Open Council 26 January 2022

MEETING
26 January 2022 09:30

Meeting of the Council

To be held virtually from **09:30** on Wednesday 26 January 2022

Agenda

Virtual link: https://global.gotomeeting.com/join/954134421
Phone: 0 800 389 5276
Access Code: 954-134-421#

Sir David Warren	Fionnuala Gill
Chair of the Council	Council Secretary

1	**Welcome and Chair's opening remarks**	NMC/22/01	**09:30**
2	**Apologies for absence**	NMC/22/02	
3	**Declarations of interest**	NMC/22/03	
4	**Minutes of the previous meeting**	NMC/22/04	
	Chair of the Council		
5	**Summary of actions**	NMC/22/05	
	Secretary		

Matters for discussion

6	**Executive report including performance and risk report (Q3 October to December 2021)**	NMC/22/06	**09:45-10:35** *(50 mins)*
	Chief Executive and Registrar/Executive		
Comfort break (10 minutes)			*10:35-10:45*
7	**Fitness to Practise Improvement Programme Update**	NMC/22/07	**10:45-11:15** *(30 mins)*
	Interim Executive Director, Professional Regulation		

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8	**Professional Standards Authority annual performance review 2020-2021**	NMC/22/08	**11:15-11:35** *(20 mins)*
	Executive Director, People and Organisational Effectiveness		

Comfort break (10 minutes)   *11:35-11:45*

9	**Education Quality Assurance annual report 2020-2021**	NMC/22/09	**11:45-12:00** *(15 mins)*
	Executive Director, Professional Practice		

Matters for Decision

10	**Draft People Plan 2022-2025**	NMC/22/10	**12:00-12:40** *(40 mins)*
	Executive Director, People and Organisational Effectiveness		
11	**Update on our Safeguarding activities and changes to our Safeguarding and Protecting People Policy**	NMC/22/11	**12:40-12:55** *(15 mins)*
	Executive Director, People and Organisational Effectiveness		
12	**Panel member appointment**	NMC/22/12	**12:55-13:00** *(5 mins)*
	Interim Executive Director, Professional Regulation		

Matters for discussion

13	**Questions from observers**	NMC/22/13	**13:00**
	Chair	**(Oral)**	

Matters for information

14	**Appointments Board report**	NMC/22/14	
	Chair of the Appointments Board		

15 **Chair's actions taken since the last meeting** NMC/22/15

Chair

CLOSE **13:15**

Item 4
NMC/22/04
26 January 2022

Meeting of the Council
Held on 24 November 2021 by videoconference.

Minutes

Council:

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

NMC Officers:

Andrea Sutcliffe	Chief Executive and Registrar
Emma Broadbent	Executive Director, Professional Regulation
Helen Herniman	Executive Director, Resources and Technology Services
Matthew McClelland	Executive Director, Strategy and Insight
Tom Scott	Interim Executive Director, Professional Regulation
Geraldine Walters	Executive Director, Professional Practice
Francesca Okosi	Executive Director, People and Organisational Effectiveness
Alice Hilken	General Counsel
Miles Wallace	Assistant Director for Corporate Communications
Fionnuala Gill	Secretary to the Council
Pernilla White	Senior Governance Manager
Alice Horsley	Governance Manager
Rob Beaton	Head of Corporate Planning, Performance and Risk *(NMC/21/96 only)*
Paul Johnson	Assistant Director, Professional Regulation *(NMC/21/97 only)*
Anthony Robinson	Assistant Director, Professional Regulation *(NMC/21/98 only)*
Laura Marks	Interim Assistant Director, People Services *(NMC/21/99 only)*
Mark Egan	Reward and Data Business Partner *(NMC/21/99 only)*
Alex Rhys	Assistant Director, Professional Practice *(NMC/21/100 only)*
Sue West	Senior Nursing Education Adviser *(NMC/21/100 only)*

| Anne Trotter | Assistant Director, Education and Standards (*NMC/21/101 only*) |
| Edina Ojeifo | Interim Assistant Director, Professional Regulation (*NMC/21/103 only*) |

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

Minutes

NMC/21/91   Welcome and Chair's opening remarks

1.   The Chair welcomed all attendees to the meeting, including external observers. The Chair also welcomed Miles Wallace, Assistant Director for Corporate Communications attending on behalf of Edward Welsh, Executive Director, Communications and Engagement.

2.   The Chair noted that some Council members were joining the meeting virtually from the NMC's offices at 23 Portland Place.

3.   The Chair congratulated Justine Craig on her appointment as the next Chief Midwifery Officer for Scotland and Tracey MacCormack on revalidating.

NMC/21/92   Apologies for absence

1.   Apologies were received from Edward Welsh, Executive Director of Communications and Engagement.

NMC/21/93   Declarations of interest

1.   All registrant members, Associates and Geraldine Walters, Executive Director, Professional Practice declared an interest in the following items:

a) NMC/21/97: Fitness to Practise Improvement Programme Update
b) NMC/21/100: Review of Education recovery standards
c) NMC/21/101: Review of the Royal Pharmaceutical Society Competency Framework for All Prescribers
d) NMC/21/103: Appointment of Fitness to Practise Panel Chairs

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

NMC/21/94   Minutes of the previous meeting

1.   The minutes of the meeting on 29 September 2021 were agreed as an accurate record.

NMC/21/95   **Summary of actions**

1.   The Council agreed to amend action NMC/21/83 as follows: *the Chair of the Audit Committee would raise and discuss Equality, Diversity and Inclusion issues with HW Fisher LLP and report back to the Audit Committee.*

NMC/21/96   **Executive report including performance and risk report (Q2 July to September 2021)**

1.   The Chief Executive and Registrar introduced the report and highlighted the severe ongoing pressures within health and social care services. The NMC had sent a joint email with the Chief Nursing Officers (CNOs) to all professionals on the permanent and temporary register thanking them for all their work and recognising the huge pressures that they were under.

2.   The Professional Standards Authority (PSA) had published its annual review of our performance for 2020-2021 on 23 November 2021. The NMC had met 17 of the 18 Standards of Good Regulation. As expected, we had again not met the Standard requiring us to deal with fitness to practise cases as quickly as possible, consistent with a fair resolution of the case. This was our top corporate priority and would be discussed separately (NMC/21/97). The Council would discuss the PSA performance report 2020-2021 fully at the meeting on 26 January 2022

3.   The Chief Executive also highlighted the award of contracts to five test centres to deliver the Objective Structured Clinical Examination (OSCE) from February 2022.

4.   In discussion, the following points were noted:
   a) Our recently published registration data mid-year report should benefit the wider system by helping inform workforce planning. A key issue was the higher number of people leaving the register in the six months to September 2021. Executive lead directors for each of the countries were having conversations with stakeholders in each country about how to use the data to influence workforce planning. The Chief Executive was also discussing this with Health Education England (HEE).
   b) The annual leavers' survey, which specifically asked about reasons for leaving the register would capture Covid-19 factors this time. The survey outcomes would be shared in spring 2022 together with our annual registration data report.
   c) The response to our consultation on post-registration education standards had been good, including the work of the focus groups. Issues for debate included questions around prescribing. It was hoped to publish the independent analysis of the consultation responses in December 2021.

d) The NMC had hosted a virtual roundtable about the English language tests with the aim of hearing the views and experiences of registrants, employers, recruiters, and membership bodies representing international nurses and midwives. The feedback from the roundtable was powerful and would help to shape our plans, the evidence review and ultimately the public consultation, which would be undertaken in the first six months of 2022-2023. The Council would wish to be kept updated on developments.

e) The Student Nursing Times Awards which Sir Hugh Bayley attended on behalf of the Council, along with Executive colleagues, had showcased the inventiveness of student nurses such as the use of IT in patient care. It was a real tribute to Universities that they were providing a wide range of education options for students.

f) The NMC had also been represented at the annual Awards hosted by the Royal College of Nursing and Royal College of Midwives and had invited nurses and midwives to attend these events with us.

g) The importance of Council members having opportunities to engage with professionals to understand what it was like to be a practitioner, what was happening on the front line and what they had been through was highlighted. The Council looked forward to further opportunities to engage with registrants when possible.

Action:	Keep Council updated on developments about the English language tests
For:	Executive Director, Strategy & Insight
By:	26 January 2022

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

The Executive Director, Resources and Technology Services introduced the report and noted that:

a) there was an error in relation to the percentage of UK initial registration applications completed within 1 day for May 2021 which should read 99.7 percent rather than 100 percent (page 48);

b) performance in the contact centre had recovered in the quarter to reach 95.5 percent (exceeding the target of 90 percent) during September when call volumes were at a peak; and

c) the financial year end position was likely to be 'break-even' or better, due to both actual savings and to expenditure deferred to 2022-2023.

6. In discussion, the following points were noted:

   d) In respect of Commitment 5: building trust in nursing and midwifery professional regulation, recent consultations, such as that relating to the post registration standards had again highlighted that there was more to do to ensure professionals and stakeholders understood our role as a regulator. Although there had been delays in delivery of the research into how our key audiences perceive us, there was a strong commitment to deliver the 'NMC and Me' information campaigns which would continue over time. The public campaign would be delivered first, followed by professionals and then students to coincide with the start of the new academic year.

   e) The underspend against budget, coupled with challenges in progress on a number of commitments and targets, raised concerns. Staffing appeared to be a key factor in a number of areas and there may be scope to consider ways of providing incentives to reduce the risk of turnover increasing further.

   f) The Executive Director, People and Organisational Effectiveness provided assurance that efforts were being made to tackle turnover challenges, including creation of talent pools and a 'bank'; speeding up recruitment processes; offering permanent rather than fixed term roles; and plans to review pay and reward. The suggestion of retention bonuses could be considered in this context.

   g) Given the current drive for overseas recruitment, the 60 days taken to process registration for international applicants was challenging for employers and the increase in complaints in this area was concerning. The interim Executive Director, Professional Regulation advised that efforts were underway to improve the speed of these processes, including through use of new technology.

   h) In relation to getting smarter at using our data (commitment 7), the second phase of our *Ambitious for Change* research was underway, however participation from employers had been lower than expected. Various ways to improve participation had been explored and the numbers had increased.

   i) The improvements achieved by the contact centre were commended particularly given this was at peak demand.

Corporate risk exposure report

7. The Executive Director, Resources and Technology Services introduced the report. A new format had been adopted, with the risk exposure report providing context around key risk factors, followed by the full risk register detailing actions taken to mitigate risks.

8. In discussion, the following points were noted:

   a) The report was well-structured and covered the issues Council expected to see on the strategic risk register.

b) There were reservations about the amount of detail in the full risk register. It would be more helpful for the Council for the register to focus on key drivers and significant risk mitigations and actions, rather than providing detailed information about business as usual activity.

c) Although the report referenced the potential impact of increasing inflation, there may be value in including this on the risk register along with clarity about the key aspects of our work affected, for example refurbishment of 23 Portland Place and the mitigations we could put in place.

d) Consideration should be given to whether the climate emergency should be referenced on the risk register: COP 26 had focussed all organisations' minds on what contribution they were making to this. The Council was assured that sustainability was being considered as part of the strategy work.

e) In relation to the Modernisation of Technology Services (MOTS) programme risk (INF21/04), the potential risk of the programme not achieving what was expected appeared to be lacking a mitigation. The Interim Director, Professional Regulation undertook to ensure that mitigations around this risk were articulated.

9.   Summing up, the Chair noted that the report identified the right risks and mitigations; the next stage was to separate out key strategic mitigations from business as usual. The Council would wish to discuss the sustainability issue in more detail in future.

10.   On behalf of the Council, the Chair thanked the Chief Executive and colleagues for all the work reported, noting that Council would see the quarter three performance and risk report in January 2022.

Action:	**Streamline the content of the corporate risk register to focus on key strategic mitigations against risks and consider when might be appropriate for a fuller discussion on sustainability/climate issues.**
For:	**Executive Director, Resources and Technology Services**
By:	**26 January 2022**
Action:	**Articulate further the mitigations for risk INF21/04 in light of Council's discussion**
For:	**Interim Executive Director, Professional Regulation**
By:	**26 January 2022**

NMC/21/97   Fitness to Practise Improvement Programme Update

1.   The Interim Executive Director, Professional Regulation provided an update on the Fitness to Practise Improvement Programme and efforts to reduce the caseload by focussing on reducing inappropriate referrals; making final decisions at the earliest possible stage; making full use of our budget resources; and improving the efficiency and effectiveness of our processes.

2. Whilst progress had been made in several areas, including reducing inappropriate referrals and increasing final decisions at screening, the combined impact had not seen the caseload fall between July and September 2021. This was due to underspends, challenges with key staff availability; and slower than planned roll-out and embedding of productivity measures. Actions taken in response included strengthening recruitment; expanding key teams undertaking screening decisions; and consideration of further external support in investigations, hearings and screening. As a result, the October 2021 caseload was stable and a reduction in the caseload had been seen in November 2021.

3. In discussion, the following points were noted:
    a) The new work-stream within adjudication aimed to maximise use of hearing time, taking advantage of the virtual environment to enable Panels to focus on disputed issues in cases at hearing
    b) A central focus was to make full use of the budget to secure the staffing resources needed; however, other organisations were growing as well, with a resultant impact on the employment market.
    c) Failure to meet the KPI to conclude fitness of practise cases within 15 months was due to staff absences and delays caused by the Covid-19 pandemic. Latest figures for October suggested that performance was beginning to improve; the importance for public protection of progressing cases as quickly as possible was recognised.
    d) The binary nature of the KPI relating to interim orders meant that it was difficult for the Council to get a sense of the extent to which the 28 day deadline was being exceeded. More information about the number of cases missing the target, and by how much may be helpful. Each case which missed the target was reviewed by the Director to identify the reasons.
    e) The FTP Improvement Programme Board was actively engaging with teams to get their input and feedback around where further improvements could be made; actions taken so far included removing duplication of effort; clarifying guidance, for example around application of context; and ensuring quality assurance processes were proportionate. The amount of change was also a factor: it was important to consider when and how to embed each change and secure the full benefit, before progressing further changes.
    f) Decisions in screening were expected to exceed referrals from November 2021 onwards. A larger team was in place to deal with this, and other support teams were able to provide tactical support for the workload. Screening was a critical part of our process; if we could get this right, we could be more proportionate, and person centred.
    g) Regulatory reform would also have a major impact in re-designing our processes.

h) It was equally important to work on reducing inappropriate referrals from employers. The efforts of the Employer Link Service (ELS) had led to some reductions but we had not yet reached all employers.

i) Provision of timely information by other organisations was also important but those organisations themselves also faced similar challenges and pressures.

4. In summing up, the Chair thanked the Executive for the transparency about performance and emerging themes. It was important to keep in focus that this was about people and keep the human experience of the public, registrants, workforce and colleagues within fitness to practice, at the forefront. The Council would continue to receive regular updates to enable comprehensive discussions on progress.

Action:	**Consider provision of additional information around performance against the KPI target on interim orders.**
For:	**Interim Executive Director, Professional Regulation**
By:	**26 January 2022**

NMC/21/98 **Learning Lessons and Improving our Handling of Discrimination Cases Report**

1. The Chief Executive and Registrar introduced this item: the NMC was an anti-racist organisation and we had made that clear publicly. However, we would only make that a reality if we recognised and said sorry when we got things wrong, worked to put them right and committed to doing better. That was what we had done here – we had apologised for getting things wrong; referred the case to the Professional Standards Authority who had referred it to the High Court who had overturned the decision. We had commissioned this review because we were committed to doing better. The review had been led within Professional Regulation but raised issues for the whole organisation.

2. The Interim Director, Professional Regulation, noted that the decision made in the case of nurse Melanie Hayes had caused a great deal of concern for many. The NMC was sorry that the decision we made was not the right one.

3. The Assistant Director, Professional Regulation highlighted that the report set out what we had learned, what we had done already, and what we were planning to do. For the record, he highlighted that the reference to '1 November 2022' should read 1 November 2021 (pages 119 and 123).

4.   In discussion, the following points were noted:
   a) The openness and transparency in the report was welcome, as was the specificity, breadth, and depth of the recommendations, which gave assurance that we were serious about learning lessons. The Council fully supported the recommendations and actions proposed.
   b) It was important that colleagues from black and minority ethnic backgrounds were involved in cases of race discrimination and that there was diversity on panels.
   c) It was equally important to ensure that those individuals had the resilience and confidence to speak up and that Panel Chairs were prepared to listen to opinions that may be different from their own. It was encouraging to see increased diversity in the proposed Panel Chair appointments to be considered later on the agenda (NMC/21/103).
   d) The NMC as a whole, including the Council and Panel members, needed to ensure that it was up to date with developing societal views and concerns: issues were likely to arise in future and we needed to be in touch with public interest and public perception. The Executive confirmed that Panel training helped with this to some extent but that we needed to get better at tracking these issues.
   e) The proposed independent audit under the second phase of the Ambitious for Change work was a significant and specialist piece of work: we were retendering for this work following two unsuccessful efforts so far. It was therefore not possible to be specific about timeframes yet.
   f) Training and guidance on unbiased decision making was an important future focus for Panels and Chairs.
   g) The question of whether there were particular behaviours or attitudes that could not be remediated was a complex one, involving ethical and moral considerations. This would need to be addressed in reviewing the guidance on insight and strengthened practice and more work would be conducted on this both internally and with stakeholders.
   h) Pro-activity was important: this had been demonstrated in referring this matter to the Professional Standards Authority (PSA). We were also engaging with those groups and individuals who had expressed concerns to us about the decision in this case.

5.   The Chief Executive stressed that we were absolutely committed to this work and it would be important to sustain this going forward. Whilst we had an ethnically diverse staff group, this was not replicated in the senior leadership and it was important to continue to work on this. However, this was the responsibility of all colleagues and Panel members, not just those from Black and minority ethnic groups.

6.   In summing up, the Chair noted that this was an important paper, and this had been an important discussion. We were clear as an organisation that there was no place for racism in health and social care. We were committed to playing our part in tackling this, and to doing this as transparently as possible. We did recognise that the original decision in the case of Melanie Hayes was not right. It did not sufficiently reflect the seriousness of the abuse. It caused deep concern to many. The report set out the lessons we had learned in ensuring that the correct decision was finally reached. It was also important to recognise explicitly that this was not about blaming individuals, but about understanding the organisational systems and context within which everyone in the NMC was seeking to do their jobs. Council was grateful for the detailed and careful way in which the Executive had approached this question. It was important that we did not lose momentum. The Council would welcome a progress report in Spring 2022, setting out the progress made on all these points.

7.   The Chair and Chief Executive expressed thanks to the Interim Executive Director, Professional Regulation and the Assistant Director, Professional Regulation, and the team for carrying out this review and making a difference.

Action:	**Bring back a progress report on Learning Lessons and Improving our Handling of Discrimination Cases Report**
For:	**Interim Executive Director, Professional Regulation**
By:	**25 May 2022**

NMC/21/99   Pay Gap reports 2021, including WRES survey update

1.   The Executive Director, People and Organisational Effectiveness introduced report. We were committed to continuing to produce ethnicity and disability pay gap reports on an annual basis, alongside the mandatory gender pay gap report. The headline data had already been published in our statutory annual report and accounts earlier this year.

2.   The data showed an overrepresentation of women, and of black and minority ethnic groups, in the lower pay bands. Further work was needed in ensuring people were comfortable in declaring a disability. There was also considerable work to do on the ethnicity pay gap. These would be key issues for the forthcoming People Plan, EDI work programme and Race Equality plan.

3.   In discussion the following points were noted:
a) There was an underrepresentation of staff with a disability compared to national figures. This would be a key priority to focus on over the next two to three years. It was important to create a more positive environment and a more supportive workplace, including a stronger approach to making reasonable adjustments.

b) As the pay gap was much larger for some ethnic groups, it would be important that internal mentoring and training opportunities took account of diversity within the Black, Asian and minority ethnic groups. Disadvantage was cumulative and work on intersectionality was a focus for the various staff networks. Further work on obtaining clearer data to understand the differences and impacts better was underway. A people dashboard would be presented to the Council in due course.

c) As with the learning lessons review just discussed, these were issues that all colleagues needed to address, not just those with protected characteristics.

d) Allyship was important and all colleagues could join the staff networks to demonstrate this. It would be helpful for the values and behaviours to say what allyship looked like. A strong role model in this area was Yvonne Coghill, a registrant, and a race equality champion, who had produced a helpful guide entitled: *"The Seven A's to becoming an Authentic Ally"*. These principles would be shared with colleagues across the organisation.

4.

Decision: The Council approved the publication of the NMC's 2021 gender, ethnicity and disability pay gap reports (paragraph 26).

NMC/21/100   Review of Education recovery standards

1.   The Executive Director, Professional Practice introduced the item on the review of Education recovery standards.

2.   In response to the Covid-19 pandemic, we had introduced a number of emergency and recovery programme standards to provide flexibility to education programmes and to support students, approved education institutions (AEIs) and their practice learning partners. In February 2021, Council had agreed to two additional recovery standards for pre-registration nursing programmes, and this was the promised report back on their introduction which had been positive overall.

3.   The report also proposed introduction of an additional optional standard which we would have discretion to approve for individual AEIs who applied for this.

4.   In discussion, the following points were noted:
a) The proposed additional standard would enable us to 'pilot' the increased use of simulation hours. Evidence from those AEIs who adopted this standard would inform the review underway of the standards post EU requirements. AEIs would be encouraged to share information and data on an ongoing basis. This would be a quicker way to undertake research and gather evidence than randomised control trials.

b) The Steering Group would have an independent chair, following the approach adopted to previous reviews of standards. The Group include a mix of people from various backgrounds, from the four countries, service users, students, and professionals.

c) Other sectors that use simulation such as aerospace, would also be considered, as well as the work that Health Education England was doing on simulation, and the context around simulation hours in other countries.

d) The pandemic had made us consider things differently, including where and how nurses work. Placements would be different from how they were pre-pandemic and there was a huge opportunity here. However, many people might have concerns, and hearing their voices was equally important.

5.

Decisions: The Council approved:

- **The recovery standards RN5 and RN5.1 remaining in effect until the project of work to review the standards following the removal of the EU Directive is complete, and until new permanent standards have been approved for delivery. We will begin approving delivery of the new standards from September 2023**
- **An additional discretionary standard RB6 (D), allowing education institutions subject to additional approval from the NMC, to include up to 600 hours of clinical simulation within the practice hours component of the programme**

NMC/21/101 Review of the Royal Pharmaceutical Society Competency Framework for All Prescribers

1. The Executive Director, Professional Practice introduced the report. The Royal Pharmaceutical Society (RPS) had the expertise in this area and other regulators had followed in our wake in adopting the RPS Competency Framework for All Prescribers.

2. In relation to the recent investigation by the Sunday Times, the RPS's Prescribing Competency Framework made clear that prescribers should thoroughly assess patients to identify and minimise risks; it was clear from this that remote prescribing was unlikely to be suitable for injectable cosmetics. We were actively reviewing our guidance in collaboration with partners in the sector.

3. The Pharmaceutical Society of Northern Ireland (PSNI) had previously advised that, whilst it would not adopt the RPS's Competency Framework for All prescribers, it would align its approach to the framework.

4.   **Decisions: The Council:**
          - **Agreed that the refreshed Royal Pharmaceutical Society Competency Framework for All Prescribers (2021) continue to be our standards for safe and effective prescribing practice, effective no later than 1 September 2022**
          - **Approved the timeline that all Approved Education Institutions will confirm that their approved prescribing programmes meet the refreshed Royal Pharmaceutical Society Competency Framework for All Prescribers (2021) by no later than 1 September 2022.**

NMC/21/102   Governance: Review of Council Policies

1.   The Secretary to the Council introduced the report which invited the Council to adopt a revised Code of Conduct and related policies covering Managing interests, and Gifts and Hospitality.

2.   As a matter of good governance, the Council should review its own Code of Conduct and related policies on a regular basis. Council last reviewed its Code of Conduct and related policies in March 2017. In preparation for regulatory reform and the transition to a Unitary Board governance model, there would be a need to review/reformulate all aspects of our Governance framework in 2022-2023. Mindful of this, the revisions to the existing Code and polices were relatively light touch.

3.   The Chair of the Remuneration Committee confirmed that the Committee had reviewed the revised draft Code and related policies in September 2021 and had endorsed these for Council approval.

4.   In discussion, the following points were noted:
          a) The information around declaring interests for close family and associates had been clarified, although members were assured that only appropriate information was published on the NMC website.
          b) There was scope to amend the guidance on gifts and hospitality around declining gifts over £20, where it may be discourteous to refuse or where hospitality related to an event attended in furtherance of NMC business.

5.   **Decisions: the Council agreed to adopt:**
          i.   **the Revised Council Code of Conduct (Annexe 2);**
          ii.   **the Revised Council Managing Interests Policy (Annexe 3); and**
          iii.   **subject to the clarification being made, the Revised Council Gifts and Hospitality Policy (Annexe 4).**

Action:	Amend the Council Gifts and Hospitality Policy to clarify the circumstances where gifts or hospitality of a value exceeding £20 should be declined.
For:	Secretary
By:	26 January 2022

NMC/21/103 Appointment of Fitness to Practise Panel Chairs

1.   The Interim Executive Director, Professional Regulation introduced the paper which sought the Council's approval to appoint additional Fitness to Practise Panel Chairs.

2.   The process and methodology to select a new cohort of Panel Chairs had been overseen by the Appointments Board. The process was only open to existing Panel members. As insufficient numbers had applied, an external process would begin in due course.

3.   The Council welcomed the increase in the overall diversity of the Panel Chair pool following the appointments.

4.   **Decision: The Council accepted the recommendation of the Appointments Board to appoint the individuals listed at Annexe 1 as Panel Chairs of the Fitness to Practise and Investigating Committees.**

NMC/21/104 Questions from observers

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

NMC/21/105 Audit Committee Report

1.   The Committee noted the report of the Audit Committee meeting on 20 October 2021.

NMC/21/106 Investment Committee Report

1.   The Committee noted the Investment Committee report of the meeting on 18 October 2021.

NMC/21/107 Chair's actions taken since the last meeting

1.   There had been no Chair's actions since the last meeting.

Closing remarks

1.   The Chair expressed the thanks of the Council to Justine Craig. The whole Council enjoyed working with Justine and we were grateful for the valuable contribution she had made whilst being on Council.

2.   On behalf of the Council, the Chair also expressed thanks to Pernilla White, Senior Governance Manager. Pernilla had been an outstanding colleague, who had been tireless in her work to support the Council and Council members since 2015, and a colleague who had truly lived the NMC's values and behaviours.

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

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

SIGNATURE: ....

DATE: ....

Nursing & Midwifery Council

Attendees

Observers

Kate Fawcett	Senior Scrutiny Officer, Professional Standards Authority
Collette Byrne	Scrutiny Officer, Professional Standards Authority
Gail Adams	Head of Professional Services, UNISON
Sarah Aitken	Policy & Strategy Trainee, NHS England
Azrah Alam	Staff Nurse, Homerton
Victoria Bagshaw	Regional Nursing, Midwifery & AHP Workforce Lead, NHSEI
Jane Beach	Lead Professional Officer for Regulation, Unite the Union
Nikita Hill	Senior Nurse Undergraduate Education, University College London Hospital
Susanne Lewis	Senior Lecturer Clinical Skills & Simulation, University of the West of Scotland
Deborah Marsh	Vicar, Church of England
Eileen McKenna	Associate Director, Royal College of Nursing (RCN) Scotland
Liz Miller	Lecturer in Midwifery, University of the West of Scotland
Hannah O'Neill	Student Specialist Practitioner (District Nurse), GHC
Pamela Page	Quality Assurance Deputy Director, Mott MacDonald
Bernadette Martin	Quality Assurance, Deputy Director, Mott MacDonald
Ian Felstead-Watts	Quality Assurance Director Mott MacDonald
James Penry-Davey	Partner, Capsticks Solicitors LLP
Jenny Wood	Associate, Capsticks Solicitors LLP
Professor Martin Bradley	Independent Panel Chair (Allowances)
Jacqui Francis	Independent Panel Member (Allowances)
Fiona Gibb	Head of Education, Royal College of Midwives (RCM)
David Watson	Senior Advanced Practitioner, NHS Lanarkshire
Robbie Naylor	Equality, Diversity and Inclusion Lead, Nottinghamshire Healthcare NHS Foundation Trust
Peter Mount	
Cara Marenghi	Occupational Therapy Assistant, Graham Anderson house
Charlotte Hodges	Student SPQ District Nurse, Gloucestershire Health and Care

Press

Kimberley Hackett	Senior news reporter, Nursing Standard

NMC staff observing

Bethan Lethbridge	Events Officer
Dilvinder Sander	Senior Project Manager
Ann Brown	Head of strategic projects
Atif Ahmed	Corporate Performance and Risk Officer
Abby Crawford	Equality, Diversity, and Inclusion Manager
Louis Sewitt	Policy Manager

Jane Hockin	Executive Business Manager, People and Organisational Effectiveness
Emma Lawrence	Regulatory Equality Diversity and Inclusion Manager
Glain Jones	Clinical Adviser
Anjeli Shah	Panel Secretary, Nursing and Midwifery Council
Jake Seager	Service Quality Manager

Annexe B

Nursing & Midwifery Council

Observer questions – Council meeting 24 November 2021

Question submitted by Justin Mackie

Is Council satisfied that the NMC has treated the CPP lawyer who agreed the CPD with Melanie Hayes, fairly and with kindness?

Response:
"*We recognise that when our work is criticised and reviewed, this can be uncomfortable for the organisation as a whole and for individuals involved. Our approach in this review has mirrored our expectations of how fitness to practise cases should be assessed by considering the wider context, not seeking to blame individuals.*
The 'Lookback, Learn and Improve' report is clear that from the moment we first received the concerns about Ms Hayes there are things we can learn in the way we understood and responded at each stage of the process. We know we need to improve and that shortcomings in how we have approached such matters lay behind our mistakes. This has guided the improvements we've already actioned and those we plan to do.
We have communicated formally and informally with those affected by this case throughout the review process, but we also recognise that our communications with colleagues should have been better. This learning will be reflected in our review of our Duty of Care policy which could have been more rigorously applied in this situation.
We're sorry for the impact this has had on colleagues but recognise it's essential we do not shy away from acknowledging our mistakes, saying sorry when we've got things wrong and being determined to make improvements where required. Our approach to learning and improving will continue to be guided by all our values to be fair, kind, ambitious and collaborative."

Question submitted by Peter Mount

**I was delighted to see the unanimous support at your round table on November 18th, that now is the time to take urgent steps to remove some of the obstacles to registration which are experienced by so many overseas nurses. I argue that current NMC registration procedures for many overseas nurses can be seen as racist, discriminatory and support exploitation. I also believe that your policies do not conform with the statement made in the minutes on your November 2019 Council meeting relating to illegality. While appreciating that consulting on changes to the regulations will take time (it took 6 months for this roundtable to happen) I would like to ask the council what they plan to do in the immediate future to address these issues.
Response:**

"The NMC is grateful to Mr Mount for raising the problems that some nurses trained in India have experienced in passing our English language tests. As a result of this, the Council has brought forward its planned review of English language standards by six months. Last week's roundtable marked the start of that process. We were grateful for all the contributions made, particularly by those individuals who shared their personal experiences of not passing the test.

The purpose of our approach to English language testing is to protect the public and maintain confidence in the professions the NMC regulate. The standards have been set at a level suitable for professional registration, following public consultation and taking into account the available evidence including the standards set by other regulators.

Our review will, among other things, examine carefully why some applicants appear to have particular difficulty with the test. The NMC will of course also ensure compliance with our obligations under the Equality Act. We have zero tolerance, as an organisation, towards all forms of racism and discrimination. We are clear that we must strike the right balance between maintaining standards, ensuring public safety, and fairness to those going through our processes.

The NMC is under a statutory obligation to consult on any changes we make. The discussion at the roundtable was valuable and will help us scope both our review and any proposals on which we shall be consulting. We shall also continue to work with employers and other sector partners who can support applicants, so that they have the best possible chance of success in the tests.

The Council will be monitoring progress on this issue and will look forward to receiving reports back from the Executive."

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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.

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

Minute	Action	Action owner	Report back date	Progress to date
NMC/21/96	**Executive report including performance and risk report (Q2 July to September 2021)** Keep Council updated on developments about the English language tests.	**Executive Director, Strategy & Insight**	**26 January 2022**	This is covered in the Executive Report on this agenda.
NMC/21/96	**Executive report including performance and risk report (Q2 July to September 2021)** Streamline the content of the corporate risk register to focus on key strategic mitigations against risks and consider when might be appropriate for a fuller discussion on sustainability/climate issues.	**Executive Director, Resources and Technology Services**	**26 January 2022**	For Q3 we have reviewed the balance of reporting to improve how we highlight key strategic issues and their mitigations. We have achieved this by combining the executive summaries within the two main annexes of the Executive Report (annexe 1 performance results, and annexe 2 corporate risk) to draw out a single summary of key issues and there mitigations. We have linked these to our performance results. The aim is to provide the Council with a holistic view.

Minute	Action	Action owner	Report back date	Progress to date
				Within annexe 2 we have highlighted our proposed next step regarding sustainability / climate issues. We will also provide an opportunity for the Council to discuss this as part of the annual review of corporate risk at the April seminar. For Q4 2021-2022 we will review the benefit of providing both the risk exposure report and the corporate risk register within the same report.
NMC/21/96	**Executive report including performance and risk report (Q2 July to September 2021)** Articulate further the mitigations for the risk that the Modernisation of Technology Services (MOTS) programme does not achieve what was expected (INF21/04).	**Interim Executive Director, Professional Regulation**	**26 January 2022**	The mitigations for risk INF21/04 have been articulated further in light of Council's discussion.

Minute	Action	Action owner	Report back date	Progress to date
NMC/21/97	**Fitness to Practise Improvement Programme Update** Consider provision of additional information around performance against the KPI target on interim orders.	**Interim Executive Director, Professional Regulation**	**26 January 2022**	A verbal update to be provided at the meeting. There is no additional information around performance against the KPI target on interim orders in the Fitness to Practise Improvement Programme update on this agenda.
NMC/21/98	**Learning Lessons and Improving our Handling of Discrimination Cases Report** Bring back a progress report on Learning Lessons and Improving our Handling of Discrimination Cases Report	**Interim Executive Director, Professional Regulation**	**25 May 2022**	Not yet due.

Minute	Action	Action owner	Report back date	Progress to date
NMC/21/102	**Governance: Review of Council Policies** Amend the Council Gifts and Hospitality Policy to clarify the circumstances where gifts or hospitality of a value exceeding £20 should be declined.	**Secretary**	**26 January 2022**	The Council Gifts and Hospitality Policy has been amended to clarify the circumstances where it may be considered discourteous to decline the offer of a gift valued at over £20, or where it may be inappropriate to decline the offer of hospitality (see paragraph 24 of the Policy). The suite of Council governance policies approved by Council on 24 November 2021 have been published in the governance section of the NMC website.

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

Minute	Action	Action owner	Report back date	Progress to date
NMC/21/79	**Introduction of the Equality, Diversity and Inclusion (EDI) Plan 2021–2025** Share the detailed EDI action plan with the Council, incorporating measurable outcomes, the role of the NMC and collaboration with others including staff networks	**Executive Director, People and Organisational Effectiveness**	**26 January 2022**	The Council will discuss this at Seminar on 22 February 2022 and the proposed action plan will come to the 30 March 2022 Open meeting for approval.
NMC/21/80	**Welsh Language Scheme annual monitoring Report 1 April 2020 to 31 March 2021** Give further consideration to ensuring that relevant staff are appropriately equipped to deal with any Welsh language requests and report back to the Council	**Executive Director, People and Organisational Effectiveness**	**24 November 2021 / 26 January 2022**	We have not yet had capacity to review this and will update Council in March 2022.

Minute	Action	Action owner	Report back date	Progress to date
NMC/21/86	**Professional Standards Authority performance review 2019-2020 action plan** Ensure that future PSA performance review updates include greater granularity around issues already addressed.	**Executive Director, People and Organisational Effectiveness**	**24 November 2022 / 26 January 2022**	This is addressed in the PSA performance review report item on this agenda.

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

Minute	Action	Action owner	Report back date	Progress to date
NMC/21/22	**Emergency Rules – consultation outcomes and decision on continuing use of powers** Report back on the review of the guidance post emergency.	**Interim Executive Director, Professional Regulation**	**29 September 2021 / 24 November 2021 / 26 January 2022**	As the Government has not yet declared that the emergency is over, this item has been provisionally re-scheduled for a Council meeting in 2022 (date to be confirmed).

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

Minute	Action	Action owner	Report back date	Progress to date
NMC/20/89	**Fitness to practise cases** Provide an annual update on learning from fitness to practise cases	**Interim Executive Director, Professional Regulation**	**24 November 2021 / 26 January 2022 / July 2022**	Learning will be provided in the next Fitness to Practise Annual Report 2021-2022 (which the Council will see in July 2022).

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Executive report

Action: For discussion.

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

Core regulatory function: All regulatory functions.

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

Decision required: None.

Annexes: The following annexes are attached to this paper:

- Annexe 1: Performance against our corporate plan for 2021-2022

- Annexe 2: Corporate risk exposure report up to 31 December 2021

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

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Context: 1 This paper is produced by the Executive and provides an update from the external environment, progress against our corporate plan and risks facing the organisation.

2 The report consists of three sections:

2.1. This report with highlights from the external environment and our strategic engagement work up to January 2022;

2.2. Our quarter three corporate performance report providing status updates against our corporate plan and budget for 2021–2022 up to 31 December 2021 (Annexe 1); and

2.3. Our corporate risk position for 2021–2022 up to 31 December 2021 (Annexe 2).

3 There is a separate report on the agenda on Fitness to Practise (FTP) performance and progress against the FTP Improvement Programme.

Four country factor 4 The issues discussed apply across all UK countries unless highlighted.

