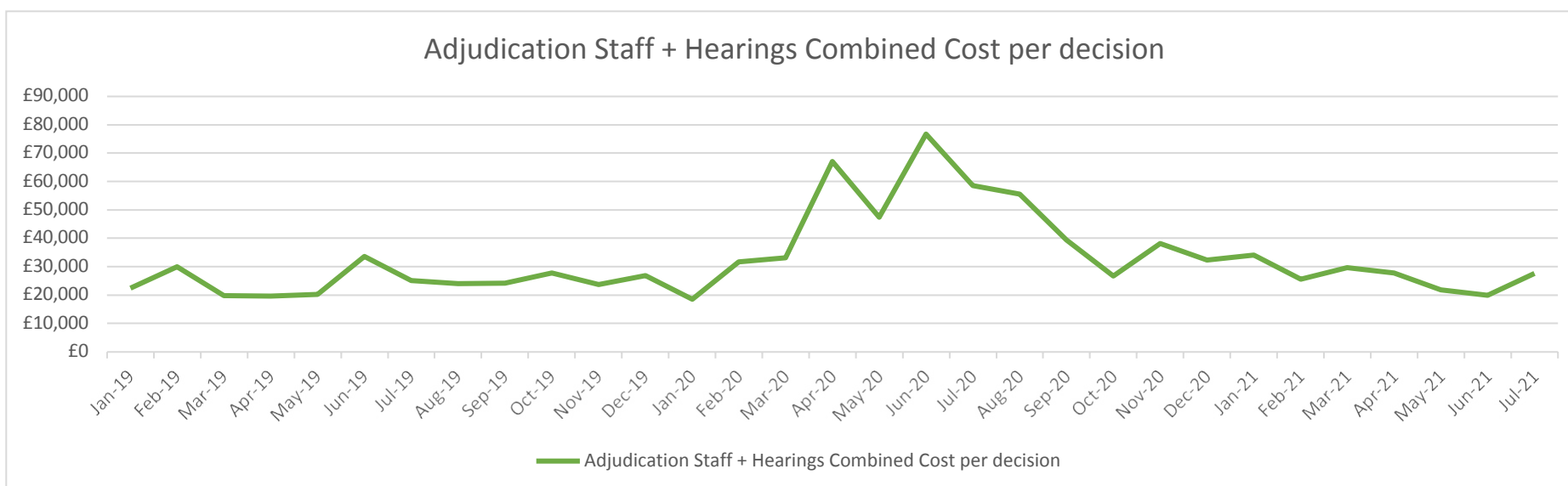
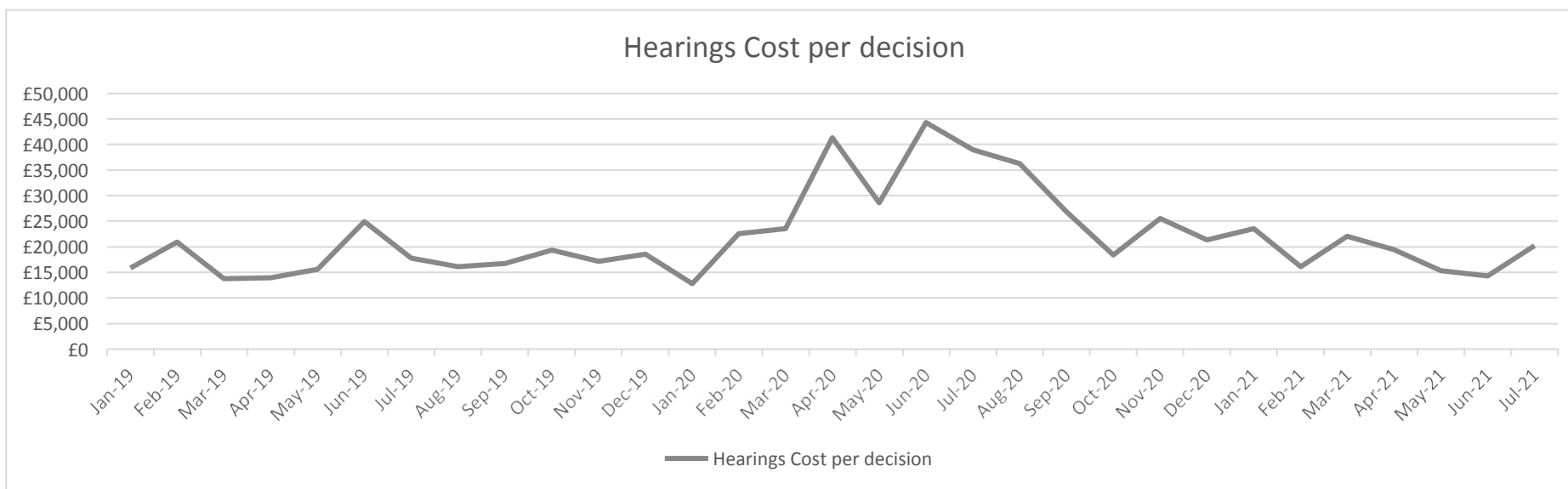


The line chart includes decisions made at Screening, Case Examiners and Adjudication, as well as the number of cases reported by our Investigations teams.

The chart shows a gradual slow down in productivity from a high point in April 2019 when there was less focus on person-centred activities, the slow down continued with case work pauses in response to the national lockdown and, since February of this year, we can see a continued upward trajectory in the number of decisions being made across the process.



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## Council

### Review and re-approval of Corporate plan and budget 2020 – 2021

**Action:** For decision.

**Issue:** Confirmation of the budget for 2021–2022.

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

**Strategic priority:** All strategic priorities for 2020–2025.

**Decision required:** In response to the Council's request in March 2021 to subject the budget to further approval in September 2021, the Council is recommended to confirm its approval of the 2021–2022 budget that it agreed in March 2021, with no changes (paragraph 16).

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

- Annexe 1: Income analysis
- Annexe 2: Savings analysis
- Annexe 3: Cost savings for programmes and projects

**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: Richard Wilkinson  
Phone: 020 7681 5172  
[richard.wilkinson@nmc-uk.org](mailto:richard.wilkinson@nmc-uk.org)

Executive Director: Helen Herniman  
Phone: 07768 546 171  
[helen.herniman@nmc-uk.org](mailto:helen.herniman@nmc-uk.org)

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

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**Context:**

- 1 We prepare our corporate plan each year in the context of our longer term strategy for 2020-2025, taking account of the developing external environment. It is underpinned by our budget. Our corporate plan for 2021-2022 sets out our 10 corporate commitments for 2021-2022. Our commitments remain unchanged since March 2021. They are:
  - 1.1 Reduce the fitness to practise (FtP) caseload and improve how we handle concerns;
  - 1.2 Update the test that international nurses and midwives take to join our register;
  - 1.3 Deliver new post-registration standards;
  - 1.4 Decide whether to propose changes to programme standards for pre-resignations education;
  - 1.5 Build trust in nursing and midwifery regulation;
  - 1.6 Work with the government on regulatory reform for better, safer regulation;
  - 1.7 Get smarter at data and insight, and influence standards for pre-registrations education;
  - 1.8 Improve the way the NMC is structured and develop our people;
  - 1.9 Update digital systems to improve the experience for customers and colleagues;
  - 1.10 Create workspaces that support wellbeing and flexible working.
- 2 These commitments are underpinned by three cross cutting priorities:
  - 2.1 1) to deliver our equality, diversity and inclusion (EDI) commitments;
  - 2.2 2) to recruit and on board our new Chair; and
  - 2.3 3) to return colleagues to our offices and establish hybrid working.
- 3 All our commitments are making progress against their milestones for 2021-2022. Our Q1 forecast indicated that four areas were either experiencing uncertainties or forecasting delays for year end. These were: some possible pressures within the timeline to deliver new post-registration standards, some rescheduling of our work to build trust in nursing and midwifery regulation, some uncertainties regarding regulatory reform, and delays with our work to improve the way the NMC is structured and develops our people, although some work has started. Our Q2 corporate performance report, due in November 2021, will review these forecasts.

- 4 As recorded in the minutes of its meeting on 24 March 2021 ‘the Council approved the budget for 2021-2022. The Council noted that this would be subject for further approval in September 2021 when an updated budget would be presented to Council’.
- 5 This paper addresses this last point and in particular, the main concerns that the Council had regarding income, future savings, and spend on the FtP backlog. It then concludes on whether the budget agreed in March is still broadly acceptable.

**Four country factors:**

- 6 Not applicable for this paper.

**Discussion Summary**

- 7 In March we presented a budget position that showed a deficit budget for 2021-2022 (£9.3m) and 2022-2023 (£7.5m), and an expectation that we will break-even in 2023-2024. It resulted in reduced free reserves from an expected £38.8m in March 2021 to £9.2m at March 2024.
- 8 In the context of a relatively modest expected increase in our income, the deficits and reductions in free reserves were driven mainly by the costs of addressing the backlog in FtP cases and by our commitment to invest in our IT infrastructure and accommodation.
- 9 Particular uncertainties identified at the time were around income, costs associated with FtP to reduce the backlog, and the likely return on investment in IT and accommodation.
- 10 In the months since March:
  - 10.1 Income from registrants and overseas applications has been slightly higher than anticipated and is likely to be at or slightly above what was budgeted at year-end. This is as a result of higher overseas applications and registrant numbers;
  - 10.2 Overall, costs are slightly behind expectation due to vacancies, other savings such as lower utility costs, and some delayed spend;
  - 10.3 Professional Regulation spend in particular is £1.3 million (6.7 percent) behind profiled budget to August 2021, mainly due to staff vacancies in FtP. While we are still succeeding in increasing the numbers of decisions and stabilising the backlog, the level of vacancies is impacting on the speed with which we are able to reduce the backlog. Steps to address this are set out in the FtP update paper also on the agenda. These will also help FtP ensure that it is able to make use of the increased staff numbers that we have profiled into its budget for the second half of the year;

10.4 Our commitment to significant and on-going investment in our IT and accommodation as ways of improving our delivery and increasing our efficiency in the long term has continued.

- 11 Together, these factors mean that our current year forecast is showing a reduced deficit than planned with free reserves at £34m rather than the budgeted £26m at March 2022.
- 12 Looking ahead, there is still significant uncertainty around how quickly we will reduce the FtP backlog, and how exactly we will find all the increases in efficiency in FtP and other areas. We are working to improve the position in order to return to break-even and a sustainable budget.
- 13 The higher than budgeted free reserves at the end of 2021-2022 potentially provide scope to operate at a deficit for slightly longer where investment is required, however there are also cost pressures in future years. For instance: in the form of potentially higher inflation; the recently announced increase in National Insurance; uncertainty as to the scale of workload to implement regulatory reform.
- 14 In this context, with higher than anticipated reserves very likely at March 2022, we consider it reasonable to continue to operate within existing plans and budgets for the remainder of 2021-2022 whilst providing scope for any additional unforeseen costs or reduction in income. Later years, and the achievement of a balanced budget, will be subject to detailed scrutiny and challenge during the upcoming business planning period with adjustments from 2022 onwards.
- 15 This will provide an opportunity to take stock of cost drivers, and to review the scale, pace and scheduling of our strategic and core business activities and ensure returns on investment
- 16 **Recommendation: In response to the Council's request in March 2021 to subject the budget to further approval in September 2021, the Council is recommended to confirm its approval of the 2021–2022 budget that it agreed in March 2021, with no changes.**
- 17 This budget is set out at a high level in the table at paragraph 24 below.

#### **Further discussion**

- 18 This section examines key points in more detail.

#### **Income**

- 19 Income is largely beyond our control and is particularly difficult to predict at the moment in the context of the impacts of Covid-19 and Brexit on registrant numbers. The Council asked us in March to undertake further analysis to understand whether our income from registrant fees was likely to be significantly impacted in the short and longer term.



- 20 Our analysis shows that although there are some uncertainties such as that the age profile of our professionals on the register is aging, and the possibility of people leaving the register following Covid-19, this will likely be off-set, at least in the short term, by some buoyancy in overseas joiners and, in the medium term, higher numbers of students in nursing and midwifery education (although this will take three years to come through).
- 21 We are therefore reasonably confident that the risk of our registrant income significantly decreasing during 2021-2022 and next year is low. However, we should remain cautious and not anticipate significant increases in registrant numbers and income. Further income analysis is at **Annexe 1**.

### Cost drivers

- 22 There were a number of key drivers for the budget deficits and reduction in reserves:
- 22.1 **Short term increases in FtP** spend during 2021-2023, and then returning back to core level by 2023-2024. This is reflected in the £48.4m budget for Professional Regulation in 2021-2022, dropping to £40.7m in 2023-2024 (see **Annexe 2**). Increased expenditure will enable:
- Our backlog of FtP cases to be brought down from 6,000 to 4,000 by March 2023. Since March our backlog has stabilised and is no longer increasing. We have sought to increase our workforce through temporary contracts and brought in external resource to reduce the backlog.
  - FtP efficiency to be increased by: the unit cost of decisions being brought down; speed of decision-making increased; and steps taken to reduce unnecessary cases entering the system. Since March, we have begun to develop efficiency/speed measures, and removed unnecessary work from teams. However it is still early in the process to be clear as to the extent of savings this will produce.

