

# Open Council - 17 May 2023

MEETING  
17 May 2023 09:30

PUBLISHED  
10 May 2023

## Meeting of the Council

To be held from **09:30** on Wednesday 17 May 2023  
Council Chamber, 23 Portland Place, London W1B 1PZ

### Agenda

Sir David Warren  
Chair of the Council

Matthew Hayday  
Council Secretary

**1 Welcome and Chair's opening remarks** NMC/23/28 **09:30**

**2 Apologies for absence** NMC/23/29

**3 Declarations of interest** NMC/23/30

**4 Minutes of the previous meeting** NMC/23/31

Chair of the Council

**5 Summary of actions** NMC/23/32

Secretary

### Matters for discussion

**6 Executive report, including Q4 performance and risk report and full corporate risk register** NMC/23/33 **09:35-10:35**  
(60 mins)

Chief Executive and Registrar/Executive

**7 Fitness to Practise caseload update** NMC/23/34 **10:35-10:55**  
(20 mins)

Executive Director, Professional Regulation

**Refreshment break (20 mins)** **10:55-11:15**

## Matters for decision

- |          |  |           |  |
|----------|--|-----------|--|
| <b>8</b> | <b>Advanced Practice: outcome of research/impact on options for future work</b><br><br>Executive Director, Professional Practice | NMC/23/35 | <b>11:15-12:00</b><br><i>(45 mins)</i> |
| <b>9</b> | <b>Removal of Assistant Registrar delegated authority</b><br><br>Secretary   | NMC/23/36 | <b>12:00-12:10</b><br><i>(10 mins)</i> |

## Matters for discussion

- |           |  |                                |  |
|-----------|--|--------------------------------|--|
| <b>10</b> | <b>Questions from observers</b><br><br>Chair | NMC/23/37<br><br><b>(Oral)</b> | <b>12:10-12:25</b><br><i>(15 mins)</i> |
|-----------|--|--------------------------------|--|

## Matters for information

- |           |   |           |  |
|-----------|---|-----------|--|
| <b>11</b> | <b>Audit Committee report</b><br><br>Chair of the Audit Committee           | NMC/23/38 |  |
| <b>12</b> | <b>Investment Committee report</b><br><br>Chair of the Investment Committee | NMC/23/39 |  |
| <b>13</b> | <b>Chair's actions taken since the last meeting</b><br><br>Chair            | NMC/23/40 |  |

**CLOSE & LUNCH**

**12:25**

Meeting of the Council  
Held on 29 March 2023 in the Council Chamber, 23 Portland Place.

## Minutes

### Council

David Warren	Chair
Hugh Bayley	Member
Karen Cox	Member
Claire Johnston	Member
Margaret McGuire	Member
Eileen McEneaney	Member
Marta Phillips	Member
Derek Pretty	Member
Sue Whelan Tracy	Member
Anna Walker	Member
Ruth Walker	Member
Lynne Wiggins	Member
Navjot Kaur Virk	Associate

### NMC Officers

Andrea Sutcliffe	Chief Executive and Registrar
Helen Herniman	Executive Director, Resources and Technology Services
Lesley Maslen	Executive Director, Professional Regulation
Edward Welsh	Executive Director, Communications and Engagement
Sam Foster	Executive Director, Professional Practice
Sam Donohue	Assistant Director, National and Regional Outreach
Lise-Anne Boissiere	Executive Director, People and Organisational Effectiveness
Alice Hilken	General Counsel
Matthew Hayday	Secretary to the Council
Alice Horsley	Senior Governance Manager

### For item 7:

Paul Johnson	Assistant Director, Professional Regulation
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*A list of observers is at Annexe A.*

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**Minutes**

**NMC/23/12 Welcome and Chair’s opening remarks**

1. The Chair welcomed all attendees and observers to the meeting. The Chair welcomed in particular:
  - a) Sam Foster, who was attending for the first time in her capacity as Executive Director, Professional Practice, and Sam Donohue, Assistant Director, National and Regional Outreach, who was accompanying her at her first meeting in role.
  - b) The two new Associates, Navjot Kaur Virk and Jabu Chikore, who took up office on 1 March 2022. Jabu Chikore had sent apologies for the meeting.
  - c) Catherine Little and Radojka Miljevic, consultants from Campbell Tickell, who were observing the meeting as part of the Council Effectiveness review. The Council looked forward to receiving the outcome of the review later in 2023.
  - d) Jane Slatter, Chair of the Appointments Board, who was observing the meeting.
  
2. The Chair noted it was the last public meeting for three Council members who had provided an immense service to the NMC; Hugh Bayley, Karen Cox, and Marta Phillips, whose terms ended on 30 April 2023.

**NMC/23/13 Apologies for absence**

1. Apologies had been received from Jabu Chikore, Associate, and Matthew McClelland, Executive Director, Strategy and Insight.

**NMC/23/14 Declarations of interest**

1. **The following interests were declared:**
  - a) **NMC/23/21: Annual Corporate Plan and Budget 2023-2024**  
All registrant members declared an interest in the annual review of the registration fee and all NMC colleagues (Executive and staff) declared an interest in the pay award elements of the budget.
  
2. The interests were not considered material such as to require the individuals concerned to withdraw from discussion.

**NMC/23/15 Minutes of the previous meeting**

1. The minutes of the meeting on 25 January 2023 were agreed as an accurate record and signed by the Chair.

**NMC/23/16 Summary of actions**

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

**NMC/23/17 Executive report**

1. The Chief Executive and Registrar introduced the report and echoed the Chair's warm welcome to Sam Foster, Navjot Kaur Virk, and Jabu Chikore. Points highlighted included:
  - a) The situation in relation to industrial action across all four UK nations was being closely monitored.
  - b) Changes to how the NMC maintains temporary registration were introduced on 21 March 2023, with 2,030 people remaining on the temporary register at that date.
  - c) The annual Leavers' Survey had been issued and would provide an important insight into why people leave the NMC's permanent register.
  - d) The NMC had written to Canterbury Christ Church University (CCCU) about concerns with its midwifery programme. A response from CCCU had been received and would be considered by the Quality Assurance Board in April.
  - e) The updated English Language requirements had been launched on 8 February.
2. On behalf of the NMC, the Chief Executive and Registrar paid tribute to Peter Mount CBE, former Chair of the NHS Confederation, and Andrew Foster, former Non-Executive Director, Health Education England, who had both sadly passed away earlier in the month. Their work in relation to English Language standards had been much appreciated by the NMC and the Council's thoughts were with their families at this time.
3. The Chief Executive and Registrar congratulated Jacqueline Dunkley-Bent, Chief Midwifery Officer for England, on her appointment as Chief Midwife for the International Confederation of Midwives. She also congratulated Gail Adams OBE, Head of Professional Services UNISON, on her Lifetime Achievement Award for services to nursing at the British Journal of Nursing awards.
4. In discussion, the following points were noted:
  - a) At the Midwifery Panel meeting in February, Dr Bill Kirkup CBE gave a powerful and harrowing presentation on his findings of the independent investigation into maternity and neonatal services at East Kent Hospitals University NHS Foundation Trust, which highlighted fundamental failures in leadership and behaviour and culture. It was agreed that Dr Kirkup would be invited to attend a Council Seminar to discuss midwifery regulation and the NMC's role in improving safety in maternity services.

- b) The new Executive Director, Professional Practice, would take forward work to consider amendments that might be required to the NMC's Code relating to culture and behaviour to support midwifery professionals in providing safe and effective care.
- c) Alongside partners in each of the four countries, guidance was being developed to support academic institutions in relation to the increased expectation for student midwives to experience a variety of practice placements.
- d) The Public Voice Forum was broadly positive in its view about potential regulation of advanced practice and provided valuable insight to inform next steps. It encouraged the NMC to be cautious about being NHS-centric in the examples of advanced practice provided and highlighted the importance of including social care settings.
- e) The Council looked forward to a more detailed discussion on the Employer Link Service's work to expand the NMC's national and regional outreach.
- f) The Department of Health and Social Care (DHSC)'s consultation response on regulatory reform commended the significant preparatory work the NMC had done to ensure readiness to implement regulatory reform. The NMC's response to the consultation on the regulation of anaesthetic associates and physician associates would be informed by discussions from previous Council Seminars.
- g) Along with partner UK regulators, the NMC was working with government to ensure the final drafting of the legislation to implement the UK-EFTA trade deal was clear in providing the additional powers required to meet its terms.

**Action:** Invite Dr Bill Kirkup to attend a Council Seminar to discuss midwifery regulation and the NMC's role in improving safety in maternity services.

**For:** Chief Executive and Registrar / Secretary  
**By:** 17 May 2023.

**Action:** Share the NMC's response to the consultation on the regulation of anaesthetic associates and physician associates with the Council for information.

**For:** Secretary / Executive Director, Strategy and Insight  
**By:** 5 July 2023.

*The Assistant Director, Professional Regulation, joined for this item.*

**NMC/23/18 Fitness to Practise Caseload update**

1. The Executive Director, Professional Regulation introduced the update.

2. The caseload had continued to reduce and had fallen by 12 percent since March 2022. The target of 5,600-5,700 cases at 31 March 2023 reported in the paper would probably be exceeded, with the caseload at 5,610 on 24 March 2023.

3. In discussion, the following points were noted:

- a) The progress made in reducing the caseload was welcome, although it was recognised that the number of cases and waiting times for decisions remained high.
- b) It was positive that investigations teams would be working from the office for two days a week from May 2023, allowing more opportunities to learn from colleagues and enhance team cohesion. The optimum number of days for teams to work in the office would be kept under review.
- c) It was suggested that consideration should be given to ways of improving workplace attractiveness, such as onsite childcare provision and canteen facilities.
- d) There were some concerns relating to Fitness to Practise (FtP) Key Performance Indicators (KPIs) for 2023-2024. It was suggested that the ambition to improve timeliness be reflected in a KPI.
- e) One of the aims of the Modernisation of Technology Services (MoTS) programme was to provide more visibility on caseload progression, for example with separate data for cases which were on hold due to police investigations. However, it was noted that the NMC was not able to 'stop and start' the clock where third party involvement had an impact on the time taken to conclude a case.
- f) There had been an upward trend in the number of decisions at Screening, which had now plateaued. This reflected the reduction of resource in Screening back to normal levels as improvements had been implemented and colleagues redeployed.
- g) While the overall number of referrals had decreased in recent months, it was acknowledged that this number was hard to predict.
- h) More work was required to promote the Referrals Helpline which was not receiving the number of calls expected.
- i) Sessions were being held to scope improvements in the overall FtP process, with valuable ideas provided by Legal Assessors and Panel Members.
- j) A pilot for new ways of handling cases end to end was being established at Screening and Investigations. The possibility of triaging cases at an early stage based on complexity was being examined.
- k) As part of developing new systems, consideration would be given as to how to measure quality of experience and gather feedback from those involved in FtP proceedings.



4. Summing up, the Chair thanked FtP colleagues for the progress made in reducing the caseload safely, which remained the highest corporate priority for the NMC. In the effort to reduce the caseload safely and swiftly, it was important to keep in focus the human experience of all those involved in FtP proceedings.

**NMC/23/19 Learning and thematic review of inquiries into failings of care**

1. The Chief Executive and Registrar introduced the paper on behalf of the Executive Director, Strategy and Insight, who had sent apologies for the meeting. The paper set out the annual update on the learning and progress made on the NMC's response to public inquiries into major failings of care in 2022-2023.
2. The Chief Executive and Registrar highlighted that maternity services in England in particular were under the spotlight. Key points noted in relation to the NMC's response were:
- a) The Code and future midwife standards had been carefully reviewed and the NMC was satisfied that lessons learned from the inquiries into failures of care had been covered.
  - b) An external review of the Code was to be commissioned on the conclusion of the Nottingham University Hospitals Independent Inquiry. The NMC was due to review the Code in full in 2025.
  - c) To ensure the Code and standards were implemented in practice, the NMC had written to all midwives to remind them to revalidate against the new standards.
  - d) There was engagement with partners across the sector to make sure the standards were used in the maternity improvement programme, as a benchmark in Care Quality Commission inspections, and as a basis for continuing professional development.
  - e) Campaigns were being run to support midwives to use the Code and standards, focusing key themes around multi-disciplinary working and listening to people.
3. In discussion, the following points were noted:
- a) The report was comprehensive and demonstrated the three key roles that supported the NMC's purpose: regulate, support and influence.
  - b) It was distressing that public inquiries continued to reveal the same themes, which were insidious and deeply ingrained.
  - c) Assurance was provided that eliminating discrimination had been a key focus as part of Ambitious for Change. It was an omission that this was not included in the paper as one of the central themes from public inquiries.
  - d) Standard five of the Professional Standards Authority's (PSA) Standards of Good Regulation was to consult and work with all relevant stakeholders, which included other regulators.

The NMC was working with the General Medical Council (GMC) to improve equality, diversity and inclusion.

- e) As part of the review of the Code in 2025, it would be important to take account of the 'young voices' of student midwives. The Leavers' Survey, as well as views from the Public Voice Forum, would also be key sources of insight for the review.

4. Summing up, the Chair thanked colleagues for their work on the learning and thematic review of inquiries into failings of care. The importance to the NMC of using the review of inquiries to inform its work was highlighted.

#### **NMC/23/20 Financial Strategy review**

1. The Executive Director, Resources and Technology Services (RTS), introduced the Financial Strategy, which was intended to set the direction and indicate parameters for how the NMC would manage its finances aligned to the 2020-2025 Strategy. Two key proposed amendments were highlighted; one relating to controls on grant or contractual income, and the other relating to the management of short-term fluctuations in the value of the NMC's investments.
2. The Chair noted that the draft version of the Financial Strategy had been subject to a high degree of scrutiny by the Council at an earlier Confidential meeting.
3. **Decision: The Council approved the revised financial strategy.**

#### **NMC/23/21 Annual Corporate Plan and Budget 2023-2024**

1. The Chief Executive and Registrar introduced the annual Corporate Plan and Budget 2023-2024. It was noted that there had been concerns raised about how the FtP KPIs had been presented, which would be considered and addressed following the meeting.
2. The Executive Director, RTS presented the paper which set out the proposed Corporate Plan, KPIs and Budget for 2023-2024, with indicative budgets for 2024-2026.
3. In discussion the following points were noted:
  - a) In respect of the target to conclude 80 percent of FtP cases within 15 months of being opened, there was concern about the lack of visibility of the timeliness target for the other 20 percent.
  - b) Assurance was provided that the 20 percent referred to cases on hold and unable to be progressed because of, for example, police enquiries.
  - c) It was suggested that a qualitative KPI for FtP be incorporated.
  - d) The annual FtP report provided further comprehensive detail and data relating to FtP.

The report could be produced on a more regular basis, although this would be resource intensive.

- e) The revised target, of fewer than 4,000 cases by March 2024, was confirmed as achievable based on current progress.
- f) The new KPI relating to the percentage of customers who agreed that the objective structured clinical examination (OSCE) test centre treated them with 'Respect and Dignity' was welcomed.
- g) There was a commitment to develop the website as well as targeted campaigns about the NMC's role.
- h) Although the budget projected continued growth in the size of the register, there was a risk that this could reverse.

4. **Decisions: The Council approved:**

- i) **The corporate plan and milestones for 2023–2024.**
- ii) **The milestones underpinning corporate commitments and Key Performance Indicators for 2023-2024.**
- iii) **That the values for the lower and upper limits of the target range of free reserves remain at £0 and £25 million respectively, and the value for the minimum combined cash and investments balance remains at £20 million.**
- iv) **That the annual registration fee for all professionals on our register should remain at the current level of £120.**
- v) **The amount provided in the budget for increased pay costs. This covers both changes to pay structures and an annual standard pay award. The total budgeted allows for up to a maximum eight percent increase in pay cost in 2023–2024.**
- vi) **The budget for 2023–2024.**

5. The Chair thanked all colleagues who had contributed to the work on the Corporate Plan and Budget, particularly the Executive Director, RTS and her team.

**Action:** Reconsider the presentation of the FtP KPIs for discussion with the Council.

**For:** Executive Director, RTS / Executive Director, Professional Regulation

**By:** 17 May 2023.

**NMC/23/22 Panel Member transfer**

1. The Executive Director, Professional Regulation introduced the paper.

2. **Decision: The Council approved the transfer of the Panel Member from the Fitness to Practise Committee to the Investigating Committee.**

**NMC/23/23 Governance: Council Committee membership 2023-2024 and Council meeting dates 2024- 2025**

- 1. The Chair introduced the paper confirming Council Committee membership for 2023-2024 and the Council meeting dates for 2024-2025.
- 2. The Chair thanked Derek Pretty for agreeing to take over as Chair of the Audit Committee from 1 May 2023 at least up to the approval and submission of the Annual Report and Accounts in July 2023. The appointment of the Chair of the Audit Committee would then be reviewed.

**NMC/23/24 Questions from observers**

- 1. The Chair invited questions and comments from observers.
- 2. **Strikes (Minimum Service Levels) Bill 2023**  
David Munday, of Unite, asked if the Council was planning a response to the Strikes (Minimum Service Levels) Bill 2023 consultation?  
  
The Chief Executive and Registrar noted that the Council would maintain its neutral position and that Professionals on our register had the right to take lawful industrial action.
- 3. **Advanced Practice**  
An observer asked what was the NMC’s definition of Advanced Practice?  
  
The Chief Executive and Registrar noted that this would be one of the issues to be explored around Advanced Practice as there were a number of differing definitions and expectations. It was noted that we were in the early stages of this work, with the initial research coming to Council. No decisions had been made and there would be lots of opportunities for engagement.
- 4. **Council observing work of Case Officer in FtP**  
Edimena Fernandes da Silva, Case Officer at the NMC, asked whether Council would be interested in observing the work of a Case Officer in FtP to gain an insight into their day-to-day work?  
  
The Chair of the Council noted that he would welcome the opportunity to observe the work of colleagues in FtP and would follow up with the Secretariat.

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5. **Lapsing of Registration**  
An observer asked what the NMC process was with regards to professionals who had been on the register for a long period and wanted their registration to lapse?

The Chief Executive and Registrar noted that decisions to leave the register were personal and undertook to follow up with the observer after the meeting.

6. **Access to NMC Council meetings**  
Jessica Wood, Student Midwife at the University of Leicester, asked whether the NMC had plans to record or live streams its public meetings?

The Secretary to the Council noted that the NMC hoped to be able to record and live stream Council meetings in the future.

The technology required to do so would be factored into plans for the refurbishment of 23 Portland Place. He was delighted that there was interest in observing the meeting. The Assistant Director, National and Regional Outreach, added that she would be in touch to offer to arrange for colleagues to visit student midwives at the University of Leicester to discuss the work of the NMC.

7. **Integration of internationally trained nurses and midwives**  
An observer asked what the NMC was doing to ensure the effective integration of internationally registered professionals?

The Chief Executive and Registrar noted that the NMC was responsible for registering internationally trained nurses and midwives and strove to influence kind and effective integration for those coming from overseas, acknowledging how hard this can be. There was a lot of work to do to provide support and influence in this area, including promoting 'Welcome to the UK' courses as well as safe and inclusive working environments.

**NMC/23/25 Audit Committee report**

1. The Council noted the report of the Audit Committee meeting on 1 March 2023.

**NMC/23/26 Appointments Board report**

1. The Council noted the report of the Appointments Board meeting on 8 March 2023.

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**NMC/23/27 Chair's actions taken since the last meeting**

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

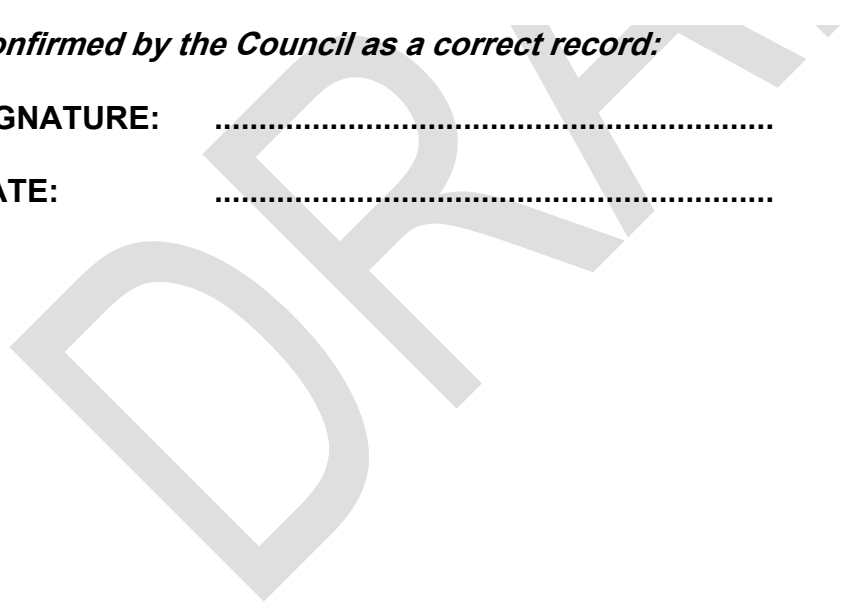
**Closing remarks**

1. On behalf of the Executive, the Chief Executive and Registrar expressed thanks to Hugh Bayley, Karen Cox and Marta Phillips who would be coming the end of their second terms of office at the end of April 2023. Each had brought their own insight, support and challenge, and professionalism. The Chief Executive and Registrar offered personal thanks to Karen Cox who had acted as Chair from October 2020 to June 2021 after the then Chair had been taken seriously ill. Karen had provided strong support and leadership during the pandemic, an extremely challenging period.
2. The Chair added his considerable thanks to Hugh, Karen and Marta for the tremendous service they had given to the NMC and for their support to him personally. All would be much missed and should be proud of all they had achieved on the Council.
3. The Chair thanked all attendees for joining the meeting and encouraged them to attend future meetings.

***Confirmed by the Council as a correct record:***

**SIGNATURE:** .....

**DATE:** .....



## Annexe A: Observers

### External Observers

Paul Salmon	Charge Nurse, NHS
Amy Rowley	Student Nurse, University of Leicester
Jessica Wood	Student midwife, University of Leicester
Harbhajan Kaur	ANNP, King's College Hospital NHS Trust
Georgina Cox	Associate Professor, UEL
Uloaku Ebo	Registered nurse, Health services/nursing 2000 agency.
Ka-Man Tang	Regional Account Manager, Limbs and Things Limited
Martha Ishak	bank midwife, North West London Hospital
Mary Isaac	HCA / Theatres, Nuffield health
Kate Fawcett	Senior Scrutiny Officer, PSA
Simran Unjia	Student Midwife, University of Leicester
Lucy Payne	Student Midwife, University of Leicester
Jane Slatter	Chair, Appointments Board
Catherine Little	Capbell Tickell
Radojka Miljevic	Capbell Tickell
Ian Felstead-Watts	Quality Assurance Director, Mott MacDonald
Marta Ishak	Bank Midwife, North West London Hospital
Jisha Joy Matthew	Registered Nurse, Barchester Hospital
Lalmuanawmi Ralte	Registered Nurse, Barchester Hospital
David Munday	Lead Professional Officer, Unite

### Press

Alison Stacey	Senior Reporter, Nursing Standard
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### NMC staff observing

Renée Caffyn	Executive Assistant, Resources and Technology Services
Grace Costain	Policy Manager
Edimena Fernandes da Silva	Case Officer
Janice Cheong	Senior Executive Business Manager
Aileen Redmond	Lawyer (General Counsel Team)
Naomi Baldwin	Policy Manager
Ellie Cope	Strategy Manager
Jonathan Deacon	Business Improvement Manager

## Council

### Summary of actions

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

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[matthew.hayday@nmc-uk.org](mailto:matthew.hayday@nmc-uk.org)

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## Summary of outstanding action arising from the Council meeting on 29 March 2023

Minute	Action	Action owner	Report back date	Progress to date
<b>NMC/23/17</b>	<p><b>Maternity</b></p> <p>Invite Dr Bill Kirkup to attend a Council Seminar to discuss midwifery regulation and the NMC's role in improving safety in maternity services.</p>	<b>Chief Executive and Registrar / Secretary</b>	<b>17 May 2023</b>	The Secretary is liaising with the Stakeholder Engagement team regarding inviting Dr Bill Kirkup to attend a Council Seminar later this year.
<b>NMC/23/17</b>	<p><b>Regulatory Reform: Consultation response</b></p> <p>Share the NMC's response to the consultation on the regulation of anaesthetic associates and physician associates with the Council for information.</p>	<b>Secretary / Executive Director, Strategy and Insight</b>	<b>5 July 2023</b>	Not yet due.

<p><b>NMC/23/21</b></p>	<p><b>Corporate KPIs</b></p> <p>Reconsider the presentation of the Fitness to Practise (FtP) Key Performance Indicators (KPIs) for discussion with the Council</p>	<p><b>Executive Director, Resources and Technology Services / Executive Director, Professional Regulation</b></p>	<p><b>17 May 2023</b></p>	<p>We have developed a new dashboard which will enable Council to better scrutinise our trajectory towards meeting the 15 month end-to-end KPI for FtP.</p> <p>This will be presented to Council quarterly from July 2023, i.e. showing Q1 performance for this new financial year.</p> <p>Performance reporting for May Council is consistent with the approach taken for the last financial year.</p>
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## Summary of outstanding action arising from the Council meeting on 25 January 2023

Minute	Action	Action owner	Report back date	Progress to date
<b>NMC/23/07</b>	<p><b>Fitness to Practise Caseload update</b></p> <p>Include analysis in relation to some FtP colleagues' view that cases were becoming more complex or serious.</p>	<b>Executive Director, Professional Regulation</b>	<b>29 March 2023 / 17 May 2023</b>	Our Regulatory Intelligence Unit met with managers from across the FtP process. We concluded that cases were not necessarily more complex or serious. For some cases there are many case parties involved and/or lots of documentation to review and administer. Another factor is that delays have made cases more difficult to resolve. Our work to reduce our caseload swiftly and safely and make improvements will address these points.
<b>NMC/23/08</b>	<p><b>Education: Future Programme Standards for Nursing and Midwifery</b></p> <p>A timeline for the further work to explore research into delivering nursing programmes in fewer practice learning hours would be provided to the Council once the incoming Executive Director, Professional Practice was established in her role.</p>	<b>Executive Director, Professional Practice</b>	<b>5 July 2023</b>	Not yet due.

## Summary of outstanding action arising from the Council meeting on 23 November 2022

Minute	Action	Action owner	Report back date	Progress to date
<b>NMC/22/104</b>	<p><b>Audit Committee Report</b></p> <p>Report to the Audit Committee on work to enhance the approach to risk management.</p>	<p><b>Executive Director, Resources and Technology Services</b></p>	<p><b>17 May 2023</b></p> <p>(26 April 2023 to Audit Committee)</p>	<p>The Audit Committee considered the Annual Review of Risk Management Effectiveness at its meeting on 26 April 2023. The review sets out seven actions recommended by our internal auditor, RSM, to increase our risk maturity through better practice rather than to resolve compliance issues as we have reasonable assurance of risk management processes. A summary of the Committee's discussion is captured in the Committee's Report to the Council.</p>

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## Council

### Executive Report

**Action:** For discussion.

**Issue:** The Council is invited to consider the Executive's report on key developments during 2022–2023, up to May 2023.