Discussion **Covid-19 pandemic**

5 As the latest wave of the Covid-19 pandemic progressed, driven by the rapid spread of the Omicron variant, we took urgent steps to support the workforce to respond in December 2021, including reopening the temporary register to a defined cohort of overseas trained applicants at the request of the Chief Nursing Officers (CNOs) – see the separate Chair's Action 17/2021. This applies only to those already on a pathway to their objective structured clinical examination (OSCE) exam and full NMC registration.

6 We engaged with employers and senior stakeholders around this change, including explaining our decision not to reintroduce measures to allow students to undertake placements without supplementary status.

7 Earlier in December 2021, following previous work with the Scottish Government, we also worked with the Welsh Government and the CNO for England to contact professionals already on the temporary register and set out how they could support the ongoing pandemic response.

8 The findings from the temporary register survey (published 9 December 2021) will continue to inform our future communications to temporary professionals on our register as we look to support as many people as possible to re-join the permanent register if they wish.

9 The latest data shows that the total number of people on the temporary register increased from 14,660 on 31 November 2021 to 14,995 on 31 December 2021.

10 We recognise the extremely challenging circumstances facing the workforce across the health and social care sectors.

   10.1. On 8 December 2021, we re-published a joint statement with Chief Executives of other statutory regulators reiterating our support for staff. We sought to reassure professionals that our regulatory standards provide a framework for decision-making in a wide range of situations.

   10.2. On 21 December 2021 we emailed all the professionals on our permanent and temporary registers a letter from the Chief Executive and Registrar (CE&R), to reflect on the past year and thank them for everything they have done and continue to do. We took the opportunity to encourage take up of the booster vaccine and to highlight some of our key priorities for 2022.

   10.3. On 11 January 2022 we published a joint letter with the UK's CNOs to Directors of Nursing across the four nations. It thanked them for their continued dedication under the pressures of the pandemic, signposted the temporary register as a means to strengthening workforce capacity, reassured them that context is embedded in our fitness to practise decision making, and provided links to wellbeing support.

11 To support national efforts to increase vaccine take up, we emailed midwives on the register (17 December 2021) reiterating the advice of the Joint Committee on Vaccination and Immunisation (JCVI) for pregnant women. We also provided additional resources to support them in helping pregnant women make an informed decision.

12 On 15 December 2021 the Government confirmed that Baroness Heather Hallett will Chair a public inquiry into the UK Government's response to the Covid-19 pandemic, and that Lady Poole QC, Senator of the College of Justice of Scotland, will chair a separate Scottish inquiry. We have written letters to both Baroness Hallett and Lady Poole to introduce the NMC. Further members of the panels for both inquiries will be announced in due course, and both inquiries will begin their work in spring 2022. Wales and Northern Ireland have so far not announced separate inquiries and as things stand the pandemic response in these nations will be covered by the UK Government inquiry.

Regulatory reform

13 We're preparing for the Department of Health and Social Care's (DHSC's) response to its 2021 consultation, *Promoting professionalism, reforming regulation* which will confirm the overall direction of travel for the government's regulatory reform programme. We are expecting this to be published in Spring 2022 and are continuing to engage with DHSC on timings for this.

14 On 6 January 2022 DHSC published its open consultation *Healthcare regulation: deciding when statutory regulation is appropriate,* which seeks views on the criteria used to make decisions on which health and social care professions should be regulated. We will respond to this consultation by the deadline of 31 March 2021.

15 We are also expecting DHSC to publish the outcome of the KPMG review of professional regulators in early 2022.

International registrations

16 On 18 November 2021, we held a virtual roundtable to seek stakeholders' views on our English language guidance requirements, to make sure they are proportionate to achieving regulatory requirements. We are currently evaluating the suggestions made at the roundtable. We aim to complete the preparatory work analysing the options and developing an initial evidence base by April 2022.

17 We continue to monitor the Professional Qualifications Bill (PQB) as it progresses through the UK Parliament.

    17.1. During the PQB's Second Reading in the House of Commons (15 December 2021), Shadow International Trade Minister Bill Mr Esterson referenced NMC data on the number of nurses from the European Economic Area who had left our register since 2016. Mr Esterson was speaking in the context of addressing workforce shortages.

    17.2. On 5 January 2022, the Public Bill Committee published a call for evidence seeking evidence from stakeholders on their views of the PQB, and/or suggested amendments. We will be responding reiterating our support for the PQB in its current form.

Programme standards for pre-registration education

18 On 2 December we held our joint annual meeting with the Council of Deans for Health. Around 70 educators attended from all four nations. We discussed our programme standards for pre-registration education, as well as the education aspects of regulatory reform. It was a helpful and constructive meeting building on a firm foundation of collaborative work with the sector.

19 We have appointed Professor Jean White CBE, former CNO for Wales, to be Chair of the expert steering group overseeing our work on pre-registration education standards.

Post-registration standards

20 At the last meeting we reported that we intended to publish the consultation findings in December 2021. However, given the high response rate from multiple stakeholder audiences, we have given the independent research company more time to complete the consultation findings report. In due course, the findings will shape and influence the refinements and recommendations we will make with our stakeholders when coproducing the final standards.

21 We are now planning to publish the findings of our consultation on the post-registration education standards in February 2022. The final standards will go to the Open Council meeting for approval later in the year.

Implementation of our standards

22 In November 2021 we held a webinar on our Standards for Student Supervision and Assessment (SSSA). Over 800 attendees heard from a student, a practice supervisor, a practice assessor and an academic assessor about how our standards support effective supervision and assessment.

23 Following the Council's decision that the refreshed Royal Pharmaceutical Society Competency Framework for All Prescribers (2021) continues to be our standards for safe and effective prescribing practice (NMC/21/101), we sent the refreshed framework to all the prescribers on our register. We encouraged them to use the new standards in planning their revalidation and continuing professional development.

Hearing the public voice and adopting a person centered approach

24　On 1 December 2021 we hosted the first Public Voice Forum meeting.　There was good engagement and input from this diverse group. Members discussed the Terms of Reference for the forum. They challenged us on how they would know their involvement with the NMC would have an impact. The group also discussed protection of the title of 'nurse', an initial step in forthcoming public engagement relating to different aspects of regulatory reform.

25　Research to inform the NMC's understanding of what it means to be person centered as a regulator is now underway, being carried out by Traverse. Focus groups have begun with members of the public and will be followed by conversations with organisations representing people who use services and with members of the public with experience of fitness to practise processes. Professionals on our register and students will also take part in future focus groups.

Equality Diversity and Inclusion and accessibility

26　On 23 December 2021 the Chief Executive and Registrar received a copy of a letter, facilitated by Woman's Place UK. The letter sets out concerns in relation to our membership of the Stonewall Diversity Champions Programme. We are carefully considering our response.

Public affairs and senior stakeholder meetings

27　Our CE&R, Chair of the Council and Director of Professional Practice met Baroness Eluned Morgan, Minister for Health and Social Services in the Welsh Government for an introductory meeting on 8 December 2021. We shared current priorities and discussed our mid-year data report.

28　Our CE&R had an introductory meeting with Matthew Style, the new Director General for NHS Policy and Performance on 22 December 2021. Topics covered included fitness to practise, the temporary register, standards and future development of the professions we regulate.

29　The Health and Care Bill passed its Second Reading in the House of Lords on 7 December 2021. There was a focus on workforce planning, and Labour peers said they would support the protection of the title of "nurse" (an amendment on which was tabled and defeated during the Common stage of the Bill's progression). The Bill moved to Committee Stage in the House of Lords on 11 January 2022.

30　We were pleased to welcome Professor Alex McMahon's appointment as CNO for Scotland on 17 December 2021.

31 We welcomed the recognition of all those professionals on our register who received awards in the New Year's Honours list and are writing to each one to congratulate them on their achievements.

Midwifery implications

32 There are no specific midwifery implications in this report.

Public protection implications:

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

Resource implications:

34 Annexe 1b of this report provides information on the current financial position and our use of resources.

Equality diversity and inclusion implications:

35 Equality diversity and inclusion 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:

36 Discussed within this paper.

Risk implications:

37 This is addressed in the corporate risk report at annexe 2.

Legal implications:

38 None.

NMC Nursing & Midwifery Council

Annexe 1 Performance against our corporate plan for 2021-2022

Section 1 Executive Summary

1   This executive summary provides an overview of areas that the Executive Board would like to highlight to the Council from our performance results and risk exposure report.

Overview

2   **Fitness to practise**: as previously discussed with the Council, the high fitness to practise (FtP) caseload poses a significant ongoing threat to the organisation and has a significant impact on everyone involved especially registrants, employers, and members of the public. At this point in the financial year, we had planned for the caseload to begin reducing, but instead, have seen an elongated period of caseload stabilisation (the current caseload stands at 6,423 at 31 December 2021).

3   We have delivered a range of new capabilities since April 2021, but have not been able to sufficiently embed them due to capacity pressures, vacancies, and challenges in recruitment.

4   A high caseload puts pressure on our people and resources, and FtP concerns will take longer to resolve which negatively impact those involved. We will need to continue investing additional resources for the next 18 months to two years. This is more fully discussed at Agenda item 7.

5   **Our people**: threats remain regarding retention, filling vacancies within a competitive labour market (particularly within data, FtP, legal, and HR teams), rising employee sickness, and the overall wellbeing of our people.

6   Our turnover is above target at 10.5 percent and has continued to rise during the year as anticipated. Employee sickness is above target at 7.3 average days of absence per person per annum, and the top reasons for sickness are Covid-19 and mental health.

7   We continue to take targeted actions and the Executive and senior leaders are helping to manage the situation regarding well-being and workload. We are currently reviewing our priorities as part of annual business planning to understand where we can prioritise or reschedule to ease the pressure.

8   **Sector engagement**: we continue to manage dependencies with our external stakeholders to meaningfully engage with us. The latest Covid-19 variant has increased this pressure across Q3 and for Q4 and beyond. To mitigate this, we've extended our timelines for activities such as work on Post Registrations Standards.

9 **Customers:** we have continued to see complaints rise compared to the same period last year. Our timescales for handling complaints within 20 working days remains above 90 percent on average for the quarter. Complaint themes include the progression of FtP cases; communications when cases have been allocated to a new owner within Professional Regulation; equality diversity and inclusion (EDI); and technical issues in the registration system. We will provide the Council with a detailed summary of complaint themes at Q4.

10 **Enquiries:** responding to enquires within 20 working days is below target for a third quarter. There are two key drivers for this – complexity within the enquiry means that it takes longer to obtain a response or provide the relevant data, and due to the low volumes when calculating the percentage there is more sensitivity within the results. Where enquires take more than 20 days, we ensure that we communicate with the customer so that they are aware of our process and the expected next steps.

11 Combined, the impact of these issues on our corporate plan and budget means that we have taken action to reschedule or delay work in a number of areas. This has led to underspends across our budget. Priority work will carry forward into 2022-2023.

12 Overall, performance within our registration and revalidation processes, and contact centre remains strong except for a dip for EU applications as the result of technical issues and needing to follow up with customers which have now been resolved.

Progress against our 10 corporate commitments for 2021-2022

13 Each of our corporate commitments are underpinned by a set of milestones which we use to make our traffic light assessments.

14 Our current status of commitments at Q3 is that six commitments are rated as amber, four are on track/green (no change compared to Q2).

15 Our forecast status for 31 March 2022 is that one commitment is red, six are amber, and three are forecast as green. There are two key changes compared to Q2:

- **Commitment 1** (fitness to practise improvement programme) changes from amber to red to reflect the challenges with embedding changes to reduce the caseload.

- **Commitment 9** (upgrade our digital tools and systems – IT improvement programme and Modernisation of Technology Services programme (MOTS)) changes from a green forecast to amber to reflect delays with our new laptop rollout and resourcing risks within the MOTS programme to deliver the next phase of planning.

Progress against our corporate budget

16   Year to date income was £72.5m to 31 December 2021. This is 4 percent above budgeted income.

17   Year to date expenditure was £67.2m, an 11 percent underspend against budget based on core business operations and some slippage.

18   The year to date net surplus at December 2021 is £7.9m, which represents a £13.3m variation against the budgeted deficit of £5.4m. We had set a full year deficit budget of £9 million for 2021–2022. Our current forecast estimates a surplus of £5.6m at year-end.

19   Free reserves are currently £48m, up from £40m at the same time last year and above the upper end of our target (£25m).

20   More detail is provided in section 5 of Annexe 1.

Corporate risk

21   Ratings for likelihood and impact across all our corporate risks remains stable.

22   Our Chief Information Officer has undertaken a review of our corporate technology risk. They are satisfied that the causations and controls adequately reflect and mitigate the risk. We have updated the corporate risk register accordingly.

23   The Corporate risk and performance team have reviewed the risk registers of each of our directorates to look for key risk themes and new compound risks. We have not identified any new corporate threats in addition to those already on the corporate risk register.

24   We will review the corporate risk register during Q4 to ensure that we have sufficiently captured key equality, diversity, and inclusion risk exposures as we move into the next phase of implementing our new EDI framework.

25   The Council asked us to consider whether we should reflect a sustainability risk on the corporate risk register. We will review this during Q4, with the intention to include any new risks on the corporate risk register from 2022-2023.

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

- **Q3 status**: No change compared to quarter two.

- **Year End forecast**: Our year end (YE) forecast for commitment 1 (Fitness to Practise improvement programme) has changed from Amber to Red. Our forecast for commitment 9 (IT improvements and modernisation of our technology services programme) changed from Green to Amber.

- We have provided detailed commentary for each commitment within the report.

Commitment	Q1 actual	Q2 actual	Q3 actual	YE forecast
Commitment 1: Fitness to Practise improvement programme	Amber	Amber	Amber	Red*
Commitment 2 New international test of competence	Green	Green	Green	Green
Commitment 3 Post-registration standards	Green	Green	Green	Amber
Commitment 4 Research regarding potential new pre-registration standards	Green	Green	Green	Green
Commitment 5 Build people's trust in nursing and midwifery professional regulation through better understanding	Amber	Amber	Amber	Amber
Commitment 6 Remove legal barriers that limit improvements in the way we regulate (regulatory reform)	Amber	Amber	Amber	Amber
Commitment 7 Get smarter at using our data, insight and influence	Amber	Amber	Amber	Amber
Commitment 8 improve the way our organisation is structured, and develop our people	Amber	Amber	Amber	Amber
Commitment 9 Upgrade our digital tools an systems (9a. IT improvement programme and 9b. Modernisation of our technology services programme)	Amber	Amber	Amber	Amber*
Commitment 10 Create workspaces that support wellbeing and collaboration between those working remotely or in the office	Green	Green	Green	Green

Denotes change in traffic light since Q2

Section 3 Detailed progress against our corporate commitments and Key Performance Indicators (KPIs) by strategic theme

3.1. Innovation and Improvement

3.1.1. Corporate commitments contributing towards Innovation and Improvement	Q2 Actual	Q3 Actual	Year-end Forecast	Exception Comments
Commitment 1: Reduce the fitness to practise caseload and improve how we handle people's concerns about nursing and midwifery professionals	Amber	Amber	Red	Discussed in detail at item 7 on the Council agenda. **Q3 status**: no change; **Year-end forecast**: changes from Amber to Red. Significant risks remain within our improvement programme. We had anticipated that the caseload would start to significantly reduce by this point in the year, but instead we have seen an elongated period of caseload stabilisation. The programme continues to deliver new capabilities, however, operational teams have struggled to embed the changes due, and we have experienced high vacancy rates. As discussed at Q2, we continue to take action to mitigate this (e.g. talent pools, reducing the number of fixed term contracts, targeting our resource on key areas; improving our decision making capacity, expanding our capacity of external support (legal partners, Case Examiner contractors)). Other work includes: • Strengthening our processes to improve the effectiveness of new joiners in screening and investigations. E.g. initially focusing new joiners on less complex cases and undertaking discovery work to understand where we need to improve our induction so that people can on board more effectively. • Pilot work to test how we can remove the non-statutory barriers between screening and investigations, improve workflow, and upskill colleagues to work across functional boundaries. • Development work to improve how people can raise a concern on our website (expected to launch by March 2022). • Improving our guidance (e.g. screening guidance, guidance on consensual panel determination).

3.1.1. Corporate commitments contributing towards Innovation and Improvement	Q2 Actual	Q3 Actual	Year-end Forecast	Exception Comments
Commitment 2: Update the test that international nurses and midwives take to join our register	Green	Green	Complete	We launched our new test of competence on 2 August 2021 (Q2). We continue to monitor the impact of the new tests on candidates, employers, pass rates, and test outcomes.

3.1.2. KPIs contributing towards Innovation and Improvement (1 of 4)	Target	July	Aug	Sep	Oct	Nov	Dec	Exception Comments for Oct to Dec 2021
Fitness to Practise								
Volume of the overall fitness to practise caseload (closing caseload) (month actual)	Reduce	6,350	6,443	6,582	6,595	6,389	6,423	Fitness to practise will be discussed at item 7.
Percentage of Interim orders imposed within 28 days of opening the case (month actual)	80%	76.7%	66.7%	56.0%	74.2%	80.0%	78.9%	**Caseload:** Overall, we have seen some reduction in the caseload compared to Q2, but the caseload remains high.
Percentage of fitness to practise cases concluded within 15 months of being opened (month actual)	80%	63.8%	64.5%	50.4%	60.0%	67.0%	60.1%	**Interim orders**: As predicted at Q2, the percentage of Interim Orders imposed within 28 days of opening the case improved during Q3, reaching 80% in November. This was due to actions taken during Q2 and Q3 to resolve resource issues within the decisions at screening team.
Percentage of fitness to practise cases at case examiners with decisions to close with 'no case to answer' or 'no current impairment'	Monitor	59.6%	46.7%	49.3%	57.9%	55.3%	40.2%	
Percentage of cases at hearings with decisions to close with 'no case to answer' or 'no current impairment'	Monitor	20.7%	23.1%	25.0%	17.2%	5.3%	20.0%	

📊 3.1.2. KPIs contributing towards Innovation and Improvement (2 of 4)	Target	July	Aug	Sept	Oct	Nov	Dec	Exception Comments for Oct to Dec 2021
Registrations								
Percentage of UK initial registration applications completed with no concern within 1 day*	97%	99.9%	99.9%	100%	98.4%	100%	100%	**UK initial registration applications completed:** we completed our annual peak registrations applications in August and September 2021.
Percentage of UK initial registration applications completed where concerns are raised within 60 days*	95%	94.4%	100%	100%	99.1%	97.1%	98.0%	**New KPI measurement for Overseas registrations:** as per commentary within the executive summary, we have implemented a new method for how we measure the percentage of overseas registrations assessed within 30 day. The implication of this change is that our percentage is calculated using our true volume of international registrations. This provides a more accurate representation of our performance.
Percentage of overseas registrations applications assessed within 30 days	90%	93.1%	92.3%	94.7%	(Reflecting our pre 2019 process)			
		(New method reflecting post 2019 process)			99.5%	99.5%	100%	
Percentage of EU applications assessed within 30 days	90%	98.4%	97.4%	96.6%	76.2%	87.9%	100%	**EU applications:** In October and November, a small number of EU applications were completed outside of our target timeframe due to a mixture of technical issues that needed further investigation and some cases where we needed to seek further information from relevant third parties. Due to the low volumes involved in this process, this means greater sensitivity when calculating the percentage. The issue has now been resolved and we don't expect it to recur.
Percentage of readmissions applications completed within 21 days	90%	99.0%	98.2%	98.3%	99.4%	99.7%	98.8%	

3.1.2. KPIs contributing towards Innovation and Improvement (3 of 4)	Target	July	Aug	Sept	Oct	Nov	Dec	Exception Comments for Oct to Dec 2021
Registrations								
Percentage of call attempts handled	90%	87.1%	90.1%	95.5%	91.5%	96.5%	98.0%	In November, we successfully implemented our new Contact Centre telephony solution. We expect this solution to improve the customer experience over time, provide greater insights about our performance and ensure that we can work in the most efficient way whilst we continue to work in a hybrid environment.
Number of calls answered	N/a	17,996	18,559	19,547	17,568	15,130	12,232	
Number of emails handled	N/a	4,809	5,863	6,019	4,859	4,301	3,779	

3.1.2 KPIs contributing towards Innovation and Improvement (4 of 4)	Target	Q2 Actual	Q3 Actual	Exception Comments for Oct to Dec 2021
Customer enquiries, complaints and feedback				
Percentage of complaints handled within 20 working days	90%	93%	91%	**Complaints**:
Number of complaints handled	Monitor	476	350	
Percentage of information requests responded to within their statutory timeframes	90%	86%	90%	
Number of information requests handled	Monitor	399	352	
Percentage of MP enquiries responded to in 20 days	90%	67%	31%	
Percentage of enquiries responded to in 20 days	90%	82%	63%	
Percentage of customers highly satisfied/satisfied with the service received	85%	86%	87%	
Number of feedback surveys completed	Monitor	509	747	

Complaints:

- During Q3 we responded to 350 complaints, a 33 percent increase when compared to the same period last year.
- When averaged for the quarter, our complaint handling is above target. However, we did experience a dip in December due to resourcing pressures within the team which we are mitigating.
- Customer feedback themes for Q3 were:
  - Delays in the progression of fitness to practise cases, and poor communications when a case has been allocated to a new case owner.
  - Enquiries regarding equality, diversity, and inclusion.
  - Technical issues for international registrations.
- **Information requests**: we continue to receive a high proportion of subject access requests relating to fitness to practise cases. These are complex to handle.
- **Enquiries**: For a third consecutive quarter, enquires responses are below our target. The small volumes of enquiries have a significant impact on the overall percentage. MP enquires tend to be more complex and take longer. When we do take longer, we ensure that we communicate our progress and next steps.
- **Satisfaction**: above target. The volume of satisfaction surveys completed rose in Q3 (following technical issues at Q2).

3.2. Strategic theme: Proactive support for professionals

3.2.1. Corporate commitments contributing towards proactive support for professionals	Q2 Actual	Q3 Actual	Year-end Forecast	Exception comments for Oct to Dec 2021
Commitment 3: Deliver new education standards that build on ambitions for community and public health nursing in the UK.	Green	Green	Amber	**Q3 status and year-end forecast:** no change. Our amber forecast for year-end reflects that the overall timeline for this work has been extended to take account of stakeholder's availability to support the consultation assimilation activity whilst dealing with the latest Covid variant. We met the four chief nursing officers (CNOs) in October 2021 and are awaiting a response on their shared vision, ambition, and direction of travel for these standards. Our next steps will be to publish the findings of our consultation on the post-registration education standards, along with the user testing report and equality impact assessments. We will present this to the Council during Q4. We expect to deliver the standards by early summer 2022.
Commitment 4: Use evidence and research to decide whether to propose changes to our programme standards for pre-registration education.	Green	Green	Green	**Q2 status and year-end forecast:** no change. The Council approved our recommendation to retain our two education recovery standards until the project to review our standards following the removal of the EU Directive is completed, and new permanent standards have been approved to replace them. Approvals against the new standards will happen from September 2023.

3.2.2. KPIs contributing towards proactive support for professionals	Target	Q2 Actual	Q3 Actual	Exception Comments for October to December 2021
Number of approval decisions against all 55 current AEIs running midwifery programmes seeking to be re-approved by September 2022 (target: 55 by September 2022)	55 (by Sept 22)	39	41	None.

3.3. More visible and better informed

There are no corporate commitments for 2021-2022.

3.4. Empowering and engaging

3.4.1. Corporate commitments contributing towards empowering and engaging	Q2 Actual	Q3 Actual	Year-end Forecast	Exception Comments for October to December 2021
Commitment 5: Build people's trust in nursing and midwifery professional regulation through better understanding.	Amber	Amber	Amber	**Q3 status and year-end forecast:** no change. As previously reported, because of earlier delays in our audience research and the impact of covid, we have extended the timescales for this work and will now deliver our three planned information campaigns in 2022-2023. In Q3 we completed our audience research, the Council will discuss the outcomes and next steps at their January seminar. We intend to stay flexible in our roll out of the research findings, subsequent campaigns, and changes to our identity so that we can mitigate keys risks. Risks include the capacity of our audiences to engage with us, managing our team capacity to deliver the work, and ensuring that we maximise the overall impact of our planned campaigns. We continue to be extremely mindful of our audiences' capacity to engage meaningfully with our proposed campaigns, especially alongside other essential Covid related communications and messaging regarding work to deliver our corporate commitments (such as Regulatory Reform and post-registration). We will utilise the research, with ongoing monitoring of our audiences' context, so that we can adapt our plans if necessary.

3.4.2. KPIs contributing towards empowering and engaging	Target	Q2 Actual	Q3 Actual	Exception Comments
Parliamentary stakeholder audit: Percentage awareness of NMC	Monitor	Delayed	Delayed	We have completed our audience research and are analysing the results in Q4. The outcomes of this research will provide our benchmark for parliamentary stakeholders (and other audiences), and we will use these to measure the impact of our work when we repeat the survey in 2023-2024.
Parliamentary stakeholder audit: Percentage perception of NMC's effectiveness	Monitor	Delayed	Delayed	

3.5. Insight and Influence

3.5.1. Corporate commitments for 2021-2022 contributing towards insight and influence	Q2 Actual	Q3 Actual	Year-end forecast	Exception Comments for October to December 2021
Commitment 6: Work with the Government to remove legal barriers that limit improvements in the way we regulate, so we can deliver better, safer regulation for the public.	Amber	Amber	Amber	**Q3 status and year-end forecast:** no change. • We have commented on the final version of the draft legislation. The Department of Health and Social Care (DHSC) are currently developing the consultation documentation. Their consultation is on track for Q1 2022. • The drafting of new rules continues, with first drafts expected by Q1 2022-23. Pre consultation will follow, and we will finalise the draft rules in Q3 2022-23, with a view to launching the formal consultation of the rules for March 2023. • Although the DHSC timetable for reform to the NMC's legislation is still unconfirmed, we expect it to take place in either Q4 2022-2023 or Q1 2023-2024. Our programme timetable has been adjusted to reflect this. We will retain an amber forecast throughout the programme to reflect uncertainties within the legislative timetable which are beyond our control.

3.5.1. Corporate commitments contributing towards	Q2	Q3	Year-end	Exception Comments for October to December 2021

insight and influence (continued)		status	status	forecast	
	Commitment 7: Get smarter at using our data, insight, and influence.	Amber	Amber	Amber	**Q3 status and year-end forecast:** no change. We are delivering this work through our multi-year insight programme. Current progress: • As reported at Q2, we will now deliver our capability review internally. We have agreed the scope and an initial workshop will take place during Q4. This work has experienced delays throughout the year and will carry forward into 2022-2023. • Work on implementing comprehensive coded settings for data remains behind schedule because of internal resource constraints. We do not expect to deliver this in 2021-2022, which poses a risk to our future insight work. • The Executive Board agreed plans for the first insight publication in Q1 2023-2024. We will now commission additional research in line with the agreed plan. • The second phase of research for our work regarding people with protected characteristics has been commissioned (Ambitious for Change) and is due to conclude in Q1 2022-23. Our year end forecast remains amber at Q3. This reflects the delays mentioned about, and will likely have a knock on effect for future milestones and the pacing of our work. There are specific risks within our data team, and in our ability to recruit new roles. We continue to consider options to mitigate these issues.

KPIs are reviewed by the Executive Board.

3.6. Fit for the Future organisation

3.6.1. Corporate commitments contributing to Fit for the Future	Q2 status	Q3 status	Year-end forecast	Exception Comments for October to December 2021
Commitment 8: Continue to improve the way our organisation is structured, and develop our people so that we can deliver our strategy.	Amber	Amber	Amber	**Q3 status and year-end forecast:** no change. Our amber status for Q3 and our year end forecast reflects delays across a number of our milestones. Work on the organisational design and people plan will be carried forward into 2022-23. **Organisational design programme**: • The priority reviews are currently underway but remain at various stages of progress. Implementation will continue throughout the year. • We have appointed a consultant to work with us on the Target Operating Model (TOM) which will help define the framework and operating approach. We expect this work to be completed by end of July 2022. **People Plan**: Our proposed People Plan was presented to the Executive Board and our Remuneration Committee in Q3. We developed our proposals following broad engagement with NMC colleagues earlier in the year. The Council will discuss the plan at item 10.

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3.6.1. Corporate commitments contributing to Fit for the Future (continued)	Q2 Actual	Q3 Actual	Year-end forecast	Exception Comments for October to December 2021
Commitment 9 (a): Upgrade our digital tools and systems to make it easier for people to connect with us and for NMC colleagues to do their jobs well. (IT improvements)	Amber	Amber	Amber	**Q3 status:** no change; **year-end forecast:** changes from green to Amber at Q3. **Current quarter:** Our amber status reflects the change of approach taken during the year to invest in new hardware which will enable us to move colleagues onto new Microsoft services and improve our collaboration tools. During Q3, the Technology Services team assisted with the transition of the Contact Centre hosting system. **Year end forecast:** The phase 1 pilot to deliver improvements via a 'fat client' laptop has been delayed due to a worldwide shortage of obtaining laptops.
Commitment 9 (b): Upgrade our digital tools and systems to make it easier for people to connect with us and for NMC colleagues to do their jobs well. (Modernisation of our technology services programme (MOTS))	Green	Green	Amber	**Q3 status:** no change; **year-end forecast:** changes from green to amber at Q3. We have now delivered against the Phase 2a Business Case to transfer virtually all remaining registrations progresses from our legacy systems onto our new system on MS Dynamics 365. Planning for the case management system (CMS) to support fitness to practise processes has begun and will continue into 2022-2023. We expect the foundation business case for this next phase (phase 3), to be presented to the Council in Q4, with the detailed business case submitted to the Council for approval in Q1 2022-23. **Year end forecast:** Our amber forecast represents risks to our proposed timelines due to resource constrains from employee vacancies and potential absences which could affect our target milestones. We have mitigated this by adjusting the scope and timeline. However, the impact on programme delivery timescales cannot be mitigated if further if we experience further resource pressures in the next quarter.

3.6.1. Corporate commitments contributing to Fit for the Future (continued)	Q2 Actual	Q3 Actual	Q4 Forecast	Exception Comments for October to December 2021
Commitment 10: Create workspaces that support wellbeing and collaboration between those working remotely or in the office.	Green	Green	Green	**Q3 status and year-end forecast:** no change. **Moving our Edinburgh colleagues into a new office**: The new office and hearing venue is open. Our full operational launch has been a success, and feedback from our employees has been very positive. The Project team are now focused on finalising the costs, lessons learned, quality assurance review, completing 'snagging' (defects) items, and project closure. The aim is to complete project closure in Q4. **Returning colleagues to our offices**: We continue to have a 'Covid Secure' environment. Limited colleagues are attending the office, and we are holding physical hearings, including at our new office in Edinburgh. Changing circumstances and Government guidelines are monitored across the four UK countries. Building risk assessments have been undertaken and published on our website. The Omicron variant has further delayed the full return of employees to the office. Our new People Plan will consider the return to the office and new ways of working to optimise hybrid working. **Improving our office at 23 Portland Place**: Initial building survey work has been procured and due to start in Q4.

📊 3.6.2. KPIs contributing toward Fit for the Future organisation	Target	July	Aug	Sept	Oct	Nov	Dec	Exception Comments for Oct to Dec 2021
People								
Number of full time equivalent (FTE) NMC employees	1,122	Quarter snapshot		1,098	Quarter snapshot		1,079	**Turnover**: As predicted, turnover continues to rise and has exceeded our 10 percent target. When compared to 2020-2021, our low turnover was likely due to the Covid restrictions and a lack of movement in the labour market. Now that restrictions have eased, there is increasing movement within the labour market.
Percentage of agency and contractors (as a percentage of total FTE) (month actual)	N/a	6.7%	6.4%	5.8%	6.3%	5.7%	5.2%	
Percentage of all NMC turnover (permanent employees only) (12 months rolling)	10%	7.7%	9.0%	9.7%	9.6%	10.3%	10.5%	
Total number of new starters (permanent) (month actual)	N/a	17	13	5	2	8	4	**Joiners**: 72 people have joined NMC since April 2021 as permanent employees. Of this, 4 people have left the NMC within 6 months of joining. We continue to review the reasons why.
Total number of leavers (month actual)	N/a	8	12	10	7	10	7	
Percentage of new starters leaving within 6 months of joining (12 month rolling)	10%	7.9%	9.7%	11.7%	13.5%	10.2%	10.9%	**Agency and contractors**: we have updated our definition for how we count this (as a proportion of actual full time equivalent (FTE) colleagues rather than our budgeted FTE).
Number of new starters leaving within 6 months of joining (month actual)	N/a	0	2	0	0	0	1	
Average number of days of sickness per employee (days)	6.5	5.7	6.1	6.4	6.6	7.0	7.3	**Sickness absence**: Sickness absence has continued to rise and is now above target at Q3. The top reasons for absence were Covid 19 and mental health.
Employee engagement score (out of 10) (6 monthly)	7.5	6 monthly snapshot		6.7	6 monthly snapshot		Due Q4	Our next employee engagement survey ('Your Voice') will take place in January 2022. Results will be provided at Q4.
Employee net promoter score (takes account of various factors from our colleague engagement survey to assess their overall opinion of the organisation. Scores are either plus (positive opinion) or minus (negative opinion) (6 monthly)	16	6 monthly snapshot		-3	6 monthly snapshot		Due Q4	
Employee perception of internal communications (out of 10) effectiveness	7	Quarter snapshot		7.6	Quarter snapshot		Due Q4	

Section 4 Traffic light definitions

	RED	AMBER	GREEN
Corporate Commitments	**Significant concerns** • For	**Some concerns** • Expected to partially deliver against its milestones – some delays • Will make significant progress towards benefits/outcomes, but some aspects are delayed • Or actions are being taken to bring the commitment back on track • Or there are some uncertainties or risks that we need to monitor and managed	**No concerns - on track** • Expected to deliver against its milestones and realise benefits
KPIs	**Significantly below target** More than 8 percent below target	**Off target** Below target between 1 to 8 percent	**Within range** On or above target

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Section 5: Financial monitoring
Table 1 – Income & Expenditure to 31 December 2021 (incl. Full-Year Forecast)

Nursing and Midwifery Council Financial Monitoring Report						
£'m	**December 2021 Year-to-Date**				**Full Year**	
Income	**Actual**	**Budget**	**Var.**	**Var. (%)**	**Forecast¹**	**Budget**
Registration Income	66.7	65.8	0.9	1%	89.2	87.9
Other Income ²	5.8	3.9	1.9	49%	6.4	5.2
Total Income	**72.5**	**69.7**	**2.8**	**4%**	**95.6**	**93.1**
Expenditure						
Core Business						
Professional Regulation	33.1	35.8	2.7	8%	45.6	48.4
Resources & Technology Services	13.6	14.5	0.9	8%	18.7	19.5
People & Organisational Effectiveness	5.7	6.6	0.9	14%	8.1	8.7
Professional Practice	2.8	4.0	1.2	30%	4.0	5.7
Strategy & Insight	3.0	3.5	0.5	14%	4.1	4.6
Communications & Engagement	2.1	2.4	0.3	12%	3.1	3.1
Directorate - Core Business	60.3	66.9	6.6	10%	83.6	90.0
Corporate						
Depreciation	3.7	3.9	0.2	5%	4.9	5.2
PSA Fee	1.5	1.5	-	-	2.0	2.0
Apprenticeship Levy	0.2	0.2	-	-	0.2	0.3
Contingency	-	-	-	-	-	1.5
Total Corporate	5.4	5.6	0.2	4%	7.1	8.9
Total Core Business	**65.7**	**72.5**	**6.8**	**9%**	**90.7**	**98.9**
Surplus/(Deficit) excluding Programmes	**6.8**	**(2.8)**	**9.6**		**4.9**	**(5.8)**
Programmes & Projects						
Accommodation Project	2.3	3.2	0.9	27%	2.5	3.3
Modernisation of Technology Services	2.9	3.8	0.9	24%	3.5	4.6
FTP Improvement Programme	0.3	0.3	-	-	0.5	0.4
People Strategy	0.4	0.1	(0.3)	-	0.4	0.1
Data, Information & Analytics	0.1	0.3	0.2	67%	0.1	0.4
Technology Improvements	-	0.4	0.4	100%	0.1	0.9
IT Infrastructure Programme	0.2	0.6	0.4	67%	0.7	0.7
Regulatory Reform	0.5	0.7	0.2	28%	0.7	0.9
Insight Programme	-	0.3	0.3	100%	0.0	0.3
Education QA IT Project	0.0	0.3	0.3	93%	0.1	0.4
Total Programmes/Projects	6.7	10.0	3.3	33%	8.6	12.1
Total Expenditure including capex	**72.4**	**82.5**	**10.1**	**12%**	**99.3**	**111.0**
Capital Expenditure	5.2	7.4	2.2	30%	6.7	8.6
Total expenditure excluding capex	**67.2**	**75.1**	**7.9**	**11%**	**92.6**	**102.4**
Net income/(expenditure)	**5.4**	**(5.4)**	**10.8**	**-**	**3.1**	**(9.3)**
Unrealised Gains/(Losses) on investments	2.5	-	2.5	-	2.5	-
Net Surplus/(Deficit) excluding capex	**7.9**	**(5.4)**	**13.3**		**5.6**	**(9.3)**
Free Reserves	**48.0**	**30.0**	**18.0**	**60%**	**45.4**	**26.1**

¹ Q3 Forecast conducted in November 2021
² Other income includes overseas application fees, interest, dividends
Note: To simplify our management accounts we are now netting off the grant income and costs relating to the Dept. of Health and Social Care's grant to support increased testing capacity for overseas applicants. Previously we had shown the grant and costs separately. The grant and costs each total £2.6m and so net to nil cost.

