

Open Council 7 July 2021 (Website Pack)

MEETING
7 July 2021 09:30

PUBLISHED
29 June 2021

Meeting of the Council

To be held by teleconference at 09:30am on Wednesday 7 July 2021

Agenda

Sir David Warren
Chair of the Council

Fionnuala Gill
Secretary

- | | | | |
|----------|--|-----------|--------------------|
| 1 | Welcome and Chair's opening remarks | NMC/21/47 | 09:30 |
| 2 | Apologies for absence | NMC/21/48 | |
| 3 | Declarations of interest | NMC/21/49 | |
| 4 | Minutes of the previous meeting | NMC/21/50 | |
| | Chair | | |
| 5 | Summary of actions | NMC/21/51 | |
| | Secretary | | |
| 6 | Executive report | NMC/21/52 | 09:45 |
| | Chief Executive and Registrar/Executive | | |
| 7 | Audit Committee Annual Report 2020–2021 | NMC/21/53 | 10:30-10:45 |
| | Chair, Audit Committee | | |

Comfort break 15 minutes

10:45

Matters for decision

- | | | | |
|----------|---|------------------------------------|--------------------|
| 8 | Draft Annual Report and Accounts 2020–2021 | NMC/21/54 | 11:00-11:30 |
| | Chief Executive and Registrar | <i>(See
separate
pack)</i> | |

9 **Draft Annual Fitness to Practise Report 2020–2021** NMC/21/55 **11:30-12:00**

Interim Executive Director, Professional Regulation

(See
separate
pack)

Comfort break 10 minutes

12:00

10 **Appointment of panel members**

NMC/21/56 **12:10-12:20**

Interim Executive Director, Professional Regulation

Matters for discussion

11 **Appointments Board Annual Report**

NMC/21/57 **12:20-12:35**

Chair, Appointments Board

12 **A year in the life: Employer Link**

NMC/21/58 **12:35-12:55**

Executive Director, Strategy and Insight

13 **Questions from observers**

NMC/21/59 **12:55**

Chair

(Oral)

Matters for information

14 **Deputy Chair's action taken since the last meeting**

NMC/21/60

Chair

CLOSE

13:10

Meeting of the Council
Held on 19 May 2021 by videoconference.

Minutes

Council:

Karen Cox	Acting Chair
Hugh Bayley	Member
Justine Craig	Member
Claire Johnston	Member
Eileen McEneaney	Member
Marta Phillips	Member
Derek Pretty	Member
Anna Walker	Member
Ruth Walker	Member
Sue Whelan Tracy	Member
Dr Lynne Wiggins	Member

In attendance:

Tracey MacCormack	Associate
Dr Gloria Rowland	Associate

NMC Officers:

Andrea Sutcliffe	Chief Executive and Registrar
Andy Gillies	Executive Director, Resources and Technology Services
Matthew McClelland	Executive Director, Strategy and Insight
Francesca Okosi	Executive Director, People and Organisational Effectiveness
Emma Broadbent	Executive Director, Professional Regulation Executive
Tom Scott	Interim Executive Director, Professional Regulation
Geraldine Walters	Executive Director, Professional Practice
Edward Welsh	Executive Director, Communications and Engagement
Alice Hilken	Interim General Counsel
Fionnuala Gill	Secretary to the Council
Pernilla White	Senior Governance Manager

For Items 7 and 8

Alex Rhys	Assistant Director, Professional Practice
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For Item 11

Dr Jacqui Williams	Senior Midwifery Advisor (Education)
Verena Wallace	Senior Midwifery Advisor (Policy)

For Item 12

Mike Andrews	Assistant Director of Quality Improvement
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A list of all who joined by teleconference to listen to the meeting is at Annexe A.

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Minutes

NMC/21/30 Welcome and Acting Chair’s opening remarks

1. The Acting Chair welcomed all attendees to the virtual Council meeting, including external observers. The Council welcomed Justine Craig, new member for Scotland who took up office on 1 May 2021 and was attending her first Open Council meeting in an official capacity. The Council also welcomed back Emma Broadbent and noted that Emma was undertaking a specific project for the Chief Executive and Registrar and that Tom Scott would continue as interim Executive Director, Professional Regulation.

NMC/21/31 Apologies for absence

1. None.

NMC/21/32 Declarations of interest

1. The following declarations of interest were recorded:
 - a) **NMC/21/36: Education Emergency and Recovery Standards** - All registrant members, Associates and Geraldine Walters declared an interest. The interests were not considered material such as to require the individuals concerned to withdraw from discussion or decisions, as they were no more affected by these changes than other registrants.
 - b) **NMC/21/37: Education Quality Assurance Annual Report 2019 – 2020** - All registrant members, Associates and Geraldine Walters declared an interest. The interests were not considered material such as to require the individuals concerned to withdraw from discussion or decisions, as they were no more affected by these changes than other registrants.
 - c) **NMC/21/38: Review of Investment Policy** - All registrant members, Associates and Geraldine Walters declared an interest. The interests were not considered material such as to require the individuals concerned to withdraw from discussion or decisions, as they were no more affected by these changes than other registrants.
 - d) **NMC/21/40: NMC Strategy 2020-2025: The midwifery perspective** - Justine Craig, Karen Cox, Ruth Walker, Claire Johnston, Dr Gloria Rowland, and Tracey MacCormack declared an interest as employers of midwives. The interests were not considered material such as to require the individuals concerned to withdraw from discussion or decisions, as this was a matter for discussion only.

NMC/21/33 Minutes of the previous meeting

1. The minutes of the meeting on 24 March 2021 were agreed as an accurate record.

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NMC/21/34 Summary of actions

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

NMC/21/35 Executive Report

1. The Chief Executive and Registrar introduced the report.
2. The Chief Executive highlighted the ongoing work to support the workforce in response to the Covid-19 pandemic and noted that as of 30 April 2021, there were 15,199 people on the temporary register. This was a decrease from February 2021, due to temporary registrants from overseas joining the permanent register.
3. The Chief Executive and Registrar also expressed her thanks to everyone who had responded to the survey on our education standards. The response had been positive, and the focus was now to digest all the information and bring the findings and proposals back to the Council in September 2021.
4. In discussion, the following points were noted:
 - a) The Council welcomed the Executive report and acknowledged the significant amount of work the colleagues had delivered.
 - b) The launch of the improved approach to taking context into account, was welcome. The two new animations which were published on 11 May, explaining to the public what to expect from their nurse or midwife were also important and timely. Learning and insight had been part of the journey in launching the context work, however it would take time to assess impact on the number of fitness to practise (FTP) cases.
 - c) The post registration standards consultation had reached a significant amount of people through inclusive engagement, including focus and drop-in groups, and webinars. Chat boxes from the groups had been published on the website. Over 300 responses to the consultation had already been received. The responses were being monitored, so that if low participation from any groups was identified, these could be targeted.
 - d) There had been a helpful recent meeting with the Queen’s Nursing Institute (QNI).
 - e) The appointments of Professor Amanda Croft as Chief Nursing Officer in Scotland and Sue Tranka on as Chief Nursing Officer in Wales were welcome. The webinar hosted by the NMC as a farewell to Professor Fiona McQueen and Professor Jean White CBE had been an excellent way to showcase leadership and what could be achieved by nursing professionals. A webinar had recently been held on Older People’s care as part of the ongoing programme of webinars to showcase care and achievements across the four countries.

- f) Everyone involved in the Public Support Steering Group (PSSG) were thanked for all their work, including laying the foundations for the person-centred approach to regulation. A special tribute was paid to Lesley Bennett, a founding member of the group, who had sadly passed away. A new strategic forum was being developed to strengthen the public voice and perspective and embed co-production in our work. Increased public accountability was particularly important in light of the Regulatory Reform agenda. The first scoping session was planned in July with the first formal session of the group planned in September/October 2021.
- g) The significant number of applications for the fitness to practise panel member roles was encouraging. The Appointments Board's July report would include information on whether the efforts to encourage diverse candidates had been successful.
- h) We had apologised to the representative bodies for not fully engaging with them on the final content of the new employer resources and we were continuing to engage with them going forward. It was an important lesson to ensure we were keeping key stakeholders informed and listening to them.
- i) It was important to have assurance about how we were mitigating any risks in the management of the temporary register and reflecting on learning from any incidents to ensure the public was protected at all times. Information about action taken would be published as part of the Annual FTP report. The number of incidents linked to the temporary register had been modest and any need for action had been taken swiftly and based on the level of risk.
- j) The importance of ensuring that transparent information about the timeliness of action taken was available was highlighted. An evaluation of the impact of the temporary register would be carried out by the research team once the temporary register had been closed and would include four country perspectives, the experience of the people on the temporary register and their deployment.
- k) There was positive recognition of our work in the Professional Standards Authority Learning from Covid-19 case study and it was important to acknowledge this. The Council thanked the Chief Executive and Registrar and colleagues for all their work on this, including the guidance that the NMC provided to registrants during the emergency phase of the Covid-19 pandemic.

Corporate Performance Report

5. The Executive Director, Resources and Technology Services introduced the report on the quarter four performance with status updates against the corporate plan and budget for 2020-2021 up to 31 March 2021.

6. Four key performance indicators (KPIs) had been missed, either for the year as a whole or in the reporting period:

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- a) Performance against the KPI to conclude 80 percent of FTP cases within 15 months had been further impacted by the Covid-19 pandemic and had ended below target at 71.6 percent at March 2021 (not 71.2 percent as stated in the report).
- b) Performance against the KPI to issue 80 percent of required interim orders within 28 days of opening the case had been below target at 77.6 percent.
- c) The contact centre had been below target for five months against the KPI to answer 90 percent of incoming calls with the average for the year being 86.1 percent of calls answered.
- d) Registration appeals had missed the KPI for 90 percent to be concluded within 60 days in February but had recovered in March and had been above target for the year as a whole.

7. In relation to the financial outturn for 2020-2021, the NMC had ended the year, subject to audit, with net income of £10.4m. As previously reported, this was largely the result of delayed activity due to the Covid-19 pandemic, and a deficit in 2021-2022 had been budgeted for to address the backlog of FTP cases.

8. In discussion, the following points were noted:
- a) Temporary office accommodation including hearing space, was available for colleagues in Edinburgh until we could relocate to the new office in September.
 - b) The impact on the KPI for the contact centre was important to understand, particularly as this was a public facing part of the NMC and an important aspect of our work. This was in part due to centre staff working remotely, which had led to a problem with calls dropping out with a consequent increase the number of email enquiries. To assist with case work, call centre colleagues had been trained to help with screening work, this coupled with the impact of the second wave of the Covid-19 pandemic, had put additional pressure on the call centre. Recruitment to the team was being accelerated and support was being provided to relieve pressure on colleagues and ensure that this did not impact on sickness levels or turnover. This was important given the significant progress that has been made on turnover in recent years.
 - c) The challenge of expecting colleagues to complete three surveys in the space of three months (Workforce Race Equality Standard (WRES) survey, a return to work survey and the normal staff survey) was recognised and the reasons for this clearly explained. It was envisaged that the WRES survey would be integrated with the staff survey in the future.

- d) The move to focus on ‘strengthening practice’ had been well received by all stakeholders involved in FTP processes. The aim was to engage with everyone who had been referred. For cases which progressed to later stages, remediation which required insight was important. Whilst the Council was aware of progress being made it was important that assurance about progress, despite challenges, was also communicated clearly in public reporting.
- e) Clarity around the lower performance in responding to MP cases compared to enquiries from the general public would be helpful. The Executive Director, People and Organisational Effectiveness noted that cases which prompted MPs to contact us generally involved a level of complexity which impacted on the response rate. In each case, the enquiry was acknowledged and where possible a timeframe given for the response.
- f) The strategic review of the employer link service (ELS) had been completed and ELS would continue to focus this year on helping to reduce inappropriate referrals and supporting the work to reduce FTP caseload during 2021-2022, before considering any extension of the teams work for the future.
- g) There was an ambition to increase engagement with students. Some progress had been made during the Covid-19 pandemic and the aim was to do more of this in the future, both through wider communications.
- h) The modernising of technology services programme (MOTS) had fallen behind and had gone over the original budget. An independent review had taken place and the recommendations from the review were being implemented. The next phase of the programme was planned to take place in 2022-2023.

Corporate risk exposure report

- 9. The Council noted the corporate risk position for 2020-2021 up to 31 March 2021. The only change made to the risk register had been to reduce the likelihood of the Covid-19 risk from red to amber. This would continue to be kept under close review.

Annual update on Fitness to Practise guidance updates: April 2020-2021

- 10. The Council noted the annual summary of fitness to practise guidance issued under delegated authority and was assured that these reflected our strategy, values, and wider legal obligations.

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NMC/21/36 Education Emergency and Recovery Standards

1. The Executive Director, Professional Practice introduced the report which proposed arrangements for removing the emergency and recovery standards.
2. The report also provided an update on the two recovery standards approved in February 2021, giving flexibility in the use of simulation. It was noted that work on the use of simulation was currently happening and the six-month timeframe was merely a point in time when this would be brought back to the Council for another review and not necessarily a decision.
3. **Decision: The Council agreed:**
 - the withdrawal of standards enabling final year nursing students to undertake extended placements (EN1, EN1.1 and EN1.2) from 19 May 2021 (paragraph 14);
 - the withdrawal of standards enabling first year students to complete their first year in theoretical learning where necessary; and exceptionally, allowing academic supervisors and assessors to be the same person (E3 and E5.1) from 30 September 2021 (paragraph 17);
 - that standards requiring AELs to adhere to public health guidance, and move to teaching online to comply with social distancing arrangements and to adopt Standards for Student Supervision and Assessment more quickly (R1, R2 and R3) be withdrawn when the Secretary of State for Health and Social Care declares the Covid-19 pandemic ended (paragraph 20);
 - removal of the original 12-week requirement under the standards for pre-registration nursing education and standards for pre-registration midwifery education that students must complete any outstanding assessment within 12 weeks of entering the next part of their programme as outlined in Annexe 1 (paragraph 23);
 - that the recovery standards enabling AELs to replace up to 300 hours of practice learning with alternative methods of simulated practice learning across the programme (RN5 and RN5.1) remain unchanged and are reviewed in 6 months' time (paragraph 31).
4. The Acting Chair thanked everyone involved in this important work.

Action: Bring back the recovery standards enabling AELs to replace up to 300 hours of practice learning with alternative methods of simulated practice learning across the programme (RN5 and RN5.1) for review in 6 months' time

For: Executive Director, Professional Practice

By: 24 November 2021

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NMC/21/37 Education Quality Assurance Annual Report 2019-2020

1. The Executive Director, Professional Practice introduced the annual report on education quality assurance (QA) activity for the 2019-2020 academic year. Regular reports on Education QA activity had been provided quarterly during the year as part of the Executive’s performance report.

2. In discussion, the following points were noted:
 - a) Congratulations were expressed to everyone involved in assuring the 2,074 approved programmes.
 - b) There were 50 deferred visits to Approved Educational Institutions (AEIs) due to workforce pressures arising from Covid-19, however this number was lower than expected. This had not had a significant impact on costs.
 - c) We were working with Mott MacDonald to improve the diversity of the Education visitors both lay and registrant, who undertook quality assurance.
 - d) We remained committed to evaluating the impact of the new pre-registration standards, but this would need to wait until enough students had progressed through the new programmes and the date for Universities to move on to the new standards had been extended to September 2023. Anecdotal feedback was giving some insight into what was working well and variations across different AEIs.
 - e) Extraordinary reviews were relatively rare, and the reports were published on the website, for example the Stafford University extraordinary review. This was important to reassure the public and to ensure that Educational institutions were mindful of this consequence. Details of programmes refused approval were also published.

NMC/21/38 Review of Investment Policy

1. The Executive Director, Resources and Technology Services introduced the report on proposed amendments to the Investment Policy. The Council had committed to review the investment policy at least every two years.

2. It was noted that the Council had agreed two years ago that £30m would be invested into equity markets, with an objective of earning a return of 3 percent over CPI inflation over the long term. Despite market volatility over the past year due to the Covid-19 pandemic, the value of the portfolio was £32.3m at 30 April 2021. Markets continued to be very volatile, so the portfolio may not continue to grow at the rate it had so far, but these were long term investments.

3. The proposed changes were by the investment committee, which included two expert independent members. Legal advice had also been obtained to ensure that the proposed new policy complied with charity investment requirement.

4. The proposed changes extended our ethical policy to restrict investment in fossil fuels. This would not affect the current portfolio as the NMC did not currently hold any direct investments in oil, gas, or coal companies.

5. In discussion, the following points were noted:

- a) Some of the oil companies were changing and moving towards zero net carbon and compliance with the Paris Agreement, so we should not exclude investment in them for all time. This would be kept under annual review or reviewed if the situation changed, as there was a constant need to balance this with ensuring no significant financial impact on our investment returns.
- b) The Investment Committee also continued to focus on Equality Diversity and Inclusion (EDI) issues; this was more challenging given the lack of diversity in the investment industry.
- c) In relation to Infant formula milk, specific companies had been completely excluded due to their poor record in promoting sales in developing countries.
- d) The Committee would take forward the suggestion to look at the position relating to companies profiting from the creation of opioid dependency.

6. **Decision: the Council confirmed that it was content to adopt the amended Investment Policy.**

Action: Review the position relating to investing in companies profiting from opioid dependency
For: Executive Director, Resources and Technology Services
By: 7 July 2021

NMC/21/39 Appointment of Assistant Registrars

1. The Interim Executive Director, Professional Regulation introduced the paper to appoint a further four additional Assistant Registrars to act on the Registrar's behalf to make full use of our powers, expand decision making capacity and ensure consistency across FTP decisions.

2. **Decision: The Council agreed to appoint as Assistant Registrars, the members of staff named on this paper to act on behalf of the Registrar in relation to the matters set out in paragraph 3 and 7, in accordance with Article 4 of the Nursing and Midwifery Order 2001 and the Standing Orders.**

NMC/21/40 NMC Strategy 2020-2025: The midwifery perspective

1. The Executive Director, Professional Practice introduced the paper which covered how midwifery was considered as a separate unique profession within the NMC's work and how midwifery initiatives align with the NMC 2020-2025 Strategy. The annexe to the report would be the basis for communicating this to all midwives.

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2. In discussion, the following points were noted:
 - a) The work had been developed with a range of midwifery experts from all four countries, including the Midwifery Panel, midwifery heads, directors, and students. Regional chief midwives were an important new group to work with going forward.
 - b) It was important to ensure that the work fully reflected the differing approaches across all four countries. So, for example, as well as engaging directly with midwives, there would be value in engaging with Executive Nurse Directors who were accountable for midwifery services at Board level where this was the case.
 - c) The complicated pathway of care involving antenatal care, delivery, and post-natal support, was not always recognised and understood when maternity safety incidents arose. There would be value in highlighting the critical importance of multi-professional team working as well as including more information on the collaborative work we were doing with other regulators in this area.
 - d) There was also scope to bring out more clearly the NMC's role in education.

3. The Executive Director, Professional Practice welcomed the helpful comments and confirmed these would be taken into account when developing this work further.

4. The Council expressed its thanks and good wishes to Carmel Lloyd, Head of Education and Learning, Royal College of Midwives (RCM) who was about to retire, for the contribution she had made including as an invaluable critical friend.

NMC/21/41 Professional Standards Authority annual performance review 2019-2020

1. The Executive Director, People and Organisational Effectiveness introduced the Professional Standards Authority (PSA) annual performance review for 2019-2020. All but one of the revised 18 Standards of Good Regulation had been met. The standard not met related to timeliness of Fitness to Practise (FTP) case progression.

2. In discussion, the following points were noted:
 - a) As this report was only issued a few months ago with the PSA due to start next the next performance review in June 2021, the ability to address issues raised in a timely manner was limited. The main concern was the FTP backlog, and it was recognised that it was unlikely that this standard would be met for 2020-2021. However, considerable work was underway to address this.
 - b) Discussions were taking place with the other health care regulators about how they were addressing these issues.
 - c) It was important to ensure that we were clearly communicating progress on the FTP recovery to the public and professionals.

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- d) There was a need to consider if the issue with registration appeals not being as comprehensive and accessible as they should be had been addressed.

3. The Executive had reviewed the report in detail and identified those issues which the PSA had highlighted or would be reviewing. An action plan would be considered by the Executive Board and an update provided to Council in July.

Action: Provide an update on the Executive Board’s discussion of the action plan as part of the Executive report to the Council in July
For: Executive Director, People and Organisational Effectiveness
By: 7 July 2021

NMC/21/42 Update on our Safeguarding and Protecting People Policy

1. The Executive Director, People and Organisational Effectiveness provided an update on the Safeguarding and Protecting People Policy. The excellent work by the Executive Director and Executive Business Manager in Professional Regulation, Professional Regulation over the past year was acknowledged.
2. In discussion, the following points were noted:
- a) Historically, the training had initially been focussed on public facing teams, however it was important that everyone understood safeguarding responsibilities, including new recruits. Mandatory training had now been implemented and a significant amount of communications and engagement undertaken to raise awareness. Directorates or teams where the training had not been taken place would be monitored and the relevant managers approached, together with targeted communications.
 - b) Safeguarding incidents had increased and one serious incident had been reported to the Charity Commission within the last 12 months. Actions had been put in place to address the learning and additional training arranged for relevant colleagues.
 - c) It was important to recognise the impact of dealing with such cases on colleagues and safeguarding of our own employees. The Council welcomed the work in this area and the drive to do better.