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

**Strategic priority:** All priorities for period 2022-2023.

**Decision required:** None.

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

- Annexe 1: Performance against our Corporate Plan for 2022–2023
- Annexe 2: Corporate Risk Exposure Report

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

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- Context:**
- 1 This paper is produced by the Executive and provides an update on key developments since the last meeting of the Council on 29 March 2023.
  - 2 The report consists of three sections:
    - 2.1 Highlights from the external environment and our strategic engagement work up to May 2023.
    - 2.2 Our performance report providing status updates against our corporate plan and budget for quarter 4 2022–2023 up to 31 March 2023 (**Annexe 1**).
    - 2.3 Our corporate risk position up to 31 April 2023 (**Annexe 2**).
  - 3 There is a separate report on the Fitness to Practise (FtP) Caseload on the agenda.

- Four country factors:**
- 4 The issues discussed apply across all four UK countries unless highlighted.

**Discussion: Quality assurance of education**

- 5 On 2 May 2023, we met with senior representatives of Canterbury Christ Church University to inform them of our final decision to withdraw approval for its midwifery degree programme.
- 6 Our concerns were that the University, in partnership with the NHS trusts that provide placements for its students, was not equipping midwifery students to meet our standards. That means we were concerned that students may graduate without being able to deliver safe midwifery care to women, babies and families.
- 7 Our Executive Director and Assistant Director of Professional Practice joined the University to inform students of our decision on 3 May 2023.
- 8 Our full attention now turns to working with the University and NHS England on plans to support the affected students to continue their education at another institution.
- 9 We have updated other stakeholders, including local members of parliament, of our decision; and we will provide a verbal update at the Council meeting.

**Computer-based testing (CBT)**

- 10 Our CBT provider, Pearson VUE, has alerted us to anomalous data at one of its third-party CBT centres (Yunnik Technologies Ltd) in Ibadan, Nigeria, and stopped testing at this centre immediately.

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- 11 A total of 512 people on our register (around five percent of all the professionals on our register who qualified in Nigeria) took their CBT at this test centre. We have written to them to set out what has happened, and to tell them we are opening cases to determine whether or not they gained fraudulent or incorrect entry to the register.
- 12 1,458 people are currently at different stages of the application process but are not yet on the register and cannot practise as a nurse or midwife. We have paused their applications and we are writing to these applicants to ask them to retake the test, and to request more information to make a final decision about their application.
- 13 Our paramount concern is to maintain the integrity of the register to protect the public. At the same time, it is critical we approach any investigations about individuals objectively and transparently, avoiding any unfair discrimination.
- 14 We are aware that nurses and midwives from overseas and black nurses and midwives often face racism, discrimination, and prejudice in their workplace and in society. While this issue affects a very small number of nurses and midwives on our register, we are concerned that many more may be affected by the way their colleagues and the public may react to this news. We are engaging with health and care services, employers, trade unions, the Nigerian Nurses Charitable Association and other groups and networks to ensure people get the support they need.

**Industrial action**

- 15 [Our statement on industrial action](#) confirms that the professionals on our register have the right to take lawful industrial action while maintaining the standards and behaviours set out in our Code of Conduct that the public have a right to expect. This position remains central to our regular conversations with Government, Chief Nursing and Midwifery Officers, trade union leaders and employers.
- 16 In Scotland, all the main trade unions with NMC-registered members have now reached an agreement with Government to settle the industrial dispute. In the other UK countries, industrial action is either planned or remains a possibility in future.

**Workforce pressures**

- 17 Our annual registration data report will be published later this month alongside a summary of our leavers' survey. Our registration data offers unique insights into the professions.

This helps us to use our voice to influence workforce policy and the creation of safe, inclusive environments that enable nursing and midwifery professionals to deliver the safe, kind and effective care that everyone has the right to expect.

### **Covid-19 Emergency Temporary Register**

- 18 Since the 21 March 2023, the number of professionals on the temporary register fell from 2,030 to 1,963 by the end of April 2023. 1,820 (91.4 percent) were nurses, 137 (6.9 percent) were midwives and 35 (1.8 percent) were dual registered nurse/midwives.
- 19 We plan to publish our Year End Data Publication by the end of May 2023, which will include further details on the demographics of our temporary and permanent registers.

### **Regulatory reform**

- 20 We will respond to the Department of Health and Social Care's (DHSC) consultation *Regulating anaesthesia associates and physician associates* before it closes on 16 May 2023. The draft legislation the DHSC is consulting on will form the template for future legislation, including that of the NMC.
- 21 Our response will draw on insight gathered from conversations we have had with our partners and Council. We will share our response, explaining how our proposed changes to the legislation can benefit the public and communities, with stakeholders and via a blog. We will also provide a verbal update at the Council meeting.
- 22 We are speaking to partners across health and social care to understand how regulatory reform could bring greater clarity for people using our register to check what professionals are currently able to do, and the impact of changes on the wider workforce.

### **Maternity safety and midwifery regulation**

- 23 The Midwifery Panel gives us the advice we need to be able to make fully informed decisions that affect the care of women, babies and families across the UK. In line with our updated membership policy in 2021, we have extended membership terms from 31 March 2023 to the end of April 2025, meaning we maintain a consistent membership for an additional 2 years.
- 24 We are also updating the NMC's membership policy to reflect our new members, whose diverse lived experiences inform the Panel's work and the guidance it provides.

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- 25 We have mapped our midwifery [standards](#) against the Ockenden report: [Review of maternity services at the Shrewsbury and Telford Hospital NHS Trust](#) and the Kirkup report: [Reading the signals: maternity and neonatal services in East Kent](#), to ensure they are enabling midwives to deliver the levels of care women have the right to expect. Cross-checking shows our evidence-based, co-designed standards are robust and reflect the desired outcomes for those involved in maternity care.
- 26 We have met with the DHSC and NHS England to discuss the recommendations from East Kent and how we can work together to address them to benefit women, babies and families across the whole UK.
- 27 On 18 April 2023, the House of Commons' Women and Equalities Select Committee published a report into Black maternal health. The report calls for faster progress in tackling higher death rates for Black women and women from poorer areas. The report contains a recommendation for the NMC and our partners to ensure that both the training and continued professional development requirements for all maternity staff include learning on maternal health disparities. We highlighted our blog from 2022 which outlined our shared responsibility to tackle health inequalities and the supportive role of our standards. We are writing to the Committee to follow up with its members.

### Advanced practice

- 28 As part of our review to consider whether additional regulation of advanced practice nursing and midwifery is required, we have published the results from our initial independent research. Please refer to agenda item 8 for the results from our research, upon which Council will decide next steps later this year.

### Standards implementation

- 29 Our standards implementation work is designed to proactively support the professionals on our register to deliver the best possible care, by highlighting particular areas of our standards.
- 30 Later this month we will launch a new animation, *What to expect from your Nursing Associate*. This will complement our existing nursing and midwifery animations and will help people to better understand the role and what to expect from those professionals.
- 31 We will shortly launch some work to showcase the importance of good leadership in the delivery of quality care and how our standards help leaders at all levels to achieve this. It aims to inspire and support professionals to work together to deliver the best possible care for the public.

32 On 25 April 2023, we published our new pre-registration education programme standards in English and Welsh, following the changes Council agreed in January 2023. We also published supporting information for education institutions to use to help them implement the changes. The changes will widen access to nursing and midwifery courses, attracting students from more diverse backgrounds and so better reflect the UK population. This, along with the new midwifery standard to ensure students gain experience with a range of maternity providers and teams, will also support efforts to address discrimination that leads to worse health outcomes for people and communities.

### **International registration**

33 We have continued to implement the changes to our English language requirements, which support the effective communication and relationship between overseas-trained professionals who work in the UK and those in their care. To ensure employers are confident in how to provide supporting evidence for applicants within our new system, we have provided additional support. This includes a new FAQs webpage, an employer webinar on 20 April 2023 and a presentation at a Health Education England (HEE) English Language conference on 15 March 2023.

34 One of the key changes we made to our English language requirements in February 2023 was to allow applicants who trained in English, but in a country where English is not a majority spoken language, to provide supporting information from their employer. As of 3 May 2023, we have sent out 404 forms to collect this employer information and accepted 146 applications using this route.

35 We have seen very high interest in our email updates and high levels of engagement via social media. The twitter thread was our top performing post for the month of February 2023, and the sentiment of comments was mostly positive.

36 We created an English language hub to facilitate applicants accessing information on the changes, and between 1 January 2023 and 27 April 2023 we had 107,000 unique views on our English language requirements website pages.

37 Our new online test combining calculator allows applicants to check whether their scores meet our requirements before they begin their application. We experienced a rapid uptake on the launch of the calculator, and it continues to be widely used with over 9,000 unique page views up to 27 April 2023.

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- 38 We are reviewing the latest draft legislation for the European Free Trade Association (EFTA)-UK trade deal to be implemented at the end of this year, which determines whether we will continue to automatically recognise applicants with EFTA qualifications. At the end of April 2023, we submitted detailed feedback to the Department of Business and Trade. This focused on the requirement (rather than encouragement) to identify and assess gaps in qualifications, the assumption that qualifications will be comparable (rather than our current approach of requesting evidence to demonstrate comparability) and unexpected new provisions on English language testing.
- 39 DHSC has confirmed that the standstill regulations relating to the automatic recognition of specific EU qualifications will remain in place. This means that the majority of EU applicants to the register will continue to be recognised as they are now for the foreseeable future.
- 40 The Employer Link Service (ELS) has developed a half day workshop, *Welcome to the UK Workforce*, for internationally educated nurses, midwives and nursing associates who have recently come to practise in the UK. This workshop was created in response to insight that internationally trained nurses needed additional support to adapt to working in the UK – facing challenges which if not resolved, can impact their desire to remain in the UK and the quality of care they provide.
- 41 ELS colleagues have delivered seven face-to-face workshops for NHS employers to date (since November 2022) and the feedback has been overwhelmingly positive. Attendees also welcome the opportunity to engage with the NMC at this early stage in their UK-based careers.
- 42 Next steps are four more face-to-face workshops in May 2023 and to pilot an online session, which will allow us to reach and support more nursing and midwifery professionals in understanding what it means to provide safe and effective care in the UK.
- 43 We submitted our response to the Welsh Commissioner’s consultation on Welsh language standards on 15 March 2023, which will increase the accessibility of our resources. Our [covering letter](#) outlined the two standards where we are seeking a variance to the requirements to make implementation more proportionate and reasonable. We anticipate receiving our final compliance notice in May 2023 and will have until November 2023 to fully implement the changes. We are working with other regulators to share good practice.

**Hearing the public voice and adopting a person-centred approach**

- 44 The Public Voice Forum will meet on 24 May 2023.

The agenda includes seeking views to inform the development of our 2025-2030 strategy, which outlines our future ambitions for how we want to regulate, support and influence the sector. We will be exploring members' expectation and experience of nursing and midwifery care, and their experience of the Code and standards in practice.

- 45 The Forum will also hear about new ways of working within the NMC's fitness to practise (FtP) screening and investigations processes, to improve the experience for the public. Members' feedback will inform the development of the hub by understanding what an improved service could look like.

### **Supporting our professions, influencing the sector**

- 46 We celebrated International Day of the Midwife (5 May 2023) and International Nurses Day (12 May 2023). We shared a video from the Chief Executive and Registrar, along with impactful accounts from professionals and senior figures to show appreciation for the professions. We are also publishing a video from a Public Voice Forum member to share his first-hand experience of care, bringing to life the huge impact professionals have on people and their wellbeing.
- 47 On 20 April 2023, we published our corporate plan, following Council approval at the last meeting. This sets out our goals for the next two years, with the top priority being to reduce the fitness to practise caseload safely, quickly and fairly. It highlights how each commitment will benefit people who receive care and the professionals on our register.
- 48 We have engaged with partners and stakeholders across the four nations:
- 48.1 In Wales, we met with Sue Tranka, Chief Nursing Officer for Wales; Gill Knight, Nursing Officer for Wales and the Executive Directors of Nursing for Wales.
- 48.2 In Scotland, we met with Ann Gow, Deputy Chief Executive and Director of Nursing, Midwifery and Allied Health Professionals at Healthcare Improvement Scotland and Donna O'Boyle, Professional Regulatory Advisor for Scottish Government.
- 48.3 In Northern Ireland, we attended the Chief Nursing Officer Northern Ireland annual conference and visited local maternity services with Dale Spence, Midwifery Officer for Northern Ireland, to celebrate International Day of the Midwife.

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- 49 We celebrated the achievements of:
- 49.1 Dr Jacqui Williams, Senior Midwifery Education Adviser at the NMC, who was awarded the Royal College of Midwives Fellowship.
  - 49.2 NMC Council member Margaret McGuire, who was awarded an Honorary OBE.
  - 49.3 Chief Midwifery Officer for England, Professor Jacqueline Dunkley-Bent OBE, taking a new position as the first Chief Midwife for the International Confederation of Midwives.
  - 49.4 Ed Hughes' announcement as the next Chief Executive of the Council of Deans of Health.

**Midwifery implications:**

- 50 Midwifery updates are covered in the body of the report.
- 51 Midwifery is considered within our corporate plan and through core business discussions when setting standards, reviewing education programmes, adding, or removing midwives from the register, when considering Fitness to Practise concerns related to midwifery, and monitoring the wider sector.
- 52 We discuss maternity safety within our monthly monitoring of corporate risk exposure for corporate risk 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).
- 53 We have identified maternity safety as a risk factor within the Corporate Risk Register and continue to monitor this and act as appropriate. We monitor the quality of midwifery pre-registration education through our regulatory processes to help support and influence maternity safety.

**Public protection implications:**

- 54 Public protection is a key driver of the risks identified within our corporate risk register. Risks being well managed is inherent to ensuring effective public protection.

**Resource implications:**

- 55 None in addition to those within our corporate budget.

**Equality diversity and inclusion implications:**

- 56 We have a legal obligation to comply with the public sector equality duty across everything that we do and equivalent legislation in Northern Ireland.

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- 57 We are integrating equality, diversity and inclusion (EDI) into everything that we do to make our processes fair for everyone. This includes improving our guidance, decision-making tools, training and induction, and our engagement and communications to make a significant difference to drive out discrimination and promote inclusion.
- 58 We have a specific commitment within our corporate plan to support our ambitions to be fair and promote inclusion.
- 59 We continue to monitor risk exposure from discrimination and unfairness across our corporate risk register. We have integrated EDI into our regular performance monitoring as part of corporate commitment 9.

**Stakeholder engagement:**

60 Discussed within this paper.

**Risk implications:**

61 Risk implications are dealt with in the paper.

**Regulatory reform:**

62 See paragraph 21-23.

63 We regularly discuss the potential risk exposure from Regulatory Reform as part of corporate risk STR20/02 (*Risk that we fail to deliver our strategic ambitions for 2020-2025*), and through detailed discussions with the Council and Executive Board.

64 We monitor the Regulatory Reform programme through monthly reporting to the Change Board and within our quarterly corporate performance monitoring to the Council.

**Legal implications:**

65 No legal implications arising from this paper.

## Year end performance against our corporate plan for 2022-2023

### Section 1 Executive Summary

- 1 This executive summary provides an overview of areas that the Executive would like to highlight to the Council from our year end performance results and risk exposure report for 2022-2023.

#### Progress against our 22 corporate commitments

- 2 Our current corporate plan and budget sets out 22 corporate commitments (CC) that we will deliver between 2022-2025. Each CC is underpinned by a set of milestones for the year, which we track to make our traffic light assessments.
- 3 Overview of traffic lights:
  - 3.1. Eight commitments were rated as green as they met the agreed milestones. Of these, CC1 (deliver a new set of post registration standards) was completed and the commitment was closed.
  - 3.2. One commitment ended the year rated as red; CC7 (reduce the fitness to practise caseload safely and swiftly). This is because we did not hit our target, but it is important to note that we have made significant progress in the latter half of 2022-2023 and will continue making progress in the year ahead.
  - 3.3. 11 commitments were rated as amber. The reason for the amber ratings was either because we only partially delivered our intended milestones and work will continue in 2023-2024, or to reflect that significant uncertainties exist that we are actively managing.
  - 3.4. One commitment was not active during 2022-2023; CC6 (evaluate protected learning time for nursing associates). As agreed with the Council in March, this commitment has been removed for 2023-2025. This commitment has been re-scoped considering the impact of the pandemic on nursing associate programmes. We will monitor protected learning time through our core regulatory processes and report our findings to the Council as part of our Quality Assurance Annual Report. We will use our findings to inform any further review or evaluation that may be required in the future.
  - 3.5. One commitment was paused until 2024; CC18 (improve the way we are structured to deliver our strategy). Although we completed exploratory work, we will revisit this work in preparation for our next strategy.
- 4 We added our work to implement Welsh Standards to our work plan last year. The project ended the year as amber to reflect that uncertainties about next steps exist until we receive our final compliance notice in May.

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5 Our overall assessment continues to be that despite some delays and uncertainties amongst our commitments; we will continue to deliver the desired outcomes. We keep our plans under continuous review to ensure that they remain robust, prioritised and achievable.

6 At section 2 (below) we have provided more information about the progress of each commitment.

## Financial Management

7 Our overall financial position remains strong with good levels of free reserves at £44 million, and with cash and investments totaling over £105 million at the end of March.

8 Detailed financial information and commentary is at section 4 below. Specific key points to note:

8.1. At 31 March, our long-term stock market investment portfolio shows an unrealised loss of £2 million in this financial year compared to the position at the end of March 2022. Short term volatility was always expected when we took the decision to make the investments and we remain confident that our investments remain well managed, with good prospects of growth in the long term as well as currently generating some £1 million a year in dividend income.

8.2. Although our current level of free reserves, at £44 million, is above the upper end of the target range for free reserves of £25 million set by Council in March 2022, it is required to fund our plans for significant capital investment over the next two to three years. We are expecting to invest some £15 million in technology in ways that will improve the speed and level of service to registrants and the public in our core regulatory functions, including fitness to practise and registrations and some £25 million in refurbishing and modernising our older accommodation. As well as improving our service levels, both investments will also enable significant long-term operational savings to be made and enable us to provide better service and support to all our stakeholders.

8.3. Our income is very stable and despite the high inflation we were able to keep the registration fee at £120. However, going forwards, higher inflation will put a significant strain on our income, and so having high levels of reserves will help us to protect ourselves from the effects of rising inflation in future. We have already made some financial efficiencies (e.g. reducing our accommodation footprint) but achieving positive return on our investments through strong project disciplines is key.

8.4. Our net position before unrealised movements in our stock market investments is surplus on budget by £2.1 million in relation to a significant deficit budget. Although a favorable position is partly driven by higher-than-expected income, it is also impacted by underspend on our core business activities. Staff cost is our main cost driver as well as a main determinant of

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below budgeted spend in 2022-23. We have struggled to retain staff and recruit into vacant roles across the organisation, especially to specialist roles in IT and Business Change due to labour market volatility and competition.

8.5. We have several capital programmes, one of which (Accommodation programme) has been rescheduled into the future financial year with main works commencing the year after. Despite clarity around delivery timeline, uncertainty around total cost (due to supply market) of the programme remains.

### Progress against corporate Key Performance Indicators (KPIs)

9 We have provided relevant exception comments alongside our KPI tables below. All areas where we have not hit our target have been discussed in detail by the Executive and with the Council during the year.

10 A summary of our highlights:

11 **Fitness to Practise (FtP)**: A detailed discussion of our FtP improvement work is an agenda item. We end the year with an overall caseload of 5,577 cases; a reduction of 13.8 percent (892 cases) compared to March 2022. Although we did not meet our target of 5,000 cases by March 2023, we have made significant progress since September 2022, due to targeted initiatives predominantly at Screening. Reducing our FtP caseload safely and swiftly remains our top priority and greatest area of corporate risk (risk REG18/02).

12 In March, when considering the corporate plan for 2023-2025 the Council expressed concern about setting a KPI target for 2023-2024 that we do not expect to meet. This KPI measures the length of time it takes to process FtP concerns (80 percent of cases processed within 15 months). We will continue to monitor our timeliness but will enhance the KPI reporting to the Council from Q1 to show the expected trajectory of caseload reduction by stage, along with the proportion of cases within timeliness expectations, and the number of cases that are subject to third party delays. The intention is to provide greater assurance about our progress towards improving timeliness of processing over the next financial year.

13 Our full year (FY) average for imposing interim orders within 28 days of opening a case was 66.4 percent against a target of 80 percent. This remained below target for eleven out of twelve months of the year. Targeted action to address underperformance started during Q4 and we have begun to see improvements which will continue into 2023-2024. We have reviewed all cases where the KPI was not met to understand whether imposing an interim order after 28 days of opening a case led to a negative public protection outcome. We are assured in all cases that it did not.

14 **NMC workforce**: we end the year with our KPIs in a more positive position. Turnover has started to reduce, our permanent workforce has increased, and the proportion of temporary colleagues as part of our overall headcount has reduced.

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- 15 We were significantly behind profile for full time equivalent (FTE) colleagues for the entire year which meant that there were capacity pressures in several areas. This led to some of the underspends which we saw within our budget.
- 16 Areas of concern included ensuring that we can increase capacity within FtP and recruiting specialists in fields such as technology and people services. We took dedicated action to improve recruitment within FtP, launched a new resourcing policy, and appointed new service providers to support us recruit to harder to fill roles. Our new recruitment and selection process is operational, reducing the potential for bias.
- 17 Turnover was above our desired target for 9 months of the year. After peaking at 13.7 percent in October, turnover rates have fallen over the past five months to 12.8 percent (target: 12.5 percent). Following benchmarking we have set our target for 2023-2024 as a range between 10-15 percent, a healthy range for an organisation with 1000+ colleagues.
- 18 Our overall permanent workforce has begun to increase. More permanent colleagues joined the NMC than left (154 joiners compared to 127 leavers). Overall, 326 people joined the NMC between April 2022 and March 2023, and this was a mix of permanent colleagues, fixed term colleagues, agency staff and contractors.
- 19 **Customer contact through our Contact Centre:** our call handling was above our target for the entire year with a FY average of 94.9 percent of calls answered. We answered 178,345 calls last year, which was slightly less than the previous year (12,978 calls / 7.4 percent lower than 2021-22). The volume of emails handled also reduced by 6.4 percent compared to last year (53,814 emails, which is 3,676 lower than last year).
- 20 **Customer satisfaction:** our FY average customer satisfaction was above target at 87.7 percent (target: 85 percent). We collected feedback from over 6300 people; and we increased the number of people sampled last year (a total of 6,397 surveys compared to 3,444 in 2021-22, an 85.7 percent increase).
- 21 **Resolving customer complaints within 20 days:** The overall number of complaints reduced by 23.7 percent during 2022-2023 compared to the previous year (a total of 1,280 complaints compared to 1,677 in 2021-22). The year-to-date average for handling complaints within 20 working days was broadly on target with an average of 91 percent, however we experienced dips during four months of the year due to resource pressures in the Customer Complaints and Enquiries team and delays when working with local teams within the business. We have since worked to mitigate these pressures and have adopted a different approach to working with local teams to resolve complaints. We now hold case conferences to resolve more complex complaints, which has improved the flow of information from the operational teams
- 22 **MP enquiries responded to within 20 days:** since April, we have received 45 MP enquiries, of which 33 (73 percent) were responded to within 20 days. We missed our target of 90 percent for eight months out of twelve. For those that fell outside of the 20 days (12 enquires), the average response time was 29 days. For those

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within 20 days (33 enquires) our average response time was 14 days. The full year average response time for all MP enquires (45 enquires) both within and outside of 20 days was 18 days.

23 We have previously discussed with Council the primary reasons for this, which are low volumes disproportionately affecting the headline percentage (for example, we responded to one enquiry out of four in January), MP enquiries tending to be more complex, and resourcing pressures within the team. We communicate with stakeholders throughout the process to manage expectations about when an enquiry will be complete. We continue to take action to improve how we respond to these enquires to improve timeliness and the quality of the response.

24 **Information requests:** Overall, we have seen a significant increase in the number of information requests; a 30 percent increase compared to the previous year (1,735 requests compared to 1,523 the previous year). Many requests relate to subject access requests (SARs), and we saw a 31 percent increase in these types of requests alone (350 SARs in 2022-23 compared to 268 the previous year). SARs are generally more time consuming and often relate to FtP cases. If this trend continues into 2023-2024 this could impact our resources; we continue to keep this under close review and will move resources across the team as appropriate.

### Corporate risk exposure

25 At **annexe 2** we have provided a new style corporate risk exposure report. This aims to be shorter, less repetitive, and more focused on key highlights and exception reporting. We continue to maintain a full risk register alongside this.

26 Two corporate risks are rated as red; REG18/02 (address regulatory concerns about professionals on our register) and COM18/02 (we do not act in a legal manner or meet our public obligations) to reflect our ongoing concerns regarding reducing the FtP caseload swiftly and safely and some sensitive legal issues that we are currently managing. We are taking action in both of these areas.

27 Our remaining risks are rated as either amber or green. We are progressing specific mitigations in key areas; many have already been discussed within this report (such as around our People) or are detailed within our exposure report at **annexe 2**.

28 We continue to manage uncertainties within specific initiatives or core business which are mitigated appropriately by operational teams.

29 **The Council are invited to reflect on our current risk exposure and the new style of risk exposure report.**

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## Section 2. Progress against our corporate commitments for 2022–2023

### Progress against our corporate commitments

<b>Commitment 1:</b> Deliver a new set of ambitious post-registration standards focusing on community nursing practice.	<b>Green</b>
<p><b>What we committed to deliver:</b> Finish work to deliver an ambitious new set of post-registration standards focusing on community and public health nursing in the UK (May 2022). (Status: Complete)</p>	
<p><b>What we delivered during 2022-2023:</b> Following Council approval in May, we published our new post-registration standards for specialist community public health nursing (SCPHN), and specialist community nursing qualifications (SPQ), and the programme standards which specify how courses leading to these qualifications should be delivered.</p> <p>Our new standards set out the necessary knowledge and skills nurses and midwives need to provide specialist care and support for people, and the wider community. They enshrine what professionals will need to know and be able to do to provide the highest standard of modern specialist community, and public health nursing practice, within a health and care landscape that is constantly evolving.</p> <p>We are supporting the implementation of the standards through webinars for both the SCPHN and community nursing SPQ standards (available on our website), together with the presentation and FAQs based on themes emerging from enquiries. We have also supported quality assurance (QA) training for those undertaking QA visits.</p>	
<b>Commitment 2:</b> Provide greater flexibility in nursing and midwifery pre-registration education and training by launching new standards for pre-registration education in the UK.	<b>Green</b>
<p><b>What we committed to deliver:</b> Complete a programme of work to review the programme standards for pre-registration education (by February 2023). (Status: Complete)</p>	
<p><b>What we delivered during 2022-2023:</b> In January 2023 the Council took the decision to modernise our education programme standards following research and a public consultation. They approved changes to pre-registration education programme standards that will give educators the flexibility to deliver courses at the cutting edge of nursing and midwifery education.</p> <p>We are implementing the changes with approved education institutions (AEIs) where approval is required. We have delivered three webinars and two familiarisation sessions; and supporting information is now ready for publication alongside the publication of the standards.</p> <p>Research and feedback showed that some stakeholders want us to take this work further. We're considering more changes to our nursing programme standards, particularly around the number of practice learning hours. We will decide on the next steps during 2023-2024.</p>	

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<b>Commitment 3: Review regulation of advanced practice.</b>	<b>Amber</b>
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**What we committed to deliver:** Begin the project to explore whether the regulation of advanced nurse practice is needed, by initiating and completing a review of evidence to inform the scope of our future work in this area (by March 2023). (Status: off track – work will continue into 2023-2024)

**What we delivered during 2022-2023:** To inform whether we regulate advance nursing and midwifery practice, we commissioned two independent evidence reviews.

