

Open 26 July 2023

MEETING
26 July 2023 09:30

PUBLISHED
19 July 2023

NMC Open Council

To be held by videoconference from 09:30 on Wednesday 26 July 2023

Agenda

David Warren
Chair of the Council

Matt Hayday
Secretary

- | | | | |
|---|--------------------------------------------|-----------|--------------|
| 1 | Welcome and Chair's opening remarks | NMC/23/54 | 09:30 |
| 2 | Apologies for absence | NMC/23/55 | |
| 3 | Declarations of interest | NMC/23/56 | |
| 4 | Minutes of the previous meeting | NMC/23/57 | |
| | Chair | | |
| 5 | Summary of actions | NMC/23/58 | |
| | Secretary | | |

Matters for discussion

- | | | | |
|---|--------------------------------------------------------------|-----------|-------------------------------------------|
| 6 | Executive Report (oral) | NMC/23/59 | 09:35-09:50
<i>(15 minutes)</i> |
| | Chief Executive and Registrar | | |
| 7 | Performance and risk report (Q1 - April to June 2023) | NMC/23/60 | 09:50-10:35
<i>(45 minutes)</i> |
| | Executive Director, Resources and Technology Services | | |
| 8 | Fitness to Practise Caseload Update | NMC/23/61 | 10:35-10:55
<i>(20 mins)</i> |
| | Executive Director, Professional Regulation | | |

Matter for discussion

- | | | | |
|---|---------------------------------|---------------|----------------------------------------|
| 9 | Questions from observers | NMC/23/62 | 10:55-11:05
<i>(10 mins)</i> |
| | Chair | (Oral) | |

Matters for information

10 **Appointments Board annual report to Council 2022-2023** NMC/23/63

Chair, Appointments Board

11 **Chair's action taken since the last meeting** NMC/23/64

Chair

CLOSE (15 mins and move to Seminar at 11:20)

11:05

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.

Meeting of the Council

Held on 5 July 2023 in the Exeter Corn Exchange, Market Street, Exeter, EX1 1BW

Minutes

Council

David Warren	Chair
Claire Johnston	Member
Margaret McGuire	Member
Eileen McEaney	Member
Derek Pretty	Member
Anna Walker	Member
Ruth Walker	Member
Lynne Wiggins	Member
Lindsay Foyster	Member
Navjot Kaur Virk	Associate
Jabu Chikore	Associate

NMC Officers

Andrea Sutcliffe	Chief Executive and Registrar
Helen Herniman	Executive Director, Resources and Technology Services
Lesley Maslen	Executive Director, Professional Regulation
Emma Westcott	Assistant Director, Strategy and Insight
Miles Wallace	Interim Executive Director, Communications and Engagement
Sam Foster	Executive Director, Professional Practice
Lise-Anne Boissiere	Executive Director, People and Organisational Effectiveness
Matt Hayday	Secretary to the Council
Alice Horsley	Senior Governance Manager

A list of observers is at Annexe A.

Minutes

NMC/23/41 Welcome and Chair's opening remarks

1. The Chair welcomed all attendees and observers to the meeting in Exeter. Council and Executive colleagues had visited various health and social care settings and met with a range of colleagues and partners the previous day, which had provided an opportunity to better understand local perspectives and issues.
2. On behalf of the Council, the Chair congratulated Navjot Kaur Virk on being awarded winner of the British Sikh awards 2023 for contribution to healthcare (Medicine).

NMC/23/42 Apologies for absence

1. Apologies were received from Council members Sue Whelan Tracy and Nadine Pemberton Jn Baptiste, and Matthew McClelland, Executive Director, Strategy and Insight, Edward Welsh, Executive Director, Communications and Engagement, and Alice Hilken, General Counsel. The Chair welcomed Emma Westcott, Assistant Director, Strategy and Insight, who was deputising for Matthew McClelland.

NMC/23/43 Declarations of interest

1. There were no declarations of interest.

NMC/23/44 75th Anniversary of the NHS

1. The Council paid tribute to the NHS on its 75th anniversary and welcomed the recognition of the significant contribution made by nurses, midwives, and nursing associates to the achievements of the NHS.
2. Andrea Sutcliffe, Chief Executive and Registrar, and Margaret McGuire, Council member, each presented a personal tribute to the NHS; the first an NHS story from the perspective of the Chief Executive and Registrar's father as a person who had used the NHS at various points throughout his life, and the latter from the perspective of a registrant working within the NHS.