NMC/21/43 Questions from observers

1. There were no questions submitted from observers.

NMC/21/44 Audit Committee Report

1. The Council noted the report from the Audit Committee.

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NMC/21/45 Investment Committee Report

- 1. The Council noted the report from the Investment Committee.

NMC/21/46 Deputy Chair’s action taken since the last meeting

- 1. There had been no Deputy Chair’s actions since the last Council meeting on 24 March 2021.

Closing remarks

- 1. The Acting Chair thanked everyone who had joined the meeting for listening. All colleagues were also thanked for their ongoing hard work and dedication.

Confirmed by the Council as a correct record; Acting 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
John Lee	Professional advisor, CNO Directorate, Scotland
Eileen McKenna	Associate Director, Royal College of Nursing (RCN) Scotland
Pamela Page	Quality Assurance Deputy Director, Mott MacDonald
Angus King	Self Employed
Clair Graham	Senior Lecturer, University of the West of Scotland
Fiona Hill	Retired
Kate Melia	Student Midwife, Anglia Ruskin University
Jude Archer	Associate Director of Governance, East and North Hertfordshire NHS Trust
Michelle Scott	Nurse Educator, NHS
Sharon Ward	Head of Professional Nursing, Cambridgeshire and Peterborough NHS Foundation Trust
Людмила цонева	Nurse, Bmal nadejda
Kate Bowers	Academic Lead for Nursing Programmes, Hull University
Bigish Balan	Deputy Manager, Summerlands Care Home
Heather Bain	Academic Strategic Lead, Robert Gordon University

Press

Megan Ford	Reporter, Nursing Times
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NMC staff observing

Amy Kadrou	Learning and Organisational Development Business Partner
Ann Brown	Head of Strategic Communications
Bethan Lethbridge	Events Officer
Edina Ojeifo	Assistant Director
Lauren Barnie	Lawyer – General Counsel Team
Maddie Elder	Senior Policy Officer
Natalie Brown	Paralegal
Nicola Smith	Assistant Director, Stakeholder Engagement
Roberta Beaton	Head of Corporate Planning, Performance and Risk
William Angwa	Quality Assurance Officer
Esther Green	Policy Officer

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Council

Summary of actions

Action:	For information.
Issue:	Summarises progress on completing actions from previous Council meetings.
Core regulatory function:	Supporting functions.
Strategic priority:	Strategic 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 below.

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

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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
NMC/21/36	<p>Education Emergency and Recovery Standards</p> <p>Bring back the recovery standards enabling AELs to replace up to 300 hours of practice learning with alternative methods of simulated practice learning across the programme (RN5 and RN5.1) for review in 6 months' time</p>	Executive Director, Professional Practice	24 November 2021	Not yet due.
NMC/21/38	<p>Review of Investment Policy</p> <p>Review the position relating to investing in companies profiting from opioid dependency</p>	Executive Director, Resources and Technology Services	29 September 2021	Not yet due.
NMC/21/41	<p>Professional Standards Authority annual performance review 2019-2020</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>	Executive Director, People and Organisational Effectiveness	28 July 2021	Not yet due.

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>Emergency Rules – consultation outcomes and decision on continuing use of powers</p> <p>Report back on the review of the guidance post emergency.</p>	Interim Executive Director, Professional Regulation	29 September 2021	Not yet due.
NMC/21/23	<p>Annual Corporate plan and budget 2021-2022</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>	Chief Executive and Registrar/Executive	29 September 2021	Not yet due.

Summary of outstanding actions arising from the Council meeting on 27 January 2021

Minute	Action	Action owner	Report back date	Progress to date
NMC/21/11	<p>Learning and thematic review from recent inquiries</p> <p>Schedule a Seminar session to discuss oversight of complaints.</p>	<p>Executive Director, Strategy and Insight / Secretary of the Council</p>	23 March 2021	This has been rescheduled for the Seminar in October 2021.

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

Minute	Action	Action owner	Report back date	Progress to date
NMC/20/89	<p>Fitness to practise cases</p> <p>Provide an annual update on learning from fitness to practise cases</p>	<p>Executive Director, Professional Regulation</p>	24 November 2021	Not yet due.

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Council

Executive report

Action: For discussion.

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

Core regulatory function: All regulatory functions.

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

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 Executive Director named below.

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Context: 1 This paper is produced by the Executive and provides updates on the external environment. The performance and risk management report will be presented to the Council at the next meeting on 28 July.

Four country factors: 2 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

3 The temporary register remains open, with 15,136 registrants as of 31 May 2021.

4 We are engaging with the UK government to have as much notice as possible before the temporary register is closed. We will be working with partners and communicating with temporary registrants to advise the latter of their options and support them to move to the permanent register, if they wish.

Fitness to practise

5 We are engaging the Royal Collage of Nursing, Royal Collage of Midwives, Unison and Unite on the changes we are making to fitness to practise; including our updates to screening guidance, piloting of a multi-disciplinary approach to decision making in screening, and our plans to improve accessibility of information on our website.

6 As part of the publication of our corporate plan, we had a special focus on how to reduce the fitness to practise caseload and improve how we handle concerns. A blog by Andrea Sutcliffe set out how long-lasting improvements will enable us to make the right decisions at the right time.

International registrants

7 We are supporting stakeholders in their preparation for the new test of competence, with sufficient notice before it goes live in August 2021. We have provided resources aimed at candidates, recruiters and employers via an information hub on our website and a series of webinars, which saw high levels of engagement.

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- 8 We also wrote to the Secretary of State and Chief Nursing Officer for England to confirm our acceptance of the £3.4m grant to support increased Objective Structured Clinical Examination (OSCE) provision.

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

- 9 Since the launch on 8 April 2021, we have been working with membership organisations (for example, the Institute of Health Visiting and the School and Public Health Nurses Association) and other stakeholders to encourage participation of specific groups underrepresented in responses. We are working with OnePoll to source additional public responses to the consultation.
- 10 We have held a series of information webinars on each field of community and public health nursing. To improve transparency, we have published our presentations, answers to all questions and comments and recordings of each webinar.
- 11 To provide an opportunity for conversation and discussion with the NMC team, we have held audience specific virtual drop-in sessions. Although attendance numbers at these sessions were low, the conversations and discussion were highly valuable.
- 12 On 24 May 2021, we published a set of frequently asked questions (FAQs) about the consultation on our website. We are sharing these proactively with our audience on social media and through other channels.
- 13 We have placed two opinion pieces in nursing journals for community and general practice nursing. These include reflection from Geraldine Walters and a stakeholder in the particular community. We will continue to engage proactively throughout the rest of the consultation period which ends on 2 August 2021, including responding positively to invitations to further meetings from relevant stakeholder groups.

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.

Four countries engagement

- 14 Following the devolved parliamentary elections on 6 May 2021, we have requested meetings with the new ministers for health and care in Scotland and Wales to discuss government priorities and our corporate ambitions for the next four years.
- 15 Following the resignation of Matt Hancock, we have written to the new Secretary of State for Health and Social Care explaining our role, highlighting our key priorities and requesting a meeting.
- 16 The NMC has hosted stakeholder workshops in Northern Ireland, Wales and Scotland. Attendees included senior representation from other professional regulators, professional bodies and trade unions, trusts or boards, approved education institutions, governments and arm's length bodies. The events have been developed in partnership with the Chief Nursing Officers offices in each of the nations. Attendees explored learning and shared reflections from the pandemic. The sessions also included discussions on workforce, covering the NMC's annual register data report and next phase of the Ambitious for change research.
- 17 There have been bilateral meetings, such as with the new Interim Chief Nursing Officer for Wales, the Chief Nursing Officer Designate for Wales and with the new Chief Executive of NHS Education for Scotland.

Ambitious for change

- 18 On 13 May 2021, we announced the second phase of our Ambitious for change research, looking at the impact of our processes on professionals with different diversity characteristics. We are doing a number of different pieces of work as part of this phase.
 - 18.1 We have commissioned DJS Research (our research partner) to carry out further research to understand why there are differences in revalidation rates and referrals to fitness to practise.
 - 18.2 We are also analysing our fitness to practise data to identify whether there are specific employers making disproportionate referrals and, in the coming months, will be commissioning an independent review to ensure that our decision-making in fitness to practise and registration is fair and consistent.
- 19 On 28 May 2021, we published a joint statement with NHS Race and Health Observatory, General Medical Council (GMC), and the Care Quality Commission setting out our commitment to tackling institutional discrimination in all its forms.

Data report

- 20 On 20 May 2021, we published our annual registration data report covering the period of 1 April 2020 to 31 March 2021. The publication is helping to build our position as a credible and authoritative voice on nursing and midwifery workforce matters, in line with our 2020-2025 corporate strategy.
- 21 We produced an easy read version of the full data report, plus four UK country reports and a leavers' survey. The reports have been shared with key stakeholders and received wide media coverage, including a prominent piece in the Financial Times.

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.

Engagement with UK Parliament

- 22 On 14 May 2021, the Health and Social Care Committee (HSCC) published its report on the Health and Care Bill White Paper. This broadly welcomed the direction of travel in the Government's reform of health and social care, while noting some "concerning omissions" from the White Paper. We submitted evidence to the HSCC inquiry.
- 23 On 8 June 2021, we published a statement following the publication of the HSCC report on Workforce burnout and resilience in the NHS and social care, highlighting the findings from our most recent leavers' survey which revealed that workplace pressures and stress are among the key reasons for leaving.
- 24 On 16 June 2021, the Executive Director for Professional Practice, Dr Geraldine Waters appeared remotely at an oral evidence inquiry session into Sickle Cell care, held by the All-Party Parliamentary Group on Sickle Cell and Thalassaemia.

Engagement with UK government

- 25 On 16 June 2021, Andrea Sutcliffe had a virtual meeting with Helen Whately MP, Minister of State for Care. This meeting forms part of our regular engagement with the Department of Health and Social Care (DHSC); providing updates on regulatory reform, post registration standards and seeking insight into government priorities.

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- 26 Alongside the GMC, we have been engaging with Lord Grimstone, Minister for Investment at the Department for Business, Energy and Industrial Strategy / Department of International Trade (BEIS/DIT), officials and Peers regarding the Professional Qualifications Bill. Following our engagement, amendments have been made to the Bill to ensure it gives us the necessary flexibility to use our test of competence when assessing international applicants after the standstill period.
- 27 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. In these discussions we will promote our test of competence as a key component of upholding public safety.
- 28 In May 2021, we responded to the Department for Health and Social Care's (DHSC's) consultation on making vaccination a condition of deployment in older adult care homes. Our response outlined our position to work collaboratively with the Government, employers and the wider health and care sector to encourage vaccination uptake amongst our registrants, and to provide support and guidance to those registrants who may be hesitant to have the vaccine. The DHSC subsequently responded to the consultation by announcing plans to make vaccinations mandatory for health and social care staff working in care homes.

NHS Confederation Conference

- 29 Alongside the GMC we took part in a roundtable discussion on: *What lessons from maternity care teach us about doing things differently.*
- 30 Andrea Sutcliffe's contribution focused on highlighting our ambitions for maternity care, some of our activities to drive change in workplace practice and culture, and how regulatory reform would help us to deliver further improvements in our regulatory role.

Engagement forums

- 31 We are developing our approach to co-production with stakeholders across our engagement forums, improving the quality and depth of our external relationships.
- 32 We are currently recruiting participants to a scoping event in July 2021 for the new public engagement forum, bringing together a diverse group of people from across the four nations. This will lay the groundwork for the establishment of the new forum in the autumn.

New Chair announcement

- 33 We welcomed Sir David Warren, our new Chair (on 21 June 2021), and communicated his appointment to internal and external audiences. We are organising a series of introductory meetings with our partners.

Queen's Birthday Honours

- 34 We celebrated the achievements of our registrants and stakeholders who were recognised in the Queen's Birthday Honours list in June 2021. We published a statement welcoming the news and subsequently wrote personal letters to over 40 of those who received Honours.
- 35 We were delighted that NMC Council Member Eileen McEneaney was awarded an MBE for services to nursing and midwifery, and former Chief Nursing Officer for Scotland Professor Fiona McQueen was awarded a CBE for services to the NHS in Scotland.

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

- 36 We submitted our response to the DHSC's consultation: *Regulating healthcare professionals, protecting the public* on 15 June 2021.
- 37 To develop our response we engaged with senior stakeholders across the four UK nations as well as seeking the views of our own midwifery panel and professional strategic advisory group. Our response flagged three areas where further discussion with DHSC was required. These were: (1) the maximum number of unitary board members; (2) the provisions around protected titles; and (3) our independence from Government.
- 38 Earlier in the consultation period, Matthew McClelland wrote in a blog about our ambitions for regulatory reform, and how getting this right will deliver better, safer regulation for the public. He also presented this position at a Westminster Health Forum event.
- 39 On 4 June 2021, Andrea Sutcliffe met with Rosie Cooper MP, a member of the Health and Social Care Committee, and talked about the Government's proposals for regulatory reform. On 16 June 2021, we also met with Dr James Davies MP, another member of the Health and Social Care Committee, to discuss the Government's proposals.

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40 We have been informed that KPMG are leading the review of regulators announced by the DHSC. Andrea Sutcliffe wrote to the KPMG team requesting a meeting and received a positive response. A meeting will be arranged in due course.

Rectifying of EU-exit drafting error in the NMC Order

41 The DHSC has rectified a drafting error that it made to the NMC’s legislation as part of its EU-exit related legal changes at the start of 2021. This error had a potential impact on the way that qualifications are managed as part of the initial registration process, in particular relating to the time elapsed between graduation and application for registration.

42 The error was corrected by amending legislation which came into effect on 20 May 2021. As the error had been notified to DHSC and DHSC had indicated that it would make a further amendment, we applied our registration processes as we normally would, and did not make any change.

Midwifery implications 43 There are no differences to the application of this report for midwifery.

Public protection implications: 44 Public protection implications are considered when determining our priorities for external engagement.

Resource implications: 45 No additional resources have been used to produce this report.

Equality diversity and inclusion implications: 46 Equality and diversity issues are taken account of within the work we do. Separate equality impact assessments (EQIA) are produced for all major areas contributing to our strategic objectives. An EQIA for our work regarding Covid-19 is in place.

Stakeholder engagement: 47 Discussed within this paper.

Risk implications: 48 The impact of risks is assessed and rated within our corporate risk register.

Legal implications: 49 None.

Council

Audit Committee Annual Report 2020-2021

Action: For discussion.

Issue: Provides the Audit Committee's annual report 2020-2021 to the Council.

Core regulatory function: Supporting functions.

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

Decision required: None.

Annexe: None.

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

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Context:

- 1 This is the Audit Committee’s annual report for 2020-2021. The Committee met four times during 2020-2021 and has since met in April 2021 and June 2021 of the current financial year and matters addressed in these meetings are also included.
- 2 The remit of the Audit Committee is to support the Council and the Executive by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of financial statements and the annual report.
- 3 The key issues covered in this report are as follows:
 - 3.1 The Committee’s membership and effectiveness.
 - 3.2 Internal Audit work programme 2020-2021 and annual opinion.
 - 3.3 Internal controls and risk management.
 - 3.4 External audit and National Audit Office audit report findings.
 - 3.5 The Annual Report and Accounts 2020-2021, and the Fitness to Practise (FtP) Annual Report 2020-2021.

Committee membership

- 4 Robert Parry’s term came to an end on 30 April 2021. The Committee expressed their considerable thanks to Robert for his commitment and invaluable contributions during his time on the Committee, including the role he had played in relation to oversight of whistleblowing incidents.
- 5 During the year, the Committee was pleased to welcome two new members. Sue Whelan Tracy joined the Committee in June 2020, initially as an ex officio member, due to being a designate Council member until her appointment to Council on 1 October 2020. Eileen McEaney joined the Committee on 1 October 2020.
- 6 The Committee has welcomed the regular attendance at its meetings of the Chief Executive and Registrar, as Accounting Officer, along with the Executive Director of Resources and Technology Services. Following the organisational restructure some of the roles of the Executive Directors changed, leading to the new Executive Director, People and Organisational Effectiveness attending regularly from November 2020, in place of the Executive Director of Professional Regulation. Other senior executives attend when presenting papers and when internal audit reports for their areas are being considered.

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- 7 The Committee has also welcomed the consistent attendance of the Internal Auditors (RSM), the External Auditors (haysmacintyre) and the National Audit Office (NAO) at its meetings. In keeping with good practice, the Committee has held private meetings with each at appropriate junctures during the year. In April 2021, the NAO informed the Committee that in line with normal portfolio re-arrangement policies, Amy Manning, the Engagement Director for the NMC would pass her responsibilities to Gareth Roberts. The Committee thanked Amy for her contributions and welcomed Gareth.

Committee effectiveness review

- 8 The Committee undertook reviews of its effectiveness on 9 June 2021, using a survey based on the NAO checklist for Audit Committee effectiveness with a particular focus on skills. The Committee had positive and constructive discussions and identified some actions that could be taken forward to improve its effectiveness, in particular:

- 8.1 Reviewing upcoming agendas to ensure sufficient time was provided for strategic discussions.
- 8.2 Ensuring that papers are more strategically focused and do not stray into detail more appropriate to the Executive.
- 8.3 Reinforcing the importance of ensuring that equality, diversity and inclusion (EDI) implications are appropriately developed and reflected on for all reports.

Four country factors:

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

Discussion: Internal audit

- 10 In April 2020 the Committee approved the Internal Audit work programme for 2020–2021.
- 11 During the year, the Committee monitored progress against the Internal Audit work programme at each meeting. The planned Internal Audit programme was completed on schedule and a total of 10 assignments were carried out:

Assignment	Assessment
IT Service	Substantial Assurance
Budget Planning and Budget Management – Part 1	
Review of Financial Modelling for Business Case “Accommodation strategy – 23 Portland Place”	
Budget Planning and Budget Management – Part 2 (focused on FtP budget)	Reasonable Assurance
Professional Regulation	
Strategy	
Communications and Engagement	Partial Assurance
People – Learning and Development	
People - Retention	N/A – advisory review which noted the Committee was robustly established with a terms of reference that meets internal audit expectations.
Investment Committee – review of terms of reference	

12 The Committee was pleased to note the strong Executive engagement with internal audit activity and recommendations, particularly within the areas of partial assurance (People – Learning and Development and People – Retention).

13 The Head of Internal Audit’s annual internal audit opinion and report concluded that:

“The organisation has an adequate and effective framework for risk management, governance and internal control. However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective.”

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- 14 The Committee discussed the opinion and report and was satisfied that this was a true and fair reflection of the current level of assurance.
- 15 The Committee reviews the effectiveness of internal audit services on an annual basis and the 2020-2021 annual review was considered on 9 June 2021. The Committee noted that the internal Audit effectiveness review was positive with some useful points for development, particularly around potential improvements to communication and ways to ensure the audits provided as much value as possible to audited areas.
- 16 The Committee has approved the Internal Audit work programme for 2021–2022. It will continue to review the work programme and will amend the plan should new priorities emerge.
- 17 RSM have been the NMCs internal auditors since 1 April 2018. In February 2020 the Committee agreed to extend RSM’s contract to June 2022. This extension is the final extension reasonably allowed within public procurement rules and a new contract will need to be awarded in time for the internal auditors to plan for the 2022-2023 audit. In February 2021, the Committee considered procurement options for the tender and endorsed the use of a framework approach.

Internal controls and risk management

- 18 During the year, the Committee reviewed an update on risk management at each meeting, including monitoring progress on the risk improvement plan which was informed by the risk management internal audit report from the 2019-2020 audit. Some elements of the plan were delayed, primarily due to resource issues and employee sickness in Q3 and Q4. Assurance has been given that the remaining items will be delivered on time.
- 19 The Committee considered the annual review of risk management effectiveness in April 2021. The Committee endorsed the overall conclusion that there can be reasonable assurance that our internal control environment operates adequately at corporate and directorate level. The Committee noted plans to continue strengthening our internal controls and risk assurance, including ensuring directorate alignment to our updated risk management framework.

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- 20 During the year, the Committee considered one comprehensive assurance review (CAR): a review of General Counsel in November 2020. Further reviews were deferred, initially as a result of the impact of the Covid-19 pandemic and other priorities, and then because the Executive wished to review its approach. The Committee suggested a revised approach at its June 2021 meeting which would encourage a candid discussion about key and emerging risks, but also address the cultural impact of risk management.