- The Nuffield Trust have undertaken an international literature review to understand the UK landscape, they reviewed UK Advanced practice job descriptions, and engaged with key stakeholders across the UK.
- Britain Thinks have undertaken focus groups and in-depth telephone interviews with professionals across the UK in advanced practice roles to understand the education and preparation for their role, and what responsibilities their role entails.

We have received draft outcome reports and have completed early engagement with the Public Health Forum about their understanding of advanced practice roles, and their experiences of care from advanced practice professionals (either for themselves or family members).

The final outcome report will be considered with the Council in Q1 and will inform our direction of travel for this work moving forward.

Our amber rating reflects that although the independent review is complete, we have considered additional lines of enquiry to support the development of options that will be presented to the Council. We will ask Council to make a formal decision on our proposed approach and next steps at the meeting in September 2023.

<b>Commitment 4: Review revalidation requirements for nursing and midwifery professionals.</b>	<b>Green</b>
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**What we committed to deliver:** Engage with professionals on our register to communicate how revalidation should link to our standards of nursing and midwifery proficiency (throughout strategy). Strengthening current communications about revalidation requirements. (Status: Complete)

**What we delivered during 2022-2023:** No specific review work was planned in 2022-2023. We wanted to remind professionals on our register to consider our standards as well as the Code when they revalidated. An email was sent to all professionals on our register in November 2022 that reminded them about using the updated standards of proficiency in revalidation.

<p><b>Commitment 5:</b> Implement a new data-driven and proportionate approach to education quality assurance (QA) which enables us to have a more holistic oversight of institutions and their programmes to make appropriate interventions.</p>	<p><b>Amber</b></p>
<p><b>What we committed to deliver:</b> Implement a new data-driven approach to quality assurance (QA), strengthening the ways we capture, and record, and analyse data on our approved education institutions (AEIs) and approved programmes (by June 2023). (Status: some elements delayed during the year and rescheduled for 2023-2024)</p>	
<p><b>What we delivered during 2022-2023:</b> Our project was delayed due to a requirement to undertake pre-work on our system 'QA Link' and resource issues. The pre-work has now been delivered and the previous data migration issues have been resolved. Work is now underway to develop the data driven approach which we expect to deliver by the end of 2023 which is later than expected. Work has been undertaken to analyse National Student Survey scores manually, and these have been used as part of the Annual Self-Reporting template for AEIs.</p>	
<p><b>Commitment 7:</b> Reduce our fitness to practise caseload and make improvements to how we regulate to ensure that we process cases in a timely, proportionate, and efficient way.</p>	<p><b>Red</b></p>
<p><b>What we committed to deliver:</b></p> <ul style="list-style-type: none"> <li>• Reduce the overall fitness to practise caseload to 5000 cases (by March 2023).</li> <li>• Halve the number of cases awaiting a first decision at Screening (from 3461 cases in February 2022) (by March 2023).</li> <li>• Achieve the reduction in our caseload by improving our productivity compared to our 2020-2021 (pre-pandemic) budget assumption (reductions by March 2023).</li> </ul>	
<p><b>What we delivered during 2022-2023:</b> We reduced our caseload from 6,469 cases at 31 March 2022 to 5,577 cases at the end of March 2023 (13.8 percent reduction). Whilst our caseload remains high, with people being impacted by delays, this is the first reduction in caseload for some years and we have established a downward trend that we are confident we will continue into 2023–2024.</p> <p>The reduction was mostly driven by changes implemented within Screening. In summer 2022 we increased our decision-making capacity within our Screening teams and our output levels increased. Other improvement activities have meant we were able to reduce the level of decision-making resource at Screening in January 2023; whilst maintaining high decision outputs. We reduced our Screening caseload from 3,469 cases at 31 March 2022 to 2,341 cases at the end of March 2023 (32.5 percent reduction).</p> <p>Recognising the lessons that we learned in the previous year about the best ways to reduce our caseload safely and swiftly, we reduced the number of change initiatives happening at the same time. We are running fewer change activities, focusing on activities we believe have a significant impact, and putting renewed focus on quality case management and better support for our casework teams to help them progress cases.</p> <p>For example, in Q4 we focused on the oldest cases and recruitment to fill vacancies. We also started to look at our overall casework approach and how we can optimise how we manage cases. We expect the combined effect of our various workstreams to continue to increase productivity and further reduce the caseload safely in 2023-2024.</p>	

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**Commitment 8:** Work with the Department of Health and Social Care to deliver a substantial programme of regulatory reform to remove legal barriers that limit improvements in the way we regulate.

Green

**What we committed to deliver:**

- Engage with stakeholders to shape our reform proposals throughout the consultation process (from October 2022)
- Consult on changes to our order and rules to underpin the reforms (moved to January 2024)
- Design new processes and systems to deliver the reforms

(Status: on track)

**What we delivered during 2022-2023:** We revised our programme planning assumptions in January 2023 because of delays to the Department of Health and Social Care (DHSC) legislative timetable.

In February we reached a major milestone when the DHSC published its response to the 2021 consultation *'Regulating healthcare professionals, protecting the public'*.

On 16 February 2023 (around 3 months later than planned) DHSC began a consultation draft legislation that will allow the General Medical Council (GMC) to regulate anaesthesia associates (AAs) and physicians associates (PAs). This legislation will provide a template for the future professional regulation for nurses, midwives, nursing associated and other healthcare professionals.

We are on track with our in-consultation engagement and response plan and have carried out the following actions:

- E mailed our main stakeholders explaining what the consultation means for us
- Used existing meetings to discuss our response with Chief Nursing Officers (CNOs) and rep bodies
- Engaged with programme board and reg reform task group on our draft response.
- Raised internal awareness by hosting a legal seminar, producing a series of blogs and hosting a lunch and learn
- Delivered a full round of 'road-testing' of our draft rules with operational colleagues. The next step will be to deliver rules ready for further engagement in Q1 2023-2024.
- Discussed with the Council our regulatory vision for fitness to practise, registrations and education.
- Colleagues within Professional Regulation directorate have delivered a first level process map for colleagues working on our technology improvements through our modernisation of technology services programme (see commitment 19).

Work to plan for and implement regulatory reform will continue over the next 2-3 years.

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**Commitment 9: Tackle discrimination and inequality and promote diversity and inclusion to make sure that our processes are fair to everyone.**

**Amber**

**What we committed to deliver:**

- Agree our equality, diversity, and inclusion action plan with the Council (by May 2022). (Status: Complete)
- Complete the second phase of ‘Ambitious for Change’ research to further understand and address any unfairness in our processes and design an action plan to tackle this (by December 2022). (Status: Complete)

**What we delivered during 2021-2022:** Our three year equality, diversity and inclusion (EDI) action plan was agreed by the Council in May and published in September 2022. We recognise our responsibility to address the causes of inequalities, and meaningfully integrate EDI across all our work and our action plan aims to ensure consistency and being able to better understand and meet people’s needs.

We published the second phase of our Ambitious for Change research in August 2022. The report outlined the findings from the second phase of our research into why some professionals have different experiences of our processes. We wanted to understand why these differences exist and the impact they have on the professionals on our register. We heard from professionals and employers about their experiences of our processes. We also completed deeper analysis of fitness to practise referrals from employers alongside workforce data. We have now developed a set of actions that we will take forward as part of our EDI plan during 2023-2025.

Work to determine best practice in diversity monitoring categories is ongoing, following a decision by the Executive Board to allow time for additional engagement so that any changes are informed by the external environment. We expect decisions on next steps by Q2. Work is being conducted to ensure diversity monitoring categories in our recruitment and selection processes (via our applicant tracker system) are aligned with wider NMC data. Other work includes our exit interviews for people leaving the organisation including specific EDI questions to strengthen our understanding in this area. Work has been taken forward to increase declaration rates of colleagues with specific characteristics.

Inclusive recruitment training has been developed through an iterative piloting process. The EDI team worked closely with those developing the new management development programme to ensure that EDI is embedded throughout.

Our amber forecast reflects that although we have started to deliver the EDI action plan, there is more to do to align the People Plan and EDI plan. Capacity in the EDI team is also an issue.

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<b>Commitment 10:</b> Design and launch pilot work to increase objective structured clinical examination (OSCE) testing capacity and improve access including option for alternate delivery models.	<b>Green</b>
<b>What we committed to deliver:</b> Facilitate the development of pilots to further improve access to the practical examination part of the test of competence (OSCE) (start from Q4).	
<b>What we delivered during 2022-2023:</b> We continue to work closely with the Department of Health and Social Care and key health and social care stakeholders across the UK nations, supporting employers and candidates preparing for the test of competence.  During 2022-2023 we reviewed our approach to further improve access to the practical examination part of the test of competence. We have refocused this commitment onto improving access and uptake of the test rather than delivering a new approach to the test itself. In 2023–2024 we will conduct feasibility work to explore our options to implement a centralised OSCE booking system covering our five test centers with the intention to improve access and uptake of available testing slots. We started the feasibility work during Q4 by tendering for a partner to help us explore our options.	
<b>Commitment 11:</b> Deliver policy and legislative change to enable new approaches to international registrations, including a review of English language guidance, to ensure that it is fair.	<b>Green</b>
<b>What we committed to deliver:</b>	
<ul style="list-style-type: none"> <li>• Complete our evidence review of our English language testing policy and present options to the Council for consultation (by May 2022).</li> <li>• Consult with professionals and stakeholders on options for changes to our English language testing policy (by July 2022).</li> <li>• The Council consider final proposals regarding English language testing policy in September and implementation begins by December 2022 (now by January).</li> </ul> <p>(<u>Status:</u> All 3 milestones complete/on track)</p>	
<b>What we delivered during 2022-2023:</b> In September, the Council approved important changes to our English Language requirements for overseas professionals joining our register. We believe that a high level of English language proficiency is critical for effective communication between professionals, and the safety of those they care for. However, some people marginally miss the test score needed to join our register despite demonstrating a high level of English proficiency in practice.  From January we implemented the agreed changes. Firstly, we have standardised the minimum scores that we accept when combining test scores across the two main tests and have extended the period that people can retake the test from six to 12 months. Secondly, there are certain circumstances where applicants will be able to provide supporting information from their employers as additional evidence of their English Language proficiency.  Further work will take place in 2023-2024 to implement the second phase of this work.	

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<b>Commitment 12: Close the Covid-19 emergency register and remove recovery education standards.</b>	<b>Green</b>
<p><b>What we committed to deliver:</b></p> <ul style="list-style-type: none"> <li>• Enable eligible people to move to the permanent register if they want to (until September).</li> <li>• Remove recovery education standards and close the emergency register (by end 2022).</li> </ul> <p>(<u>Status</u>: rescheduled for 2 years at request of DHSC)</p>	
<p><b>What we delivered during 2022-2023:</b> Following the Government’s request to keep the emergency register open for a further two years, we carefully considered changes to ensure the emergency register remains operating fairly and safely. On 15 February 2023 we wrote to all professionals on the temporary register about these changes.</p> <p>On 21 March 2023 we applied these changes and removed from the register 10,379 professionals who were not practicing or who were not progressing their application to join the register from outside of the UK. This meant 2,030 professionals remained on our temporary register as of that date.</p> <p>Our recovery standards were removed in the latter part of 2022.</p>	

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<b>Commitment 13:</b> Build trust in professional regulation through targeted campaigns to build an awareness of who we are, what we do, and what we stand for.	<b>Amber</b>
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<p><b>What we committed to deliver:</b></p> <ul style="list-style-type: none"> <li>• Build engagement with professionals on our register so that they have a broader understanding of our role as a supportive, approachable regulator (sustained communications and engagement throughout the year).</li> <li>• Develop targeted information to help the public better understand what we and our professionals do (targeted communications launched by March 23). (<u>Status</u>: now expected by June 2023)</li> <li>• Lay the foundations to build sustained relationships with nursing and midwifery students as future registrants (sustained communications launched September 2022) (<u>Status</u>: now expected in October 2023)</li> </ul>	<p>3.</p> <p>4.</p> <p>5.</p>
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<p><b>What we delivered during 2022-2023:</b> We rescheduled our campaigns to ensure that we did not add additional pressure to the sector when professionals were dealing with winter pressures. We continued to have targeted communications about key issues.</p> <p>We are producing three succinct campaigns in 2023-2024, aiming to support professionals to implement the standards and behaviours we have identified as most pressing to improve care: leadership, listening in maternity care and holistic nursing. The first two will happen in Q1.</p> <p>In conjuncture, we are also working on a bigger, public facing campaign on partnership in care. The focus will be on women in antenatal care and increasing their confidence in their relationship with their midwives. It will be closely aligned to the '<i>listening in maternity care</i>' communications to midwives, to help bring the two audiences together and tackle the issue from both perspectives. We anticipate this going live in June 2023.</p> <p>We are also in early stages of collaboration with the General Medical Council to develop a joined campaign on multidisciplinary working in maternity care.</p> <p>The student campaign is in early stages of development and will be given greater focus in the coming months. We have engaged with final year students to shape the content of our student webinars, which clarify our role as a regulator. We anticipate this going live end of September/October 2023.</p> <p>The original professional's campaign is now planned for Q4 in 2023-2024.</p>	<p>6.</p> <p>7.</p> <p>8.</p> <p>9.</p> <p>10.</p>
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**Commitment 14:** Expand our national and local outreach to embed regulation, support, and influence at local level (evolving our employer link service into a broader outreach and in-reach service).

**Amber**

**What we committed to deliver:**

1. Increase our advisor capacity to support national and local outreach (phased throughout the year).
2. Develop the link between the employer link service and social care, General Practice and the private and voluntary sectors (throughout the year).
3. Develop a consistent model of engagement with employers who have high or few registrant referrals (by March 2023).
4. Coordinate the development of a 'Welcome to the UK' programme for international nurses and midwives new to the NMC register (by March 2023).
5. Build on engagement with system partners across the four nations to foster a just culture response to thematic concerns and challenges (throughout the year).
6. Expand the delivery of the collaborative 'Maternity Matters' programme to maternity services in Wales, Northern Ireland, Scotland and across the England integrated care systems (by March 2023).

(Status: 1- 3 are delayed. 4-6 are on track).

**What we delivered during 2022-2023:** During the year we also rephased some of our planned recruitment to support expansion due to budget pressures. This slowed the pace of our overall work. We have also seen delays due to team resourcing challenges.

**Areas on track:**

- We have started piloting our 'Welcome to the UK' programme for international nurses and midwives new to the NMC register. Sessions have been very positively received by newly recruited international nurses and midwives.
- We have expanded the delivery of the collaborative 'Midwifery Matters' programme to maternity services in Wales, Northern Ireland, and Scotland. We continue our work within integrated care systems in England.
- Continued work to build on the engagement with the four nation system partners across the UK.

**Areas which were delayed due to resourcing challenges:**

- Increasing our advisor capacity to support national and local outreach. We slowed the pace of some recruitment to enable us to manage budget pressures. We also experienced some delays in recruitment during the year due to capacity pressures within the team. Some significant roles have since been filled, such as two Principle Regulation Advisors, and recruitment will be taken forward in 2023-24 in line with our business plan.
- Developing the link between the employer link service and social care, General Practice and the private and voluntary sectors. Due to capacity within the team, we slowed work in this area. We aim to continue this work in 2023-24 as capacity pressures are resolved, starting with extending our reach into social care.

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<p><b>Commitment 15:</b> Create a modern and accessible website that effectively portrays our values, delivers our core services, and enhances our communications and engagement.</p>	<p><b>Green</b></p>
<p><b>What we committed to deliver:</b></p> <ul style="list-style-type: none"> <li>• Launch our project to create a modern website including tendering for a delivery partner (by June 2022).</li> <li>• Undertake internal engagement and mapping business processes (by March 2023).</li> <li>• Start work with fitness to practise to review their website content and processes (from January 2023).</li> </ul> <p>(<u>Status</u>: overall on track despite some marginal slippage during the year)</p>	
<p><b>What we delivered during 2022-2023:</b> We are progressing well with phase 1 on our website discovery. Colleagues from across the NMC attended workshops to outline our user journeys and to identify challenges that diminish our audiences' experience. Their feedback has informed how we can support users to navigate our website and access the information they need more efficiently. During March 2023 we held one-to-one interviews with a number of different users including, registrants, members of the public, employers and students to get their views on early prototypes we've developed. Their views will help shape how we develop our designs going forward. There will be more opportunities to meet with users throughout the design and development process</p> <p>We are collaborating closely with fitness to practise colleagues to address various requests on the existing website that are crucial for managing the caseload in the short and medium term. For example, we're making improvements to the member of the public referral form to better support the public and limit the number of referrals that we cannot act upon. As we make progress on these improvements, we are also devoting significant thought to how we can incorporate and build upon them in the redesign of the new website.</p> <p>There has been some slippage in timelines, but we should complete all activities in phase 1 by mid-April and will be reporting to Change Board in May 2023.</p>	

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**Commitment 16:** Improve our insight and use it to enhance our regulatory impact and influence in the sector.

**Amber**

**What we committed to deliver:**

- Agree our data vision and plan to support insight (by June 2022). (Status: off track but progressing)
- Use our shared data platform with the General Medical Council (GMC) and Care Quality Commission (CQC) to better understand regulatory risks, continuing our focus on maternity services in the first instance (throughout the strategy). (Status: on track)
- Implement a consistent corporate approach to collecting data about employer settings (by December 2022). (Status: partially on track. Delays to implementation)
- Improve the quality of our EDI data (by December 2022). (Status: off track but progressing)

**What we delivered during 2022-2023:** Our amber rating represents delays across two areas.

**Data vision and plan:** The review of data related capability and maturity is nearing completion, having proved to be more involved than initially anticipated. Implementation of the resultant strategy and vision will commence in 2023-2024 with a draft of the vision and plan available in Q1.

**Shared data platform with the GMC and CQC:** Maternity indicators we developed with GMC and CQC have been shared with the National Clinical Director for Midwifery and Deputy Chief Midwifery Officer at NHS England (NHSE). Discussions are ongoing about how to integrate the indicators in the NHSE’s midwifery surveillance processes. A long-term vision on the future development of the shared data platform has been agreed and discussions are taking place about the next topic for collaborative analysis.

**Collecting data about employer settings:** We plan to start collecting coded data about settings as part of our revalidation process in Q2 or Q3. Discussions about integrating the new approach to data collection in other processes are ongoing.

**EDI Data Improvement Project:** Further work on external benchmarking and a literature review on impact of socioeconomic status is complete. Draft recommendations have been developed to inform targeted stakeholder engagement. Final recommendations will be submitted to the Executive Board in Q1 2023/24.

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**Commitment 17:** Deliver our People Plan that supports our colleagues to be engaged, retained, and supported to deliver our strategy.

**Amber**

**What we committed to deliver:**

- Implement our 'Future ways of working' project to establish and embed hybrid working as part of new ways of working across NMC, including relevant support for colleagues and leaders (throughout the year).
- Design and implement a detailed action plan to deliver our People Plan (by June 2022). (Status: first iteration in place. A review of the plan for 2023-2024 is underway)
- Pilot new approaches to supporting internal progression and continue to build on the success of our Rising Together programme (by March 2023).
- Establish the 'NMC deal' (our total reward package) on pay and benefits (agree by March 2023). (Status: on track)
- Improve manager induction processes as part of leadership and management to help support retention and so that managers have a clear understanding of our expectations for all managers at the NMC (by March 2023).
- Commission a blend of internal and external specialist support and a range of inclusive development programmes to continue to support the ongoing development and capability of all managers and leaders (by March 2023).
- Begin to create a culture of feedback by implementing feedback loops such as 180 and 360 feedback (by March 2023).

(Status: overall on track. Work on 180 and 360 feedback has been delayed)

**What we delivered during 2022-2023**

**People plan:** With a new senior leadership team (SLT) in place within our People and Culture team, we have begun reviewing our People Plan and aligning this with the EDI plan. Through engagement with colleagues and the Employee Forum, we will agree a fully resourced plan, performance metrics and revised people risk with the Executive Board and Remuneration Committee in May and June.

**Pay and reward work:** The team have engaged widely with colleagues, the Employee Forum and Unison and have had positive feedback overall on our pay and reward proposals to simplify our pay scales and how people can expect to progress. Pay changes will be implemented in May and backdated to 1 April.

**Mentoring:** Our Rising Together programme is progressing well, and the latest cohort will graduate in May. Each year the number of people involve in the programme has grown. As part of the People Plan review, we will be considering how we build on the success of the programme for the coming years.

**Building capabilities:** Our Management Essentials programme is being piloted with some good early feedback. We currently have around 75 people enrolled and further dates for May offering another 45 spaces. On the back of feedback from colleagues we are planning drop in sessions at the end of the process for people that miss sessions. Management Essentials is linked to the Ambitious Appraisals work which is on track to start later in the year.

Our amber rating reflects risks with delivery and new leadership taking time to bed in.

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<b>Commitment 18: Improve the way we are structured so that we can deliver our strategy.</b>	<b>Paused</b>
<p><b>What we committed to deliver:</b></p> <ul style="list-style-type: none"> <li>• Complete priority reviews in key areas (including change and continuous improvement, appeals, insight capability) to ensure we have the right people in the right place and are offering the right levels of support to the wider organisation (by March 2023).</li> <li>• Review the operating model for the organisation to reflect on whether we have the right structures and processes in place to take advantage of the opportunities offered by regulatory reform (by July 2022) and agree next steps for organisational design (by September 22).</li> </ul> <p>(Status: priority reviews and a review of the operating model for the organisation is complete)</p>	
<p><b>What we delivered during 2022-2023: Paused.</b></p> <p>A review of the operating model for the organization was completed during the first half of the year. Following prioritisation discussions as part of business planning for 2023-2025, further work on the design and implementation of a whole organisation target operating model has been paused to prioritise our resources onto other critical areas in 2023-24. We will review this work in 2024. In the meantime, we have developed a set of design principles to guide targeted structural changes (as required) and will return to a whole organisation target operating model from 2024.</p>	

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**Commitment 19:** Update digital systems that support how we regulate to improve the experience for customers and colleagues.

**Amber**

**What we committed to deliver:**

- Deliver phase 3 foundations. (Status: complete)
- Create an agreed business case with baselines, identified benefits, and plans for the next phase of the programme (by July 2022). (Status: complete)
- Begin delivering the next phase of the programme to move the Register from our legacy system (WISER) to Microsoft Dynamics (MSD), and explore and agree the new solution, for fitness to practise case management. (Status: on track)
- Upgrade our education quality assurance system (by December 2022). (Status: delayed but progressing)

**What we delivered during 2022-2023:** Our amber status reflects that despite the successful delivery described below, there are some significant risks due to the delay in Release 3 of the Wisser project which could impact the final release date in October 2023.

Our **Wisser decoupling** project successfully delivered two of the four planned releases to complete the move of the Register from Wisser to D365 by October 2023. The third release has been delayed by a month which poses some risk to meeting the final release date in October 2023. This risk is being actively managed by the team to minimise the likelihood of delay.

The first set of **change requests (CRs)** were released successfully on 27 January 2023. This set of CRs include English Language component 1 (EL1) and some small maintenance CRs. The change request process enables us to manage and prioritise change requests.

**Case management system for FtP:** We have explored potential prototypes to replace our case management system within FtP. A vision and goals for the replacement of the system have been agreed with senior management.

**Education QA project:** we have completed the data fixes and benefits have been seen with a notable reduction of time in the process. The overall project has been delayed during 2022-2023; it has been re-baselined and is expected to deliver during 2023-2024.

Chaucer (our MoTS external assurer) provided another health check progress report on the governance of the programme, which was overall positive with recommendations to strengthen the programme governance further.

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**Commitment 20:** Deliver contemporary IT through our technology improvement programme and core business to improve our efficiency.

**Amber**

**What we committed to deliver:**

- Introduce digital tools and systems to make it easier for NMC colleagues to do their jobs well and increase their productivity by delivering new personal hardware and collaboration tools such as Microsoft Teams (MS Teams) (by quarter 2). (Status: largely complete)
- Migrate current NMC systems to cloud-based hosting to 'future proof' them (by quarter 3). (Status: delayed – moves into 2023-2024)
- Develop a three-year roadmap for IT that outlines the plan to further support the corporate strategy through digital, data and technology and the evolution of our IT capability to enable this (by quarter 3). (Status: delayed – moves into 2023-2024)

**What we delivered during 2022-2023:** Our Amber status represents significant delays with our data centre migration to Azure and delays to the IT Strategy.

**Introduce digital tools and systems to make it easier for NMC colleagues:** The project is largely completed; the remaining item is the rollout of team spaces within MS Teams which is due in April 2023. Following the roll out of new laptops and MS Teams to all colleagues at the start of the year, there have been some challenges with the interface between other systems that have required a workaround. A new solution is due in June 2023 to make this smoother.

**SD-WAN migration:** complete. All NMC office locations have now moved to SD-WAN, which provide a modern method of data connection from office locations.

**Data centre migration to cloud based hosting (Azure):** delayed into Q2 2023-2024. Following a meeting with the supplier in January to address delivery concerns, we have seen some progress made. A review of entire IT estate has identified opportunities for early wins to reduce the number of servers we use. A revised project plan has been re-baselined and we moved the completion date into Q2 2023-2024.

**Three-year IT Roadmap:** delayed to Q1 2023/24 due to competing commitments. Work continues data strategy element of IT strategy.

A final Cyber Security report was delivered in December with a proposed roadmap. The roadmap will take 24-36 months to deliver in its entirety and elements of the plan may be subject to future business cases in future financial years. Implementation of 'quicker wins' started in Q4.