- 22.2 **Investment in technology (modernisation of our technology services programme (MoTs) and technology infrastructure project).** This is needed to replace our legacy systems (including register and FtP case management) to deliver stability in the longer term, and is a heavy capital investment and an immediate hit to free reserves. Whilst we have assumed £0.5m annual savings in registration processes in future years, this is only an estimate with more work needed to understand the financial savings. The primary aim of the programme is to deliver stability in our infrastructure. We still need to estimate other savings, for instance from replacing the FtP case management system – these will in any case not be available until after 2023-2024.
- 22.3 **Investment in accommodation** – mainly refurbishment/modernisation of 23 Portland Place (23PP) by 2024-2025. This will enable closure of 2 Stratford Place (2SP) by summer 2024, resulting in annual savings of £1m (financial year 2024-2025). There is a likely transition ‘gap’ to bridge between the refurbishment of 23PP and closure of 2SP which requires further planning and may delay the benefit realisation until 2025-2026.
- 22.4 **Other savings planned on 2021-2022 and 2022-2023 budgets that come in for 2023-24 require further planning.** Some of these are clear (for example where projects will end), others are still estimates that need to be firmed up (for example £0.5m registrations efficiency with new register), work on others is underway (review of change/continuous improvement teams), but some areas remain unclear (for example benefits of regulatory reform).

### Looking ahead at costs

- 23 Reasons to be positive: potential savings from MoTs investment in case management system (CMS) for FtP; potential savings/income from Regulatory Reform.
- 24 Reasons for caution: inflation rising; employer national insurance increase; continuing income uncertainty; rising core costs; a track record of underspending; fluctuations in unrealised gains and losses in terms of the pension scheme deficit and the performance of our stock market investments.
- 25 The affordability of our budget in the longer term remains a key area of focus. Considerations are:
- 25.1 **Some costs were not known at the start of our strategy.** For example. Covid-19, FtP recovery, Regulatory Reform, our strategic programmes.

- 25.2 **New costs**, such as for IT Infrastructure project have emerged.
- 25.3 **We are yet to fully scope or decide on some potential significant areas of investment** that are needed for later years of our strategy (Employer Link Service, People Plan, Organisational Design, MoTS phase 2b).
- 25.4 **Cost savings and financial benefits in later years require further scoping and challenge** so that we have a clearer understanding of how the rising headcount numbers will reduce back to core levels.
- 25.5 **Requirements of and benefits from Regulatory Reform** are largely unknown.
- 25.6 **Economic changes may cause additional financial pressures** – for example rising inflation, national insurance increases. The latter will increase costs by about £0.6m from 2022-2023.
- 25.7 **Maintaining a reasonable level of on-going investment in technology** in the future so that heavy spend is phased.

### Current budget position

- 26 The table below sets out our high level comparison of budgets, and an initial re-forecast conducted in August 2021.

| £million  | Budget 2020-21 | Actual 2020-21 | Actual April-August 2021 | Budget 2021-22 | F'cast 2021-22 | Budget 2022-23 | F'cast 2022-23 | Budget 2023-24 | F'cast 2023-24 |
|---|----------------|----------------|--------------------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Notes:  |                |                | 1                        | 2              |                |                |                |                |                |
| Income  | 91             | 93             | 42                       | 93             | 99             | 94             | 95             | 95             | 96             |
| Core business cost  | 90             | 81             | 36                       | 100            | 97             | 100            | 100            | 94             | 93             |
| Programmes  | 13             | 5              | 4                        | 11             | 15             | 10             | 10             | 17             | 17             |
| Less capital  | (11)           | (5)            | (3)                      | (9)            | (9)            | (9)            | (9)            | (16)           | (16)           |
| <b>Surplus/(deficit)</b>  | <b>(1)</b>     | <b>12</b>      | <b>5</b>                 | <b>(9)</b>     | <b>(3)</b>     | <b>(7)</b>     | <b>(6)</b>     |                | <b>2</b>       |
| <b>Free reserves</b>  | <b>20</b>      | <b>42</b>      | <b>46</b>                | <b>26</b>      | <b>34</b>      | <b>17</b>      | <b>26</b>      | <b>9</b>       | <b>20</b>      |
| Notes:  |                |                |                          |                |                |                |                |                |                |
| 1. Actual income includes £2m of unrealised gains from investments. Without this, the actual surplus is £3m to end August |                |                |                          |                |                |                |                |                |                |
| 2. Budget 2021-22 is the budget agreed by Council in March 2021   |                |                |                          |                |                |                |                |                |                |

- 27 We set a budget with a £9 million deficit for 2021-2022. Our month four forecast estimates that the year end deficit will be less at £3 million. This represents a net spend which is favourable to budget by £5.7m, with an actual £1.9m actual savings and £3.8m underspend due to slippages.
- 28 We project higher income (largely due to increase in number of overseas registrants – please see income analysis at **Annexe 1**) and less expenditure in our core activities due to underspend largely owing to staff vacancies and reduced operating costs due to Covid-19 pandemic.

- 29 Assumptions that will continue to underpin our budget:
- 29.1 A large proportion of non-recurrent costs exist within the budget: There is significant non-recurrent and front-loaded spend for some programmes (FtP, MoTS, Accommodation) funded by reserves – but we need to return to a balanced budget in 2023-2024. In line with the 2021-2022 budget, the accommodation programme has an estimated £9m investment in 2024-2025 (i.e. beyond the March 2021 three year budget planning horizon) which needs to be funded. We will look further at this during business planning.
  - 29.2 We do not want to raise the fee unless we have to.
  - 29.3 Affordability will remain a key factor in planning – there will likely be pressure in the budget to fund the strategic work that we want to invest in (for example local engagement/new Employer Link Service model) so we will need to revisit its affordability.
  - 29.4 We will need to take strategic choices to appropriately scope, prioritise, and schedule work to deliver our ambitions.
  - 29.5 We need sustained regular investment in core technology infrastructure once our current programmes have been completed.
- 30 At **Annexe 2** we have provided our analysis showing the projected core cost by each directorate. This shows:
- 30.1 Our biggest expenditure is on our people.
  - 30.2 We are forecasting a reduction in spend by £10.8m including a reduction in people FTEs by 132 in two years time.
  - 30.3 The aim for reducing headcount is via a reduction in fixed term roles and natural turnover. There are 164 fixed term FTEs in 2021-22 budget vs 43 fixed term FTEs in budget at end of 2023-2024. Current staff turnover is 6.7 percent pa (year to end July 2021)
  - 30.4 Permanent FTEs have risen to 881 FTEs in July 2021 from 638 FTEs in March 2017. This trend is not affordable in the longer term without raising the fee and will be scrutinised as part of business planning.
- 31 In addition, we have provided at **Annexe 2** the cost drivers and potential cost savings that we have identified and included within the budget table above.
- 32 At **Annexe 3** we have provided our analysis of programmes and project costs and potential savings.

33 Savings of £8.1m have been identified in three areas. Saving have been estimated and included within the 2020-2024 operational budget, and are subject to further scrutiny:

33.1 £1.1m from the closure of our office at 2 Stratford Place;

33.2 £0.5m on Registration and Revalidation as a result of MoTS (register replacement) from 2022-2023;

33.3 £6.5m on FtP operations due to completion of casework recovery project;

34 There are potential further savings and efficiencies in four key areas: from our review into change and continuous improvement, FtP process efficiencies from MoTS, regulatory reform, and organisational design work;

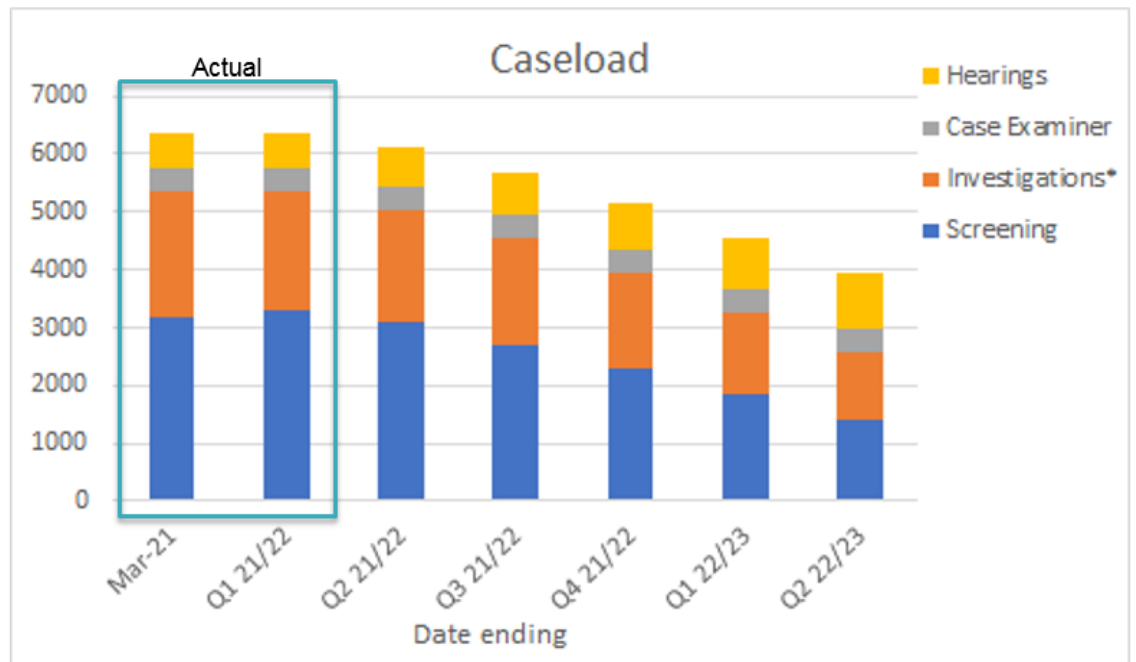
35 However, there are some potential cost pressures that require further analysis: the cost of alternative hearing venues if there is a delay in start and finish of 23PP refurbishment project (due to 2SP lease expiry in 2024), inflation increase, and employer national insurance contributions.

#### **Fitness to practise improvement programme**

36 At the end of quarter one we stabilised the caseload so that it is no longer increasing. Our aim is now to reduce the caseload over the next 19 months.

37 We had expected the caseload to be on a downward trajectory at this point in the programme, however the overall caseload position remains generally flat and further action is being taken to address this position.

38 We aim to be below 4000 cases by Q2 2022-2023. Our caseload estimates are:



### Next steps

- 39 From October we will launch our business planning and budgeting round for 2022 and beyond. Our aim is to:
- 39.1 Strengthen how we prioritise our corporate commitments, and the activities to deliver them, so that resources are focused on the most strategically important areas first.
  - 39.2 We will do this by spending more time at the start of the planning process to review our strategic progress to date, where there are gaps, horizon scan, and to review the prioritisation and scheduling of our commitments. This will likely mean making choices about activities that we want to pursue first, and the pacing and scope of our change and infrastructure improvements.
  - 39.3 Increase our scrutiny and challenge over expenditure (both core business and change). To do this we will ask teams to plan in a focused way, ensuring an alignment to our strategy and five year work programme, rather than making bids for new work outside of this work programme.
  - 39.4 Increase confidence that the FtP improvement programme will reduce the backlog within the increased FtP budget for 2021 to 2022-2023, and then deliver a reduced cost base from 2023-2024;

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39.5 Develop clearer plans for how some other budgeted savings will be achieved;

39.6 Develop achievable new savings targets from planned investment such as MoTS.

40 The practical implication is that we intend to undertake planning with directorates approximately one month later (from late November/early December instead of from October) to provide more time for strategic analysis and priority setting with the Executive and senior leaders.

41 In addition to our work on planning, we will also strengthen our financial stewardship regarding review, sign off and challenge of budgets and headcount increases.

**Public protection implications:**

42 The corporate plan and budget underpin all our work to protect the public.

**Resource implications:**

43 Covered in the body of the paper.

**Equality and diversity implications:**

44 Our plans and budgets underpin and take forward our commitment to equality and diversity. This applies to our own people, those people on our register and others we engage with.

45 In particular, through our People Programme, we will make sure that our people have the right skills, tools, and processes essential to deliver successfully our strategy by 2025. Our focus for 2021–2022 is to make sure that all colleagues have equal opportunities to develop their skills and careers, to develop a pay progression model, and progress work to embed equality, diversity and inclusion in everything we do. Following the publication of the [Ambitious for Change](#) research in October 2020, we are progressing the second phase of this work to understand why certain groups of professionals receive different outcomes in some of our processes, what impacts these have on the professionals involved and what we can do, with others, to address these differences.

**Stakeholder engagement:**

46 The business plan and budget reflect the five year strategy published in 2020 which was the subject of wide stakeholder consultation.

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**Risk implications:**

- 47 Risk has been considered as part of the business planning, budgeting and strategy review process both at individual directorate and corporate level. The Executive considers that the plans set out do not increase our levels of risk overall, and reflect key steps to reduce risk as set out in the risk register included as part of the Executive Report. Examples include:
  - 47.1 Implementation of the FtP recovery programme, to help address the risk that we fail to take appropriate action to address a regulatory concern;
  - 47.2 Our investment in the MoTS programme and full implementation of our new registration platform will help address the risk that we fail to maintain an accurate register of people who meet our standards and the risk that we fail to prevent a significant data loss or we experience a major information security breach;
  - 47.3 Our investment in the People Strategy, in a cost of living pay rise and the continuing changes to grading and pay, help address the risk that we fail to recruit and retain an adequately skilled and engaged workforce.
- 48 Areas where risk increases come from our ambition to improve, reflected in our new strategy. In particular:
  - 48.1 We risk trying to deliver too much too quickly and failing to deliver effectively as a result and/or underspending significantly. To counter this, we have prioritised our plans so that the corporate plan for 2021–2022 focuses on delivering what is already in train along with scoping some areas for future years;
  - 48.2 We are planning significant investment in technology and our estate, both of which will provide major benefits for our registrants and other stakeholders for many years beyond 2025. We have in place robust programme and project management arrangements to manage the delivery and financial risks around these.