Whistleblowing

- 21 During the year, the Committee reviewed an update on the whistleblowing policy at each meeting. During 2020–2021 there were no invocations of the internal whistleblowing policy (2019-2020: five). The Committee received assurance from the Executive that there are a number of mechanisms in place, other than whistleblowing, which staff may use to raise issues, including meetings with senior management, the employee forum, and exit interviews.
- 22 Of the five concerns raised during 2019-2020, all were dealt with and closed by November 2020, and actions arising (from three of the concerns) were taken forward as part of the wider work.
- 23 So far one concern has been raised during 2021-2022, this is being handled in line with normal practice. As the concern, which relates to a number of issues, was raised by a Fitness to Practise Panel member, the Appointments Board has also been informed.
- 24 An updated whistleblowing policy was approved by the Committee in November 2020 and shared with staff.
- 25 Eileen McEneaney replaced Robert Parry as a Council lead for whistleblowing when his term came to an end on 30 April 2021.

Serious event reviews (SERs) and data breaches

- 26 Following the organisational re-structure, responsibility for SERs and data breaches moved to the People and Organisational Effectiveness directorate. Following her appointment, the Committee welcomed Francesca Okosi, Executive Director of People and Organisational Effectiveness as a regular attendee to the meetings from November 2020 onwards.
- 27 During the year, the Committee reviewed reports on SERs and data breaches at most meetings and at the June 2021 meeting received a full year report with analysis of trends and figures for incidents reported during the financial year 2020-2021.

- 28 Throughout the year, the Committee has made suggestions for improving the SER reporting and processes, and welcomed the formation of a SER working group, comprised of NMC officers, to help drive forward and embed improvements. The Committee considered a report from the working group in June 2021, which provided an update on their work and approach to resolving root causes of recurring SERs.

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

- 29 During the year, one serious incident arising from a safeguarding concern was reported to the Charity Commission, who was satisfied that the Council was dealing with the matter appropriately and responsibly.

Anti-fraud, bribery, and corruption

- 30 The Committee received an update on anti-fraud, bribery, and corruption at each meeting. No instances of fraud, bribery or corruption were detected and there were no reported incidents or offences in the NMC's supply chain under the Modern Slavery Act 2015. The Committee reviewed an updated Modern Slavery Statement, which was then published in May 2021.

Single tender actions (STAs)

- 31 During the year, the Committee reviewed the STAs cumulative register at each meeting. As in 2019-2020, the Committee welcomed the reduction in the number of STAs during the year and noted that significant progress had been made over the last few years.

IT infrastructure and Modernisation of Technology (MOTS) programme

- 32 At the Council's request, the Committee maintained close scrutiny until February 2021 on progress of work to stabilise the IT infrastructure and the MOTS programme.
- 33 In June 2020, the Committee considered an independent external review of the MOTS programme by Avanade. Recommendations from that review were brought to the Council in July 2020 and the Committee monitored progress against the resulting action plan. The Committee welcomed the Executive's transparency in issues encountered and efforts to address weaknesses in programme governance and management.

- 34 Given the importance of the MOTS programme and the challenges it faced, it was agreed that the Council would retain oversight of the programme from February 2021.

Committee's views on governance, risk management and control

- 35 The Committee has reflected on a range of issues including the Internal Audit annual opinion and report 2020-2021, the findings of the External Auditors and NAO and the views of the Chief Executive and Registrar, in her capacity as Accounting Officer.
- 36 In considering the Internal Audit annual opinion and report for 2020-2021, the Committee accepted the annual opinion of the Internal Auditors that the NMC has an adequate and effective framework for risk management, governance and internal controls. The Internal Auditors have identified further enhancements to the framework to ensure that it remains adequate and effective, but have confirmed that nothing has arisen which they would consider to be a significant control issue.
- 37 The Committee has also considered the view of the Executive, which is that the Audit Committee can take reasonable assurance that the NMC is adequately managing risk both corporately and operationally, and that the internal control environment remains strong.
- 38 Overall, the Committee's view is that the Council can have confidence that arrangements for governance, risk management and controls are satisfactory, notwithstanding the fact that there is further work to be done. The Committee will continue to closely monitor progress on the proposed improvements.

External audit and NAO

- 39 The Committee approved the arrangements proposed by the External Auditors (haysmacintyre) and the NAO for the external audit and certification of the NMC's annual accounts for the year ending March 2021.
- 40 At its meeting in June 2021, the Committee reviewed the external auditors and NAO audit findings reports and letters of representation for 2020-2021. The Committee was pleased to note that, subject to post-balance sheet reviews, both haysmacintyre and the NAO anticipated unqualified audit opinions. The Committee considered the letters of representation and noted that these were standard provisions. It was content to recommend these to Council for signing by the Chair of Trustees and Chief Executive and Registrar as Accounting Officer.

41 Haysmacintyre have been the NMC’s external auditors since 2003-2004, albeit that the firm has rotated the partners having responsibility for the account within that period. In line with good practice, the decision was taken to re-tender external audit services, with haysmacintyre agreeing not to submit a bid. Initially the tender was due to take place for 2020-2021 but, due to the operational pressures caused by Covid-19, in February 2020 the Committee endorsed extending the contract by one year. Following discussions in February 2021 and April 2021, the Committee endorsed the proposed arrangements for procurement. Two members of the Committee will sit on the selection panel and the panel’s recommendation will be considered by the Council in September 2021.

Integrity of financial statements and draft Annual Report and Accounts 2020-2021

42 The Committee carried out its annual review of accounting policies and agreed a number of small changes in relation to Covid-19 and the going concern, accounting for government grants, depreciation policy and investment policy.

43 The Committee scrutinised the draft Annual Report and Accounts 2020–2021, including the Annual Governance Statement, in April and June 2021. The Committee endorsed the Annual Report and Accounts, subject to the Committee’s amends, for approval by the Council at its meeting on 7 July 2021.

Draft Fitness to Practise annual report 2020-2021

44 The Committee scrutinised the draft Annual Fitness to Practise Report 2020–2021 in June 2021. The Committee endorsed the Annual Report and Accounts, subject to the Committee’s amends, for approval by the Council at its meeting on 7 July 2021.

Midwifery implications:

45 No midwifery implications arising directly from this report.

Public protection implications:

46 No public protection implications arising directly from this report.

Resource implications:

47 No resource implications arising directly from this report.

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Equality diversity and inclusion implications:

48 The Committee considered how it can best develop its approach to EDI as part of its effectiveness review (paragraph 8).

Stakeholder engagement:

49 No stakeholder engagement implications arising directly from this report.

Risk implications:

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

Legal implications:

51 None.

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Council

Draft Annual Report and Accounts 2020-2021

Action: For decision.

Issue: Presents the draft NMC Annual Report and Accounts for the year ended 31 March 2021 for approval, along with the letters of representation to the external auditors and National Audit Office (NAO).

Core regulatory function: Supporting functions.

Strategic priority: All Strategic Priorities.

Decision required: The Council is recommended to review the annual report and accounts at **Annexe 1** and:

- Confirm it is content that the NMC is a going concern (**Annexe 2**) (paragraph 27);
- Authorise the Chair to sign the letter of representation to the external auditors (**Annexe 3**) (paragraph 31.1);
- Authorise the Chair and Chief Executive to sign the letter of representation to the NAO (**Annexe 4**) (paragraph 31.2);
- Approve the draft Annual Report and Accounts 2020–2021 for submission to Parliament (paragraph 33 and **Annexe 1**).

Annexes: The following annexes are attached to this paper:

- Annexe 1*: Draft Annual Report and Accounts 2020-2021
- Annexe 2: Review of going concern
- Annexe 3: Letter of representation to the external auditors
- Annexe 4: Letter of representation to the NAO

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

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

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Context:

- 1 Under the Nursing and Midwifery Order 2001 (“the Order”), the Council is required to prepare an Annual Report and Accounts.
- 2 The Order requires the accounts to be audited by independent auditors appointed by the NMC and certified by the Comptroller and Auditor General (the National Audit Office). NAO good practice guidance has been taken into account in preparing the annual report and accounts.
- 3 Once approved by the Council, the Annual Report and Accounts must be submitted to the Privy Council for laying before Parliament.
- 4 The Annual Report and Accounts also serves as the Trustees’ report to the Charity Commission for England and Wales and the Office of the Scottish Charity Regulator and must comply with their requirements. The Annual Report makes clear how we have delivered public benefit and taken it into account in our activities and decisions. In drafting the Annual Report we have taken account of Charity Commission guidance on how to reflect the impact of Covid-19.

Four country factors:

- 5 The Annual Report and Accounts reflect our UK-wide remit.
- 6 As well as laying the report in the UK Parliament, we will share the report with the Scottish Parliament, the Welsh Assembly and the Northern Ireland Assembly.
- 7 In accordance with our duties under the Welsh Language Act 1993, the Annual Report and Accounts will be published in English and Welsh.

Discussion

Draft Annual Report and Accounts 2020-2021

- 8 The draft Annual Report and Accounts is at **Annexe 1**. This is an important accountability document for Parliament; for the charity regulators; for the public we serve; and for the professionals on our register.

Performance review

- 9 The Annual Report includes a high level review of our performance; describing how we have delivered our statutory responsibilities and public benefit and how this has made a difference for the public we serve, the professionals we regulate and our partners and stakeholders.

10 The performance review section has been structured around our corporate commitments for 2020-2021. We were not able to deliver all we had planned as considerable effort needed to be focused on supporting the nursing and midwifery workforce response to the Covid-19 pandemic.

11 Last year, we took the decision to incorporate revalidation and equality, diversity and inclusion more fully within our annual report rather than publishing a series of separate annual reports. This is to increase transparency and ensure that relevant information is accessible in one place rather than spread across different reports. Additional data and supplementary information on both these important matters will be published on the website alongside the annual report and accounts.

Strategic Plan 2021-2022

12 The strategy section provides an overview of our five year strategy, as approved at Council in March 2020 (NMC/20/22) and a summary of our corporate plan for 2021-2022, as approved by the Council in March 2021 (NMC/21/23).

Financial review

13 This provides a high level summary of our financial position including key variances compared to 2020–2021 and to the budget for 2020–2021, and a summary of the reserves and investment policies.

Remuneration report

14 The Remuneration Committee reviewed the Remuneration Report on 19 May 2021 and, subject to final amends, was content to recommend it to the Council for approval.

15 This includes details of allowances and expenses paid to the Council and to the Executive.

16 As meetings and events were held virtually in 2020-2021 due to the Covid-19 pandemic; no expenses were incurred for Council meetings and events. The expenses listed were incurred in 2019-2020 but not reimbursed until 2020-2021 (Table 1).

17 In 2020-2021, some Council members and Associates were reimbursed for time spent on NMC activities before or after their term. These payments have been included in the allowances totals for those individuals with an explanatory footnote.

18 In addition to our gender pay gap information, we have included Information on our ethnicity and disability pay gaps for the first time (**Annexe 1**, Remuneration Report).

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Annual Governance Statement

- 19 The Annual Governance statement is intended to provide an overview of the the dynamics and control structure of the organisation; an assessment of the principal risks to corporate objectives and key disclosures relating to information security lapses.

Accounts

- 20 The draft accounts have been prepared in accordance with the Privy Council's determination which requires us to apply the Charities' SORP (FRS 102) and, as appropriate, the Government's Financial Reporting Manual (FReM), (**Annexe 1**, appendix 1).
- 21 Aspects in the accounts to note are:
- 21.1 Our surplus of £10.4m, and net increase in funds of £11.7m.
- 21.2 Our £31.3m equity investments (on the balance sheet and note 13), and the reduction in the value of the pension deficit (on the balance sheet).
- 21.3 The 14 percent increase in our payroll costs, 10 percent increase in the average number of employees, and 35 percent increase in employees paid over £60k (note 9).
- 21.4 The provision for the Employment Tribunal case (note 17).At the time of publishing this paper, the Audit Committee is considering a note from the Executive confirming the proposed provision. A verbal update will be given at the meeting if there are any changes following the Committee's review.
- 21.5 The disclosures about the closure of the DB pension scheme to future accrual (note 18).
- 22 A post-balance sheet review will be carried out to ensure that no material events relevant to the accounts have taken place between the financial year-end and the signing of the accounts. At this point no relevant material events have occurred. An update will be given at the meeting.

Review of going concern

- 23 As part of its review of the Annual Report and Accounts each year, the Council needs to consider whether the NMC is a 'going concern'. The draft letters of representation to both our auditors, haysmacintyre, and the NAO, need to include the Council's confirmation that the NMC is a going concern.

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- 24 Going concern is always a key consideration for auditors since the financial statements of any entity are normally prepared on the basis that it will continue to operate for the foreseeable future and certainly at least a year from the date the accounts are signed. Particular emphasis is being put on comfort around going concern this year for all entities, as a result of the Covid-19 pandemic. For health and care professional regulators, the Government's consultation on regulatory reform adds another potential layer of uncertainty.
- 25 The Executive's view is that our position as regards going concern is a strong one. We have significant financial reserves and cash, well able to absorb the planned deficit for this year and next. We have robust mechanisms in place for monitoring our position and financial plans, including a specific review of the plan and budget in September 2021, agreed by the Council when it approved the budget in March 2021. We have a secure source of income in the form of registrants' fees. No changes are anticipated through regulatory reform that would alter the need for regulation, with the earliest likely date for any changes being April 2023.
- 26 More detail is given at note 1, Notes to the Accounts, **Annexe 1** and at **Annexe 2**.
- 27 **Recommendation: The Council is recommended to confirm that in its view the NMC is a going concern.**

Letters of representation

- 28 At the time of publishing this paper, the independent auditors and the National Audit Office (NAO) are in the process of completing the final stages of their audits. As confirmed at Audit Committee on 9 June 2021, they expect to provide unqualified opinions. Once the audits are finalised, the auditors and NAO will meet with the Chair of Audit Committee, ahead of the Council meeting on 7 July 2021. A verbal update will be provided at the meeting.
- 29 As is usual practice, we are required to provide letters of representation to the independent auditors and to the NAO in connection with their audit work.

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- 30 At its meeting on 9 June 2021, the Audit Committee considered the draft External Audit Findings Report 2020–2021 and draft letter of representation issued by the independent auditors (**Annexe 3**). The Committee also considered the NAO Completion Report 2020–2021, including the draft letter of representation to the NAO (**Annexe 4**). The Committee was content to recommend to the Council that it authorise the Chair and Chief Executive to sign the draft letters of representation. A verbal update will be given at the meeting if there are any changes to the draft letters of representation.
- 31 **Recommendation: Subject to any updates at the meeting, the Council is recommended to:**
- 31.1 **authorise the Chair to sign the letter of representation to the external auditors on behalf of the Council members as Trustees (Annexe 3)**
- 31.2 **authorise the Chair and Chief Executive to sign the letter of representation to the NAO (Annexe 4).**
- 32 The Audit Committee reviewed the Annual Report and Accounts on 9 June 2021 and its comments have been reflected in the draft. The Committee recommends the Annual Report and Accounts to the Council for approval.
- 33 **Recommendation: Subject to any comments, the Council is invited to approve the Annual Report and Accounts for submission to Parliament.**

Next Steps

- 34 Subject to the Council’s approval and the post balance sheet review, the Annual Report and Accounts will be signed, electronically, by the Chair of Council and by the Chief Executive and Registrar, as Accounting Officer.
- 35 The Annual Report and Accounts will be submitted to the Privy Council to be laid before Parliament before the summer recess on 22 July 2021, along with the Annual Fitness to Practise report for 2020–2021.
- 36 The Annual Report and Accounts will also be submitted to the Charity Commission for England and Wales and the Office of the Scottish Charity Regulator in advance of their respective deadlines of 31 January 2022 and 31 December 2021.

Communications

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

Midwifery implications: 40 The Annual Report and Accounts reflect our work on midwifery.

Public protection implications: 41 No direct public protection implications.

Resource implications: 42 Staff and other resources to compile the Annual Report and Accounts are absorbed within the budgets of the Governance team and the Resources and Technology Services directorate. Audit costs are met from within the Resources and Technology Services directorate budget and costs of printing and Welsh translation are met from within the Governance and Communications and Engagement budgets.

Equality diversity and inclusion implications: 43 As required by the Order, the Annual Report describes the arrangements the NMC has put in place for complying with its obligations for equality diversity and inclusion (EDI). The Performance Review and Remuneration report both provide key EDI data and overviews of our work, including: our work as a consequence of committing to the NHS Workforce Race and Equality Standard; an overview of our work as set out in *Ambitious for Change*; and providing ethnicity and disability pay gap data for the first time, alongside gender pay gap data.

44 Supplementary EDI data tables for 2020-2021 will be published on our website. These will include EDI analysis of the professionals on our register and our fitness to practise outcomes by protected characteristic.

Stakeholder engagement: 45 See above.

Risk implications:

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

Legal implications:

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

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Annual Report and Accounts 2020-2021: Review of going concern

Issue

1. As part of its review of the annual report and accounts each year, the Council needs to consider whether the NMC is a 'going concern'. The standard letters of representation to both our auditors, haysmacintyre and the NAO require the Council's confirmation that the NMC is a going concern. This is addressed in the accounts at Note 1.

Context

2. This note and the attached schedules represent the information that Council needs to consider whether the NMC is a going concern.
3. Going concern is always a consideration for auditors since the financial statements of any organisation are normally prepared on the basis that it will continue to operate for the foreseeable future. The 'foreseeable future' in this context can be taken to be a period of at least 12 months from the end of the reporting period and quite typically at least a year after the accounts are signed.
4. The focus on going concern for all organisations is accentuated this year by the on-going Covid-19 pandemic which is creating financial uncertainty. There is also increased focus since we are working towards a budget that sees us operating to a deficit for the next two years and since the Government has been consulting on reform of the health and care professional regulators in the UK.

Discussion

5. The Executive's view is that our position as regards going concern is a strong one. Our income, nearly all derived from registrant fees, is very reliable certainly in the short term with registrant numbers continuing to increase: we had some 732,000 people on our permanent register at 31 March 2021, around 15,000 more than a year before.
6. Although we set a £9 million deficit budget for 2021-2022 (see **schedule 1** to this note) and an indicative deficit budget of £7 million for 2022-2023, this needs to be taken in the context of the strong financial position shown in the audited accounts at 31 March 2021. These show total reserves of £69 million and free reserves of £41 million. Our cash in hand and on deposit was over £67 million at the same date, with readily cashable stock market investments representing a further £31 million.

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7. Our management accounts for the first two months to 31 May 2021, at **schedule 2**, show that since 31 March 2021 total reserves and free reserves have increased slightly to £71 million and £43 million respectively. Cash in hand, on deposit and the value of stock market investments have been maintained. While we expect reserves to fall during the year in line with the deficit budget set for 2021-2022, there is capacity to do this without any implications for going concern. We are not currently expecting any major variance to our budget for the rest of the year.
8. We maintain strong systems of financial management with monthly reports to the Executive Board and quarterly financial reports to Council. Council is also specifically reviewing the financial position at its meeting in September, with the aim of providing assurance that it is able to balance the finances in future years.
9. On the issue of regulatory reform on which the DHSC completed a consultation exercise in June 2021, there is clearly a presumption that the regulatory activities that we undertake will continue. In addition, there is no expectation that there will be changes to our regulatory activity enacted in law before April 2023 at the earliest.