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<b>Commitment 21: Create modern workspaces that support wellbeing and collaboration</b>	<b>Amber</b>
<p><b>What we committed to deliver:</b> Undertake the initial feasibility, design and planning phase for the next stage of refurbishment of our London office at 23 Portland Place (23 PP) with design approvals by year end (Q4).</p>	
<p><b>What we delivered during 2022-2023:</b> Our amber status for Q4 reflects the delays that have previously occurred in this project, due to Covid-19 and the opening of our new hearing and office space in Edinburgh. These delays have previously been reported to Council and we have repositioned the programme with new milestone dates for 2023-2024.</p> <p>Working closely with our Procurement colleagues we have awarded the construction project manager role for the 23PP refurb project. We are completing the tender process for the architectural role for the project and propose to award this in Q1 2023-2024.</p>	
<b>Commitment 22: Implement an NMC sustainability and environmental plan.</b>	<b>Amber</b>
<p><b>What we committed to deliver:</b> Publish the sustainability plan (Q2). (<u>Status:</u> delayed but progressing)</p>	
<p><b>What we delivered during 2022-2023:</b> Our amber status reflects the delays that have previously occurred in this project, due to competing priorities and internal resource constraints. These delays have previously been reported to Council.</p> <p><b>Sustainability Plan:</b> Our sustainability plan was discussed with Council during 2022-23 and we are implementing significant elements of it. This is reflected in the high sustainability ratings of most of our offices, in our planning for the refurbishment of our 23 Portland Place offices, in our investment policy which excludes investment in fossil fuel companies.</p> <p>We have also had initial discussions with the NHS sustainability team and other regulators of health professionals as a first step towards looking at how we might support professionals on our register with respect to sustainability.</p> <p><b>External expertise:</b> In March 2023 we appointed specialist external consultants (PSC) to help us baseline our carbon footprint and develop a detailed 'net zero' plan that will further improve our sustainability as an organisation. They are currently gathering data and scheduling interviews. We expect a draft sustainability plan will be available in Q1 of 2023-24.</p>	
<b>Implementation of Welsh Language Standards</b>	<b>Amber</b>
<p><b>What we committed to deliver:</b> Q4 2022-23: negotiate detail of compliance notice and begin to implement changes in Phase 1. (<u>Status-</u> on track)</p>	
<p><b>What we delivered during 2022-2023:</b> We have received the draft compliance notice and have responded to the Welsh Language Commissioner. The amber result reflects that there are significant uncertainties regarding the full impact of the standards which will not be known until the Commissioner issues the final compliance notice in May 2023.</p>	


*\*No work was planned during 2022-23 for **Commitment 6:** Evaluate whether protected learning time is in line with current nursing standards*

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## Section 3 Detailed progress against our Key Performance Indicators (KPIs)

 KPIs	Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<b>Fitness to Practise</b>													
Volume of the overall fitness to practise caseload (closing caseload) (month actual)	Reduce	6,472	6,445	6,464	6,397	6,288	6,115	6,074	5,932	5,886	5791	5660	5,577
Percentage of Interim orders imposed within 28 days of opening the case (month actual)	80%	78.9%	79%	70%	81%	67%	67%	50.8%	42.6%	59.7%	52.9%	76.9%	70.8%
Percentage of fitness to practise cases concluded within 15 months of being opened (month actual)	Monitor	58.4%	54.4%	65.2%	62.2%	58.9%	62.4%	63%	60.1%	56.3%	64.3%	61.5%	62.5%
Percentage of fitness to practise cases at case examiners with decisions to close with 'no case to answer' or 'no current impairment'	Monitor	40.5%	53%	40%	48%	37%	38%	31%	39.8%	30.9%	37.6%	52.2%	46.3%
Percentage of cases at hearings with decisions to close with 'no case to answer' or 'no current impairment'	Monitor	28.3%	24.4%	18.9%	22.2%	14.3%	17.9%	13.8%	16.4%	23.3%	20.0%	20.5%	22.2%
<p><b>Exception comment</b>            See executive summary and separate paper on the FTP improvement programme.</p> <p>Imposing interim orders within 28 days of opening a case was also impacted. An average of 66.4 percent were imposed within 28 days of opening a case. We expect this to significantly improve in 2023-2024 because of improvement work.</p> <p>An average of 60.7 percent of cases were concluded within 15 months, reflecting the challenges with managing a high caseload.</p>													

 KPIs	Target	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
<b>Registrations</b>													
Percentage of UK initial registration applications completed with no concern within 1 day	97%	99.9%	99.9%	100%	98.7%	100%	99.6%	98.6%	99%	98.7%	98.9%	98.5%	98.1%
Percentage of UK initial registration applications completed where concerns are raised within 60 days	95%	81.8%	93.1%	87%	94.7%	95.7%	94.8%	99.1%	98.3%	94.3%	76.5%	98%	97.1%
Percentage of overseas registrations applications assessed within 30 days	95%	99.9%	100%	100%	100%	100%	99.9%	99.9%	99.9%	99.9%	99.7%	99.9%	100%
Percentage of readmissions applications completed within 21 days	90%	98.8%	99.1%	97.8%	96.4%	98.3%	98.3%	99.2%	98.2%	98.5%	97.5%	96.5%	98.9%
<b>Contact Centre</b>													
Percentage of call attempts handled	90%	98.6%	97.3%	97%	95.4%	94.2%	93.3%	90.6%	94%	97.4%	91.0%	87.6%	92%
Total number of Calls into the Contact Centre	Monitor only	11,542	12,561	12,693	14,225	18,320	18,631	20,234	15,982	12,044	16,834	18,014	19,587
Total number of calls answered by the Contact Centre	Monitor only	11,377	12,218	12,307	13,574	17,271	17,386	18,338	15,021	11,735	15,315	15,788	18,015
Number of emails handled	Monitor only	3,839	4,107	4,443	4,417	5,793	5,635	5,106	4,305	3,505	4,293	4,003	4,368
<p><b>Exception comments</b></p> <p><b>UK initial registration applications where concerns are raised completed within 60 days:</b> Since April we have been below target for 7 out of 12 months. As previously reported, awaiting third party information, cases going to appeal, and small volumes disproportionately affect the headline percentage. We have adjusted the target for 2023-2024 to reflect this impact.</p> <p>Data correction: our November result for the number of emails handled was incorrectly reported in our Q3 report as 4,091. The actual November result was 4,305 emails.</p>													

 KPIs	Target	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
<b>Customer enquiries, complaints and feedback</b>													
Percentage of complaints handled within 20 working days	90%	91.0%	90.4%	94.2%	89.3%	90.3%	81.3%	90.8%	89.7%	94.8%	86.2%	94.0%	96.6%
Number of complaints handled	Monitor only	101	105	102	75	114	94	143	136	77	109	105	119
Percentage of information requests responded to within their statutory timeframes	90%	91.3%	90.9%	86.5%	91.0%	92.0%	95.0%	96.0%	96.0%	97.0%	93.0%	91.0%	92.0%
Number of information requests handled	Monitor only	127	132	155	135	117	142	157	156	144	104	160	206
Percentage of MP enquiries responded to in 20 days	90%	None	None	75%	100%	80%	None	75%	80%	80%	25%	80%	40%
Percentage of enquiries responded to in 20 days	90%	100%	100%	100%	100%	100%	80%	100%	100%	100%	75%	71%	100%
Percentage of customers highly satisfied/satisfied with the service received	85%	85.1%	82%	86%	91%	86%	89%	86%	87%	89%	92%	92%	87%
Number of feedback surveys completed	Monitor only	292	287	344	382	887	651	643	615	455	572	634	635
<b>Professional Practice</b>													
Number of approval decisions against all 55 current AEIs running midwifery programmes seeking to be re-approved by September 2022	55 (By Sept 2022)	46	47	47	52	55	56	56	56	56	56	56	56

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### Exception comments - Customer enquiries, complaints and feedback

**Complaints:** performance for complaints handling was above target for 8 months in a full year. The total number of complaints reduced by 23.7 percent for the year when compared to the previous year (a total of 1,280 complaints verses 1,677 complaints in 2021-2022). The team experienced some capacity pressures during the year and worked to resolve processes challenges to ensure that we met our target.


**Information requests responded to within statutory timeframes:** We have received 1,735 requests in total since April. Processing requests within statutory timeframes was above target for the entire year except for June 2022 when we missed our target due to capacity constraints within the team. The overall number of requests has increased by over 30 percent compared with Q4 last year. Within this, the total number of subject access requests (SARs) rose by 31 percent when compared to the previous year (a total of 350 subject access requests verses 268 subject access requests in 2021-2022). SARs are generally more complex and time consuming, meaning that we spend more resources to resolve them.

**Enquiries:** Enquiry responses finished the year under target at Q4 but above target for the 9 out of 12 months in a full year. The small volumes of enquiries have a significant impact on the overall percentage. MP enquiries tend to be more complex and take longer has been under the target in a full year. When we do take longer, we ensure that we communicate our progress and next steps.

**Satisfaction:** above target. The volume of satisfaction surveys completed has continued to rise throughout the year.

**Key themes from our satisfaction survey in the past 6 months:** positive feedback from customers about answering calls quickly and successfully, positive feedback from customers that we show kindness when a registrant who is considering leaving our register which has in fact resulted in them deciding to stay on the register, some frustration from professionals on our register that they cannot make payments over the telephone and that their registration could lapse (we do this to protect people's data), and some frustration from customers feeling confused, dismissed or overlooked following a call and had to call back where their experience was different. We are taking action to improve the service where highlighted.

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 KPIs - Fit for the Future organisation	Target	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
<b>Our People</b>													
Number of full time equivalent (FTE) NMC employees (month actual)	1,252 (annual av.)	1,086	1,088	1,080	1,086	1,088	1,080	1,092	1,097	1,105	1,105	1,101	1,164
Percentage of agency and contractors (as a percentage of total FTE) (month actual)	Monitor only	6.4%	5.9%	4.5%	6.4%	5.9%	4.5%	6.5%	6.7%	6.3%	6.1%	6.0%	6.1%
Percentage of all NMC turnover (permanent employees only) (12 months rolling)	12.5%	12.2%	12.1%	12.4%	13%	12.9%	13.5%	13.7%	13.5%	13.4%	13.1%	12.9%	12.8%
Total number of new starters (permanent) (month actual)	Monitor only	7	15	7	13	13	7	10	14	16	23	10	19
Total number of leavers (permanent) (month actual)	Monitor only	10	8	11	18	9	16	9	9	7	9	11	10
Percentage of new starters leaving within 6 months of joining (12 month rolling)	12.5%	10.4%	9.1%	8.6%	10.2%	7.4%	7.7%	10.4%	12.9%	10.1%	9.0%	10.0%	9.4%
Number of new starters leaving within 6 months of joining (month actual)	Monitor only	0	0	0	1	1	0	2	2	0	1	1	1
Average number of days of sickness per employee (days)	6.5	7.7	7.6	7.7	7.7	7.7	7.5	7.6	7.6	7.5	7.4	7.7	7.6
Employee engagement score (out of 10) (6 monthly)	7.5	6 monthly snapshot (July survey)			7	Next survey due in 2023-24							
Employee net promoter score (6 monthly)*	Positive score				3								
Employee perception of internal communications effectiveness score (out of 10) (6 monthly)	7				7.7								



### Exception comments – Fit for the Future Organisation

\*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)

**Full Time Equivalent (FTE):** FTE remained below budget for an entire year due to turnover and delays/challenges to recruit people.

**Turnover:** was above our target of 12.5 percent for 9 months of the year. After peaking at 13.7 percent in October, rates have fallen over the past 5 months to 12.8 percent. Following benchmarking we have set our target for 2023-24 as a range between 10-15 percent which represents a healthy range for an organisation with a 1000+ employees.

156 people joined as permanent employees between April 2022 – March 2023 vs 127 permanent colleagues leaving the organisation. We continue to monitor the reasons why to ensure that we do everything we can to retain the right people. Of the people that left, 9 people (7 percent) left the NMC within 6 months of joining.

**Sickness absence:** was above target for the entire year with an average of 7.6 days sickness per person per year. The top reasons for absence remain Covid 19 and mental wellbeing (stress related, depression and anxiety). We will continue to monitor this to draw out key trends.

### Traffic light definitions

	RED	AMBER	GREEN
<b>Corporate Commitments</b>	<p><b>Significant concerns</b></p> <ul style="list-style-type: none"> <li>Expected to fail to deliver against its milestones</li> <li>Actions are needed immediately to help the commitment to be delivered.</li> </ul>	<p><b>Some concerns</b></p> <ul style="list-style-type: none"> <li>Expected to partially deliver against its milestones – some delays</li> <li>Will make significant progress towards benefits/outcomes, but some aspects are delayed</li> <li>Or actions are being taken to bring the commitment back on track</li> <li>Or there are some uncertainties or risks that we need to monitor and managed</li> </ul>	<p><b>No concerns - on track</b></p> <ul style="list-style-type: none"> <li>Expected to deliver against its milestones and realise benefits</li> </ul>
<b>KPIs</b>	<p><b>Significantly below target</b></p> <p>More than 8 percent below target</p>	<p><b>Off target</b></p> <p>Below target between 1 to 8 percent</p>	<p><b>Within range</b></p> <p>On or above target</p>

## Section 4: Financial monitoring

Table 1 – Income & Expenditure to 31 March 2023

£'m	March 2023 Year-to-Date				Full Year			
	Actual	Budget	Var.	Var. (%)	*Forecast	Budget	Var.	Var. (%)
<b>Income &amp; Expenditure</b>								
<b>Income</b>								
Registrant Fee Income	92.3	91.2	1.1	1.2%	92.7	91.2	1.5	1.6%
Other	9.9	5.3	4.6	87%	9.4	5.3	4.1	78%
<b>Total Income</b>	<b>102.2</b>	<b>96.5</b>	<b>5.7</b>	<b>6%</b>	<b>102.1</b>	<b>96.5</b>	<b>5.6</b>	<b>6%</b>
<b>Expenditure</b>								
<u>Core Business</u>								
Professional Regulation	52.8	51.4	(1.4)	(3%)	52.6	51.4	(1.2)	(2%)
Resources & Technology Services	17.3	18.8	1.4	8%	17.6	18.8	1.2	6%
People & Organisational Effectiveness	11.2	11.6	0.4	4%	11.1	11.6	0.5	4%
Professional Practice	4.7	6.7	2.0	30%	4.8	6.7	1.9	28%
Strategy & Insight	3.1	3.5	0.4	13%	3.2	3.5	0.3	9%
Communications & Engagement	3.1	3.4	0.3	9%	3.2	3.4	0.2	6%
Directorate - Core Business	92.1	95.4	3.3	3%	92.4	95.4	3.0	3%
<u>Corporate</u>								
Depreciation	3.2	6.0	2.9	48%	2.7	6.0	3.3	55%
PSA Fee	2.0	2.0	-	-	2.0	2.0	-	-
Apprenticeship Levy	0.2	0.2	-	-	0.3	0.2	(0.1)	(41%)
Other**	1.9	0.1	(1.8)	(100%)+	2.4	0.1	(2.3)	(100%)+
Total Corporate	7.3	8.4	1.1	13%	7.3	8.4	1.1	13%
<b>Total Core Business</b>	<b>99.4</b>	<b>103.8</b>	<b>4.4</b>	<b>4%</b>	<b>99.7</b>	<b>103.8</b>	<b>4.1</b>	<b>4%</b>
<b>Surplus/(Deficit) excl Programmes</b>	<b>2.8</b>	<b>(7.3)</b>	<b>10.2</b>	<b>(100%)+</b>	<b>2.4</b>	<b>(7.3)</b>	<b>9.7</b>	<b>(100%)+</b>
<b>Programmes &amp; Projects</b>								
Modernisation of Technology Services	5.0	7.4	2.4	33%	5.5	7.4	1.9	25%
Modern Workplace for Me	1.4	1.4	-	-	1.5	1.4	(0.1)	(7%)
Regulatory Reform	0.8	1.0	0.2	24%	0.8	1.0	0.2	17%
Accommodation Project	0.0	0.8	0.7	97%	0.0	0.8	0.7	95%
FTP Improvement Programme	0.1	0.1	-	-	0.1	0.1	-	-
Technology Improvements	0.0	0.5	0.4	96%	0.1	0.5	0.4	78%
Insight Programme	0.2	0.3	0.1	42%	0.2	0.3	0.1	34%
Website Redevelopment Programme	0.1	0.1	-	-	0.0	0.1	0.1	100%
Total Programmes/Projects	<b>7.5</b>	<b>11.6</b>	<b>4.1</b>	<b>35%</b>	<b>8.4</b>	<b>11.6</b>	<b>3.2</b>	<b>27%</b>
<b>Total Expenditure</b>	<b>106.9</b>	<b>115.4</b>	<b>8.5</b>	<b>7%</b>	<b>108.1</b>	<b>115.4</b>	<b>7.3</b>	<b>6%</b>
Less Capital Expenditure	6.8	8.7	1.9	21%	7.0	8.7	1.7	19%
<b>Total expenditure excluding Capex</b>	<b>100.1</b>	<b>106.7</b>	<b>6.6</b>	<b>6%</b>	<b>101.1</b>	<b>106.7</b>	<b>5.6</b>	<b>5%</b>
<b>Surplus/(Deficit) excluding Capex before Unrealised Gains/(Losses)</b>	<b>2.1</b>	<b>(10.1)</b>	<b>12.2</b>	<b>(100%)+</b>	<b>1.0</b>	<b>(10.1)</b>	<b>11.1</b>	<b>(100%)+</b>
Unrealised Gains/(Losses) on Investments***	(2.0)	-	(2.0)	-	-	-	-	-
<b>Net Surplus/(Deficit) after Unrealised Gains/(Losses)</b>	<b>0.1</b>	<b>(10.1)</b>	<b>10.2</b>	<b>(100%)+</b>	<b>1.0</b>	<b>(10.1)</b>	<b>11.1</b>	<b>(100%)+</b>
<b>Free Reserves</b>	<b>44.0</b>	<b>31.4</b>	<b>12.6</b>	<b>40%</b>	<b>45.0</b>	<b>31.4</b>	<b>13.6</b>	<b>43%</b>

Note: Figures are subject to rounding

\*Forecast is as presented to EB as at 14 March 2023

\*\*Other corporate costs represent Defined Benefit Pension deficit payments

\*\*\*Unrealised Gains/(Losses) on investments reflect short-term movements in the value of our long-term stock market investments since March 22

**Table 2 – Balance sheet as at 31 March 2023**

£m	Actual 31 March 2022	Actual 31 March 2023	Increase (Decrease)	Change %
<b>Fixed Assets</b>				
Tangible and Intangible	28.7	32.3	3.6	13%
Stock Market Investments	32.8	34.7	1.9	5%
<b>Total Fixed Assets</b>	<b>61.5</b>	<b>67.0</b>	<b>5.5</b>	<b>9%</b>
<b>Current Assets</b>				
Debtors	3.3	3.3	-	-
Fixed term bank deposits	49.1	57.4	8.3	17%
Cash	20.9	9.8	(11.1)	(53%)
<b>Total Current Assets</b>	<b>73.3</b>	<b>70.5</b>	<b>(2.8)</b>	<b>(4%)</b>
<b>Total Assets</b>	<b>134.8</b>	<b>137.5</b>	<b>2.7</b>	<b>2%</b>
Creditors	(55.2)	(58.0)	(2.8)	(5%)
Provisions	(3.3)	(3.2)	0.1	2%
<b>Total Liabilities</b>	<b>(58.5)</b>	<b>(61.2)</b>	<b>(2.7)</b>	<b>(5%)</b>
<b>Total Net Assets</b>	<b>76.3</b>	<b>76.4</b>	<b>0.1</b>	<b>0.1%</b>
<b>Free Reserves</b>	<b>47.6</b>	<b>44.0</b>	<b>(3.6)</b>	<b>(7.6%)</b>

Note: Figures are subject to rounding

**Table 3 – Cash flow statement at 31 March 2023**

£m	Actual 31 March 2022	Actual 31 March 2023
<b>Cashflow from operating activities</b>		
Surplus/(Deficit) (YTD)	6.9	0.1
Adjustment for depreciation (non-cash)	5.5	3.2
(Gains)/Losses on Investments	(0.9)	2.0
Investment/Dividend income	(0.7)	(0.9)
(Increase)/Decrease in current assets	0.7	0.0
Increase/(Decrease) in liabilities	0.1	2.7
Pension Deficit Payments not in 'surplus/(deficit)' above	(3.2)	-
<b>Net Cash inflow/(outflow) from operating activities</b>	<b>8.5</b>	<b>7.1</b>
<b>Cashflow from investing activities</b>		
Capital Expenditure (YTD)	(6.5)	(6.8)
<b>Cashflow from financing activities</b>		
Stock Market Investments – additional investment Aug 2022	-	(3.0)
<b>Cumulative net increase/(decrease) in cash and cash equivalent</b>	<b>2.0</b>	<b>(2.7)</b>
Cash & Cash Equivalent at the beginning of the year	68.0	70.0
<b>Cash &amp; Cash Equivalent at the end of the month</b>	<b>70.0</b>	<b>67.3</b>

Note: Figures are subject to rounding

**Table 4 – Movement in free reserves year to date**

£m	Actual	Budget
Free reserves at 1 April 2022	47.6	44.3
Net surplus/(deficit) to date	2.1	(10.1)
Depreciation to date	3.2	6.0
Unrealised gains/(losses)*	(2.0)	-
Less capital spend to date	(6.8)	(8.7)
<b>Free reserves at 31 March</b>	<b>44.0</b>	<b>31.4</b>

Note: Figures are subject to rounding  
\*unrealised gains/(losses) reflect the change in the value of our investment portfolio since the beginning of the year after taking account of income from it. We do not budget or forecast for either gains or losses on our portfolio.

## d. Financial commentary

### Financial Position at 31 March 2023

Our financial position at the end of the financial year remains secure, with free reserves over £44 million. Our liquidity also remains strong with cash and investments totaling over £105 million at the end of March 2023, although slightly down from £106 million a year ago.

Our free reserves remain higher than our target maximum of £25 million, but we expect this to reduce significantly as we pursue our plans to reduce our Fitness to Practise (FtP) caseload and continue to invest in our technology and accommodation over the next two to three years. This investment will ensure delivery of better services to all our stakeholders. There are also pressures, such as inflation, which make holding higher levels of reserves appropriate in the short term.

Our net position for the period, before unrealised movements on our investments, is surplus on budget by £2.1 million compared to the planned £10.1 million deficit anticipated. This has largely been driven by higher-than-expected income and some underspends on our core business and projects. In particular:

- Total income is £5.7 million (6 percent) ahead of budget mainly due to higher than anticipated numbers of professionals on our register and the continuing higher than budgeted volume of overseas applications. Due to uncertainties in both of these areas our budget for income was set cautiously. We also benefited from higher interest rates on our bank deposits and dividend income from our stock market investments.
- We underspent by £3.3 million, 3 percent, on our directorates' core business. Out of total underspend £1.3 million is true savings on budgets whereas the difference of £2 million is deferred into future financial periods.
  - A significant part of this was driven by vacant posts across most areas including, Resources & Technology, People & Organisational Effectiveness and Professional Practice directorates. This reflects continuing difficulty in filling particularly specialist posts such as in technology and change.
  - Slippage of plans for improving Education Quality Assurance (QA) and fewer than expected QA reviews due to deferral of universities seeking their accreditation are also key examples.
  - Underspends across a range of smaller, non-capital projects were due to slippage and later than planned recruitment.
- The underspend against budget on capital projects is due to slippage largely attributable to the Education QA project within the Modernisation of Technology Services (MOTS) programme as well as incurring costs for the next phase of the MOTS programme later than we had planned. The start of the Education QA project has been delayed due to difficulties in recruiting a project manager. Other major capital programme slippage is due to delays in the start of refurbishment/modernisation works for our 23 Portland Place office. This programme is now rescheduled into the next financial year with major works commencing the year after.

Set against these underspends and slippage there is:

- additional core spend of £1.9 million in pension deficit payments reflecting our existing commitment to support our defined benefit pension scheme. Detail on this has been provided in previous Executive Reports. Whilst the triennial actuarial revaluation of the pension scheme as at 31 March 2022 has shown it is now in surplus, it remains subject to future re-assessment as well as still being subject to the annual accounting valuation at the end of each year.

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#### d. Financial commentary

Within corporate spend we had an unbudgeted cost of £0.5 million, being the increase in our existing provision for possible panellist costs. Initial legal advice at the start of the year led us to reassess and increase the size of our existing provision taking the total for this to £3.0 million, which reflected our prudent estimate of the possible wider impact of a single claim to an employment tribunal for additional sums by a fitness to practise panellist. However, we are now expecting liability to remain at £2.5 million, so the anticipated increase in the panel member provision by £0.5 million is no longer required.

As per agreement by the Audit Committee in February 2023 and advice received from our external auditors, we revised the useful economic life (UEL) of the MOTS programme from 3 to 10 years - backdated to April 2022. This has led to a significant deviation (reduction) from asset depreciation budget.

We have also reported £2.0 million unrealised loss on our investments due to stock market fluctuations since the beginning of the financial year (see table 4 above). The unrealised loss is within the risk appetite set out in our agreed investment policy but is a reminder that we are in uncertain times with fluctuations likely to continue. However, these are long-term investments that we expect to hold for well over five years and which are currently generating nearly £1 million a year in dividend income.

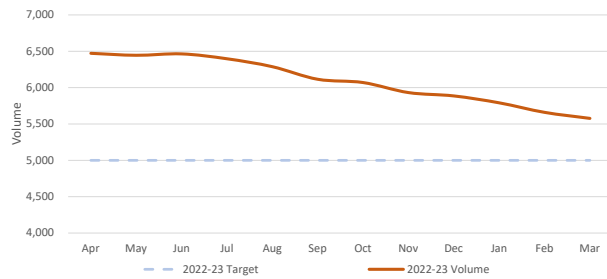
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# Annexe 1 section 5. KPI Trend Dashboards

## Professional Regulation - Fitness to Practise

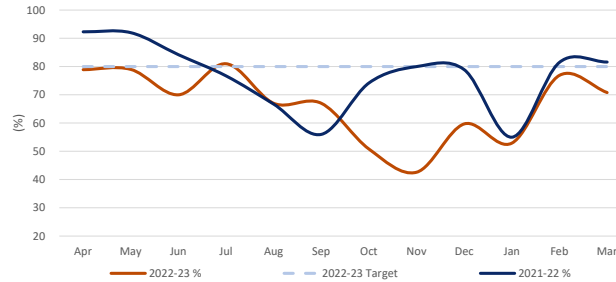
### 1. Fitness to practise caseload (closing caseload) (Volume)

The overall volume has been reducing for the entire year



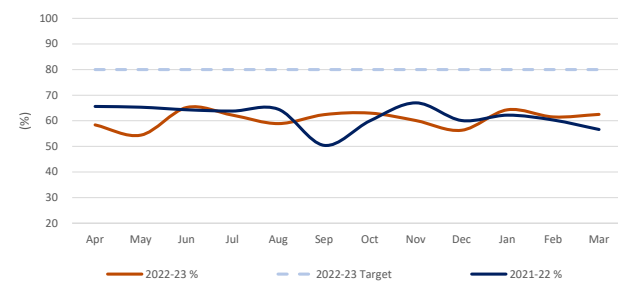
### 2. Interim orders imposed within 28 days of opening the case (month actual %)

Below target for the entire year except for July 2022

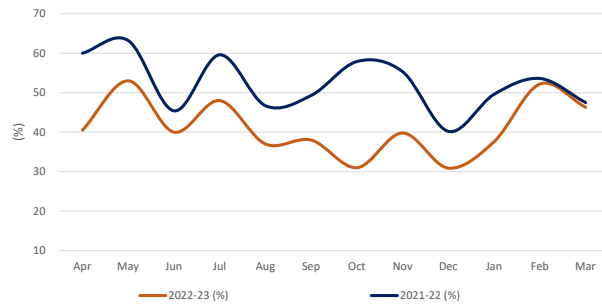


### 3. Fitness to practise cases concluded within 15 months of being opened (month actual %)

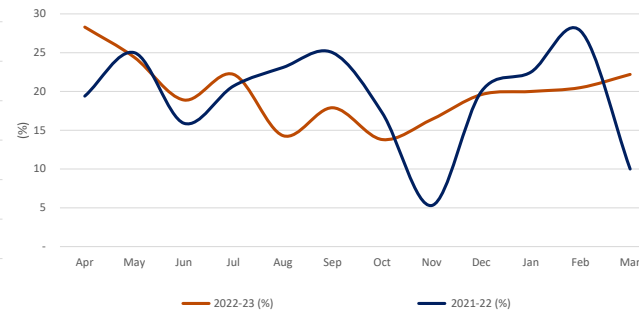
Below target for the entire year.