Table 2 – Balance sheet as at 31 December 2021 (incl. Full-Year Forecast)

Balance Sheet (£'m)	Actual 31 March 2021	Actual 31 Dec 2021	Change	Change %	Forecast 31 March 2022	Budget 31 March 2022
Fixed Assets						
Tangible Assets	27.7	29.2	1.5	5.4	29.5	31.1
Stock Market Investments	31.3	34.3	3.0	9.6	34.4	30.0
Total Fixed Assets	**59.0**	**63.5**	**4.5**	**7.7**	**63.9**	**61.1**
Current Assets						
Cash & cash equivalents	67.9	70.7	2.8	4.0	59.6	49.5
Debtors	4.0	2.4	(1.6)	(39.8)	3.4	2.9
Total Current Assets	**71.9**	**73.1**	**1.2**	**1.6**	**63.0**	**52.4**
Total Assets	**131.0**	**136.6**	**5.6**	**4.3**	**126.9**	**114.2**
Liabilities						
Deferred Income	(56.5)	(55.6)	0.9	1.5	(49.3)	(43.4)
Other creditors, accruals, provisions	(1.9)	(2.0)	(0.1)	(5.2)	(1.3)	(10.1)
Total Liabilities	**(58.4)**	**(57.6)**	**0.8**	**1.4**	**(50.6)**	**(54.2)**
Net Assets (excl pension liability)	**72.6**	**79.0**	**6.4**	**8.9**	**76.2**	**59.3**
Pension Liability	(3.2)	(1.7)	1.5	46.9	(1.3)	(2.1)
Total Net Assets	**69.4**	**77.3**	**7.9**	**11.4**	**74.9**	**57.2**
Free Reserves	**41.7**	**48.0**	**6.3**	**15.3**	**45.4**	**26.1**

Table 3 – Cash flow statement to 31 December 2021 (incl. Full-Year Forecast)

Cashflow (£'m)	Actual 31 March 2021	Actual 31 Dec 2021	Forecast 31 March 2022	Budget 31 March 2022
Cashflow from operating activities				
Surplus/(deficit)	11.7	7.9	5.6	(9.3)
Adjustment for depreciation (non-cash)	3.3	3.7	4.9	5.2
Unrealised (Gains)/Losses from Stock Market Investments	(1.0)	(2.5)	(2.5)	-
Interest/Dividend income from Stock Market Investments	(0.3)	(0.5)	(0.6)	(0.5)
(Increase)/decrease in current assets	(1.3)	1.6	0.7	(0.1)
Increase/(decrease) in liabilities	1.4	(0.8)	(7.8)	0.2
Pension deficit payments	(8.5)	(1.4)	(1.9)	(1.9)
Net cash inflow/(outflow) from operating activities	**5.4**	**8.0**	**(1.6)**	**(6.4)**
Cashflow from investing activities				
Capital expenditure	(4.5)	(5.2)	(6.7)	(8.6)
Net cash inflow/(outflow) from investing activities	**(4.5)**	**(5.2)**	**(6.7)**	**(8.6)**
Cashflow from financing activities				
Stock Market Investments	(30.0)	-	-	-
Interest/Dividend income from Stock Market Investments	-	-	-	0.5
Net cash inflow/(outflow) from financing activities	**(30.0)**	**-**	**-**	**0.5**
Net increase/(decrease) in cash & cash equivalents for the year	**(29.1)**	**2.7**	**(8.3)**	**(14.5)**
Cash & cash equivalent at the beginning of the year	96.9	67.9	67.9	63.9
Cash & cash equivalent at the end of the year	**67.9**	**70.7**	**59.6**	**49.5**

d. Financial commentary

Financial Position at 31 December 2021

Our financial position continues to be secure, with free reserves at £48 million, up from £40 million a year ago. Our liquidity remains strong with cash and investments of £105 million, up from £101 million a year ago.

Our free reserves continue to be higher than the £25 million upper end of our target range. This reflects the significant anticipated investment over the next three years to support our 2020-2025 Strategy. In particular, we will need to use our reserves to invest in our IT capability and the refurbishment of our main offices at 23 Portland Place. We will also incur additional costs as we reduce the fitness to practise (FtP) caseload that has developed during the pandemic. Increasing risk factors for our financial position – particularly macro conditions like rising inflation - also make holding higher levels of reserves appropriate in the short term.

Our financial position is stronger than planned, as a result of the £7.9 million surplus made in the first three quarters of this financial year. When the budget was set, we had anticipated a deficit of £5.4 million in that period. The main drivers of this variance have been:

- Higher than expected income, by £2.8 million, mainly due to an increase in both initial overseas applications and in number of overseas professionals joining the register;

- Unrealised gains of £2.5 million from our investment portfolio. It is not our policy to budget for such gains which are unpredictable and may fluctuate;

- A £6.8 million (9 percent) underspend on core business operations. A significant part of this is driven by vacant posts, with challenges in recruitment causing vacancies in key FtP case progression roles in particular. Also in FtP, there were lower travel costs for panel members and others due to the fewer than anticipated number of 'in-person' hearings. Other drivers of the underspend include slippage of plans for the 'Data Taskforce' work to improve Education Quality Assurance (QA) and fewer than expected course quality inspections as some universities defer seeking their accreditation;

- Underspends across a range of smaller, non-capital programmes, due to slippage and later than planned recruitment of staff.

Our capital costs were £5.2 million, £2.2 million (30 percent) below budget. This is largely attributable to lower than budgeted spend for the Edinburgh New Office fitting out project, delayed expenditure on the MOTS programme's 'next plan and analyse phase' and the 23 Portland Place refurbishment project.

Looking ahead

We have re-visited forecasts for 2021-2022 outturn. We expect a surplus of at least £5.6 million, including an assumed £2.5 million unrealised and unbudgeted gains from our investments and £1.5 million unused contingency. This compares to the budgeted deficit of £9 million for the year. This forecast does not take into account any gains or losses with respect to the defined benefit pension scheme as a result of the normal year end actuarial assessment.

The forecast surplus is on the basis that we are able to accelerate spend in the final quarter of the year. In particular spend planned on FtP as we seek to reduce the caseload, and by Professional Practice for standards evaluation and for future midwife implementation events. Continuing recruitment challenges generally may also impact if further delays in attracting the right candidates occur. The rate of spend in the final quarter of the year is also expected to be higher than the previous quarters due to increased IT spend on activities such as penetration testing (and remediation), security enhancements and IT systems upgrades.

d. Financial commentary

Some underspends are genuine savings that do not impact delivery. These include some savings on staff (due to vacancies), on travel and accommodation costs and operational expenditure across the directorates of £3.6 million. Others are costs that are simply deferred either to later this year or to subsequent years. For instance, vacancies in FtP should be filled over the next few months, but have resulted in delays to our reducing the caseload that will impact on spend both in 2022-2023 and in 2023-2024.

The overall implication of underspends in 2021-2022 is that some costs and investments are moving into later years. This is likely to result in the two years of deficit budgets, anticipated when budgets were set in March 2021, being in 2022-2023 and 2023-2024 rather than in 2021-2022 and 2022-2023.

We are developing a better picture of costs as we continue to re-plan work - in particular for FtP to reduce case numbers and improve efficiency, and on the MOTS IT programme.

Part of that re-planning will factor in the latest position on a range of issues that impact our financial position. These include the outlook on registrant numbers and so income, increased inflation that will translate into higher costs than anticipated for both pay and non-pay, the increase in employer national insurance contribution and the potential costs (and savings) from implementing Regulatory Reform. These will be presented to the Council as part of the budget proposals in March 2022.

6. KPI Trend Dashboards

Innovation and Improvement

Registrations

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

Above target

Legend: 2021-22 Volume | 2020-21 | 2021-22 | 2021-22 Target
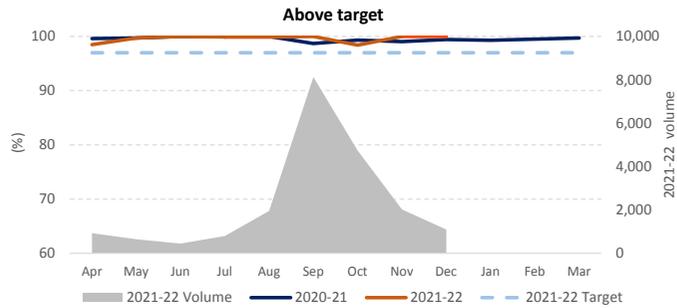
2. UK registrations requiring additional scrutiny within 60 days (% and volume)

Above target since August.

Legend: 2021-22 Volume | 2020-21 | 2021-22 | 2021-22 Target
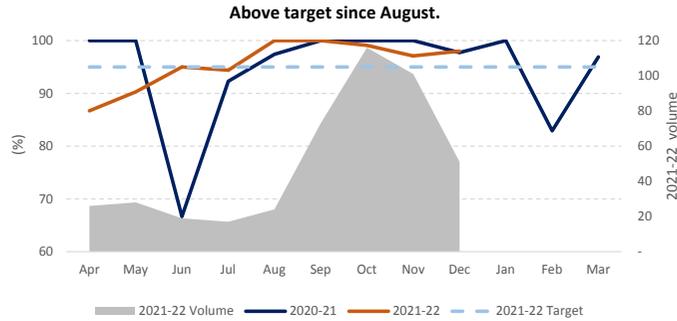
3. Overseas registration assessed within 30 days (% and volume)

Above target

Pre-2019 process - low volumes   Post-2019 - higher volumes

Legend: 2021-22 Volume | 2020-21 | 2021-22 | 2021-22 Target

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

Below target in October and November due to technical issues or applications requiring further follow up.
Volumes are decreasing due to post Brexit changes

Legend: 2021-22 Volume | 2020-21 | 2021-22 | 2021-22 Target
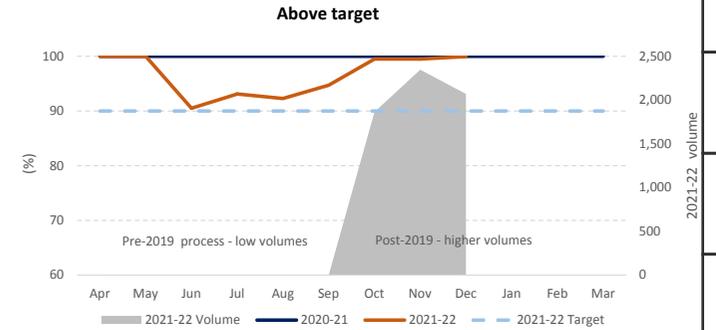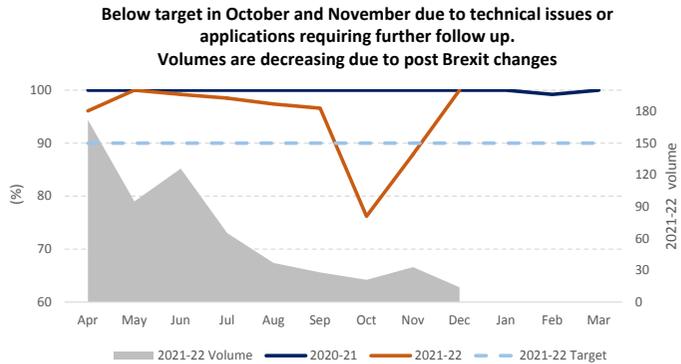
5. Readmission applications completed within 21 days (% and volume)

Above target

Legend: 2021-22 Volume | 2020-21 | 2021-22 | 2021-22 Target

Contact Centre
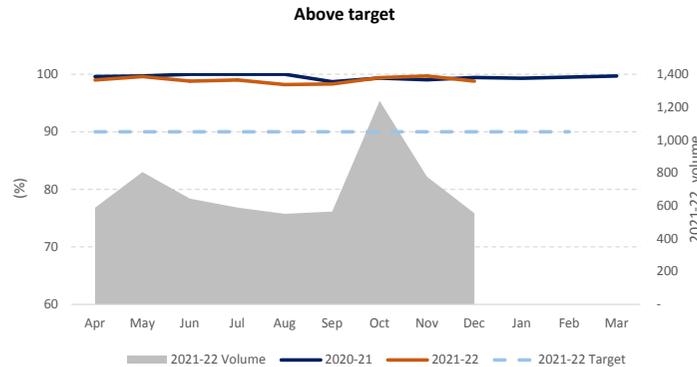
6. Call attempts handled (% and volume)

Above target since Q2

Legend: 2021-22 Volume | 2020-21 | 2021-22 | 2021-22 Target

Fitness to Practise - see item X, annexe 1

Customer enquiries, complaints and feedback

7. Customer complaints responded to within in 20 days

Below target at December - dip due to resourcing pressures within the team

8. Enquiries responded to in 20 days

Below target - see commentary within the report

9. MP Enquiries responded to in 20 days

Below target - see commentary within the report
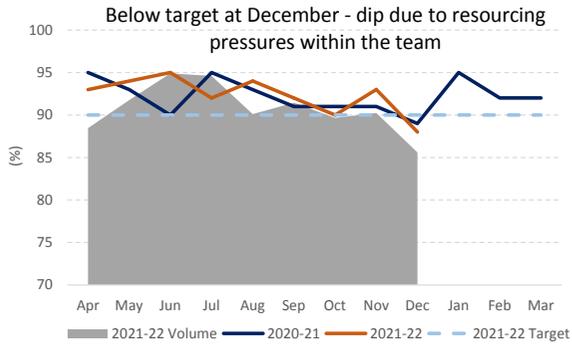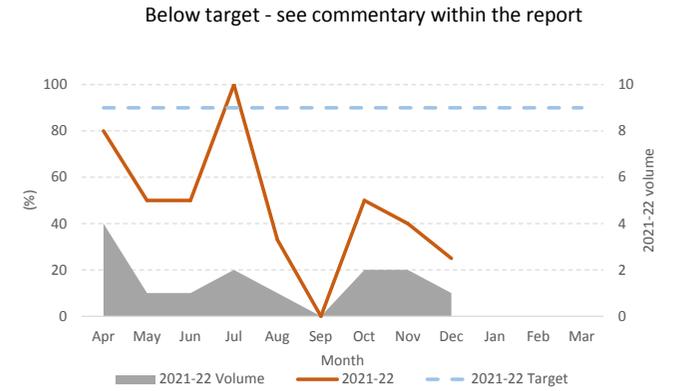
10. Customers rating our service as good or very good

Above target since Q2
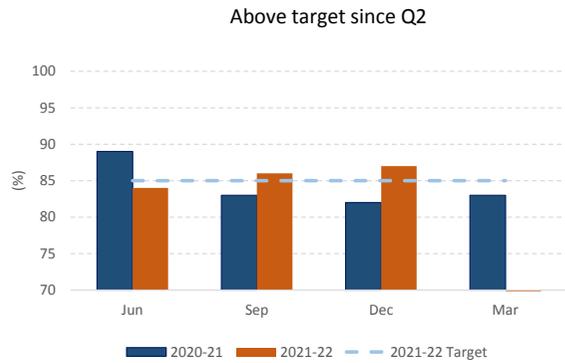
11. Information requests responded to in statutory timeframes

Back to target levels at Q3

Corporate Complaints

91%

Complaints responded to in 20 days

Customer Feedback Dashboard

1 October 2021 to 31 December 2021

Information requests

90%
responded to on time

350 Corporate Complaints

747 feedback surveys

352 Information requests

Complaints themes

There has been a 33% increase in the number of complaints received compared to last year. We have identified 41 learning points and we have identified the following themes:

Professional Regulation

We continue to receive complaints about delays to the progression of Fitness of Practise cases. We have also received a number of complaints about poor communication when a case had been allocated to a new owner across professional regulation. We are in discussion with colleagues about updating their processes relating to this

Equality, Diversity and Inclusion

We received a number of enquiries regarding equality, diversity and inclusion. We have worked closely with the Equality, Diversity and Inclusion Team to respond to these.

Registrations

International Registrations has resolved the technical issue they faced with applicants not being able to register more than one qualification but there remain a number of outstanding changes to our IT systems to address issues raised by people making registration applications.

Information requests themes

- The number of cases due in Q3 this year is similar to the same period last year.

- We have continued to receive a high volume of Subject Access Requests (SARs) from parties to Fitness to Practise cases. These are the most complex cases we handle.

- We have received some requests about equality inclusion and diversity, and a number of requests about the make-up of our register including requests about country of training and general nationalities of those on our register.

Our person centred approach

- We continue to work with our customers to ensure that we are responding to their requests in the most person-centred way. For example, by supplying batches of information in response to SARs where we cannot provide all the information at once.

Customer feedback surveys

"The person on the line was easy to understand and very helpful. I was given very simple clear instructions about what to do. Although I was rather worried, I was put at ease immediately.

They recognised my concerns and dealt with them kindly without making me feel as though I was wasting their time."

31%
(6/19)

MP enquiries responded to in 20 days

63%
(12/19)

Enquiries responded to in 20 days

87%

Customers rated our customer service as good or very good.

2

Unhappy customers contacted and resolved their concerns.

They were quite flippant and quick to draw conclusions, they appeared to want to rush me off the telephone without ascertaining my situation.

I didn't feel that the person I spoke to understood where I was coming from or why I was upset. I felt very unsupported.

Proactive Support for Professionals
Midwifery Standards

12. Approval decisions against current approved education institutions (AEIs) running midwifery programmes seeking to be re-approved by September 2022 (against a target of 55)

Progressing well towards target

Fit for future organisation

Our people

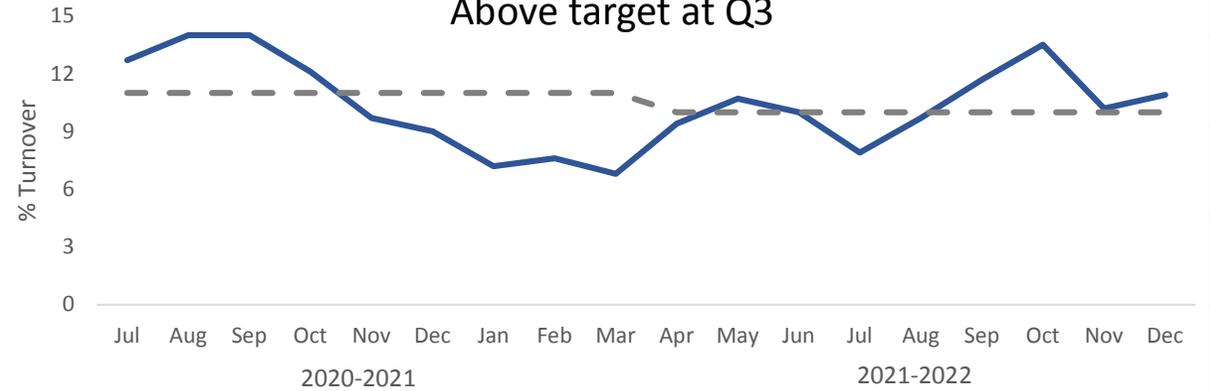Financial year: ● Current Year (2021-22) ● Previous Year (2020-21) ● Long term trend   Target: — — —2020-21 — — —2021-22

13. Total turnover %
Above target - 24 leavers in Q3
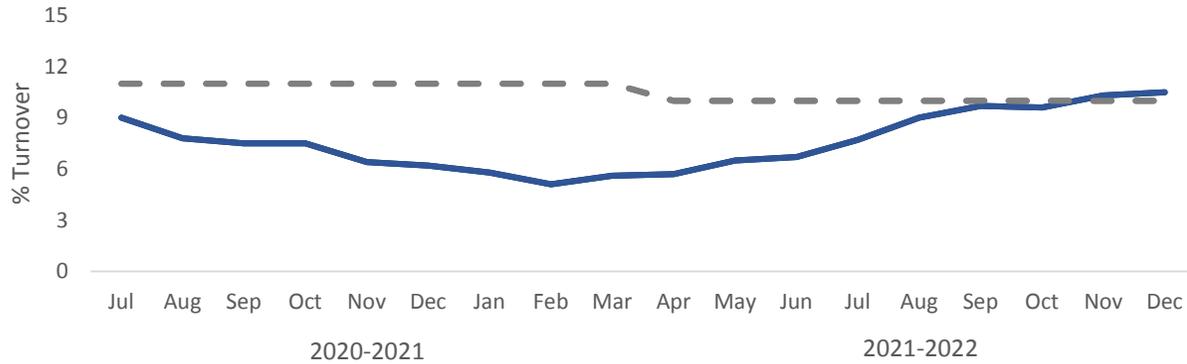
14. Turnover of new starters within six months of joining (%)
Above target at Q3

15. Employee engagement score

Last results were at Q2, next results are due in Q4
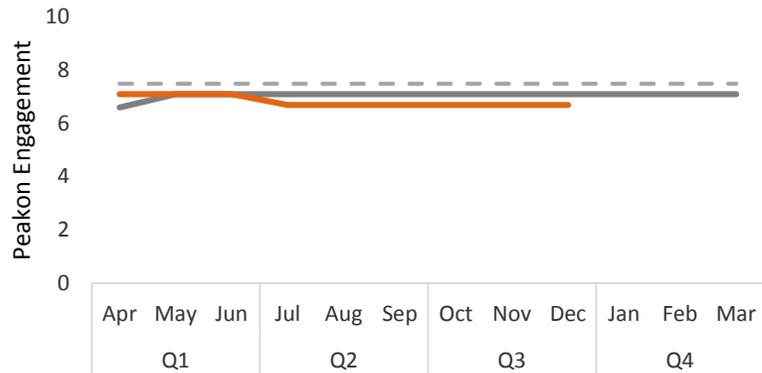
16. Sickness absence average days

Above target - sickness continues to increase this quarter
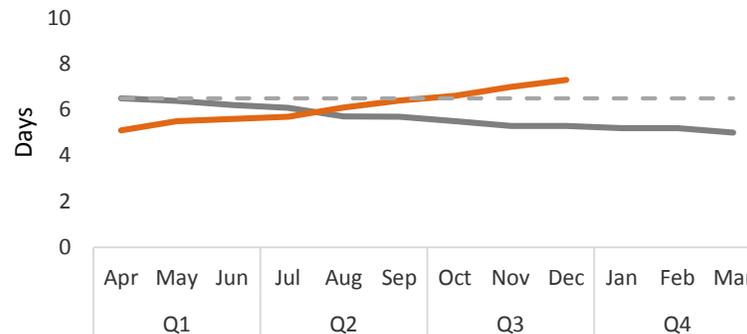
17. Total FTE

Below planned establishment

Nursing & Midwifery Council
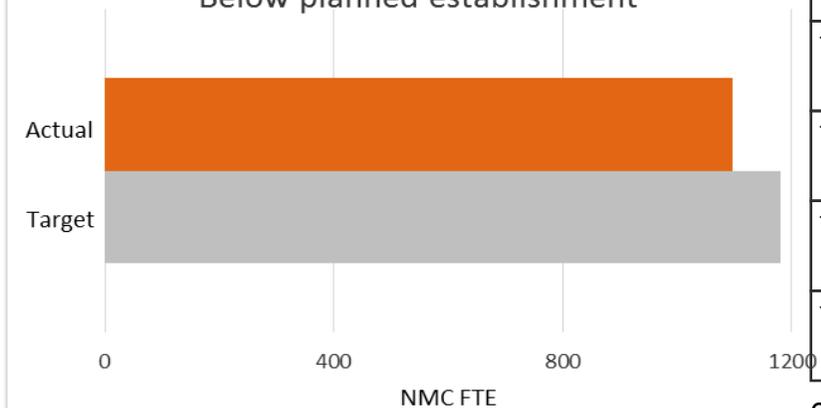
Corporate risk exposure report up to 31 December 2021

1. This report summarises risk factors that could potentially affect one or more of our corporate risks right now. It supplements the corporate risk register (CRR), and should drive any additions to the register.

2. Our last corporate risk exposure report was reviewed by the Executive Board in December 2021.

3. The Council will next see the full corporate risk register at Q4.

Increasing ⬆   *Reducing* ⬇
No change ⬌

Corporate risk (2021-2022)	Current Risk Assessment Score (After mitigation)			Risk exposure considerations since the last report	Discussion points/decisions since the last report
	L	I	I X L		
REG18/02 Risk that we fail to take appropriate action to address a regulatory concern	4	5	**20** ⬌	**Status**: Stable. **Risk owner:** Executive Director, Professional Regulation. **Current factors are:** • As discussed, the fitness to practise caseload remains the top risk to the organisation. • Employee turnover and vacancies within fitness to practise (FtP) have increased pressure in key areas. We continue to take a range of targeted actions to resolve this. Pressure within our high profile team previously reported has now been resolved.	**Actions:** None in addition to actions already being taken.

INF21/04
 	
Risk that our Modernisation of Technology Services (MOTS) programme does not deliver the intended benefits for our registration system or case management system
	4	5	**20** ⬌	**Status**: Stable.
				
				Risk owner: Executive Director, Professional Regulation.
				
				Current factors are:
				• MOTS programme phase 2a is now complete.
				• We are planning for the next phase of the programme including updating the case management system supporting fitness to practise. A key threat during Q4 is that any further capacity pressures could disrupt our planning timeline. We have already mitigated capacity pressures due to turnover, vacancies, and employee absences across the programme. Any further issues will likely affect the timeline.
				• The proposed next phase represents a more complex undertaking and commensurate added risk. Mitigations to this include:
				   o Sub-phase structure for future work
				   o On-going external assurance/validation of our approach (rather than retrospective reviews)
				   o Strengthening of our internal capacity, external partnerships and overall governance
				   o Building on the foundations laid in the completion of Phase 2A
					Actions: We've updated the corporate risk register to resolve the missing mitigation highlighted by the Council in November.

Corporate risk (2021-2022)	Current Risk Assessment Score (After mitigation)			Risk exposure considerations since the last report	Discussion points/decisions since the last report
	L	I	I X L		

EXP18/01
 	
Risk that we fail to meet external expectations which significantly affects our ability to maintain the trust of stakeholders, the public and people on the register in how we regulate
	4	4	16 ⬌	**Status**: Stable and monitored closely.
				
				Risk owner: Executive Director, Communications and Engagement
				
				Current factors are:
				
				• **FtP:** we have seen an increase in complaints, enquires and subject access requests from those impacted by FtP cases. We are reviewing the analysis to learn what actions we can take to avoid future complaints.
				
				• **Covid-19:** together with chief nursing officers, we have written to Directors of Nursing during January to reassure them that we will continue to apply an assessment of context for concerns raised during the pandemic.
				
				• **Sector recovery / overload:** the health and social care sector continues to recover from the secondary impacts of Covid-19 (e.g. funding pressures, long waiting lists, workforce burnout, and higher expectations of the public) and the challenges of the new Omicron variant
				
				   o The new variant creating new pressures on the sector.
				
				   o A number of health trusts have declared an emergency and asked the Government for help.
				
				   o We are reviewing how we can best engage and maintain regular contact with our stakeholders so we don't put extra pressure on them. Our communications team met with the General Medical Council (GMC) in December 2021 to collaborate on a statement about winter pressures, the current state of the sector, and our wider approach.
				
				   o We are factoring in stakeholder pressure during our business planning to ensure we are not adding to the workload. We have already extended timescales in a number of areas.
				
				• **Maternity services**: Maternity services continue to be under significant pressure. The Royal College of Midwives (RCM) has said the sector is experiencing burnout due to significant understaffing, raised sickness levels, self-isolation due to Covid-19, and midwives leaving the profession. This has led to the service being unable to support home births for safety reasons in a number of areas. We continue to work with our stakeholders on maternity safety.
				
				• **Social care**: The government recently announced more details on social care reform. Whilst the increase in National Insurance Contributions is welcomed, there will be a lag in the funding being received by the sector.
				
				• **Industrial action:** The Royal College of Nursing (RCN) asked their members to vote on strike action over pay. The percentage of voters did not reach the required threshold of 50 percent. A decision on next steps is expected in due course.
					Actions: We continue to review the outcomes from our audience insight research, and will reflect any further mitigations on the risk register in due course.

Corporate risk (2021-2022)	Current Risk Assessment Score (After mitigation)			Risk exposure considerations since the last report	Discussion points/decisions since the last report
	L	I	I X L		

PEO18/01
 	
Risk that we fail to recruit and retain an adequately skilled and engaged workforce
	4	4	**16**
			⬌
				Status: Stable.
				
				Risk owner: Executive Director, People and Organisational Engagement
				
				Current factors are:
				
				• **Return to the office:** Returning our colleagues to our offices has been delayed as per Plan B. This doesn't pose any additional threat as we can work effectively from home.
				
				• **Retention:** Employee turnover has continued to rise since the start of the year. December 2021 results show the overall NMC turnover of permanent staff at 10.5 percent.
				
				• **Recruitment:** as discussed, recruitment remains a challenge.
				
				• **Employee sickness**: sickness absence has been rising, and is above target at 7.3 average days per person per annum. The top reasons are Covid-19 and mental health. We continue to promote wellbeing initiatives internally.
				
				• **Regulatory reform**: we are working to mitigate concerns regarding the availability of subject matter experts (SMEs) from FtP to support the required developmental work to deliver Regulatory Reform by 2024
				
				• **Organisation design/People Plan:** There is a significant dependency between developing a new target operating model and our work on Regulatory Reform in 2022-2023. Further slippages in developing this model could impact our timelines and preparations for Reform. We are mitigating this by reviewing the scheduling as part of business planning.
				
				• **Equality Diversity and Inclusion (EDI):** We have published our EDI plan and there are internal workshops planned with teams across the organisation to discuss the workforce strand of our plans. This work will feed into the detailed action plan that will go to Executive Board and Council in early 2022.
				
				• In Q3, we published our Workforce Race Equality Standard and pay gap reports. This, alongside other supporting evidence has enabled us to develop one race equality plan incorporating six key areas of activity.
					Actions:
					• People and Organisational Effectiveness are working with teams to review and implement short term actions to support recruitment.
					
					• Our new race equality plan will include:
					  o A mentoring scheme for colleagues from diverse backgrounds.
					
					  o Implementation of race and disability equality action plans. These will include specific actions to increase diversity among senior colleagues.
					
					  o A new people plan to be implemented from 2022-2023, which is underpinned by principles of EDI.

REG18/01 Risk that we fail to maintain an accurate register of people who meet our standards (including timeliness of registrations)	3	5	**15**	**Status**: Stable. **Risk owner:** Executive Director, Professional Regulation. **Key issues are:** • **Test of competence**: As in previous years, there has been a surge in Objective Structured Clinical Examinations (OSCE) test bookings for December and January, with centres continuing to offer additional slots. Due to trusts making last minute cancellations, the centres have not been able to maximise capacity, and we are working with employers to mitigate this.	**Act**ions: None in addition to actions already being taken.

Corporate risk (2021-2022)	Current Risk Assessment Score (After mitigation)			Risk exposure considerations since the last report	Discussion points/decisions since the last report
	L	I	I X L		
INF18/02 Risk that core business Information Computer Technology (ICT) failure impedes our ability to deliver effective and robust services for stakeholders or value for money	3	5	15 ⬌	**Status:** Stable. **Risk owner:** Chief Information Officer **Current factors are:** • We have approved a new supplier to deliver our laptop roll out. This will now happen in Q4 and into Q1 of next year as they are unable to fulfil our requirements entirely by the end of Q4 due to supply issues (global microchip shortages). User accessibility testing has started with 100 people across the organisation involved. • We reported a data breach to the Information Commissioner's Office. They have decided to not take any further action against us.	**Actions:** • Our new Chief Information Officer has reviewed this risk on the corporate risk register and is happy with the causations and controls with some minor additions.
EXT21/03 Risk that we do not recover efficiently following the coronavirus pandemic, including removal of emergency rules, closing the temporary register, and realising the benefits from our new ways of working.	3	4	12 ⬌	**Status:** Stable –but due to new Omicron variant, we continue to monitor this. **Risk owner:** Chief Executive and Registrar **Current factors are:** The latest variant increases risks across several areas: • Increased sickness absence by NMC employees will likely lead to additional pressure in some areas during January and February 2022. Covid-19 is currently our top reason for sickness absence, and sickness absence has been rising throughout the year. • Rising infections in hospitals are putting pressure on the health and social care workforce. This level of pressure could result in more FtP concerns being reported. • As the sector deals with the current wave, they will have limited capacity to engage with us on key issues. This will likely delay key areas of work to ensure that we don't add pressure to an already stretched sector. • The total number of people on the temporary register has risen from 14,682 in November 2021 to 14,995 in December 2021. • From 22 December 2021 the temporary register reopened to a defined cohort of people in the UK who have trained as nurses internationally and are already on a pathway to full NMC registration. • In Spring 2022 a number of public inquiries in response to Covid-19 are due to be launched and we are likely to be called to give evidence. We are preparing our evidence so that we can give a transparent account of what we did during the pandemic. We will continue to monitor the situation. Our key mitigations are: adjusting our plans to extend the timelines to relieve pressure on us and the sector, retaining supernumerary status for students within our education standards to limit disruption to student education, continuing to apply an assessment of context to FtP concerns, and working with chief nursing officers and other regulators to support the sector.	**Actions:** None in addition to actions already being taken.

Corporate risk (2021-2022)	Current Risk Assessment Score (After mitigation)			Risk exposure considerations since the last report	Discussion points/decisions since the last report
	L	I	I X L		
STR20/02 Risk that we fail to deliver our strategic ambitions for 2020-2025 Risk factors: • Prolonged recovery from the pandemic impacts our ability to deliver our strategic ambitions • Insufficient capacity or capability • We miss strategic opportunities • Pressure to adopt additional commitments • We don't maximise regulatory reform • Our ability to act independently	3	4	12 ⬌	Status: Stable. **Risk owner:** Executive Director, Strategy and Insight. **Current factors are:** • We continue to manage uncertainties regarding the timeline for regulatory reform, making adjustments as needed. • In line with discussions about 'Managing Public Money' (HM Treasury 2021) (MPM), we have added this to our risk register. Our previous agreed position is that we take MPM into consideration but are not required, as an independent body, to comply with it. We continue to engage with Department of Health and Social Care to resolve this. • Business planning is underway for the remaining 3 years of our strategy. We will ensure that regulatory reform will underpin everything that we do, and that we do not put added pressure or unnecessary impacts on the health and social care sector.	**Actions**: None in addition to actions already being taken.
FIN20/01 Risk of not achieving our investment strategy particularly with regard to: long term growth; appetite for short term capital loss; alignment with our values	3	4	12 ⬌	Status: Stable. **Risk owner:** Executive Director, Resources and Technology Services **Current risk factors:** • As part of business planning we are reviewing the budget for the next 3 years to take into account the reported increase in inflation of just over 5 percent.	**Actions**: None in addition to actions already being taken.
FIN21/02 Risk that we do not achieve a sustainable budget or the planned financial benefits from our strategy	3	4	12 ⬌	Status: Stable. **Risk owner:** Executive Director, Resources and Technology Services **Current risk factors:** • We are considering future affordability and cost savings as part of our budget planning over the next 3 years. We will brief the Council on the emerging budget in February 2022. • Government plan to increase National Insurance Contributions (NIC) to help pay for social care, this will mean increased employer contributions rise from April 2022 (circa £600k). • We continue to monitor the supply chain issues as this could lead to delays in delivering programmes such as our accommodation programme.	Actions: • Inflation, the increase in National Insurance contributions, and pay increases will be reflected centrally during business planning. We have added this to the corporate risk register. • We have added MPM to our risk register.

Corporate risk (2021-2022)	Current Risk Assessment Score (After mitigation)			Risk exposure considerations since the last report	Discussion points/decisions since the last report
	L	I	I X L		
COM18/02 Risk that we do not act in a legal manner or fail to meet our public obligations or comply with legal or compliance requirements.	3	3	9 ⬌	**Status**: Stable **Risk owner:** General Counsel **Current risk factors:** • There has recently been a small spike in civil litigation claims based on breaches of our Data Protection Act and Equality Act obligations, as well as the recent Professional Standards Authority (PSA) appeal of an FtP case concerning racial discrimination. We have identified that there may be may be gaps in organisational understanding of our EDI legal obligations (duties to make reasonable adjustments and fulfil our public sector equality duty) and in sufficient safeguards to prevent data breaches from occurring. This is reflected as a cause and mitigation on the corporate risk register. Work is planned on EDI following the review of the recent discrimination case. • Over the past year we have noted some gaps and inconsistencies in the application of our FtP policies and statutory guidance. This affects the way that decisions are made and could lead to mistakes, inconsistencies and possible legal challenge. There is planned work in 2022 to raise the profile of our statutory guidance with our decision-makers through appropriate communication and training. This is reflected as a cause and mitigation on the corporate risk register • There are currently some gaps in our safeguarding processes and organisational understanding of safeguarding obligations, leading to potential risks to individuals (NMC staff and members of the public) and a risk that we may not report appropriately on safeguarding incidents. This will be mitigated by the appointment of an NMC Safeguarding lead in early 2022. • Our panel member litigation claim continues to be an organisational risk. The issue of whether the panel member is a "worker" and is entitled to pension and holiday pay will be heard in the Court of Appeal in February 2022. If the case is successful, the substantive issue (how such pay is to be calculated) will be heard in June 2022. We will continue to plan for the risks arising from this case.	**Actions:** • **For discussion**: With increased focus on EDI, should we consider a new corporate risk that covers EDI including racial discrimination? It is currently embedded in our legal risk. • **EDI obligations:** NMC-wide training planned for 2022 • **Data Breaches**: Assurance required that we have sufficient safeguards in place to minimise the risk that we will share individuals' private information without a lawful basis for doing so • **Policies and Decision-making guidance:** More work needed to raise the profile of this and train decision-makers. Some work planned for 2022 • **Safeguarding:** A safeguarding lead is to be appointed in early 2022 with planned programme of work • **Panel member claim:** Work is planned for 2022 to manage case and potential impacts on panel member agreements
REG19/03 Failure to ensure that educational standards are fit for purpose (including processes to ensure compliance with standards are being met)	2	4	8 ⬌	**Status:** Stable. **Risk owner:** Executive Director, Professional Practice **Current risk factors:** • We are not changing our education standards to remove supernumerary status for students, despite calls from some in NHS leadership positions to do so. This is to limit disruption to student education, and ensure that they can still join the register on time. • Post registration standards: co-production work with groups of professionals, students, and educators continues to support the refinement of the final standards. We've extended the timescales for this work to mitigate the pressure on sector stakeholders due to the latest Covid variant. • We have agreed to adopt the refreshed Royal Pharmaceutical Society Competency Framework for all Prescribers.	**Actions:** None in addition to actions already being taken.
Risk Escalations onto corporate risk register from directorates, Corporate Change and PMO, Corporate risk and performance team					None

Nursing &
Midwifery
Council

Council

Fitness to Practise Improvement Programme update

Action: For discussion.