Attached:

Schedule 1: Budget 2021-2022 and indicative plans for later years

Schedule 2: Management accounts at 31 May 2021

Annexe 1 Schedule 1

Going Concern Review – Budget from March 2021 Council Paper
July 2021

Table 1 Income & expenditure (£m) By Strategy Year	Forecast 2020 - 21 Year 1	Budget 2021 - 22 Year 2	Budget 2022 - 23 Year 3	Budget 2023 - 24 Year 4
Income				
Registration fees	86.8	87.9	88.8	89.9
Other	3.8	5.2	5.1	5.1
Total Income	90.6	93.1	93.9	94.9
Expenditure				
<u>Core business</u>				
Professional Regulation	38.5	47.7	47.0	40.7
Resources & Technology Services	17.9	19.6	18.9	17.9
People & Organisational Effectiveness	7.3	8.2	7.8	7.6
Professional Practice	4.0	6.0	4.8	4.2
Strategy & Insight	3.8	4.9	5.0	5.0
Communications & Engagement	2.6	3.1	3.1	3.1
Directorate - Core Business Expenditure	74.2	89.5	86.7	78.5
<u>Corporate</u>				
Depreciation	3.0	5.2	6.9	7.5
PSA Fee	1.9	2.0	2.0	2.0
Reward Reserve (including Pay Review)	0.8	0.7	1.2	2.0
Apprenticeship Levy	0.2	0.3	0.3	0.2
Contingency	-	1.5	1.4	1.3
Other	-	0.7	1.3	1.9
Total Corporate Expenditure	5.9	10.3	13.1	15.0
Total Core Business	80.1	99.8	99.8	93.5
Programmes & Projects including capital expenditure (see table 2)	6.0	11.2	10.1	16.7
Subtotal including capital expenditure	86.1	111.0	109.8	110.2
Capital Expenditure	4.2	8.6	8.5	15.6
Subtotal excluding capital expenditure	81.9	102.4	101.4	94.6
Unrealised Gains/(Losses)	0.4	-	-	-
Net Surplus/(Deficit) excluding capital expenditure	9.1	(9.3)	(7.5)	0.3
Total Reserves	66.6	57.2	49.8	50.1
Free Reserves	38.8	26.1	17.0	9.2

Table 2: Programmes & projects (£m) By Strategy Year	Forecast 2020 - 21 Year 1	Budget 2021 - 22 Year 2	Budget 2022 - 23 Year 3	Budget 2023 - 24 Year 4
Accommodation Programme – Edinburgh Office	0.4	3.0	-	-
Accommodation Programme - 23 Portland Place	-	0.3	1.6	10.0
Modernisation of Technology Services (MoTS)	3.9	4.6	6.0	5.5
FtP Change Strategy	0.5	0.4	0.4	0.4
People Plan 2021+	0.4	0.1	0.1	0.0
Data, Information & Analytics	0.1	0.4	0.3	-
IT Infrastructure Project	0.3	1.2	0.5	-
Website Redevelopment Programme	-	-	0.4	0.5
Regulatory Reform	0.4	0.9	0.6	0.2
Insight Programme	-	0.3	0.1	-
Programmes & projects including capital expenditure	6.0	11.2	10.1	16.7



Table 3: Budgeted full time equivalent employees (FTE) By Strategy Year	Forecast 2020 - 21 Year 1	Budget 2021 - 22 Year 2	Budget 2022 - 23 Year 3	Budget 2023 - 24 Year 4
Professional Regulation	613.9	708.7	678.7	621.7
Resources & Technology Services	165.3	180.7	167.7	165.7
People & Organisational Effectiveness	100.6	103.7	95.7	95.7
Professional Practice	25.8	35.0	32.0	32.0
Strategy & Insight	63.0	84.0	81.0	76.0
Communications & Engagement	44.2	40.6	44.8	44.8
Total budgeted FTE employees*	1,012.8	1,152.7	1,099.9	1,035.9
*Note: FTE attributed to individual Directorates include people employed on projects and programmes				

Table 4	31 March	31 March	31 March	31 March
Forecast cashflow (£m)	2021	2022	2023	2024
By Strategy Year	Year 1	Year 2	Year 3	Year 4
Cashflow from operating activities				
Surplus/(deficit)	9.1	(9.3)	(7.5)	0.3
Adjustment for non-cash transactions	3.0	5.2	6.9	7.5
Unrealised (Gains)/Losses from Stock Market Investments	(0.4)			
Interest/Dividend income from Stock Market Investments	(0.2)	(0.5)	(0.5)	(0.5)
(Increase)/decrease in current assets	(0.1)	(0.1)	(0.1)	(0.1)
Increase/(decrease) in liabilities	(3.2)	0.2	0.4	0.4
Pension deficit payments	(7.7)	(1.9)	(1.9)	(0.1)
Net cash inflow/(outflow) from operating activities	0.6	(6.4)	(2.8)	7.5
Cashflow from investing activities				
Capital expenditure	(4.2)	(8.6)	(8.5)	(15.6)
Cashflow from financing activities				
Stock Market Investments	(30.0)	-	-	-
Interest/Dividend income from Stock Market Investments	0.6	0.5	0.5	0.5
Net cash inflow/(outflow) from financing activities	(29.4)	0.5	0.5	0.5
Net increase/(decrease) in cash & cash equivalent for the year	(33.0)	(14.5)	(10.8)	(7.6)
Cash & fixed term deposits at beginning of year	96.9	63.9	49.5	38.7
Cash & cash equivalent at end of year	63.9	49.5	38.7	31.1




Table 5 Forecast Balance Sheet (£m) By Strategy Year	31 March 2021 Year 1	31 March 2022 Year 2	31 March 2023 Year 3	31 March 2024 Year 4
Non-current assets				
Tangible Assets	27.7	31.1	32.8	40.9
Stock Market Investments	30.0	30.0	30.0	30.0
Total non-current assets	57.7	61.1	62.8	70.9
Current Assets				
Cash	63.9	49.5	38.7	31.1
Debtors	2.8	2.9	3.0	3.0
Total current Assets	66.7	52.4	41.7	34.2
Total Assets	124.4	113.5	104.5	105.1
Liabilities				
Deferred Income	(43.5)	(43.5)	(43.6)	(43.8)
Other creditors, accruals, provisions	(10.5)	(10.7)	(10.9)	(11.2)
Total Liabilities	(54.0)	(54.2)	(54.6)	(55.0)
Net Assets excluding pension liability	70.5	59.3	49.9	50.1
Pension Liability	(3.9)	(2.1)	(0.1)	-
Net Assets, Total Reserves	66.6	57.2	49.8	50.1
Free Reserves	38.8	26.1	17.0	9.2

Nursing and Midwifery Council Financial Performance - May 2021

Year-to-Date (£'m)

Income	£15.4		0% above budget
Expenditure	£14.4		11% below budget
Surplus/(Deficit)	£1.7		
Free Reserves	£43.2		
Cash & cash equivalents	£66.6		

Core Business Expenditure Analysis - YTD

Pay	£9.0		4% below budget
Non-pay	£5.3		20% below budget
Total	£14.3		10% below budget

Core Business Expenditure Analysis (YTD Actuals)
Pay vs Non-pay



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Nursing and Midwifery Council Financial Monitoring Report					
INCOME & EXPENDITURE (£'m)	May 2021 Year-to-Date				Full Year
Income	Actual	Budget	Var.	Var. (%)	Budget
Registration fees	14.3	14.6	(0.3)	(2%)	87.9
Other	1.2	0.9	0.4	46%	5.2
Total Income	15.4	15.4	0.0	0%	93.1
Expenditure					
<u>Core Business</u>					
Professional Regulation	7.0	7.4	0.4	5%	48.4
Resources & Technology Services	3.1	3.2	0.1	4%	19.8
People & Organisational Effectiveness	1.3	1.5	0.2	14%	8.7
Professional Practice	0.5	1.1	0.6	55%	6.1
Strategy & Insight	0.6	0.7	0.1	17%	4.6
Communications & Engagement	0.5	0.6	0.1	17%	3.1
Directorate - Core Business	12.9	14.5	1.4	10%	90.8
<u>Corporate</u>					
Depreciation	0.8	0.9	0.1	0%	5.2
PSA Fee	0.3	0.3	0.0	0%	2.0
Apprenticeship Levy	0.0	0.0	0.0	58%	0.3
Contingency	0.0	0.0	0.0	0%	1.5
Other	0.1	0.0	(0.1)	0%	0.0
Total Corporate	1.2	1.2	0.0	2%	9.0
Total Core Business	14.1	15.7	1.6	10%	99.8
Surplus/(Deficit) excluding Programmes	1.3	(0.3)	1.6	-	(6.8)
Programmes & Projects					
Accommodation Project	0.0	0.9	0.9	97%	3.3
Modernisation of Technology Services	0.8	0.9	0.1	14%	4.6
FtP Change Strategy	0.1	0.1	0.0	16%	0.4
People Strategy	0.0	0.0	0.0	0%	0.1
Data, Information & Analytics	0.0	0.1	0.0	59%	0.4
IT Infrastructure Project	0.0	0.0	0.0	0%	1.2
Regulatory Reform	0.1	0.2	0.1	41%	0.9
Insight Programme	0.0	0.1	0.1	100%	0.3
Total Programmes/Projects	1.0	2.4	1.4	59%	11.2
Total Expenditure including capex	15.1	18.1	3.0	16%	111.0
Capital Expenditure	0.8	2.0	1.2	60%	8.6
Total expenditure excluding capex	14.4	16.1	1.7	10%	102.4
Net income	1.0	(0.7)	1.7	-	(9.3)
Unrealised Gains/(Losses)	0.7	-	0.7	-	-
Net movement in funds	1.7	(0.7)	2.4	-	(9.3)
Free Reserves	43.2	37.0	6.2	17%	26.1

Note:

Figures are rounded

NMC YTD Income & Expenditure BY Expense Category May 2021

Expense Category (£'m)	Actual	Budget	Var	Var %
Income	15.4	15.4	0.0	0%
Expenditure				
Staff Sals & Other Staff	9.3	9.7	0.4	5%
Professional & Legal	2.1	3.0	0.9	30%
External Communications	0.0	0.1	0.1	73%
Office Administration	1.6	1.9	0.3	17%
Building Costs	0.6	0.7	0.1	12%
Other costs	0.0	0.2	0.2	100%
External Party Expenses	0.7	0.6	(0.2)	(34%)
Total	14.4	16.1	1.7	10%
Fixed Assets	0.8	2.0	1.2	60%
Surplus/(Deficit) excluding capex	1.0	(0.7)	1.7	
Unrealised Gains/(Losses)	0.7	-	0.7	-
Net Income/(Expenditure)	1.7	(0.7)	2.4	

Income includes - Registration fees, overseas application fees, interest income & miscellaneous income
 External Party Expenses include non-NMC staff expenses e.g. Panellists, Witnesses, Committee Allowances
 Office Administration costs comprise of Telecoms, IT, Postage, Stationeries and other admin costs
 Other costs include In-house catering, members allowances, members expenses, council recruitment

Balance Sheet (£'m)	Mar-21	May-21	Change	Change %
Fixed Assets				
Tangible Assets	27.7	27.7	0.0	0%
Investments	31.3	32.1	0.8	3%
Total Fixed Assets	59.0	59.8	0.8	1%
Current Assets				
Debtors	4.0	2.4	(1.5)	(37%)
Fixed term bank deposits	54.2	54.3	0.1	0%
Cash	13.7	12.3	(1.4)	(10%)
Total Current Assets	71.9	69.0	(2.9)	(4%)
Total Assets	131.0	128.8	(2.1)	(2%)
Liabilities				
Creditors	(56.4)	(52.8)	3.5	6%
Provisions	(2.2)	(2.2)	0.0	1%
Total Liabilities	(58.6)	(55.0)	3.5	6%
Net Assets (excluding pension liability)	72.4	73.8	1.4	2%
Pension Liability	(3.2)	(2.8)	0.3	10%
Total Net Assets	69.2	71.0	1.7	2%
Total Reserves	41.5	43.2	1.7	4%

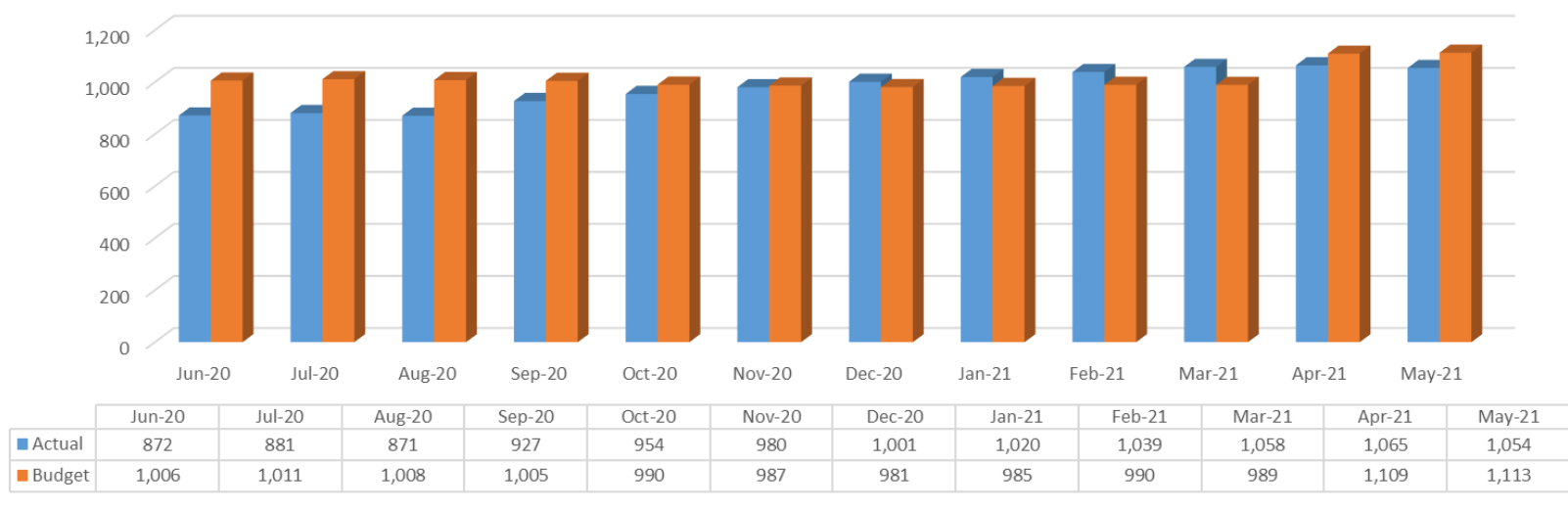
Statement of Cash Flows	May-20 (£'m)	May-21 (£'m)
Cashflow from operating activities		
Surplus/(Deficit) (YTD)	3.0	1.7
Adjustment for non-cash transactions	0.2	0.8
(Gains)/Losses on Investments	-	(0.8)
Investment/Dividend income	-	-
(Increase)/Decrease in current assets	0.4	1.6
Increase/(Decrease) in liabilities	(5.5)	(3.5)
Pension Deficit Payments	(0.2)	(0.3)
Net Cash inflow/(outflow) from operating activities	(2.0)	(0.5)
Cashflow from investing activities		
Capital Expenditure (YTD)	(1.0)	(0.8)
Net Cash inflow/(outflow) from investing activities	(1.0)	(0.8)
Cashflow from financing activities		
Capital Market Investments	-	-
Net Cash inflow/(outflow) from financing activities	-	-
Cumulative net increase/(decrease) in cash and cash equivalent at month end	(3.0)	(1.3)
Cash & Cash Equivalent at the beginning of the year	97.0	67.9
Cash & Cash Equivalent at the end of the month	94.0	66.6

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NMC YTD Staff Cost Analysis May 2021

Core Business (£'000)	Actual	Budget	Var.	Var.(%)
Professional Regulation	4,934.1	5,227.0	292.8	6%
Resources & Technology Services	1,504.9	1,485.8	(19.1)	(1%)
People & Organisational Effectiveness	1,046.1	1,112.1	66.0	6%
Strategy & Insight	705.5	785.0	79.5	10%
Communications & Engagement	399.7	367.5	(32.3)	(9%)
Professional Practice	345.5	351.1	5.6	2%
Total	8,935.8	9,328.4	392.5	4%

NMC Monthly Staff FTEs - Core Business



Professional Regulation May 2021 Management Accounts

Professional Regulation Directorate (£'000)	May				Year-to-Date				Full Year Forecast		
	Actual	Budget	Var	Var %	Actual	Budget	Var	Var %	Budget	Var	Var %
Investigations	609.0	913.2	304.1	33.3%	1,426.8	1,734.4	307.7	17.7%	10,285.6	10,285.6	100.0%
Case Preparation and Presentation	602.6	668.4	65.8	9.8%	1,197.3	1,340.7	143.4	10.7%	8,171.9	8,171.9	100.0%
Hearings	568.0	359.9	(208.1)	(57.8%)	1,209.0	879.6	(329.4)	(37.5%)	8,383.4	8,383.4	100.0%
ToC Management	119.2	121.5	2.3	1.9%	202.6	231.9	29.2	12.6%	1,409.4	1,409.4	100.0%
Screening	284.1	299.9	15.9	5.3%	596.7	601.0	4.3	0.7%	3,740.1	3,740.1	100.0%
Adjudication	241.8	278.1	36.4	13.1%	520.9	549.8	28.9	5.3%	3,559.6	3,559.6	100.0%
Case Examiners	169.8	169.3	(0.4)	(0.2%)	359.6	338.7	(21.0)	(6.2%)	2,082.1	2,082.1	100.0%
Executive Team	121.3	144.9	23.6	16.3%	250.4	289.9	39.5	13.6%	1,586.2	1,586.2	100.0%
Public Support Service (PSS)	139.7	171.5	31.7	18.5%	278.6	342.7	64.1	18.7%	2,294.1	2,294.1	100.0%
Quality of Decision Making	121.1	135.9	14.8	10.9%	281.1	271.7	(9.3)	(3.4%)	1,802.4	1,802.4	100.0%
International Registration	69.9	92.9	23.0	24.8%	158.2	185.8	27.6	14.9%	1,114.8	1,114.8	100.0%
Contact Centre	92.0	84.1	(7.9)	(9.4%)	181.0	168.3	(12.8)	(7.6%)	1,092.8	1,092.8	100.0%
UK Registration	41.3	59.3	18.0	30.4%	94.9	118.7	23.8	20.0%	714.1	714.1	100.0%
RAST	48.7	55.6	6.9	12.4%	105.0	112.4	7.4	6.6%	662.0	662.0	100.0%
Management Information Team	18.9	33.8	15.0	44.3%	36.6	67.7	31.0	45.9%	405.9	405.9	100.0%
Service Quality Team	21.0	26.4	5.4	20.6%	42.8	52.9	10.1	19.2%	317.4	317.4	100.0%
FTP Policy	38.4	47.2	8.8	18.6%	79.0	94.3	15.4	16.3%	565.9	565.9	100.0%
Registrars Appeals (FIP)	7.6	16.0	8.3	52.2%	13.9	31.9	18.0	56.4%	191.6	191.6	100.0%
Total	3,314.4	3,677.9	363.5	9.9%	7,034.4	7,412.3	377.9	5.1%	48,379.2	48,379.2	100.0%

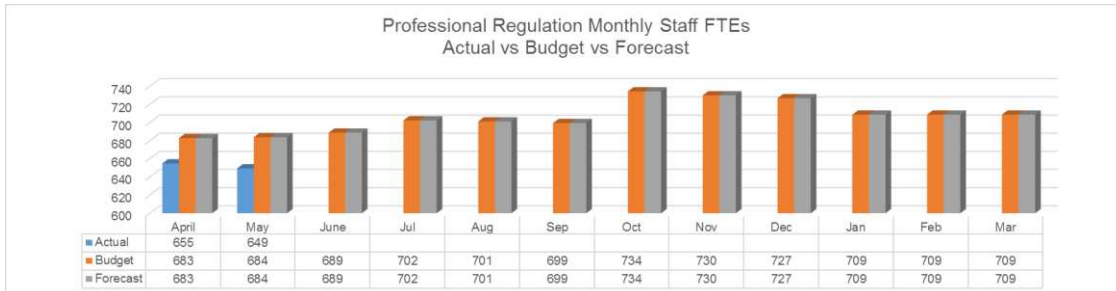
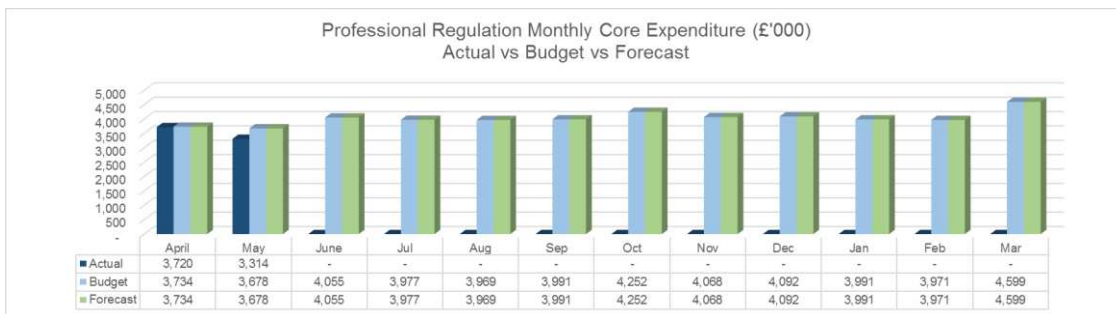
Project	Actual	Budget	Var	Var %	Actual	Budget	Var	Var %	Budget	Var	Var %
FIP Change Strategy	34.5	38.9	4.4	11.3%	65.5	77.7	12.2	15.7%	466.5	466.5	100.0%

Core Expenditure Analysis (£'000)	Actual	Budget	Var	Var %	Actual	Budget	Var	Var %	Budget	Var	Var %
Pay	2,428.7	2,616.7	188.0	7.2%	4,934.1	5,227.0	292.8	5.6%	31,859.1	31,859.1	100.0%
Non-pay	885.7	1,061.2	175.5	16.5%	2,100.3	2,185.4	85.1	3.9%	16,520.1	16,520.1	100.0%
Total	3,314.4	3,677.9	363.5	9.9%	7,034.4	7,412.3	377.9	5.1%	48,379.2	48,379.2	100.0%

Hearings Activities	Actual	Budget	Var	Var %	Actual	Budget	Var	Var %
Outcomes	37	24	13.0	54.2%	70	48	22.0	45.8%
Hearing Days	260	221	39.3	17.8%	531	445	86.3	19.4%

Hearings Unit Costs	Actual	Budget	Var	Var %	Actual	Budget	Var	Var %
Panelists - Attendance Allowance	1.3	0.9	(0.4)	(47.5%)	1.3	1.1	(0.2)	(20.4%)
Legal Assessors Fees	0.6	0.6	(0.1)	(11.3%)	0.7	0.7	(0.0)	(3.9%)
Travel & Accommodation	0.0	0.1	0.0	61.9%	0.0	0.1	0.1	74.3%