### 4. Fitness to practise cases at case examiners with decisions to close with 'no case to answer' or 'no current impairment' (%)

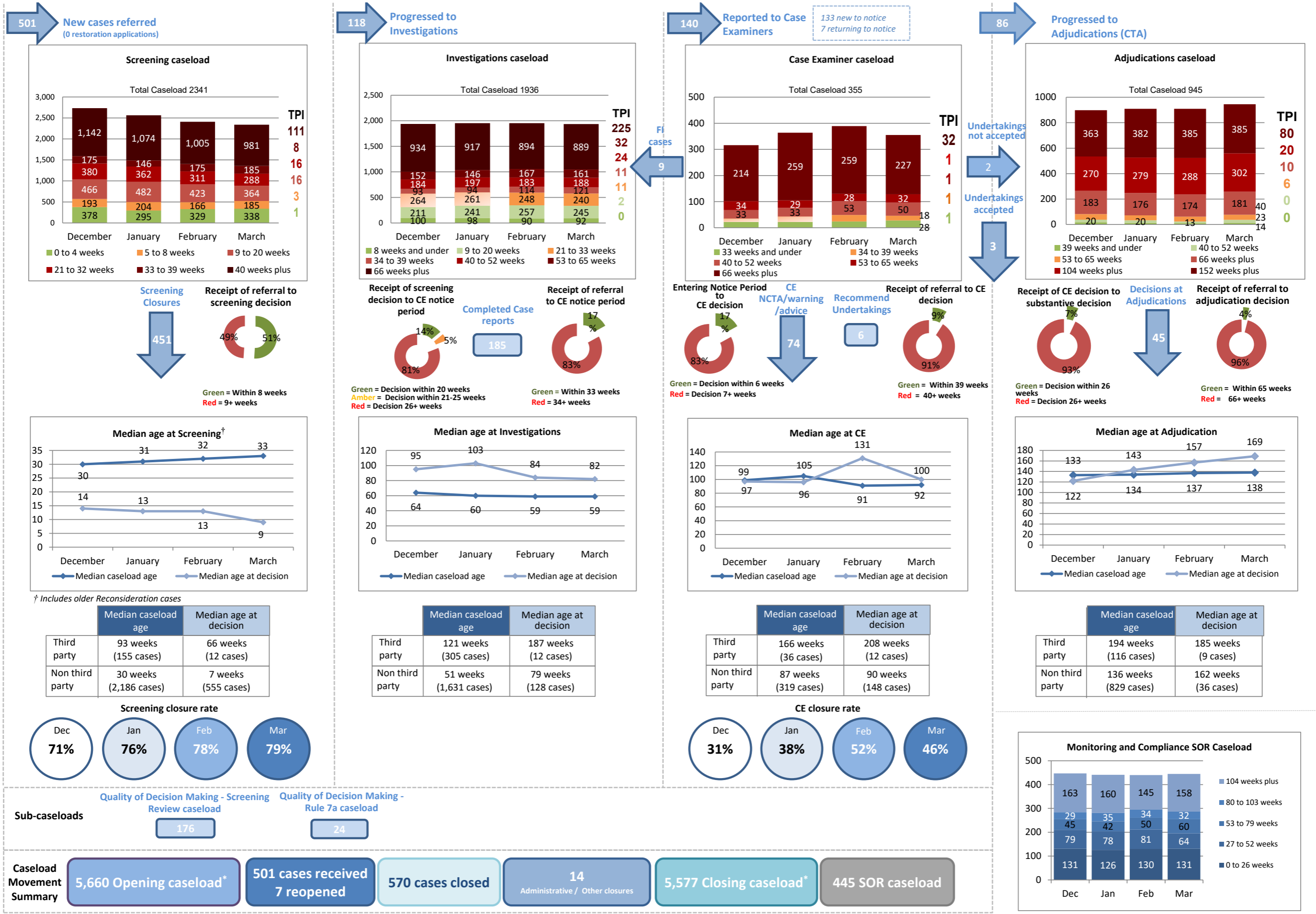


### 5. Cases at hearing with decisions to close with 'no case to answer' or 'no current impairment' (%)



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FtP monthly internal performance dashboard: March 2023



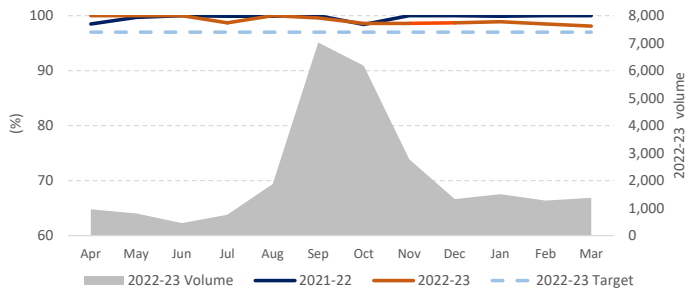
\* Opening and closing caseloads excludes Investigations FE cases.

# Professional Regulation - Registrations

## Registrations

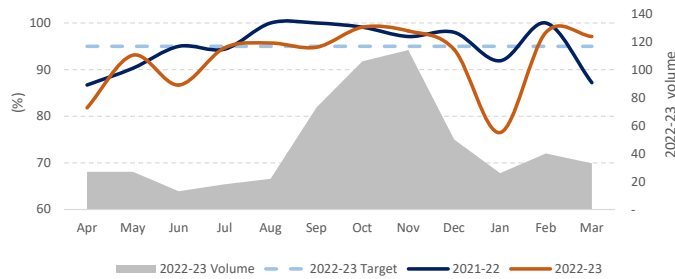
### 6. UK registration completed with no concern within 1 day (% and volume)

Above target for the entire year.



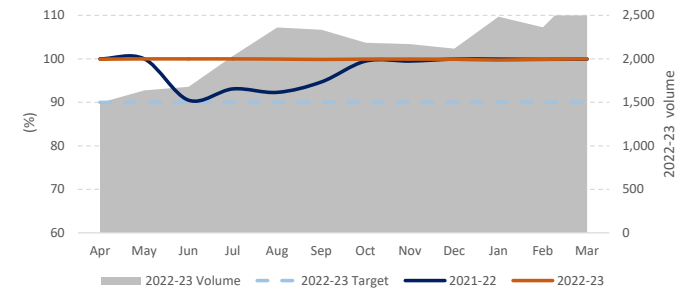
### 7. UK registrations requiring additional scrutiny within 60 days (% and volume)

Below target for 7 out of 12 months. Due to low volumes or waiting for third party information.



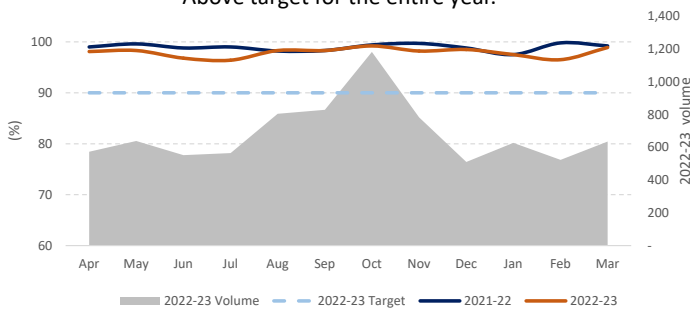
### 8. Overseas registration assessed within 30 days (% and volume)

Above target for the entire year.



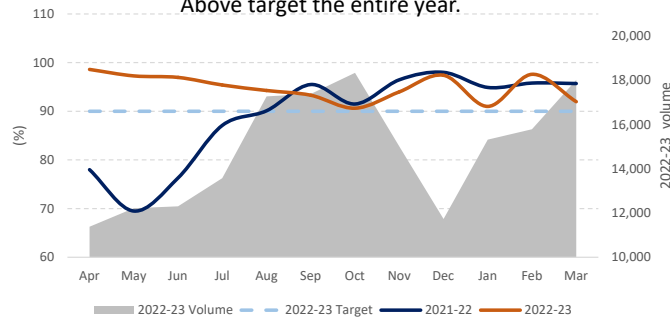
### 9. Readmission applications completed within 21 days (% and volume)

Above target for the entire year.



### 10. Call attempts handled (% and volume)

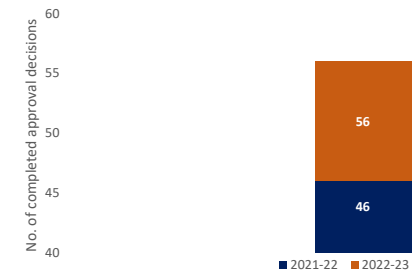
Above target the entire year.



## Midwifery Programmes

### 11. Approval decisions against current AEIs by running midwifery programmes seeking to be re-approved by September 2022

Target of 55 by September 22 - Complete

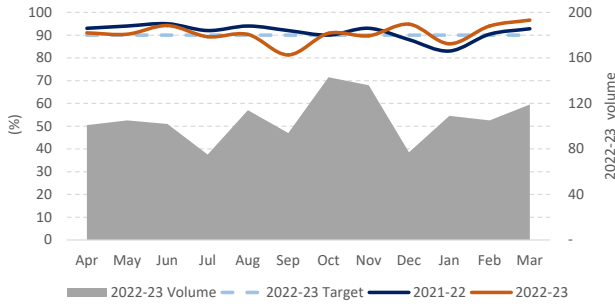




# Customer enquiries, complaints and feedback

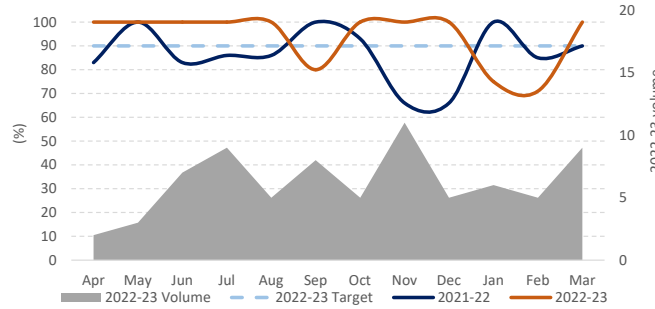
## 12. Customer complaints responded to within in 20 days

Below target for July, September, November and January in the entire year.



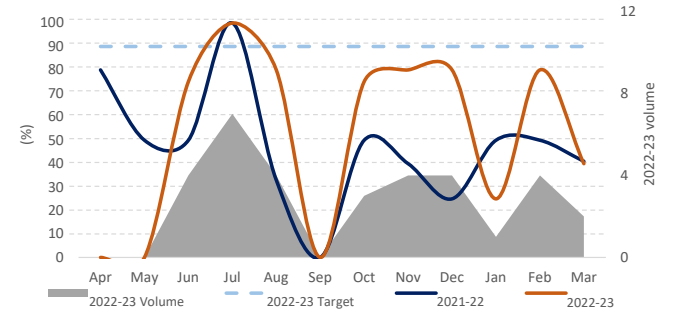
## 13. Enquiries responded to in 20 days

Below target for September, January and February in the entire year.



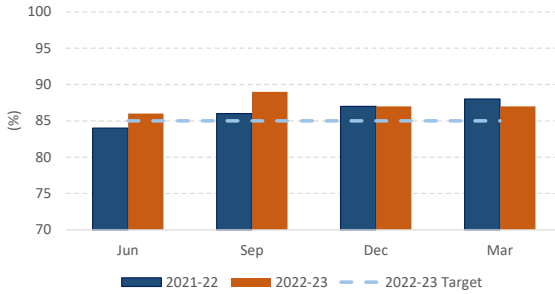
## 14. MP Enquiries responded to in 20 days

No MP enquiries in April, May and September 2022. We were below target for the entire year. MP enquiries tend to be more complex; we communicate with stakeholders throughout the process to manage expectations about when an enquiry will be complete



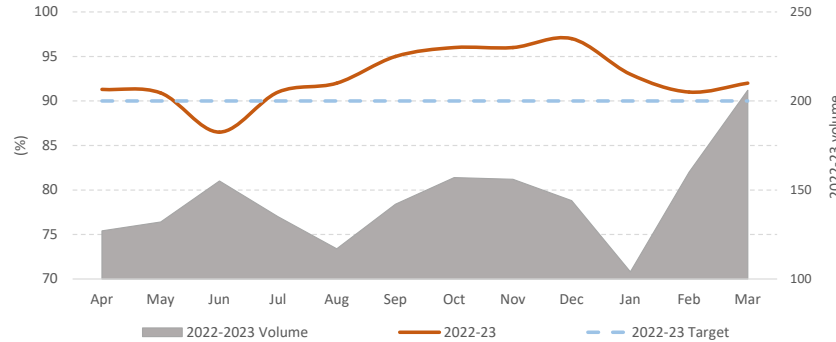
## 15. Customers rating our service as good or very good

Above target for the entire year.



## 16. Information requests responded to in statutory timeframes

Below target for June and above target for the rest of the year.



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## Corporate Complaints

**92.4  
Percent**

Complaints responded to in 20 days

### Complaints themes

There has not been a notable change in the number of complaints compared to last year. We have identified 33 learning points which have been shared with teams across the organisation. We have identified the following themes:

- **Customer Service – change of case owner** - we received complaints from case parties who had not been informed that their case had been reallocated to a new officer. We have spoken to colleagues about the process they follow in relation to this.
- **Communication - reviewing Fitness to Practise decisions** – we received complaints from people who were not sure about how to request a review of a screening decision. We have updated the standard wording in our decision letters and our website to make our instructions clearer.
- **Process - International applications** – we received a small number of complaints from people who passed the eligibility stage of our process but were rejected at the formal assessment stage. These applications involved unique training histories, and we took individual legal advice in those cases so we could provide bespoke responses to those applicants. We also received complaints from applicants who were waiting for verifications from third parties e.g. their overseas regulator or GP. In these cases, we need to re-send our verification request manually, resulting in a delay for the applicant.

## Customer Feedback Dashboard

1 January – 31 March 2023



## Information requests

**92  
Percent**  
responded to on time

### Information requests themes

- The overall number of cases received has increased by over 30 percent compared with Q4 last year. This is consistent with the previous quarter as Q3 of this year was 30 percent more than last year.
- A contributor to the increase was receiving close to double the number of Subject Access requests compared to Q4 last year. These requests are generally our most time consuming to complete and are from individuals who are associated with Fitness to Practise cases.
- There are no notable themes emerging from Freedom of Information requests as these have been varied. We have continued to receive an increase in requests about FtP outcome statistics.

### Our person-centred approach

- We have implemented changes to our customer relationship management system on Dynamics which allows us to identify sensitive cases at the earliest opportunity.

## Customer feedback surveys

**91  
Percent**

Customers rated our customer service as good or very good.

**2**

Unhappy customer contacted and resolved their concerns.



The information and kind attention I was given today was so clear that I have decided to apply to re-join the register.

He was so kind I got emotional. They were kind & compassionate, thanked me for my service & wished me all the best with my recent health issues.



Not listening to what I was saying, dismissive and sounded disinterested. The matter is still unresolved, I have been given an unsatisfactory outcome, I feel dismissed and overlooked.

I spoke to a consultant who decisively chose not to give me their name, despite my asking several times. They were annoyed with me from the very start, didn't show any interest in assisting me and had a "don't care" attitude

**50  
Percent**  
(7/14)

MP enquiries responded to in 20 days

**82.1  
Percent**  
(23/28)

Enquiries responded to in 20 days

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## Customer feedback insights

We received a total of 1841 completed customer feedback surveys during quarter 4 of 2022/23. This volume is consistent with the volume received in quarter 3.

91 per cent of those completing the survey in quarter 4 rated our service as good or very good. By comparison, 87.3 per cent those completing the survey in quarter 3, rated our service as good or very good.

### Themes

There were several themes that emerged from customer feedback. These were:

**Telephony:** Customers have highlighted that when they call our contact centre, their calls are answered quickly and successfully. Previously raised issues of difficulties in their call being transferred to the correct team have reduced.

**Processes:** Some customers have reported that they find it frustrating that they cannot make payment of their fee over the telephone, putting their registration at risk. They link this to concerns about the cost-of-living crisis and the financial implications of not being able to practise if their registration lapses.

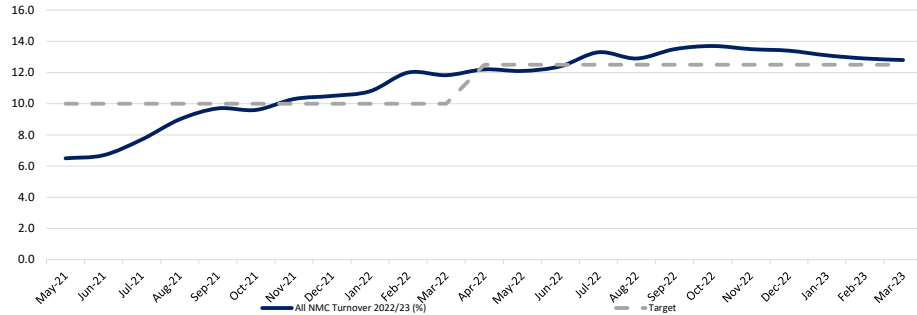
**Customer service:** Customers are telling us that the way they are treated impacts big decisions they make. Responses show that registrants who were considering leaving the register have decided to stay simply because of the kindness and personal attention they have been shown when talking about their decision with us.

Some customers have indicated that they have received an inconsistent service when calling and that they have sometimes felt confused, dismissed, and overlooked. They have told us that they have had to call back as a result and their experience was different on the second call. Call recording is now available, a percentage of calls being recorded for training and monitoring purposes. This has helped to decide where further support is needed where delivery of information needs to be softer, and explanations need to be clearer.

# Our people

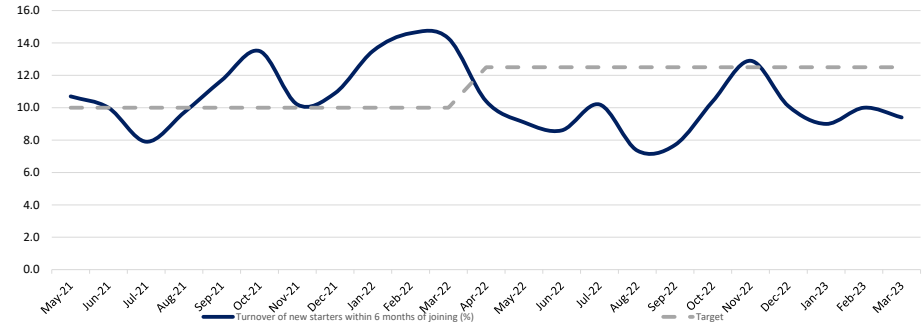
## 17. Total NMC employee turnover (%)

Turnover peaked at 13.7% in Oct 2022 and has been reducing in the latter part of the year but still above target.



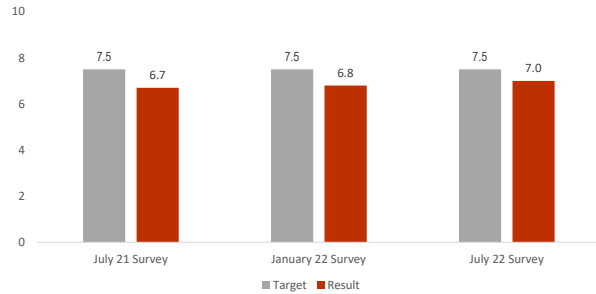
## 18. Turnover of new starters within 6 months of joining (%)

Below target for the entire year except for Nov 2022.



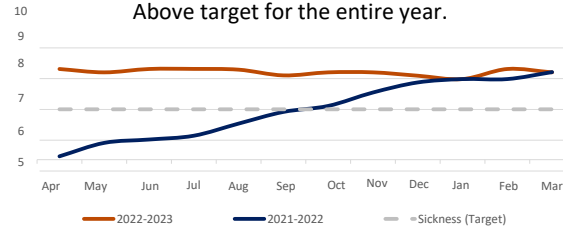
## 19: Employee engagement score (out of 10)

Next survey will be due in Summer 2023



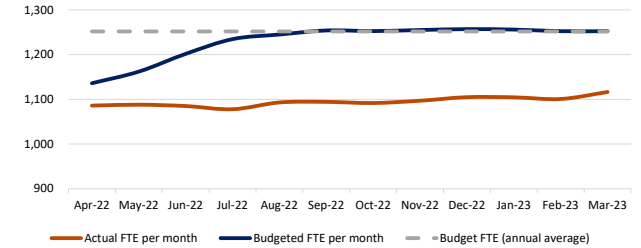
## 20. Sickness absence average days

Above target for the entire year.



## 21. Total Full Time Equivalent

Below profile for the entire year - see executive summary.



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## Annexe 2: Corporate risk exposure report (up to April 2023)

### 1. Overview of corporate risks

For Q4 we have provided a new style of corporate risk exposure report for the Executive Board (EB) and Council. The aim is to highlight the most significant issues and report by exception only.

Risk Ref	Current rating			Corporate Risk Description <i>(L = likelihood. I = Impact)</i>
	L	I	L x I	
REG18/02	4	5	20	<b>We fail to take appropriate action to address a regulatory concern about a professional on our register.</b> <i>(Risk factors: not taking timely action (aging cases), not processing cases effectively (high caseload), not delivering a sustainable improvement to how we manage cases, capacity to deliver improvements, not using or escalating insights)</i>
REG18/01	3	5	15	<b>We fail to maintain an accurate register of people who meet our standards (including timeliness of registrations)</b> <i>(Risk factors: effective operation of registration/revalidation processes, fraudulent applications, variability of international midwifery education)</i>
REG22/04	3	4	12	<b>We fail to take appropriate or timely action to address a regulatory concern regarding the quality of nursing or midwifery education.</b> <i>(Risk factors: education impacted by external pressures, binary approval options, assurance driven by AEs, weak data capture or use of insights)</i>
REG19/03	2	4	8	<b>We do not make sure that educational standards are fit for purpose (including processes to ensure compliance with standards are met).</b> <i>(Risk factors: keeping pace with changes in legislation, healthcare and practice, speed of programme approvals, meeting the standards of good regulation)</i>
COM18/02	4	4	16	<b>We do not act in a legal manner or fail to meet our public obligations or comply with legal or compliance requirements.</b> <i>(Risk factors: gaps in knowledge about statutory or wider obligations (e.g. public sector equality duty, data protection, safeguarding and duty of care, human rights, employment law), Fitness to Practise (FtP) delays)</i>
INF21/04	3	5	15	<b>Our Modernisation of Technology Services (MOTS) programme does not deliver the intended benefits for our registration system or case management system.</b> <i>(Risk factors: retention and recruitment of programme colleagues, availability of subject matter experts, accessing external expertise, managing change requests, not improving the customer experience, failing to realise benefits)</i>

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Risk Ref	Current rating			Corporate Risk Description (L = likelihood. I = Impact)
	L	I	L x I	
INF18/02	3	5	15	<b>Our core business technology systems fail and impedes our ability to deliver effective and robust services for stakeholders or value for money.</b> (Risk factors: legacy systems and unsupported hardware and software, cyber vulnerabilities, outages affecting core business, not realising benefits, supplier challenges)
PEO18/01	3	4	12	<b>We fail to recruit and retain an adequately skilled and engaged workforce (Awaiting newly drafted risk)</b> (Risk factors: vacancies, retention, capability of our people, wellbeing, progression, equality, and diversity)
STR20/02	3	4	12	<b>We fail to deliver our strategic ambitions for 2020-2025</b> (Risk factors: capacity and capability to deliver our strategy, miss strategic opportunities, pressure to adopt additional commitments, do not realise benefits, not maximising reform)
FIN20/01	3	4	12	<b>We do not achieve our investment strategy particularly regarding long term growth; appetite for short term capital loss; alignment with our values</b> (Risk factors: volatility in our investments, unrealised losses)
FIN21/02	3	4	12	<b>We do not achieve a sustainable budget or the planned financial benefits from our strategy</b> (Risk factors: external factors destabilise our budget, fail to spend as planned on our strategy, not managing costs effectively, not realising benefits, pension liability)
EXP18/01	4	3	12	<b>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</b> (Risk factors: not learning from adverse events, fail to deliver regulatory change, do not maintain trust, we cannot engage with stakeholders due to competing demands, ineffective collaboration, England centric, ability to respond to sector issues)
EXP22/04	3	3	9	<b>Climate change impacts on our ability to be an effective regulator</b> (Risk factors: physical risks from weather, financial risks from lowering carbon, reduced longer term productivity, policy and regulation risks, demonstrating our commitment to climate)
EXT21/03	3	3	9	<b>We do not recover efficiently following the coronavirus pandemic, including closing the temporary register and realising the benefits from our new ways of working</b> (Risk factors: monitoring impact on our own capacity and for our professionals externally)

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## 2. Risk exposures: areas of uncertainty we are actively managing

- 2.1. **REG18/02** (managing concerns) (red): continues to be our highest rated risk; our level of risk exposure remains unchanged. Progress with reducing our caseload safely can be seen consistently over the past 6 months. Mitigations are being delivered through our FtP improvement work.
- 2.2. **REG18/01** (addressing regulatory concerns about professionals on our register) (amber): although the overall risk level remains unchanged at the time of writing this report, we are investigating a potentially serious event which may change this risk rating in the future. The event will be discussed with the Council at the Confidential meeting in May and reported to Council thereafter.
- 2.3. **REG22/04** (appropriate or timely action on the quality of education) (amber): the overall level of risk exposure remains unchanged. However, we are acting on our concerns regarding the midwifery programme at Canterbury Christ Church University, as discussed in the main body of the paper. This is a positive demonstration that we are exercising our regulatory controls to ensure safe and effective nursing and midwifery education.
- 2.4. **COM18/02:** (acting in a legal manner) (red): The Executive Board have reviewed the key elements contributing towards this risk (FtP, equality and diversity, safeguarding, data handling), and have deemed that whilst some elements are red and some are amber, overall due to some sensitive legal issues that we are dealing with it is prudent for the rating to remain red.
- 2.5. **EXP18/01** (fail to meet external expectations) (amber): **Maternity Safety:** As confirmed to the Council in March 2023, we have reviewed our Code and standards against the findings from the Ockenden and East Kent reviews. We are confident that our standards of proficiency for midwives and our Code include sufficient guidance on the areas of concern, and that deficits in knowledge and skills are thoroughly addressed in the new standards. We will be taking the opportunity to commission a further external independent review of our standards following publication of the forthcoming review into Nottingham which is expected in 2024.
- 2.6. **PEO18/01** (our people) (amber): we are undertaking a review of our people risks alongside our review of the People Plan and Equality, Diversity and Inclusion (EDI) plan. EB will discuss this in May 2023. We expect to close this risk as part of this review and open a new focused risk centred more accurately on the current risk exposures. In the meantime, we want to reflect the positive indications that risk exposure is reducing as presented in our performance measures and progress with key people activities. The Executive Directors of POE are content that are people risks are rated as amber, representing that the likelihood has reduced from high to medium. We have taken mitigations to fill vacancies (particularly within FtP), convert temporary employees to permanent employees (where applicable), and

launched our Management Essentials programme and these are reducing our overall risk exposure.

- 2.7. **Correction. Risk EXP18/01** (maintaining trust) was incorrectly reported as red at quarters two and four. The Executive Board reduced this risk to amber in September 2022. The new style exposure report aims to ensure that this mistake will be avoided in the future.