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

Core regulatory function: Professional Regulation.

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

Decision required: None.

Annexes: The following annexes are attached to this paper:

- Annexe 1: Casework metrics

- Annexe 2: Efficiency ratios

- Annexe 3: FtP performance dashboard

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

Director: Tom Scott
Phone: 020 7046 7914
tom.scott@nmc-uk.org

Context:

1 This report provides an update on our Fitness to Practise (FtP) improvement work. The work aims to address the increase in the caseload that has arisen throughout the FtP process, predominantly arising from the impact of the Covid-19 pandemic on our organisation and the professions we regulate.

2 The Council is invited to consider and comment on this update about the improvement programme.

3 Reducing the backlog of FtP cases is commitment number one in our corporate plan for 2021-2022.

4 Our current improvement activities are centred around:

    4.1 Avoiding inappropriate referrals, leading to a reduction in the number of referrals received on a monthly basis

    4.2 Ensuring that we take a final decision on any case at the earliest possible stage

    4.3 Ensuring that we make full use of the additional resources provided in our 2021-2022 budget by growing our teams and retaining team members

    4.4 Improving the efficiency and effectiveness of our operation, eradicating duplication, waste and low-value activities where possible

5 Every case we have involves people. The programme is structured around a person-centred approach, ensuring that the right decision is made at the earliest opportunity in our cases and that those who are involved in our processes are heard, supported and respected.

6 As of 31 December we had underspent by £2.7 million equivalent to 7.6% of our expenditure.

7 The underspend was not planned and this has impacted our ability to bring the caseload down in the FtP teams.

Four country factors:

8 This programme impacts stakeholders across each of the four nations.

Discussion: **Our performance**

Summary

9   Our improvement activity has had a measurable impact on our performance in tackling the backlog of cases within FtP. As can be seen in Annexe 1, page 2, on a rolling annual total basis we are now matching total decision numbers prior to lockdown in March 2020. Page 3 of Annexe 1 shows that we are now achieving total case conclusions in excess of those seen just prior to lockdown. In November we reached a rolling annual average of over 5,000 final decisions for the first time in over two years. Both indicators are on a sustained upward trend and we expect this to continue in the coming months.

10   Progress with reducing inappropriate and poorly articulated concerns together with decisions are going well, supported by colleagues across the NMC and strong engagement with our partners.

11   Our process measures are showing potential, however progress remains behind plan. This is in part linked to ongoing challenges associated with making full use of our resources, specifically recruitment/retention shortfalls against plan.

12   Overall as can be seen in Annexe 1, page 1, whilst we have stabilised our caseload we have not yet achieved a continued trend in reduction of cases. As a result we will not achieve our ambitious target of reducing caseload to 5,250 cases by the end of this financial year. To achieve our future ambition of reducing the total caseload below 4,000 by the end of 2022-2023 we will have to make further significant increases in the number of final decisions made per year and target a reduction of over 2,000 over the course of the next financial year.

13   Below we describe progress to date and how we plan to achieve this targeted reduction.

Incoming Caseload

14   In Quarter 3 2021-2022 the number of referrals received into our Screening teams continued to track below budgeted levels and continue a gentle downward trend. The downward trend has been supported by a reduction in the number of referrals coming from employers however referrals from members of the public have been on an upward trajectory.

15   If a concern is for us then we have made changes that help referrer's set out their concerns as clearly and fully as possible. We have made several changes to our public referral form and associated information and more recently updated the guidance and form for registrants who self-refer to us.

16	The ongoing work of our Employer Link Service to engage with organisations is matched by a continuing downward trend in employer referrals from the organisations we engage with.

17	In order to achieve further progress in avoiding inappropriate or poorly articulated referrals we are planning to expand the range of employers we contact on a 'light touch' basis from within Professional Regulation to convey key messages about our role. We also plan to explore further updates to our online offering that gives potential referrers all the information required when deciding whether they need to raise a concern.

18	Our work on Strengthening practice and ongoing dialogue with stakeholders has seen a change in the level of engagement with registrants at Screening. Early sharing of relevant insight enables us to make fully informed decisions without the need for further investigation.

19	Context is having a similar but smaller impact in our ability to make final decisions at an early stage, we believe in part because employers are themselves incorporating such thinking into their internal processes with staff before determining if a referral is appropriate. We are committed to taking context into account in our decision making and will continue to encourage the provision of contextual information to support fair decision making.

20	Our Multi-Disciplinary Team pilot has further improved our ability to see to the heart of a concern on receipt and guide our enquiries. The pilot is being re-focused for early 2022 so that a final decision can be made as to how to incorporate this into business as usual early in 2022-2023.

21	Finally, the Screening team have moved from a time-based key performance indicator for decision making to an approach that seeks to be in a position to make a final decision for cases if it is possible to gather information through our enquiries.

22	The combined effect of the above is that our average referral rate to investigations has moved from a long standing average of 35% of cases to 23% of cases in 2021-2022.

23	The percentage of cases that conclude at the Case Examiner stage has declined over 2021-2022 from a budget level of 68% to an average actual of 55%. We believe this is due to the inherent nature of cases being considered rather than process changes we have made to our decision making process.

24	Nevertheless, when taken collectively the impact of the changes show that our plan to resolve cases appropriately at the earliest possible stage is working. This is demonstrated in the table below:

Scenario	Incoming referrals	Proceeding to Case Examiners	Proceeding to Hearing
Budget	1,000	350	112
Actual 2021/22	970	223	100

Allocating Resources

25   Our progress in fully employing the resources available to us to greatest effect has been limited to date. The move to periodic recruitment to generate a talent pool for candidates and improvements to the contracts we offer, away from temporary and fixed term contracts has been offset by a recent rise in turnover.

26   In response we have focused on protecting the capacity of our key teams, notably our Screening decision making capacity and our adjudications teams. The Case Examiner function has also recently completed a further recruitment of 13 additional contractors, this doubles the contractor resource we have to call on and significantly bolsters our decision making capacity. Our new joiners have been split into 2 cohorts with half of the new starters beginning training in February and the other half joining us in April so as to minimise disruption to the decision making of existing team members. Finally we have made greater use of the services of our external legal partners both in terms of the number of cases they are investigating on our behalf and for specific targeted secondments from our partners into our organisation.

27   Going forward we are undertaking a major recruitment exercise in January with a particular emphasis on the Investigations department which has experienced the highest vacancy rates in 2021-2022 to-date.

Efficiency and Effectiveness

28   Our progress in this area has been slower than planned. We have not seen the level of efficiency improvements expected from our changes to Screening and Case Examiner processes and procedures. To-date the targeted removal of duplication and routine review within the Investigations department has not yielded improved productivity.

29   We have made changes to simplify the Investigations Case Report, a key document for Case Examiners making decisions, which are expected to make decision making easier. We have not yet considered a significant volume of cases with a new case report due to the backlog of cases, however these are now beginning to be considered and should yield further improvements.

30   The recent deployment of DocuSign to assist with completion of witness statements together with planned upgrades to our desktop hardware and office software suite in the coming months are expected to boost productivity further.

31   We are trialing 'the self-directing team' within Investigations from next month as a more ambitious pilot to deliver productivity improvements.

Overall

32   We have delivered improvements in our caseload position since our last update to Council with major improvements in output from our Screening teams, continued steady progress from our Case Examiners and some modest improvements in our Adjudication throughput. Sustaining the performance improvements in Screening will be key to maintaining a positive overall caseload trajectory and delivering decisions at the earliest possible stage for those involved in our process.

Midwifery implications:

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

Public protection implications:

34   The programme seeks to drive improvements in public protection through delivering a greater volume of more timely and more proportionate decisions across FtP.

35   Our focus on person-centred regulation should also enhance access to and experience of our processes.

Resource implications:

36   The change activity associated with the programme is being delivered through dedicated headcount which is included in this year's budget.

37   We have continued to underspend our increased budget by around seven percent year to date, that means we are not making full use of the budget available to us. This continues to be driven primarily by lower levels of spend in investigations and hearings related activities. Making the best use of the resources available remains critical to our plans and to reduce the caseload.

38   Annexe 2 sets out our efficiency ratios, i.e., how much it costs us to make a decision at each stage of the process.

Equality diversity and inclusion implications:

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

40   The piece of work arising from an FtP decision referred by us to the PSA, has led to the development of a programme of Equality, Diversity and Inclusion (EDI) training for colleagues across the organisation. This is currently being overseen by the programme.

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

Stakeholder engagement:

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

43   We have had positive feedback from stakeholders on the benefit of early engagement with their members.

44   It should be noted that our key stakeholder groups remain concerned at the lack of progress in resolving our backlog but continue to express a commitment to working with us to resolve known issues.

Risk implications:

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

46   The current high levels of Covid-19 infections driving staff absence both within our organisation and impacting the availability of parties related to individual cases has the potential to reduce our level of decision making in the short-term.

Legal implications:

47   Timely and effective management of our FtP cases is critical to the fulfilment of our statutory public protection function. Ensuring that we manage our FtP caseload effectively and in line with our NMC values, reduces the risk of legal challenge.

Nursing & Midwifery Council

Casework metrics
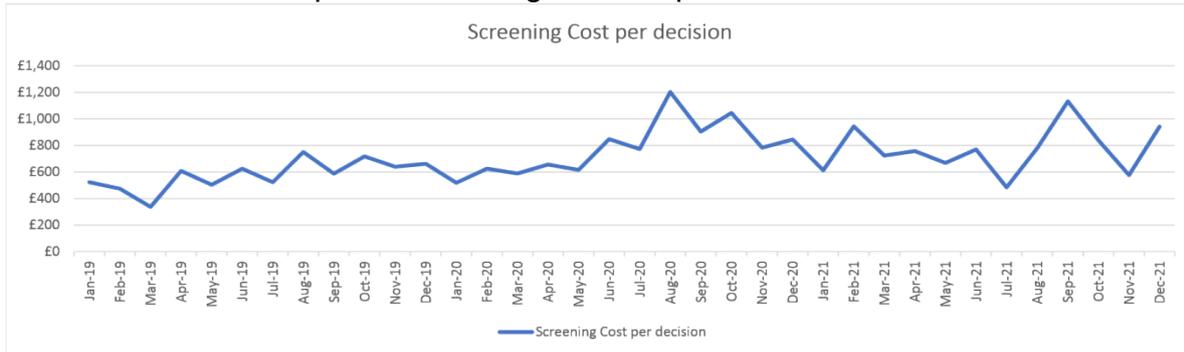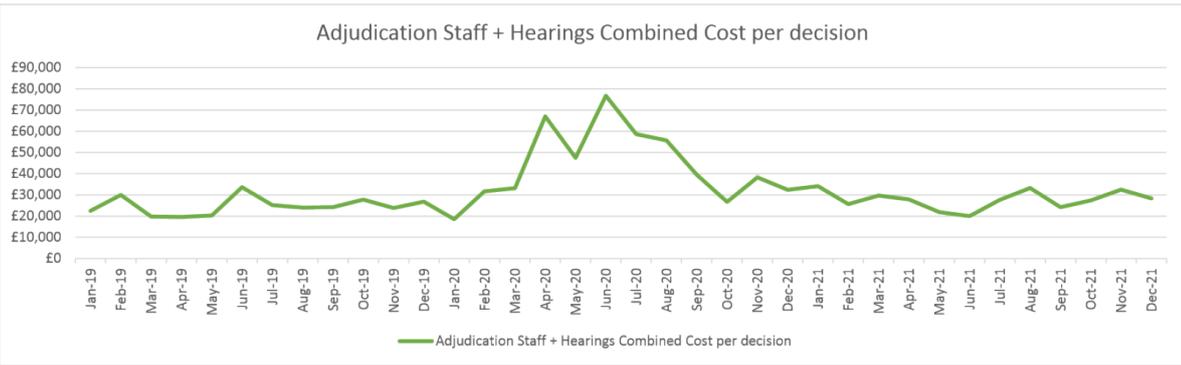**Fitness to Practise Improvement Programme Update**

Overall caseload position
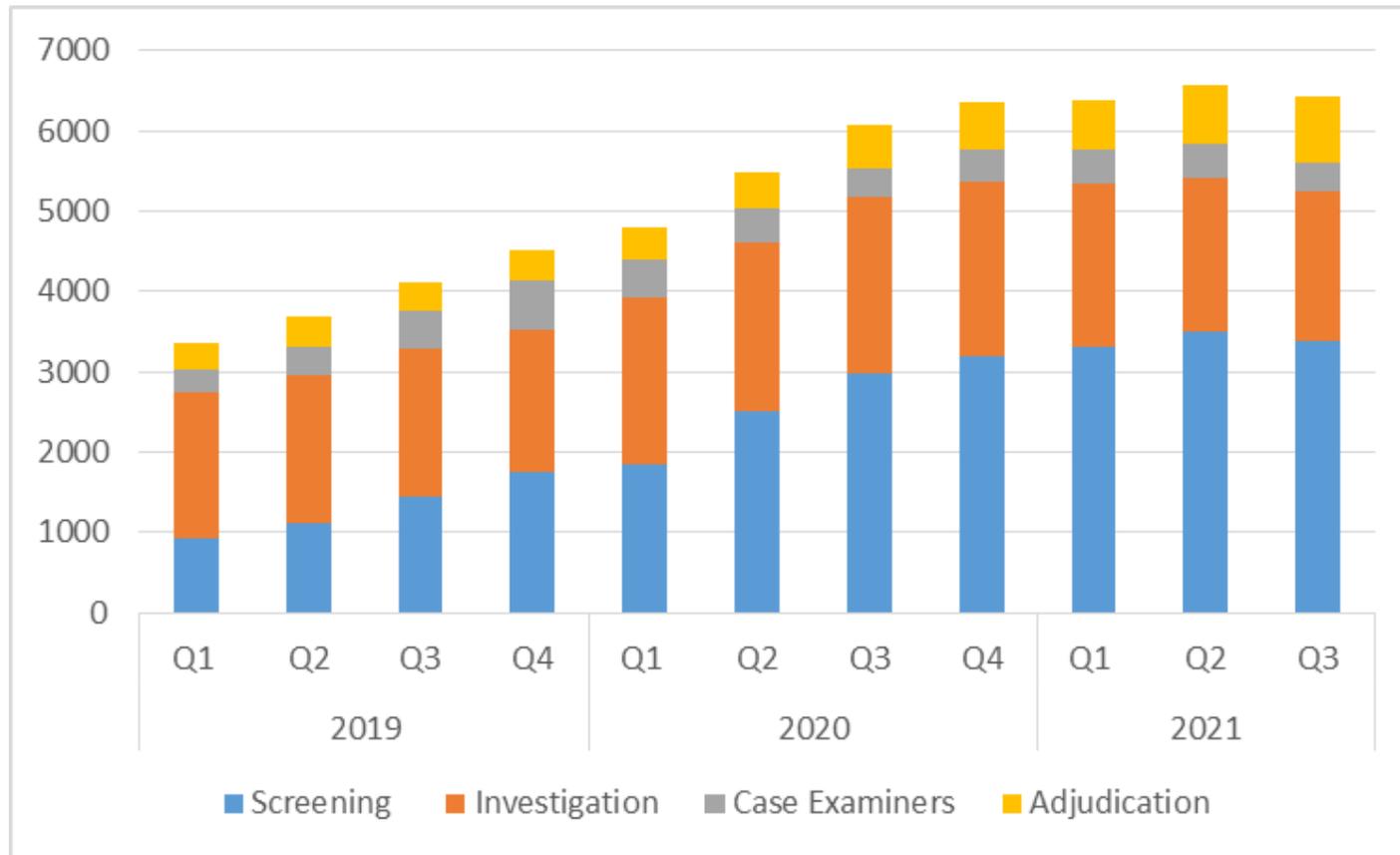
Moving annual total case decisions

April	May	June	July	August	September	October	November	December	January	February	March
10,13	10,03	9,847	9,771	9,574	9,589	9,473	9,328	9,173	8,951	8,771	8,225

Q1: April, May, June | Q2: July, August, September | Q3: October, November, December | Q4: January, February, March — 2019 - 2020

April	May	June	July	August	September	October	November	December	January	February	March
8,140	7,878	7,639	7,302	6,940	6,700	6,474	6,346	6,324	6,338	6,271	6,402

Q1 | Q2 | Q3 | Q4 — 2020 - 2021

April	May	June	July	August	September	October	November	December
6,519	6,724	7,063	7,374	7,703	7,842	8,012	8,318	8,397

Q1 | Q2 | Q3 — 2021 - 2022

Moving annual total case conclusions
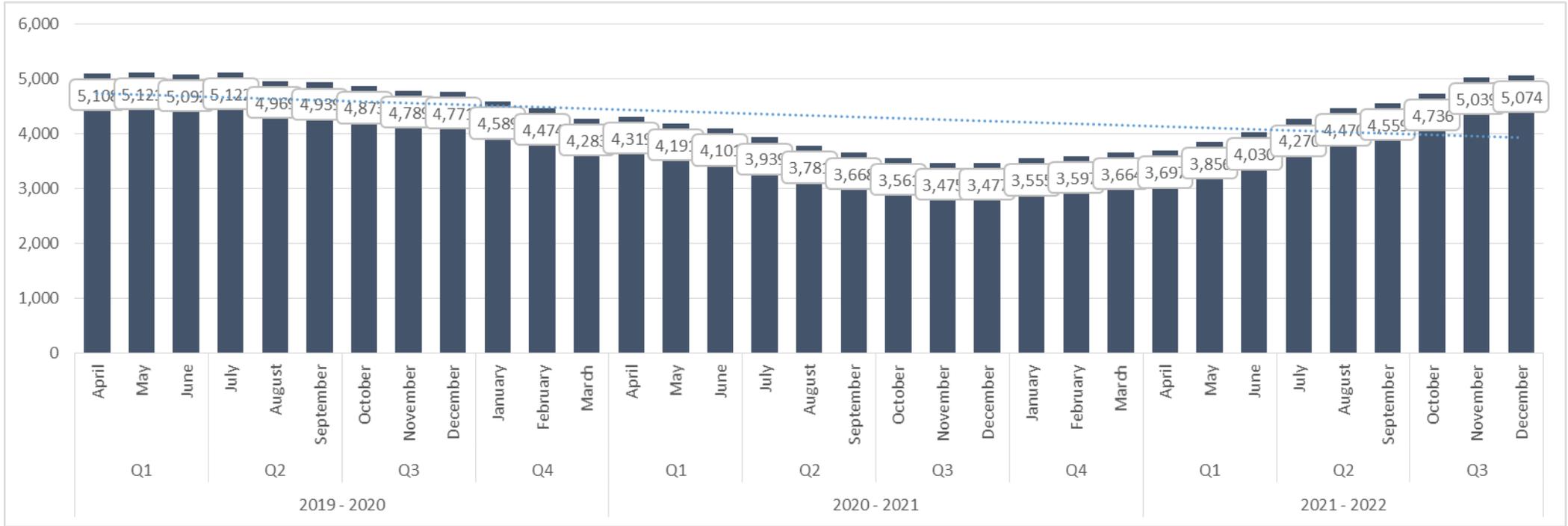
Item 7: Annexe 2
NMC/22/07
26 January 2022
Efficiency ratios
Fitness to Practise Improvement Programme Update

Screening Cost per decision

Investigations cost per decision

Case Examiners Cost per decision

CPP Cost per decision

Adjudication Staff Cost per decision

Hearings Cost per decision

Adjudication Staff + Hearings Combined Cost per decision
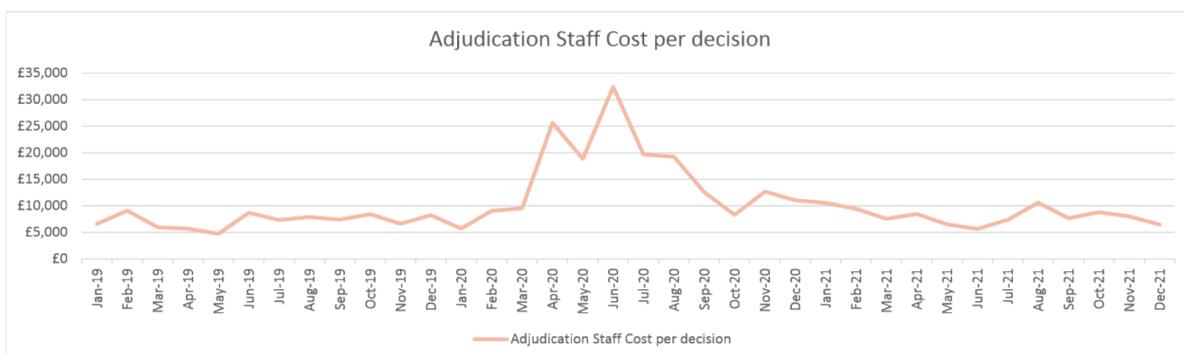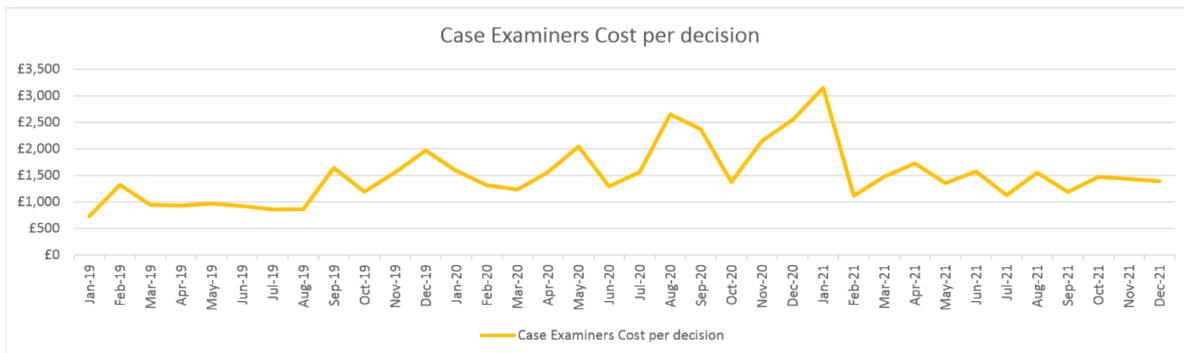
FtP Performance Dashboard
December 2021

A1

Historic Caseload

Legend: Screening, Investigations & Case examiners / Adjudications

A2

FtP Caseload

Legend: Screening / Investigations / Case examiners / Adjudications

A3

New Referrals

Legend: Referrals per month / 12m rolling average

B1

Median age at Screening

Legend: Median caseload age / Median age at decision

B2

Median age at Investigations and Case Examiners

Legend: Median caseload age / Median age at decision

B3

Median age at Adjudications

Legend: Median caseload age / Median age at decision

Caseload Movement Summary Oct – Dec 2021

| Opening caseload 6,582 | 1,193 cases received (new referrals and reopened cases) | 1,352 cases closed | 6,423 Closing caseload |

Nursing &
Midwifery
Council

Council

Professional Standards Authority annual performance review 2020-2021

Action:	For discussion
Issue:	Actions to address learning arising from the Professional Standards Authority (PSA) performance review for 2020-2021.
Core regulatory function:	All regulatory functions
Strategic priority:	Strategic aim 1: Improvement and innovation Strategic aim 2: Proactive support for our professions Strategic aim 3: More visible and informed Strategic aim 4: Engaging and empowering the public, professionals and partners Strategic aim 5: Insight and influence Strategic aim 6: Fit for the future organisation
Decision required:	None.
Annexes:	The following annexe is attached: Annexe 1 – PSA 2020-2021 performance review report.
Further information:	If you require clarification about any point in the paper or would like further information please contact the author or the director named below. Author: Terry Koranteng Assistant Director: Mike Andrews Phone: 020 7681 5169 Phone: 020 7681 5925 terry.koranteng@nmc-uk.org mike.andrews@nmc-uk.org

Context: 1 The Professional Standards Authority (PSA) oversees the ten health and social care professional regulators in the UK and reviews their performance annually against a set of 18 Standards of Good Regulation (SOGR).

2 The report of the PSA's review for 2020-2021 was published on 23 November 2021 (please see Annexe 1). The PSA judged that we met all but one of the SOGR. The one we did not meet was Fitness to Practise (FtP) SOGR 15, mainly because of a decline in the timeliness of dealing with FtP cases. This is the same outcome as the 2019-2020 performance review.

3 We recently had a meeting with colleagues from the PSA to discuss the arrangements for the 2021-2022 review. PSA are reviewing their process and we have recently responded to their consultation on this. We welcome most of the changes they are making and, in particular, their intention to provide more timely feedback during the year, and this will include monthly liaison meetings. We understand that it is intended that the reporting period for the next review will cover the period from April 2021 to June 2022, and that the PSA's report will be published in September 2022.

Four country factors: 4 Not applicable for this paper.

Discussion and options appraisal: 5 Overall the tone of the 2020-2021 report is more positive than last year's report. The report recognises the context and pressures under which we were operating during this period, and our response to the Covid-19 emergency.

6 Highlights include:

    6.1 Positive comments about our approach to dealing with Equality Diversity and Inclusion (EDI) matters, which the PSA judge to be among the strongest of the regulators.

    6.2 Recognition of the way that we communicated with our stakeholders around the changes we made to address the pandemic and, in particular, the value of the coronavirus hub.

    6.3 Positive comments about the way we developed and implemented the emergency standards.

    6.4 On the temporary register, the PSA have recognised that we balanced risks against the need to deal with the urgent situation and increase the number of people on the Register.

6.5 On the FtP caseload, the PSA attribute much of the increase in cases to the impact of the Covid-19 emergency. They also say they welcome our focus on dealing with the backlog of cases, including changes being implemented through the FtP Improvement Programme.

7 Although the report suggests we are continuing to improve, we must not be complacent. The PSA has suggested potential areas for improvement and learning across the whole business. They have also indicated some areas which they will look at in this year's review.

8 As last year, we have developed a detailed action plan to address feedback and learning identified by the PSA. The plan was agreed by the Executive Board meeting on 11 January 2022 and as with last year's plan, progress on addressing the actions will be considered by the Executive Board quarterly.

9 A summary of main actions in the plan for this year and those we have taken so far is included below.

Professional practice

10 The PSA will report on the outcome of the public consultation on the new standards and evidence of how the NMC has used the feedback obtained to develop its proposals in their next performance review.

Strategy and Insight

11 The PSA will report on work to develop consistent and documented register enforcement policies.

Professional regulation

Registration

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

13   The PSA have confirmed they will monitor work in the following areas;

13.1   Our work with stakeholders to identify and manage risks to the public. Namely to gauge the effectiveness of our plans to improve NMC colleagues' awareness in the use of memoranda of understanding (MoUs).

13.2   Registration language requirements and the registration appeals process. The PSA are interested in the progress of our work on devising terms of reference for a new quality assurance mechanism for registration appeal outcomes.

Fitness to practise

14   The PSA also made a number of recommendations for improvements in relation to FtP functions, particularly to address timeliness. This includes that we need to address the delays between screening decisions and allocation to investigation; address the number of Case Examine cases adjourned for further investigation; develop a mechanism to report and identify themes and learning points, and increase resources to allow better use of legal expertise.

Progress on actions arising from the 2019-2020 PSA Performance Review

15   At the meeting on 29 September 2021, the Council asked for greater detail on matters that had been already been addressed in relation to feedback from the PSA. We are making good progress in addressing the learning made by the PSA in the 2019-2020 Performance Review report. The Executive Board continues to monitor progress on actions that are outstanding.

16   We outline below key actions that have been completed or planned by lead directorate.

People and Organisational Effectiveness

17   We have implemented a customer service feedback survey for corporate complaints and are now conducting analysis of the feedback on a monthly basis. The high level messages are shared with Executive Board.

Strategy & Insight

18   The PSA indicated they would consider the 'Ambitious for Change' research as part of the 2020/2021 review. Phase 1 of this has completed and has been shared with the PSA. Phase 2 of the research has been commissioned and is due to conclude in early 2022/23.

Professional Practice

19   We plan to begin scoping work for the potential regulation of advanced practice during 2022/2023, subject to other corporate priorities. This will involve an independent research project to assess the current evidence as part of that initial scoping.

20   Our new Post-Registration standards are currently scheduled to be presented to Council in May 2022 for approval.

Professional Regulation

21   We are now publishing more information on the registration appeals process to assist applicants and to increase the transparency of the process. We have also amended our standard operating procedure for conceding registration appeals to include specific criteria for when a language appeal should be conceded.

22   We have also developed and implemented a process for reviewing and quality assuring the Assistant Registrar decisions in respect of registration appeals, as part of a wider decision making improvement plan.

23   We have developed improved guidance for employers on managing concerns about employees. The employer resource was launched in February 2021 and feedback is gathered by the Employer Link Services (ELS) team.

24   Most of the recommendations relating to FtP, including implementing changes in the FtP Strategy, and monitoring the impact of these are included in the FtP Improvement Programme, and on which we report to the Council separately.

25   We developed a new context framework for FtP cases in 2020-2021 and launched it in March 2021. We will monitor the impact of this as part of our change management approach during 2021-2022.

26   The Public Support Service (PSS) survey results have demonstrated the positive impact that the PSS is having. In the last year, we have also led work with the other regulators to establish a Support Advocacy Framework. This Framework enables us to provide improved support to those going through the FtP process who have needs that require support to engage properly with the process

Midwifery implications: 27   There are no specific actions from the report relating to midwifery.

Public protection implications:	28	Taking appropriate measures to respond to learning from the PSA is essential to improve the quality of our work and to increasing the level of public protection that we provide through better regulation.
Resource implications:	29	Additional resources to address learning from the PSA are identified during the business planning process. This applies in particular to addressing the matters that have resulted in us not meeting FtP SOGR 15.
Equality diversity and inclusion implications:	30	One of the general PSA SOGRs covers EDI. Although we are judged to be meeting this standard, EDI considerations need to be embedded into all of our activities and there was an EDI action in last year's action plan.
Stakeholder engagement:	31	None.
Risk implications:	32	Failure to manage change and address the required improvements could result in a negative performance review outcome and consequently undermine public confidence and trust in the NMC. The action plan mitigates this risk.
Legal implications:	33	None.

**professional
standards
authority**

for Health and Social Care

performance review 2020/21
NURSING AND MIDWIFERY COUNCIL

ABOUT THE PERFORMANCE REVIEW PROCESS

We aim to protect the public by improving the regulation of people who work in health and care. This includes our oversight of 10 organisations that regulate health and care professionals in the UK. As described in our legislation, we have a statutory duty to report annually to Parliament on the performance of each of these 10 regulators.

Our performance reviews look at the regulators' performance against our Standards of Good Regulation, which describe the outcomes we expect regulators to achieve. They cover the key areas of the regulators' work, together with the more general expectations about the way in which we would expect the regulators to act.

In carrying out our reviews, we aim to take a proportionate approach based on the information that is available about the regulator. In doing so, we look at concerns and information available to us from other stakeholders and members of the public. The process is overseen by a panel of the Authority's senior staff. We initially assess the information that we have and which is publicly available about the regulator. We then identify matters on which we might require further information in order to determine whether a Standard is met. This further review might involve an audit of cases considered by the regulator or its processes for carrying out any of its activities. Once we have gathered this further information, we decide whether the individual Standards are met and set out any concerns or areas for improvement. These decisions are published in a report on our website.

Further information about our review process can be found in a short guide, available on our website. We also have a glossary of terms and abbreviations we use as part of our performance review process available on our website.

The regulators we oversee are:

General Chiropractic Council ✦ General Dental Council ✦ General Medical Council ✦ General Optical Council ✦ General Osteopathic Council ✦ General Pharmaceutical Council ✦ Health and Care Professions Council ✦ Nursing and Midwifery Council ✦ Pharmaceutical Society of Northern Ireland ✦ Social Work England

Find out more about our work
www.professionalstandards.org.uk

Nursing and Midwifery Council
performance review report 2020/21

At the heart of everything we do is one main purpose: protection of the public from harm

Contents

The Nursing and Midwifery Council

key facts & stats

The Nursing and Midwifery Council (NMC) regulates nurses and midwives in the United Kingdom and nursing associates in England.

As at 30 September 2021, the NMC was responsible for a register of:

744,929 professionals

Annual registration fee is: £120

The NMC's work includes:

- Setting and maintaining standards of practice and conduct;

- Maintaining a register of qualified professionals;

- Assuring the quality of education and training for nurses, midwives and nursing associates;

- Requiring registrants to keep their skills up to date through continuing professional development; and

- Taking action to restrict or remove from practice registrants who are not considered to be fit to practise.

Standards of Good Regulation met for 2020/21 performance review

General Standards		5/5
Guidance and Standards		2/2
Education and Training		2/2
Registration		4/4
Fitness to Practise		4/5

Meeting, or not meeting, a Standard is not the full story about how a regulator is performing. You can find out more in the full report.

Nursing and Midwifery Council
Executive summary

How the Nursing and Midwifery Council is protecting the public and meeting the Standards of Good Regulation
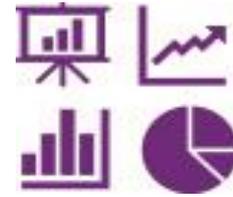
To carry out this review, we collated and analysed evidence from the NMC and other interested parties, including Council papers, performance reports and updates, committee reports and meeting minutes, policy, guidance and consultation documents, our statistical performance dataset and third-party feedback. We also utilised information available through our review of final fitness to practise decisions under the

The Nursing and Midwifery Council's performance during 2020/21

We conducted a targeted review of the NMC's performance against Standards 9, 10, 11, and 15. We concluded that Standard 15 was not met.

Section 29 process[1] and conducted a check of the accuracy of the NMC's register. We used this information to decide the type of performance review we should undertake. Further information about our review process can be found in our Performance Review Process guide, which is available on our website.

Key developments and findings

The NMC's research on issues relevant to diversity

The NMC collects diversity data about its registrants and the developments that affect them. It uses this data to reflect upon the fairness and accessibility of its processes and where changes are needed. In October 2020 the NMC published research into the impact of its processes on different groups. This highlighted some disparities, which it is seeking to better understand through further research and analysis. The NMC has made some recent changes that may address some of these disparities but recognises that further action is needed. It is also working with others including employers to address evidence of overrepresentation of some groups in fitness to practise (FTP) referrals. We consider that the NMC has one of the strongest approaches to EDI of the regulators that we oversee.

Responding to the pandemic through guidance and standards

The NMC established a 'Coronavirus hub' on its website which included information and guidance for registrants and the public on safe practice during the pandemic. The NMC's

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[1] Each regulator we oversee has a 'fitness to practise' process for handling complaints about health and care professionals. The most serious cases are referred to formal hearings in front of fitness to practise panels. We review every final decision made by the regulators' fitness to practise panels. If we consider that a decision is insufficient to protect the public properly we can refer them to Court to be considered by a judge. Our power to do this comes from Section 29 of the NHS Reform and Health Care Professions Act 2002 (as amended).

2

statements took account of disparities in the impact of the virus among different groups of registrants, patients and service users.

Changes to education standards during the pandemic

The NMC introduced emergency standards for nursing and midwifery education which made changes to the balance of theoretical and practice learning and allowed more flexibility in the methods for student support, supervision, teaching and assessment during the pandemic. It updated the emergency standards throughout the year to reflect developments in the impact of the pandemic on health care services.

Stakeholders told us that they welcomed the NMC's flexibility and its level of engagement and collaboration with the sector in planning and implementing these changes.

Temporary registration

The NMC launched its temporary register in March 2020. It published clear policies setting out a risk-based approach to inviting groups to join the register and its process for removal from the register. We received positive feedback from stakeholders about its approach to this work.

The NMC asked employers to certify that some potential temporary registrants were fit to practise during the emergency in terms of their health, character, and English language competence. This policy presented a degree of risk to the public, and the NMC balanced the risks involved against the urgent situation arising from the second wave of the Covid-19 pandemic. It determined that the level of risk was acceptable in the circumstances and as a short-term measure. All temporary registrants in this group were subject to conditions restricting their practice.

Fitness to practise case progression

There has been a further worsening of performance in respect of timeliness this year, as the effects of the pandemic disrupted the NMC's ability to deal with cases. Fewer decisions have been reached, and the age and overall size of the FTP caseload has increased.

The NMC is implementing a wide-ranging programme of work to address this decline in performance, while ensuring that it can support the people involved in the process. However, the NMC does not anticipate that the impact of many of its planned measures will be seen for some time.

We welcome the clear focus and drive for improvement that the NMC has demonstrated. However, in the absence of evidence of significant improvements to performance at this early stage, Standard 15 was not met this year.

3

Supporting parties to the fitness to practise process to participate effectively

The NMC continues to embed a person-centred approach in FTP. It has improved its website to provide greater clarity about each stage of the process and increased the support offered to those making referrals who have complex needs and may need adjustments to engage effectively.

In considering how to use powers granted in response to the pandemic once the emergency period has ended, the NMC considered a diversity of views and sought to facilitate effective participation for all those involved in the FTP process.

4

How the NMC has performed against the Standards of Good Regulation

General Standards

Standard 1: The regulator provides accurate, fully accessible information about its registrants, regulatory requirements, guidance, processes and decisions.

1.1   The NMC updates the information it publishes in response to external events, such as the UK's exit from the EU, so that it remains current and accurate. Throughout this review period the NMC updated the 'Coronavirus hub' on its website, providing information about its response to the pandemic, how it continues to regulate, and pages for different audiences with frequently asked questions and answers.