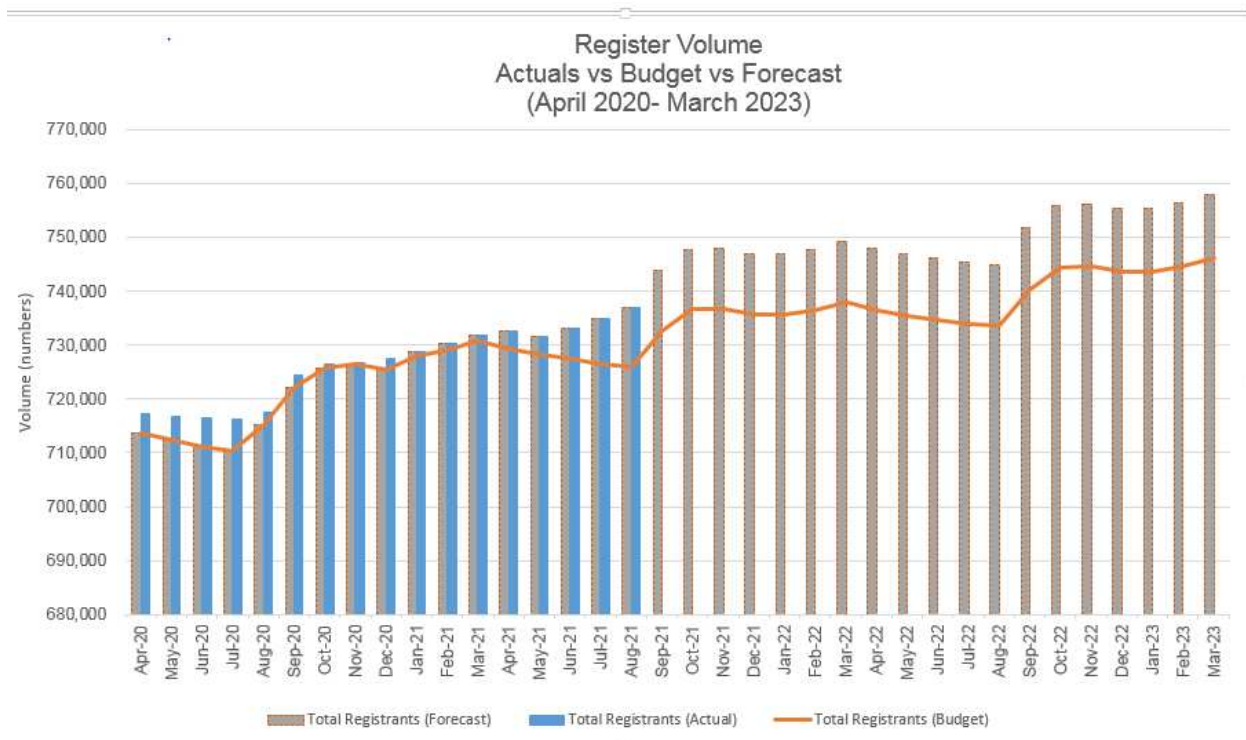
**Legal implications:**

49 None.



## Income Analysis Overview

- 1 Our analysis shows that although there are some uncertainties such as the age profile of our professionals on the register aging, and the possibility of people leaving the register following Covid-19, this will be off-set in the short term by some buoyancy in overseas joiners and, in the medium term, by higher numbers of students in nursing and midwifery education.
- 2 We have taken a cautious approach to registrant modelling to mitigate the uncertainties. Reasons for caution are due to an aging register with many registrants closer to retirement age, workforce exhaustion following Covid meaning that people may leave the register, and the impact of government policy on health and social care sector.
- 3 However, there are reasons to be positive which would likely mitigate our concerns: overseas recruitment actuals and priority by hospitals and government; UK government and devolved administration commitments to sustaining and increasing the nursing and midwifery workforce; and increased enrolment on university courses.
- 4 Projections from our internal modelling are below. These are broadly based on recent historical trends on joiners and leavers including current expectations on joiners from overseas:



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## Analysis

- 5 The five months year-to-date shows income slightly ahead of budget (£39.2m actual v £38.5m budget, these amounts both excluding DHSC grant income for objective structure clinical examination (OSCE) test centre capacity increase of £1m and £2m of unrealised gains on investments).
- 6 Full year forecast – we project the register volume to be about 2% higher at the end of March 2022 vs end of March 2021 volume, but forecast a modest 1.2% - 1.3% increase for the following 2 years.
- 7 This is due to expected stabilisation of number of overseas professionals joining the register in future (currently we are seeing increase as the pandemic restrictions are lifted).
- 8 It also assumes that number of total UK registrants will largely plateau with the number of UK joiners and leavers being broadly similar.
- 9 There was an increase in overseas application numbers post-Covid and post test centre re-opening from July 2020.
- 10 Overseas applications volume budget for 2021-2022 is 30,000 but we now forecast 37,000. It is however kept at 30,000 each year for the following two years for now, to be reviewed in the forthcoming planning round.

Table a: Total number of registrants\*

| Register Volume | Actual         | Actual         | Actual         | Actual         | Forecast       | Budget         |
|-----------------|----------------|----------------|----------------|----------------|----------------|----------------|
|                 | Mar-19         | Mar-20         | Mar-21         | Aug-21         | Mar-22         | Mar-22         |
| UK              | 591,894        | 600,906        | 609,327        | 606,626        | 611,526        | 607,519        |
| Overseas        | 106,343        | 115,701        | 122,591        | 130,369        | 134,928        | 130,338        |
| <b>TOTAL</b>    | <b>698,237</b> | <b>716,607</b> | <b>731,918</b> | <b>736,995</b> | <b>746,454</b> | <b>737,857</b> |

\* Register volume represents numbers as at end of specified periods

Table b: Average volume and income projections

| Register Volume Projections            | Actual  | Actual  | Budget  | Forecast | Budget  | Forecast | Budget  | Forecast |
|--|---------|---------|---------|----------|---------|----------|---------|----------|
|  | 2019-20 | 2020-21 | 2021-22 | 2021-22  | 2022-23 | 2022-23  | 2023-24 | 2023-24  |
|  |         | Year 1  | Year 2  | Year 2   | Year 3  | Year 3   | Year 4  | Year 4   |
| Average Register Volume (in thousands) | 717     | 732     | 732     | 740      | 740     | 749      | 749     | 758      |
| Income (£'m)                           | £83.6   | £86.9   | £87.9   | £88.8    | £88.8   | £89.9    | £89.9   | £91.0    |

## Registrant income sensitivity analysis

- 11 The impact of a 2% and 5% reduction in total registrants on income might be:
  - 2% dip = reduction in registrants of 14.6k and in income of £1.8m
  - 5% dip = reduction in registrants of 36.5k and in income of £4.4m.

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12 The register is currently not showing a decline in UK registrants, and the impact of a decline in registrant number is slightly dampened when it comes to income. This is since a full year’s fee, once paid, is spread over twelve months when recorded as income.

**Mitigating factors**

13 We can take confidence from the recent increase in overseas applicants as well as the NHS England and NHS Improvement (NHSE/I) drive to increase overseas registrants as well as our OSCE capacity also increasing.

14 Early indications that more students are joining nursing and midwifery programmes, although this will take two to three years to feed into registrant numbers.

15 Growth assumption of circa 1% p.a. in registrant numbers for the next two years - appears reasonable in the context of recent experience but is susceptible to being impacted by a wide range of factors. Nevertheless a below-inflation rate of increase in income.

16 No assumption made on potential new income enabled by Regulatory Reform.

17 We anticipate seeing a reduction in the time it takes to register from eligibility and qualification through to final assessment for overseas applicants, but these efficiencies are linked to the modernisation of our technology services programme (MOTS) deliverables.

18 Fluctuations in registrant numbers have a lower impact on income in the short term.

## Savings analysis

- The table below shows the projected core cost and full time equivalent (FTE) reductions.
- We are forecasting a reduction in spend by £10.8m, including a reduction in people FTEs by 133 in two years' time.
- The aim for people is via a reduction in fixed term roles and natural turnover. There are 164 fixed term FTEs in 2021- 2022 budget vs 43 fixed term FTEs in budget at end of 2023-2024. Current staff turnover is 6.7% pa (year to end July 2021)
- Permanent FTEs have risen to 881 FTEs in July 2021 from 638 FTEs in March 2017. This trend is not affordable in the longer term without raising the fee.

Table: projected core cost and FTE reductions\*

| Expenditure and FTE Projections<br>Core Business Activities | Actual      | Budget      | Actual         | Budget      | Forecast    | Budget      | Forecast    | Budget      | Forecast    | Reduction Expected                      |            |
|---|-------------|-------------|----------------|-------------|-------------|-------------|-------------|-------------|-------------|---|------------|
|   | 2020-21     | 2020-21     | August<br>2021 | 2021- 22    | 2021-22     | 2022- 23    | 2022-23     | 2023- 24    | 2023-24     | Forecast 2023-24 vs<br>Forecast 2021-22 | %          |
| Expenditure   | £'m         | £'m         | £'m            | £'m         | £'m         | £'m         | £'m         | £'m         | £'m         | £'m                                     | %          |
| Professional Regulation                                     | 39.2        | 42.2        | 18.1           | 48.4        | 48.3        | 47.0        | 46.7        | 40.7        | 40.6        | 7.8                                     | 16%        |
| Resources & Technology Services                             | 17.9        | 18.1        | 7.5            | 19.8        | 19.6        | 18.9        | 19.1        | 17.9        | 18.1        | 1.6                                     | 8%         |
| People & Organisational Effectiveness                       | 7.5         | 8.0         | 3.2            | 8.7         | 8.5         | 8.2         | 8.1         | 7.9         | 7.9         | 0.6                                     | 8%         |
| Professional Practice                                       | 4.0         | 4.8         | 1.6            | 5.6         | 4.6         | 4.8         | 5.0         | 4.2         | 3.8         | 0.8                                     | 17%        |
| Strategy & Insight  | 4.2         | 4.2         | 1.6            | 4.6         | 4.4         | 4.8         | 4.6         | 4.7         | 4.6         | (0.2)                                   | (4%)       |
| Communication & Engagement                                  | 2.6         | 3.1         | 1.2            | 3.1         | 3.2         | 3.1         | 3.1         | 3.1         | 3.1         | 0.2                                     | 5%         |
| <b>Total</b>  | <b>75.4</b> | <b>80.3</b> | <b>33.2</b>    | <b>90.3</b> | <b>88.7</b> | <b>86.7</b> | <b>86.6</b> | <b>78.5</b> | <b>78.0</b> | <b>10.8</b>                             | <b>12%</b> |

| FTE          | FTE          | FTE        | FTE          | FTE          | FTE          | FTE          | FTE          | FTE          | FTE          | FTE        | %          |
|--------------|--------------|------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|------------|------------|
| <b>Total</b> | <b>1,037</b> | <b>987</b> | <b>1,053</b> | <b>1,123</b> | <b>1,153</b> | <b>1,070</b> | <b>1,083</b> | <b>1,011</b> | <b>1,019</b> | <b>133</b> | <b>12%</b> |

\*2020-2021 budget was set before Covid-19 pandemic.

### Key drivers for increase in core costs: Forecast 2021-2022 vs Budget 2020-2021

- Professional Regulation due to additional resources needed to reduce backlog of concerns and cases in our fitness to practise (FtP) caseload.
- Resources and Technology Services for support provided to programmes (largely programme management FTC roles for part of the year), technology infrastructure and service management (including additional license costs), and core estate costs (due to new Edinburgh office service costs being more expensive).

**Key savings identified which we have included in 2020-24 budget: (2023-2024 compared to 2021-2022).**

- 7 Professional Regulation: £7.8m pa savings target mostly (£6.5m) through wind down of extra FtP spend in 2021-2023 needed to reduce backlog; also registration & revalidation benefit from modernisation of our technology services programme (MOTS) replacement of the register (£0.5m pa). Achieving these savings requires further detailed work.
- 8 Resources and Technology Services: £1.6m target: £0.4m pa due to expected reduction in project support resource as projects wind down; £0.4m pa from lower IT as new systems require less support; £0.8m one-year savings on 23 PP during refurbishment savings on utilities/cleaning/ catering.
- 9 People & Organisational Effectiveness: £0.6m saving achieved through a range of yet to be confirmed headcount savings and short term organisational review work costs.
- 10 Professional Practice: £0.8m target: saving mainly through completion of post registration consultation work (£0.7m mostly non-people costs) and Regulatory Reform work (£0.1m). However, these may be offset by new costs for new activities with respect to Advanced Practice and The Code which were not costed at the time the 2021-2022 budget was put together.
- 11 Closure of DB pension to future accrual during 2021-2022 (£1m pa mostly from 2021-22) reflected in all budgets.