### 3. Assurance: significant new mitigations planned actions

- 3.1. A new Deputy Director of Transformation is now in place to support transformation in our core regulatory processes to ensure that we appropriately define business requirements for technology changes and regulatory reform changes. This supports risk mitigation for corporate risks **REG18/01** (accurate register), **REG18/02** (managing concerns), **STR20/02** (delivering our strategy/regulatory reform).
- 3.2. A new senior management team is in place within People and Culture team who will make improvements to core business and people processes, deliver our People Plan, support our EDI plan, and provide targeted people interventions to support our FtP improvement work. This supports risk mitigation for corporate risks **PEO18/01** (our people) and **REG18/02** (managing concerns).
- 3.3. Contact regarding English Language guidance continues to be high. Emails are being closely monitored in our international team and our website information has been reviewed to ensure that content is clear to prevent unnecessary contact. Our Contact Centre KPI performance recovered in March as a result. This contributes towards risk mitigation for **REG18/01** (accurate register).
- 3.4. **Compound risks:** The corporate risk and performance team have scanned the directorate and corporate risk registers this month for risk themes. They have not identified any compound risks (a risk that is reported in several areas of the business and combined is significant) that are not already reflected on the corporate risk register.
- 3.5. **Risk review** – The corporate risk and performance team have met with risk owners across all directorates and any changes to the risk scores have resulted from those conversations.

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## Council

### Fitness to Practise caseload update

**Action:** For discussion.

**Issue:** To update the Council on our work to reduce the Fitness to Practise (FtP) caseload safely and swiftly, which is our number one corporate priority to address.

**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: FtP performance dashboard.

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

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[lesley.maslen@nmc-uk.org](mailto:lesley.maslen@nmc-uk.org)

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**Context:**

- 1 This report provides an update on our work to reduce the Fitness to Practise (FtP) caseload safely and swiftly.
- 2 The Council is invited to consider and comment on this update.
- 3 As previously reported we had anticipated having a caseload between 5,600 and 5,700 at the end of the financial year. Our actual caseload at the end of the financial year was 5,577.
- 4 We have an established downward trend in the caseload and are confident that will continue with our move into this financial year.

**Four country factors:**

- 5 Our backlog of cases impacts professionals on our register, employers, people who use the services of our professionals and families across each of the four nations.
- 6 The number of cases received for each of the four nations are broadly in proportion to the number of individuals registered there. The numbers where a country of registration has been identified are as follows:

Country of registration	Screening	Investigations	Case Examiners	Adjudication	Grand total
England	1,119	1,518	269	749	3,655
Scotland	180	204	35	79	498
Wales	75	98	25	66	264
Northern Ireland	70	73	15	29	187
Overseas	21	41	11	22	95
Not identified	876	2	0	0	878
<b>Grand total</b>	<b>2,341</b>	<b>1,936</b>	<b>355</b>	<b>945</b>	<b>5,577</b>

**Discussion:****Summary of our current position**

- 7 At the last meeting of Council we reported a decrease in caseload at the end of February. We have seen that decrease continue with our caseload at 5,577 at 31 March 2023. This is a 14 percent reduction from 6,469 at 31 March 2022.
- 8 Our caseload at Screening continues to reduce, driven by consistent high levels of decision making. The Screening caseload was 2,341 at 31 March 2023.
- 9 The rate of reduction was slower in March as we carried over a backlog of referrals waiting to be logged on our systems from February. That backlog, which has now been resolved, grew as a result of some specific people absence and system availability issues.

However, our case holding at Screening remains at its lowest level since September 2020 (see chart A2 at **Annexe 2**).

- 10 We continue to make process improvements to increase our decision making capacity at Screening. Significantly, we have made improvements to our online referral form for members of the public. This should mean members of the public are able to provide more of the information we need when they make a referral, reducing the enquiries we have to make and speeding up our decision making processes.
- 11 Additionally updates to the form will help individuals better understand if we are the right organisation to raise concerns with and if not, signposts them to the correct place to have their concerns looked at.
- 12 Our caseload at the Investigations stage has stayed at a consistent level supported by gradually increasing output numbers. We continue to focus on progressing our oldest and highest risk cases and are starting to see some progress in completing those investigations. That progress has been supported by the return of some of our oldest cases from our external investigations firms. We are anticipating a reduction in the median age of cases as a result of that continued focus.
- 13 Our investigations teams have now returned to the office for two days per week. We are looking to leverage the opportunities this brings for colleagues to learn and seek support from each other, and are using the time in the office to build casework skills and more cohesive teams. We are being supported in this by colleagues in People and Organisational Effectiveness who are running focused team building activities.
- 14 We saw significantly increased numbers of decisions from the Case Examiners in March as we reduced the amount of time the team spends supporting other teams in Fitness to Practise, to concentrate on their core decision making responsibilities. We have continued that approach into the start of this financial year.
- 15 Our Adjudication caseload has increased and we are continuing to experience a range of resourcing challenges that we will be addressing through recruitment activity.
- 16 In April, we changed the process for when professionals who are subject to fitness to practise concerns ask to be removed from the register. The changes give us more flexibility to agree to requests for removal.

But in every case, we will consider carefully whether it is in the public interest to keep someone on the register so that we can continue with our fitness to practise process.

- 17 Previously known as voluntary removal, agreed removal aims to protect the public at the earliest opportunity, while also reducing the impact for people involved in our regulatory processes. The changes should also help us reduce the fitness to practise caseload swiftly and fairly.
- 18 We have reviewed the top level structure of the directorate and appointed a new Deputy Director who will have oversight of the entire FtP process. Our intention is to remove the operational silos we previously had and to encourage end to end process thinking. As well as to increase our ability to be flexible and to adapt to changing operational priorities.
- 19 Chart 1 at **Annexe 1** sets out the caseload position at each FtP stage and shows that the continuing decrease in volumes at Screening is driving a further decrease in the overall caseload.
- 20 Performance against our KPIs for quarter 4 is set out in the Executive Report on the agenda.

### **Upcoming activity and our improvement programme**

- 21 Our programme of improvement continues to focus on delivering new ways of working which will positively impact on performance.
- 22 We previously updated Council on the establishment of a small dedicated team to test new ways of working at Screening and Investigations, looking to:
  - 22.1 Further improve the quality of the information we receive.
  - 22.2 Reduce the number of handoffs between current teams.
  - 22.3 Provide a single point of contact for those involved in our process.
- 23 We are rapidly developing processes for the dedicated team. However, we have had to create new role profiles and run recruitment, which means the team are expected to be processing live cases from the beginning of June.
- 24 We have established a new workstream in the FtP improvement programme, focused on recruitment and retention in core roles at Screening, Investigations and Adjudication where churn and vacancies remain issues which impact on case progression and management time.

	25	Our work to observe working practices at the Adjudication stage of our process is nearing completion and we should have recommendations for change to consider by the beginning of June.	1.
	26	The majority of our hearings are currently held virtually. We have no concerns about the fairness of the decisions being arrived at but are awaiting the results of the review mentioned above, which may provide views on the operational efficiency of our virtual events.	2.
<b>Midwifery implications:</b>	27	There are no implications which are specific to midwifery to consider.	3.
	28	We currently have 217 open cases that relate to midwives, this is approximately 3.9 percent of our total caseload.	4.
	29	This is less than we would expect on the basis that midwives made up 5.3 percent of the population of the register at 30 September 2022.	5.
<b>Public protection implications:</b>	30	Reducing the FtP caseload will protect the public by delivering a greater volume of more timely and more proportionate decisions across FtP and avoiding the current delays in process.	6.
<b>Resource implications:</b>	31	The cost of the activity associated with caseload reduction has been provided for in this year's budget.	7.
<b>Equality diversity and inclusion implications:</b>	32	We are aware that certain groups are over-represented in the referrals we receive and therefore having a backlog will further impact those groups disproportionately.	8.
	33	However, we have not identified any adverse implications of our approach which is to manage the caseload by progressing our highest risk and oldest cases as a priority.	9.
<b>Stakeholder engagement:</b>	34	Our key stakeholder groups remain concerned at the limited progress in resolving our backlog but are engaging with us to resolve specific cases.	10
<b>Risk implications:</b>	35	A risk that our combined operational and change activities fail to deliver increased output across the FtP process. This would impact on our ability to meet our top corporate commitment to: "Reduce the FtP caseload and improve how we handle people's concerns about nursing and midwifery professionals".	11.
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36 We are mitigating this risk by focusing our efforts on a smaller number of activities that we believe will have the greatest impact and increasing the direct support being provided from other directorates across the organisation.

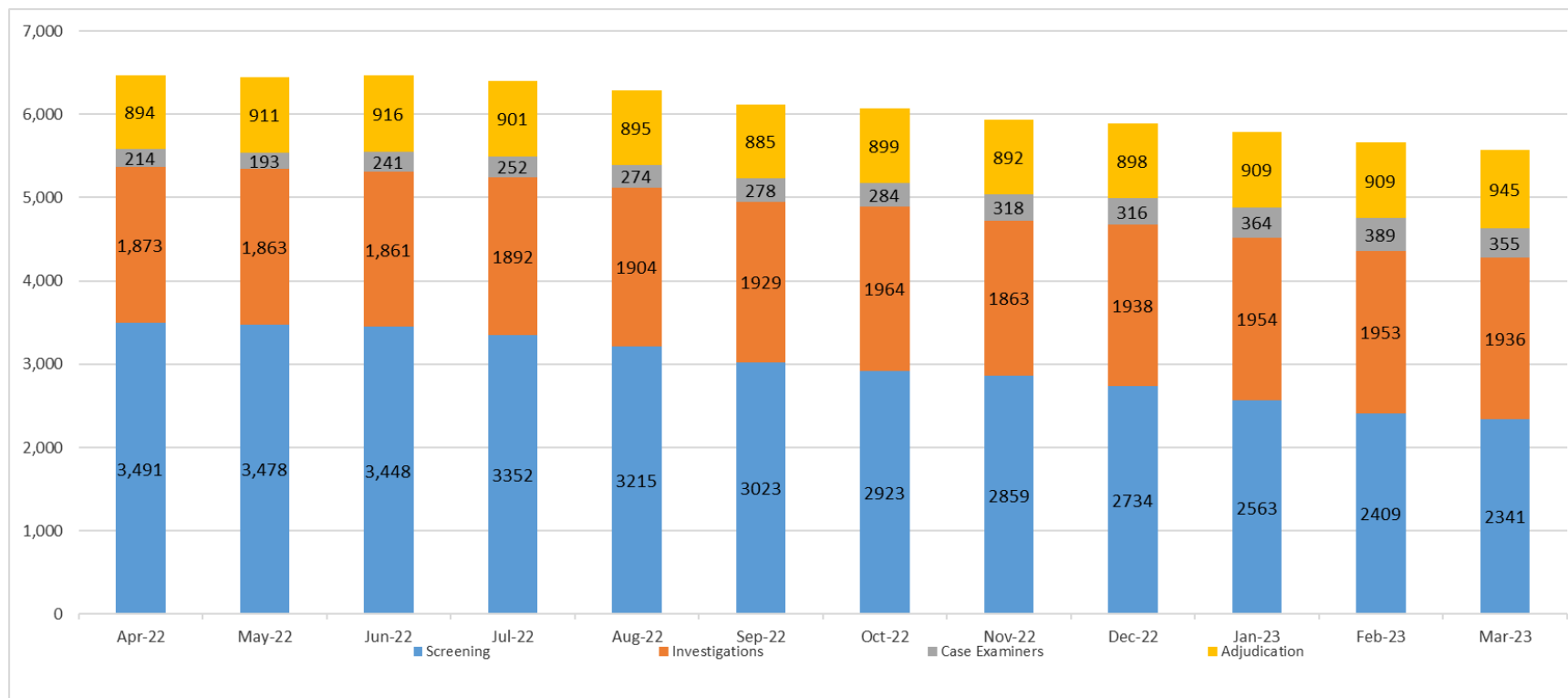
**Regulatory reform:**

37 Swift and safe reduction of the FtP caseload is a prerequisite for effective delivery of regulatory reform and will ensure the teams are well placed to adjust to significant changes in ways of working.

**Legal implications:**

38 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.

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



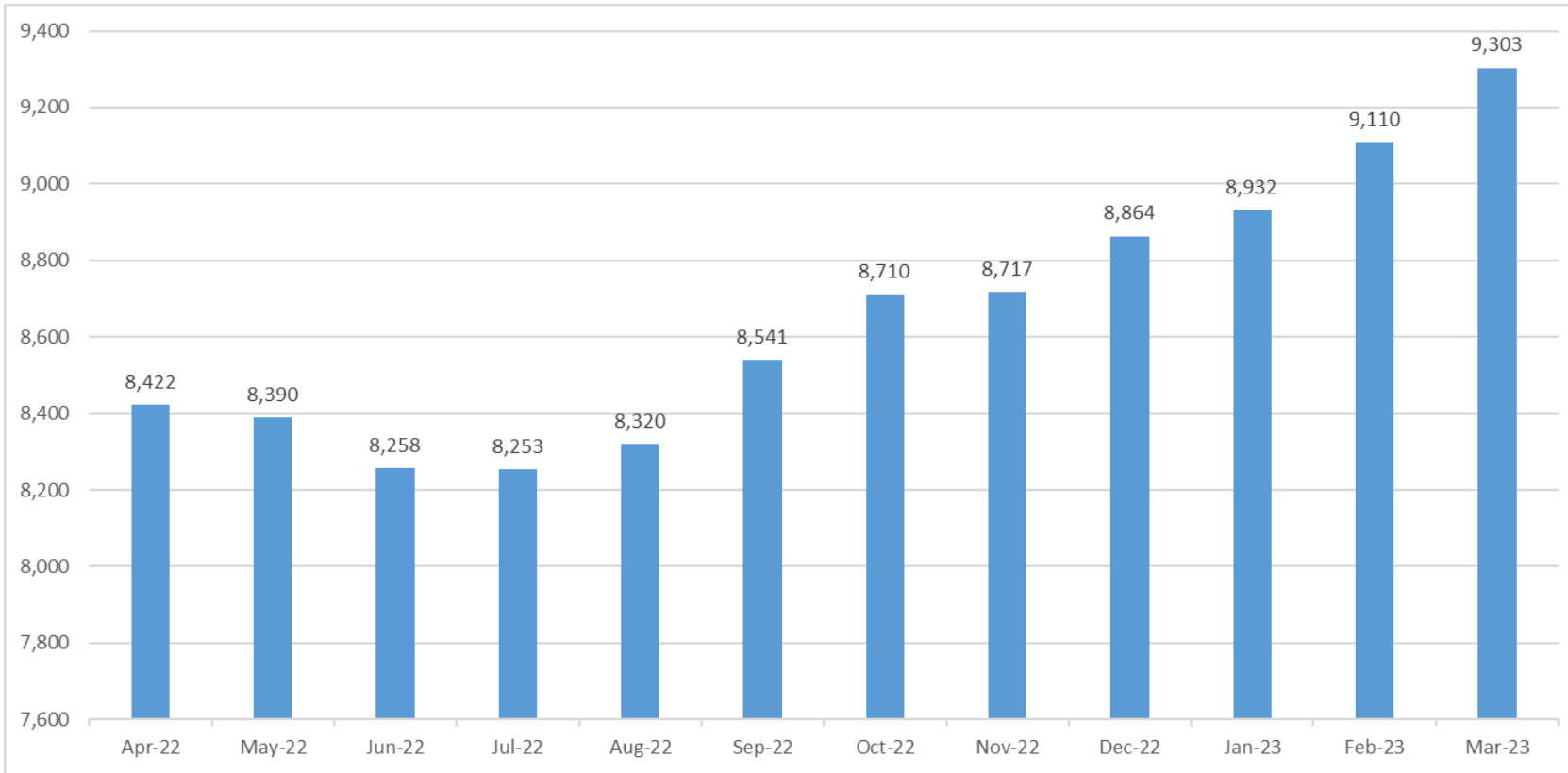
**Chart one:**

**Overall caseload position**

This chart shows how over the last year the total caseload has reduced with a significant proportion of the reduction coming in our Screening stage.

Date	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
<b>Initial forecast</b>	6,408	6,357	6,234	6,108	5,967	5,815	5,655	5,487	5,343	5,179	5,018	4,847
<b>Overall caseload</b>	6,472	6,445	6,466	6,397	6,288	6,115	6,070	5,932	5,886	5,790	5,660	5,577
<b>Variance</b>	+64	+88	+232	+289	+321	+300	+415	+445	+543	+611	+642	+730

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**Chart two:**

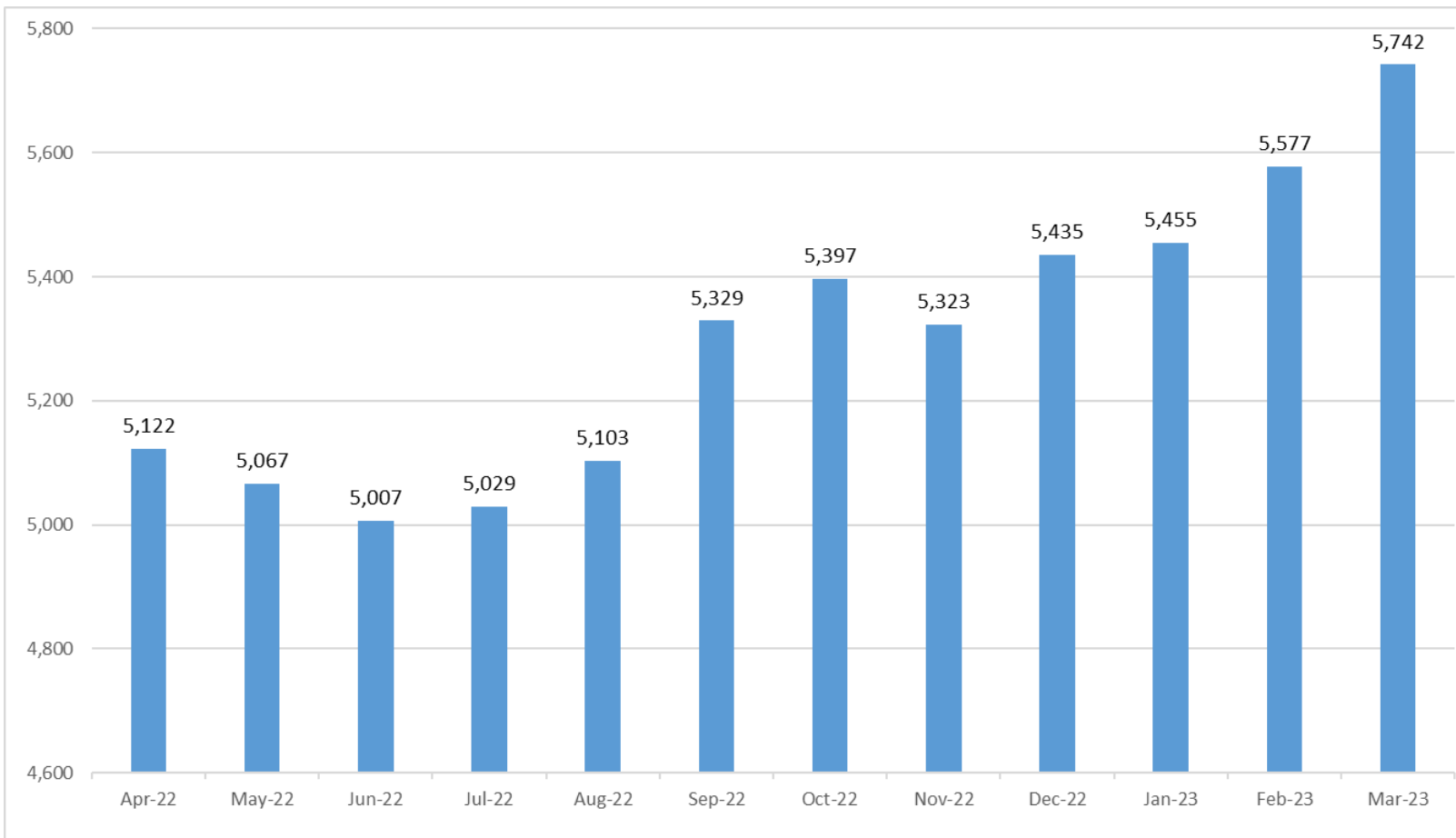
**Moving annual total case decisions**

The chart shows the number of decisions made on a rolling annual basis, which includes all cases clearing Screening, Investigations, Case Examiners and Adjudication

Date	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
<b>Total Decisions (moving annual)</b>	8,422	8,390	8,258	8,253	8,320	8,541	8,710	8,717	8,864	8,932	9,110	9,303
<b>Initial forecast - Total decisions (moving annual)</b>	11,540	11,618	11,515	11,516	11,555	11,470	11,396	11,334	11,243	11,172	11,048	10,859
<b>Variance</b>	-3,118	-3,228	-3,257	-3,263	-3,235	-2,929	-2,686	-2,617	-2,379	-2,240	-1,938	-1,556

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**Chart three:**

**Moving annual total case conclusions**

The chart below shows the number of decisions made that conclude cases on a rolling annual basis, which includes all final decisions at Screening, Case Examiners and Adjudication.

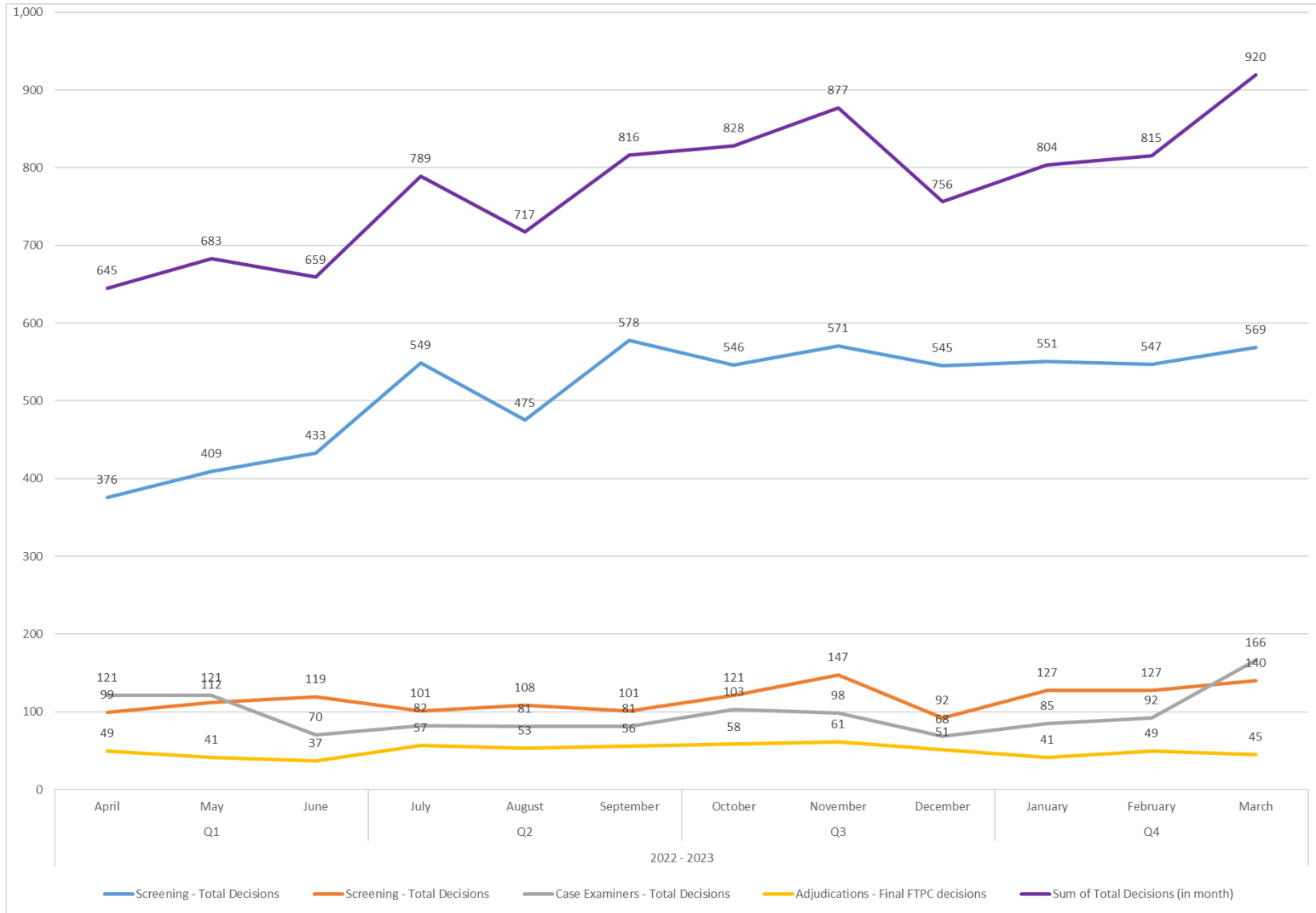
The numbers shown below are significantly lower than in Chart 2 as they do not include any decisions to progress a case onwards from Screening, the completion of an Investigation or any decisions to progress cases onwards from Case Examiners.