1.2   The NMC has clear policies and processes to ensure that it handles and discloses information appropriately across each of its functions.

1.3   Published information about the NMC's registration appeals process is not as comprehensive and accessible as it could be. The NMC plans to address this as part of its action plan in response to our last performance review report. It continues to provide information on the appeals process to applicants when an application to join the register is refused.

1.4   The NMC does not currently publish detailed information on its approach to the issues of illegal practice and misuse of a protected title. We are pleased that it is working to develop enforcement policies setting out how it will respond to such cases. We would expect these to be easily accessible on the NMC's website to visitors searching for this information.

1.5   Overall, we are satisfied that this Standard is met.

Standard 2: The regulator is clear about its purpose and ensures that its policies are applied appropriately across all its functions and that relevant learning from one area is applied to others.

2.1   The NMC provides clear information about its purpose and role. In the context of the ongoing Covid-19 pandemic, it has been open about what elements of its corporate strategy for 2020-25 remain appropriate and feasible to deliver to planned timescales, and what work must be postponed. It has been flexible and found new ways of delivering its strategic aims, such as through virtual engagement with stakeholders.

2.2   In March 2020 the NMC revised its governance structures to enable it to respond quickly to the needs of the pandemic, while ensuring that its Council retained adequate oversight of its activities. It has been transparent in its reporting of the rationale for decisions reached outside of routine Council meetings.

5

2.3   The NMC proactively responded to workforce issues and evidence of inequality resulting from the pandemic. It undertook research, analysed evidence, and collaborated with others to ensure that it continued to fulfil its statutory duties fairly. It has been clear about its remit and has highlighted areas where further work was needed in the health and care sector to support its registrants and protect the public.

2.4   We are satisfied that this Standard is met.

Standard 3: The regulator understands the diversity of its registrants and their patients and service users and of others who interact with the regulator and ensures that its processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics.

Equality, diversity and inclusion (EDI) implications of the pandemic

3.1   The NMC considered the impact of the pandemic on different groups when responding to the emergency. It sought diverse views on the changes made to its processes and standards to ensure that they were fair and did not impose inappropriate barriers or otherwise disadvantage people with protected characteristics.

3.2   The NMC published an equality impact assessment of its response to Covid-19 in July 2020 and has kept it updated to reflect external changes.

3.3   In external communications the NMC highlighted the EDI implications of the pandemic for both registrants and the public. This included statements on shortages of personal protective equipment and the impact on registrants from minority ethnic groups.

The NMC's research on issues relevant to diversity

3.4   The NMC collects diversity data about its registrants (permanent and temporary) and the developments that affect them. It uses this data to reflect upon the fairness and accessibility of its processes and where changes are needed.

3.5   In October 2020 the NMC published *Ambitious for Change*,[2] a report on its research into the impact of its processes on different groups. The research highlighted some disparities, which it is seeking to better understand through further research and analysis. The NMC has made some recent changes that may address some of these disparities but recognises that further action is needed. The NMC is also working with others, including employers, to address evidence of overrepresentation of some groups in fitness to practise referrals.

Diversity in recruitment of decision makers

3.6   The NMC aims to improve the diversity of its decision makers to better reflect the diversity of its registrants and those using their services. It set up a Council Associate scheme to enable individuals from underrepresented registrant groups to sit as associate members of Council and develop the skills and expertise needed to

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[2] See: https://www.nmc.org.uk/globalassets/sitedocuments/edi-docs/nmc_edi_research_full.pdf

be a Non-Executive Director in the future. Associates are involved in all aspects of the Council's work and contribute to its business in a similar way to appointed Council members.

3.7   The NMC's Appointment Board has a three-year strategy for delivering high quality fitness to practise panel members. The strategy is designed to provide a diverse membership that works in a way that is inclusive and fair.

3.8   The NMC's commitment and work towards diversity is among the strongest of the regulators we oversee. We are satisfied that this Standard is met.

Standard 4: The regulator reports on its performance and addresses concerns identified about it and considers the implications for it of findings of public inquiries and other relevant reports about healthcare regulatory issues.

Reporting on performance and responding to concerns

4.1   The NMC launched a new customer feedback survey for its contact centre in February 2020. The survey showed a high level of customer satisfaction. The NMC monitors survey results and contacts unhappy customers to resolve issues immediately.

4.2   The NMC provides performance information and data on concerns it has received in a range of public reports. It made changes this year to the way it presents performance information to its Council. The quality and accuracy of the information provided remains appropriate. We saw no evidence that these changes have led to a weakening of the Council's ability to scrutinise the NMC's performance or hold the Executive to account.

Acting in response to external events, including published inquiries

4.3   The NMC considers the implications of public inquiries and other reports about healthcare regulatory issues. In the light of them, it reviews the effectiveness of its processes and identifies areas where further action is needed to improve standards of care and enhance public protection.

4.4   In January 2021 the NMC reported on its analysis of the findings of several recently published inquiries and investigations into patient safety issues. It identified underlying themes across different settings which affected patient safety. These included: persistent cultures of denial and blame; fear of speaking up or raising concerns among professionals; poor communication and working relationships among multidisciplinary teams; lack of data sharing among regulators and more widely across the health and social care system; and failure to listen to concerns from patients and service users.

4.5   In recent years, the NMC has taken action relevant to these issues, including:
- A change in approach in fitness to practise, designed to foster a professional culture that prioritises openness and learning in the interest of safety
- Establishment of the Public Support Service to provide better support for people who use services and members of the public who have raised concerns about registrants.

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4.6   However, the NMC recognises that further action is needed and has established an internal learning group to record, share, and embed learning from inquiries and investigations.

4.7   The NMC is also working with partners in the sector to address recurring concerns about the safety of some maternity services. Together with the Care Quality Commission (CQC) and the General Medical Council (GMC), it has established a Maternity Services Safety Collaborative Group to address common concerns and provide oversight of joint initiatives, including:

- Improving shared understanding of risk related to maternity services.

- Testing collaborative ways of working and generating learning that can be shared.

- Enabling long-term improvements in regulatory collaboration that can help drive improvements in maternity safety.

4.8   We are satisfied that this Standard is met this year.

Standard 5: The regulator consults and works with all relevant stakeholders across all its functions to identify and manage risks to the public in respect of its registrants.

Stakeholder engagement during the pandemic

5.1   The NMC has continued to communicate regularly with other health and social care regulators, unions and professional and representative bodies, governments in the four nations of the UK, employers and health and social care providers, partners in the education sector and students.

5.2   The NMC is developing policies to ensure it can recruit and support a wide range of members of the public to work with it effectively. It has commissioned qualitative research with members of the public to develop a shared understanding of a person-centred approach to regulation.

5.3   We received very positive feedback from a number of organisations about the NMC's engagement with them during this review period. They welcomed the NMC's commitment to consultation and collaboration in the context of the ongoing pandemic.

Consultations

5.4   The NMC held one full public consultation during this review period, which sought views on its future use of emergency powers granted in response to the coronavirus pandemic. Alongside the online consultation, the NMC commissioned an external research company to complete targeted qualitative research. This included focus groups with members of the public from particular social groups. In March 2021, the NMC provided a detailed report to its Council on responses to its proposals and setting out its rationale for the final proposals with reference to the responses received.[3]

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[3] Detail of the policy positions adopted is provided below under the relevant Standards.

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5.5 During this review period the NMC undertook pre-consultation work about new post-registration standards, including webinars, targeted round tables and smaller discussion groups. Many more people attended virtual events than would have been able to attend face to face events. It published a report[4] on the pre-consultation activity and appointed an independent research organisation to undertake thematic analysis of communication at virtual meetings and webinars.[5]

5.6 We received mixed feedback from stakeholders about their experience of participating in this pre-consultation work. One organisation told us that engagement had been conducted in a systematic manner, being inclusive of relevant stakeholders. Another considered that the NMC held a pre-determined outcome for aspects of the standards development work and that it disregarded views from stakeholders that were not in keeping with this.

5.7 The NMC acknowledged that there remained areas of disagreement among stakeholders, particularly about proposals for Specialist Practice Qualifications (SPQs). It agreed that there had been some difficulties with virtual engagement, but noted advantages in terms of reach.

5.8 We have not seen evidence that the NMC intended to limit debate or dismiss views that were not in keeping with its own. Some of the proposals involved in this work have proved to be contentious and the NMC has been open about issues where no clear consensus has emerged. Indeed, it changed its proposals for the standards in December 2020.

5.9 The public consultation on the new standards was held from 8 April to 2 August 2021 and the NMC is currently considering responses. We will report on the outcome of the consultation and evidence of how the NMC has used the feedback obtained to develop its proposals in our next performance review.

Work with stakeholders to identify and manage risks to the public

5.10 As noted under Standard 4, the NMC has been working with the CQC and the GMC to identify themes in maternity safety in England, improve the way intelligence is shared and used, and embed lessons learned in processes. One element of this work is the establishment of a data-sharing platform between the regulators to establish a common understanding of risk and facilitate the identification of specific areas for regulatory interventions.

5.11 The NMC has memoranda of understanding (MoUs) with a range of organisations to set out how they will work together and share information about concerns regarding healthcare professionals and providers. We received feedback from one organisation that the NMC's application of an MoU was inconsistent, meaning that at times information about its registrants was not shared promptly.

5.12 In response the NMC noted that the number of fitness to practise cases involving information sharing with the organisation in question is low, and that this feedback had highlighted a more general lack of awareness amongst its staff of MoUs and how to use them. It is therefore refreshing its training for the relevant teams.

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[4] See: https://www.nmc.org.uk/globalassets/sitedocuments/education-programme/post-registration-review---pre-consultation-engagement-report.pdf
[5] See: https://www.nmc.org.uk/globalassets/sitedocuments/education-programme/post-registration-review---pye-tait-report-pre-consultation-engagement-themes-november-2020.pdf

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5.13   These concerns relate to a very small number of cases. We also received feedback from another organisation that its MoU with the NMC worked effectively. We will consider any evidence about the effectiveness of the NMC's planned action to improve staff awareness of the use of MoUs in future reviews.

Conclusion on this Standard

5.14   We consider overall that the NMC has consulted and worked with its stakeholders across all its functions to manage risks to the public in respect of its processes and registrants. We are satisfied that this Standard is met.

Guidance and Standards

Standard 6: The regulator maintains up-to-date standards for registrants which are kept under review and prioritise patient and service user centred care and safety.

Post-registration standards

6.1   The NMC expected to complete work to develop new post-registration standards, with associated education programme standards, between Summer and Autumn 2021. However, the work was delayed because of the pandemic.

6.2   As noted above, the public consultation on the NMC's proposals for the standards took place from 8 April 2021 to 2 August and the NMC is currently considering responses. We will report on the outcome of the consultation in our next review.

The NMC's approach to reviewing its guidance and standards

6.3   The NMC is establishing a new set of common principles for standards and guidance development. This is to provide a consistent framework for evaluation of the standards. The new model will also consider changes in the external environment that the NMC may need to respond to by updating or amending its standards and guidance. This work was originally intended to be complete by March 2021 but the NMC has rescheduled it into 2021/22 to allow it to release resources to support other areas.

6.4   The NMC has committed to evaluate how its new standards of proficiency and for pre-registration education programmes are being implemented and what improvements may be needed in the future. Those standards only recently came into effect (and in the case of pre-registration midwifery education standards will not come into effect until September 2022),[6] and so we do not consider that a review of their impact is overdue.

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[6] The standards were originally scheduled to be implemented from September 2021, but this was extended by a period of 12 months to allow education institutions and partners in placement settings to focus on responding and adapting to the pandemic.

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Conclusion on this Standard

6.5 During this review period the NMC has prioritised its work to update its post-registration standards, while postponing the implementation of new standards in relation to midwifery education and its wider work to develop a set of common principles for standards and guidance development and a consistent framework for evaluation of its standards. We think this is reasonable in the challenging circumstances of the past year and considering feedback we have received from stakeholders in the past (and the NMC's own acknowledgment) that the post-registration standards are out of date and do not reflect current practice.

6.6 We are satisfied that this Standard is met.

Standard 7: The regulator provides guidance to help registrants apply the standards and ensures this guidance is up to date, addresses emerging areas of risk, and prioritises patient and service user centred care and safety.

7.1 In March 2020 the NMC established a 'Coronavirus hub' on its website which included information and guidance for registrants and the public on nursing and midwifery practice during the pandemic, as well as signposting registrants to support and guidance provided by other organisations.

7.2 The NMC provided guidance on how registrants could continue to practise safely and in line with its standards during the pandemic. It also highlighted disparities in the impact of the virus among different groups of registrants and patients.

7.3 In July 2020 the NMC published new Principles for preceptorship[7] designed to provide guidance on how best to support newly registered professionals.

7.4 In August 2020 the NMC launched a campaign, 'Caring with Confidence: The Code in Action',[8] to support professionals to uphold high standards, clarify the NMC's expectations around the Code, and reassure professionals it is there to support them. Short video animations were published on the NMC's website and on social media covering themes such as:

- accountability
- professional judgement
- delegation; speaking up; challenging discrimination
- professional use of social media
- person-centred care
- end-of-life care
- professionalism and trust.

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[7] See: https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-principles-for-preceptorship-a5.pdf. Preceptorship is period of structured transition for a newly qualified nurse, nursing associate or midwife when they start employment to guide and support them to make the transition from student to registered professional.

[8] The NMC's Code presents the professional standards that nurses, midwives and nursing associates must uphold in order to be registered to practise in the UK.

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7.5   In February 2021 the NMC published updated guidance on practising as a midwife in the UK[9] which reflects the content of the updated standards of proficiency for midwives and of pre-registration midwifery education published in 2019. The guidance describes the NMC's approach to the regulation of midwives and provides information on issues such as the role of the lead midwife for education and legislation governing midwives' administration and prescription of medicines.

7.6   In conclusion, the NMC considered the new risks that arose from the pandemic and consequences for the provision of care by its registrants. It responded rapidly, publishing new guidance and advice for both its registrants and the public that reflected the impact of the virus on different groups. The NMC kept this information updated throughout the year. We are satisfied that this Standard is met.

Education and Training

Standard 8: The regulator maintains up-to-date standards for education and training which are kept under review, and prioritise patient and service user centred care and safety.

Changes to education standards during the pandemic

8.1   The NMC introduced emergency standards for nursing and midwifery education on 25 March 2020. These made changes to the required balance of theoretical and practice learning for students, based on the stage they had reached in their training. They also allowed more flexibility in the methods for student support, supervision, teaching and assessment.

8.2   Throughout the review period the NMC made changes to the standards to reflect developments in the impact of the pandemic on health care services. It was transparent about the evidence relied upon at each stage. The NMC continued to require all programmes to ensure that placement allocations took account of current public health guidelines with due regard to the health and wellbeing of individual students and that all students received appropriate support and supervision.

8.3   Stakeholders told us that they welcomed the NMC's flexibility in adapting its education standards during this review period, as well as its level of engagement and collaboration with the sector in planning and implementing these changes.

8.4   Some stakeholders highlighted difficulties experienced by students and education providers linked to the changes made. These included a lack of clarity around students' role and remit, their level of access to support services at education institutions, and negative impacts on students' mental health and learning experiences. There was consensus that the long-term impact of these changes is yet to be seen, and that most should not become the norm outside of the emergency period.

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[9] See: https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/practising-as-a-midwife-in-the-uk.pdf

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Post-registration education programme standards

8.5　The NMC's work to develop new post-registration standards of proficiency is discussed above under Standard 6. It also worked to develop new post-registration education programme standards which specify to education providers how specific programmes should be taught.

8.6　The NMC reported that some stakeholders support incorporating more input/process standards, for example, specifying programme length. However, it considers that this is not consistent with its design principles, which commit it to being outcome focused and to allowing education providers and their practice learning partners to be flexible, creative, and innovative when developing curricula. However, it committed to testing these alternative views during the consultation. The consultation closed on 2 August 2021 and the NMC is considering responses.

8.7　We are satisfied that this Standard is met

Standard 9: The regulator has a proportionate and transparent mechanism for assuring itself that the educational providers and programmes it oversees are delivering students and trainees that meet the regulator's requirements for registration, and takes action where its assurance activities identify concerns either about training or wider patient safety concerns.

Approval and quality assurance of nursing, midwifery, and nursing associate education programmes

9.1　The NMC continues to act on concerns identified through its approval and monitoring processes in education, including extraordinary reviews where concerns are particularly serious.

9.2　In recent reviews we have noted the high proportion of education programmes being issued conditions following approval events. In the academic year from 1 September 2019 to 31 August 2020 this figure remained high at 67% (2017/18: 71%, 2018/19: 60%). However, as in previous years, the examples of conditions provided in the NMC's annual quality assurance (QA) report do not indicate significant risks. We have seen no evidence that risks are not being managed. Programmes are refused approval where they are found not to meet the NMC's standards. Where concerns are raised at an approval visit that may have implications for current students, the NMC liaises closely with the provider to address them.

9.3　In 2019/20 one extraordinary review was carried out of midwifery and nursing education at Staffordshire University. The report was published on 24 June 2020.[10]

9.4　We received feedback from one organisation in the education sector expressing concern that there is unwarranted variation in the decisions taken by QA teams

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[10] See: https://www.nmc.org.uk/globalassets/sitedocuments/qualityassurance/extraordinary-reviews/staffordshire-university-extraordinary-review-full-report-2020.pdf. Staffordshire University uses the Shrewsbury and Telford NHS Foundation Trust as a placement setting for nursing and midwifery students. An independent maternity review into cases of concern at the Trust is ongoing at the time of writing.

acting on behalf of the NMC. In particular, the concerns highlighted QA of new blended learning programmes.[11]

9.5   The NMC told us about measures in place to ensure that decisions reached in its education QA reviews are robust and consistent. It has specific guidance to ensure that reviewers have the necessary knowledge to reach judgements on whether new blended learning programmes meet the NMC's standards. The guidance focuses on the areas of greatest risk when programmes are delivered online.

9.6   There was no evidence of significant concern about the quality of the NMC's process in the feedback it receives from education institutions. Of the six institutions at which blended learning programmes had been reviewed at the time of the NMC's response to our enquiries, only one had raised a concern about the process. We do not consider that this example demonstrates that reviewers lack the necessary knowledge to reach appropriate judgements on whether the NMC's standards are being met.

9.7   We received positive feedback from another stakeholder which thought that the NMC has a good understanding of this new mode of programme delivery and has taken steps to ensure that blended programmes can deliver students and trainees that meet its requirements for registration.

9.8   The NMC will continue to review and reflect on its training for QA reviewers in respect of all forms of education.

9.9   We do not consider that the concerns raised in this area indicate that the Standard is not met.

Changes to education quality assurance during the pandemic

9.10   The NMC adapted its quality assurance approvals process so that it was more flexible and could be undertaken remotely during the pandemic. It reports that remote visits have been well received and it will review how these might be incorporated more systematically, where appropriate, into routine QA activity.

9.11   Education providers which adopted emergency education standards were required to submit a dedicated Covid-19 exceptional reporting form outlining how this had been done. The NMC's QA service delivery partner then reviewed these reports to provide assurance that its standards continued to be met. Education institutions were also required to provide an update on their adoption of the standards when submitting their annual self-assessment to the NMC.

9.12   We are satisfied that this Standard is met.

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[11] The Blended Learning programme has been developed by Health Education England to address national shortages in clinical expertise and explore the opportunities of providing predominantly online, remote-access study to those people who may have the aptitude and values to join the healthcare profession, but currently are unable to learn in traditional ways. For more information see: https://www.hee.nhs.uk/our-work/blended-learning

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Registration

Standard 10: The regulator maintains and publishes an accurate register of those who meet its requirements including any restrictions on their practice.

10.1   We saw a case where administrative errors within the NMC's registration function led to restrictions on a registrant's practice expiring without the required review by a panel of the Fitness to Practise Committee. The registrant had been restored to the register following a previous striking off order.[12] We wanted to understand how these errors occurred and how the NMC had responded to them.

10.2   The NMC identified the errors through routine monitoring processes and took action to rectify them. It explained the steps taken to prevent their repetition, including updating staff guidance, enhancing its monitoring processes, and reminding staff of the need to follow them.

10.3   The NMC deals with relatively few restoration cases,[13] which may increase the potential for its staff to be less familiar with processes for managing them. The steps taken by the NMC once these errors were identified are appropriate and we have not seen evidence of similar problems in other cases. We therefore decided that this event did not of itself suggest concerns about performance against this Standard.

10.4   Each year we conduct a check of a sample of entries on the NMC register for accuracy. This year we checked a sample of 50 register entries. These were randomly selected, but all related to registrants who had been subject to a final fitness to practise decision in the relevant period. All were found to be accurate.

10.5   We are satisfied that this Standard is met.

Standard 11: The process for registration, including appeals, operates proportionately, fairly and efficiently, with decisions clearly explained.

Changes to registration processes during the pandemic

11.1   The NMC made rapid changes to its registration processes in response to the pandemic to support its registrants and the wider workforce. This included extending the deadline for payment of registration fees and granting extensions to the period within which some applications must be completed. It consulted relevant stakeholders when planning and implementing new measures.

11.2   The NMC carefully considered risk when making these decisions and clearly explained its rationale in those terms.

11.3   Examples include the NMC's decisions:
- not to invite students in the final six months of their pre-registration education programmes to join the temporary register. The NMC reported that this was not needed because a high number of students opted-in to extended clinical

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[12] Those who have been struck off from the NMC's register may apply for restoration after a period of five years.

[13] On average 60 per year for the last three years, with an average of 26 applications granted per year in the same period.

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placements under the NMC's emergency education standards, deployment of professionals on the temporary register was not at the level expected, and health and care services had not been overwhelmed as had been initially feared.

- not to accept the online International English Language Testing System (IELTS) indicator test designed by the British Council for use as an interim measure while test centres were temporarily closed.[14] The NMC explained that the security measures for the indicator test are not comparable to those in place for the face-to-face test and did not meet the standards it requires for registration.

- not to use its emergency power to temporarily permit registrants without prescribing qualifications to prescribe medicines. The NMC explained that it was particularly concerned about how the power could be safely implemented while still being operationally useful in the care of people using services.

Temporary registration

11.4 The NMC launched its temporary register in March 2020. It published clear policies setting out a risk-based approach to inviting groups to join the register and its process for removal from the register where concerns are identified. We received positive feedback from stakeholders about its approach to this work.

11.5 In January 2021 the NMC invited overseas-trained nurses who began the registration process after October 2019 but had not completed it to join the temporary register. It asked the employers of these professionals to certify that they were fit to practise during the emergency in terms of their health, character, and English language competence. We were concerned about the appropriateness of delegating these decisions to employers.

11.6 The NMC had prepared guidance for employers about providing certification. Employers were required to confirm that an appropriate, proportionate, and objective assessment framework was in place and that it had been followed in each instance when making the certifications.

11.7 This group was meant to cover individuals already employed by the employer in unregistered roles. The employer would therefore have had an opportunity to assess individuals' level of English language competence and to identify any health issue preventing them from practising safely. Employers may not have been able to adequately assess potential temporary registrants' good character and any history of criminal or safeguarding concerns.

11.8 It is not clear what level of assurance was sought by employers about these matters. The NMC did not require employers to provide any evidence to demonstrate the sufficiency of their checks on this group, beyond self-certification of the suitability of the assessment framework used. This policy therefore presented a degree of risk to the public.

11.9 The NMC considered these risks and balanced them against the urgent situation arising from the second wave of the Covid-19 pandemic. It determined that the level of risk was acceptable in the circumstances and as a short-term measure. To

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[14] The NMC accepts two language tests as evidence of international applicants' ability to communicate effectively in English: the International English Language Test System (IELTS) Academic and the Occupational English Test (OET).

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mitigate the risk, all temporary registrants in this group were subject to conditions restricting their practice.

11.10 The temporary register was closed to this group in July 2021. The applications of those wishing to join the permanent register will be assessed in full, in line with the NMC's standard process.

11.11 Opening the temporary register to this group did not lead to a significant number of referrals under the NMC's temporary registration removal policy.

11.12 Taking these factors into account, while an element of risk remained, we do not consider that this indicates that the Standard is not met. The NMC considered the risks in relation to the situation and put in place appropriate mitigations. The process applied for a restricted period when there was an emergency.

Registration language requirements and the registration appeals process

11.13 Last year we considered the NMC's registration language requirements and appeals process. We considered that the guidance about these processes could be clearer. The NMC has updated its guidance for staff on conceding registration appeals. It has introduced criteria where an applicant's English language competence is in question.

11.14 There is not currently a process in place for reviewing and quality assuring Assistant Registrar decisions about registration appeals. We think this is needed, given the significance of the matters which Assistant Registrars decide.

11.15 We have not, however, seen any evidence of concern about the quality or fairness of Assistant Registrar decisions on registration appeals this year. The NMC told us that it is working to devise terms of reference for a new quality assurance mechanism for registration appeal outcomes. It is also commissioning an independent audit of a sample of its registration case files to identify whether there is disparity in the way it applies its policies, practices, and procedures. We will consider its progress over the coming year in our next review.

Conclusion on this Standard

11.16 The NMC made transparent, risk-based decisions when changing its registration processes in response to the pandemic. This included balancing the risks involved in its temporary registration policies with the urgent need to support the workforce.

11.17 The NMC is making changes to the oversight of Assistant Registrar decisions about registration. We will continue to monitor this area.

11.18 We are satisfied that this Standard is met.

Standard 12: Risk of harm to the public and of damage to public confidence in the profession related to non-registrants using a protected title or undertaking a protected act is managed in a proportionate and risk-based manner.

12.1 The protected titles for the professions regulated by the NMC are 'Registered nurse', 'Midwife', 'Nursing associate' and 'Specialist community public health nurse'. 'Nurse' is not a title protected by law.

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12.2 The NMC takes action on a case-by-case basis in respect of those purporting to be on the NMC register when they are not. This can include referral to the police where there are serious concerns. We understand that the NMC's work to develop enforcement policies in this area is continuing.

12.3 We have not seen any evidence suggesting concerns about this aspect of the NMC's performance. The NMC is working towards formalising its approach and developing consistent, documented policies that are available to the public. We will report on the outcome of that work.

12.4 We are satisfied that this Standard is met this year.

Standard 13: The regulator has proportionate requirements to satisfy itself that registrants continue to be fit to practise.

13.1 We have reported in recent performance reviews on the NMC's implementation of its revalidation scheme. We highlighted the consistently high rates of revalidation and the guidance and supporting resources the NMC has made available to registrants.

13.2 The NMC's October 2020 EDI research, Ambitious for Change, found lower rates of revalidation among some groups. This reflected previous findings of evaluations of the scheme in the first three years of implementation. The NMC is commissioning qualitative research to look at the reasons behind these disproportionate outcomes.

13.3 During this review period the NMC has been flexible in its approach to revalidation, granting additional time to complete the process to those registrants who need it, and providing additional guidance on how best to fulfil revalidation requirements in the context of the pandemic. It has continued to stress the importance of revalidation in helping registrants to maintain safe and effective practice, update their knowledge and develop new skills.

13.4 The process by which the NMC requests further information on a sample of revalidation applications for verification was suspended in March 2020 and resumed from January 2021.We think this was proportionate, given the additional burden on registrants and others involved that the process can entail and the significant pressures on health and care professionals during the pandemic.

13.5 We are satisfied that this Standard is met.

Fitness to Practise

Standard 14: The regulator enables anyone to raise a concern about a registrant.

14.1 The NMC continues to offer comprehensive information for those wishing to raise a concern about a professional on its register. There is a clear statement on the website that anyone can raise a concern if they feel the safety of patients or the public is at risk. Advice on how to make a fitness to practise complaint is provided, tailored to different groups.

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14.2 We have not seen any evidence to indicate that changes to the NMC's way of working necessitated by the pandemic resulted in difficulties for those raising fitness to practise concerns.

14.3 The NMC's fitness to practise improvement programme incorporates measures to increase the efficiency of decision-making at the screening stage of the process and reduce the number of complaints progressing through later stages unnecessarily. We will monitor the impact of those changes, including to see whether there is any evidence that they result in inappropriate barriers to those wishing to raise concerns.

14.4 On 2 February 2021 the NMC published *Managing concerns: a resource for employers.*[15] It provides guidance for employers to consider when investigating and managing concerns about a registrant's practice. We welcome the emphasis in the guidance on the need for referrals to be free from bias and discrimination, particularly in view of the findings of the NMC's EDI research that some groups of registrants are overrepresented in referrals from employers. The guidance includes a section dealing specifically with concerns that might require the NMC to take action to protect public confidence in the professions and uphold standards.

14.5 This year the NMC has taken a proactive approach to considering complaints related to its registrants undertaking continuing healthcare (CHC) assessments.[16] It completed an analysis on referrals related to CHC assessments and looked at how it had taken account of concerns raised by members of the public, whether there were risks or concerns about how the CHC system operates, and whether there were considerations for professionals who undertake CHC assessments. The NMC shared its initial findings with NHS England and NHS Improvement and established an internal working group to look at how it will handle these cases and ensure that NMC staff receive appropriate training on managing them. We received one concern from a member of the public about the NMC's handling of their complaint about a nurse involved in the CHC assessment process. We will report on the outcome of the NMC's work to develop its approach to these cases and consider any further concerns raised with us directly.

14.6 In conclusion, there are some areas of the NMC's work in relation to this Standard that we have identified for continued monitoring over the coming year, as it implements new guidance and measures under its fitness to practise improvement programme and seeks to reduce the fitness to practise caseload. We are, however, satisfied that this Standard is met this year.

Standard 15: The regulator's process for examining and investigating cases is fair, proportionate, deals with cases as quickly as is consistent with a fair resolution of the case and ensures that appropriate evidence is available to
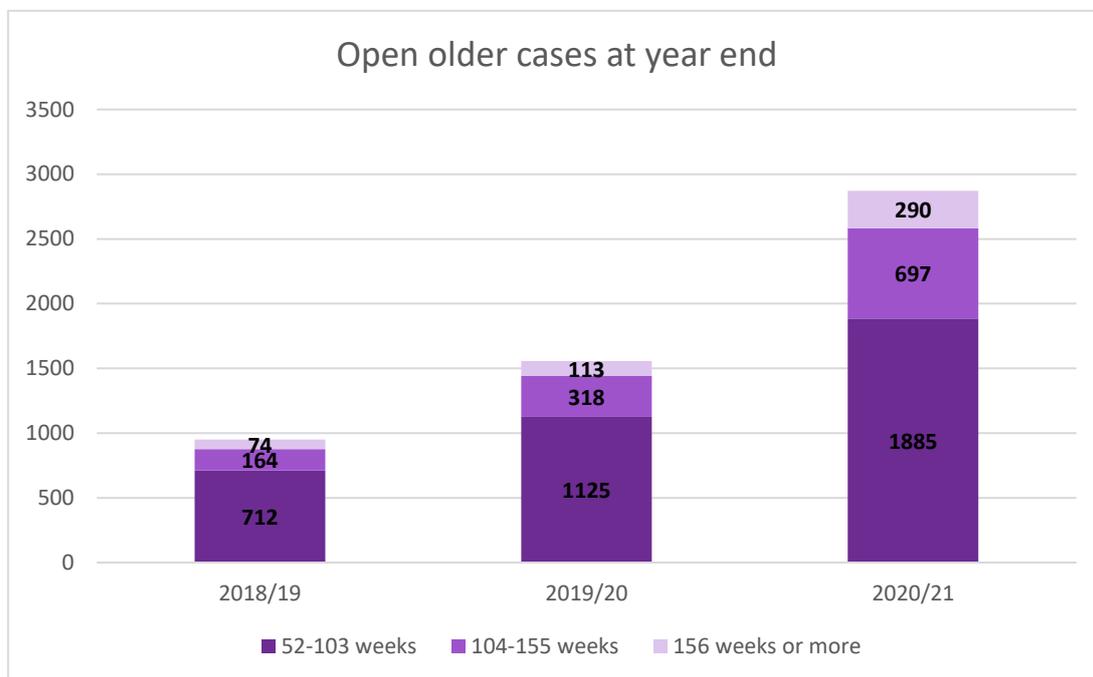
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[15] See: https://www.nmc.org.uk/employer-resource/
[16] Continuing healthcare (CHC) funding is a process overseen by NHS England and NHS improvement (in England only) whereby some people with long-term complex health needs qualify for NHS funded care.

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support decision-makers to reach a fair decision that protects the public at each stage of the process.

Timeliness of case progression

15.1 The NMC did not meet this Standard in last year's review. A decline in the timeliness of fitness to practise case progression, which predated the pandemic, was a significant factor in our decision.

15.2 As expected, there has been a further worsening of performance this year, as the effects of the pandemic disrupted the NMC's ability to deal with cases. The number of older cases has continued to increase across each category that we measure. The chart below sets out comparative data for the last three years:

Open older cases at year end

	2018/19	2019/20	2020/21
156 weeks or more	74	113	290
104-155 weeks	164	318	697
52-103 weeks	712	1125	1885

15.3 The table below sets out the median timeframes for stages of the fitness to practise process from 2018/19 to 2020/21:

Dataset measure	2018/19	2019/20	2020/21
Median time from receipt of referral to IC/CE decision (weeks)	45	58	85
Median time from IC/CE decision to final disposal (weeks)	26	25	42
Median time from receipt of referral to final disposal (weeks)	80	90	118

15.4 There has been an increase of:

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- 27 weeks in the median time taken from the NMC receipt of a referral to the case examiner decision.[17]

- 17 weeks in the median time taken from a case examiner decision to final disposal of the case.

- 28 weeks in the median time from receipt of a referral to final disposal of the case.

15.5 The NMC told us about the impact of the pandemic on fitness to practise case progression during this review period. When a national emergency was declared and during the first wave of the pandemic, the NMC's response included pausing all physical fitness to practise hearings activity, holding virtual meetings and hearings only where there was an immediate risk to the public, and pausing most investigations.[18]

15.6 The NMC identified the primary impacts of the pandemic on its performance in fitness to practise case progression as:

- It made fewer decisions, particularly at final hearings, though its ability to make screening and case examiner decisions was also affected throughout 2020/21.

- The pause in investigations and cases that had reached a case examiner decision led to an increase in the median age of cases.

- An increased caseload. The total number of cases within fitness to practise rose from 4,506 on 1 April 2020 to 6,357 by 31 March 2021.

15.7 The impact of the reintroduction of restrictions related to the second wave of the pandemic from November 2020 was less than that of the first, as the NMC had by then developed and expanded its capacity to run virtual hearings. Moreover, improvements in treatment of Covid-19, increased availability of personal protective equipment and the introduction of vaccines changed the challenges faced by the NHS and the NMC's registrants. However, the NMC anticipates that these impacts will continue to be felt throughout 2021/22 and 2022/23.

15.8 In early 2021, the NMC began implementing a wide-ranging programme of work to address this decline in performance in case progression. The programme is intended to deliver changes to the NMC's processes and systems to support recovery efforts and ensure that it can support the people involved in the process. The NMC has set targets for case progression and resolution against which it will report its progress. It reports that, in addition to measures of timeliness, focus is being maintained across a range of quality measures to ensure that there is no detrimental impact on quality.

Concerns identified through our review of final decisions

15.9 This year there was a significant reduction in the number of decisions notified to us under section 29 because of the pause in hearing activity caused by the pandemic. Although hearings and meetings subsequently resumed, activity levels have remained reduced throughout the year.

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[17] Once the NMC has completed its investigation into the concerns about a registrant, its case examiners decide whether the registrant has a case to answer.

[18] The NMC's approach to case prioritisation and risk management is discussed further under Standard 17.

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15.10 In recent years we have reported on some persistent areas of concern relevant to this Standard, including the charges drafted by the NMC and failures to investigate or obtain and present relevant evidence. We identified these concerns in only a small number of cases in the context of the NMC's caseload, but they have significant implications for the fairness of the process. This year, the number of cases where concerns have been identified is smaller still, and it is not possible to determine whether this is the result of an improvement in the NMC's performance or the fact that fewer cases reached a final decision.

15.11 We have raised our concerns in individual cases through appeals of final decisions, correspondence and learning points. We will continue to monitor these issues.

Emergency powers in Fitness to Practise

15.12 Emergency legislation introduced in March 2020 enabled the NMC to hold hearings and meetings remotely, and to have fitness to practise panels without a registrant member and with two members rather than three.

15.13 The NMC initially limited virtual events to matters with an immediate risk to the public. This was expanded from September 2020 to include all types of fitness to practise events. It published emergency guidance[19] in March 2020 setting out factors it would consider in deciding whether a hearing should be held entirely virtually, or with some or all parties attending a hearings centre.

15.14 The NMC's continued use of virtual hearings beyond the emergency period was part of the Covid-19 emergency rules consultation held between 4 November 2020 and 15 January 2021. The NMC confirmed that it will continue to hold meetings virtually unless there is a good reason not to. It will hold hearings virtually where it is fair and practical to do so. The NMC reports that its experience of virtual hearings is developing and that it will need to continue engaging with those involved in its proceedings and to keep relevant processes under review.

15.15 The consultation also sought views on the NMC's approach to the constitution of fitness to practise panels. The NMC's agreed approach is that it does not intend to use the power to have a panel without a registrant outside of a national emergency. It considers that there could be very limited circumstances outside of a national emergency where it may want to use the power to have panels of two members rather than three.[20]

15.16 We do not have any concerns about the positions agreed following the consultation. However, we think the impact of using these new powers should be reviewed and we welcome the NMC's commitment to this.

Implementation of the NMC's new strategic direction for fitness to practise

15.17 During this review period the NMC continued to implement its new strategic direction in fitness to practise.

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[19] See: https://www.nmc.org.uk/globalassets/sitedocuments/ftp_information/nmc-guidance-during-the-covid-19-emergency-period.pdf

[20] For example, where a hearing has already started, a non-registrant panel member cannot continue (for example due to illness) and adjourning the hearing would result in substantial delay to the proceedings. In these circumstances, both the NMC and the registrant would have to agree to proceed with a two-member panel.