Staff FTEs	Actual	Budget	Var	Var %
Investigations	130.8	150.9	20.1	13.3%
Case Preparation and Presentation	124.5	127.1	2.6	2.1%
Adjudication	81.0	86.5	5.5	6.3%
Screening	88.9	90.3	1.4	1.5%
Contact Centre	34.6	28.6	(6.0)	(21.1%)
International Registration	26.0	31.6	5.6	17.7%
Public Support Service (PSS)	28.9	35.4	6.5	18.4%
Case Examiners	40.4	27.3	(13.0)	(47.7%)
UK Registration	13.6	18.4	4.8	26.2%
Quality of Decision Making	21.4	21.4	0.0	0.0%
Executive Team	14.0	15.0	1.0	6.7%
RAST	11.9	12.9	1.0	7.7%
ToC Management	11.4	13.0	1.6	12.3%
Management Information Team	5.6	3.8	(1.8)	(47.6%)
Service Quality Team	3.0	6.8	3.8	55.9%
FTP Policy	5.6	6.8	1.2	17.5%
FIP Change Strategy	8.0	8.0	0.0	0.0%
Total	649.4	683.8	34.3	5.0%



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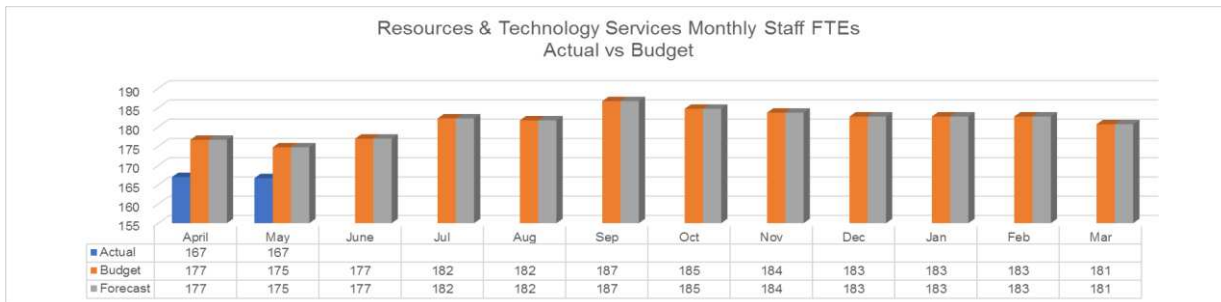
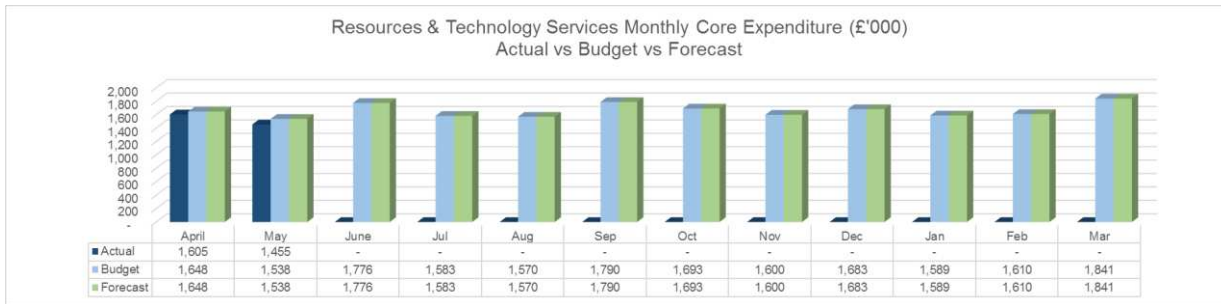
Resources & Technology Services May 2021 Management Accounts

Resources & Technology Services Directorate (£'000)	May				Year-to-Date				Full Year Forecast		
	Actual	Forecast	Var	Var %	Actual	Budget	Var	Var %	Budget	Var	Var %
RTS Exec Team	25.8	33.7	8.0	23.6%	53.1	62.0	8.9	14.4%	367.5	367.5	100.0%
Finance	191.3	196.3	4.9	2.5%	399.0	399.3	0.3	0.1%	2,508.8	2,508.8	100.0%
Procurement	36.0	43.6	7.6	17.4%	77.5	93.4	15.9	17.0%	608.0	608.0	100.0%
Corporate Change & Portfolio Management	145.5	152.8	7.3	4.8%	301.8	311.3	9.5	3.1%	1,962.3	1,962.3	100.0%
Technology Services	577.9	542.7	(35.2)	(6.5%)	1,163.8	1,141.4	(22.4)	(2.0%)	7,192.0	7,192.0	100.0%
Business Architecture	192.2	154.5	(37.7)	(24.4%)	336.6	313.2	(23.4)	(7.5%)	1,924.2	1,924.2	100.0%
Estates	286.6	414.6	128.0	30.9%	728.4	865.1	136.7	15.8%	5,358.8	5,358.8	100.0%
Total Core Spend	1,455.3	1,538.2	82.9	5.4%	3,060.1	3,185.7	125.6	3.9%	19,921.6	19,921.6	100.0%

Programmes/Projects	Actual	Forecast	Var	Var %	Actual	Budget	Var	Var %	Budget	Var	Var %
Technology Improvements	0.3	0.0	(0.3)		2.6	0.0	(2.6)		1,175.0	1,175.0	100.0%
Data, Information & Analytics	11.2	27.4	16.3	59.3%	22.6	54.8	32.2	58.8%	357.5	357.5	100.0%
Modernisation of Technology Services	479.8	490.4	10.6	2.2%	779.3	906.2	126.9	14.0%	4,598.5	4,598.5	100.0%
Accommodation Project	12.1	500.0	487.9	97.6%	31.8	934.8	903.0	96.6%	3,284.8	3,284.8	100.0%
GRAND TOTALS	1,958.6	2,556.0	597.4	23.4%	3,896.4	5,081.5	1,185.1	23.3%	19,921.6	19,921.6	100.0%

Core Expenditure Analysis (£'000)	Actual	Forecast	Var	Var %	Actual	Budget	Var	Var %	Budget	Var	Var %
Pay	772.2	734.0	(38.2)	(5.2%)	1,504.9	1,485.8	(19.1)	(1.3%)	9,208.2	9,208.2	100.0%
Non-pay	683.1	804.2	121.1	15.1%	1,555.2	1,699.9	144.7	8.5%	10,713.4	10,713.4	100.0%
Total	1,455.3	1,538.2	82.9	5.4%	3,060.1	3,185.7	125.6	3.9%	19,921.6	19,921.6	100.0%

Staff FTEs	Actual	Budget	Var	Var %
RTS Exec Team	4.8	4.8	0.0	0.0%
Technology Services	38.7	41.7	3.0	7.2%
Estates	15.0	15.0	0.0	0.0%
Finance	28.6	30.6	2.0	6.5%
Business Architecture	24.0	24.0	0.0	0.0%
Data, Information & Analytics	3.0	3.0	0.0	0.0%
Corporate Change & Portfolio Management	25.6	28.6	3.0	10.5%
Procurement	10.0	8.0	(2.0)	(25.0%)
Modernisation of Technology Services	17.0	19.0	2.0	10.5%
Total	166.7	174.7	8.0	4.6%



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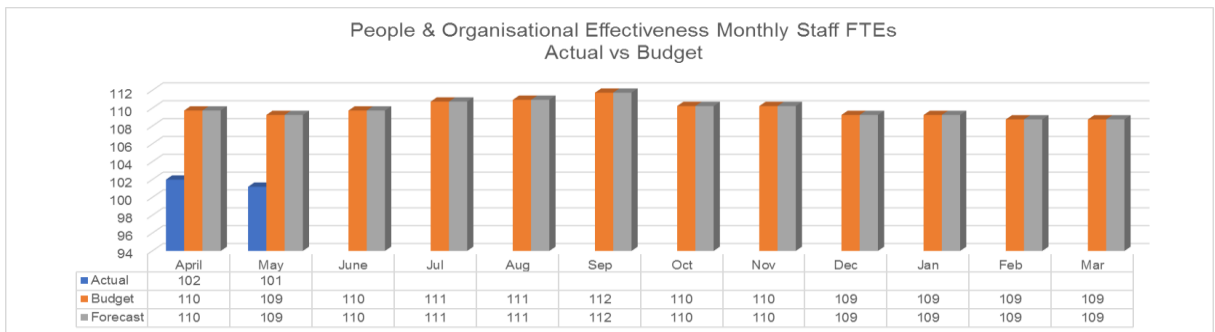
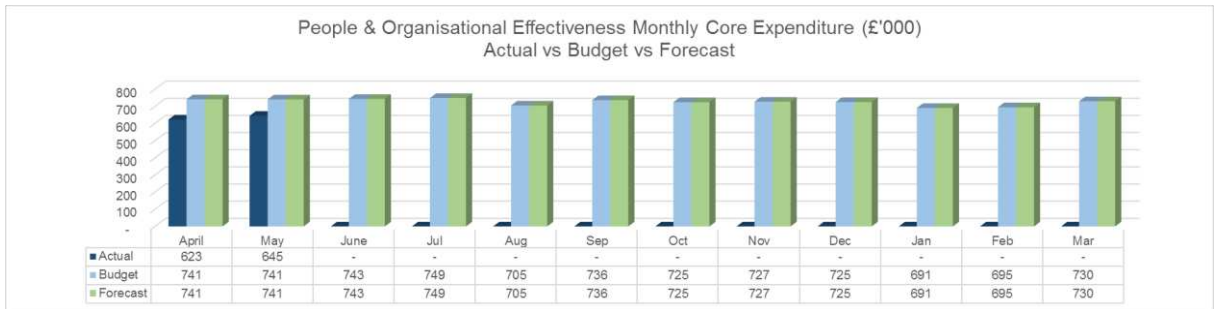
People & Org. Effectiveness May 2021 Management Accounts

People & Organisational Effectiveness Directorate (£'000)	May				Year-to-Date				Full Year Forecast		
	Actual	Forecast	Var	Var %	Actual	Budget	Var	Var %	Budget	Var	Var %
People & Org Effectiveness Exec Team	65.1	75.9	10.8	14.3%	93.5	131.8	38.3	29.1%	523.2	523.2	100.0%
Continuous Improvement	42.3	44.2	1.9	4.3%	79.9	88.5	8.6	9.7%	588.8	588.8	100.0%
Quality Assurance & Risk	39.7	44.2	4.5	10.1%	85.9	90.1	4.3	4.7%	537.3	537.3	100.0%
Enquiries & Complaints Team	58.9	71.6	12.7	17.7%	115.0	143.5	28.4	19.8%	824.2	824.2	100.0%
Private Office	37.1	46.9	9.8	20.9%	75.6	94.0	18.4	19.6%	588.5	588.5	100.0%
Governance	77.6	109.9	32.3	29.4%	145.1	235.8	90.7	38.5%	1,169.1	1,169.1	100.0%
General Counsel	85.0	99.1	14.2	14.3%	180.0	201.3	21.3	10.6%	1,248.4	1,248.4	100.0%
Equality Diversity and Inclusion	19.1	23.0	3.9	16.8%	38.9	55.0	16.1	29.3%	361.3	361.3	100.0%
Human Resources	105.9	111.7	5.8	5.2%	196.8	211.8	14.9	7.0%	1,267.0	1,267.0	100.0%
Organisational Learning & Development	45.2	57.3	12.1	21.1%	112.6	116.4	3.9	3.3%	894.4	894.4	100.0%
Recruitment	47.5	45.9	(1.6)	(3.6%)	111.7	91.7	(20.0)	(21.8%)	574.6	574.6	100.0%
POD Senior Management	21.7	10.9	(10.8)	(98.8%)	33.4	21.8	(11.6)	(53.3%)	131.7	131.7	100.0%
Total	645.2	740.7	95.5	12.9%	1,268.4	1,481.7	213.3	14.4%	8,708.5	8,708.5	100.0%

Projects											
People Strategy	5.9	12.1	6.2	51.2%	5.5	24.2	18.7	77.3%	111.0	111.0	100.0%
Grand Total	651.1	752.7	101.7	13.5%	1,273.9	1,505.9	232.0	15.4%	8,819.5	8,819.5	100.0%

Core Expenditure Analysis (£'000)											
Pay	521.6	554.3	32.7	5.9%	1,046.1	1,112.1	66.0	5.9%	6,680.2	6,680.2	100.0%
Non-pay	123.5	186.3	62.8	33.7%	222.3	369.6	147.3	39.9%	2,028.3	2,028.3	100.0%
Total	645.2	740.7	95.5	12.9%	1,268.4	1,481.7	213.3	14.4%	8,708.5	8,708.5	100.0%

Staff FTEs				
People & Org Effectiveness Exec Team	3.0	4.0	1.0	25.0%
Continuous Improvement	7.0	8.0	1.0	12.5%
Quality Assurance & Risk	10.0	9.0	(1.0)	(11.1%)
Enquiries & Complaints Team	16.0	20.0	4.0	20.0%
Private Office	4.2	4.2	(0.0)	(0.5%)
Governance	8.6	9.0	0.4	4.1%
General Counsel	13.9	14.4	0.5	3.5%
Equality Diversity and Inclusion	3.8	5.0	1.2	24.0%
Human Resources	17.8	17.8	0.0	0.0%
Organisational Learning & Development	7.0	8.0	1.0	12.5%
Recruitment	8.0	8.0	0.0	0.0%
POD Senior Management	1.9	1.8	(0.0)	(2.7%)
People Strategy	0.0	0.0	0.0	
Total	101.2	109.2	8.0	7.3%



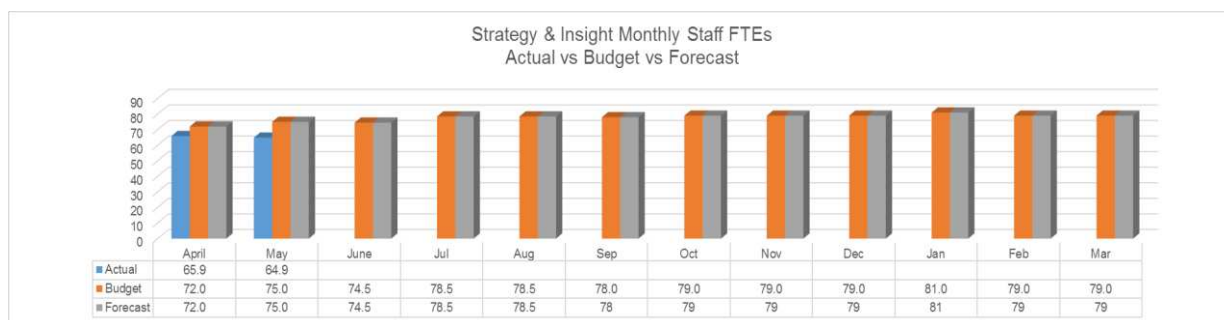
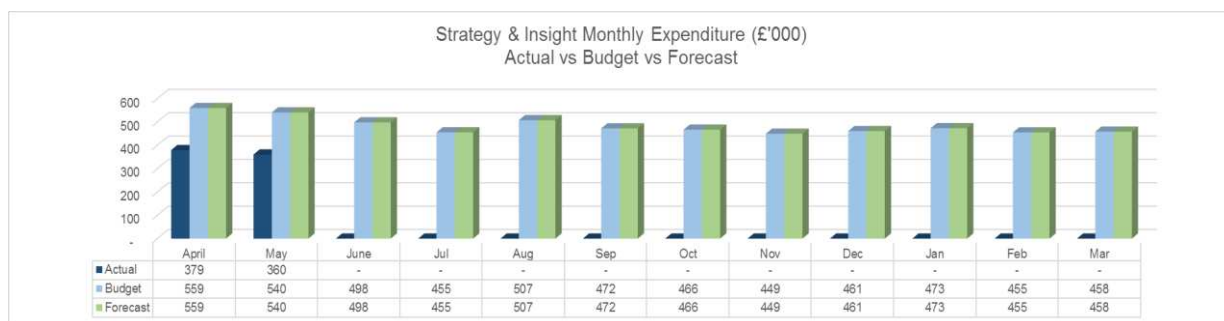
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Strategy & Insight May 2021 Management Accounts

Strategy & Insight Directorate (£'000)	May				Year-to-Date				Full Year Forecast		
	Actual	Forecast	Var	Var %	Actual	Budget	Var	Var %	Budget	Var	Var %
Policy	44.8	60.6	15.8	26.1%	93.3	114.4	21.2	18.5%	838.5	838.5	100.0%
ELS	99.6	116.5	16.9	14.5%	195.3	228.2	32.9	14.4%	1,383.5	1,383.5	100.0%
RIU	71.1	85.6	14.5	17.0%	144.9	166.7	21.8	13.1%	1,113.7	1,113.7	100.0%
Regulatory Reform	56.8	65.8	9.0	13.6%	126.9	216.8	89.9	41.5%	895.2	895.2	100.0%
Exec Team	61.6	60.8	(0.8)	(1.3%)	128.3	121.1	(7.2)	(6.0%)	774.9	774.9	100.0%
Evidence	26.3	79.7	53.4	67.0%	50.5	109.4	59.0	53.9%	481.9	481.9	100.0%
Total Core Spend	360.1	468.9	108.8	23.2%	739.2	956.6	217.4	22.7%	5,487.5	5,487.5	100.0%
Projects											
Insight Programme	0.0	71.4	71.4	100.0%	0.0	142.9	142.9	100.0%	305.8	305.8	100.0%
Grand Totals	360.1	540.4	180.2	33.4%	739.2	1,099.5	360.3	32.8%	5,793.3	5,793.3	100.0%

Core Expenditure Analysis (£'000)	Actual	Forecast	Var	Var %	Actual	Budget	Var	Var %	Budget	Var	Var %
Pay	359.9	399.5	39.6	9.9%	705.5	785.0	79.5	10.1%	4,949.7	4,949.7	100.0%
Non-pay	0.2	69.4	69.2	99.7%	33.7	171.6	138.0	80.4%	537.8	537.8	100.0%
Total	360.1	468.9	108.8	23.2%	739.2	956.6	217.4	22.7%	5,487.5	5,487.5	100.0%

Staff FTEs	Actual	Budget	Var	Var %
Policy	10.9	12.5	1.6	12.7%
ELS	16.0	17.5	1.5	8.6%
RIU	15.0	21.0	6.0	28.6%
Regulatory Reform	10.0	11.0	1.0	9.1%
Exec Team	6.9	7.0	0.1	0.9%
Evidence	6.0	6.0	0.0	0.0%
Insight Programme	0.0	0.0	0.0	
Total	64.9	75.0	10.2	13.5%



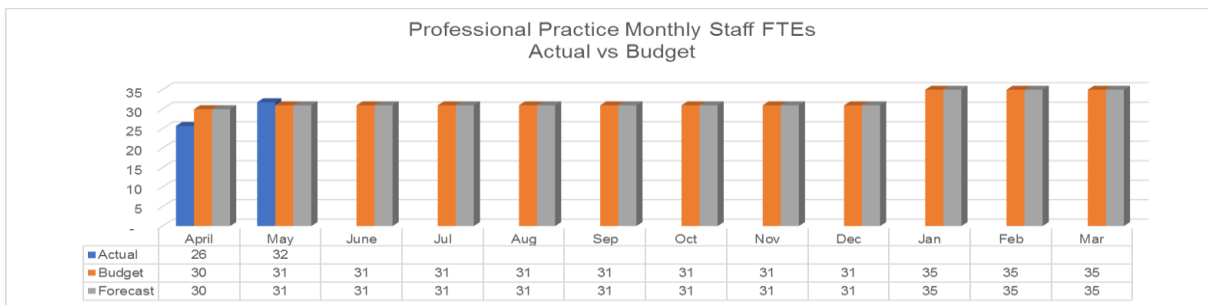
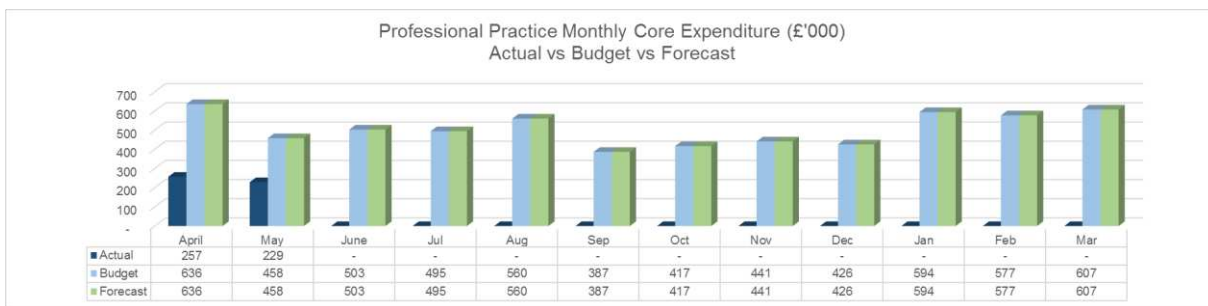
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Professional Practice May 2021 Management Accounts