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## **Costs savings for programmes and projects (2020-2024)**

- 1 The table below shows the costs and savings for programmes and projects for 2020-2024. This shows:
- 2 Savings from programmes that are already included in 2020-2024 operational budgets:
  - 2.1 £0.5m on Registration & Revalidation as a result of modernisation of our technology services programme (MOTS) (register replacement) from 2022-2023.
  - 2.2 £6.5m on fitness to practice (FtP) operations due to completion of casework recovery project.
- 3 Potential further savings:
  - 3.1 Change and Continuous Improvement initiative might create efficiency savings as early as from November 2021 (currently under consultation and subject to business case approval).
  - 3.2 FtP process efficiencies due to MOTS deliverables (yet to be evaluated and confirmed) from 2023-2024.
  - 3.3 Regulatory Reform may offer opportunities (savings and income) from or beyond 2023-2024.
  - 3.4 Organisational Design related efficiency savings – To be confirmed.
- 4 Additional cost pressures (included in forecast):
  - 4.1 Additional funding requests for some programmes (Insight Programme (c£120k) and Education QA IT Project (c£220k)) from 2021-2022 – one off expenditure.
  - 4.2 Earlier replacement of laptops due to system incompatibility from 2021-2022 (c£1.3m) – one off capital expenditure.
  - 4.3 All additional asks will be funded by true/permanent underspend in directorates' core business activities in 2021-2022.
- 5 Potential cost pressures: the cost of alternative hearing venues if delay in start and finish of 23PP refurbishment project (due to 2 Stratford Place lease expiry in 2024), inflation increase, and employer national insurance contributions. Also planned elements of the strategy such as Advanced Practice, The Code, and development of the Employer Link Service, which were not costed at the time the budget for 2021-2022 was put together.

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Table: Costs and savings for programmes and projects

| Programmes & projects (£m)                                     | Actual<br>2020-21 | Budget<br>2020-21 | Actual<br>August<br>2021 | Budget<br>2021 - 22 | Forecast<br>2021-22 | Budget<br>2022 - 23 | Forecast<br>2022-23 | Budget<br>2023 - 24 | Forecast<br>2023-24 | Expected<br>Financial<br>Benefits<br>(p/a) | Financial<br>Benefits<br>Included in<br>Budget |
|--|-------------------|-------------------|--------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|--|--|
| Accommodation Programme - Edinburgh New                        | -                 | 2.8               | 0.7                      | 3.0                 | 2.6                 | -                   | -                   | -                   | -                   | -  | -  |
| Accommodation Programme - 23 Portland Pla                      | -                 | 0.8               | -                        | 0.3                 | 0.3                 | 1.6                 | 1.6                 | 10.0                | 10.0                | 1.1  | 2024-25  |
| Modernisation of Technology Services (MoTS)                    | 4.0               | 4.5               | 1.8                      | 4.6                 | 4.4                 | 6.0                 | 6.0                 | 5.5                 | 5.5                 | 0.5  | 2022-23  |
| FtP Change Strategy / Improvement Project                      | 0.5               | 0.6               | 0.2                      | 0.4                 | 0.4                 | 0.4                 | 0.4                 | 0.4                 | 0.4                 | 6.5  | 2023-24  |
| People Plan 2021+  | 0.4               | 0.4               | 0.0                      | 0.1                 | 0.1                 | 0.1                 | 0.1                 | 0.0                 | -                   | -  | -  |
| Data, Information & Analytics                                  | -                 | 0.3               | 0.1                      | 0.4                 | 0.3                 | 0.3                 | 0.3                 | -                   | -                   | -  | -  |
| IT Infrastructure Project                                      | 0.4               | 0.6               | -                        | 1.2                 | 2.4                 | 0.5                 | 0.5                 | -                   | -                   | -  | -  |
| Website Redevelopment Programme                                | -                 | -                 | -                        | -                   | -                   | 0.4                 | 0.4                 | 0.5                 | 0.5                 | -  | -  |
| Regulatory Reform  | -                 | -                 | 0.3                      | 0.9                 | 0.7                 | 0.6                 | 0.6                 | 0.2                 | 0.2                 | -  | -  |
| Insight Programme  | -                 | -                 | -                        | 0.3                 | 0.3                 | 0.1                 | 0.2                 | -                   | 0.1                 | -  | -  |
| Education QA IT Project  | -                 | -                 | -                        | 0.4                 | 0.5                 | 0.0                 | 0.1                 | -                   | -                   | -  | -  |
| DHSC Grant (OSCE Capacity Increase)                            | -                 | -                 | 1.0                      | -                   | 2.9                 | -                   | -                   | -                   | -                   | -  | -  |
| <b>Programmes &amp; projects including capital expenditure</b> | <b>5.2</b>        | <b>9.8</b>        | <b>4.0</b>               | <b>11.6</b>         | <b>14.9</b>         | <b>10.1</b>         | <b>10.2</b>         | <b>16.7</b>         | <b>16.7</b>         | <b>8.1</b>                                 | <b>-</b>                                       |

## Council

### Appointment of External Auditors

**Action:** For decision.

**Issue:** Appointment of our external auditors.

**Core regulatory function:** Supporting functions.

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

**Decision required:** The Council is recommended to approve the appointment of HW Fisher LLP as external auditors. The contract will last up to ten years, with a review at five years (paragraph 17).

**Annexes:** None.

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

Author: Richard Wilkinson  
Phone: 020 7681 5172  
[richard.wilkinson@nmc-uk.org](mailto:richard.wilkinson@nmc-uk.org)

Director: Helen Herniman  
Phone: 07768 546 171  
[helen.herniman@nmc-uk.org](mailto:helen.herniman@nmc-uk.org)

Author: Dan Smith  
Phone: 073 7884 0454  
[dan.smith@nmc-uk.org](mailto:dan.smith@nmc-uk.org)



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**Context:**

- 1 We are required by our legislation to have our Annual Report and Accounts certified (audited), including an opinion on the regularity of transactions, by the Comptroller and Auditor General, who reports to Parliament.
- 2 Our legislation also requires us to appoint our own external auditors to audit our Annual Report and Accounts, reporting to Council. We have been using haysmacintyre who have been our external auditors continuously since 2003–2004.
- 3 The Audit Committee’s terms of reference provide for it to consider and make recommendations to Council. Appointment of external auditors is reserved to the Council (Standing Orders, Scheme of Delegation, paragraph 3.12).
- 4 The Audit Committee agreed in February 2020 that the external audit contract should be retendered in accordance with good practice. For instance, UK listed companies are required to tender their auditors at least every ten years – we last did this in 2016 – and change their auditors at least every 20 years. The Audit Practice’s Board also sets expectations around more frequent rotation of audit partners. The most recent partner rotation for us took place in 2016. The re-tender was delayed from 2020 until 2021 in order to reduce work pressures during the early stages of the Covid-19 pandemic.
- 5 Given the desire to change auditors as a matter of best practice, we agreed with haysmacintyre that they would not bid for the new contract.
- 6 We are subject to public procurement legislation and rules, and any tender must be conducted in a compliant manner. We also adhere to our own procurement policy and thresholds.

**Four country factors:**

- 7 Not applicable for this paper.

**Discussion: The procurement process**

- 8 In February 2021 we presented options for tendering the external audit contract to Audit Committee. Rather than running our own ‘open procedure’ tender following the Public Contracts Regulations 2015 (the PCR), we recommended to undertake a ‘mini competition’ under a national procurement framework which is a compliant way of procuring. We also proposed to include in the tender a period of pre-market engagement with the framework suppliers and wider market to gauge interest in the opportunity and see if there was any insight we could work into the tender to achieve the best outcome.

- 9 In March 2021 we developed our specification and undertook the pre-market engagement. We found that only two of the seven framework suppliers were potentially interested in submitting a contract offer.
- 10 From engaging with the framework suppliers and wider market, we gained several key insights which were helpful to us in shaping our specification and tender documents. In particular: in relation to expectations around current annual audit fee levels; and what audit firms' expectations are around the form of contract i.e. it is common industry practise for the contract to comprise an Engagement Letter with supplementary terms and conditions from the client.
- 11 We felt that the prospect of only receiving up to two bids from the framework approach was unsatisfactory, so we reviewed the procurement plan. In April 2021, we presented to Audit Committee the findings from the pre-market engagement, as well as the draft specification. We recommended to revert to the previously discounted option of running our own tender following the 'open procedure' as covered by the PCR. This approach also allowed us greater freedom to address what we had learned from pre-market engagement and also to offer a longer term contract (up to ten years including extensions). We felt this approach also gave us more scope to make our tender as attractive to bidders and gain a better response to the tender and outcome for the NMC.
- 12 On 19 April 2021, we published our contract notice, from which we received 14 expressions of interest from potential bidders. Then on 26 May 2021, the full tender was published. The tender award criteria was based on a split of 80% quality and 20% price.
- 13 The tender closed on the 25 June 2021 and we received seven bids which were all compliant. Evaluation took place up to the end of July 2021 and the evaluation panel comprised of colleagues from finance team, procurement team and General Counsel. The Chair of Audit Committee and other committee members were engaged during the process.
- 14 The overall winning bidder has been identified as HW Fisher LLP. Their tender submission was strong and demonstrated great understanding of the NMC's circumstances. They outlined significant experience of working with the National Audit Office, and they provided clear examples of their expertise in the charity sector.
- 15 The contract starts with an initial term of five years, with option to extend by up to five further years (maximum ten years in total). The contract will have provision to exit early should that be required.

16 As part of the tender process we have conducted due diligence into HW Fisher and have learnt they have been operating since 1933. They are a top 25 UK chartered accountancy firm and employ 26 partners and around 256 staff in London. They converted to LLP status in March 2021, and prior to that they operated as an 1890 Partnership. The Partnership auditing trade and assets were transferred to the LLP when created. We have received their accounts which have been reviewed by our finance team who have confirmed the company is in good financial health and present low risk to the NMC.

17 **Recommendation: The Council is recommended to approve the appointment of HW Fisher LLP as external auditors. The contract will last up to ten years, with a review at five years.**

18 Towards the end of the initial five year term, and subject to excellent performance, consideration will be given to any subsequent extension and recommendations made to the Council.

**Next Steps**

19 Subject to approval being granted, we will seek to finalise the contract with HW Fisher.

**Midwifery implications:**

21 None.

**Public protection implications:**

22 None.

**Resource implications:**

23 None.

**Equality diversity and inclusion implications:**

24 In delivering the contract, HW Fisher LLP will be required to adhere to NMC EDI policy and framework. As part of the tender process they had to formally accept the policy and were also required to provide a response to a scored EDI question – for which they achieved a strong score. The contract manager will periodically review performance against EDI commitments.

**Stakeholder engagement:**

25 None.

**Risk implications:**

26 No specific risks.

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**Legal implications:**

- 27 The Nursing and Midwifery Order 2001 (as amended) requires our Annual Report and Accounts to be subject to both external audit and to be certified (audited), including an opinion on the regularity of transactions, by the Comptroller and Auditor General, who reports to Parliament.

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## Council

### Panel Member transfers between Practice Committees

**Action:** For decision.

**Issue:** Panel Member transfers between Practice 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 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 (paragraph 7).

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

- Annexe 1: Panel Members to be transferred to the Fitness to Practise 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)

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

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| <b>Context:</b>                        | 1  | At its September 2021 meeting, the Appointments Board considered the transfer of four Panel Members from the Investigating Committee to the Fitness to Practise Committee and decided to make a recommendation to Council.  |
|  | 2  | The transfer of a Panel Member between committees, does not extend, alter or otherwise change the length of their term of appointment.  |
| <b>Four country factors:</b>           | 3  | One Panel Member requesting to transfer between Committees is based wholly or mainly in Scotland.   |
| <b>Discussion:</b>                     |    | <b>Panel Members transfers between Practice Committees</b>  |
|  | 4  | Due to changes in their personal circumstances, one Panel Chair Member and one Panel Member requested to be transferred from the Investigating Committee to the Fitness to Practise Committee.  |
|  | 5  | The two other Panel Chair Members put themselves forward for the transfer between Committees for the remainder of their term due to a slight surplus of Chairs on the Investigating Committee and shortage on the Fitness to Practise Committee.  |
|  | 6  | The Board considered the reasons for the transfer requests and reviewed the member's performance data where applicable, noting that one Panel Member was a newly appointed member and had not yet been inducted to either Committee. The Board concluded that the sitting Panel Members continued to meet the standards of the performance framework, and agreed to recommend the transfers to Council. |
|  | 7  | <b>Recommendation: The Council is invited to accept 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.</b>   |
| <b>Midwifery implications:</b>         | 8  | One of the Panel Members requesting a transfer is a midwife.  |
| <b>Public protection implications:</b> | 9  | The transfers between Committees does not affect the Investigating Committee's ability to meet operational demands. The transfers afford greater flexibility to the Fitness to Practise Committee in meeting operational demands.   |
| <b>Resource implications:</b>          | 10 | This transfer request has no implication on operational budgets.  |

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**Equality diversity and inclusion implications:**

11 No direct equality, diversity and inclusion implications identified.

**Stakeholder engagement:**

12 None.

**Risk implications:**

13 None.

**Legal implications:**

14 The transfer of a Panel Member between committees, does not extend, alter or otherwise change the length of the Panel Member's term of appointment.

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## Panel Members to be transferred from the Investigating Committee to the Fitness to Practise Committee

| ID Number | First Name | Last Name   | Lay or Registrant | Panel Chair or Panel Member | Start of term date | End of term date |
|-----------|------------|-------------|-------------------|-----------------------------|--------------------|------------------|
| 1         | Zoe        | Wernikowski | Registrant        | Panel Member                | 7 July 2021        | 6 July 2025      |
| 2         | Peter      | Cadman      | Lay               | Panel Chair                 | 23 March 2012      | 22 March 2022*   |
| 3         | Ian        | Comfort     | Lay               | Panel Chair                 | 23 March 2012      | 22 March 2022*   |
| 4         | Sue        | Heads       | Lay               | Panel Chair                 | 20 February 2017   | 19 February 2025 |

*\*these Panel Members terms were extended by Council for 12 month period in April 2020 and then again March 2021 under the Nursing and Midwifery Council (Emergency Procedures) (Amendment) Rules 2020.*

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## Council

### Annual Health, Safety and Security Report

**Action:** For decision.

**Issue:** Provide assurance on the NMC's health, safety and security arrangements and information on activity over the 12-month period from 1 April 2020 to 31 March 2021.