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15.18 A six-month review of the NMC's new approach to 'enabling remediation' was due to take place in June 2020 but was postponed because of the pandemic. We have not identified any evidence of the impact of the new approach this year. We will continue to monitor evidence of its effectiveness over the next review period.

15.19 In March 2021 the NMC published updated guidance on taking account of context[21] which incorporates commitments which the NMC will apply when investigating and responding to concerns about registrants. We welcome the NMC's drive to improve consistency in how context is considered in fitness to practise cases. The NMC's analysis of recent inquiries and investigations into failings in care has highlighted some underlying themes impacting patient safety, including fear among professionals of raising concerns, lack of clear leadership and governance, and clinical isolation leading to divergence from mainstream best practice. Under the NMC's new approach it will consider whether there is evidence of such issues in the referrals it receives, and whether wider regulatory action is required to address them. However, it is also important that taking greater account of context is not used as a way of negating individual responsibility for misconduct, particularly where registrants have responsibility due to seniority or managerial roles. We will consider evidence of how the approach is being implemented in practice in future reviews.

Complaints about Personal Independence Payment (PIP) assessments

15.20 We have reported in previous reviews on the NMC's handling of complaints about registrants conducting PIP assessments. We received a small number of concerns about complaints related to PIP assessments this year, some of which involved referrals made outside of this review period. We saw evidence during our targeted review last year indicating improvement in the NMC's management of such complaints and we do not consider that this small number of concerns indicates that the Standard may not be met. We will consider any evidence of further concerns in this area in future reviews.

Conclusion on this Standard

15.21 During 2020/21 the time it takes the NMC to progress fitness to practise cases has increased significantly. The NMC is taking action in response to the pandemic's impact on performance in this area. We do not have concerns about the overall approach taken in what were unprecedented and challenging circumstances. The impact on timescales and case progression decreased over time, in part due to the NMC having successfully developed its capacity to operate remotely. It is currently implementing a wide-ranging fitness to practise improvement programme. However, the NMC does not expect the impact of these measures to be seen for some time.

15.22 We recognise that improving timeliness was particularly challenging in the context of the ongoing pandemic. We welcome the clear focus and drive for improvement that the NMC has demonstrated. However, in the absence of evidence of significant improvements to performance at this early stage, we consider that timeliness of case progression and the size of the NMC's older caseload are such that this Standard continues not to be met this year. We will continue to monitor closely the

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[21] See: https://www.nmc.org.uk/ftp-library/understanding-fitness-to-practise/taking-account-of-context/

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development of the NMC's improvement programme over the next year and will report on this in our next review.

15.23 For these reasons we have determined that this Standard is not met.

Standard 16: The regulator ensures that all decisions are made in accordance with its processes, are proportionate, consistent and fair, take account of the statutory objectives, the regulator's standards and the relevant case law and prioritise patient and service user safety.

16.1 Through our review of final decisions this year we identified some failings in the findings and reasoning of the Fitness to Practise Committee, including some decisions we considered to be insufficient to protect the public. We appealed a small number of decisions. In other cases we issued learning points, and we have seen that the NMC reviews these and feeds back learning to decision-makers. We will continue to monitor the Committee's decision-making for any patterns of concern.

16.2 Last year we identified concerns about the advice issued by legal assessors in a small number of cases. We observed this in only two cases this year. In one case we have appealed the decision. We will continue to monitor this issue.

16.3 We are satisfied that the data provided by the NMC on initial and final decisions through the dataset and in its own performance reporting does not indicate any concerns about performance against this Standard.

16.4 This year the NMC has taken measures to improve decision-making in fitness to practise, including the establishment of a Quality of Decision Making team and a strategy for delivering high quality panel members and chairs.

16.5 In the early stages of the pandemic the NMC proactively considered cases that might be suitable for early review of a substantive order with a view to allowing registrants to return to unrestricted practice. We had concerns about this approach because it might not adequately reflect public interest concerns about these cases. In one case we considered that the decision might not be sufficient to protect the public on public interest grounds (though we accepted the view that the registrant did not pose a clinical risk to patients). We shared our concerns about that case with the NMC and have seen no further examples of such cases. In light of this, and the small number of cases involved, we do not consider that this matter is indicative that the Standard is not met.

16.6 We are satisfied that this Standard is met.

Standard 17: The regulator identifies and prioritises all cases which suggest a serious risk to the safety of patients or service users and seeks interim orders where appropriate.

Risk assessment and prioritisation during the pandemic

17.1 At the outset of the pandemic, the NMC decided to concentrate its resources on high risk cases in order to deal with the pressures the pandemic placed on its own

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resources and on those employers and others who were needed to provide evidence for such cases. This meant focusing on:

- reviewing and risk assessing new referrals or new information on existing referrals to decide whether immediate action was needed to protect the public

- applying for interim orders[22] and reviewing existing interim orders

- carrying out reviews of existing substantive orders[23]

- applying to the courts to extend interim orders, where needed.

17.2 When considering new referrals, the NMC prioritised both high risk cases which required consideration of an interim order and straightforward case closures.

17.3 The NMC decided to only seek information from healthcare bodies on interim order and substantive order review cases. It paused most aspects of its casework from March to July 2020, unless it was essential for risk management. Any new information received in relation to existing cases was risk assessed.

17.4 The NMC only held hearings virtually where it was necessary to manage an immediate risk to the public from March to September 2020.

Performance data

17.5 The median time taken by the NMC to reach an interim order decision from receipt of a referral has remained stable at 28 days this year.

17.6 The NMC aims for 80% of interim orders to be imposed within 28 days of opening a case. Performance against this target was slightly affected by increasingly high caseloads and pressure on resources caused by the pandemic. However, 78% of orders were imposed within this target (2019/20: 81%, 2018/19: 84%).

17.7 Last year we noted an increase in the number of interim order extension applications made by the NMC to the relevant court from 238 in 2018/19 to 289 in 2019/20. This year 619 applications were made. The NMC told us that the increase was due in large part to the effects of the pandemic.

Conclusion on this Standard

17.8 We think the NMC's approach in prioritising the most high risk cases and continuing to risk assess new referrals, while pausing the majority of its casework, was reasonable. This has resulted in an increase in the number of applications for interim order extensions and has slightly affected the NMC's performance in imposing interim orders within 28 days of opening a case. We do not think that the data shows cause for significant concern in the circumstances. We will continue to monitor this data as the NMC implements its fitness to practise recovery plans.

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[22] Interim orders are urgent measures to temporarily suspend or restrict a registrant's practice while the NMC investigates concerns about them. They must be reviewed before they expire.

[23] Substantive orders are those made at a final hearing or meeting. They include caution orders, conditions of practice orders, suspension orders and striking off orders. Suspension orders and conditions of practice orders must be reviewed before they expire, unless the panel that makes the order also directs that a review is not needed.

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17.9 The NMC has now developed its ability to operate casework and hearings virtually, meaning that it does not intend to pause these activities again, as it can continue to operate safely during times of lockdown.

17.10 We are satisfied that this Standard is met.

Standard 18: All parties to a complaint are supported to participate effectively in the process.

18.1 The NMC continues to embed a person-centred approach to fitness to practise. Since May 2019, 226 meetings have taken place with referrers who are members of the public. The meetings are an opportunity to better understand someone's concerns, explain the NMC's role and remit, ensure that the NMC has all the information needed, and signpost to other organisations if necessary. The NMC reports that feedback on the meetings has been positive.

18.2 The NMC has improved its website to provide greater clarity about its processes. This includes videos for each stage of the fitness to practise process, a suite of 'Easyread'[24] documents explaining the process, and updated information for members of the public regarding the NMC's approach to context.

18.3 The NMC is trying to improve how it identifies and makes adjustments for those involved in the fitness to practise process. It has introduced a specialist case advisor role to advise on the type of adjustments it should make in early communication for people with complex needs. It has also developed a protocol for staff to follow if they are concerned that someone may be at risk of suicide or self-harm.

18.4 The NMC has in place resources to support complainants, witnesses, and registrants under investigation. These include:

- The Independent Emotional Support Line, a 24 hour telephone line provided in partnership with the GMC through Victim Support to provide personal support to people affected by poor care.

- The Fitness to Practise Careline, an independent support helpline for registrants under investigation. During this review period an app has also been developed to allow registrants alternative means of access to the service.

18.5 The NMC's Covid-19 emergency rules consultation sought views on issues relevant to this Standard, including the use of email to send notices of meetings and hearings and public access to virtual hearings. In considering how to use its new powers once the emergency period has ended, the NMC took account of all views expressed and sought to facilitate effective participation for all those involved in the fitness to practise process.

18.6 We received a small number of concerns this year from members of the public about their experience of engaging in the fitness to practise process and the level of information shared by the NMC. The NMC has updated its fitness to practise

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[24] Easy read is a method of presenting written information to make it easier to understand for people with difficulty reading.

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information handling guidance[25] to make clearer what information it can share and to encourage a more transparent approach. It is also reviewing the impact of enhanced engagement with referrers through its Public Support Service. We will continue to monitor this issue and consider the available evidence.

18.7   We are satisfied that this Standard is met.

Useful information

The nature of our work means that we often use acronyms and abbreviations. We also use technical language and terminology related to legislation or regulatory processes. We have compiled a glossary, spelling out abbreviations, but also adding some explanations. You can find it on our website here.

You will also find some helpful links below where you can find out more about our work with the 10 health and care regulators.

Useful links
Find out more about:
- the 10 regulators we oversee
- the evidence framework we use as part of our performance review process
- the most recent performance review reports published
- the Standards of Good Regulation
- our scrutiny of the regulators' fitness to practise processes, including latest appeals

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[25] See: https://www.nmc.org.uk/globalassets/sitedocuments/ftp_information/ftp-information-handling-guidance.pdf

Nursing &
Midwifery
Council

Council

Education Quality Assurance Annual Report 2020-2021

Action: For discussion.

Issue: To provide a report to Council on the education quality assurance (QA) activity for the 2020-2021 academic year.

Core regulatory function: Professional Practice.

Strategic priority: Strategic aim 1: Improvement and innovation
Strategic aim 2: Proactive support for our professions
Strategic aim 5: Insight and influence

Decision required: None.

Annexes: The following annexes are attached to this paper:

- Annexe 1: QA Activity Data

- Annexe 2: Enabling student development of skills to relate to and work in culturally diverse situations

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

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Context:　1　Our legislation defines our role in the education and training of nurses, midwives and nursing associates. This includes approving education institutions (AEIs) and programmes, and then continuing to monitor them against our standards through annual self-reporting, exceptional reporting (where AEIs notify us of any event which may have impacted on our standards and the mitigations they have taken), monitoring visits, and our education concerns process.

　　2　We set out our strategic approach to the Quality Assurance (QA) of nursing, midwifery and nursing associate education in our QA Framework which was updated in 2020. An external contractor, Mott MacDonald, delivers the operational function of our QA activity, with final approval decisions resting with the NMC.

　　3　The Executive Board receives routine reports on QA activity, and reporting is provided quarterly to the Council in the Executive's performance report. In addition to the regular routine reporting, we also produce an annual report to the Council on the key themes that have emerged from our QA activity of education for the previous academic year which includes analysis of approvals, monitoring, and the outcomes of annual self-reporting and concerns.

　　4　The QA Board, chaired by Professor Geraldine Walters, Executive Director of Professional Practice has responsibility for overseeing all QA activities including the management of education concerns and management of the external contract with our QA service delivery partner, Mott MacDonald.

Four country factors:　5　The annual update includes the findings of our QA activity across all four countries of the UK over the last academic year.

Discussion:　6　This paper covers the period 1 September 2020 to 31 August 2021.

Programme approval

7   The focus of our QA activity during this reporting period has remained on the approval of AEIs to run programmes in line with our new standards. The ongoing Covid-19 pandemic has impacted original timelines and approvals have continued for pre-registration nursing, pre-registration midwifery, return to practice and prescribing programmes. By 31 August 2021, AEIs were required to have re-approved all pre-registration nursing, return to practice and prescribing programmes under the new standards published in 2018. Midwifery programmes will need to be approved against the new midwifery standards by September 2022. A minority of AEIs have not requested approval against the new standards for pre-registration nursing, return to practice and prescribing programmes and these programmes will continue to be 'taught out' until students on those programmes graduate.

8   Our approval activity is undertaken by a team of external registrant visitors and lay visitors who review programme documentation through a series of gateways, aligned with the Parts of our standards.

9   Each gateway must be successfully approved before an organisation can move to the next stage of the process. The final gateway is a visit to the AEI to meet with senior leaders, the programme team, practice learning partners, students, and patients/people using services to ensure our standards are being met.

10   This work is operationally managed by our QA service provider, Mott MacDonald. We receive an independent report on which to make an approval or refusal decision.

11   During this reporting period, all approval visit activity was undertaken remotely, recognising the pressure on the wider workforce during the Covid-19 pandemic, as well as adhering to government restrictions. A review of the remote visit process has been undertaken, including learning lessons for the future. Based on this, from August 2021, the QA Board approved a new permanent process that will allow some visits to be undertaken remotely if certain risk based criteria are met. If not met, then visits will continue to be held on a face-to-face basis.

12   During this period the number of AEIs delivering our programmes increased by three to 91.

13   We approved 168 programmes in this period. The total number of approved programmes is currently 1,936 (see Table one, Annexe 1).

14   Of note was the approval of South Devon College as a new AEI, the first further education college to be directly approved as an education institution to deliver a nursing associate programme.

Conditions

15   Where visitors identify that our standards are not met, they can either set conditions, or where significant concerns are raised recommend refusal of the programme. The institution must meet these conditions, which are then approved by the visitors before we will approve the programme.

16   Conditions are categorised against five key risk themes. In the previous reporting period (2019-2020) the most common condition related to selection, admission and progression, whereas for the 2020-2021 reporting period, the most common condition related to effective partnership working.

17   Our work on standards implementation continues to prioritise this aspect, which was one of the most significant changes in our new standards. In order of the most frequently occurring conditions the risk themes were:

17.1   Effective partnership working: collaboration, culture, communication and resources

For example – ensuring people using services and carers, practice placement partners and students are involved in the co-production of the ongoing design, development, delivery and evaluation of programmes.

17.2   Education governance: management and quality assurance

For example – the AEI must provide clarity and transparency of the theory and practice programme hours across the programme documentation.

17.3   Practice learning

For example – The programme team ensuring that the standards for student supervision and assessment are implemented, including roles and responsibilities are understood and individuals are prepared for their role/s.

17.4 Assessment, fitness for practice and award

For example - The AEI must provide a revised programme structure and programme documents to demonstrate there is an equal balance of theory and practice.

17.5 Selection, admission and progression

For example – the AEI must provide clear mapping of how assessment will allow students to meet proficiencies and how the programme structure meets our standards.

18 In Table two (Annexe 1), we have summarised all conditions assigned to AEIs following approval events within the 2020-2021 academic year.

Refusals

19 There were no recommendations by visitors for refusal of programme approval during this reporting period.

Monitoring

20 Following the introduction of our new education standards in 2018 and indefinite approval for programmes, we continue to monitor approved programmes to ensure they continue to meet our standards. Monitoring is undertaken through annual self-reporting, new programme monitoring, enhanced scrutiny, exceptional reporting, monitoring visits and extraordinary reviews.

Annual self-reporting

21 AEIs are required to undertake and submit an annual self-report, including a self-declaration that their approved programme(s) continue to meet our standards, that all programme modifications have been notified to the NMC; and that all key risks are controlled. The self-report also provides an opportunity for AEIs and their practice learning partners to give examples or case studies of notable or innovative practice.

22 The AEI annual self-reports are reviewed and we may require AEIs to resubmit their report and provide further detailed evaluative information if the evidence provided cannot assure us that all criteria have been met.

23 The annual self-report is normally undertaken in November but was delayed in 2020 due to the Covid-19 pandemic until March 2021. As the AEIs are reporting on the previous academic year, the findings presented in this report relate to academic year 2019-2020.

24 All 88 AEIs approved at the time of the request were required to submit their annual self-report. In this reporting period 65 out of 88 (74 percent) of AEIs provided assurance that all key risks were controlled or mitigated with actions plans in place. The principle reasons for not providing assurance were failure to adequately address identified risks and failure to address risks related to practice placements.

25 The remaining 23 AEIs resubmitted their annual self-reports, including the additional evidence requested, which have been reviewed and assurance is now provided that key risks were controlled or mitigated.

26 As part of annual self-reporting, AEIs are asked for information on specific themes. The themes in the 2019-2020 annual self-report were how programme curricula enable students to develop skills to relate to and work effectively in culturally diverse situations, and how AEIs ensure protected learning in the absence of supernumerary status for nursing associate students.

26.1 AEIs provided assurance that they are embedding strategies and content into their curricula that will enable students to develop the skills to work effectively in culturally diverse situations through a number of examples. See Annexe 2 for further detail.

26.2 These included development of institutional curriculum frameworks (67 percent of AEIs), collaborative working with users of services groups and external agencies to develop cultural diversity skills (42 percent AEIs), development of culturally diverse learning and teaching resources (31 percent AEIs), including theoretical content in curricula (60 percent AEIs) and the use of interactive strategies for reflection and sharing (53 percent).

26.3 46 AEIs run nursing associate programmes across England. 59 percent of AEIs provided assurance that nursing associate students on approved programmes are receiving protected learning time in accordance with our standards.

26.4 41 percent of AEIs identified situations where students were not receiving protected learning time. This was identified through monitoring such as: personal tutor conversations, through formal evaluations, through Practice Assessment Documents (PAD). Often information from a number of sources was triangulated.

26.5 AEIs provided examples of appropriate mechanisms on how they engaged with practice learning partners to ensure this was rectified. Where concerns were identified, AEIs addressed this directly with employer partners and had mechanisms to mitigate and retrieve lost protected learning time. AEIs tailored solutions in collaboration with employer partners and continue to monitor that these remain effective.

27 Further questions were asked through the annual self-report around the implementation of the emergency standards. Council reviewed the findings of these in the annual report presented in May 2021 (the 2019-2020 annual report was delayed due to the Covid-19 pandemic), however these findings are included as they were part of this reporting period and presented from paragraph 49.

28 A series of webinars were delivered by the education quality assurance team and the nursing and midwifery advisers to education institutions to share the findings from the annual self-reports. These were well received by stakeholders and further webinars are planned to share good practice and innovation.

New programme monitoring

29 We previously introduced a period of new programme monitoring for all new AEIs, or existing AEIs running a new pre-registration programme for the first time.

30 New programme monitoring lasts until the first students from the programme join our register. This gives us the opportunity to work more closely with new programmes and institutions who we have not worked with before, and therefore have less information about to inform our data driven approach to QA.

31 As part of new programme monitoring, programmes must submit reports to us twice a year for those programmes, both of which are followed up by a telephone call by a member of the QA team.

32   In 2020-2021, seven existing AEIs were involved in new programme monitoring, two were newly approved to deliver a nursing associate programme, five newly approved to deliver pre-registration nursing, and three to deliver midwifery programmes. Three new AEIs were also included in new programme monitoring, covering two pre-registration nursing programmes and one AEI running a nursing associate programme.

33   Assurance was provided through new programme monitoring that programmes continued to meet our education standards. AEIs have reported that they felt the process was supportive in managing new provision.

Concerns

34   We continue to monitor risks and concerns raised in relation to AEIs and their practice learning partners, to ensure compliance with our standards. When risks emerge AEIs and their practice learning partners must respond swiftly to manage and control risks appropriately. AEIs should submit exceptional reports to us and we take action when these risks are not being effectively managed and controlled locally. We also gather intelligence directly from system regulators, media scanning and whistleblowing, as well as through our Regulatory Intelligence Unit (RIU).

35   A review of our concerns process was undertaken during the reporting period and a new process was approved by QA Board. This included the number of concerns categories being reduced from four (minor, moderate, major, critical) to three (minor, major or critical).

    35.1 Minor: issue that has minimal impact on and causes minimal disruption to student learning and safety and/ or public safety and protection;

    35.2 Major: issue has potential moderate impact on and causes moderate disruption to student learning and safety and/ or public safety and protection;

    35.3 Critical: issue has potential significant serious impact on and cause significant serious disruption to student learning and safety and/ or public safety and protection.

36   During 2020-2021 we received a total of 120 concerns. 80 were categorised as minor, 35 as major and five as critical. Of the five critical concerns, four relate to maternity services. A summary of concerns can be found in Table three (Annexe 1).

37   In the table we note the concern was first raised with us, through exceptional reporting by approved education institutions, through media scanning and through our RIU. Where concerns are raised by the AEI via our exceptional reporting process, the report will highlight the concern and actions being taken to mitigate it. Concerns raised through media scanning or our Regulatory Intelligence Unit are followed up with AEIs to ensure they are aware of the issue and are mitigating the concerns in line with our expectations.

38   Enhanced scrutiny involves the AEI submitting two additional reports on progress each year in addition to the normal annual self-reporting process. These reports are then followed up by a call by a QA Officer to the programme team and their practice learning partners.

39   In 2020-2021, one pre-registration nursing programme remained on enhanced scrutiny where we had previously conducted an extraordinary review and identified concerns.

40   Similar to previous years, most of the exception reports continue to relate to issues in practice environments, often generated by adverse system regulator reports or escalation of student concerns, and concerns about the associated impact on student learning, supervision and assessment.

41   Once a concern has been categorised there are a number of different regulatory interventions we can take to ensure the programmes continue to meet our standards ranging from no further action where we have sufficient assurance from the institution, through to carrying out an extraordinary review, which can lead to us withdrawing approval of a programme. A summary of regulatory interventions can be found in Table three (Annexe1).

42   Where we identify serious concerns regarding an AEI or practice placement and local risk measures are limited, we may decide to conduct an extraordinary review. This measure may be necessary if there are concerns that present a risk to public protection or student safety, and if it is deemed that the AEI is either unaware or unable to put adequate measure in place to control the risk. No extraordinary reviews were conducted during this reporting period.

43   For the critical concerns currently open, all have had regular calls from the senior team and we have liaised with other regulators and government bodies to secure and share alternative sources of ongoing assurance.

44   We also request appropriate action plans, and contingency plans for removing students, and information about any additional steps the AEI and their practice learning partners are taking to support students.

45   We have further developed additional guidance and templates for AEIs where we have critical concerns, outlining our expectations in their reporting, we then proactively contact if this is not received. The critical items have been reviewed six weekly at our QA Board and decisions made about further interventions.

46   We proactively share our intelligence internally with our RIU and Professional Regulation colleagues as well as externally where appropriate with other professional and system regulators.

Covid-19

47   The Covid-19 pandemic has continued to impact AEIs and their practice learning partners and we have continued to respond through the implementation of emergency and recovery standards.

48   We have requested that AEIs provide information on their utilization and impact of these through self-annual reporting and through a dedicated Covid-19 exceptional reporting process.

Emergency and recovery standards

49   In response to the pandemic and working closely with the four Chief Nursing Officers, four Chief Midwifery Officers, Council of Deans of Health, Royal Colleges and representative bodies we introduced a set of emergency standards in March 2020. These standards enabled second and final year students to undertake extended clinical placement to support the workforce (EN1), as well as enabled first years to complete their year in theoretical study (EN3).

50   These standards provided flexibility to AEIs and their practice learning partners and enabled them to make changes at pace to adapt to the emergency situation without having to go through a major modification.

51   The emergency standards were reviewed in October 2020 and further in January 2021 and a refreshed set of emergency and recovery standards agreed by the Council and implemented in February 2021.

52 AEIs were required to submit a dedicated exceptional report outlining the changes they had made, and how our standards continued to be met through the emergency and recovery standards.

53 All 88 AEIs completed the report and analysis identified adoption of the standards according to individual requirements.

54   Where the emergency and recovery standards had been adopted, AEIs provided assurance that these were being implemented appropriately and that our standards continued to be met.

55 66 AEIs (75 percent) adopted standard E5.1, where exceptionally the same person could fulfil the role of the practice supervisor and practice assessor. 57 AEIs (65 percent) adopted standards R5 and R5.1 utilising up to 300 hours of virtual or simulated learning and ensuring adequate student supervision and support when this was adopted.

56 Key risks identified by AEIs were a reduction in placement capacity caused by the pandemic, exacerbated by an increased number of students, equivalence of learning when using virtual or simulated practice compared to live practice learning and the impact on progression particularly for those clinically vulnerable students who were required to shield.

57 A number of students have required an extension to the total length of their programme in order to fulfill required learning outcomes.

58 The full impact of the pandemic on student learning is not yet fully understood or researched and we will continue to work with stakeholders to assess the impact.

Public protection implications:

59 There are no public protection implications arising directly from the production of this report. The report sets out the contribution our QA activity makes towards protecting the public in ensuring that our standards continue to be met.

Resource implications:

60 None. Resources to carry out our education QA activity form part of the normal operational budget of the Professional Practice directorate.

Equality diversity and inclusion implications:

61 We are committed to ensuring that our approved nursing and midwifery programmes comply with all equality and diversity legislation.

62   Our standards outline the commitment to Equality, Diversity and Inclusion (EDI) which we expect from AEIs. In accordance with our standards and QA framework, AEIs must provide evidence of an equality and diversity policy, recruitment, selection and admissions policy, and evidence of providing support to students that promotes equality and diversity, alongside the individual EDI requirements in the programme standards.

63   To gain further insight into how EDI is being appropriately addressed within education and training our annual self-report focussed on specific thematic EDI questions. These were reviewed to ensure our standards continue to be met, and that good practice was shared within the sector. Our new data driven approach to QA will also look at EDI factors as part of the ongoing assessment we make about AEIs and their programmes.

64   Mott MacDonald have developed a proposal to actively increase diversity through review of their visitor recruitment processes and we continue to work closely with them to ensure that visibility is given to EDI through QA activities. This is an area we actively continue to monitor to ensure that our registrant and lay visitors reflect the wider characteristics of the population.

Stakeholder engagement:

65   As part of our ongoing QA activity we work closely with AEIs and respond to their feedback. We also work closely with other health and care bodies to ensure key information, in particular related to concerns is shared where appropriate.

66   With the Covid-19 pandemic we worked closely with the four Chief Nursing Officers, four Chief Midwifery Officers, Council of Deans of Health, Royal Colleges and representative bodies to identify appropriate changes which would still allow for safe and effective care and learning.

Risk implications:

67   Failure by AEIs to comply with our education standards could impact upon public protection, students not being appropriately supported, and that newly qualified nurses, midwives and nursing associates not meeting our proficiency standards.

68   The Covid-19 pandemic continues to add additional risk to QA processes. These risks have been mitigated through monitoring the implementation of the emergency and recovery standards and adapting QA activities such as the move to remote visits. We continue to utilise monitoring processes to ensure that AEIs continue to meet our standards.

Legal implications:

69 The quality assurances activities that we have outlined in this paper are carried out in line with Articles 15-19 of the Nursing and Midwifery Order 2001('the Order'). Articles 15-19 of the Order provide the statutory framework upon which we have developed our quality assurance activities.

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Annexe 1

QA Activity Data

Table 1: Summary of total number of programmes in approval

The programme numbers include multiple programme routes which include different degree awards and forms of study (such as apprenticeship). For example an approved education institution (AEI) may run a pre-registration nursing (adult) programme as a BSc, MSc and PGDip. The BSc could also be run as both a 'traditional' taught programme, or through an apprenticeship. In this example four programmes would be recorded. Post-2018 standards outline where the programmes have been approved against the new nursing, midwifery, return to practice and prescribing standards.

Programme name	Pre-2018 standards	Post-2018 standards	Total
Pre-registration nursing	0	796	796
Pre-registration midwifery	35	73	108
Prescribing	13	232	245
Return to practice	16	98	114
Pre-registration nursing associate	N/A	89	89
SPQ	241	N/A	241
SCPHN	280	N/A	280
Aptitude Test - Nursing	3	N/A	3
Aptitude Test - Midwifery	1	N/A	1
EU Nurse Adaptation	8	N/A	8
EU Midwives Adaptation	0	N/A	0
Mentorship	33	N/A	33
Practice Teacher	8	N/A	8
Teacher Programme	10	N/A	10
Total	648	1288	1936

Table 2:

(A) – Summary of programme approvals and major modifications with conditions

	Total	NA	RN	Prescribing	RM	RtP	SCPHN	SPQ
Programmes recommended for approval without conditions	50	4	18	10	6	7	2	3
Programmes recommended for approval after conditions were met	118	8	32	22	26	13	6	11
Programme recommended for refusal	0	0	0	0	0	0	0	0

(B) – Total number of conditions at approval events against key risk themes

	Total
1. Effective partnership working: collaboration, culture, communication & resources	60
2. Selection, admission and progression	31
3. Practice learning	35
4. Assessment, fitness for practice and award	33
5. Education governance: management and quality assurance	54

Table 3:

(A) – Total number of concerns opened by source of concern and grading

	Exceptional Reporting	System Regulator	Media scanning	Whistleblowing	Regulatory Intelligence Unit	Total
Minor	51	0	20	4	5	80
Major	14	0	11	0	10	35
Critical	0	0	4	0	1	5
						120

(B) Highest level of regulatory intervention by concern grading

	Closed with no further action	Email for clarification	Call from QA officer	Action plan requested	Call from Senior Team	Face to face meeting	Extraordinary Review	Total
Minor	17	63	0	0	0	0	0	80
Major	0	22	0	10	3	0	0	35
Critical	0	0	0	0	5	0	0	5
								120

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Annexe 2: Enabling student development of skills to relate to and work in culturally diverse situations

Institutional curriculum frameworks

- Equality Diversity and Inclusion (EDI) policies and requirements to drive inclusive curricula
- Approved education institutions (AEIs) discuss how organisational policy and frameworks provide the legal and policy infrastructure underpinning diversity and inclusivity in curriculum
- Curriculum frameworks and tools used to underpin curriculum development and review to support learning for diverse cultures, for example a framework to develop students' global citizenship and skills
- Institutional process of decolonising the curriculum to make this more reflective of the diversity of the student group and the society in which the AEI is situated
- Good practice forums for sharing diversity curriculum work

Working with groups of people using services and external agencies to develop skills for diverse cultures

- Importance of working with groups of people using services and carers groups, diverse students populations and external organisations to support curriculum, including focus days and workshops, real world scenarios included in curricula
- Programmes informed by experts by experience, participating in regular themed activities

Learning and teaching strategies

- Decolonisation of the curriculum including development of diverse teaching and learning resources
- recognition of including users of services and carers to develop learning and teaching resources
- Inclusive role modelling in the classroom
- Diversity questions in student evaluations
- Language guides for inclusive terminology
- Students developing learning packages alongside NHS colleagues
- Enabling students to engage in reflective activities and storytelling to share experiences, mostly through interactive mediums
- Enquiry based learning approaches to local diverse populations
- Interactive virtual communities of practice

Theoretical content in the curriculum

- Inclusion of module outcomes to demonstrate how students develop skills in cultural diversity
- Spiral curricula which increase in complexity as students' progress
- Person centre curricula
- Within midwifery curricula developing a staged approach to working with vulnerable and marginalised women

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Draft People Plan 2022-2025

Action:	For decision
Issue:	To bring the final People Plan to Council to support the NMC Corporate Strategy 2020-2025 and priorities within the corporate plan.
Core regulatory function:	All regulatory functions.
Strategic priority:	Strategic aim 6: Fit for the future organisation.
Decision required:	The Council is recommended to approve the People Plan 2022-2025 (paragraph 15).
Annexes:	The following annexes are attached to this paper:

- Annexe 1: People Plan 2022-2025.

- Annexe 2: EQIA

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

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Context: 1 The People Plan 2022-2025 sets out how we will work together to attract the best possible people to join our teams and make sure colleagues have access to quality support and help to progress. All of it will be underpinned by management and leadership that prioritises our values.

2 The People Plan will also set out the responsibilities and the commitments we have made on equality, diversity, and inclusion (EDI).

3 This People Plan is for all our workforce and sets out what we will do over the next three years to ensure we deliver the priorities and actions set out in our Corporate Strategy (2020-2025). At the heart of the strategy is our ambition to always be person centered in the way we work:

3.1 as a **regulator** in the public interest, giving people confidence in our professions.

3.2 in enhancing our regulatory role by **supporting** the public, our professions, and our partners.

3.3 in sharing intelligence from our work and collaborating with others to **influence** in the context of learning and caring.

4 The health and care sector in which professionals on our register work is undergoing significant changes at the same time as public expectations are increasing.

5 We have a once in a generation change taking place in Health and Social Care regulation, and Regulatory Reform will provide us with an opportunity to change the way we regulate the professions and protect the public. This will have an impact on how we work and the skills we need to regulate with more local flexibility.

6 Internally, our colleagues have told us about the type of organisation they would like us to become, and we must address this through our People Plan.

7 We need to ensure we equip ourselves to deliver by engaging and supporting our colleagues to work differently and in a way which is financially sustainable. We need to create a workforce that is more agile, more empowered, and more connected to the public we serve and the professionals we regulate; more person-centered.

8 This next phase of our people journey reinforces our determination to further develop, enhance our organisational culture and become a more inclusive employer. We want the NMC to be an even better place to work.

9   The People Plan is based around the four pillars of the colleague lifecycle:

   9.1   Finding People

   9.2   Supporting People

   9.3   Managing People

   9.4   Developing People

Feedback from the Executive Board

10   The Executive Board (EB) reviewed the first draft at its meeting on 10 November 2021 and on 11 January 2022. Whilst EB supported the general approach, it requested that we proritise the following areas during the lifetime of the People Plan (2022-2025) and that EDI priorities are wholly embedded as core foundations within the Plan.

   10.1   Culture, values and behaviours.

   10.2   Leadership and management capability.

   10.3   Total reward (including a redesign of our pay system).

   10.4   Becoming a more inclusive employer (including implementation of the race equality plan and action on disability).

   10.5   Strategic workforce planning; and

   10.6   Redesign of People Services (so that it is equipped to support the NMC to deliver the modernisation of our employment practices).

Additional Stakeholder Feedback

11   Remuneration Committee also reviewed the first draft at its meeting on 25 November 2021. Additional feedback from Committee has been incorporated into this draft, alongside final draft consultation feedback from all of the Staff Networks, the EDI & Communications teams and the department of People & Organisational Effectiveness.

12   Feedback was rich and varied and incredibly insightful as we moved towards completion of this final draft. Some of the key areas of feedback included:-

   12.1   A positive appetite to bring the Plan to life and be authentic.

   12.2   To ensure the timeline and delivery commitments are realistic.

	12.3	Further clarity was requested on pay and total reward elements.
	12.4	Progression can be sideways as well as upwards, and subject matter experts are of equal importance in progression.
	12.5	The People Plan must be congruent with the EDI action plan and the People Services Business Plan.
Four country factors:	13	The delivery plan will need to take account of any differences in legislation, policy and practice between the UK Government and the Scottish Government.
Discussion:	14	The EB reviewed the near final version of the People Plan in January 2022 and agreed that with some minor adjustments it was ready to be presented to the Council for agreement.
	15	**Recommendation: The Council is recommended to approve the People Plan 2022-2025.**
		Next Steps
	16	If the People Plan is approved by the Council, a simpler and shorter version will be designed and published for formal launch in April 2022.
Midwifery implications:	17	This is not applicable to this paper.
Public protection implications:	18	By ensuring we have capable, confident colleagues able to thrive and develop we will be better able to deliver our public protection obligations.
Resource implications:	19	There will be resource implications tied to some of the priorities identified in this paper. They are being developed and costed as part of the business planning process so that it aligns with our delivery and financial priorities.
Equality diversity and inclusion implications:	20	This People Plan should be read in conjunction with the EDI Plan. It aims to address the inequalities identified as part of the ethnicity pay gap and the data on disability inclusion.
	21	A detailed Equality Impact Assessment (EQIA) accompanies the final draft.

Stakeholder engagement: 22 The People Plan has been part of an extensive internal engagement process which is outlined in the main paper.

Risk implications: 23 The risk of not delivering the People Plan is that the NMC will not have the people, skills, or capability to deliver its corporate strategy.

Legal implications: 24 There are no legal issues at this stage.

Item 10: Annexe 1

THE NMC Draft PEOPLE PLAN 2022-2025

YOU SAID, WE LISTENED, WE ACT TOGETHER

1. *People context and how we created our plan.*
2. *Priorities and our four workforce pillars to support the employee lifecycle.*
3. *Using our values as the basis for our people plan.*
4. *Strategic priority commitments 2022 - 2023*

1. People context and how we created our plan

Our workforce is and will continue to be our most important asset. This people plan belongs to all colleagues and is owned by each of us.

The People Plan 2022-2025 sets out how we will work together to attract the best possible people to join our teams and make sure they have access to quality support and help to progress. All that will be underpinned by management and leadership that prioritises our values.

Equality, Diversity & Inclusion

The plan also sets out the responsibilities and the commitments we have made on equality, diversity, and inclusion as these are fundamental for our people strategy. These commitments can be found in Appendix 2.

This plan sets out how we need to change and the benefits this will bring. We want to meet the needs of our diverse registrants and the communities they serve, in what is an ever-changing health and care environment. We want to give our workforce the same quality of support, look after their wellbeing, and help them to progress so they can fulfil their potential. We'll make sure we do this as 'one NMC'. Our plan will also help us to be more person-centered in how we regulate and treat our workforce. It will also make sure we articulate and reinforce the values that are important to us.

Continuous Voices

The People Plan is rooted in continuous feedback from colleagues, especially from Your Voice, our engagement survey and the voice of the Employee Forum and our Staff Networks, amongst many other sources. We know that an engaged and contented workforce is central to our success and living our values.

The People Plan combines these voices with our strategic goals to establish a framework where everyone understands what their role is, how to thrive at work and how their role helps us to achieve our vision of safe, kind, and effective nursing and midwifery practice that improves everyone's health and wellbeing.