Month	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
<b>Total Closures (moving annual)</b>	5,122	5,067	5,007	5,029	5,103	5,329	5,397	5,323	5,435	5,455	5,577	5,742
<b>Initial forecast - Total closure</b>	6,717	6,805	6,775	6,840	6,901	6,893	6,888	6,891	6,865	6,859	6,833	6,782

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<b>decisions (moving annual)</b>												
<b>Variance</b>	-1,595	-1,738	-1,768	-1,811	-1,798	-1,564	-1,491	-1,568	-1,430	-1,404	-1,256	-1,040

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**Chart four:**

**Monthly decisions by stage**

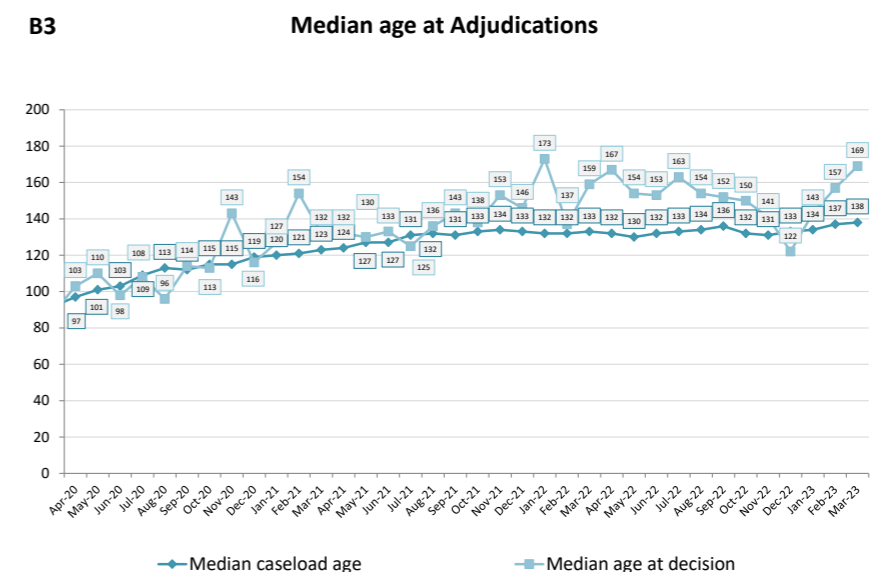
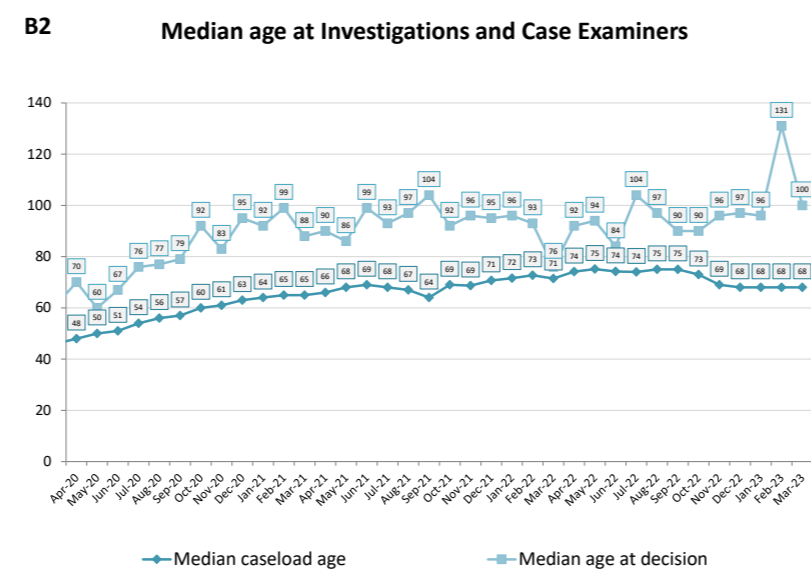
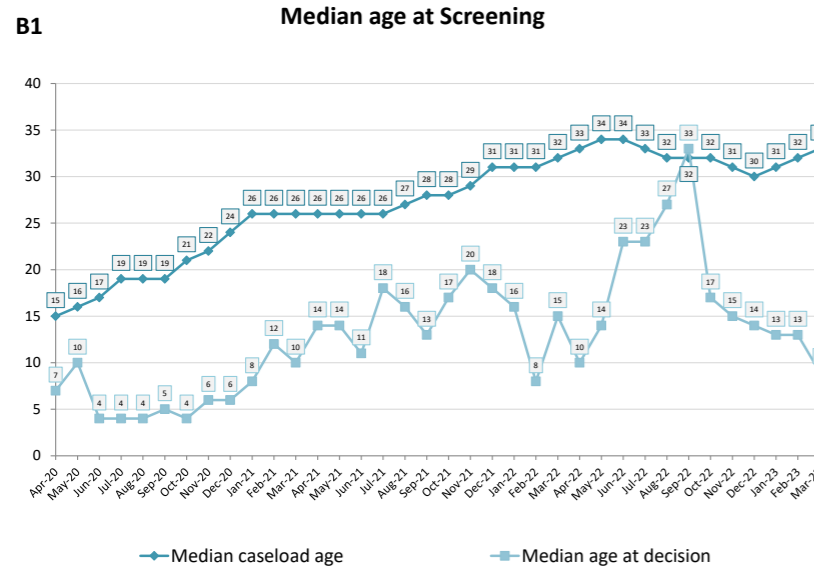
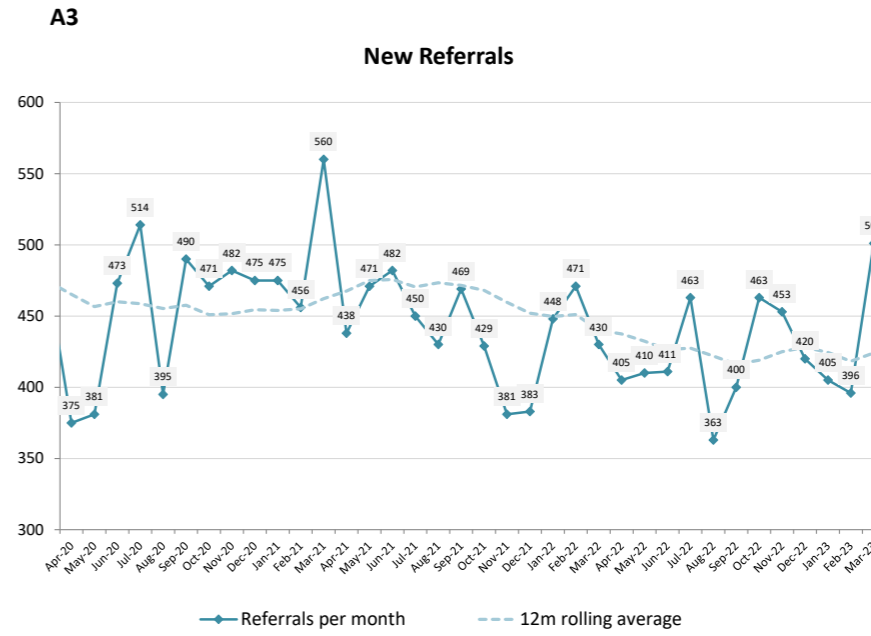
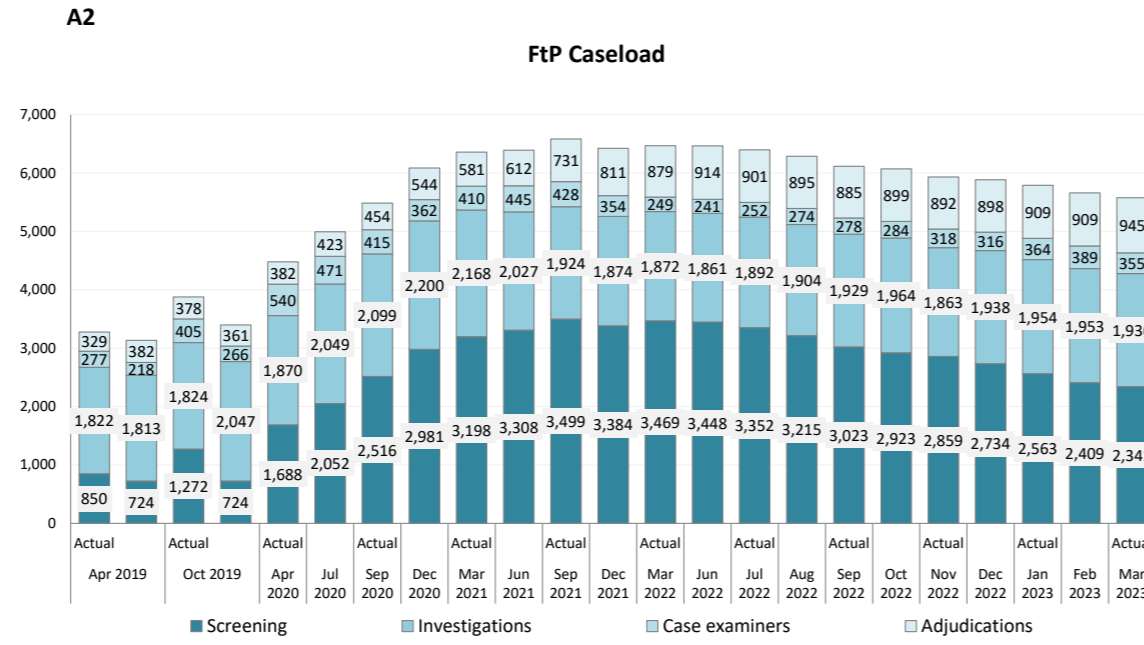
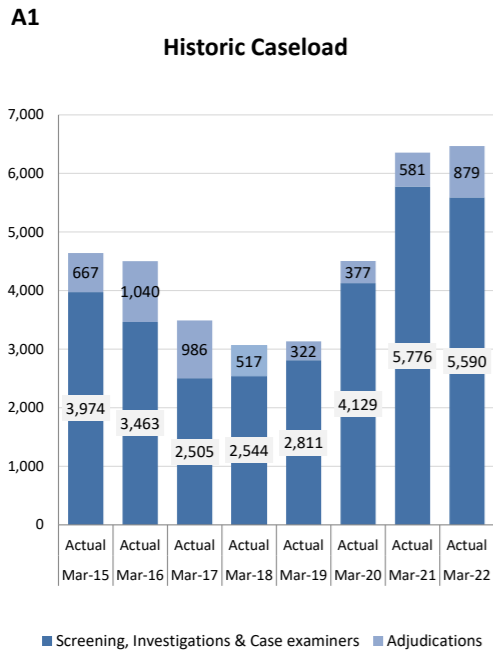
The chart shows the number of decisions made each month at each stage of the process.

We have established continuing high levels of decision making at Screening.

Case Examiner decision volumes increased markedly in March and we anticipate maintaining improved performance as we focus the team on their core decision making responsibilities.

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### FtP Performance Dashboard March 2023



Caseload Movement Summary Jan to Mar 2023

**Opening caseload 5,886**

**1,302 cases received**  
 (new referrals and reopened cases)

**1,611 cases closed**

**5,577 Closing caseload**

## Council

### Advanced practice: outcome of research/impact on options for future work

**Action:** For decision.

**Issue:** The Council is invited to consider the independent research findings commissioned as part of the discovery phase of our review of advanced practice and how they have informed our proposed next steps.

**Core regulatory function:** Professional Practice.

**Strategic priority:** Strategic aim 1: Improvement and innovation.  
Strategic aim 2: Proactive support for our professions.  
Strategic aim 4: Engaging and empowering the public, professionals and partners.

**Decision required:** The Council is recommended to approve the next steps of our discovery phase. This includes exploring specific key lines of enquiry (KLOEs) to inform the decision on the future direction of this work, the establishment of the advanced practice independent steering group and chair, and the timetable to bring back formal recommendations for the next stage of this work to the Council in September 2023 (paragraph 34).

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

- Annexe 1: Nuffield Trust: The regulation of advanced practice in nursing and midwifery (*summary only, full report is available on our website*)

**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 present regulatory model is that people join our register demonstrating our standards of proficiency and undertaking to uphold the Code. Although we refer to scope of practice in revalidation and fitness to practise, we cannot, for example, identify who on our register are advanced practitioners nor can we restrict someone from practising as an advanced practitioner other than by sanctioning them as a nurse or a midwife.
- 2 Advanced practice (AP) in nursing has been in place for decades and the preparation and roll out of these roles both internationally and across the UK have evolved over time. AP in midwifery in the UK has followed a different path to that of nursing.
- 3 AP professionals, like all professionals on our register work within their scope of practice and in accordance with our Code and standards.
- 4 Currently there are numerous definitions of AP but many of the common features include expert knowledge and advanced clinical skills, autonomy and advanced decision-making, the right to diagnose, authority to prescribe medication and treatment, authority to refer people to other professionals and authority to admit people to hospital.
- 5 Nurses and midwives in AP roles are beneficial for the people in their care. Their advanced knowledge and skill enable them to demonstrate advanced communication skills, make timely person-centred decisions, provide continuity of care and support people to navigate their care pathway seamlessly across different specialities and settings, and professions.
- 6 Over the years there have been calls for us to regulate AP, most recently from the Chief Nursing Officers (CNOs) of the four countries of the UK.
- 7 Our 2020-2025 strategy commits us to undertaking a comprehensive review of advanced nurse practice including consideration of whether additional regulation is needed.
- 8 Our recent publication of new post-registration standards in July 2022 describes these standards as a bridge to our next phase of work, on AP.
- 9 Our 2022-2023 corporate plan included a discovery phase during which we commissioned two independent research organisations to undertake work on our behalf and took the decision to extend the scope of this early evidence gathering phase to include midwifery.

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10 This paper discusses the discovery phase initial findings and how it has informed our next steps and key lines of enquiry (KLOE).

**Four country factors:**

- 11 This review includes all four countries of the UK.
- 12 Currently all four UK nations have their own AP frameworks based on four pillars of AP namely clinical, education, research and leadership/management.
- 13 Each nation’s approach to commissioning, career progression, service delivery and transformation, and recognition and oversight of AP roles varies.

**Discussion:     **Headline findings from the Nuffield Trust report****

- 14 The Nuffield Trust (NT) has undertaken a four-country landscape assessment and undertook an international literature review on the regulation of AP, analysis of other related data and policy and an audit of relevant job advertisements.
- 15 They found that there is substantial literature that demonstrates that AP can support better delivery of services and improve a range of outcomes for people. However, NT found that the evidence is less clear in suggesting that AP presents a risk to people using services, as often evidence tends to rely on small numbers of fitness to practise cases or serious events.
- 16 The evidence does suggest, however, that there are latent risks in the current arrangements for the preparation and employment of professionals in AP roles. Of note are the risks associated with diagnosis, advanced decision-making and prescribing, and delivering care interventions.
- 17 Some participants that NT engaged with felt that risk to people who use services increased in certain settings outside of the NHS. However, they also found wide variation in understanding of, and support for advanced practitioners across different NHS employers.
- 18 With regards to assurances that currently exist in the UK; nurses and midwives working in AP roles are responsible for ensuring that they work within existing regulatory frameworks. Employers are responsible for assuring the suitability of an individual’s qualifications and experience to undertake any AP role.
- 19 This differs to the position in many other nations where specific regulation of advanced practice exists. A cross-country comparison identified 11 countries with significant similar scopes of advanced practice found that only Finland and the UK did not specifically

regulate advanced nurse practice. Only one country currently regulates advanced midwife practice. Furthermore, countries such as the US, Canada, Australia, and New Zealand also all have continuing education requirements for advanced practitioners.

- 20 NT found substantial variation in AP masters' programmes and in some instances only limited assurance on standards of those completing them. Furthermore, they noted the increase of new providers delivering AP programmes.
- 21 Additional non-regulatory processes noted included the commissioning and accreditation of masters' level AP programmes, and credentialing of professionals' qualification/competency by some professional bodies.
- 22 One of the most consistently raised regulatory issues was around protection of title, although the scale of the problem appears to vary between the nations. One of the greatest concerns was around the lack of protection of the title 'nurse' (unlike 'midwife'). Others recognised that protection of an AP title would not prevent other job titles being used for people in AP roles.
- 23 Overall stakeholders were in favour of specific regulation of AP and were able to articulate a variety of regulatory approaches that could be used to provide greater assurance. They indicated that any recommended approach will have to take account of the complex and evolving regulatory landscape.

#### **Update on work being undertaken by Britain Thinks**

- 24 Britain Thinks (BT), an independent research organisation has engaged with professionals on our register who are in AP roles. They discussed their preparation and achievement of advanced practice status, what they do, and what they see as the risks and benefits of AP. BT are concluding their analysis and will provide a final report shortly.

#### **Next Steps**

- 25 This initial phase of discovery provides us with an initial evidence base that has enabled us to identify additional KLOEs. We are committed to exploring further before crystallising options and making recommendations to the Council.
- 26 In exploring whether additional regulation of AP is needed we will begin with our overarching objective, the protection of the public, and with the related objectives of maintaining public confidence in our professions and promoting professional standards.

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- 27 The KLOEs will be informed by right touch regulation principles before arriving at any proposed solution or recommendation.
- 28 We are investigating specific topic areas to further understand the benefits and risk to people who use services and how regulation may mitigate these risks, and clarify where others have responsibility. We will:
- 28.1 evaluate the four nations AP frameworks to explore the feasibility and appetite for the co-production of a unified UK wide AP framework.
- 28.2 interrogate the 11 models of regulation used in the countries identified to determine their potential and risk for successful adoption in the UK.
- 28.3 appraise our current regulatory approach that uses scope of practice to inform what the regulation of an AP level of practice may warrant.
- 28.4 consider what approach to regulation mitigates the risk of reducing regulation of AP to ‘task-shifting’ to identify specific tasks previously undertaken by other professions. We remain committed to our person-centred principles as these are a bedrock of professional practice. This KLOE will incorporate necessary enquiry of proportionate regulation of advanced generalist principles and how that may differ to regulation of advanced specialists.
- 28.5 assess what the implications for supervision and assessment of future AP professionals may be, and options on the need for specific requirements for continuing professional development and revalidation.
- 28.6 examine the stance taken by other professional regulators and how other professions inform the assurance of AP practice within specialities and specialisms.
- 28.7 begin an economic cost/benefit analysis to support our findings and recommendations.
- 28.8 identify the risks and benefits associated with AP together with the risks and benefits of potential options for different regulatory approaches. This will include consideration of cross-regulatory approaches to regulation of AP, regulatory credentialling (recognising programmes and qualifications set by others), and setting standards of proficiency for AP and approving AP programmes.

28.9 In taking these KLOEs we will also scope out wider collaborative initiatives available to us within our commitment to support and influence that stops short of regulation of AP.

### Implications

- 29 The independent findings offer valuable evidence and insights to the complex landscape of AP within the UK and in identifying where specific regulation of AP takes place elsewhere. Inevitably the KLOEs we are exploring in greater depth will inform the future options and recommendation we will formulate.
- 30 During this next phase of discovery and before returning to the Council in September we will directly engage with senior stakeholders. We will:
- 30.1 establish a new steering group that will have UK wide representation. This will include membership from key stakeholder organisations, and professional bodies and membership groups who will represent the range of settings across health and care environments
  - 30.2 appoint an independent chair of this group following a transparent and competitive recruitment process, and
  - 30.3 regularly test our exploration, the evidence, and the outcome of our KLOEs with key UK partners across nursing and midwifery.
- 31 We know that regulation of AP takes many forms and inevitably any recommendation we present to the Council will have an impact across the business of NMC. In September we will fully articulate the interdependencies for all our regulatory functions and business operations and proposed timelines for the different options.
- 32 Neither NT or BT directly engaged with members of the public or advocacy groups. Although we held early and invaluable discussions with our Public Voice Forum, it is imperative that we remain true to our coproduction principles to ensure that members of the public and people who use services are involved at every stage of this work.
- 33 This work is highly complex and as outlined in this paper we are committed to exploring whether additional regulation is needed and proportionate for nurses and midwives in AP roles. However other professions are also employed in AP roles. We will actively engage with professional regulators to update them on our work and to be able to understand their appetite and ambition for cross regulatory working with regards to additional regulation of AP professionals.

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34 **The Council is recommended to approve the next steps of our discovery phase.** This includes exploring specific key lines of enquiry (KLOEs) to inform the decision on the future direction of this work, the establishment of the advanced practice independent steering group and chair, and the timetable to bring back formal recommendations for the next stage of this work to the Council in September 2023.

**Midwifery implications:**

- 35 Advanced practice in midwifery differs in scope and development within the UK as it takes account of the level of autonomy that all midwives have at point of entry to the register that differs to nurses.
- 36 The scope of commissioned research included midwifery to ensure that both commonalities and distinct differences can be drawn out through their enquiry and findings.
- 37 Some common findings for both nursing and midwifery are reported as are those findings that are distinct and specific to AP in midwifery.
- 38 These findings will support the KLOEs to ensure a specific focus on midwifery, and in planning for future shared and distinct options for the regulation of AP in midwifery.

**Public protection implications:**

- 39 As indicated in paragraph 5 people receiving care from nurses and midwives in AP roles is beneficial. Professionals with an advanced knowledge base will demonstrate advanced communication skills, make timely person-centred decisions, provide continuity of care and support people to navigate their care pathway seamlessly across different specialities and settings, and professions as part of their day-to-day practice.
- 40 Although some members of the Public Voice Forum expressed awareness of AP roles others were unaware. This includes a lack of understanding of what professionals in AP roles know and are able to do alongside the more often heard comments that people who use services are often unaware of who is who when they are receiving care, particularly in hospital settings.
- 41 The unwarranted variation in the education, training, preparation and supervision of nurses and midwives undertaking AP roles is highlighted as a risk to public protection in the independent findings. Although this is currently mitigated by individuals' professionalism alongside employer governance there is also recognition that regulation could minimise some variation, and in highlighting where all aspects of accountability and responsibility lies.
- 42 The evidence identifies latent implications for public protection in recognising that AP in the UK involves professionals leading and

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delivering complex care activities and tasks that inherently carry a risk to people using services and with the growth of professionals in AP roles this risk is likely to increase.

**Resource implications:**

- 43 The options we will take to Council in September 2023 will confirm the recommended option for decision and the actions needed to successfully deliver this project.
- 44 An initial business case has been approved for our work on reviewing advanced practice. This includes an overall budget of £468,135 held by the Professional Practice directorate for 2023-2024 with a further budget of £518,706 for 2024-2025.
- 45 The budget for the 2023-2024 year includes additional staff costs for 1.0 FTE senior AP adviser, four 0.5 FTE AP adviser roles and the independent chair of the AP steering group. The recruitment of these roles will commence shortly.
- 46 Other staff costs are already included within the previously agreed Professional Practice staff budget. The costs for a senior project manager and project support officer are already covered within the existing budget held by the Change and Continuous Improvement department. Costs for Communications and Engagement, evidence and research and regulatory reform staff resource are included in their agreed respective budgets.
- 47 The budget includes an outline provisional cost for the potential IT changes needed across the next two years and the predicted resources needed to deliver these changes. The actual costs will be finalised and confirmed once the agreed option is known.
- 48 We have included costs for external engagement activity and any necessary public consultation and analysis of findings costs but these are dependent on the decision Council will take in September.
- 49 Small costs have been forecast for additional specific consultancy and external legal costs. We will confirm this and other expenditure after the September meeting of the Council.

**Equality diversity and inclusion implications:**

- 50 The discovery stage of the project has taken account of our public sector equality duty when commissioning the independent research reviews.
- 51 We know from our earlier work on post-registration standards that under-representation of professionals with these qualifications already exist. The reasons for this are varied and include lack of access, support, opportunity, and funding. We do not know who or

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how many on our register are in AP roles so currently it is difficult to pinpoint trends or analyse further.

52 NT findings indicate that the current shortages of opportunities for accessing an AP programme could have equality, diversity and inclusion (EDI) implications. We are committed to EDI and the development of an equality impact assessment (EQIA) for this review that is currently in draft form will be regularly updated to influence and support all aspects of this project.

**Stakeholder engagement:**

53 In addition to the engagement that the independent research organisations have undertaken we directly engaged with the Public Voice Forum to inform them about this review and to seek early insights from them. As indicated in paragraph 40 their insights were invaluable in understanding the perspectives of people who use services.

54 This Forum offered early indications that additional regulation may be appropriate and felt that awareness could be raised about the role so that people know what these professionals do and how it differs from nurses and midwives generally.

55 We have informally updated the CNO’s on the progress of this work and planning for a series of future stakeholder engagement is underway. As stated in paragraph 30 this includes the proposed recruitment of an independent chair of the advanced practice steering group and agreeing membership of this group.

56 We are establishing an AP community of interest and in the summer we will hold a workshop with other professional regulators.

57 Plans are in place to update midwifery panel and the professional stakeholder advisory group.

**Risk implications:**

58 The independent reports highlight some of the risks that exist now. Currently the risks identified include:

58.1 Public understanding about job titles and who does what, and redress if there are concerns about their care or treatment.

58.2 AP meaning different things in different settings, with the potential to undermine public confidence and professional mobility.

58.3 AP nurses and midwives being asked to do things outside of their scope of practice and/or clinical governance.

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- 59 This is a complex piece of work and there is a risk that delays in recruiting to the additional posts for our work in AP will delay the overall project objectives timeline.
- 60 Now that we have our executive director in post we will finalise the processes for the recruitment of the independent chair of the steering group, agree membership of that steering group and advertise and appoint the agreed additional roles within Professional Practice Directorate to support this additional discovery work.
- 61 We already have project management support in place and will finalise the outline project plan, timeline, milestones and risk register as part of the overall governance of this project.

**Regulatory reform:**

- 62 Regulatory reform will introduce changes to the way we regulate post-registration qualifications. The proposals include using new powers to make sure the register reflects registrants’ current practice.
- 63 We are working closely with regulatory reform colleagues regarding future proposals for the possible regulation of advanced practice. Ongoing discussions will include consideration of revalidation requirements, protection of qualifications where only professionals who have our qualifications will be able to use relevant job titles, amendment on request and information from fitness to practise decisions.

**Legal implications:**

- 64 Standards of Education and Training for advanced practice could be set under the existing provisions in the Nursing and Midwifery Order 2001 (‘the Order’). When establishing standards the usual provisions under Article 15-18 of the Order would apply, as would the requirement for consultation under Article 3(14).
- 65 It would be possible to add an annotation for a new advanced practice recordable qualification to the Register under the existing provisions of the Parts & Entries Order.
- 66 Currently there is no power to remove a recorded qualification once the entry on the Register has been made nor can we protect the title advanced nurse practitioner or advanced midwife practitioner. Therefore, it is imperative that this work aligns closely the work we are doing on regulatory reform as outlined in paragraph 60-61.
- 67 We will be seeking new legal advice from the General Counsel Team to support the options and recommendations we will take to the Council in September.

# SUMMARY

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Research report May 2023

# Independent report on the regulation of advanced practice in nursing and midwifery

William Palmer, Sophie Julian and Louella Vaughan

# Summary

1. Nurses and midwives are increasingly taking on more complex, autonomous and expert roles, commonly referred to as 'advanced practice'. These roles have been developed over time for a range of clinical, operational, financial, resourcing and professional reasons and are intended to benefit patients, practitioners and health and social care. The policy across the four countries of the United Kingdom (UK) appears to be to increase the number of advanced nurse roles. All midwives are autonomous at the point of registration and 'advanced practice' in midwifery remains at a far smaller scale, although there have been some recent efforts to more clearly establish such roles.
2. The regulation of health and social care professions is intended to protect the public from the risk of harm and maintain public confidence. Nurses and midwives are regulated by the Nursing & Midwifery Council (NMC). Currently, there is no specific additional regulation covering advanced practice. As a result, nurses and midwives working in advanced practice are responsible for ensuring that they work within existing regulatory frameworks. Meanwhile, employers are responsible for assuring, for example, the suitability of an individual's qualifications along with previous experience of undertaking advanced practice roles. There are also some other processes for providing assurances around advanced practice, including through the commissioning and (non-mandatory) accreditation of educational programmes and via credentialling (formal recognition of professionals' competencies) by some professional bodies.
3. Most nations with nurses working at a similar advanced practice level as nurses in the UK have specific advanced practice regulation. A cross-country comparison identified 11 countries with significant similar scopes of advanced practice as in the UK and, of these, Finland was the only other (alongside the four countries of the UK) to not specifically regulate advanced practice. However, the NMC has committed to review the possibility of regulation for advanced practice and, in turn, commissioned this report. Where countries have sought to additionally regulate advanced practice, experiences have varied, with some, for instance, enacting changes in a short time span (for example, the Netherlands) while in others it took longer (for example, a decade in New Zealand).
4. In our research, we identified only one example of a country (Ireland) with specific statutory regulation for advanced practice in midwifery. The development of advanced practice in midwifery in the UK is more recent and differs from that of nursing, and the numbers of midwives holding an advanced practice title remain



small. The different contexts around advanced practice in nursing and midwifery are important to bear in mind and the current risks are not identical but, that said, the types of considerations are still largely similar.