**Core regulatory function:** Supporting functions.

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

**Decision required:** The Council is recommended to approve the Annual Health, Safety and Security Report 2020-2021 (paragraph 30).

**Annexes:** None.

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

Author: David Power  
Phone: 020 7681 5488  
[david.power@nmc-uk.org](mailto:david.power@nmc-uk.org)

Director: Helen Herniman  
Phone: 020 7681 5641  
[helen.heniman@nmc-uk.org](mailto:helen.heniman@nmc-uk.org)

- Context:**
- 1 In terms of health, safety and security the NMC is a relatively low-risk environment. However, it is still important that the Council monitors the extent to which we have formal policies, guidance and procedures in place, assuring the health, safety, welfare and security of our employees, contractors and visitors.
  - 2 This annual paper reports on how we ensure compliance with health and safety requirements, our security arrangements and the assurance available to the Council.
  - 3 This report formally covers the period 1 April 2020 to 31 March 2021. The report has been delayed to acknowledge the Covid-19 pandemic and the return to the office pilot which started in April 2021.
  - 4 Professional Regulation publish their own annual Fitness to Practise (FtP) report which includes the measures they undertake to support the health and well-being of Registrants and other persons who come into contact with the NMC as part of FtP's work.
- Four country factors:**
- 5 Each of the four UK countries produced their own legislation and guidelines with regards to the Covid-19 pandemic. These factors have been considered and included within the NMC's response to the pandemic and keeping our buildings 'Covid-19 Secure'.

**Discussion: Sources of assurance**

- 6 The following arrangements are in place:
  - 6.1 A Health and Safety Steering Group (HSSG), chaired by the Head of Estates under the Director of Resources and Technology Services, with membership drawn from across the organisation. Over the period the group has met on three occasions.
  - 6.2 Mandatory e-learning training on health and safety for all colleagues.
  - 6.3 Training for statutory responsibilities and further training for specific roles.
  - 6.4 The health and safety policy statement signed by the Chief Executive and Registrar, Andrea Sutcliffe, is displayed on our health & safety notice boards.
  - 6.5 An NMC Health and safety guide, for colleagues.
  - 6.6 Sufficient numbers of trained first aiders and fire wardens at all sites, including refresher courses as necessary.
  - 6.7 The provision of mental health first aiders

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- 6.8 Fire Risks Assessments (FRAs) in place for all NMC buildings.
  - 6.9 Regular incident reporting.
  - 6.10 CCTV and access control systems in place at all our properties; security guards on duty at our hearings venues.
  - 6.11 A programme of planned preventative maintenance and compliance work to the mechanical and electrical plant and associated infrastructure, fire alarm, CCTV and access control systems.
  - 6.12 Health and safety also includes consideration of colleagues' health and well-being. Our colleagues in People and Organisational Effectiveness (P&OE) undertake the training of the mental health first aiders and also a number of other actions described in paragraphs 18 and 28.

**Reviews during the year**

- 7 The NMC Health and safety guide was reviewed and updated in June 2020.
- 8 The Display Screen Equipment (DSE) risk assessment undertaken by colleagues was last reviewed and updated in April 2021. This was updated in line with the majority of colleagues working from home (WFH), incorporating workload, opening discussion with the line-manager and to streamline the process.
- 9 Continuous review of our Covid-19 building risk assessments to ensure 'Covid-19 Secure' compliance in line with Government guidelines.

**Training**

- 10 Training has been disrupted because of the pandemic, however refresher first aid training is being undertaken virtually, including refresher defibrillator training, where possible.
- 11 Colleagues e-learning training for health and safety has lowered to between 63-85 percent completion across all of the directorates. This is mainly due to colleagues working from home and a number of new colleagues joining the organisation and not yet completing their e-learning pack of modules.

## Incident reporting

- 12 Across all sites, during the year 1 April 2020 to 31 March 2021, there was one reported health and safety incident which was actioned and recorded in our log book. The incident involved a contractor, where a ceiling tile fell on them. The person was OK. It was subsequently found that they had a scratch on their shoulder/back. They were accompanied to A&E - no treatment or further action. This is three less incidents than last year.
- 13 We did not have any RIDDOR incidents (Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013) that would require reporting to the Health and Safety Executive (HSE).

## Covid-19 pandemic

- 14 At the beginning of 2020, and especially from March onwards, the coronavirus (Covid-19) pandemic had a major impact on the world, the UK and the organisation.
- 15 From the beginning of March 2020 colleagues were preparing to work from home as much as possible, before the official 'lockdown' on 23 March 2020 and closure of our buildings.
- 16 We used the basis and framework of our Business Continuity Plan to set up a Gold and Silver Command structure. Formed from a number of teams, we also set up a Covid-19 Joint Working Group, to discuss and action day to day operational matters and issues.
- 17 Actions taken during the pandemic include:
  - 17.1 The provision of sanitiser gel at all main entrances and exits and floors of all of our premises.
  - 17.2 The distribution across all floors and areas of sanitiser bacterial wipes, to enable colleagues to wipe down desks and equipment at the beginning and during the day, as they wished.
  - 17.3 The continuation of our planned preventative maintenance and servicing to ensure compliance of our plant and equipment, including regular changing of filters and increase in 'fresh air supply' in line with Health & Safety (HSE) guidelines.
  - 17.4 The testing and additional processes to ensure our water supplies remained clean and compliant with regards to Legionella and other bacteria.
  - 17.5 The continuation of regular periodic cleaning of our unoccupied premises.

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- 17.6 As each building re-opened, an increase in cleaning procedures, especially the use of a day cleaner and the cleaning of door handles, worksurfaces and other high touch point areas.
- 17.7 Liaison with respective building managers, where we are in multi-tenanted buildings, with additional sanitiser and cleaning regimes to common areas.
- 17.8 The publication at the end of July 2020 on our public NMC website of our 'Covid-19 Secure' notice that the necessary actions had been taken in line with Government guidelines and that our buildings were Covid-19 safe.
- 17.9 The undertaking of Covid-19 building risk assessments of all of buildings and hearing venues across the four countries. The risk assessments include the number of people that can be accommodated in each building while socially distancing; practicalities including signage, one-way systems, wearing of masks etc. Assessments have been published on our NMC public website for colleagues and the public to view - especially for those attending physical hearings.
- 17.10 Use of our own NMC Workplace communication platform and work undertaken by the Communications and Engagement team, providing information across a number of channels from the Executive Board via all colleague and directorate briefings.
- 17.11 A safe system of work introduced for those colleagues that had to enter our premises during the lockdown period. Since 30 March 2020, Estates colleagues continued to enter NMC buildings on a rota system basis to check on the condition of the buildings and collect, scan and distribute the posted documents. This was considered necessary because some FtP complaints, registration and other legal documents continued to be delivered to the NMC by post.
- 17.12 Regular reporting, by colleagues in P&OE to the Executive on the number of colleagues affected by Covid-19 and during the different phases of the return to the office.
- 17.12.1 Over the period, 81 colleagues reported self isolating with mild to moderate symptoms and a further 86 colleagues reported that they were sick with coronavirus.

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- 18 P&OE have offered a number of different channels of support to all colleagues including: the employee assistance programme, promotion of Thrive a well-being app, webinars and guidelines, risk assessments, group discussions, drop-in sessions, FAQs and 1-2-1 meetings; as well as supporting colleagues who, because of circumstances, had to change their working hours and, in some cases, reduced hours with no loss of pay.
- 19 We have continued to support colleagues working from home by offering additional IT and workplace equipment, if needed. We introduced an Amazon business account which made it easier for colleagues to order from a catalogue of equipment to suit their circumstances. This was led by the Procurement team with support from Estates, IT and HR.
- 20 We continue to liaise with building managers, in multi-tenanted occupancy, to ensure that our premises remain safe and secure during this period.
- 21 We initially opened our hearing venues at 2 Stratford Place and Edinburgh office to enable physical hearings to take place from September 2020. Additional mitigating measures were put in place for hearings to allow for 1m+ social distancing. Our office at One Westfield Avenue, Stratford was also opened for colleagues to use as general office space. Our office at 23 Portland Place was opened for use from April 2021. We have also successfully undertaken physical hearings in Belfast and Cardiff.
- 22 HR have undertaken personal risk assessments, in line with Government guidelines, for colleagues going into the office. This was supplemented by a people element, in terms of the physical and psychological wellbeing of colleagues.
- 23 From the beginning of April 2021, we have undertaken a pilot 'return to the office' programme. As well as having 'Covid-19 Secure' buildings, HR have undertaken personal risk assessments of over 800 colleagues taking part in the pilot.

**Progress against priorities set for 2020–2021**

- 24 Regular monitoring of incidents and accidents, and maintaining oversight of any changes to legislative requirements, priorities for health and safety for the coming year:
- 24.1 *Outcome:* monitoring of accidents and near misses and relevant changes to legislation and guidelines were discussed in the Steering Group meetings, including discussions on the pandemic and the effects of Brexit with regards to possible health and safety implications.

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

25.1 *Outcome:* our buildings have been 'Covid-19 Secure' since July 2020 with the appropriate notice and building risk assessments published on our NMC website, as part of our transparency, for the public and colleagues to view.

26 To keep security under review for all our buildings/venues

26.1 *Outcome:* We have ensured that our buildings have remained secure during the lockdown, The NMC contributes to the West End Police Ward Panel meetings, which includes local residents and organisations, for example: the BBC, the Langham Hotel and Facebook. We also liaise with the police at our other buildings through the respective building management companies.

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

27.1 *Outcome:* While this past year, we have not been able to undertake formal training, our successful business continuity programme and planning in previous years has meant that we had solid foundations to enact and undertake our plans and processes for the pandemic.

28 To continue working with the People and Organisational Effectiveness team to promote health and wellbeing:

28.1 *Outcome:* As well as the joint work of our Covid-19 response, P&OE have updated their e-learning training to provide a more accessible range of learning. The 'Thrive' app introduced during the pandemic offers modern, easy to access, 24/7 support to colleagues in connection with mental health and well-being. P&OE are also undertaking a review the People Plan and associated policies and guidelines in light of the future organisational hybrid ways of working.

### **Priorities for 2021–2022**

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

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

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|   | 29.2 | To monitor health and well-being issues that may arise from more colleagues working from home and to publicise that work-related accidents and near misses should continue to be reported to line managers and Facilities, even for those colleagues working from home.   | 1.  |
|   | 29.3 | To keep security under review for all our buildings/venues.   | 2.  |
|   | 29.4 | To continue working with the People and Organisational Effectiveness team to promote health and wellbeing:  | 3.  |
|   | 29.5 | Wellbeing will be an important part of the People Plan, which continues to be developed in partnership with employee representative networks and colleagues across the NMC.   | 4.  |
|   | 30   | <b>Recommendation: The Council is recommended to approve the Annual Health, Safety and Security Report 2020-2021.</b>   | 5.  |
| <b>Midwifery implications:</b>              | 31   | Not applicable for this paper.  | 6.  |
| <b>Public protection implications:</b>      | 32   | Providing a 'Covid-19 Secure' environment for the undertaking of physical hearings.   | 7.  |
| <b>Resource implications:</b>               | 33   | There are no material resource implications. Additional costs with regards to the coronavirus pandemic, were absorbed into the overall Estates budget from savings in the reduction of general facilities operations during the period. Health, safety and security requirements are built into normal Resources and Technology Services revenue budgets. P&OE have their own budgets for health and wellbeing initiatives. | 8.  |
| <b>Equality and diversity implications:</b> | 34   | Estates/Facilities colleagues support workplace Display Screen Equipment assessments, as necessary. Colleagues can be referred to Occupational Health, in conjunction with P&OE, as required.   | 9.  |
|   | 35   | Personal Emergency Evacuation Plans (PEEPs) undertaken where there are less abled or disabled persons.  | 10. |
|   | 36   | It is recognised that the coronavirus disproportionately affects certain groups, including those with existing medical conditions and black, Asian and minority ethnic (BAME) groups. This will be included as part of our assessment of the safe return to our offices.  | 11. |
| <b>Stakeholder engagement:</b>              | 37   | Not applicable.   | 12. |
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**Risk implications:**

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

**Legal implications:**

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

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## Council

### Professional Standards Authority performance review 2019-2020 action plan

**Action:** For information.

**Issue:** To consider progress on actions to address learning from the Professional Standards Authority's (PSA's) report of our performance review for 2019-2020.

**Core regulatory function:** All regulatory functions

**Strategic priority:** Strategic aim 1: Improvement and innovation  
Strategic aim 2: Proactive support for our professions  
Strategic aim 3: More visible and informed  
Strategic aim 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:** None.