The responsibility for ensuring the success of the People plan rests with us all:

- Council to approve the plan and hold the executive directors to account in ensuring its implementation

- Executive Directors to proritise the implementation of the plan and provide the necessary resources and leadership to deliver its ambition

- All managers and senior leaders to be role models in the implementation of the plan, in particular living the values and behaviours of the NMC

- Networks to champion the focus on equality, diversity, and inclusivity, offering their insights and understanding to support progress

- People Services to be the engine room for implementation, guiding, supporting, and challenging colleagues where appropriate

- Every colleague to contribute to a positive culture, taking advantage of the opportunities available to develop and providing feedback and new ideas for continuous improvement

Our legacy

We're building on the work of our People Strategy (2017-2020) recognising that the significant impact of the pandemic has generated a short gap between plans. During those three years, we introduced several changes to basic pay and reduced the high turnover rates. We also established a robust set of values and behaviours that guide the way we behave, both individually and together.

The pandemic

Throughout the pandemic, we've worked together to maintain our services in the most challenging of circumstances. We've embraced different ways of working and shown resilience and innovation.

We learned to communicate more effectively through Covid-19 measures and, at pace, found new ways to support the professions we regulate. During the last two years, we've started to establish a new culture which includes working from home due to government guidelines and which is continually adapting and evolving. As we move to new ways of working, we must recognise and address the fact that our world of work has changed.

Work as a community for belonging

The importance of maintaining our wellbeing and health has also been heightened. Home working may blur the lines between work and personal life, but reduced commuting and greater flexibility can bring a better work-life balance.

Globally there is much to reflect on that can only help us become a more inclusive employer, from anti racism campaigns and the impact of inequalities brought by the pandemic as well as the closer to home Workforce Race Equality Standard findings, and the ethnicity pay gap which we are committed to addressing. Our data on disability suggests that a low percentage of our staff have declared their disability. As part of our work to create a more inclusive culture, we'll encourage all colleagues to embrace their whole selves at work and increase trust and confidence in safer disclosure.

We want everyone to know that diversity and difference will not stop them from achieving their full potential. Everyone deserves the same great experience at work.

The People Plan is complementary and overlaps with the Equality, Diversity, and Inclusion plan and each has shared objectives, for example, to develop and use our internal EDI data more effectively and improve the way in which EDI learning and development happens.

We also want to ensure we understand and can respond to what a multi-generational workforce wants from their workplace and how we can support this as a modern and engaging employer.

Regulatory reform and our future workforce

Regulatory reform gives us a once in a generation opportunity to look at how we perform our core regulatory functions and take forward the commitments in our corporate strategy (2020-2025). These changes will impact how we regulate, engage with our stakeholders, and protect the public.

We need an agile, flexible workforce with the skills to successfully adapt to our new ways of working. We'll look to improve our leadership and people management skills and create an environment that improves the overall employee experience. Building resilience and helping staff to thrive during periods of uncertainty and ambiguity are important goals for us in the years ahead. Being clear about our expectations, performance, and quality of work, as well as providing the tools and culture colleagues need to thrive is a two-way partnership. This will create a workforce who support our organisation's strategy and are confident to speak up. We all need to be on the same page, for the same good reasons.

Creating our plan

Our people plan needs to live and breathe the experience of our colleagues, speaking to the times we're living in. It should also boldly lay out the challenges ahead, be clear, and explain who we want and need our workforce to be. We've gathered feedback, stories, and ideas from our colleagues and combined them with insights from national analysis and research into best practice.

We've taken a co-creation approach because this is a plan for all of us. It's not owned by people services, and we're all responsible for making sure it's a success. We've worked with the following groups of colleagues to do this:

- Council and executive board (EB)
- Corporate Leadership team
- People and Organisational development team (POD)
- Employee Forum
- Staff networks and five open sessions for colleagues across the NMC.

Holding workshops with colleagues at all levels has given us a clearer understanding of our working culture, our shared values and what our staff want us to do differently.

Those insights have influenced this plan and its high-level priorities. They'll also feed into the year one delivery plan.

In addition to all of this rich data, we've also used the key findings from our recent employee engagement survey - Your Voice, the Workforce Race Equality Standard survey and our pay gap reports. In November 2021 we completed further engagement with the Executive Board and Remuneration Committee and put together a year one delivery plan. This plan is included here.

2. COLLEAGUE LIFECYCLE

We used the four pillars of the lifecycle to frame our discussions with colleagues and will use this to help set out the priorities in our People Plan.

What can you expect from our plan?

Our People Plan sets out the next chapter of our workforce journey. It aims to show what colleagues should expect from us as their employer and what we expect from them. This includes bringing our values and behaviours to life and embedding them in everything we do. This will involve setting out what good looks like for colleagues and for us as an employer and holding colleagues to account when they don't live by

those behaviours. We'll establish '**The NMC Deal**' between our organisation and its workforce and reframe the relationship between colleagues, their managers, and people services.

3. Our culture & values

Making sure our values are at the heart of this plan

We want everyone who works for us to share and recognise our culture and values. And we want our stakeholders and the public to see our values proven through our behaviours in practice when they come into contact with our organisation.

Our values

- **Fair**. We treat everyone fairly. Fairness is at the heart of our role as a trusted, transparent regulator and employer.

- **Kind.** We act with kindness and in a way that values people, their insights, situations, and experiences.

- **Ambitious**. We take pride in our work. We're open to new ways of working and always aim to do our best for the professionals on our register, the public we serve and each other.

- **Collaborative**. We value our relationships (both within and outside of the NMC) and recognise that we're at our best when we work well with others.

Our values are at the heart of everything we do and guide the way we collaborate with each other, our registrants, our partners, and the public. We'll build on the excellent work we've already done and set out what good looks like in our day-to-day interactions. We'll follow our organisation's values and behaviours and hold each other to account when we don't do this. We'll embed our values and behaviours in how we work and provide the support and tools to make this happen. And we'll develop employer, leader, and colleague commitments so we're all clear about what's expected of us and how our organisation will hold us to account.

We'll measure our success through multiple channels which includes our employee engagement survey – Your Voice Survey and reducing the ethnicity pay gap and gender pay gap. We also want to consider the feedback of our customers and stakeholders as a reflection on us as well as important groups such as the Employee Forum.

Our culture

Our vision is to create a person-centred culture where everyone is valued, respected, can thrive in an environment they trust, feel a sense of belonging, and have good occupational health. This will help us to show our person-centred approach with people who use our services. We'll take steps to outline what person-centred means in a regulatory setting and how we can bring it to life in everything we

do. We'll measure this through our employee survey – Your Voice, and by reducing the number of customer complaints.

Annex 1 contains our proposed Culture Model.

Pillar one – finding people

Attracting a diverse talent pipeline and developing our own workforce

We'll be innovative and inclusive in how and where we recruit new colleagues. This is so we can attract high quality candidates as well as develop our internal talent. We want to recruit people who are committed to living our values and behaviours and delivering our priorities. We will make sure colleagues feel welcome from day one and can be successful in their role. And we'll introduce steps to support our talented workforce with their development and career progression.

We'll diversify how and where we recruit. We also want to make clear decisions about when we need to source temporary resources for time limited projects, or short-term peaks in workload. As part of this work, we'll establish 'feeder' roles that are a pathway into and within our organisation. We'll create talent pools for posts with high turnovers and use the apprenticeship levy to find roles where we can welcome trainees and graduates. We'll also develop and grow our own talent. This will be through fair and transparent talent programmes and succession planning for key roles in the organisation. Further details are under 'developing people'.

Significant continuous improvement in our resourcing strategy can be found in our People Services Business Plan 2022 to 2025, including how we aim to update systems in line with the transformation of recruitment towards a full acquisition and talent management service.

Strategic workforce planning for the future

We'll introduce a more strategic approach to resourcing that will help us to better manage our organisation and plan our work in the medium to long term. This will help us to make informed decisions about our workforce and the future skills they need. This strategic approach will help us to plan and respond to opportunities and challenges such as regulatory reform and digitisation.

Colleagues will have an opportunity to develop their skills, build on their talents and support their career progression. We'll support internal talent development and career progression while also bringing in new talent. This will help us to strike the right balance.

We'll measure this through our employee engagement survey - Your Voice. We want to reduce the ethnicity pay gap every year, measure the success rate of our talent programmes and act on feedback from exit interviews.

Pillar two - supporting people

Improving the employee experience and creating a healthy workplace

We've developed a lot of resources to support employee health and wellbeing. But our workforce have told us that our resources can be difficult to find and understand. So, we'll take a more joined up and proactive approach to our colleagues' mental and physical wellbeing.

We'll also encourage a culture where managers support their teams to take ownership of their own wellbeing. This means offering flexibility to support a positive work-life balance in a hybrid setting where the lines between home and work are less blurred and being noticeably clear about our employer responsibilities in respect of a healthy workplace.

We'll improve how we integrate our wellbeing support and develop smart working options as part of our new ways of working.

Rewarding our people

Since 2017, we've taken huge steps in improving our base pay but we recognise there is much more to do if we are to offer the transparent and enabling pay framework of a progressive and mindful employer.

One of the significant challenges we have is with pay progression. We have broad pay grades with no visible means of moving through those grades. This means colleagues stay at various points along the grade range and this can be disengaging and lack transparency.

We want to have a clearer offer and understanding of what 'total reward' is at the NMC and an review of 'total reward' including a pay structure that considers our wider benefits which could include pension provisions, annual leave, London weighting, and other non-financial benefits. At the heart of this process will be a comprehensive review and establishment of pay progression structures and as we take on this programme of work it will be critical to understand what total reward means for a multi-generation workforce across the UK that's increasingly mobile and needs to deliver for all generations.

This work will be extensive and will involve external specialist support commissioned by People & Organisational Development for the NMC.

The scope of the review and recommendations will also include executive reward, so that we can set up reward principles that work for all colleagues and there is transparency at every step of our approach to pay.

We'll measure our Total Reward impact through our employee engagement survey - Your Voice, turnover figures and exit interviews plus other channels.

Providing colleagues with the tools to do the job

We want to create an environment where we can give colleagues and their leaders the tools to do their jobs effectively. This work will have interdependencies with the IT infrastructure project and the modernisation of our technologies programme.

We'll need to make sure we build in learning support for teams as we roll out improved technology, so that the transition to business-as-usual work is effective.

We also want to help our colleagues and leaders to use technology to improve the employee experience and give managers the information they need to lead effectively. This will include improving the candidate journey, increased self-service with access to people management information, online appraisals, and development opportunities.

We'll continue to use our Your Voice survey to receive feedback from colleagues and gain insights and to offer all staff a voice. We'll listen to what colleagues are saying, work in partnership to address the issues people have identified and improve things together. Using 'You Said, We Listen and Act Together' as a way of showing our commitment to be rooted in colleagues' feedback.

Over the next 12 months we'll explore with colleagues how we conduct our employee surveys so that we can consider consolidating this important work.

Pillar three - managing people

Improving the performance and development culture

We'll have conversations about objectives, development, and delivery with all colleagues. We'll make sure everyone is clear about what's expected of them, their contribution, and their impact. Our workforce will know that our organisation will treat them fairly, and we'll have performance conversations with each other when we need to.

We'll have regular one-to-ones, looking at our past work and looking to the future, and we'll support each other to give and receive feedback. We'll embed our values and behaviours in performance expectations and objectives. Strengthening these practices will underpin any future work we do in developing total reward and pay progression.

We'll measure this through our employee engagement survey, Your Voice, feedback from the Employee Forum, new manager inductions and the ambition of achieving 100 percent appraisal completion rates.

Improving talent development and career progression

This work will be closely aligned with all we want to be to attract and recruit talent. We'll develop our current workforce and establish a talent management programme that's fair and helps colleagues to develop their skills and careers, both within and outside of our organisation. We'll start this work in the first few years so that it provides us with the skills we need for the future and positively impacts on the ethnicity pay gap. We will also need to review our approach to secondments and fixed term appointments.

As mentioned under Pillar One – Finding People, we'll identify, develop, and grow our own talent through talent management programmes and succession planning using a recognised process that's been through an equality impact assessment. This will sit alongside our annual workforce plan and be complemented by external new joiners getting the balance right across the workforce as a whole and recognising that new joiners are of equal importance to our strategic success and new external expertise, or potential has a key part to play in an ever-changing workforce

We'll measure success through engagement surveys, increased diversity of successful candidates and senior levels above grade six. And a year-on-year reduction in the ethnicity pay gap and exit interview concern. Programmes such as Rising Together are also important measures of progression success.

People policies that represent our values and are enabling

Our people policies will be modern and engaging, and we want to ensure they embody our values and behaviours and improve our productivity to deliver our corporate strategy as well as offer a guiding framework for colleagues. They'll be best practice inclusive policies, guidance and learning which reflect our culture and values.

Our policies will outline our expectations of performance and behaviours. They'll be clear, concise, and accessible.

We'll aim to deliver an annual calendar of policy development within a clear framework, and work in partnership with leaders and the Employee Forum to make sure we achieve this and in the right order.

We will measure the success in feedback surveys, speedier resolution of disputes and issues, and a reduction in policy related queries to people services and increased employee productivity.

Pillar four - developing people

We want to have a learning culture that makes it easier to develop our own talent. We'll need to determine how much time we want our workforce to devote to learning and developing their knowledge and skills.

We'll want our workforce to have equal access to learning and development. This will be closely aligned to the skills, experience and capability gaps outlined in our strategic workforce plan. Learning will focus on behaviour and its impact, as well as technical skills and knowledge. We'll also encourage managers to support their teams to take ownership of their learning and development, facilitated by regular one-to-ones and appraisal discussions.

As we've identified, we'll better utilise the apprenticeship levy to support some of this work and we'll measure progress through engagement surveys, evaluation of the learning and impact on delivery, the outcomes of the strategic workforce plan, reduction in turnover and a reduction in pay gaps.

We're creating a learning and development policy, which will map out career development, and a management and leadership training & development framework.

Improving our leadership capability

We want leaders and managers who are visible, approachable and make a positive difference to our colleagues' and stakeholder experiences. We will specify what good leadership looks like and encourage our leaders to invest in their personal development.

As part of this change we'll support colleagues who are new to management so that they start their new responsibilities in the right way. We'll create and run a leadership development programme that reflects our priorities and gives our leaders the tools to live our values and create a positive employee experience for their colleagues. This work will include leading in a hybrid environment, and will be underpinned by our values, behaviours, and commitment to be a more inclusive employer.

We'll measure the success of these interventions through our employee engagement survey - Your Voice, exit interviews, 360-degree and/or 180-degree feedback and by reducing the ethnicity pay gap.
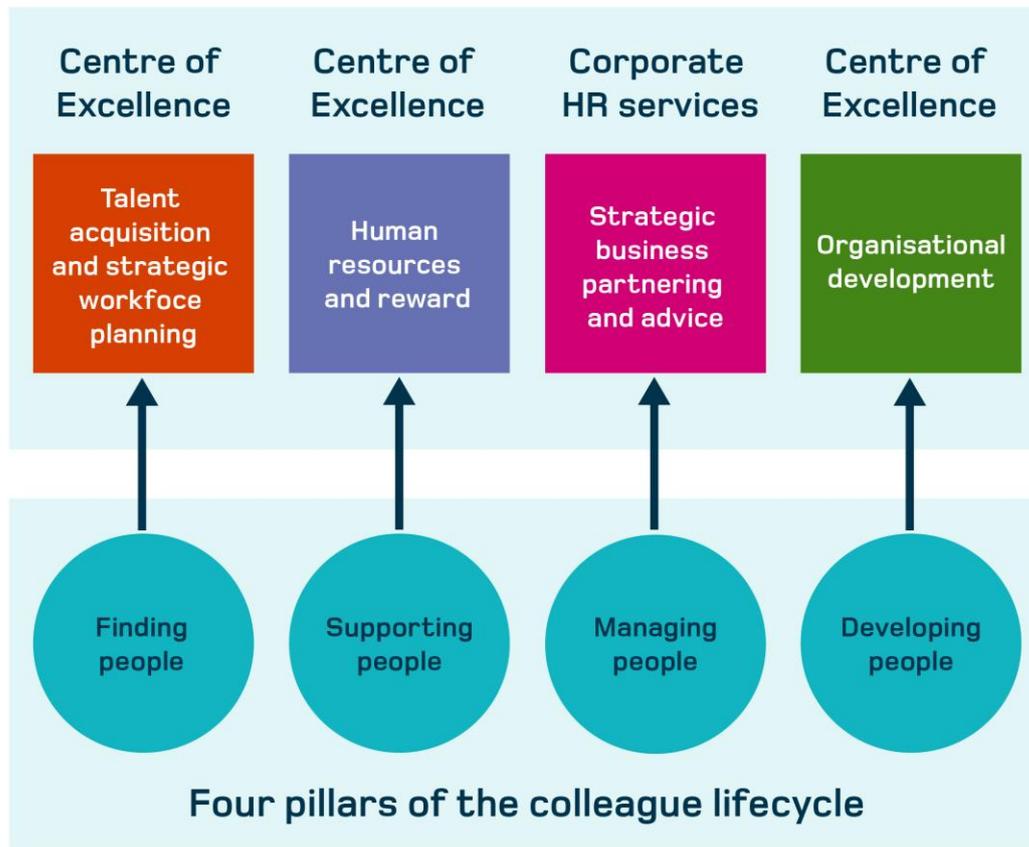
Organising ourselves to deliver

Alongside our work to establish 'The NMC Deal', we'll redesign people services so that we can deliver its commitments and work as a three-way partnership between leaders, colleagues, and the people service.

The new proposed operating model for People & Organsational Development is shown overleaf.

People services

New operating model

Centre of Excellence	Centre of Excellence	Corporate HR services	Centre of Excellence
Talent acquisition and strategic workfoce planning	Human resources and reward	Strategic business partnering and advice	Organisational development
↑	↑	↑	↑
Finding people	Supporting people	Managing people	Developing people

Four pillars of the colleague lifecycle

Recent Voices

The commitments in this plan represent all of the information we've gathered over the past six months. We then evaluated with a number of key groups whether we'd captured the fundamental themes. These stakeholders included Executive Board, Remuneration Committee, all staff networks, the whole POD (People & Organisational Development) team, Communications team, and Equality, Diversity, and Inclusion (EDI) team in December 2021 to early January 2022.

This last version represents as much of all voices and feedback as possible, and our sincere thanks are offered to everyone who has made this plan come to life.

Next steps

This version of the plan has been approved in principle by the Executive Board and is presented to the Council for approval at its public meeting in January 2022.

Once formally agreed, the People Plan will enter design stages to generate an accessible and inclusive Plan we will launch in April 2022 as we also plan our resources and capacity to deliver in line with priorities. This will allow us to take on any further feedback that our ongoing engagement highlights and the outcome of the January 2022 Your Voice survey.

During March 2022 we will also finalise the three-year business plan for People & Organisational Development which includes an operational continuous improvement and modernisation plan for the service.

Several of the priorities in this document may take a number of years to complete as they are complex and far reaching and change in culture, performance, progression, and pay are not overnight game changers. As part of the delivery planning process, we'll establish key metrics and milestones to measure progress over the life of this plan to assure completion, benefit, and impact.

4. Strategic priority commitments

The commitments in this table represent the key priorities we want to achieve via people services working in collaboration with leaders, managers and colleagues in the coming years of our plan.

Some will be commissioned AND delivered during the span of the Plan (Total Reward) others are incremental for long term sustainable change such as Culture & Engagement. The priorities below set out what we recognise as the key elements in a much wider landscape of people services.

At a more detailed level, the business plan for people services looks at further operational delivery including work within the continuous improvement plan for the department. It aims to bring the offer into a modern provision, following the colleague lifecycle and focused on performance, engagement and belonging. Balancing our capacity with business as usual and strategic delivery is a challenge and we hope this people plan can offer clarity and simplicity on what are the key enablers are for 2022-2023. Then we'll carefully review progress and move ahead with our commitments for 2023-2024 according to our organisation's needs.

2022 to 2023 COMMITMENTS

PRIORITY COMMITMENT & PILLARS	WHY IS THIS A PRIORITY?	WHO BENEFITS?
FINDING PEOPLE SUPPORTING PEOPLE 1. Total Reward To establish 'The NMC Deal' which includes a review of all pay and non-benefits which may include the following scope for review: • pay scales & increments • London weighting • home based working • non pay benefits • pension • annual pay award	Focus group and significant employee feedback say that our pay and grading framework needs more clarity. There's no clear understanding of where people sit within a broad pay level or why. This is despite significant data metrics being used to arrive at that point of pay. This lack of reward information is demotivating and a source of disengagement and misperception. Completing this work will offer us a visible route to pay progression. It will also help us to improve the ways in which staff have influence over their position on the pay scale through performance and experience. It will clarify a number of ongoing pay matters in a post pandemic world including London weighting and the NMC sense of self and place. This work will also deliver a senior pay scale.	Colleagues need more transparency around pay and more assurance that our reward offer is aligned to living costs, wherever people are in the UK. This includes fair recognition of their talent and contribution. The full benefits package we offer is standard, but it could be improved and is not clearly promoted, necessarily understood, or easy to engage with and benefit from. It's also not clear whether it delivers inter generationally. Pulling all of our benefits and rewards, particularly career development and flexible working, into one clear package will help to clarify 'The NMC Deal' and help us understand what our organisation can offer as an employer. It will also offer greater clarity to all parties around our psychological contract with work. Our approach to remote working has also adapted quickly. Its existing flexible and agile working is a real benefit, particularly now with continued restrictions. However, we need to understand and plan for a more structured approach to future ways of working.

PRIORITY COMMITMENT & PILLARS	WHY IS THIS A PRIORITY?	WHO BENEFITS?
		How will we do this? We'll commission a total reward expert consultancy to agree the scope of work, to review, consult and recommend. Seeking to deliver outcomes fit for decision making in 2022/23 ahead of implementation in for 2023/24.
FINDING PEOPLE SUPPORTING PEOPLE MANAGING PEOPLE DEVELOPING PEOPLE 2. Culture & Engagement	We need colleagues to reflect our values and behaviours from the point of having an interview, right through to their exit interview. Culture, values, and behaviours play a role in everything we do, and how we perform and deliver as an organisation. Shining a spotlight on culture helps to develop a safer and bolder environment, where we can positively adopt values for the right reasons and call out negative behaviours if we need to.	Healthy culture is the very core of our ability to survive and thrive as an organisation. Leading by example needs to be tangible. The Executive Board and Corporate Leadership Team need to be role models and trailblazers for good culture within our organisation and the sense of belonging we want to foster. This is so we can live our inclusive values. Supporting our colleagues to speak up creates greater trust and helps to build healthy, two-way dialogue between leadership strategy and the wider workforce. There's a complex eco-system between the employee voice, employee empowerment, and leadership authority and accountability.

PRIORITY COMMITMENT & PILLARS	WHY IS THIS A PRIORITY?	WHO BENEFITS?
		How will we do this? By promoting the culture framework attached in Appendix A and promoting good culture development in all we do. By measuring culture through the Your Voice survey and working towards a model of distributed leadership where accountability goes hand in hand with responsibility. By our connectedness and constant focus on positive relations with Employee Forum and our current discussions about union recognition. By finding evidence of our values in others during their interviews. By seeking evidence that our workforce can demonstrate our values during their appraisal. By asking for detailed feedback through new ways of engaging with culture dynamics such as 180- and 360-degree feedback. By identifying any normalised poor behaviours and safely calling these out.

PRIORITY COMMITMENT & PILLARS	WHY IS THIS A PRIORITY?	WHO BENEFITS?
MANAGING PEOPLE DEVELOPING PEOPLE 3. Leadership and management development	Good occupational connection to our managers and leaders is a vital component of engagement and motivation at work. Being a modern leader and manager is not easy and introducing a leadership & management competency framework will help us to be clear with our L&M community about what expectations we have of people and why. Greater capability leads to greater capacity and better performance. Without distributed leadership, unhelpful hierarchy and bureaucracy can get in the way of effective delivery and innovation. Investing in development (including a coaching & mentoring network) is the foundation of our fit for future organisation. We also have subject matter experts in the NMC, and their development is of equal importance as we look to ensure that development is inclusive and wider in scope than simply line management or other more complex leadership accountabilities.	Everyone is keen to see a range of innovations in this space, ranging from the very definition of who our leaders and managers are, and what we need from this community. This need to look at everything, from managers' inductions that cover the practical aspects of managing, to developing emotional intelligence. Good leadership helps us to understand where we're heading as an organisation and why. It allows colleagues and teams to have access to the tools and resources they need to deliver, as well as offering clarity on what our organisation expects of them. It will also offer the ability to recognise and manage all performance standards, whether good, poor, or exceptional. We want to offer programmes which help us develop a culture where our workforce can have candid conversations in a strengths-based way. We also want to celebrate our successes in an authentic way and without fear that performance culture somehow contradicts kindness. ***How will we do this?*** By commissioning a blend of internal and external

PRIORITY COMMITMENT & PILLARS	WHY IS THIS A PRIORITY?	WHO BENEFITS?
		specialist support and a range of accessible, inclusive development programmes.
		By introducing 180 (peer) and 360 (line reports, peers and leaders) feedback for continuous improvement.
		By sharing the top and bottom 5 scores from the leadership community as a collective and anonymous whole, so that the whole workforce community can celebrate our leadership strengths and see what we're collectively working on.
		By building in Leadership Development into every opportunity we have to do so, and by leading the way o this work through our CLT (Corporate Leadership Team).
SUPPORTING PEOPLE 4. Employee progression	Issues around lack of progression for our existing workforce made up a significant amount of feedback during the development of this plan. In particular, where internal staff are appointable, and an external hiring decision is made. Being able to understand progression will help us to close our pay gap in relation to	Career development needs to be an accessible, workable, and realistic programme and has the potential to be a key part of what our organisation can offer. Development conversations and honest development feedback benefits everyone and should be woven into the language of our everyday work and our managers. Progression will focus on the ethnicity pay gap as one

PRIORITY COMMITMENT & PILLARS	WHY IS THIS A PRIORITY?	WHO BENEFITS?
	ethnicity and other intersectional inequalities. Excellent quality coaching feedback is vital to progression, alongside transparency and practical ways of improving performance if colleagues are not ready for a new role or promotion. Progression isn't an entitlement step. We want to understand progression better and make it better. We can only do this by recognising it as a significant workforce priority.	key driver amongst a suite of inclusive principles. Performance, capability, and aptitude are also core to successful progression. ***How will we do this?*** Identify a cross section pilot group of colleagues to spotlight and track progression in the future. Introduce a coaching & development conversation and continue with programmes such as Rising Together, seeking to identify those measures of success and amplify these for greater role modelling and exemplar work. Develop greater metrics and other digital insights to help us take an evidence-based route to being a trailblazing organisation in respect of progression.

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APPENDIX 1 – Proposed Culture Model

Culture improvement model

Nursing & Midwifery Council

2. Values beliefs and behaviours

1. Leadership

EDI integrated into all aspects of our work

3. Talent

Our strategy

NMC vision

Being person centred

6. Policies and procedures

Engagement at all levels

4. Governance

5. Systems and processes

Our people make our culture. We need to help and support our workforce to understand what this looks like on a day to day basis.

Outcome

Improving audience expectations

- our registrants
- stakeholders
- community groups
- patients and public

Appendix 2 – Equality, Diversity & Inclusion (EDI) Workforce Programme Commitments

The EDI Plan contains two work programmes, a regulatory work programme and workforce programme. The workforce programme also contains specific race equality commitments based on areas of improvement identified in our data and consultation.

The workforce programme, including race equality commitments, are detailed below. These are subject to change through consultation taking place from December 2021 to February 2022, and will be agreed by the Executive and Council in March 2022.

EDI Plan: workforce objectives
1 Improve the quality and use of **internal EDI data**
2 Understand and improve people's experiences of **recruitment and career progression**
3 Support directorates to integrate EDI and meet the Public Sector Equality Duty in their **decision-making** through EQIAs
4 Develop the capability and impact of our **employee networks**
5 Advance our **disability** work through a targeted action plan for disability equality

6	Work with directorates to ensure EDI is built into all **business planning** activity, whether new projects, Exec priorities or BAU
7	Improve the way in which **EDI learning and development** happens, and support the delivery of the EDI training actions from the 'Improving our handling of discrimination' lessons learned report.

EDI Plan: workforce race equality objectives	
WREAP1	Improve the quality and quantity of workforce race and ethnicity **data** and support the organisation to **use it more effectively to inform decision making**
WREAP2	Understand and improve Black and ethnic minority candidates' experiences of **recruitment and secondments** at the NMC
WREAP3	Understand and improve Black and ethnic minority colleagues' experiences of **development and career progression** at the NMC

WREAP4	Understand and improve the **reporting and support mechanisms** available for colleagues to report discrimination, bullying and harassment
WREAP5	Improve the **training, learning and development** available for all employees on race equality
WREAP6	Ensure **senior leaders** take ownership of race equality improvements and are accountable for progress.

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Annexe 2: EQIA

Submit each version of this form to the Equality and Diversity Team equality@nmc-uk.org . You should also keep a copy in your directorate/project files for audit purposes.

SECTION 1: BACKGROUND

Name of activity:	People Plan 2022 to 2025
New or existing activity:	This a new activity
Purpose/Aim:	The People Plan will build on the work of the previous People Strategy. It sets out what we need to change and build on to best support our workforce to thrive and develop.
	Our plan will also help us to be more person-centered in how we manage and engage our workforce. It is designed to ensure we articulate and reinforce the values and behaviours that are important to us and which we work to.
Version and date completed:	Version 5
	12 January 2022
Interdependencies (teams or projects):	The plan belongs to and the responsibility of all to work to, key teams for delivery include POD, EDI, Estates, Finance and IT.
Name and title of person completing this assessment:	Laura Marks, Emma Chipperfield, Mark Egan

Senior sponsor:	Francesca Okosi
Proposed review date:	7 June 2022

SECTION 2: EVIDENCE

Research and reports:	Gender pay gap report, Disability pay gap report, Ethnicity pay gap report, EDI action plan, WRES survey, Your Voice
Data:	Turnover data, sickness absence data,
Evidence gaps:	None

SECTION 3: CONSULTATION AND ENGAGEMENT LOG

Ref	Groups/organisations consulted (specify relevant protected characteristic and Welsh language speakers)	Date	Feedback
1	POD SLT	7 January 2022	
2	EDI team	7 January 2022	

SECTION 4: COMPLAINTS AND COMPLIMENTS LOG

Ref	Name/organisation (specify relevant protected characteristic) *None received to date.*	Date	Feedback
1			

SECTION 5(A): SUMMARY ANALYSIS

The impact of the People Plan is mapped against the protected characteristics of the workforce in the tables below, the key conclusions are below:

The proportion of the NMC workforce that identifies as having a disability is low, the People Plan aims to work closely with the Workaround network and EDI team to encourage disclosure and greater data trust through engagement.

The NMC has a significantly disproportionate gender split towards females, however across grades up to Director level these are split fairly evenly. The plan has clear proposed changes around bringing people into the organisation and development, so these processes are fair and ambitious for all based on ability.

Our Leadership and Management training programmes will invariably be offered to those in higher grades.

Our Ethnicity pay gap identifies a clear disproportion. There are key initiatives underway such as Rising Together which aims to specifically support and mentor Black, Asian, and other minority ethnic colleagues to develop and progress. Our pillar 'finding people' has already begun with a total review of how and where we recruit new colleagues, as well as creating pools of potential candidates internally. This has been an opportunity to broaden opportunities for all candidates, both externally and internally, fostering new relations with more diverse and inclusive recruitment sources.

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Age

Workforce demographic by age

Age	%
Under 20	0.0%
20 - 29	17.0%
30 - 39	40.9%
40 - 49	21.3%
50-59	16.2%
60 - 65	4.3%

Grade distribution by Age

Grade	Under 20	20 - 29	30 - 39	40 - 49	50-59	60 - 65
1 to 5	-	95.2%	65.0%	51.1%	51.2%	45.2%
6 to 7	-	4.3%	28.4%	32.4%	20.6%	26.2%
8 to 9	-	0.5%	6.1%	13.7%	15.3%	19.0%
10 to 11	-	0.0%	0.2%	2.3%	9.4%	7.1%
Director and CEO	-	0.0%	0.2%	0.5%	3.5%	2.4%

Age distribution by Grade

Age	1 to 5	6 to 7	8 to 9	10 to 11	Director and CEO
Under 20	-	-	-	-	-
20 - 29	28.9%	3.7%	1.1%	0.0%	0.0%
30 - 39	39.1%	47.9%	27.8%	4.0%	11.1%
40 - 49	16.4%	29.3%	33.3%	20.0%	11.1%
50-59	12.8%	14.5%	28.9%	64.0%	66.7%
60 - 65	2.8%	4.5%	8.9%	12.0%	11.1%

No pillar will have a negative effect on any age group. We recognise that many of our leadership community are 30+ and that progression within every pay band and age demographic is an inclusive priority.

Disability	Workforce demographic by disclosed disability

Disability	%
Disabled	7%
Non-Disabled	77%
Unknown	16%

As of April 2021, our disability pay gaps were as follows:

- Mean -2.6 percent
- Median -10.5 percent

Our disclosure of disability percentage is low. The People Plan will aim to encourage and support people to disclose any disability and increase trust and confidence in data declaration.

Grade distribution by disability status

Grade	Disability	Non Disability	Prefer not to say
1 to 5	57.1%	64.8%	66.5%
6 to 7	28.6%	22.9%	17.6%
8 to 9	9.1%	9.3%	13.1%
10 to 11	2.6%	2.3%	2.3%
Director and CEO	2.6%	0.7%	0.6%

Disability status distribution by grade

Grade	Disability	Non Disability	Prefer not to say
1-5	6.2%	77.5%	16.4%
6-7	8.9%	78.6%	12.5%
8-9	6.4%	72.5%	21.1%
10-11	7.7%	76.9%	15.4%
Director & CEO	22.2%	66.7%	11.1%

Disability declaration is lower than we would prefer, it is not possible to infer statistical impact based on the disclosure rate.

Gender

Workforce demographic by gender

Gender	%
Male	33%
Female	67%

As of April 2021, our gender pay gaps were as follows:

- Mean 3.4 percent
- Median 9.0 percent

One of the overarching aims of the People Plan is to ensure any changes result in this pay gap reducing positively over time.

Grade distribution by gender

Grade	Male	Female
1 to 5	62.9%	65.4%
6 to 7	24.4%	21.5%
8 to 9	8.6%	10.5%
10 to 11	3.0%	2.0%
Director and CEO	1.1%	0.7%

Gender distribution by grade

Grade	Male	Female
1-5	31.8%	68.2%
6-7	35.5%	64.5%
8-9	28.4%	71.6%
10-11	42.3%	57.7%
Director & CEO	44.4%	55.6%

There is no detriment from a leadership/management training perspective given it is equally accessible by gender.

Gender reassignment (trans and non-binary)	No data is currently collected on gender reassigned colleagues.
Marriage and Civil Partnership	No impact.

Pregnancy/Maternity	There are currently 30 colleagues on maternity leave and 1 colleague on paternity leave however this will change over the course of the People Plan and we will always ensure none of these employees are negatively impacted.
Race	Workforce demographic by ethnicity

Race	%
White	46%
BME	37%
Unknown	17%

As of April 2021, our ethnicity pay gaps were as follows:

- Mean 28.7 percent
- Median 27.1 percent

The aim of the People Plan is to ensure any changes result in this pay gap reducing in particular through the focus on progression.

Grade distribution by ethnicity

Grade	White	BME	Prefer not to say
1 to 5	55.8%	79.4%	61.0%
6 to 7	26.6%	15.9%	23.3%
8 to 9	13.1%	3.3%	12.7%
10 to 11	3.1%	1.1%	2.5%
Director and CEO	1.4%	0.3%	0.4%

Ethnicity distribution by grade

Grade	BME	White	Prefer not to say
1-5	43.8%	39.9%	16.2%
6-7	28.2%	54.8%	16.9%
8-9	14.7%	61.5%	23.9%
10-11	23.1%	61.5%	15.4%
Director & CEO	11.1%	77.8%	11.1%

As reported in our Ethnicity pay gap report there is a disproportion of white colleagues in more senior roles - grades 6 and above, work is underway already to address this through a number of key progression focus areas and it is an overarching aim of the People Plan to reduce this gap significantly during the implementation lifespan.

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Religion/Belief	Workforce demographic by religion and belief

Religion	%
Christian	35.2%
Muslim	9.2%
Hindu	4.7%
Sikh	1.5%
Jewish	0.7%
Buddhist	0.4%
Other religion or philosophy	2.6%
I have no religious beliefs	28.0%
Prefer not to Say	8.2%
Unknown	9.3%

There is no detriment to any colleague with any faith or none.

Sexual Orientation	Workforce demographic by sexual orientation

Sexual Orientation	%
Heterosexual	77%
Gay or Lesbian	4%
Bisexual	1%
Prefer not to answer	4%
Unknown	14%

Other groups (e.g., carers, people from different socio-economic groups)	This data is not collected at this current time.

SECTION 6: ANALYSIS AND OUTCOME

Outcome	Analysis:
(There may be more than one outcome)	The People Plan will be a collaborative programme of work with the EDI team, networks, and Employee Forum to ensure no employee is negatively impacted. The aim of the Plan is to be an inclusive and progressive piece that impacts all NMC employees in a tailored and positive way.
1. No change	No changes are needed.

2. Continue the activity	
3. Adjust and continue	
4. Stop and remove the activity	

SECTION 7: WELSH LANGUAGE ASSESSMENT

Does the activity relate to 'our public business in Wales'?	~~Yes~~/No The People Plan impacts internal colleagues only.
How could Welsh language speakers in Wales be impacted by the activity?	
Have Welsh language speakers been consulted? (ensure this is documented in the consultation/ engagement log)	
How have /will communications and publications be translated to Welsh?	
Does the activity comply with our [Welsh Language Scheme](#)?	~~Yes~~/No This is not applicable to The People Plan.

How will the activity be altered to ensure equal treatment of English and Welsh languages for Welsh speakers in Wales?	