## What are the risks in the current arrangements?

5. The merits of advanced practice are not in doubt. Indeed, there is a substantial literature that demonstrates that it can support better delivery of services and improve a range of outcomes for people who use services. However, our specific task in this research has been to explore where there are risks attached to advanced practice and whether additional regulation might ameliorate or mitigate them. Previous reviews on the regulation of advanced practice in the UK have pointed to a lack of systematic direct evidence that advanced practice presents a risk of harm to people using services.<sup>1,2</sup> However, these reviews were looking at rare events such as deaths and fitness-to-practise cases. Moreover, advanced practitioners are still a relatively small (but unknown) proportion of the workforce and sometimes difficult to identify in investigations of clinical practice complaints.
6. While the evidence is admittedly limited – including internationally – the literature suggests that there are latent risks in the current arrangements for preparing and employing advanced practitioners, as described below, which should be considered seriously. The greatest risks (across all clinicians) appear to relate to tasks such as diagnosis and interventions, which increasingly sit within the scope of advanced practice.
7. Many participants in our research considered that there was an increased risk of harm to people using services in some settings, particularly where the employer was not a National Health Service (NHS) organisation. Some suggested – albeit typically not about the UK as a whole – that assurances on the suitability of the advanced practitioner and their role could occasionally be weak in, for example, some general practice and out-of-hours services, third sector providers (nursing homes and charities) and agencies. We also found wide variation in understanding of, and support for, advanced practitioners across different NHS employers too.
8. We also heard that poor public understanding of advanced practice could undermine consent to treatment. Previous reviews have suggested that public understanding is limited<sup>3</sup> and a survey found that two in five (42%) of trainee and advanced clinical practitioners in England thought that patients did not understand their role.<sup>4</sup>
9. Practitioners working in advanced practice roles are responsible for being aware of their own limitations and recognise the parameters of their scope of practice. However, we heard that their scope of practice was not always clear. While not specific to nursing and midwifery, it is noteworthy that in a survey of allied health

professionals, more than half of respondents (55%) perceived ‘assurance to self of knowledge and skills’ as a benefit of the regulation of advanced practice.<sup>5</sup>

10. The most common current route to advanced practice in nursing and midwifery is through higher education, namely a master’s degree. There is substantial variation in master’s courses and in some instances only limited assurance on the standards of those completing them. The variation includes the amount of clinical content (something that also varies between countries where there is regulation) and entry requirements, including the amount of experience needed before enrolling. Previous work even identified an advanced practice course with content considered to be undergraduate as opposed to master’s level.<sup>6</sup> We also heard concerns about – and differences of opinion on – the extent to which courses should be tailored to the clinical settings in which advanced practitioners work. An increasingly diverse set of providers are offering advanced practice courses, and some of these providers have not been involved in nursing or midwifery education before.
11. External examinations and/or an assessment of a portfolio of skills and competencies are commonly required for registration for higher levels of practice internationally across a broad range of professions (for example, medicine, law and finance). Advanced nursing practice in Australia, New Zealand and the United States (US) requires external examination and/or submission of a portfolio. In the UK, assessment for advanced nursing practice is based predominantly on professional qualification. In addition, for those already working at this level in England, the Centre for Advancing Practice can formally recognise previous learning and experience, with a similar portfolio route also offered in Wales.
12. There was broad consensus that while it is appropriate to have flexibility and a degree of difference in the approaches to advanced practice in the four UK countries, there is a risk if they became too divergent. In particular, the risk to the movement of clinicians within the UK was raised. A similar argument was made on the importance of some international consistency, noting that half of recent joiners to the NMC register trained overseas.

## What are the views on introducing additional regulation?

13. Overall, stakeholders were in favour of the specific regulation of advanced practice. Separate research that the NMC has commissioned on the views of nurses and midwives will provide further detail, but counterparts from other clinical professions have largely agreed (78% of survey respondents) that advanced-level practice should be regulated.<sup>7</sup> However, many stakeholders were not clear on the implications of statutory regulation as a tool and whether, in practice, it would be useful. Even those with a strong desire for the regulation of advanced practice

acknowledged this was, at least in part, due to keenness to advance the profession and there was a recognition of the trade-offs around the complexity and cost of introducing more regulation.

14. Our review of the international experience, as with stakeholders we spoke to, highlighted that there are various approaches that could be taken to provide greater assurance. While challenges remain across the UK, each of the four countries has tried to – albeit in different ways – address the inconsistency in the employment of advanced practitioners, for example. While some national bodies have sought to provide some clarity on governance structures, few participants in our research were able to articulate a specific blueprint for what such an overall approach to regulation might look like.
15. One of the most consistently raised regulatory issues was around the protection of the title, although the scale of the problem appears to vary between the UK countries. One of the greatest concerns was around the lack of protection in law of the title ‘nurse’ (unlike ‘midwife’), although we heard examples of practitioners using the ‘advanced practice’ title despite, for example, failing to complete the full master’s or attending only a half-day course. However, those we spoke to largely recognised that protecting the ‘advanced practice’ title through statutory regulation would not entirely safeguard against this (as alternative job title wording could be used) and employers and other oversight bodies could instead provide some additional assurance and consistency. Moreover, we heard that the introduction of yet another official level of practice would not necessarily help public understanding, which is also a lesson from the US.
16. Some considered the revalidation process as a potential opportunity to help strengthen the appraisal and support processes for advanced practitioners. We heard concerns about the lack of ongoing development of some advanced practitioners, with one study of advanced clinical practitioners, for example, finding that only three-quarters had access to clinical supervision.<sup>8</sup> While some areas of the UK might not be alone in having challenges in providing support, countries such as Australia, Canada, New Zealand and the US all have continuing education requirements for advanced practitioners.<sup>9</sup>
17. Cost was considered to be potentially problematic for all involved – practitioners, employers and the NMC. The increased cost of regulation was perceived to be the biggest disadvantage of regulation in a survey of professionals that the Health & Care Professions Council (HCPC) conducted.<sup>10</sup> There is a possibility of additional cost to employers, including increasing burden on services, if there is a significant expansion of clinical supervision and assessment requirements. The experience of other regulators suggests that the introduction of additional regulation would likely be expensive, resource-hungry and time-consuming for the NMC itself.

## Our concluding remarks

18. This is not the first time that the regulation of advanced practice has been considered, but given the fast-changing landscape it is reasonable that the topic is revisited. Indeed, in terms of the fluid context, at the time of writing, the UK government was consulting on proposals for reforming the regulation of health care professionals, including proposals to introduce more consistency between regulators and provide them with greater autonomy.
19. The risk of harm to the public that advanced practice in nursing and midwifery poses needs to be at the forefront of any considerations. And while there is limited evidence on the scale of such risks internationally, and previous UK reports on advanced practice have not presented any systematic evidence of harm, our view is that the scale of advanced practice currently and the systems in place to identify harm mean that this should not be interpreted as conclusive evidence of a lack of harm.
20. What is fairly clear is that advanced practice – particularly in the UK – commonly involves complex activities and tasks that inherently carry a risk to people using services. Given the lack of assurances around education and employment in some instances, coupled with a likely growth in the numbers of advanced practitioners, we prescribe a precautionary approach to the protection of people using services and maintaining public confidence against the risks arising from a lack of consistency and standardisation (while still being mindful of the need to be proportionate). Key issues, as things stand, include the clinical content of courses and programmes, the experience required for advanced practice roles, and some employers’ understanding of the role and ability to take assurances on the appropriateness of individual practitioners.
21. This research was not intended to define what the single best solution would be. In any case, the limited nature of the published international research on the effectiveness of the regulation of advanced practice, coupled with the different contexts overseas meaning it is not clear how translatable existing arrangements are to the UK, render making such a specific conclusion impossible. However, we believe our research does support us in outlining the primary options available and key considerations around these, as well as the principles that should be followed in agreeing what course of action to take and how to implement it.
22. Those key options available around statutory regulation (discussed in more detail in section ‘Options’ in Chapter 5) are as follows:
  - i. **Keep the existing statutory regulatory framework as it is.** Current assurances do not appear to be sufficient in all services and all settings and could increasingly represent a risk if advanced practice continues to expand in

scale. However, the ongoing legislative changes to the regulation of health care professionals in the UK mean that, at least in the short term, there is a case for delaying any changes to the NMC's current stance on advanced practice. During such a delay, other means to provide assurances can be sought (including continued development of accreditation and credentialling by various professional bodies and employment and commissioning practice), and inconsistencies in approaches to advanced practice between the four countries of the UK that could otherwise prove a barrier to future additional regulation could be addressed.

- ii. **Develop annotation of the existing NMC register for advanced practice qualifications or evidence of equivalence.** This could provide some additional assurance around many of the issues highlighted but would require the NMC to further develop its register (to permit such annotations) and still require sufficient oversight of educational organisations.
- iii. **Develop a second tier of regulation for advanced nursing and midwifery practice.** This option would provide some greater assurance but there are significant challenges in the complexity, cost and time required, as well as risks around appropriately regulating those already working at advanced practice level and ensuring assurances taken on the qualification are appropriate.

23. In terms of the process to agree a regulatory approach, any solution will have to involve a range of actors beyond the NMC, although with an appropriate and clear balance of responsibilities. The respective national departments of health of the UK, arm's-length bodies and Royal Colleges are already doing a considerable amount – often successfully – to provide assurances and good governance around advanced practice. Our findings – coupled with the recognised principles of good regulation (being proportionate, consistent, targeted, transparent, accountable and agile<sup>11</sup>) – can help define some parameters for considering what changes are needed. To this end, we believe our findings suggest the following:

- The regulation of advanced practice needs to be **future proofed** – particularly given ambitions to expand advanced practice – and provide sufficient assurance for a larger and perhaps more heterogenous set of staff seeking to work in such roles. Given the earlier stage of development of advanced practice in midwifery, specific consideration is needed for this profession to ensure regulation is appropriately flexible.
- A **UK-wide solution** should be sought given the scale of migration of nurses and midwives between the four countries of the UK. This neither means that responsibility has to lie with a single, UK-wide organisation (noting that the regulation of social work, for instance, has separate national regulators with an agreed approach) nor that this would unduly

fetter the flexibility for each country to ensure the regulatory system is fit for purpose for their needs.

- A **wider strategy** will be required to address all the risks that advanced practice raises (as well as deliver on the opportunities). Whatever statutory regulation is – or is not – in place, employers and individual practitioners will retain many responsibilities. Employers and commissioners of services as well as, for example, Royal Colleges that undertake credentialling will have to be part of the solution and any statutory regulatory changes should not be seen as providing all the necessary information and assurance.
- There needs to be sufficient **consistency in approach between professions**. While regulation alone will not fully address currently limited public understanding of the advanced practice role, there is a risk that inconsistent approaches to regulation between the NMC, HCPC and other regulators could erode it further.
- Any regulatory decisions need to be conscious of, and likely mitigate against the risks of, **unintended consequences**. Specific regulation on advanced practice would, for instance, have implications for other levels and forms of practice (such as clinical specialists, consultant practitioners and extended scope practitioners) and fields that could already be considered as advanced, such as health visiting.
- Any regulatory changes will have to be consistent with the **highly complex and evolving regulatory landscape**.

24. Our research also points towards lessons for implementing any regulatory changes. A realistic implementation plan is certainly required, as paths to regulation are typically longer, more convoluted and more expensive than regulators initially anticipate. Usually there is a run-in period whereby the new arrangements are voluntary or prospective (just covering the newly qualified). The NMC and UK government could simplify some of the issues by providing clarity on the protection of the 'nurse' title. And the NMC could also develop proposals around annotating its register for qualifications such as appropriate advanced practice master's courses.

## Council

### Removal of Assistant Registrar delegated authority

<b>Action:</b>	For decision.
<b>Issue:</b>	Removal of additional Assistant Registrars following the end of colleagues' secondments in relevant roles.
<b>Core regulatory function:</b>	Professional Regulation.
<b>Strategic priority:</b>	Strategic aim 4: Engaging and empowering the public, professionals and partners. Strategic aim 6: Fit for the future organisation.
<b>Decision required:</b>	<b>The Council is recommended to rescind the appointment of the colleagues named in paragraph 7 of this paper as Assistant Registrars, as their secondment in a relevant role have ceased and they are no longer required to act on behalf of the Registrar, in accordance with Article 4 of the Nursing and Midwifery Order 2001 and the Standing Orders. (Paragraph 8).</b>
<b>Annexes:</b>	None.
<b>Further information:</b>	If you require clarification about any point in the paper or would like further information please contact the author or the Executive Director named below.  Author: Matthew Hayday Phone: 020 7681 5516 <a href="mailto:matthew.hayday@nmc-uk.org">matthew.hayday@nmc-uk.org</a>  Executive Directors: Ruth Bailey/Lise-Anne Boissiere Phone: 020 7681 5341 <a href="mailto:bailey.boissiere@nmc-uk.org">bailey.boissiere@nmc-uk.org</a>

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**Context:**

1 The appointment of Deputy and Assistant Registrars is governed by Article 4(5) of the Nursing and Midwifery Order 2001 ('the Order'), which states:

*If the Council appoints a deputy or assistant Registrar and that Deputy or Assistant Registrar is authorised by the Registrar to act for him in any matter, any reference in this Order to "the Registrar" shall include a reference to that Deputy or Assistant Registrar.*

2 Standing Order 6.6 describes the process for the appointment of Deputy and Assistant Registrars by the Council:

***"6.6 Deputy and Assistant Registrars***

*6.6.1 The Council may, upon the nomination of the Registrar, appoint a member of staff as a Deputy or Assistant Registrar.*

*6.6.2 The Registrar may authorise in writing any person appointed by the Council under Standing Order 6.6.1 to act on her / his behalf in any matter.*

*6.6.3 In determining whether to authorise a person under Standing Order 6.6.2, the Registrar shall ensure that (a) appropriate training, guidance, and procedures are available to enable the proper discharge of the delegated functions; (b) due consideration is given to (i) the segregation of duties, where appropriate; (ii) potential conflicts of interest."*

3 This paper asks the Council to rescind the appointment of Assistant Registrars following the end of planned secondments. This is a routine administrative process and there are no other factors to consider.

**Four country factors:**

4 This applies to our regulatory work in all four countries.

**Discussion and options appraisal:**

5 In May 2021, the Council approved the appointment of a number of Assistant Registrars in the Quality of Decision Making (QDM) team to facilitate decision making for reviews of various elements of the Fitness to Practise process.

6 Two of the Case Assessors that were appointed as Assistant Registrars in May 2021 have now come to the end of their secondments. They have moved back to their substantive roles or other secondments where they are not required to make decisions on behalf of the Registrar.



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7 The Council is asked to rescind the appointments of the following colleagues as Assistant Registrars:

7.1 Nasreen Anderson, Investigations Lawyer

7.2 Angharad Ansell-Jones, Senior Lawyer

**8 Recommendation: The Council is recommended to rescind the appointment of the colleagues named in paragraph 7 of this paper as Assistant Registrars, as their secondments in a relevant role have ceased and they are no longer required to act on behalf of the Registrar, in accordance with Article 4 of the Nursing and Midwifery Order 2001 and the Standing Orders.**

**Midwifery implications:**

9 These proposals apply equally to decisions relating to midwifery.

**Public protection implications:**

10 None.

**Resource implications:**

11 None.

**Equality diversity and inclusion implications:**

12 None. This paper relates to the end of a secondment for two individuals and there are no associated equality, diversity and inclusion (EDI) implications with this process.

**Stakeholder engagement:**

13 None.

**Risk implications:**

14 Leaving a colleague with Assistant Registrar powers in a role that does not require them could lead to confusion or the inadvertent use of those powers.

**Regulatory reform:**

15 None.

**Legal implications:**

16 None. The General Counsel team have advised on the removal process for an Assistant Registrar. Article 4(5) of the Order states that, where the Council appoints an Assistant Registrar and that Assistant Registrar is authorised by the Registrar to act for them in any matter, references to the Registrar in the Order are to include references to an Assistant Registrar. Therefore, the provisions in the Order that apply to the Registrar will also apply to an Assistant Registrar.

- 17 Article 4(1) of the Order states that the Council is to appoint a Registrar (as set out above this would include any Assistant Registrar) to hold office “for such period and on such terms as the Council may determine”. The Council is therefore given broad discretion as to the terms of the appointment of an Assistant Registrar.

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## Council

### Audit Committee Report

**Action:** For information.

**Issue:** Reports on the work of the Audit Committee.

**Core regulatory function:** Supporting functions.

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

**Decision required:** None.

**Annexes:** None.

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

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Chair: Derek Pretty

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- Context:**
- 1 Reports on the last meeting of the Audit Committee held on 26 April 2023. Key Issues considered by the Committee included:
    - 1.1 Progress on the Internal Audit work plan and the final internal audit opinion for 2022-2023.
    - 1.2 The comprehensive assurance review of the Complaints and Enquiries team.
    - 1.3 Annual review of risk management effectiveness, and the scrutiny the Committee gives this work.
    - 1.4 The preparation for annual report and accounts, including the NAO's plans for the external audit.

**Four country factors:** 2 None directly arising from this report.

**Discussion: Comprehensive assurance review of complaints and enquiries**

- 3 The Committee considered a comprehensive assurance review of complaints and enquiries processes, which provided:
  - 3.1 An overview of the role of the customer enquiries and complaint team
  - 3.2 How the team's approach to handling complaints, enquiries and information requests had evolved since the centralised team was created in 2018
  - 3.3 Scope for further improvement and the associated risks and issues.
- 4 The Committee was pleased to note the improvements made in this area since 2018. The team had strengthened and clarified the complaints process, leading to more effective collaboration with colleagues, and most importantly, more timely and satisfactory responses for those that raise complaints. The Committee was also pleased to see the team had embraced the use of dyanmics 365 to help improve their ways of working.
- 5 The team recognises that there are further improvements to be made, and a key priority will be ensuring learning is appropriately embedded across the organisation to avoid recurring issues.
- 6 The full presentation is available to Council in the Board Intelligence document library on the "PSA Reports, other key publications and briefings" shelf.

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## Internal Audit Work Plan

- 7 The Committee considered one internal audit report, which was on Council and Executive Board information. This was the final report of 2022-2023 and marked the completion of the workplan for 2022-2023.
- 8 The audit of Council and Executive Board Information had received an opinion of reasonable assurance. The audit found that overall the NMC has systematic processes in place to ensure the timely reporting of information to the Council and Executive Board, based upon robust underlying data.
- 9 The areas identified for improvement related to ensuring management information was not overly detailed, developing ways to measure and report strategic outcomes for the next strategy, and developing a clear statement of practice for identifying management information.
- 10 The Committee recognises how important management information is in ensuring effective governance and welcomes the Executive's commitment to further developing and refining the NMC's approach, in particular to ensuring management information is developed at the start of a system build.

## Final Internal Audit Opinion 2022-2023

- 11 The Committee considered the final Internal Audit Opinion for 2022-2023 and welcomed the Head of Internal Audit's positive assessment, noting that the Opinion was similar to 2021-2022.
- 12 The Committee was pleased to note that there had been significant progress in completing management actions identified by the audits. In 2021-2022 there had been challenges in completing actions, particularly within People and Organisational Effectiveness, and the Committee was pleased to note the improvement in this area.
- 13 The Committee thanked the Internal Auditors and NMC colleagues for their collaborative approach to the audits which had produced productive outcomes for the NMC.

## Annual review of risk management effectiveness

- 14 The Committee considered the report on the annual assessment of risk management effectiveness of 2022-2023. This included an overview of each directorate's assessment of their risk management and internal controls.
- 15 The Committee was pleased that the review had rated four out of six of the directorates as having reasonable assurance, with three of those nearing substantial assurance.

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- 16 However, two directorates – People and Organisational Effectiveness and Professional Regulation – had been rated as partial assurance as they could not explicitly evidence up to date risk registers and regular risk conversations. However, they could demonstrate that they were managing key risks, such as the recovery plans for the fitness to practice caseload. The areas for improvement were instead about ensuring a consistent approach to risk management and following processes for capturing discussions. The relevant Executive Directors had agreed to make those changes, with plans already underway to do so. The Committee agrees that these gaps are therefore tolerable in the short term as new management teams in both directorates establish themselves over the next quarter. The Committee has requested sight of these directorates’ risk registers
- 17 The Committee was pleased to note the improvement in the appraisal responses and encourages the Executive to improve the completion rate even further.
- 18 Overall, the Committee was content with the assurance provided by the annual review of risk management, and noted that it aligned with the Internal Audit opinion.
- 19 The Committee also considered the actions planned in response to the risk management maturity audit conducted in 2022. The Committee agreed that the plans were appropriate, noting that there had been significant improvements in this area over the last few years.

**Anti-fraud, bribery and corruption 2022-2023**

- 20 The Committee was pleased to note that no instances of fraud, bribery or corruption had been detected in 2022-2023 and that there had been no reported incidents of offences under the Modern Slavery Act 2015 in the NMC’s supply chain.

**NAO plans for the 2022-2023 audit**

- 21 The Committee reviewed the NAO’s plans for the 2022-2023 audit and was content with their proposals.

**Annual Report and Accounts 2022-2023**

- 22 In line with the timetable for the production of the Annual Report and Accounts the Committee considered a draft of the Annual Governance Statement.
- 23 The Committee made minor amends to the statement and noted how comprehensive the draft annual governance statement was and thanked the teams responsible for developing it.

- 24 Council will review the Annual Report and Accounts on 5 July 2023. Ahead of this discussion, a draft of the report will be shared with Council on Board Intelligence on 31 May 2023 for comment.

### **Schedule of Insurance Arrangements**

- 25 The Committee considered and noted the schedule of insurance arrangements.

### **Single tender actions**

- 26 The Committee considered and noted the annual report on single tender actions (STAs) for 2022-2023.

### **Whistleblowing**

- 27 The Committee reviewed the annual report on the use of the NMC's internal whistleblowing policy. The Committee is confident in the integrity of the whistleblowing policy and is assured by the thorough approach taken to investigating incidents.

### **Proposed approach to the annual review of Audit Committee effectiveness**

- 28 The Committee approved the proposed approach to the annual review of Audit Committee effectiveness.

### **Outgoing Chair of Audit Committee**

- 29 This meeting was Marta Phillips' last as Chair of Audit Committee, as her term as a Council member was to end on 30 April 2023. The Committee and the Executive thanked Marta for the considerable contribution she has made to the NMC, in particular how she has strengthened the Committee's ability to provide constructive, supportive challenge to key areas of the organisation.

#### **Midwifery implications:**

- 30 No midwifery implications arising directly from this report.

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

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

#### **Resource implications:**

- 32 No resource implications arising directly from this report.

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

- 33 Our Annual Report and Accounts needs to reflect our commitment and work in equality, diversity and inclusion (EDI). The Nursing and Midwifery Order 2001, reinforces this need, requiring us to include a description of the arrangement puts in place to ensure adherence to good practice in relation to equality and diversity (50.1a).

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34 The Committee considered the Annual Governance Statement at its meeting in April (paragraphs 21-23) and will consider the full draft at its meeting on 7 June 2023.

35 The Committee will consider how it ensures EDI is embedded into all its work as part of its annual effectiveness review (paragraph 28)

**Stakeholder engagement:** 36 None.

**Risk implications:** 37 No risk implications arising directly from this report.

**Regulatory reform** 38 None.

**Legal implications:** 39 None identified.



## Council

### Investment Committee Report

**Action:** For noting.

**Issue:** Reports on the work of the Investment Committee.

**Core regulatory function:** Supporting functions

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

**Decision required:** None.

**Annexes:** None.

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

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Chair: Derek Pretty

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**Context:** 1 Reports on the last meeting of the Investment Committee held 19 April 2023. Key issues considered by the Committee included:

1.1 The performance of the portfolio.

1.2 The Committee’s review of the investment policy, in particular considerations relating to China and holding stocks in companies such as PepsiCo.

**Four country factors:** 2 Not applicable for this paper.

**Discussion: Performance of the Investment Portfolio**

- 3 The Committee reviewed and discussed the performance of the Investment Portfolio with our Investment Managers, Sarasin. The long-term objective for the fund is a return of UK Consumer Price Index (CPI) plus 3 percent per annum over rolling five-year periods.
- 4 Since the Committee last reported to Council in November 2022, it has continued to be a challenging period for the economy, with the impact of rising inflation and the ongoing effects of a drop in the value of sterling. Against this backdrop of a challenging economic environment, the portfolio had underperformed during 2022, with a return at the end of the calendar year of -10.3 percent, which was below the long-term objective (CPI plus 3 percent) of 14.0 percent and the composite benchmark of -6.9 percent.
- 5 Performance at the end of quarter one of 2023 was more positive, with a return of 3.1 percent. This was above the long-term objective (CPI plus 3 percent) of 1.7 percent and the composite benchmark of 2.9 percent. Despite this positive performance, the Committee and the Investment Managers recognise that sustained strong performance will be required to make up for the underperformance during 2022. The Investment Managers were confident that their thematic approach remained effective and that the fund’s long-term target remained achievable.
- 6 Whilst the underperformance during 2022 is concerning, the Committee agreed that holding a long-term fund with Sarasin remains a prudent and appropriate decision that will help the NMC to keep the registration fee at its current level. The fund had been established with a clear understanding that periods of volatility were to be expected and that investments needed to be made over the long-term in order to realise the targeted return. The Committee has confidence in Sarasin’s overall approach and agrees that the target return remains achievable over the long-term.

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- 7 The Committee will continue to carefully monitor and scrutinise the fund’s performance and the work of the fund managers, particularly around stock selection and the ability of their thematic approach to respond to economic shifts.
- 8 The Committee also considered a proposal from the Investment Managers to move the fund’s composite benchmark to a fully global equity allocation. Before taking a decision, the Committee requested further information on how the Investment Managers would mitigate risk from increased exposure to other currencies.

**Review of investment policy**

- 9 The Committee undertook its annual review of the investment policy and agreed that no changes needed to be proposed. In reaching this decision, the Committee reflected on the following areas.
- 10 Risk and volatility:
- 10.1 As noted at paragraph 6 of this report, the Committee continues to be comfortable with the level of risk in holding long term investments, with such investments remaining a prudent and appropriate decision that will help the NMC to keep the registration fee at its current level.
- 11 Ethical considerations:
- 11.1 Energy exclusion: Currently the investment policy excludes any company in the energy sector. Given some companies are setting out plans to de-carbonise their activities, the Committee reflected on whether the current exclusion remained appropriate. On balance, the Committee concluded the exclusion was appropriate until there was a significant shift in the sector towards de-carbonisation.
- 11.2 China: The Committee reflected on how best to ensure that NMC’s investments take account of ethical and economic concerns around investing in China. One option would be to directly exclude investment in China but such exclusions can often be a blunt tool. To help inform the decision, the Committee had requested sight of Sarasin’s policy on investing in China. The policy confirmed that due to environmental, social and governance concerns Sarasin would rarely hold Chinese equities and only following rigorous checks. The Committee was satisfied with this approach, which provided a more nuanced approach than a direct exclusion.

11.3 Health: Currently the NMC’s investment policy does not directly exclude holding investments in companies such as PepsiCo which sell products with high levels of sugar. While the policy does not directly exclude such stocks, the Investment Managers confirmed that they would not buy stocks in such companies as they did not align with their thematic approach. The Committee was satisfied with this approach, which provided a more nuanced approach than a direct exclusion.

**Risk register**

12 The Committee discussed the portion of the corporate risk register relating to the investment risk and agreed that with minor amends to reflect updated mitigations it remained appropriate.

**Environmental, social and governance issues**

13 The Committee received its usual update on actions taken by Sarasin to encourage companies to address ESG issues. The Committee was pleased to note Sarasin’s commitment and action on these issues and encouraged them to make sure their actions were as robust as possible.

**Committee effectiveness review**

14 The Committee discussed the findings of its annual effectiveness review. Overall the feedback was positive, with a few areas for improvement which will be taken forward.

**Midwifery implications:**

15 Not applicable.

**Public protection implications:**

16 None.

**Resource implications:**

17 No resource implications arising directly from this report. Our long-term investment policy has a target overall rate of return on invested funds of CPI plus 3 percent per annum over rolling five-year periods, net of investment management fees.

**Equality diversity and inclusion implications:**

18 The Committee receives a regular report on how the Investment Managers are ensuring environmental, social and governance issues – including diversity – are a core part of their investment approach.

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**Stakeholder engagement:** 19 Not applicable for this paper.

**Risk implications:** 20 The Committee will continue to discuss and monitor the risks associated with investment as discussed above.

**Regulatory reform:** 21 No issues directly related to regulatory reform.

**Legal implications:** 22 None identified.