Professional Practice Directorate (£'000)	May				Year-to-Date				Full Year Forecast		
	Actual	Budget	Var	Var %	Actual	Budget	Var	Var %	Budget	Var	Var %
Education & Standards	204.0	315.5	111.5	35.3%	351.5	602.0	250.5	41.6%	3,645.4	3,645.4	100.0%
Post Registrations Standards	(46.5)	71.4	117.9	165.1%	(8.3)	353.2	361.5	102.3%	1,081.4	1,081.4	100.0%
Executive Team ESP	71.0	71.0	(0.0)	(0.0%)	142.3	138.6	(3.7)	(2.7%)	900.4	900.4	100.0%
Advanced Practice	0.0	0.0	0.0		0.0	0.0	0.0		288.2	288.2	100.0%
Regulatory Reform	0.0	0.0	0.0		0.0	0.0	0.0		185.5	185.5	100.0%
Total	228.6	457.9	229.4	50.1%	485.6	1,093.9	608.3	55.6%	6,101.0	6,101.0	100.0%

Core Expenditure Analysis (£'000)	May				Year-to-Date				Full Year Forecast		
	Actual	Budget	Var	Var %	Actual	Budget	Var	Var %	Budget	Var	Var %
Pay	174.0	177.2	3.2	1.8%	345.5	351.1	5.6	1.6%	2,168.7	2,168.7	100.0%
Non-pay	54.6	280.8	226.2	80.6%	140.1	742.8	602.7	81.1%	3,932.2	3,932.2	100.0%
Total	228.6	457.9	229.4	50.1%	485.6	1,093.9	608.3	55.6%	6,101.0	6,101.0	100.0%

Staff FTEs	Actual	Budget	Var	Var %
Education & Standards	16.8	18.0	1.2	6.7%
Executive Team ESP	10.0	10.0	0.0	0.0%
Post Registrations Standards	5.0	3.0	(2.0)	(66.7%)
Regulatory Reform	0.0	0.0	0.0	
Advanced Practice	0.0	0.0	0.0	
Total	31.8	31.0	(0.8)	(2.6%)



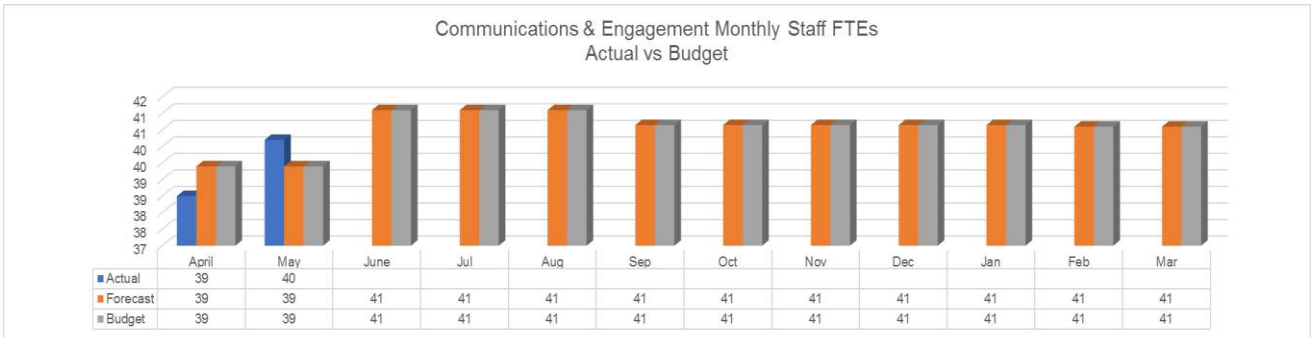
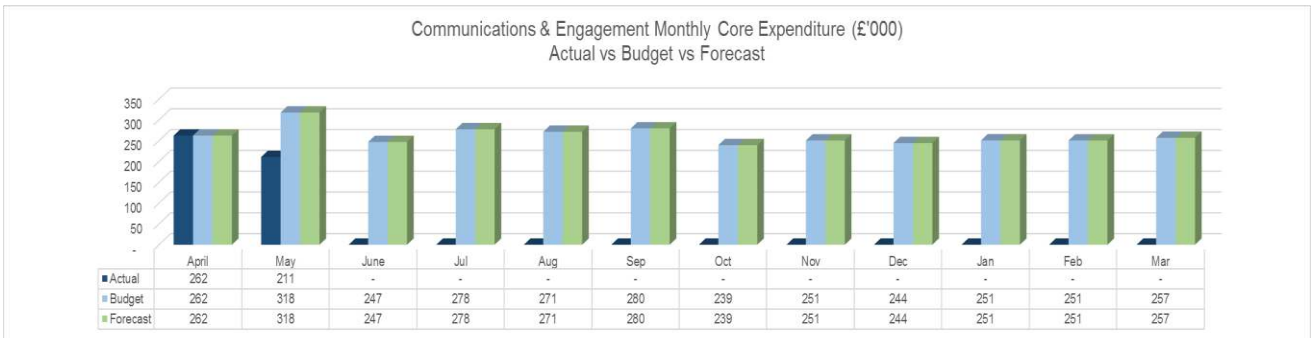
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Communications & Engagement May 2021 Management Accounts

2	May				Year-to-Date				Full Year Forecast		
	Actual	Forecast	Var	Var %	Actual	Budget	Var	Var %	Budget	Var	Var %
Communications & Engagement Directorate (£'000)											
Corporate Communications	210.8	317.8	106.9	33.7%	473.1	580.1	107.0	18.4%	3,148.6	3,148.6	100.0%
Total	210.8	317.8	106.9	33.7%	473.1	580.1	107.0	18.4%	3,148.6	3,148.6	100.0%

3	Core Expenditure Analysis (£'000)				Year-to-Date				Full Year Forecast		
	Actual	Forecast	Var	Var %	Actual	Budget	Var	Var %	Budget	Var	Var %
Pay	196.8	183.7	(13.1)	(7.1%)	399.7	367.5	(32.3)	(8.8%)	2,283.7	2,283.7	100.0%
Non-pay	14.0	134.0	120.1	89.6%	73.4	212.7	139.2	65.5%	864.9	864.9	100.0%
Total	210.8	317.8	106.9	33.7%	473.1	580.1	107.0	18.4%	3,148.6	3,148.6	100.0%

4	Staff FTEs			
	Actual	Budget	Var	Var %
Corporate Communications	40.2	39.4	(0.9)	(2.2%)
Total	40.2	39.4	(0.9)	(2.2%)



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[TO BE PRINTED ON NMC LETTERHEAD]

Haysmacintyre LLP
10 Queen Street Place
London
EC4R 1AG

Date: [SAME DATE ACCOUNTS SIGNED]

Dear Sirs

During the course of your audit of our financial statements for the period ended 31 March 2021, the following representations were made to you by management and trustees of the charity.

- 1 We have fulfilled our responsibilities as Trustees under the Charities Act 2011, the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006 and the Nursing and Midwifery order 2001 for preparing financial statements, in accordance with UK Generally Accepted Accounting Practice (UKGAAP) that give a true and fair view and for making accurate representations to you as auditors.
- 2 We confirm that all accounting records have been made available to you for the purpose of your audit, in accordance with your terms of engagement, and that all the transactions undertaken by the charity have been properly reflected and recorded in the accounting records. All other records and related information, including minutes of all management and Trustees meetings, have been made available to you. We have given you unrestricted access to persons within the charity in order to obtain audit evidence and have provided any additional information that you have requested for the purposes of your audit.
- 3 We confirm that the methods, significant assumptions and source data used by us in making accounting estimates and their related disclosures are appropriate to ensure compliance with the recognition, measurement and disclosure requirements of FRS102.
- 4 We confirm that all known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor and accounted for and disclosed in accordance with FRS102 and the Act.
- 5 We confirm that we have informed you of the details of all correspondence with the charity's regulators during the year and, in particular, the details of all Serious Incident Reports that we have made to the Charity Commission/OSCR.
- 6 We confirm that there have been no events since the balance sheet date which require disclosing or which would materially affect the amounts in the accounts, other than those already disclosed or included in the accounts.
- 7 We confirm that we are aware of the definition of a related party set out in FRS102. We confirm that the related party forms have been completed by all trustees and made available to you as part of the audit.

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- 8 We confirm that the related party relationships and transactions set out in the declarations provided to you are a complete list of such relationships and transactions and that we are not aware of any further related parties or transactions and the transactions have been accounted for and disclosed in accordance with FRS102 and the Act.
- 9 We confirm that the financial statements correctly disclose the Trustees' remuneration and reimbursement of expenses, and are drawn up in accordance with the Statement of Recommended Practice *Accounting and Reporting by Charities*.
- 10 We confirm that the charity has not contracted for any capital expenditure other than as disclosed in the financial statements.
- 11 We confirm that we are not aware of any possible or actual instance of non-compliance with those laws and regulations which provide a legal framework within which the charity conducts its business, and which are central to the charity's ability to conduct its business.
- 12 We acknowledge our responsibility for the design and implementation of controls to prevent and detect fraud. We confirm that we have provided you with the latest copy of our risk assessment. We confirm that we have considered the risk of fraud and disclosed to you any actual or suspected instances of fraud involving management or employees who have a significant role in internal control or that could have a material effect on the financial statements. We also confirm that we are not aware of any allegations of fraud by former employees, regulators or others.
- 13 We confirm that, having considered our expectations and intentions for the next twelve months and the availability of working capital, the charity is a going concern.
- 14 We confirm that in our opinion the effects of unadjusted misstatements as listed in the Audit Findings Report are immaterial, both individually and in aggregate, to the financial statements as a whole.
- 15 All grants, donations and other incoming resources, receipt of which is subject to specific terms or conditions, have been notified to you. There have been no breaches of terms and conditions in the application of such incoming resources.
- 16 We confirm that there is no audit information of which you as auditors are unaware, and that each trustee has taken steps to make themselves aware of any relevant information and to establish that you are aware of that information.

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

Yours faithfully
Signed on behalf of the Trustees by:

.....
Trustee

Subject to further amends

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

LETTER OF REPRESENTATION: Nursing and Midwifery Council 2020-21

We acknowledge as Accounting Officer and Chair of the Nursing and Midwifery Council our responsibility for preparing accounts that give a true and fair view of the state of affairs, net movement in funds, and cash flows of the Nursing and Midwifery Council for the year ended 31 March 2021.

In preparing the accounts, we are required to:

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

We confirm that for the financial year ended 31 March 2021:

- neither we nor our staff authorised a course of action, the financial impact of which is that transactions infringe the requirements of regularity as set out in Managing Public Money;
- having considered and enquired as to the Nursing and Midwifery Council's compliance with law and regulations, we are not aware of any actual or potential non-compliance that could have a material effect on the ability of the Nursing and Midwifery Council to conduct its business or on the results and financial position disclosed in the accounts;

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- all accounting records have been provided to you for the purpose of your audit. All other records and related information, including minutes of all management meetings which you have requested have been supplied to you;
- all transactions undertaken by the Nursing and Midwifery Council have been recorded in the accounting records and are properly reflected in the financial statements; and
- the information provided regarding the identification of related parties is complete; and the related party disclosures in the financial statements are adequate.

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

INTERNAL CONTROL

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

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

FRAUD

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

We have disclosed to you any knowledge of fraud or suspected fraud affecting the Nursing and Midwifery Council involving management, employees who have significant roles in internal control, or others where the fraud could have a material effect on the financial statements.

We have disclosed to you any knowledge of any allegations of fraud or suspected fraud, affecting the Nursing and Midwifery Council's financial statements communicated by employees, former employees, analysts, regulators or others.

ACCOUNTING ESTIMATES

We acknowledge as Accounting Officer and Chair of the Nursing and Midwifery Council our responsibility to make judgments and estimates on a reasonable basis.

We confirm that the methods, the data, and the significant assumptions used by the Nursing and Midwifery Council in making accounting estimates and related disclosures are appropriate to achieve recognition, measurement or disclosure that is reasonable in the context of the Charities' SoRP.

ASSETS

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

Non-Current Assets

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

Other Current Assets

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

LIABILITIES

General

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

Provisions and Contingent Liabilities

Provision is made in the financial statements for:

- Dilapidations
- Pensions – Early Retirement
- Panellists Holiday Pay

We have disclosed to you all actual or possible litigation and claims whose effects should be considered when preparing the financial statements. All such matters have been accounted for and disclosed in accordance with the Charities' SoRP.

We are not aware of any action which is or may be brought against the Nursing and Midwifery Council under the Insolvency Act 1986.

Pension Scheme

We are satisfied, in respect of retirement benefits and schemes, that:

- all retirement benefits and schemes, including UK, foreign, funded and unfunded, approved or unapproved, statutory, contractual or implicit, have been identified and properly accounted for;
- all settlements and curtailments have been identified and properly accounted for;

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- all events which relate to the determination of pension liabilities have been brought to the actuary's attention;
- the actual assumptions underlying the valuation of the scheme liabilities accord with the directors' best estimates of future events and are consistent with the directors' knowledge of the business;
- the actuary's calculations have been based on complete and up-to-date member data (as far as is appropriate regarding the adopted methodology); and
- the amounts included in the financial statements derived from the work of the actuary are appropriate.

OTHER DISCLOSURES

Results

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

Unadjusted Errors

The following unadjusted errors have been brought to our attention:

- Extrapolation of errors identified from testing of the year-end valuation of a sample of investments - £79,883.
- Extrapolation of errors identified from sample testing of accruals - £129,084

I consider the effect of these unadjusted errors to be immaterial, both individually and in aggregate, to the financial statements taken as a whole.

Events after the Reporting Period

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

Privy Council Determinations

Expenditure incurred and income received are consistent with determinations given by the Privy Council.

David Warren
Chair
X July 2021

Andrea Sutcliffe
Chief Executive and Registrar
X July 2021

Council

Draft Fitness to Practise Annual Report 2020–2021

Action:	For decision.
Issue:	Presents the draft Annual Fitness to Practise Report 2020–2021 for approval.
Core regulatory function:	Professional Regulation.
Strategic priority:	Strategic aim 1: Improvement and innovation Strategic aim 3: More visible and informed Strategic aim 5: Insight and influence
Decision required:	The Council is recommended to approve the draft Annual Fitness to Practise Report 2020-2021 for submission to Parliament (paragraph 10 and Annexe 1).
Annexes:	The following annexe is attached to this paper: <ul style="list-style-type: none">Annexe 1: Draft Fitness to Practise Annual Report 2020–2021. <p>* Please note that Annexe 1 is not included in the public Council papers. This is so that we comply with strict rules not to publish the content of the report before it is submitted to Parliament.</p>
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: Dylan O’Sullivan Phone: 020 4524 1301 dylan.o’sullivan@nmc-uk.org Director: Tom Scott Phone: 020 7046 7914 tom.scott@nmc-uk.org

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- Context:**
- 1 Under the Nursing and Midwifery Order 2001, the Council is required to prepare an annual report including statistics and a description of our Fitness to Practise arrangements which the Council has put in place under Article 21(1)(b) to protect members of the public from registrants whose Fitness to Practise is impaired; and the efficiency and effectiveness of those arrangements.
 - 2 Following approval by the Council, the Annual Fitness to Practise Report, together with the Annual Report and Accounts, must be submitted to the Privy Council for laying before Parliament.
 - 3 The draft report for 2020–2021 is attached for the Council to review. The Audit Committee reviewed the draft report on 9 June 2021 and its comments have been reflected in the draft at **Annexe 1**.
- Four country factors:**
- 4 The Fitness to Practise Annual Report reflects the NMC’s UK wide remit and includes all cases we have dealt with in 2020–2021 from all four of the UK countries. The report also includes a breakdown of new referrals we have received by country of origin.
- Discussion:**
- 5 The report follows a similar format to previous years however, due to the operational pressure the Fitness to Practise teams are under, we have taken the decision not to include case studies.
 - 6 Where the same data is provided, the data within the report is consistent with the statutory Annual Report and Accounts and the dataset provided to the Professional Standards Authority for performance review purposes.
 - 7 Emergency legislation laid at the end of 2019-2020 gave the Registrar the power to establish a temporary register to support the national response to the Covid-19 pandemic. In this report we include the numbers of temporary registrants and our handling of concerns relating to temporary registrants.
 - 8 This year has been exceptional for a number of reasons and therefore we have not always been able to draw meaningful comparisons with previous years.
 - 9 Key points to note in this year’s report are:
 - 9.1 We failed to meet our corporate Key performance indicator (KPI) targets for Interim Orders within 28 days and for cases to be completed within 15 months of receipt. The report talks about how we are working to address this, and about our Fitness to Practise improvement programme for 2021-2022.

- 9.2 The impact of the Covid-19 pandemic on our own operations and on our ability to interact with frontline key workers has resulted in a significant backlog of cases.
- 9.3 68 percent of referrals (64 percent in 2019-2020) did not proceed further after initial assessment, either because we concluded the concerns did not require regulatory action, or because we were unable to identify a registrant.
- 9.4 In 2019-2020, we reported a significant drop in the number of cases where warnings were being issued, due to the way the policy principles in our new strategic approach had been applied. In January 2020, we issued new guidance around warnings which has led to an expected increase in the number of cases where warnings were being issued this year.
- 9.5 In 2020–2021, Fitness to Practise Panels reached 208 final decisions on cases (2019-2020: 452 and 2018–2019: 661) through meetings and hearings. The significant reduction in the number of hearing and meeting outcomes largely reflects the decision to pause hearings in response to the Covid-19 pandemic.

10 **Recommendation: The Council is recommended to approve the draft Annual Fitness to Practise Report 2020–2021 for submission to Parliament.**

Next steps

- 11 The Annual Fitness to Practise Report will be submitted to the Privy Council to be laid before Parliament before the summer recess, along with the Annual Report and Accounts for 2020-2021.

Midwifery implications:

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

Public protection implications:

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

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Equality diversity and inclusion implications:	14	We do not include equality and diversity data within the Fitness to Practise Annual Report, but equality and diversity data tables are to be published on the website as well as sections in the Annual Report, such as how revalidation works for different groups in the Performance Review.	3.
	15	We are mindful of the first phase of the 'Ambitious for Change' research that indicated some apparently systematic bias in the nature of referrals to Fitness to Practise and we recognise the need for ongoing vigilance to ensure that these are not perpetuated within our processes. These issues will be further explored in the second phase of the Ambitious for Change research which commenced in May 2020.	4.
	16	The latest Equality Impact Assessment (EQIA) (version 5) concludes that our response to the Covid-19 pandemic did not result in a worsening of our equality, diversity and inclusion performance.	5.
Stakeholder engagement:	17	As well as laying the report before Parliament, the report will be shared with stakeholders.	6.
			7.
Risk implications:	18	Failing to comply with our statutory reporting requirements would compromise trust and confidence in our ability to regulate; we have robust processes in place to ensure compliance.	8.
			9.
Legal implications:	19	Production of an Annual Fitness to Practise Report for Parliament is a requirement of the Nursing and Midwifery Order (2001).	10.
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Council

Appointment of panel members

Action: For decision.

Issue: Appointment of new registrant and lay members to serve as panel members of the Fitness to Practise and Investigating Committees for the period 7 July 2021 to 6 July 2025.

Core regulatory function: Professional Regulation.

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

Decision required: The Council is invited to accept the recommendation of the Appointments Board to appoint the 82 individuals listed at Annexe 1 (paragraph 11).

Annexes: The following annexes are attached to this paper:

- Annexe 1: List of individuals recommended for appointment as lay and registrant members of the Practice Committees.
- Annexe 2: Equality, diversity and inclusion statistics.

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: Ade Obaye
Phone: 020 7681 5900
ade.obaye@nmc-uk.org

Director: Tom Scott
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- Context:** 1 Following a recruitment and selection exercise, the Appointments Board is recommending the appointment of 82 panel members to the Practice Committees.
- Four country factors:** 2 The campaign was open to applicants across all four nations to ensure committee membership is representative of the UK population and the professions. The four country breakdown of applicants at each stage of the selection process is set out at Annexe 2.
- Discussion:** 3 The objective of the 2021 panel member recruitment campaign was to attract and appoint high quality candidates to our Practice Committees and to increase the diversity of the Practice Committee membership.
- 4 The steps we took to meet this objective included:
- 4.1 Delivering a comprehensive communications plan working with NMC key stakeholders and networks, and using various media channels.
- 4.2 Using current panel members from diverse backgrounds in the advertising campaign which focused on our values and behaviours.
- 4.3 Utilising a digital approach to appeal to a greater group of candidates.
- 4.4 At each of the selection points in the process an analysis of the diversity statistics was undertaken to ensure there was no adverse impact on any specific group.
- 5 We received 1,469 applications for the role comprising 735 registrant and 734 lay applicants. 138 candidates were invited to interview following the initial assessments. 82 candidates are recommended for appointment (65 lay panel members and 17 registrant panel members).
- 6 The campaign has modestly contributed to the objective to increase the diversity of the Practice Committee membership. The appointment of the recommended candidates will improve the overall diversity of the panel member pool. The recommendations for appointment of lay panel members are comparable to the ethnic diversity of the UK population and for registrant panel members the recommendations are comparable to the ethnic diversity of our registrant population. However, there is still some way to go before we achieve greater parity in the overall panel member pool.