Complete the action plan. All the issues identified in the mapping, analysis and Welsh language sections will need a corresponding action (section 7).

SECTION 8: REVIEW

Date of next review:	7 June 2022
Name of business/operational lead:	Laura Marks
How will operational impact be monitored? E.g. statistical data or feedback forms that monitor protected characteristics.	Feedback data monitoring initiatives such as Rising Together, exit interviews, reviews during probation. Data monitoring of Gender, Ethnicity, and Disability pay gaps. Your Voice engagement tool, EDI survey, feedback through the Employee Forum and all networks.
What are the success indicators to monitor the impact of the activity?	Development opportunities for colleagues, colleagues feel supported with their wellbeing and workloads and able to access opportunities and have their voice heard regardless of grade, gender, ability, religion, ethnicity, sexual orientation, or marital status.
How often will the impact be reviewed?	Individual initiatives will have their own timeline of review and learning.

Complete the action plan (section 7).

SECTION 9: SPONSOR/DIRECTOR SIGN-OFF

Declaration: I have read this EQIA and I am assured that all the available evidence has been analysed to determine any potential for unlawful discrimination, advancing equality of opportunity, promoting best practice and fostering good relations.

The mitigations where appropriate have been identified and the action plan will be implemented.

I am assured that the activity will be compliant with the NMC Welsh Language Scheme.

The equality impacts of this work will continue to be monitored.

Name/role:	Laura Marks for Francesca Okosi
Date:	13 January 2022

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Update on our Safeguarding activities and changes to our Safeguarding and Protecting People policy

Action: For decision.

Issue: Provides an update about our safeguarding activities and changes to our safeguarding and protecting people policy.

Core regulatory function: All regulatory functions.

Strategic priority: Strategic aim 3: More visible and informed
Strategic aim 6: Fit for future organisation

Decision required: **The Council is asked to (paragraph 24):**

- **Note that we are creating a role of Deputy Designated Safeguarding Lead who will support the Designated Safeguarding Lead in providing advice, supervision, managing and coordinating our safeguarding training.**

- **Approve the updated Safeguarding and Protecting People Policy to reflect our values and changes to the Designated Safeguarding Lead.**

Annexes: The following annexe is attached to this paper:

- Annexe 1: Safeguarding and Protecting People Policy

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 As a health and care regulator and registered charity, we take our safeguarding responsibilities very seriously. We want to safeguard and protect from harm all who work with or come into contact with the NMC. This includes people working for the NMC and people who are taking part in our regulatory processes, and people we engage with.

2 It is important that we have an effective policy in place that clearly sets out our responsibilities and the actions we will take if a safeguarding issue is raised. NMC colleagues, service suppliers, partners, professionals on our register and members of the public should be able to easily access guidance on how to promptly respond to, refer or report safeguarding concerns. Our safeguarding policy is published on our website.

3 As a health and care regulator, we are not exposed to the same number of safeguarding concerns as a health or care provider may be. Nevertheless, many of our colleagues have regular contact with people who we may have safeguarding concerns about. For example, a person who has raised a concern about the fitness to practise (FtP) of a nurse, midwife or nursing associate, following the loss or abuse of a family member; a witness giving evidence about such an event; or a nurse, midwife or nursing associate whose own FtP is under investigation. We need to recognise and where necessary, act on any safeguarding concerns that may arise during the course of our FtP proceedings. This includes identifying issues in health and care settings which may not originally have been drawn to our attention. We also need to ensure that our staff and the services provided by our suppliers (including our helplines) have appropriate safeguarding arrangements in place, which includes DBS checks and training.

4 We review our policy every year and provide an update to the Council.

5 The purpose of the policy is to outline our key safeguarding responsibilities, including those of Council, which are as follows:

5.1 Ensuring that there is a clear and up-to-date policy in place based on statutory and good practice guidance, governing our approach to protecting people from harm, and for assuring itself that effective operational processes are in place.

5.2 Ensuring a safe environment for all and a culture where protecting people from harm is central.

> 5.3   Regularly reviewing the policy and practice and monitoring the impact.

> 5.4   Taking responsibility for putting things right and dealing with an incident responsibly should something happen or go wrong.

> 5.5   Acting with reasonable skill and care, and in the best interests of the NMC, exercising sound judgement and avoiding exposing the NMC or the public to undue risk.

6   Since our last update to Council we have reviewed our policy and we are proposing some changes which are detailed in Paragraph 11.

Four country factors:

7   The policy reflects our UK-wide remit by taking into account charities guidance from England and Scotland and the different legislative and policy frameworks relating to safeguarding across the UK.

Discussion:

Developments since our last report in May 2021

8   Making further improvements to our safeguarding processes requires significant collaboration between different teams across the NMC and also a time commitment from the colleagues coordinating this. Our capacity to deliver the improvements, and consequent progress with our action plan, has been somewhat impacted by the Covid-19 pandemic. A detailed Quality Assurance (QA) Review of our safeguarding requirements completed in November 2021, identified the need for a Deputy Safeguarding Lead (DSL) to carry forward the action plan. This appointment has now been agreed by the Executive Board. Once appointed, the Deputy DSL will lead on the implementation and coordination of the QA recommendations and Safeguarding Action Plan.

9   Since our last report to Council in May 2021, we have taken the following key actions:

> 9.1   Completed a QA review of our safeguarding arrangements, the recommendations of which have been incorporated into our Safeguarding Action Plan.

> 9.2   Created the role of and made preparations to appoint a Deputy Designated Safeguarding Lead (Deputy DSL).

> 9.3   Embedded safeguarding in our partnerships with Victim Support and our Lay Advocacy contracts.

9.4 Held awareness raising and briefing sessions in Professional Regulation.

9.5 Carried out workshops to identify and mitigate risks in our safeguarding policies and processes.

9.6 Begun working on our Equality Impact Assessment (EQIA) as we review and refresh our safeguarding arrangements.

9.7 Set up a safeguarding working group who will meet bi-monthly ensuring a holistic approach to safeguarding.

9.8 A triaging system has been introduced in our Enquiries and Complaints team so that safeguarding concerns can be escalated for advice and reporting to our DSL.

9.9 Developed and embedded clear processes for the management and handling of safeguarding concerns through the work of the Public Support Services team and with other teams in the Professional Regulation Directorate.

10 We still have to complete some of the actions previously reported to the Council and also highlighted in our QA review. These will be taken forward by the Deputy DSL and they include:

10.1 Clarifying roles and responsibilities for addressing concerns involving NMC employees.

10.2 Reviewing relevant policies around people, so that these take into account our safeguarding commitments.

10.3 Reviewing and refreshing training and awareness raising following our QA review.

10.4 Periodically reviewing and refreshing our safeguarding policies and operational guidance.

Policy updates

11 We have suggested some updates to our safeguarding policy which are highlighted in yellow. We have updated the policy in the following ways:

11.1 To include details of the Designated Safeguarding Lead.

11.2 To reflect our values.

11.3   To include, within the legal framework section, a reference to children's safeguarding legislation, policies and practice.

11.4   To include reference to our Duty of Care policies.

11.5   To highlight our responsibilities to Equality, Diversity and Inclusion (EDI) in relation to safeguarding.

12   The more detailed changes that have been suggested through previous reviews will form part of the work that will be coordinated by the Deputy DSL. Any changes will be supported by an implementation plan which will include communications, awareness raising and training. This work will also require input from colleagues in our cross-directorate Safeguarding working group.

Number of concerns

13   From 1 April 2021 - 31 December 2021 (first three quarters of this financial year) we logged 37 safeguarding concerns. We referred 15 of these cases to local authorities and the police. In the previous financial year (2020-2021) we had 52 safeguarding concerns, of which there were 20 referrals made to local authorities and the police. While in 2019-2020 we had 14 safeguarding concerns.

14   Some of our responses to the concerns included the involvement of our FtP Careline who helped to provide the person with appropriate support. Whilst in other cases we were satisfied that the person at risk already had support in place and we signposted them to an appropriate charity or decided no further action was required by us.

Charity Commission requirements

15   As a charity, we must report the most serious incidents, including those of a safeguarding nature, to the Charity Commission and the Office of the Scottish Charity Regulator. The Secretary to the Council facilitates this and ensures the Council is informed first.

16   Since our report last May, we have not made any serious incident reports to the Charity Commission and the Office of the Scottish Charity Regulator.

17   The Charity Commission updated its safeguarding guidance in November 2021. This includes a new section about online and digital safeguarding. We have included digital safeguarding in our action plan which will be managed by the Deputy DSL.

Training

18   Our safeguarding training is mandatory for all new starters and our current staff are expected to refresh their training every two years. At the beginning of January 2022, the NMC wide completion rate is 74 percent. We believe an appropriate completion rate is 90 percent. We are monitoring compliance rates by Directorate and the latest figures show that this varies from 64 to 90 percent.

19   The data demonstrates the need to drive forward a constant and consistent approach that is embedded within teams in order to ensure our people have the right level of awareness of their safeguarding responsibilities at all times. We will work closely with our learning and development team to target our communication directly in order to consistently improve compliance rates.

20   We held two briefing sessions about safeguarding in Professional Regulation, promoted safeguarding on Workplace as part of the National Adult Safeguarding week and increased awareness through our workshops.

21   Colleagues in Learning & Organisational Development have included a refresh in our safeguarding training in our business plans for next year. This will also form part of the work of the Deputy DSL.

Annual Report

22   We have provided an annual update on safeguarding within our statutory Annual Report and Accounts 2020-2021.

Conclusion and next steps

23   In our last update we recognised that there is more to do in embedding a safeguarding ethos within the NMC. Since then we have put in place key structures so that we can refresh and update our safeguarding arrangements and take forward the recommendations from our QA review and previous safeguarding action plans.

24 Recommendation: The Council is recommended to:

24.1 **Note that we are creating a role of Deputy Designated Safeguarding Lead who will support the Designated Safeguarding Lead in providing advice, supervision, managing and coordinating our safeguarding training.**

24.2 **Approve the updated Safeguarding and Protecting People Policy to reflect our values and changes to the designated safeguarding lead.**

Midwifery implications

25 Safeguarding concerns can arise in referrals and our activities with nurses, midwives, nursing associates and people, who they interact with. There are no midwifery specific implications.

Public protection implications:

26 The Council's overarching statutory duty to protect the public is reflected in the policy.

Resource implications:

27 None.

Equality and diversity implications:

28 We are signed up to the Ask Listen Do campaign led by NHS England, to make giving feedback, concerns and complaints about education, health and social care easier for children, young people and adults with a learning disability, autism or both, their families and carers. We have an action plan and one of our commitments is about safeguarding. Our employees need to know how to recognise a safeguarding concern and how to act.

29 An EQIA has begun and has identified areas of data which requires further analysis so that we can make an accurate assessment of any equality impacts. We have committed to working in collaboration with key stakeholders including the EDI Team to ensure we build EDI into our safeguarding processes and any decision making in relation to this paper. Having clear safeguarding and duty of care arrangements in place is key to discharging our public sector equality duty (PSED) as without one, there may be people with protected characteristics who can be impacted.

Stakeholder engagement:

30 None.

Risk implications:	31	Failing to fulfill safeguarding responsibilities may run the risk of harm to someone.
Legal implications:	32	Failure to protect people and to manage safeguarding responsibilities effectively runs the serious risk that the NMC could be perceived to be acting improperly, rendering its actions and decisions vulnerable to legal challenge. A failure by the NMC to take reasonable steps to safeguard people would amount to a governance issue and could result in the Charity Commission taking enforcement action against the NMC.

Nursing and Midwifery Council

Policy on Safeguarding and Protecting People

Title	Safeguarding and Protecting People Policy
Summary	This policy applies to all who work for or with the NMC, including Council, Committee and Panel members, staff and service suppliers.
Approval	November 2018 – approved by the Council **January 2020** – updated version approved by the Council **January 2022** – xxxx
Policy Owner	NMC Designated Safeguarding Lead – Director of People and Organisational Effectiveness
Next review date	November 2022

In a nutshell

1   We take safeguarding and protecting people seriously. This is an integral part of being a fair, kind, safe and effective regulator.

2   In this policy we provide an overview of our safeguarding responsibilities and support available for the reporting and referral of safeguarding concerns.

3   The policy is supported by operational guidance available to our teams. We encourage everyone who works for us and with us to read our policy to understand our safeguarding responsibilities and the vital role they have in helping us to safeguard and protect people from harm.

Introduction

4   Our vision is safe, effective and kind nursing and midwifery that improves everyone's health and wellbeing. As the professional regulator of almost 745,000 nursing and midwifery professionals, we have an important role to play in making this a reality.

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

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

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

8   Our safeguarding policy explains how we identify, respond and manage safeguarding concerns which arise in our role as a regulator and in any of the activities that we undertake to support and influence our professions and the public.

9   Our values help inform and guide us on how we behave and respond to safeguarding concerns. We do this in the following ways:

9.1 **We're fair**
Fairness is at the heart of our safeguarding policy and arrangements. Safeguarding is an integral part of our role as a trusted, transparent regulator and employer. We publish our safeguarding policy and ensure that our arrangements are clear and accessible to all.

9.2 **We're kind**
We act with kindness and in a way that values people, their insights, situations and experiences. Our safeguarding policy explains how we approach safeguarding concerns in a way that is kind and understands the difficult situations that people who we come into contact with may be facing.

9.3 **We're ambitious**
We are always keen to learn, improve and update our safeguarding arrangements wherever we can.

9.4 **We're collaborative**
Identifying and responding to safeguarding concerns involves us being able to work collaboratively with colleagues and those responsible for safeguarding outside the NMC, to ensure safeguarding concerns are raised and responded to appropriately.

Purpose of this policy

10 As a regulator and a registered charity, we may come into contact with people who are at risk of harm, abuse or mistreatment of any kind. We are required to have a clear and effective safeguarding policy which ensures that we are able to take appropriate steps to protect people from harm. This is integral to our activities and for us to be a fair, kind, safe and effective regulator.

11 We have developed this policy in line with our legal responsibilities (which includes our statutory responsibilities[1] and our charitable obligations) and guidance provided by the Charity Commission (CC) and the Office of the Scottish Charity Regulator (OSCR). This policy reflects good practice guidance including, the Charity Governance Code and the Charity Ethical Principles (by the National Council for Voluntary Organisations' (NCVO)). In particular, the fourth principle 'Right to be safe' is reflected in this policy.

12 This policy details how we protect from harm all people who we may come into contact with. This includes our professionals and members of the public as well as our own employees, service suppliers and partners. The policy covers safeguarding of adults and children at risk.

13 This policy sets out:

13.1 The responsibilities of Council members, including in their role as trustees of the NMC, and of members of the Executive, for taking reasonable steps to protect people from harm.

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[1] Article 3(5) of the Nursing and Midwifery Order 2001 details our overarching duty is to protect the public and provides detail on how we do this as a regulator.

13.2 The key principles that all who work for, or with us, must comply with to ensure that as an organisation, we take all reasonable steps to protect people from harm, and how we will support them in doing this.

14 This policy is underpinned by operational guidance about safeguarding for people who work for us and with us (including service suppliers such as panel members or others who might work with us in a paid or unpaid capacity) who may become aware of a safeguarding issue that needs to be reported. This includes staff who carry out investigations into fitness to practise or registration issues and all staff who have direct contact with professionals on our register or members of the public, by phone or in person (including virtual meetings).

15 It is also underpinned by our Human Resources (HR), digital, and health and safety policies and processes and is reflected in our published policies on how we engage with those who come into contact with us, such as our Managing Unreasonable or Unacceptable Behaviour and our Reasonable Adjustments policies.

Statutory framework

16 We operate across all four countries of the UK. There are some differences in adult and children safeguarding legislation, policy and practice in England, Northern Ireland, Scotland and Wales.

17 We will ensure that we maintain an up-to-date understanding of the legislative and public policy requirements in each country and that our operational guidance and processes meet the specific requirements in each of the four countries.

Equality, Diversity and Inclusion and safeguarding

18 We will give equal priority to keeping all adults and children at risk safe regardless of their age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation and we recognise that some adults and children at risk are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues.

Our approach to safeguarding and protecting people

19 Although we do not provide direct health or care services, we exist to protect the public by enabling better and safer care.

20 We are committed to having in place appropriate measures to safeguard adults and children at risk. We will take reasonable and proportionate steps to protect people who come into contact with us from harm. This includes all people we may come into contact with through our work, such as our professionals and members of the public, our employees and those who work with us.

21 We are committed to fulfilling our specific responsibilities to have in place appropriate measures to safeguard children and adults at risk. Responsibilities for Council, the Executive and all of those who work with the NMC are set out below.

The Council is responsible for:

21.1   Ensuring that there is a clear and up-to-date NMC policy in place based on statutory and good practice guidance, governing our approach to protecting people from harm, and for assuring itself that effective operational processes are in place.

21.2   Ensuring a safe environment for all and a culture where protecting people from harm is central.

21.3   Regularly reviewing the policy and practice and monitoring the impact.

21.4   Taking responsibility for putting things right and dealing with an incident responsibly should something happen or go wrong.

21.5   Acting with reasonable skill and care and in the best interest of the NMC, exercising sound judgement and avoiding exposing the NMC to undue risk.

The Executive is responsible for:

21.6   Ensuring this policy is underpinned by effective operational guidance and processes which encompass:

   21.6.1   Clear lines of accountability within the NMC for safeguarding, including designation of a safeguarding lead.

   21.6.2   Training for all staff, appropriate to their role and continuing professional development, so that staff are competent in identifying and addressing concerns.

   21.6.3   Safe working practices including appropriate recruitment, vetting and barring procedures.

   21.6.4   Robust referral, reporting and escalation processes, working with relevant organisations across the UK as appropriate.

   21.6.5   Effective inter-agency working, including effective information sharing.

   21.6.6   Nominating and appointing a Designated Safeguarding Lead to advise the Executive and Council on developing and establishing our approach to safeguarding.

Everyone who works for, or with us, is expected to:

21.7   Understand and be familiar with this policy and know how to recognise, respond to, report and record a safeguarding concern or any concern regarding harm to others.

What is safeguarding?

22   <mark>From time to time we may come into contact with people who may be at risk of harm</mark>. Safeguarding means protecting people from harm including physical, emotional, sexual and financial harm and neglect. <mark>Harm can include risk of self-harm or suicide</mark>.

23   **Safeguarding adults at risk** is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.[2]

24   Adults at risk means anyone aged 18 or over in England, Wales and Northern Ireland, or, age 16 or over in Scotland who:

   24.1   Has needs for care and support (whether or not the local authority is meeting any of those needs);

   24.2   Is experiencing, or is at risk of, abuse or neglect; and

   24.3   As a result of those care and support needs, is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

25   An adult at risk of abuse may:

   25.1   Have an illness affecting their mental or physical health.

   25.2   Have a learning disability.

   25.3   Suffer from drug or alcohol problems.

   25.4   Be frail.

26   **Safeguarding children** means to:

   26.1   Protect children from abuse and maltreatment.

   26.2   Prevent harm to children's health or development.

   26.3   Ensure children grow up with the provision of safe and effective care.

   26.4   Take action to enable all children and young people to have the best outcomes.

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[2] Care Act Statutory Guidance England

Safeguarding and the NMC

27　From time to time we may come into contact with people who we may have a safeguarding concern about. For example, a person who has raised a concern about the fitness to practise of a nurse, midwife or nursing associate following the loss or abuse of a family member, or a witness giving evidence about such an event; or a nurse, midwife or nursing associate whose own fitness to practise is in question. Safeguarding concerns may arise as a result of:

27.1　A direct disclosure to us during our work.

27.2　An allegation, concern, referral or complaint reported by another person.

27.3　An observation during a meeting.

27.4　An incident.

28　As a regulator we come into contact with many people over the course of our activities. This means we may be targeted by those who want to gain access to children and adults at risk. We are committed to ensuring that we mitigate this through robust HR policies, recruitment processes and arrangements with those we work with.

29　We have a duty to make sure that:

29.1　Safeguarding concerns are dealt with promptly, appropriately and reported in a secure and responsible way to all relevant agencies.

29.2　Steps are taken to escalate or alert those able to protect children and adults at risk from harm and minimise risk of abuse.

29.3　Appropriate and proportionate measures are in place to protect from harm all those who work for, or with us, or come into contact with us.

Support and training

30　It is important that we all understand safeguarding, and know what to do should safeguarding concerns arise.

31　Support includes:

31.1　Safeguarding induction and training for all staff appropriate to their role, including information on types of harm[3] abuse and neglect; how to spot abuse; how to respond to concerns; and who to report concerns to.

31.2　Embedding safeguarding in the NMC's culture so that it is safe for anyone affected to come forward and report incidents and concerns with the assurance that they will be handled sensitively and properly.

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[3] including where people may be at risk of self-harm or suicide

31.3 Being able to access guidance to support how we respond to safeguarding concerns by:

    31.3.1 Identifying and managing risk.

    31.3.2 Managing reports of incidents, allegations and risk and recording and retaining information.

    31.3.3 Relevant reporting to the relevant authorities such as the police, social services and the CC and OSCR.

    31.3.4 Making changes to reduce the risk of any further incidents.

31.4 Being able to access appropriate specialist advice if a member of staff is accused of abuse.

31.5 Being able to access guidance when dealing with wider welfare concerns and when to liaise with the Public Support Service (PSS) within the Fitness to Practise directorate.

32 We also have systems in place for:

32.1 Ensuring Council, partner members and key staff are not subject to any CC disqualifications.

32.2 The safe recruitment and selection of staff, including basic Disclosure and Barring Services (DBS) checks or a criminal record check from Disclosure Scotland for particular roles.

32.3 Dealing with allegations or concerns relating to staff, including clear lines of accountability, systems of reporting and actions to be taken. The following policies are already in place and are available on our iNet :

    32.3.1 Codes of Conduct for Council and partner members and Fitness to Practise panel members.

    32.3.2 Dignity at work policy.

    32.3.3 Grievance policy.

    32.3.4 Health and safety policy.

    32.3.5 Digital policy.

    32.3.6 Data protection policy (including confidentiality policy).

    32.3.7 Corporate complaints policy.

    32.3.8 Equality, diversity and inclusion framework.

    32.3.9 Disciplinary policy.

32.3.10   Anti-fraud, bribery and corruption policy.

32.3.11   Duty of care policies

32.4   Investigating and learning from any safeguarding incidents or 'near miss' events through our serious incident reporting process, and if necessary making changes to the operational guidance for staff.

32.5   Whistleblowing:

32.5.1   Our whistleblowing policy for those who wish to raise any concerns about the NMC is available on the **iNet** and the **NMC website**.

32.5.2   Our policy for those who wish to raise concerns to the NMC in its capacity as a prescribed person (whistleblowing to us about others) is set out on the **NMC website**.

Raising concerns and reporting requirements

33   We are committed to ensuring we manage safeguarding risks and serious incidents that have resulted in or risk significant harm to people who come into contact with us adequately and report any failures to do so promptly.

34   Any serious safeguarding incidents, complaints, allegations or events involving a child or an adult at risk or that are likely to have a significant impact on the NMC will be reported as appropriate to:

34.1   The police, or local safeguarding body if appropriate.

34.2   The CC and the OSCR.

34.3   The Privy Council.

35   We will include information on the number and nature of serious incidents, including safeguarding, in our statutory annual report and accounts.

Sharing information, confidentiality and mental capacity

36   Safeguarding children, young people and adults at risk is a shared responsibility, with the need for effective joint working between agencies and professionals that have different roles and expertise.

37   Liaison and working with other agencies is also important, to prevent individuals who actively target organisations in order to abuse children and adults at risk from doing so. This may include sharing information or making referrals to social services or other relevant agencies.

38   In sharing information, we will ensure that we do so in compliance with the General Data Protection Regulations (GDPR), our Data Protection Policies and any other relevant legislation.

Publication and review

39   This policy will be published on our website, reviewed by the Council annually, and the impact monitored regularly. We will also review it following any serious incident, to ensure it remains fit for purpose.

Nursing & Midwifery Council

Council

Panel Member Appointment

Action:	For decision.
Issue:	Revocation of appointment as a member of a Practice Committee.
Core regulatory function:	Professional Regulation.
Strategic priority:	Strategic aim 6: Fit for future organisation.
Decision required:	The Council is asked to revoke the appointment of the individual named at paragraph 1 as a member of a Practice Committee (paragraph 6).
Annexes:	None
Further information:	If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

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Director: Tom Scott
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Context and discussion:	1	This paper asks the Council to revoke the appointment of Virginia Garnett as a member of a Practice Committee as they were not eligible for appointment.
	2	Under the Nursing and Midwifery Council (Practice Committees) (Constitution) Rules 2008, an individual can only serve a maximum of two terms. Ms Garnett was appointed in July 2021 but has not conducted any hearings. After the appointment had been made we realised that they had already served two terms as a Panel Member. We are sorry for this mistake and that our selection process was not explicit about the eligibility criteria.
	3	Once the eligibility issue was identified we wrote to Ms Garnett to apologise and explain.
	4	As the Council's decision to appoint the individual to a Practice Committee was based on a fundamental mistake of fact (namely that the individual was not eligible for appointment), Council has the power to revoke the individual's appointment.
	5	We have checked all other appointees from the July 2021 cohort and can confirm that they meet the eligibility criteria. We are undertaking a Serious Event Review (SER) into this error and will report the outcome to the Appointments Board in March 2022. We have already reviewed our process to ensure that for future Panel Member selection campaigns, eligibility requirements are clearly explained to applicants and robust due diligence checks are in place to prevent a recurrence.
	6	**Recommendation: The Council is asked to revoke the appointment of the individual named at paragraph 1 as a member of a Practice Committee.**
Four country factors:	7	The Panel Member selection and appointment campaign was open to applicants across all four nations to ensure panel members reflect the UK population and the professions.
Midwifery implications:	8	No specific implications from this report.
Public protection implications:	9	Panel Members are required to make decisions at fitness to practise events that protect the public.
Resource implications:	10	None.

Equality and diversity implications:	11	None. The revocation of the individual's appointment will not impact the diversity of the Panel Member pool.
Stakeholder engagement:	12	None.
Risk implications:	13	None.
Legal implications:	14	Members of the Practice Committees must be appointed in accordance with the Nursing and Midwifery Council (Practice Committees) (Constitution) Rules 2008.
	15	Under the legislation, no individual can serve more than two terms of office as a member of a Practice Committee.

Nursing &
Midwifery
Council

Council

Appointments Board report

Action: For noting.

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

Core regulatory function: Supporting functions.

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

Decision required: None.

Annexes: None.

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

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Chair of Appointments Board:
Jane Slatter

Context: 1 Reports on the meeting of the Appointments Board held on 1 December 2021.

2 The Appointments Board is a Committee of the Council. Its remit is to assist the Council in connection with the exercise of any function or process relating to the appointment of Panel Members and Legal Assessors to the Practice Committees and the appointment of Registration Appeal Panel Members to the Registration Appeals Panel.

Four country factors: 3 As a four country regulator, it is important to have a spread of Panel Chairs and Members geographically. As part of the external selection of Panel Chairs, there will be a focus on diversifying the Chair pool to make sure it better reflects the register and the wider public.

Discussion **Sad news**

4 The Board was saddened to learn that a Panel Member appointed in July 2021, Debbie Baldwin, had died in September 2021 after a long illness. The Chair of the Appointments Board and the Chief Executive and Registrar both wrote to the family to offer condolences.

Eligibility issue

5 The Board was informed that an individual appointed by the Council as part of the July 2021 Panel Member cohort had previously served two terms as an NMC Panel Member and the appointment was therefore invalid. The individual has not been allocated to any hearings. A separate paper at item 12 asks the Council to formally revoke the appointment and the Board will consider the outcomes of a Serious Event Review in March 2022.

Regulatory reform

6 The Board was pleased to receive a presentation from the Executive Director, Strategy and Insight, on regulatory reform, including implications for the Fitness to Practise process and how this might affect the role and work of the Appointments Board in the future.

7 The Board is scheduling further discussions aligned to key milestones so that it can best support the proposed changes.

Panel Chairs – external selection process

8   In November 2021, the Council accepted the Board's recommendation to appoint 34 existing Panel Members as Panel Chairs. The selection process resulting in these appointments had been open only to existing Panel Members.

9   The number of applications received was lower than anticipated and while the number of Panel Chairs appointed is sufficient to meet current levels of hearings activity, it is lower than the number needed to meet planned increases in activity to support the reduction of the fitness to practise caseload. To address the shortfall, the Board is overseeing a further selection exercise, this time open to external applicants.

10   The Board considered a paper which set out the projected number of Panel Chairs needed in relation to the forecasted number of hearings expected to be held; and the timetable for the external selection and appointment campaign.

11   The Board asked for further work from the Executive on both the selection process timeline (to ensure sufficient time for Appointments Board review at key stages) and the methodology and supporting data to provide assurance that the target number of Panel Chairs to be selected is appropriate.

12   The Board will consider the assessment methodology and associated documentation for the selection process at its March 2022 meeting. The Board's focus will include the accessibility of the assessment process to encourage a diverse set of applicants and ensuring there are no adverse impacts on any groups at any stages of the process. Recommendations for appointments are due to be submitted to the Council in July 2022.

Increasing the diversity of the Legal Assessor pool

13   The Board approved the approach to improving the diversity of the pool of Legal Assessors.

14   While the number of Legal Assessors in the current pool (96) is sufficient to undertake the projected level of hearing activity, the Board will oversee a process to select additional Legal Assessors both to mitigate any potential reduction in numbers in a period where hearing activity may increase, and to address the findings of the review of Legal Assessor diversity shared with the Appointments Board in 2021. The review identified that some groups were under/over represented within the pool.

15 The Executive will undertake some initial work to gain a fuller understanding of the challenges and barriers to improving the diversity of the Legal Assessor pool.

16 The Board will receive a verbal update on the Executive's work in July 2022 and will consider a proposed approach for a selection process in October 2022.

Approval of training programme 2022-2023

17 The Board approved the proposed training programme for Panel Members for 2022-2023. The programme is designed to ensure that Panel Members have the necessary skills and knowledge to make robust, considered and proportionate decisions, while maintaining an emphasis on our values and behaviours.

18 The Board was pleased to note that the training programme for both the current year and 2022-2023 includes an enhanced equality, diversity and inclusion (EDI) training module, following the lessons learned from the review of handling of discrimination cases and the whistleblowing concern raised in April 2021.

Whistleblowing concern

19 The Board continues to review progress against an action plan developed by the Executive to address concerns raised by a Panel Member in April 2021. The concerns were addressed using our Whistleblowing framework.

20 Activities include the development of an internal process to support Panel Members and Legal Assessors who are exposed to negative public comment, abuse or harassment as a result of their NMC activities.

Review of Panel Member Services Agreement and Legal Assessor Services Agreement

21 The Board is overseeing a full review of the Panel Member Services Agreement and the Legal Assessor Services Agreement.

22 Board members had individually reviewed an aspect of the Panel Member Services Agreement each month, categorising the level of any risk or weakness identified. Board members had also provided feedback on the Legal Assessor Services Agreement.

23 The Board considered a paper which presented the collated feedback received from Board members. The feedback will be used to inform the full review including the drafting of the specification for the drafting of the agreements, which will be brought to the Board's meeting in March 2022 for review, along with a communications plan.

Panel member complaints

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

25 The Board queried the process for Panel Member declarations of interest. It was noted that the onus for declaring interests for individual hearings was on the Panel Members themselves.

26 The risks surrounding the process of declaring interests prompted a query on how best the Panel Member Register of Interests could mitigate these risks and provide additional assurances. This will be added to the Board's work programme and revisited at a future meeting.

Corporate update

27 The Board receives regular corporate updates to ensure its work is aligned with and connected to the wider strategic intent of the organisation, and to consider any possible implications for the Board's work.

28 The update at this meeting included: the response to the Covid-19 pandemic; Fitness to Practise Improvement Programme and performance; learning lessons and improving our handling of discrimination cases; an overview of how the quality of decision-making is maintained and monitored; Equality, Diversity and Inclusion Plan 2021-2025; and mid-year registration data published in November 2021.

29 The Board reiterated the importance of ensuring that the number of Panel Chairs to be selected in the forthcoming external selection exercise is appropriate, noting the current caseload.

Appointments Board dashboard

30 The Board was pleased to receive the first iteration of a proposed Appointments Board dashboard containing key information and metrics relevant to the Board's work. The dashboard had been developed with input from Board member Frederick Psyk who had been nominated by the Board to liaise with the Executive team.

31 Subject to some presentational changes, the Board approved the dashboard, which will be presented as a standing item at future Board meetings and its effectiveness reviewed after 12 months.

Midwifery implications: 32 The Practice Committee membership includes Panel Members who are registered midwives.

	33	The external selection process for Panel Chairs will be open to registered midwives, as well as registered nurses and nursing associates.
Public protection implications:	34	The assurance provided by the Appointments Board to Council on the appointment of Panel Members, Panel Chairs, Registration Appeals Panel members and Legal Assessors contributes to public protection.
	35	It is important that Panel Chairs and Members have the necessary training to maintain the skills and knowledge to make proportionate and appropriate decisions.
Resource implications:	36	Panel Members are required to make decisions that protect the public. The Board must ensure that we have sufficient Panel Chairs and Members to undertake planned hearings activity.
	37	Costs associated with selection and induction of Panel Chairs and Legal Assessors have been built into budgets for 2022-2023.
Equality diversity and inclusion implications:	38	The three year strategy approved by the Board for delivering high quality Panel Members includes the following objectives in relation to EDI:
	38.1	Ensuring the membership of the practice committees reflects the professions we regulate and the wider UK population.
	38.2	Ensuring Panel Members are equipped with the necessary knowledge and training to ensure EDI matters are understood, supported and well managed.
Stakeholder engagement:	39	No stakeholder engagement implications arising directly from this report.
Risk implications:	40	Having insufficient numbers of Panel Chairs and Panel Members could prevent us from sustaining levels of hearings activity required to reduce the fitness to practise caseload. To mitigate this risk, the Board is overseeing an external process to select additional Panel Chairs.
	41	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. The Board has approved a strategic approach to delivering high quality panels which mitigates this risk.

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

Legal
implications: 43   Rule 7(1) of the Nursing and Midwifery Council (Practice Committees) (Constitution) Rules 2008 grants Council the power to appoint Panel Members as Chairs of the Fitness to Practise Committee and Investigating Committee.

Nursing & Midwifery Council

Council

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

Action:	For information.
Issue:	Reports action taken by the Chair of the Council since 23 November 2021 under delegated powers in accordance with Standing Orders.
	There has been the following Chair's action:
	• approval to open the NMC temporary register to a defined cohort of overseas-trained applicants, to support the national Covid-19 response further to the rapid spread of the Omicron variant (17/2021).
Core regulatory function:	Supporting functions.
Strategic priority:	Strategic aim 2: Proactive support for our professions. Strategic aim 4: Engaging and empowering the public, professionals and partners
Decision required:	None.
Annexe:	The following annexe is attached to this report:
	• Annexe 1: Chair's action 17/2021 – Approval to open the NMC temporary register to a defined cohort of overseas-trained applicants.
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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Nursing &
Midwifery
Council

17/2021   Chair's Action

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

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

Requested by:	Date:
Andrea Sutcliffe Chief Executive and Registrar	20 December 2021

Approval to open the NMC temporary register to a defined cohort of overseas-trained applicants, to support the national Covid-19 response further to the rapid spread of the Omicron variant.

Purpose
1. Seeks approval to open the temporary register to overseas-trained applicants who:
   1.1. applied for permanent registration after October 2019, who have reached the appropriate stage of their application, and are supported by their employer; or
   1.2. applied for permanent registration before October 2019, who have reached the appropriate stage of their application, and are supported by their employer, to be considered on a case-by-case basis

Background
2. In light of pressures on the health and social care workforce in the wake of the rapid spread of the Omicron variant, the Chief Nursing Officer (CNO) for England, supported by the CNOs in Northern Ireland, Scotland, and Wales, has asked the NMC to consider opening the temporary register to overseas-trained nurses.
3. The NMC will continue to encourage all applicants and their employers to support them to gain permanent registration and this remains our priority.
4. In response to the CNOs' request, we will invite overseas-trained nurses who applied to the permanent register after October 2019, and are supported by their employer, to join the temporary register. We will also consider adding applicants with employer support who applied to the permanent register before October 2019, on a case-by-case basis. Applications are voluntary: it will be for each individual to decide whether they wish to apply to join the Temporary Register.
5. We will only consider for temporary registration overseas-trained nurses who have submitted their application for permanent registration to us and for whom we have received supporting health and character declarations; and where the employer

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supports the application.

6. We will require shared responsibility from employers by requiring that they nominate only overseas-trained nurses who:
6.1. have been assessed and certified by an NMC registrant to be *fit, proper and suitably experienced* to work in support of the emergency, including that the nurse's English language skills (for listening, speaking, reading and writing) are sufficient to allow them to practise in the emergency; and
6.2. where a senior leader has confirmed that they are satisfied that an appropriate process was in place and followed to complete that assessment.
7. All overseas-trained applicants will have conditions of practice applied to their temporary registration. The conditions are that they must:
7.1. Work as a registered nurse in an employed capacity for a health or social care employer; and
7.2. Always work under the direction of an NMC-registered nurse or midwife or other registered healthcare professional who is not on a temporary register.
8. We consider these measures to be a proportionate mitigation of the public protection risk that may arise from the applicants not yet having completed their practical OSCE exam.

Council consultation
9. The Council expressed support for the above approach following discussion of a detailed paper setting out the proposed arrangements on 20 December 2021.

The Chair is asked to agree that overseas-trained applicants (as set out above) be eligible to join the temporary register, subject to the conditions at paragraph 8.

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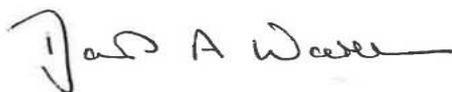
Signed

Sir David Warren (Chair)

Date   20 December 2020