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

Author: Mike Andrews  
Phone: 020 7681 5570  
[Mike.andrews@nmc-uk.org](mailto:Mike.andrews@nmc-uk.org)

Director: Francesca Okosi  
Phone: 020 7681 5448  
[Francesca.Okosi@nmc-uk.org](mailto:Francesca.Okosi@nmc-uk.org)

- Context:**
- 1 The Professional Standards Authority (PSA) oversees the ten health and social professional care regulators in the UK and reviews their performance annually against a set of Standards of Good Regulation (SOGR).
  - 2 Following a public consultation, the PSA produced a revised set of 18 SOGR, which were introduced for the 2019-2020 performance review cycle. Our performance for 2019-2020 has been judged against the new 18 SOGR. The PSA are currently reviewing the performance review process and we have contributed to their consultation on this review.
  - 3 The [PSA's NMC Performance Review 2019 - 2020](#) covers our performance from 1 April 2019 to 31 March 2020, and was published on 29 March 2021. We developed an action plan to address all learning from the report, which included 33 actions, covering a wide range of our functions across the organisation.
  - 4 The PSA are currently undertaking the performance review for 2020-2021 and PSA have told us that we should receive the draft report in the week beginning 4 October 2021.

**Four country factors:** 5 Not applicable for this paper.

**Discussion and options appraisal:** **Progress on action plan arising from the 2019-2020 performance review report**

- 6 The Executive Board considered progress on the action plan and changes we have implemented at its meeting on 8 September 2021. This included constructive challenge about how far we have already gone in addressing the feedback from the PSA. The Executive Board were content that actions are in place to address all areas of the action plan but felt it was important that progress is monitored closely. This will be done by individual directors and the team that oversees the performance review process.
- 7 The action plan will be considered on a quarterly basis by the Executive Board, and we anticipate that it will be augmented at the next quarter review, with any actions and learning that arise from the 2020-2021 report.
- 8 The key updates on actions that have been identified from the 2019-2020 report are summarised below under the directorates which are leading on delivery of the actions.

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## People and organisational effectiveness

- 9 The PSA indicated that they will monitor our progress in reviewing the customer satisfaction levels with the corporate complaints process and we have already implemented a feedback process for this. We launched the second phase of our EDI research 'Ambitious for Change' in May 2021, and have noted that the PSA will monitor the changes we have made to the quarterly reporting to Council on our performance.

## Professional practice

- 10 The PSA indicated they will continue to monitor our work in reviewing standards of education, including post registration standards and midwifery standards. Council have already been updated on progress on those areas. The PSA will also consider how our new more outcome focused model of quality assurance works.
- 11 The PSA also made a recommendation that we need to consider the risks that advance practice could present, and whether it should be regulated, and our work on that will commence in 2022.

## Professional regulation

### *Registration*

- 12 The PSA made a number of recommendations in relation to registration appeals including that we should publish more information on the website, introduce a specific criteria for conceding language appeals, review the guidance on the registration appeals process and the role of the Assistant Registrar, and develop a new process for quality assuring Assistant Registrar's decisions. Work is already in hand, and in some areas complete, on these matters.

### *Fitness to practise*

- 13 The PSA also made a number of recommendations for improvements in relation to FtP functions. This includes addressing timeliness, including that we need to address the delays between screening decisions and allocation to investigation; the number of CE cases adjourned for further investigation and developing a mechanism to report and identify themes and learning points, and increasing resources to allow better use of legal expertise. Most of these actions are addressed by the FtP programme.
- 14 The PSA also made recommendations in relation to the need to reconsider our approach to holding public hearings versus meetings and we look forward to further engagement with them on these points.

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|   | 15 | The Council is invited to consider progress on implementing changes in relation to the action plan arising from 2019-2020 review.  |
| <b>Midwifery implications:</b>              | 16 | The PSA have indicated that they will monitor our work in reviewing the midwifery standards.   |
| <b>Resource implications:</b>               | 17 | Resource to address these actions is included in directorate business plans.   |
| <b>Equality and diversity implications:</b> | 18 | Equality diversity and inclusion is at the core of our regulatory activities and our stakeholder engagement. Our focus on EDI is reflected in the positive outcome of us fully meeting Standard 3 of the new General Standards of Good Regulation. |
| <b>Stakeholder engagement:</b>              | 19 | We are committed to engaging constructively with the PSA and to maximise opportunities to improve from the feedback we receive.  |
| <b>Risk implications:</b>                   | 20 | Failure to address learning from the PSA could have substantial public protection and public confidence implications.  |
| <b>Legal implications:</b>                  | 21 | Failure to comply with our statutory requirements leaves us exposed to legal challenges.   |

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## 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

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- Context:**
- 1 Reports on the last meeting of the Investment Committee held on 27 July 2021. Key issues considered by the Committee included:
    - 1.1 Performance of the Investment Portfolio.
    - 1.2 Updated Investment mandate and implementation document, including initial reflections on exposure to companies manufacturing opioid based therapies.
    - 1.3 Future ways of working for the Committee.

**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 Since the portfolio was established in July 2020, overall performance has been positive. For the first 6 months the portfolio achieved a return of 7.5 percent against a benchmark index of 7 percent. However, the first quarter of 2021-2022 saw performance drop, with a return of 0.9 percent against a benchmark index of 2.3 percent. Following discussions with the Committee, the Investment Managers confirmed that they did not see a need to change strategy and expected to see returns increase as the economy re-opened and recovered from the pandemic.
- 5 The latest performance report shows the portfolio has performed better over the last quarter, achieving a return of 3.9 percent, a 1.2 percent increase on Q1. This is still below the benchmark of 5.1 percent for the quarter.
- 6 The Committee explored this underperformance with the Investment Managers who reflected that the market environment was challenging for Sarasin’s long term thematic process because the current market favours sectors that benefit from the initial stages of the economic recovery, such as oil and gas. Such companies are not favoured by Sarasin’s process because often they have lower environmental, social or governance (ESG) ratings or are entirely excluded by the NMC’s investment policy. To mitigate underperformance Sarasin has increased investments in some companies with stronger ESG ratings. Despite these mitigations the fund has still underperformed against the benchmark. The fund also underperformed due to specific stocks performing less well than expected.

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- 7 The Investment Managers confirmed that as the economy continues to re-open and recover post-pandemic, the long-term trends embodied in the investment themes should drive sustainable returns to meet the investment fund target. Risk also continued to be managed by having an appropriately diverse portfolio.
- 8 The Committee explored the following areas with the Investment Managers:
- 8.1 Whether the portfolio should be establishing a neutral or overweight position on equities;
- 8.2 Our approach to bonds;
- 8.3 Confirmation that the NMC did not hold any stock in Glencore which was currently under investigation for serious fraud;
- 9 The Committee confirmed it is comfortable with the investment approach taken by the Investment Managers, and agree with their assessment that there is no need to alter the approach at this stage.

**Updated Investment mandate and implementation document**

- 10 Following Council’s approval of the revised investment policy, the Investment Managers provided the Committee with an updated investment mandate and implementation document that reflected the amendments made to the policy. This included an updated list of companies excluded on the basis of their being significant producers of infant formula milk.

**Investments in companies profiting from opioid based therapies**

- 11 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.
- 12 As an initial step, the Investment Managers reviewed the NMC’s portfolio and identified one company - AstraZeneca - that on initial review could potentially have opioid exposure. Following the meeting, having fully reviewed the available public information, the Investment Managers provided reassurance that there was high certainty that there was no opioid exposure. However, given the need for a definitive view on zero materiality the Investment Managers contacted AstraZeneca directly and will inform the Committee of the outcome.
- 13 The Investment Managers also identified two companies on its buy list who manufacture opioid based therapies. The NMC portfolio does not hold shares in either of these companies. Sarasin confirmed that it was extremely unlikely that any funds held on behalf of Sarasin by other Investment Managers would include companies manufacturing opioids.



- 14 The Committee will schedule a further discussion at its October meeting to reflect on whether the NMC should exclude all companies that manufacture opioid based drugs or just those companies that fail to meet certain standards. Following its discussion the Committee will provide a recommendation to Council.

**Sarasin’s approach to equality, diversity and inclusion (EDI) and environmental, social and governance (ESG) issues**

- 15 The Committee re-affirmed to Sarasin the importance of equality, diversity and inclusion to the NMC and the Investment Committee. The Committee requested that Sarasin provide a presentation at its October meeting that:
- 15.1 explores how Sarasin is using its ESG impact analysis to undertake positive actions that improve the ESG ratings of the companies it invests in; and
  - 15.2 explores how Sarasin are using their leverage to improve diversity at a board level, with other Investment Managers and internally within their own organisation. Sarasin commented that it is challenging to access diversity data from companies which was slowing progress in this area. However, it is a high priority for Sarasin and they will update on the progress they have made and their approach to the issue.

**Managing Public Money Issue**

- 16 The Committee were briefed that in May 2021 the National Audit Office (NAO) had raised an issue on the regularity of investments, relating to compliance with ‘Managing Public Money’ (MPM). This issue could have potentially required the NMC to disinvest from the stock market. The Executive and Audit Committee had worked with the NAO, Department of Health and Social Care (DHSC), and HM Treasury to resolve the issue, and the NAO has since given an unqualified opinion on the NMC’s accounts.
- 17 However, the DHSC have since informed the Executive that the Treasury Office of Accounts (TOA) consider it unusual that MPM is not applicable to the NMC. The Committee and Executive were perplexed by this opinion. Given the NMC is an independent regulator, funded by registrants’ fees and accountable to government via the Privy Council, the Committee and Executive consider that the current arrangements – which mean the NMC is expected to take MPM into account but is not expected to comply - are appropriate.
- 18 The Committee agreed the importance of proactively managing the situation and ensuring that the NMC’s independence was not put at risk. Although responsibility for the issue lies with Audit Committee and Council, the Committee would be appropriately updated on developments.

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## Risk register

- 19 The Committee discussed the portion of the corporate risk register relating to the investment risk.
- 20 In relation to the Managing Public Money regularity issue, the Committee asked the Executive to consider if it should be placed on the risk register.

## Investment Committee Future Ways of Working

- 21 The Committee reflected on its future ways of working and how it would like to operate its meetings as the return to the offices becomes possible.
- 22 The Committee agreed that:
- 22.1 It would seek to establish a mixed economy approach, with a schedule comprised of two in-person meetings and two virtual meetings a year.
- 22.2 If possible, members would be able to join in-person meetings virtually, in case they were unable to travel to the meeting.
- 22.3 The two in-person meetings would be scheduled in the same week as Council and Audit Committee meetings if possible. Although this involves significant reading time for those who are members of all three groups, it was agreed that scheduling these together reduced the travel burden and overall was a more efficient approach.
- 22.4 Each year one in-person meeting should take place at Sarasin's offices to enable the Committee to meet more Sarasin colleagues and get a sense of the company's culture.

### Midwifery implications:

- 23 No midwifery implications arising directly from this report.

### Public protection implications:

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

### Resource implications:

- 25 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.

### Equality and diversity implications:

- 26 EDI issues were considered as part of the discussion on Sarasin's approach to EDI and ESG (paragraph 14).

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**Stakeholder engagement:** 27 None.

**Risk implications:** 28 The Committee will continue to discuss and monitor the associated risks.

**Legal implications:** 29 None identified.

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## Council

### Appointments Board report

**Action:** For noting.

**Issue:** Report to the Council on the work of the Appointments Board.

**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 or the director named below.

Author: Mary Anne Poxton  
Secretary to Appointments Board  
Phone: 020 7681 5440  
[Maryanne.poxton@nmc-uk.org](mailto:Maryanne.poxton@nmc-uk.org)

Chair of Appointments Board:  
Jane Slatter

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- Context:**
- 1 Reports on the meeting of the Appointments Board held on 8 September 2021.
  - 2 The Appointments Board is a Committee of the Council. Its remit is to assist the Council in connection with the exercise of any function or process relating to the appointment of Panel Members and Legal Assessors to the Practice Committees and the appointment of Registration Appeal Panel Members to the Registration Appeals Panel.
  - 3 The Board was pleased to welcome the Chair of Council, who observed the meeting.

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

**Discussion      Review of Panel Member appointment process**

- 5 The Board considered a paper on learning from the recent Panel Member appointment process and steps being taken to embed the learning. Oversight of the campaign was a major focus for the Board in 2020-2021, culminating in the Council accepting the Board’s recommendation to appoint 82 Panel Members in July 2021.
- 6 Learning points identified for future campaigns included the need to increase the number of applicants from diverse backgrounds and the Board discussed how it might do this. While there is more work to do, the Board was encouraged to note that both the applicant pool and the newly appointed Panel Member cohort had a higher percentage of people from a Black, Asian and minority ethnic background than the wider UK population.
- 7 The search consultants who supported the process have been commissioned to provide more in depth diversity analysis, which the Board will consider in December 2021. When it has the more detailed analysis, the Board will consider any additional actions needed to achieve a more diverse panel membership.
- 8 The new cohort of Panel Members will undergo two peer reviews within their first six months, to help ensure they are performing their role to the required standard, including demonstrating our values and behaviours.

**Panel Chair selection methodology**

- 9 A selection process is underway to ensure we continue to have sufficient Panel Chair capacity to undertake planned hearings activity. In line with legislative requirements, applications have been invited from existing Panel Members.

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- 10 Subject to some suggestions for improvement, the Board approved the assessment methodology and timetable for the Panel Chair selection process. An independent company had developed the methodology in conjunction with the Executive, in line with the overall approach agreed by the Board in June 2021. The same company is administering and supporting the process.
- 11 Overall, the Board was pleased to note that the proposed approach achieved an appropriate balance of testing the Panel Chair competencies and values and behaviours. The Board was satisfied with the accessibility of the assessment process to encourage a diverse set of applicants from the Panel Member pool and the steps taken to ensure no adverse impacts on any groups at any stages of the process.
- 12 The Board sought assurance on how the number of Panel Chairs to be selected had been decided. Given the challenges of reducing the Fitness to Practise backlog, the Board is acutely aware that it is critical that the number required is not underestimated. The Executive gave assurance that the number had been calculated on the basis of detailed forecasts and analysis and would be sufficient.
- 13 An additional meeting of the Board will be held on 9 November 2021 to review recommendations for Panel Chair appointments. This will allow Council to consider any recommendations for appointment in November 2021 and for any new Panel Chairs to be inducted and allocated to hearings as early as possible.