NMC/23/45 Minutes of the previous meeting

1. The minutes of the meeting on 17 May 2023 were agreed as an accurate record and signed by the Chair.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.

NMC/23/46 Summary of actions

1. The Council noted progress on actions arising from previous meetings, which was presented in a new format to be consistent across all Committees and Boards.
2. Relating to **NMC/23/08**, it was confirmed that the ‘core group of senior professional practice colleagues’ were colleagues within the NMC Professional Practice directorate.

NMC/23/47 Executive report

1. The Chief Executive and Registrar introduced the report.
2. The Executive Director, Professional Practice provided an update in respect of the NMC’s final decision to withdraw approval of Canterbury Christ Church University’s (CCCU) undergraduate midwifery degree programme. The decision was made in the interest of women, babies and families after working closely with CCCU for some time following concerns raised by the NMC’s Quality Assurance monitoring function. Since the previous meeting, the NMC had met with a range of key stakeholders, including the Parliamentary Under Secretary of State at the Department of Health and Social Care (DHSC), Members of Parliament representing Kent constituencies, and colleagues from NHS England, the Integrated Care Board (ICB), Royal College of Midwifery (RCM) and Professional Standards Authority (PSA).
3. The NMC was acutely aware of the impact of the withdrawal decision on students. Since the decision, the focus had been on ensuring there was a plan for their onward training and education. The NMC was meeting regularly with colleagues at CCCU, NHS England and the ICB and with the potential adopting universities to allow for swift advice and approval of proposed plans. Whilst CCCU and the Office for Students had formal accountability for student welfare, the NMC was ensuring there was continuous focus on student communication and support whilst plans were progressing. This included responding to concerns raised by students and other stakeholders where appropriate and liaising with both the Office for Students and Office of the Independent Adjudicator for higher education in England.
4. The NMC had evaluated the current assurance of the CCCU Nursing and Nursing Associate programme as part of its Quality Assurance process and had no immediate concerns. In addition, the NMC had been working closely with Greenwich University and had undertaken a listening event with student midwives who were using the same practice placement areas. Whilst the formal report was pending, the Executive Director, Professional Practice noted that it was a positive event, with multiple examples of the university supporting students with practice learning partners.

5. The Acting Assistant Director, Communications and Engagement noted that the NMC continued to work with an independent data expert to urgently analyse data arising from Pearson VUE's third-party computer based testing (CBT) centre in Ibadan Nigeria (Yunnik Technologies Test Centre). It was highlighted that there had been no determinations made about any individuals. Where a fraudulent or incorrect entry to the register case had been opened, the NMC had written to the individuals concerned, as well as to their employer where they had a named contact. This correspondence emphasised that the NMC did not expect employers to take any specific action against individuals and that they should support professionals by doing all they could to eliminate the risk of discrimination.
6. Following Council's approval to proceed in May, engagement with stakeholders was underway to assist with the exploration of whether, and if so how, the NMC might regulate advanced practice in the future. The Executive Director, Professional Practice highlighted that this included a selection process for the Chair of the NMC's independent stakeholder steering group, with interviews for the position scheduled for 7 July. A cross-regulator roundtable held on 29 June concluded with a desire to work together, with an aim to scope and agree a shared position and work towards a joint definition for 'advanced practice'. Since the advanced practice webpage providing additional information went live over 700 people had gone onto the link to join the advanced practice community of practice, demonstrating a high level of interest. A further update on the work relating to advanced practice would be presented at September Council.
7. Other points highlighted included:
- a) Following the closure of the Royal College of Nursing (RCN) strike ballot on 23 June, the RCN had confirmed that the ballot had been unsuccessful. Although 84 percent of those who voted did so in favour of taking industrial action, including strike action, the overall turnout was 43.4 percent, which did not meet the 50 percent turnout required.
 - b) The situation in relation to industrial action across all four UK nations continued to be monitored closely.
 - c) The NMC's position on industrial action remained the same, as set out in the statement on the website.
 - d) Relating to the registration data report 2022-2023, the NMC register of nurses, midwives and nursing associates had grown to a record 788,638. It was concerning though that research indicated that of those leaving the register, more than half did so sooner than planned and most did not plan to return. Workforce pressure was frequently cited as the reason for leaving the register.
 - e) The NHS England Long Term Workforce Plan (LTWP) was published on 30 June, with actions falling into three priority areas: train, retain and reform.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.

The Plan outlined the commitment to increase nursing and midwifery education opportunities and to expand the number of professionals who deliver care in their communities, which was welcomed. It was noted that a similar workforce plan for social care was required.