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Midwifery implications:	12	None directly arising from this paper. Two midwives and one dual (nurse and midwife) registrant are recommended for appointment.
Public protection implications:	13	Panel members are required to make decisions at fitness to practise events that protect the public.
Resource implications:	14	No direct resource implications. The recruitment campaign costs and panel member costs are included in existing budgets.
Equality and diversity implications:	15	The publicity campaign for this recruitment process was designed to engage with a more diverse range of applicants.
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7 The impact of the recruitment campaign on the numbers of panel members who identify as black, Asian or minority ethnic (BAME) is set out below:

- 10.5% of current panel members identify as BAME;
- 17% of the proposed appointees identify as BAME;
- If appointed 12.2% of the future panel member pool will identify as BAME;
- This is in comparison with approximately 14% of the UK population who identify as BAME (source 2011 census) and 21.67% of nurses, midwives and nursing associates on our register who identify as BAME (as at March 2021).

8 The full equality, diversity and inclusion data is set out at Annexe 2.

9 During the recruitment campaign the Board was updated on the scoring criteria and cut off thresholds for the application and interview process. The final list of proposed candidates for appointment was presented to the Board on 23 June 2021. The Board asked for and was provided with additional assurance on the individual scores for successful candidates.

10 The Appointments Board has approved the 82 individuals listed at Annexe 1 as suitable for appointment to the Practice Committees.

11 **Recommendation: The Council is invited to accept the recommendation of the Appointments Board to appoint the 82 individuals listed at Annexe 1.**

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16 Diversity impacts were considered at each selection point in the process and there is no indication that the process resulted in any adverse equality and diversity implications.

Stakeholder engagement:

17 Awareness of the campaign was raised through use of our on-line media presence and existing stakeholder groups.

Risk implications:

18 If the candidates listed at Annexe 1 are not recommended for appointment there is a risk that we will have insufficient number of members to attend planned hearings activity from September 2021 onwards.

19 Trust and confidence in the NMC may be impacted if no candidates are appointed, given the equality diversity and inclusion objectives, external stakeholder awareness and associated costs if the campaign were to be repeated. This risk is mitigated by undertaking a robust and scrutinised selection process supported by external search consultants.

Legal implications:

20 Appointed individuals will be required to sign the NMC's Panel Member Service Agreement.

ID Number	First Name	Last Name	Lay or Registrant	Practice Committee	Start of term date	End of term date	Length of term
1	Janet	Fisher	Lay	Fitness to Practice	7 July 2021	6 July 2025	4 Years
2	Jonathan	Storey	Lay	Fitness to Practice	7 July 2021	6 July 2025	4 Years
3	David	Hull	Lay	Fitness to Practice	7 July 2021	6 July 2025	4 Years
4	Barry	Greene	Lay	Fitness to Practice	7 July 2021	6 July 2025	4 Years
5	David	Anderson	Lay	Fitness to Practice	7 July 2021	6 July 2025	4 Years
6	Matthew	Burton	Lay	Fitness to Practice	7 July 2021	6 July 2025	4 Years
7	Caroline	Friendship	Lay	Fitness to Practice	7 July 2021	6 July 2025	4 Years
8	James	Kellock	Lay	Fitness to Practice	7 July 2021	6 July 2025	4 Years
9	Christopher	Reeves	Lay	Fitness to Practice	7 July 2021	6 July 2025	4 Years
10	Rachel	Forster	Lay	Fitness to Practice	7 July 2021	6 July 2025	4 Years
11	Asmita	Naik	Lay	Fitness to Practice	7 July 2021	6 July 2025	4 Years
12	Scott	Handley	Lay	Fitness to Practice	7 July 2021	6 July 2025	4 Years
13	Frances	McGurgan	Lay	Fitness to Practice	7 July 2021	6 July 2025	4 Years
14	(Christine) Anne	Rice	Lay	Fitness to Practice	7 July 2021	6 July 2025	4 Years
15	Matthew	Wratten	Lay	Fitness to Practice	7 July 2021	6 July 2025	4 Years
16	Helen	Kitchen	Lay	Fitness to Practice	7 July 2021	6 July 2025	4 Years
17	Melanie	Swinnerton	Lay	Fitness to Practice	7 July 2021	6 July 2025	4 Years
18	Patricia	Richardson	Lay	Fitness to Practice	7 July 2021	6 July 2025	4 Years
19	Mary	Idowu	Lay	Fitness to Practice	7 July 2021	6 July 2025	4 Years
20	Nisa	Khan	Lay	Fitness to Practice	7 July 2021	6 July 2025	4 Years
21	Susan	Laycock	Lay	Fitness to Practice	7 July 2021	6 July 2025	4 Years
22	Kevin	Smyth	Lay	Fitness to Practice	7 July 2021	6 July 2025	4 Years
23	Penelope	Titterington	Lay	Fitness to Practice	7 July 2021	6 July 2025	4 Years
24	Georgina	Wilkinson	Lay	Fitness to Practice	7 July 2021	6 July 2025	4 Years
25	Tracy	Stephenson	Lay	Fitness to Practice	7 July 2021	6 July 2025	4 Years
26	Claire	Cheetham	Lay	Fitness to Practice	7 July 2021	6 July 2025	4 Years

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ID Number	First Name	Last Name	Lay or Registrant	Practice Committee	Start of term date	End of term date	Length of term
27	Fiona	Abbott	Lay	Fitness to Practice	7 July 2021	6 July 2025	4 Years
28	Margaret	Wolff	Lay	Fitness to Practice	7 July 2021	6 July 2025	4 Years
29	Caroline	Taylor	Lay	Fitness to Practice	7 July 2021	6 July 2025	4 Years
30	David	Newsham	Lay	Fitness to Practice	7 July 2021	6 July 2025	4 Years
31	Judith	Webb	Lay	Fitness to Practice	7 July 2021	6 July 2025	4 Years
32	Alison	Hayle	Lay	Fitness to Practice	7 July 2021	6 July 2025	4 Years
33	Vicki	Harris	Lay	Fitness to Practice	7 July 2021	6 July 2025	4 Years
34	Robert	Fish	Lay	Fitness to Practice	7 July 2021	6 July 2025	4 Years
35	Brian	Stevenson	Lay	Fitness to Practice	7 July 2021	6 July 2025	4 Years
36	Yousuf	Rossi	Lay	Fitness to Practice	7 July 2021	6 July 2025	4 Years
37	Lorraine	Wilkinson	Lay	Fitness to Practice	7 July 2021	6 July 2025	4 Years
38	Nicola	Strother Smith	Lay	Fitness to Practice	7 July 2021	6 July 2025	4 Years
39	Clare	Taggart	Lay	Fitness to Practice	7 July 2021	6 July 2025	4 Years
40	Rachel	Barber	Lay	Fitness to Practice	7 July 2021	6 July 2025	4 Years
41	Richard	Youds	Lay	Fitness to Practice	7 July 2021	6 July 2025	4 Years
42	Deborah	Baldwin	Lay	Fitness to Practice	7 July 2021	6 July 2025	4 Years
43	Janine	Green	Lay	Fitness to Practice	7 July 2021	6 July 2025	4 Years
44	Nicola	Hartley	Lay	Fitness to Practice	7 July 2021	6 July 2025	4 Years
45	Busola	Johnson	Lay	Fitness to Practice	7 July 2021	6 July 2025	4 Years
46	Dave	Lancaster	Lay	Fitness to Practice	7 July 2021	6 July 2025	4 Years
47	Isobel	Leaviss	Lay	Fitness to Practice	7 July 2021	6 July 2025	4 Years
48	John	Walsh	Lay	Fitness to Practice	7 July 2021	6 July 2025	4 Years
49	Keith	Murray	Lay	Fitness to Practice	7 July 2021	6 July 2025	4 Years
50	Stacey	Patel	Lay	Fitness to Practice	7 July 2021	6 July 2025	4 Years
51	Rosalyn	Mloyi	Registrant	Fitness to Practice	7 July 2021	6 July 2025	4 Years
52	Janet	Richards	Registrant	Fitness to Practice	7 July 2021	6 July 2025	4 Years

ID Number	First Name	Last Name	Lay or Registrant	Practice Committee	Start of term date	End of term date	Length of term
53	James	Blair	Registrant	Fitness to Practice	7 July 2021	6 July 2025	4 Years
54	Denford	Chifamba	Registrant	Fitness to Practice	7 July 2021	6 July 2025	4 Years
55	Richard	Curtin	Registrant	Fitness to Practice	7 July 2021	6 July 2025	4 Years
56	Mary	Karasu	Registrant	Fitness to Practice	7 July 2021	6 July 2025	4 Years
57	Lucy	Watson	Registrant	Fitness to Practice	7 July 2021	6 July 2025	4 Years
58	Virginia	Garnett	Registrant	Fitness to Practice	7 July 2021	6 July 2025	4 Years
59	Margaret	Marshall	Registrant	Fitness to Practice	7 July 2021	6 July 2025	4 Years
60	Amanda	Revill	Registrant	Fitness to Practice	7 July 2021	6 July 2025	4 Years
61	Noreen	Quraishi	Lay	Investigating Committee	7 July 2021	6 July 2025	4 Years
62	Simon	Shevlin	Lay	Investigating committee	7 July 2021	6 July 2025	4 Years
63	Michael	Lupson	Lay	Investigating Committee	7 July 2021	6 July 2025	4 Years
64	Sarah	McAnulty	Lay	Investigating Committee	7 July 2021	6 July 2025	4 Years
65	Gary	Tanner	Lay	Investigating Committee	7 July 2021	6 July 2025	4 Years
66	Dee	Rogers	Lay	Investigating Committee	7 July 2021	6 July 2025	4 Years
67	Cheryl	Hobson	Lay	Investigating Committee	7 July 2021	6 July 2025	4 Years
68	Louise	Geldart	Lay	Investigating Committee	7 July 2021	6 July 2025	4 Years
69	Neil	Calvert	Lay	Investigating Committee	7 July 2021	6 July 2025	4 Years
70	Tasneem	Dhanji	Lay	Investigating Committee	7 July 2021	6 July 2025	4 Years
71	Sandra	Norburn	Lay	Investigating Committee	7 July 2021	6 July 2025	4 Years
72	Katriona	Crawley	Lay	Investigating Committee	7 July 2021	6 July 2025	4 Years
73	David	Brown	Lay	Investigating Committee	7 July 2021	6 July 2025	4 Years
74	Sarah	Hamilton	Lay	Investigating Committee	7 July 2021	6 July 2025	4 Years
75	Angela	Williams	Lay	Investigating Committee	7 July 2021	6 July 2025	4 Years
76	Helen	Hughes	Registrant	Investigating Committee	7 July 2021	6 July 2025	4 Years
77	Jane	Holroyd	Registrant	Investigating Committee	7 July 2021	6 July 2025	4 Years
78	Zoe	Wernikowski	Registrant	Investigating Committee	7 July 2021	6 July 2025	4 Years

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ID Number	First Name	Last Name	Lay or Registrant	Practice Committee	Start of term date	End of term date	Length of term
79	Jenny	Gough	Registrant	Investigating Committee	7 July 2021	6 July 2025	4 Years
80	Martha	Crossley	Registrant	Investigating Committee	7 July 2021	6 July 2025	4 Years
81	Anne-Marie	Borneuf	Registrant	Investigating Committee	7 July 2021	6 July 2025	4 Years
82	Melanie	Tanner	Registrant	Investigating Committee	7 July 2021	6 July 2025	4 Years

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Panel Member appointments selection process: Equality diversity and inclusion statistics

Overall pool - Registrant and Lay Panel Members

	% candidates (applications)	% candidates (test stage)	% candidates (interview stage)	Recommended for appointment
Gender	72% (1059/1416) identify as female 24% (342/1416) identify as male 2% (12/1416) prefer not to say	73% (420/579) identify as female 27% (155/579) identify as male 2% (9/579) prefer not to say	70% (96/138) identify as female 30% (41/138) identify as male 1% (1/138) prefer not to say	67% (55/82) identify as female 32% (26/82) identify as male 1% (1/82) prefer not to say
Ethnicity	19% (272/1416) indicated that they are from a black, Asian and minority ethnic background	17% (99/579) indicated that they are from a black, Asian and minority ethnic background	13% (18/138) indicated that they are from a black, Asian and minority ethnic background	17% (14/82) indicated that they are from a black, Asian and minority ethnic background
Disability	7% (105/1416) identify as having a disability	8% (44/579) identify as having a disability	12% (16/138) identify as having a disability	12% (10/82) identify as having a disability

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	% candidates (applications)	% candidates (test stage)	% candidates (interview stage)	Recommended for appointment
Sexual orientation	7% (86/1416) described their sexual orientation as gay, bisexual or other. 6% (79/1416) prefer not to say	18% (36/579) described their sexual orientation as gay, bisexual or other. 6% (33/579) prefer not to say	7% (10/138) described their sexual orientation gay, bisexual or other. 5% (7/138) prefer not to say	4% (3/82) described their sexual orientation as gay, bisexual or other. 2.5% (2/82) prefer not to say
Age	1.5% (21) are 16-24 9% (132) are 25-34 17% (247) are 35-44 30% (414) are 45-54 35% (492) are 55-64 6% (88) are 65+ 2% (22) prefer not to say	0.4% (2) are 16-24 8% (45) are 25-34 17% (100) are 35-44 31% (177) are 45-54 6.9% (208) are 55-64 7% (40) are 65+ 1% (7) prefer not to say	0% (0) are 16-24 7% (10) are 25-34 19% (26) are 35-44 30% (41) are 45-54 37% (51) are 55-64 6% (8) are 65+ 1.5% (2) prefer not to say	0% (0) are 16-24 6% (5) are 25-34 5% (15) are 35-44 40% (32) are 45-54 31% (25) are 55-64 6% (5) are 65+ 0% (0) prefer not to say
Four country breakdown	84% (1190) England 3% (48) NI 6% (90) Scotland 6% (81) Wales	85% (489) England 4% (22) NI 7% (39) Scotland 5% (26) Wales	87% (120) England 5% (7) NI 4% (6) Scotland 4% (5) Wales	84% (69) England 7% (6) NI 4% (3) Scotland 5% (4) Wales

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Lay / Registrant Panel Member data - comparison with UK population, source 2011 census data, and our register as at 31 March 2021

	Registrant candidates recommended for appointment	% of our register (as at March 2021)	Lay candidates recommended for appointment	% UK population
Gender	82% (14/17) identify as female 18% (3/17) identify as male	89% identify as female 11% identify as male	63% (41/65) identify as female 35% (23/65) identify as male 1% (1/65) prefer not to say	50.9% are women 49.1% are men
Ethnicity	24% (4/17) indicated that they are from a black, Asian and minority ethnic background	21.67% indicated that they are from a black, Asian and minority ethnic background	15% (10/65) indicated that they are from a black, Asian and minority ethnic background	14% are from a black, Asian and minority ethnic background
Disability	12% (2/17) identify as having a disability	3.6% identify as having a disability	12% (8/65) identify as having a disability	17.9% identify as having a disability

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	Registrant candidates recommended for appointment	% of our register (as at March 2021)	Lay candidates recommended for appointment	% UK population
Age	0% (0) are 16-24 12% (2) are 25-34 18% (3) are 35-44 30% (5) are 45-54 35% (6) are 55-64 6% (1) are 65+ 0% (0) prefer not to say	17% are 21-30 20% are 31-40 25% are 41-50 13.5% are 56-60 5.7% are 61-65	0% (0) are 16-24 5% (3) are 25-34 18% (12) are 35-44 42% (27) are 45-54 29% (19) are 55-64 6% (4) are 65+ 0% (0) prefer not to say	21% are under 18 29% are 18-39 27% are 40-59 6% are 60-64 4.8% are 65-69 3.9% 70-7

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Council

Appointments Board annual report to Council 2020–2021

Action:	For discussion.
Issue:	Report to the Council on the work of the Appointments Board during 2020–2021.
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 below.

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Jane Slatter

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Context:

- 1 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. In May 2020, the Board’s oversight was extended to include Registration Appeal Panel Members.
- 2 The primary focus of the Board’s work is to ensure that effective arrangements are in place for the selection and appointment, training and performance management of Practice Committee members (Panel Members), Legal Assessors and Registration Appeal Panel Members.
- 3 The Board’s Terms of Reference require it to “report annually to the Council on the Appointments Board’s activities, including an assessment of compliance with, and effectiveness of, the policies in place.”
- 4 The Board usually meets four times a year but the meeting scheduled for June 2020 was cancelled due to reprioritisation of internal NMC resources as a result of the Covid-19 pandemic. As well as holding three meetings in 2020–2021, the Board took two decisions by correspondence, one in April 2020 and one in June 2020. All meetings were held virtually.
- 5 So far 2021-2022 has been a busy year for the Board. In addition to its scheduled June 2021 meeting, the Board has held two special meetings: in April 2021 relating to the Panel Member selection exercise; and May 2021 to decide Panel Member and Legal Assessor fee changes.

Key issues covered in this report

- 6 The Board’s anticipated key areas of focus for 2020-2021 were set out in the Board’s 2019-2020 Annual report to Council. The Board’s progress against these areas is reported as follows:
 - 6.1 Preparation for the 2020-2021 Panel Member appointment campaign, including enhancing diversity (paragraphs 18 to 22).
 - 6.2 Oversight of the process for the appointment of Registration Appeal Panel Members (paragraph 26).
 - 6.3 Ensuring panels are prepared for nursing associate hearings (paragraph 29).
 - 6.4 Reviewing the Panel Member Services Agreement (paragraph 32).

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6.5 Reviewing the Panel Member Code of Conduct and policies for Panel Members and Legal Assessors travel arrangements, expenses and allowances (paragraphs 32 to 35).

7 This report also covers:

7.1 The Board’s membership and effectiveness (paragraphs 9 to 11).

7.2 The strategy for delivering high quality panel members, delivery plan, and success measures (paragraphs 16 and 17).

7.3 Panel Member and Legal Assessor fees (paragraphs 33 to 35).

7.4 Oversight of complaints about Panel members (paragraph 36).

Four country factors:

8 Panel Members and Legal assessors are recruited from across all four nations to ensure they reflect the UK population.

Discussion:

Board membership and effectiveness

9 The Board's membership is made up entirely of non-Council (partner) members to ensure an appropriate separation of the Board's work from that of the Council.

10 Membership of the Board remains at full complement (five members including the Chair). In January 2021 two members of the Board were reappointed to serve a second three year term and in June 2021 the Chair and a further member were reappointed to serve a second term three year term. Membership comprises:

10.1 Jane Slatter (Chair) (appointed 6 August 2018, reappointed from 6 August 2021)

10.2 Robert Allan (appointed 1 October 2018, reappointed from 1 October 2021)

10.3 Angie Loveless (appointed 1 March 2018, reappointed 1 March 2021)

10.4 Frederick Psyk (appointed 1 September 2016 and reappointed 1 September 2019)

10.5 Clare Salters (appointed 1 March 2018, reappointed 1 March 2021)

- 11 The Board undertook an annual effectiveness review in June 2021. The Board had a positive discussion about progress made in taking a more strategic approach to its remit as well as identifying some actions that could be taken forward to improve its effectiveness. The Board also reflected on future ways of working with a view to the possible return to ‘in-person’ meetings from September 2021. The Board would encourage the Council to make increasing the diversity of its membership a key objective in the new member appointment in 2022.

Integration of the Board with the wider work of Council

- 12 The Board is committed to ensuring that its work is aligned with the wider strategic aims of the Council, in particular the NMC strategy for 2020–2025, the values and behaviours, and the strategic approach to Fitness to Practise.
- 13 Members of the Board have continued to attend Open Council meetings and feed back to the Board at its meetings. The Chair of the Board also met with the former Chair and, subsequently, the Acting Chair of Council.
- 14 The Chair of the Board has also met with the Executive Director, Professional Regulation and, subsequently, with the Interim Executive Director, Professional Regulation, as well as the Executive Director, People and Organisational Effectiveness.
- 15 The Board continues to receive regular updates on organisational developments, including corporate updates on: the response to the Covid-19 pandemic; Equality Diversity and Inclusion matters and the response to Black Lives Matter; the Fitness to Practise caseload backlog; and Regulatory Reform, as well as changes in Council membership and the Associate scheme.

The strategy for delivering high quality panel members, delivery plan, and success measures

- 16 In December 2019 the Board approved a three year strategy produced by the Executive for delivering high quality panel members (‘the strategy’) and an accompanying strategic delivery framework. This sets out the Board’s overall vision, which is to ensure that Panel Members are technically proficient, empathetic in their approach and reflect the diversity of the communities we serve.

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- 17 The Board approved quantifiable success measures for the strategy in September 2020, covering three categories: Selection and Appointment; Diversity and Training.