**Panel Member transfers between practice committees**

- 14 The Board considered a paper on proposed transfers of three Panel Chairs and a newly appointed Panel Member from the Investigating Committee to the Fitness to Practise Committee.
- 15 The Board was assured that the sitting Panel Chairs continued to meet the standards of the performance framework, and agreed to recommend all four transfers to Council. The recommendations are the subject of a separate paper on the agenda.

**Whistleblowing concern**

- 16 The Board considered progress against an action plan developed by the Executive to address concerns raised by a Panel Member in April 2021. The concerns are being addressed using our Whistleblowing framework. The Board noted that a meeting had been held with the Panel Member who had raised the concerns. The Panel Member was reassured by how seriously their concerns had been taken; the scope and approach of the investigation and the comprehensive range of activity identified.

- 17 In line with normal practice, both the Board and the Audit Committee will be kept updated on progress.

### **Review of Panel Member Services Agreement and Legal Assessor Services Agreement**

- 18 The Board approved the proposed approach to a full review of the Panel Member Services Agreement and the Legal Assessor Services Agreement.
- 19 Board members have been individually reviewing an aspect of the Panel Member Services Agreement each month, categorising the level of any risk or weakness identified. Board members' comments are being collated by the Executive and will be used to inform the full review.

### **Duty of Care policy**

- 20 The Board was pleased to note that a duty of care policy will be developed which will support Panel Members and Legal Assessors who are exposed to negative public comment, abuse or harassment as a result of their NMC activities. A draft of this policy will be reviewed by the Board in December 2021. A separate duty of care policy is in place for employees.

### **Panel member complaints**

- 21 The Board considered a status report on complaints against Panel Members. This is a standing item requested by the Board to provide additional assurance and oversight of any current issues.

### **Corporate update**

- 22 The Board receives regular corporate updates to ensure its work is aligned with and connected to the wider strategic intent of the organisation, and to consider any possible implications for the Board's work.
- 23 The update at this meeting included the response to the Covid-19 pandemic; Fitness to Practise Improvement Programme and performance; Equality, Diversity and Inclusion; post-registration standards consultation and the new test of competence.
- 24 The Board sought assurance that the situation in relation to the backlog in fitness to practise was being monitored and planned for appropriately in terms of the numbers of Panel Chairs and Panel Members required.

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## Appointments Board dashboard

- 25 The Board is working with the Executive on the development of an Appointments Board dashboard containing key information and metrics relevant to the Board’s work. The first iteration of the dashboard will be ready for the Board’s December 2021 meeting.

## Future ways of working

- 26 Since March 2020 the Board has met virtually due to the pandemic. As the NMC is preparing to support colleagues to return to the offices, the Board reflected on its future ways of working and how it would like to operate its meetings.

- 27 The Board agreed to adopt a mixed economy approach to meetings, whereby it will alternate virtual and in-person meetings. This pattern will be established so that the annual Board effectiveness and annual report to Council discussions take place in-person.

### Midwifery implications:

- 28 The recent Panel Member selection process was open to registered midwives, as well as registered nurses and nursing associates.
- 29 The selection and appointment process for Panel Chairs applies equally to midwife candidates as for all other candidates.

### Public protection implications:

- 30 The assurance provided by the Appointments Board to Council on the appointment of Panel Members, Panel Chairs, Registration Appeals Panel members and Legal Assessors contributes to public protection.
- 31 It is important that Panel Chairs and Members have the necessary training to maintain the skills and knowledge to make proportionate and appropriate decisions.

### Resource implications:

- 32 Panel Members are required to make decisions that protect the public. The Board must ensure that we have sufficient Panel Members to undertake planned hearings activity.
- 33 Costs associated with selection and induction of Panel Chairs are covered within existing budgets.

### Equality diversity and inclusion implications:

- 34 The three year strategy approved by the Board for delivering high quality Panel Members includes the following objectives in relation to equality, diversity and inclusion:
- 34.1 Ensuring the membership of the practice committees reflects the professions we regulate and the wider UK population.



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34.2 Ensuring Panel Members are equipped with the necessary knowledge and training to ensure equality, diversity and inclusion matters are understood, supported and well managed.

**Stakeholder engagement:** 35 No stakeholder engagement implications arising directly from this report.

**Risk implications:** 36 If we do not have high quality panels there is a risk that panels will not make decisions which protect the public and maintain public confidence in the effective regulation of the NMC.

37 The Board has approved a strategic approach to delivering high quality panels which mitigates this risk.

38 The Board is taking a risk-based approach to its review of the Panel Member Services Agreement.

**Legal implications:** 39 Panel Chairs must be appointed from the membership of the Practice Committees in accordance with Rule 7(1) of the Nursing and Midwifery Council (Practice Committees) (Constitution) Rules 2008.

## Council

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

**Action:** For information.

**Issue:** Reports action taken by the Chair of the Council since 28 July 2021 under delegated powers in accordance with Standing Orders.

There have been the following three Chair's actions:

- to approve the Annual Returns 2020-2021 to the Charity Commission and the Office of the Scottish Charity Regulator (OSCR) (12/2021);
- sealing of the License to Carry out Works at One Westfield Avenue, Stratford (14/2021); and
- to authorise actions to correct an error in the Annual Fitness to Practise Report 2020-2021 (15/2021).

**Core regulatory function:** Supporting functions.

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

**Decision required:** None.

**Annexe:** The following annexes are attached to this report:

- Annexe 1: Chair's action 12/2021 – Approval of the Annual Returns 2020-2021 to the Charity Commission and the Office of the Scottish Charity Regulator.
- Annexe 2: Chair's action 14/2021 - Sealing of the License to Carry out Works at One Westfield Avenue, Stratford.
- Annexe 3: Chair's action 15/2021 – Authorisation of actions to correct an error in the Annual Fitness to Practise Report 2020-2021.

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

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

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12/2021

### Chair's Action

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

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

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| <b>Requested by:</b><br>Secretary to the Council | <b>Date:</b><br>17 August 2021 |
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#### **Approval of Annual Returns 2020-2021 to the Charity Commission and the Office of the Scottish Charity Regulator (OSCR)**

1. As a registered charity with income in excess of £10,000 a year, the NMC is required to submit annual returns to the Charity Commission and OSCR, together with copies of the audited annual report (Trustees' annual report) and accounts. Charity Commission guidance requires that the annual returns be reviewed and approved by a Trustee of the charity. The Audit Committee confirmed in June 2015 that review and approval by the Chair is appropriate.
2. The proposed 2020-2021 annual returns are attached for review, along with a supporting paper.
  - 2.1. Annexe 1: Charity Commission
  - 2.2. Annexe 2: OSCR
3. The returns have been populated using information already included in the audited Annual Report and Accounts 2020-2021, which have been laid in Parliament and published. However, information required by the Charity Commission relating to staff remuneration differs from that required in the Annual report (see supporting paper, paragraph 12). This information has been supplied by the former Executive Director of Resources and Technology Services.
4. The former Executive Director of Resources and Technology Services, reviewed and confirmed the financial aspects of both returns before his departure on 28 July 2021. The approach to declaring overseas income has been slightly amended since the departure of the former Executive Director, Resources and Technology Services (see supporting paper, paragraph 10).

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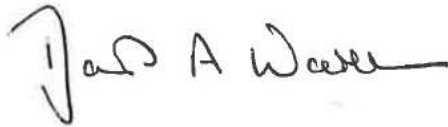
5. The Chief Executive and Registrar has reviewed the returns and is content for them to be submitted to the Charity Commission and the OSCR.

6. **The Chair is asked to:**

- a. **approve the annual returns; and**
- b. **confirm that you are content for your electronic signature to be attached to this Chair's action.**

7. Once approved, the returns will be submitted by the Head of Governance online. This is in line with good practice, which is that annual returns should be submitted within six months of the financial year-end. It is well in advance of the deadlines of 31 December 2021 (OSCR) and 31 January 2022 (Charity Commission).

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



Signed

(Chair)

Date: 18 August 2021

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## Approval of Annual Returns 2020-2021

|                                  |  |
|----------------------------------|--|
| <b>Action:</b>                   | For decision.  |
| <b>Issue:</b>                    | Approval of Annual Returns 2020-2021 for submission to the Charity Commission and the Office of the Scottish Charity Regulator (OSCR).   |
| <b>Core regulatory function:</b> | Supporting functions.  |
| <b>Strategic priority:</b>       | All Strategic Priorities.  |
| <b>Decision required:</b>        | The Chair is asked to approve the Annual Returns 2020-2021 for submission to the Charity Commission and the Office of the Scottish Charity Regulator (OSCR) (paragraph 15).  |
| <b>Annexes:</b>                  | The following Annexes are attached to this paper: <ul style="list-style-type: none"><li>• Annexe 1: Charity Commission draft annual return 2020-2021</li><li>• Annexe 2: OSCR draft annual return 2020-2021</li></ul>  |
| <b>Further information:</b>      | If you require clarification about any point in the paper or would like further information please contact the Assistant Director named below.<br><br>Author: Fionnuala Gill<br>Phone: 020 7681 5842<br><a href="mailto:fionnuala.gill@nmc-uk.org">fionnuala.gill@nmc-uk.org</a> |

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**Context:**

- 1 As a registered charity with income in excess of £10,000 a year, the NMC is required to submit annual returns to the Charity Commission and Office of the Scottish Charity Regulator (OSCR), together with copies of the audited annual report (Trustees’ annual report) and accounts.
- 2 Charity Commission guidance requires that the annual returns be reviewed and approved by a Trustee of the charity. The Audit Committee confirmed in June 2015 (AC/2015/46) that review and approval by the Chair of Council, on behalf of Trustees, is appropriate.

**Four country factors**

- 3 The NMC is a charity registered with the Charity Commission for England and Wales and the Office of the Scottish Charity Regulator (OSCR).
- 4 The Charity Commission for Northern Ireland is currently only registering organisations operating solely in Northern Ireland. This does not include the NMC.

**Discussion**

- 5 The returns have been populated using information already published in the audited Annual Report and Accounts 2020-2021, which have been laid in Parliament.
- 6 There are a few points to highlight.

**Government Contracts**

- 7 The government contract income (£676,000) was for costs associated with establishing the temporary register.

**Income from outside the UK**

- 8 The Charity Commission return requires the NMC to declare income received from outside the UK. The NMC receives such income from fees paid by registrants working overseas but who wish to remain on the register. For such income, Charity Commission guidance states that:
  - 8.1 “For charities with a gross income of £25,000 or more in the financial year covered by the annual return, the response should be the total combined value of any payments of over £25,000 received that year. The charity does not need to include on any payments received below £25,000 – insert a zero.”

9 In line with this guidance we have declared a nominal £0 figure from “unknown” countries at page 2 of annexe 1, for the following reasons:

9.1 **Income of £0:** As fee payments are below the Charity Commission’s threshold of £25,000, we have declared a nominal £0 figure for overseas income.

9.2 **Unknown country of origin:** As noted at paragraph 8, we know that there are professionals on our register who are working overseas but who choose to remain on the register. Although all registrants provide us with a registered address, overseas addresses are not a reliable indicator of overseas payments as they will be a mixture of those who are practising overseas and those who are practising in the UK but who have not notified us of a UK postal address. As we are unable to identify which countries the income has been received from, we have declared “unknown” for country of origin.

10 In previous years we have declared a nominal £1 income figure from unknown countries. Having reviewed the guidance this year, we have amended our approach and declared £0 as stated by the guidance.

### **Spending outside England and Wales**

11 The Charity Commission requires us to declare spending outside of England and Wales. This has been declared at page 3 of annexe 1. In line with the Commission’s guidance, as our spending was within Scotland and Northern Ireland we are not required to declare the amounts spent.

### **Disclosures relating to higher paid employees**

12 The annual return to the Charity Commission requires disclosures relating to higher paid employees in bandings of people with remuneration over £60k, based on **salary plus benefits**. This is different from the Charities Statement of Recommended Practice (SORP) which requires the bandings to be based on salary only. Revised remuneration information has been supplied by the former Executive Director, Resources and Technology Services.

13 The former Executive Director, Resources and Technology Services, reviewed and confirmed the financial aspects of both returns before his departure from the NMC. As noted at paragraph 10, our approach to declaring overseas income has been slightly amended, and this amended approach was adopted after the departure of the former Executive Director, Resources and Technology Services.

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|  | 14 | The Chief Executive and Registrar has reviewed the returns and is content for them to be submitted to the Charity Commission and the OSCR.  | 1.        |
|  | 15 | <b>Recommendation: approve the Annual Returns 2020-2021 for submission to the Charity Commission and the OSCR.</b>  | 2.        |
| <b>Midwifery implications:</b>                         | 16 | None arising from these returns.  | 3.        |
|  |    |   | 4.        |
| <b>Public protection implications:</b>                 | 17 | None arising from these returns.  | 5.        |
|  |    |   | 6.        |
| <b>Resource implications:</b>                          | 18 | None arising from these returns.  | 7.        |
|  |    |   | 8.        |
| <b>Equality, diversity and inclusion implications:</b> | 19 | None arising from these returns.  | 9.        |
|  |    |   | 10.       |
| <b>Stakeholder engagement:</b>                         | 20 | None arising from these returns. The Charity Commission and OSCR both publish information drawn from the returns on their respective websites.  | 11.       |
|  |    |   | 12.       |
| <b>Risk implications:</b>                              | 21 | None arising from these returns.  | 13.       |
|  |    |   | 14.       |
| <b>Legal implications:</b>                             | 22 | Submission of the annual returns to the Charity Commission and OSCR, together with copies of the audited annual report (Trustees' annual report) and accounts by the statutory deadlines ensures that we are complying with our legal obligations as a charity. | 15.       |
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14/2021

### Chair's Action

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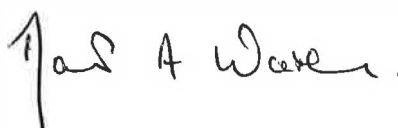
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| <b>Requested by:</b><br><b>Helen Herniman</b><br><b>Executive Director, Resources and TS</b> | <b>Date: 15 September 2021</b> |
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Following Chairs Action (02/2019) dated 28 January 2019, the NMC signed a lease relating to Floor 17 at One Westfield Avenue, Stratford, London E20. Supplemental and part of the approved lease documents was the Licence to Carry Out Works, as a deed. This License enabled the NMC to undertake their fit-out works so that NMC colleagues could subsequently occupy the space in September 2019.

All of the fit-out works are complete and a schedule of 'The Plans, Drawings and Specifications showing the Works' (Schedule 1) has now been included in the Licence.

The attached letter, provided by our property lawyers Capsticks, indicates that the three copies of the Licence to Carry out Works are engrossed and ready for execution by two authorised signatories. The execution includes for the seal of the NMC in the presence of the two signatories – the Chair representing the Council and the Chief Executive.

Signed:  
Sir David Warren

(Chair) 

Date: 15 September 2021

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### Chair's Action

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

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| <b>Requested by:</b>     | <b>Date:</b>    |
| Secretary to the Council | 28 January 2019 |

The Accommodation Group is established by the Council under Article 3 (12) of the Nursing and Midwifery Order 2001, as agreed by the Council on 24 July 2018 (NMC/18/55c).

The Accommodation Group has been given delegated authority by the Council to oversee and make decisions on the acquisition of a lease for new premises and associated contracts relating to the fit out of the new accommodation and vacation of the existing premises.

The Group met on 31 October 2018 to review the heads of lease and to receive an update on the progress of the related work on due diligence, staff impact, equality impact, and premises fit out.

The Group received updates on 10 January and 11 January 2019 on the progress of the preparation of the lease document and other related work on due diligence.

The Group met on 25 January 2019 to review the lease documents.

On assurance from the Executive, the Accommodation Group has agreed to authorise the Chair to sign the lease.

The Chair is asked to sign the lease for Floor 17, One Westfield Avenue.

Signed:  (Chair)

Date: 28<sup>th</sup> January 2019.

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1 St George's Road  
London SW19 4DR

T +44 (0)20 8780 2211  
F +44 (0)20 8780 1141  
DX 300118 - Wimbledon Central

www.capsticks.com



**David Power**  
**Nursing & Midwifery Council**  
Finance & Procurement  
23 Portland Place  
London  
W1B 1PZ

21 February 2020

Your ref:  
Our ref: **AWJ/128052/25591249**

Your contact:  
**Alex Wilson-Jones**

T 020 8780 4652  
F 020 8780 1141  
E alex.wilson-jones@capsticks.com

*By Special Delivery*

Dear Dave

### **One Westfield Avenue, Stratford - Licence to Carry out Works**

Following our recent emails, I now enclose the engrossed licence to carry out works in triplicate. I should be grateful if you would please arrange for the licences to be sealed by the NMC in the presence of two authorised signatories, and for the two authorised signatories to sign the document where indicated by the yellow tab at the execution clause.

Once executed, please return to me in readiness for completion. Please do not date the licences. Please let me know if you have any questions in respect of execution of the licences.

Yours sincerely

**Alex Wilson-Jones**  
**Senior Solicitor**

Enc. – Engrossed licence in triplicate

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15/2021

## Chair's Action

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

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

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| <b>Requested by:</b><br>Secretary to the Council | <b>Date:</b><br>20 September 2021 |
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### Correction of an error in Annual Fitness to Practise Report 2020-2021

- 1 The Annual Fitness to Practise Report was laid in Parliament and published on our website on 21 July 2021. It was also shared with key stakeholders. We have identified an error in the report which needs to be corrected. The error does not affect the accuracy of the Annual Report and Accounts.
- 2 **Table 8: Panel outcomes by registration type** (page 36 of the report) states the number of times Panels imposed an "**Undertaking**" in 2018-19, 2019-20 and 2020-21; this should be '**Caution**'.
- 3 The table is misleading, as an Undertaking and a Caution are different.
- 4 We have notified the Privy Council Office who have advised us of the process to follow to correct the error. In line with that process we propose to:
  - 4.1 Complete a correction slip for the Clerk of Paper to approve.
  - 4.2 Once the slip has been approved, publish it next to the Annual Fitness to Practise Report on our website for transparency.
  - 4.3 Correct the error in the published report (including the Welsh version).
  - 4.4 Notify anyone who has received the report and send a link to the correction slip and the corrected report.
- 5 We have carried out an investigation into how the error occurred and will ensure that learning identified is acted upon to mitigate against the risk of errors in future annual reports. A briefing note is attached at **annexe 1**.

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## Briefing note

**To** Chair of Council  
**From** Secretary to the Council  
**Re** Correction of an error in Annual Fitness to Practise Report 2020-2021

### Purpose

- 1 The Annual Fitness to Practise Report was laid in Parliament and published on our website on 21 July 2021. It was also shared with key stakeholders. We have since identified that there is an error in the report.
- 2 This error only affects the Annual Fitness to Practise Report and not the Annual Report and Accounts.
- 3 This briefing note explains:
  - 3.1 The error.
  - 3.2 How the error was identified.
  - 3.3 How the error occurred.
  - 3.4 Learning identified.
  - 3.5 Action taken to date.
  - 3.6 Next steps.

### The error

- 4 **Table 8: Panel outcomes by registration type** (page 36 of the report) states the number of times Panels imposed an “**Undertaking**” in 2018-19, 2019-20 and 2020-21; this should be “**Caution**”.
- 5 The table is misleading, as an Undertaking and a Caution are different.
  - 5.1 A **Caution** is the least restrictive sanction that a Fitness to Panel can impose. The nurse, midwife or nursing associate is cautioned for their behaviour but is allowed to practise without any restriction. A caution order can last from one to five years.
  - 5.2 An **Undertaking** is a measure which can be put in place to address issues in the nurse, midwife or nursing associate's practice that pose a current risk to patients. Case Examiners agree these with the nurse, midwife or nursing associate to allow them to work on the areas of their clinical practice which cause concern.

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### How was the error identified?

- 6 The error was identified by colleagues in Professional Regulation, who notified the Governance team on 19 August 2021.

### How did the error occur?

- 7 The error originated when the designers (an external company) were asked to amend Table 8 so that data for the last three years was included in one table. This was requested as part of the first set of amendments to the report. See image below from FtP report V1.

**Table 8: Panel outcomes by registration type**

| Panel decision         | 2020-21    |           |          |
|------------------------|------------|-----------|----------|
|                        | Nurse      | Midwife   | Dual     |
| Strike off             | 55 (28%)   | 1 (10%)   | 0        |
| Suspension             | 80 (41%)   | 5 (45%)   | 0        |
| Conditions of practice | 25 (13%)   | 2 (18%)   | 0        |
| Caution                | 14 (7%)    | 0         | 0        |
| <b>Sub-total</b>       | <b>174</b> | <b>8</b>  | <b>0</b> |
| Facts not proved       | 6 (3%)     | 0         | 0        |
| FtP not impaired       | 15 (8%)    | 3 (27%)   | 0        |
| <b>Totals</b>          | <b>194</b> | <b>11</b> | <b>1</b> |

PeterCI Jun 16 Reply X

please can we have this on one page so that can compare

Add a reply...

- 8 Rather than amending the table, the designers rebuilt it from scratch and mistakenly used the word “Undertaking” instead of “Caution”. The image from FtP report V2 is reproduced below. This error was likely because the designers used Table 6 as a basis for the new Table 8. Table 6 contains data for the last three years but relates to Case Examiner decisions.

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Table 8: Panel outcomes by registration type

| Panel decision         | 2020-21     |            |          | 2019-20      |             |          | 2018-19      |            |          |
|------------------------|-------------|------------|----------|--------------|-------------|----------|--------------|------------|----------|
|                        | Nurse       | Midwife    | Dual     | Nurse        | Midwife     | Dual     | Nurse        | Midwife    | Dual     |
| Strike off             | 55<br>(28%) | 1<br>(10%) | 0        | 123<br>(29%) | 4<br>(14%)  | 0        | 155<br>(25%) | 7<br>(24%) | 0        |
| Suspension             | 80<br>(41%) | 5<br>(45%) | 0        | 132<br>(31%) | 10<br>(36%) | 0        | 224<br>(35%) | 7<br>(24%) | 0        |
| Conditions of practice | 25<br>(13%) | 2<br>(18%) | 0        | 62<br>(15%)  | 7<br>(25%)  | 0        | 92<br>(15%)  | 7<br>(24%) | 0        |
| Undertaking            | 14<br>(7%)  | 0          | 0        | 39<br>(9%)   | 3<br>(11%)  | 0        | 57<br>(9%)   | 0          | 0        |
| <b>Sub-total</b>       | <b>174</b>  | <b>8</b>   | <b>0</b> | <b>356</b>   | <b>24</b>   | <b>0</b> | <b>528</b>   | <b>21</b>  | <b>0</b> |
| Facts not proved       | 6<br>(3%)   | 0          | 0        | 4<br>(<1%)   | 3<br>(11%)  | 0        | 16<br>(2%)   | 1 (4%)     | 0        |
| FtP not impaired       | 15<br>(8%)  | 3<br>(27%) | 1        | 64<br>(15%)  | 1 (3%)      | 0        | 88<br>(14%)  | 7<br>(24%) | 0        |
| <b>Totals</b>          | <b>194</b>  | <b>11</b>  | <b>1</b> | <b>424</b>   | <b>28</b>   | <b>0</b> | <b>632</b>   | <b>29</b>  | <b>0</b> |

### Opportunities to identify and amend the error in advance of publication

- 9 Following the erroneous wording being included in version 2, there were three further amended versions (V3, V4, V5) of the report. During each of these review/amend processes the error was not picked up by Professional Regulation (PR) colleagues or the Governance team.
- 10 After a thorough review of version 1, the focus of subsequent reviews was initially on new content or amends, rather than existing sections. However, when the fourth version of the report was reviewed by PR colleagues, they noted that some tables that had been error free had developed errors. PR and Governance colleagues identified that this was because the designers were entirely rebuilding tables when amends to a table were requested. This meant that any table that was amended was effectively a new table and should be re-reviewed.
- 11 PR colleagues therefore agreed to undertake a full quality assurance (QA) of Version 4 on 2 July 2021. A deadline of 7 July was agreed. This was as flexible as possible within the challenges of the overall timetable. PR colleagues provided the quality assured version on 7 July 2021, which identified 16 amends in both the data tables and the wider text but did not identify the wording error in Table 8. It is not clear why this was not picked up at this stage.

### Learning identified

- 12 **Approach to data tables:** This incident reinforces the need to ensure all data is fully quality assured early in the process and that any further changes are kept to a minimum with a thorough QA taking place after any amends. The Governance team maintains a learning log throughout each annual report production process which had already identified the need to ensure data amends are kept to a minimum during the design process.



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13 **Clarity of roles and responsibilities:** Both PR colleagues and the Governance team undertake proof reads of the report. Having multiple colleagues proof-reading a document is an effective way to identify errors. However, it also runs the risk that colleagues can think errors will be picked up by others and so do not check as thoroughly; clarity of roles and responsibilities is therefore crucial. Responsibility for the accuracy of the content of the Annual Fitness to Practise Report rests with the PR directorate. Governance communicated that responsibility to PR colleagues at various points but codifying roles and responsibilities within the project plan will help to reinforce this.

**Action taken to date**

- 14 The Governance team investigated the error as soon as we were alerted to it.
- 15 The Chair of the Audit Committee was advised of the error by the Head of Governance on 26 August 2021.
- 16 The Governance team sought assurance from PR colleagues that there are no other errors in the report on 26 August 2021. This assurance was given on 6 September 2021.
- 17 The Head of Governance notified the Privy Council of the error and sought advice on the process for correcting it.
- 18 The Privy Council replied on 8 September confirming the process to be followed. In line with that process we propose to:
  - 18.1 Complete a correction slip for the Clerk of Paper to approve.
  - 18.2 Once the slip has been approved we will publish it next to the Annual Fitness to Practise Report on our website for transparency.
  - 18.3 We will correct the error in the published report (including the Welsh version).
  - 18.4 We will notify anyone who has received the report and send a link to the correction slip and the corrected report.
- 19 As we have investigated how the error arose and identified learning to be taken forward a Serious Event Review has not been raised.

**Next steps**

- 20 Subject to the Chair of Council’s authorisation, we will complete a correction slip for the Clerk of Paper to approve and follow the steps list at paragraph 18 above.
- 21 We will take forward the learning from this error in collaboration with colleagues to ensure that there are no such errors in future reports.

**Fionnuala Gill**  
**Secretary to the Council**