Panel Member selection and appointment process 2021

- 18 A major focus in 2020-2021 was preparation for, and oversight of, the Panel Member selection and appointment exercise carried out from January 2021 to June 2021.
- 19 The Board has approved as a key success measure that by 2023 the Panel Member pool should reflect the diversity of the UK population for lay Panel Members and the registrant population for registrant Panel Members. The Board remains strongly committed to this objective and has worked throughout the year with the aim of ensuring that the 2021 selection and appointment process builds on the improvements in diversity made by the 2018 Panel Member appointments.
- 20 The Board scrutinised and approved the following:
- 20.1 **A revised Chair and Panel Member role description** (September 2020). The Board undertook a thorough review and approved a simplified and inclusive role description.
 - 20.2 **The candidate information pack and communications and engagement plan** (September 2020). These were key components in seeking to attract a diverse pool of suitable candidates aligned with the NMC values and behaviours.
 - 20.3 **A values based assessment methodology for use in the 2021 campaign** (December 2020). The Board approved a values-based selection process which included a situational judgement test, application questions and a values based interview. The shift to a values-based approach sought to ensure that the selection process fully aligned with our values and behaviours, and was designed to select individuals who live those values. The methodology was carefully scrutinised to ensure that there was no adverse impacts on minority groups.

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- 20.4 **The approach to deciding cut-off levels for each stage of the 2021 selection campaign** (at an additional meeting in April 2021). At the Board’s request it received regular updates on the impact analysis and corresponding cut-off levels at each key stage of the process to ensure there were no adverse outcomes for minority groups.
- 21 The Board agreed to recommend to Council 82 panel members for appointment (see Item 10: Panel member appointment recommendations). Further detail on the equality, diversity and inclusion breakdown of candidates is contained in the paper at Item 10. In summary:
- 21.1 Nineteen percent of applicants were from individuals from black, Asian, and minority ethnic backgrounds. A key challenge for future appointment campaigns will be to increase diversity at the applicant stage.
- 21.2 Approximately 17 percent of candidates recommended for appointment are from black, Asian, and minority ethnic backgrounds. Currently 10.5 percent of the panel member pool is made up of individuals from black, Asian, and minority ethnic backgrounds. Subject to the Council accepting the Board’s recommendations for appointment, it will increase to 12.2 percent which is a modest positive increase.
- 22 The Board would have wished to secure a more significant increase in diversity and will carry out a review to identify any learning for future campaigns. Subject to Council’s approval of the appointments, the Board will oversee the induction and monitor the performance of the new appointees against its agreed success measures.

Equality Diversity and Inclusion monitoring information

- 23 The Board has expressed concerns over the past year in relation to the NMC’s approach to equality, diversity and inclusion monitoring, specifically that it does not currently monitor ‘Sex’, which is a protected characteristic under the Equality Act 2010. The Board’s views have been shared with the Executive and it has been advised that the approach will be revisited and the Board looks forward to hearing the outcome.

Panel Member reappointments and appointment of Panel members to hear Registration Appeals

- 24 As well as overseeing the selection of new Panel Members, Chairs and Legal Assessors, the Board scrutinises reappointments. Before recommending any reappointments, the Board ensures that Panel Members are meeting performance requirements, undertaking the necessary training, and have no outstanding complaints against them.
- 25 On the Board's recommendation, in 2020–2021 the Council has:
- 25.1 Reappointed 100 Panel Members for a second term; and
 - 25.2 In line with the power granted by the emergency rules established in March 2020, accepted the Board's recommendations to extend the second term of appointment of a cohort of 19 Panel members for a further 12 months to March 2021, and due to an ongoing need a cohort of 18 Panel members for a further 12 months to March 2022.
- 26 The Board has also developed its approach to expanding the remit of current Investigating Committee Panel members to hear Registration Appeals. On the Board's recommendation, the Council appointed 55 Investigating Committee Panel members to hear Registration Appeals. All those appointed were meeting or exceeding performance requirements and had undergone the required training on registration appeals.

Panel Member training programme 2021-2022

- 27 The Board is mindful that effective and relevant Panel Member training ensures Panel Members have the skills and knowledge to make robust, consistent and proportionate decisions which protect the public and maintain confidence in the nursing and midwifery professions. These decisions must also be made in a person-centred manner in line with our values and behaviours.
- 28 The Board approved the Panel Member training programme for 2021-2022. The programme maintains the organisation's commitment to Equality Diversity and Inclusion, and examines the diversity and inclusion issues that are specific to Fitness to Practise processes. It also includes values and behaviours based training to ensure a person-centred approach.

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- 29 Given the very low numbers of nursing associate cases coming through the Fitness to Practise process the Board took a proportionate approach and will consider incorporating training on nursing associate cases into the panel member training programme as numbers increase.
- 30 The training programme represents the minimum required training for all Panel Members and has a target attendance rate of 95 percent (to ensure achievability in the face illness and unexpected circumstances). The Board has sought assurance that any Panel Member falling within the remaining 5 percent would be encouraged to engage and, whilst the target is set at 95 percent, in reality 100 percent participation is sought.
- 31 The Board has also approved a pilot of modular case specific Panel Member training. The pilot is currently on hold due to re-prioritisation of resources but the Board expects it to commence within the next financial year.

Panel Member Services Agreement

- 32 The review of the Panel Member Services Agreement (PSMA), which is the contract that governs Panel Member services and includes a Code of Conduct, was deferred on the advice of the Executive pending a tribunal claim relating to whether Panel Members should be classed as ‘workers’. The Board began a light touch review of elements of the PMSA in January 2021 and will carry out a full review in 2021-2022.

Panel member and Legal Assessor fees

- 33 The Board is responsible for approving policies for the payment of allowances to Panel Member and Legal Assessors. An additional meeting took place on 26 May 2021 to consider a proposal from the Executive to introduce a new fee for single event virtual hearings, to commence from 1 July 2021.
- 34 In the virtual environment Practice Committee panels are getting through fewer events in a day in comparison with pre-pandemic levels, leading to increased costs. This is in common with other healthcare regulators and the court system.
- 35 To address this the Board agreed proposals from the Executive for a single virtual hearing fee for Panel Members and Legal Assessors. This will assist in reducing fee costs where a single event is expected to take only half a day but runs slightly over.

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Complaints against Panel Members

36 The Board introduced a new standing item on its agenda to ensure that it maintains high level oversight of all open complaints against Panel Members. This allows the Board to monitor the number of Panel Members not being allocated to hearings and the effect on Committee capacity. The Board has received a report at each meeting since December 2020.

Whistleblowing concern

37 The Board has been informed about concerns raised by a Panel member in April 2021 and which are being addressed using our Whistleblowing policy. The Board will consider an action plan being developed by the Executive to address the concerns at its September 2021 meeting. In line with normal practice, the concerns have been reported to the Audit Committee and both the Committee and the Board will be kept updated on progress.

Future focus

38 The Board's focus for 2021-2022 is:

- 38.1 Review of the 2021 selection and appointment campaign against the success measures and identification of learning for future campaigns, particularly in relation to increasing the diversity of the applicant field.
- 38.2 Ensuring that any new Panel Members are properly inducted and trained to perform their role to a satisfactory standard under the performance monitoring framework.
- 38.3 Appointment of Panel Chairs.
- 38.4 Preparation for, and oversight of, the selection and appointment of new Legal Assessors. The Board will consider a plan to improve Legal Assessor diversity through the 2022 appointments. This will be challenging due to the known lack of diversity in the legal profession, combined with the requirement, as set out in The Nursing and Midwifery Order 2001, for Legal Assessors to have 10 years' plus experience.

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		38.5 Approval of the annual Panel Member training programme for 2022-2023.	3.
		38.6 Continued review of the Panel Member Services Agreement.	4.
Midwifery implications	39	The Panel Member selection process was open to registered midwives, as well as registered nurses and nursing associates.	5.
Public protection implications:	40	Successful implementation of the three year strategy for delivering high quality Panel Members will ensure that Panel Members make high quality decisions that protect the public and maintain public confidence in the NMC.	6.
Resource implications:	41	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.	7.
Equality and diversity implications:	42	The approved three year strategy for delivering high quality panel members which includes the following objectives in relation to equality, diversity and inclusion:	8.
	42.1	Ensuring the membership of the practice committees reflects the professions we regulate and the wider UK population.	9.
	42.2	Ensuring panel members are equipped with the necessary knowledge and training to ensure equality, diversity and inclusion matters are understood, supported and well managed.	10
Stakeholder engagement:	43	None arising directly from this paper.	11
Risk implications:	44	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.	12
	45	The Board has approved a strategic approach to delivering high quality panels which mitigates this risk.	13
Legal implications:	46	None.	14

Item 11
NMC/21/56
7 July 2021

A year in the life: Employer Link

Our insight and impact
2020-2021

PJ Mansell
Principal Regulation Adviser

NMC Nursing &
Midwifery
Council



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Employer Link overview

- Established in 2016 to strengthen our relationship with employers.
- Remit includes:
 - providing support to employers on NMC's regulatory activities and building effective two-way communication
 - helping employers to decide whether they need to refer fitness to practise concerns about nurses, midwives, or nursing associates to us
 - offering NMC inductions for senior nursing and midwifery leaders and learning sets for their wider teams
 - working with employers, regulatory partners, and system leaders to support identification and management of risk
 - listening to employers' suggestions about ways to improve our processes
- Team comprises 12 Regulation Advisers (RAs) – an increase from 8 in 2019-2020 – who are allocated to support the NHS regions in England and the devolved nations

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Local engagement

Employer level

Despite not being able to carry out usual face to face meetings locally, the team maintained regular engagement virtually with employers across the UK including:

- Regular updates on our response to the pandemic
- Supporting employers with registrations to aid deployment of overseas recruited nurses into identified high risk clinical areas.

2,544

Engagement activities
with employers
85% -NHS
15% -Independent
providers

2,850

Local engagement
activities recorded
by RAs
(excluding advice line
requests)

'Place' & System level

The team continued to attend local and regional quality and safety groups as systems flexed to respond to the increasing challenges of the pandemic.

We saw enhanced collaborative working at regional and local level across both professional and system regulators in all four countries to ensure communications to different groups of professionals and providers were clear and consistent.

Advice line

1044 requests for advice about potential referrals from employers

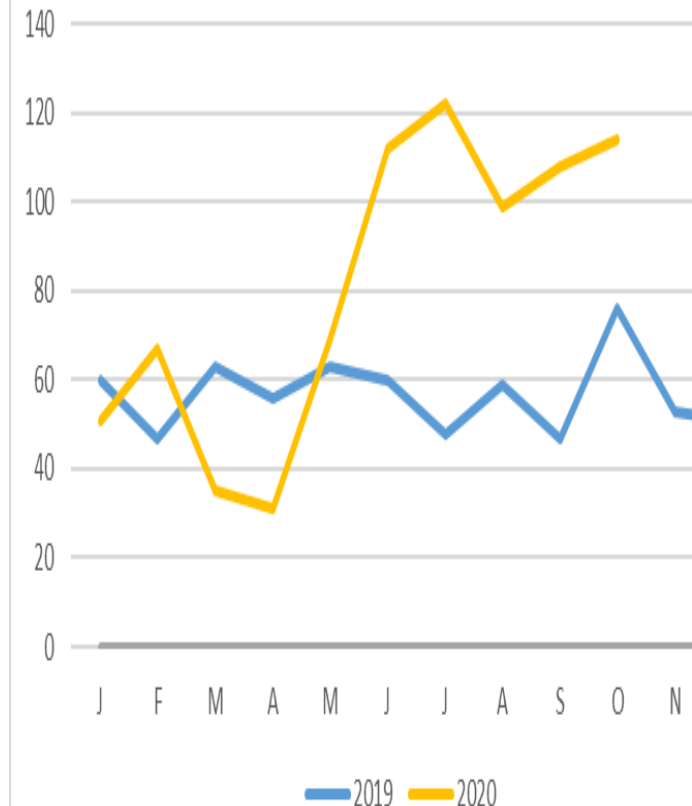
48% advised not to refer at the time of call

49% of requests were from the NHS

50% increase in calls to the advice line compared with last year

- In April 2020 all employers were **re-directed through the Employer Link advice line prior to making a referral** as part of our response to the pandemic and supporting FtP case work.
- This resulted in a 50% increase in calls to RAs from employers
- Although the RAs advised that a referral was necessary in 52% of calls, in the other 48% of calls about referrals an alternative to referral was advised – this suggests **501 unnecessary referrals were prevented**

Calls into the advice line



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Further breakdown of engagement



Percentage of engagement by country

85% England

8% Scotland

3% Wales

3% Northern Ireland

1% Guernsey, Jersey & Isle of Man



Episodes of engagement with other parts of the system

- 341 Other regulators
- 227 Risk / quality local meetings
- 59 Nursing Agencies
- 49 Clinical Commissioning Groups
- 42 training/learning sessions



Examples of other local engagement

- Establishing relationships with the new Regional Chief Midwives
- Freedom to Speak up Guardians
- Controlled Drugs Accountable Officers
- Scottish Wellbeing Specialist Services
- Continuing Health Care national and regional teams
- Healthwatch
- Scottish Public Services Ombudsman

Other activities

- We completed and published the employer resource providing advice and support on managing concerns locally and when to make a referral in line with our strategic approach to fitness to practise.
- Co-designed a collaborative pilot programme with the GMC to improve our understanding of the challenges facing maternity units and how professional regulators can work together to support our registrants to practice safely.



- We produced the first Employer Link quarterly reports, including a themed report for Q3 in response to the national focus on the safety of England's maternity services.
- Worked with colleagues in professional regulation to prioritise re-engagement with employers following the pandemic pause.
- Strengthened our links with internal teams, raising our profile and working more collaboratively across all NMC functions.

Case studies

Following an NMC webinar on 'Ambitious for Change', we were contacted by a **Regional Head of Nursing**. We were invited to be part of the regional BAME delivery group looking at the local processes and NMC referrals from organisations in the region to identify any inequalities. We are supporting development of a regional action plan.

Regular engagement with a **supplier of bank nurses** to care homes, means the RA has been able to offer support on their development of a clear and consistent approach to NMC referrals. Many nurses join their organisation after a referral and are supported to strengthen their practice. They regularly seek advice on concerns and how best to manage them locally.

A number of **care homes** in a region were noted to have been rated as 'inadequate' or 'requires improvement' by the CQC. We delivered a learning session to the Clinical Commissioning Group Quality Improvement and Quality Assurance Team, which was well received and led to further constructive engagement.

A **Director of Midwifery** got in touch to discuss the findings of a Healthcare Safety Investigation Branch report in relation to 3 midwives. We met the director, discussed our approach to fitness to practise, and concluded the concerns had been appropriately managed locally with no need to refer. The director told us they appreciated the support and the clear outline of the NMC's view; they have welcomed regular engagement and are now discussing delivery of a learning session for the midwifery team.

Following a pattern of poor quality referrals from an **Ambulance Trust**, we undertook a programme of engagement with the senior team at an Ambulance Trust., to support them to improve their processes and know when to seek advice from us. The impact has been an improved level of timeliness and quality of referrals.

National activity

In England we represented the NMC at the:

- Emerging Concerns Protocol Working Group
- NHSE/I's National Maternity Safety Surveillance and Concerns Group
- National Joint Strategic Oversight Group
- National Guardian's Office Advisory Working Group
- NHSE/I's Professional Bodies Echo Group meeting to discuss health and wellbeing impacts of the Covid-19 pandemic on all health and social care staff

In other devolved administrations we represented the NMC at:

- Developing an Emerging Concerns protocol for **Scotland**
- Health Improvement **Wales** (HIW) Healthcare Summit
- Collaborative discussions in **Northern Ireland** with other regulators and the NI Social Care Council, to consider development of a NI equivalent to the Emerging Concerns Protocol

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The team and the year ahead:

We carried out a review of the NMC field-force capacity last year as part of our 2020 organisational redesign. The recommendations from the review were approved in February.

To support our ambition to be a more **visible and accessible regulator** the ELS team will be repositioned as a corporate function within Professional Practice as the outreach team for the nations and regions of the UK and renamed accordingly.

The team will be equipped to pursue our strategic objectives across our remit, **adding value to how we regulate, support and influence nursing and midwifery.**

Building on a strong track record, and with the right resources, we will offer more **proactive support for our professions** through a greater understanding of the range of environments in which they work.

Increased engagement with our professions, their employers and their educators will ensure they have a **comprehensive understanding of what we do.**

This new direction allows the outreach function to evolve and provide a more consistent approach to support beyond employers and with greater reach to our registrants.

A new assistant director will lead on planning transition to the new model from 2022-2023



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Council

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

Action: For information.

Issue: Reports action taken by the Deputy Chair of the Council since 19 May 2021 under delegated powers in accordance with Standing Orders.

There has been one Deputy Chair's action to reappoint the Chair and a Partner member to the Appointments Board (09/2021).

Core regulatory function: Supporting functions.

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

Decision required: None.

Annexe: The following annexe is attached to this report:

- Annexe 1: Deputy Chair's action 09/2021 – Reappointments to the Appointments Board.

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

Deputy (Acting) Chair's Action

Under NMC Standing Orders, the Acting 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 Acting 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 Acting Chair is requested to authorise on behalf of the Council.

Requested by: Secretary to the Council	Date: 18 June 2021
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Reappointments to the Appointments Board

In accordance with Standing Orders, the Acting Chair is asked to:

- Reappoint Jane Slatter as Chair and Partner member of the Appointments Board from 6 August 2021 to 5 August 2024.
- Reappoint Robert Allan as a Partner member of the Appointments Board from 1 October 2021 to 30 September 2024.

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

Signed  (Acting Chair)

Date 18 June 2021

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Reappointments to the Appointments Board

Action: For decision

Issue: Reappointments to the Appointments Board

Core regulatory function: Supporting functions

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

Decision required: The Acting Chair is asked to:

- Reappoint Jane Slatter as Chair and Partner member of the Appointments Board from 6 August 2021 to 5 August 2024.
- Reappoint Robert Allan as a Partner member of the Appointments Board from 1 October 2021 to 30 September 2024.

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
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- Context:**
- 1 The Council established the Appointments Board as a discretionary Committee to assist the Council with the exercise of any function or process relating to the appointment of Fitness to Practise Panel Members and Legal Assessors. In May 2020 the Council extended the remit of the Appointments Board to include oversight of arrangements relating to the appointment of Registration Appeals Panel Members.
 - 2 In accordance with NMC Standing Orders, the Board comprises a Chair and four members, all of whom are lay, partner members. The Board currently has a full complement of members.
 - 3 The first terms of office of the Chair of the Board and one Board member are coming to an end:
 - 3.1 Jane Slatter is the Chair and her term ends on 5 August 2021.
 - 3.2 Robert Allan's term ends on 30 September 2021.
 - 4 They will have each served one three year term and will be eligible for reappointment for a further term of up to three years.
 - 5 Both members have indicated their willingness to be reappointed.
 - 6 You have met with Jane Slatter for an appraisal/reappointment discussion and have confirmed that you are content to recommend her reappointment.
 - 7 In the case of Robert Allan, the Chair of the Board is recommending his reappointment.
 - 8 The Secretary to the Board has received updated declaration of interests forms from both members and the due diligence checks undertaken at the time of their original appointment have been refreshed, with no issues being identified.
- Four country factors:**
- 9 All selection processes for Appointments Board members are open to applicants from all four UK countries.
- Discussion**
- 10 The appointment of partner members to Discretionary Committees of the Council is governed by the NMC Standing Orders.

11 Under paragraph 4.2.7 of the NMC Standing Orders, the duration of the term of office is determined by the Chair of the Council and in the case of a Partner Member (which includes a member of the Appointments Board) the term may not exceed three years from the date of appointment, renewable once. The normative principle adopted by the Council is that appointments should be for a period of 3 years. On this basis, the reappointments would be effective as follows:

11.1 Jane Slatter - 6 August 2021 to 5 August 2024.

11.2 Robert Allan – 1 October 2021 to 30 September 2024.

12 Recommendation: The Chair is asked to:

12.1 **Reappoint Jane Slatter as the Chair of the Appointments Board for the period 6 August 2021 to 5 August 2024; and**

12.2 **Reappoint Robert Allan as a member of the Appointments Board, as recommended by the Chair of Board, for the period 1 October 2021 to 30 September 2024.**

Next Steps

13 Subject to approval, formal reappointment letters will be sent to Jane Slatter and Robert Allan from the Secretary to the Council and this Acting Chair's action will be reported to the next Council meeting (in July 2021).

Midwifery implications:

14 Not applicable as all Appointments Board members are lay.

Public protection implications:

15 The assurance provided by the Appointments Board to Council on the appointment of Panel members, Registration Appeals Panel members and Legal Assessors contributes to public protection.

Resource implications:

16 Allowances and expenses for partner members are provided for within the Governance budget.

Equality diversity and inclusion implications:

17 The next round of recruitment to the Board, scheduled for 2022, will focus on increasing the diversity of the Board's membership.

Stakeholder engagement:

18 Not applicable.

Risk implications:

19 None.

Legal implications:

20 This reappointment process is compliant with the requirements of paragraph 427 of NMC Standing Orders on the appointment of partner members to Discretionary Committees of the Council.

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