- f) The Chief Executive and Registrar offered congratulations to those working in health and social care who had been recognised in this year's King's Birthday Honours list.

8.

In discussion, the following points were noted:

- a) The NMC had temporarily suspended its use of Pearson VUE's third-party owned and controlled CBT centres globally due to lower security arrangements in place at this type of centre. The impact of the suspension on people seeking to take the CBT in some areas was recognised. Where possible, the NMC was working with Pearson VUE to increase testing capacity in areas affected through the introduction of upgraded or new test centres that meet the higher levels of security arrangements required.
- b) In relation to the LTWP for England, it was important to keep in mind the NMC's role as a regulator across the four countries of the UK. It was essential to the NMC's work that the regional and national implications of workforce planning were understood.
- c) The Chief Executive of the NMC and the General Medical Council (GMC), had written a joint article which had been published in the Times relating to the LTWP, demonstrating ongoing collaboration between the regulators. The article highlighted the immediate need to focus on wellbeing and compassionate leadership in health and social care, which the Council welcomed.
- d) There was some concern that the LTWP would put additional pressure on an already stretched workforce.
- e) The LTWP set out NHS England's aim to ensure more clinicians start advanced practice pathways. The NMC should ensure its work relating to the potential regulation of advanced practice aligned with the LTWP and that work was not duplicated.
- f) The suggestion that a Seminar discussion with NHS England regarding how the activity in the LTWP would be taken forward would be valuable.
- g) An update on the NMC's work in response to the LTWP would be provided at September Council.
- g) The NMC had held two roundtables to consider Equality, Diversity, and Inclusion (EDI) and any unintended consequences of key changes relating to regulatory reform, which was commended.
- h) Following the success of the online pilot, Welcome to the UK Workforce sessions would be introduced virtually.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.

Key themes from the workshops would inform advice provided for employers on the NMC website.

- i) On 6 July, the NMC would publish a new resource encouraging and supporting midwives in their listening to and partnership with those they care for, helping them to understand how the Standards apply to them in their work. This would be complemented by the NMC's public facing campaign launching on 13 July, which aimed to empower women and people receiving antenatal care in their role in this partnership. The resources had been developed in collaboration with experts at the NMC, pregnant women, midwives, and the Public Voice Forum.

9. Summing up, the Chair highlighted the crucial role of the regulator in the implementation of the LTWP. The NMC's work would be vital to supporting a new, increased NHS workforce and ensuring professionals on the register continued to provide safe, kind, and effective care. The Council would wish to scrutinise progress on the NMC's work in response to the LTWP.

Action: Provide an update on the NMC's work in response to the LTWP.
For: Chief Executive and Registrar.
By: 26 September 2023.

Action: Provide an update on the work relating to advanced practice at September Council.
For: Executive Director, Professional Practice.
By: 26 September 2023.

NMC/23/48 Audit Committee Annual Report 2022-2023

1. The Chair of the Audit Committee introduced the Annual Report for 2022-2023. The Chair of the Committee noted he had been appointed to the role at the beginning of May 2023 and thanked the former Audit Committee Chair, Marta Phillips, who had made an invaluable contribution to the NMC, as both Chair of the Audit Committee and as a Council member. He extended thanks to colleagues on the Audit Committee and Executive and governance colleagues.
2. In discussion the following points were noted:
 - a) Throughout the year the Committee scrutinised the internal audit reports in accordance with the audit work plan. This included a review of Complaints and Serious Events Review (SER), which received partial assurance.
 - b) Consideration had been given to ways of improving the SER process.

The work of the Change and Continuous Improvement function which was strengthening the NMC's ability to identify thematic trends and mitigate root causes of recurring SERs was welcomed. The new SER database was now functional and there was work planned to refresh the policy and processes relating to SERs to enhance early warnings and lessons to be learned.

- c) The Committee had reviewed whistleblowing activity at each meeting. The whistleblowing policy applied internally only; there was a separate process for external whistleblowing concerns. There had been two invocations of the internal policy since the start of 2022-2023.
- d) NMC colleagues were made aware of the whistleblowing policy and process through a number of mechanisms, and so the small number of invocations was unlikely to be due to a lack of awareness of the policy. It was also noted that whilst it was important that colleagues were aware of and felt able to raise concerns formally through the policy, colleagues were rightly also encouraged to raise concerns with their managers as business as usual, where appropriate. Effectively managing concerns was one of the areas covered in the new Management Essentials training that all line managers were undertaking.
- e) There were two designated Council members responsible for whistleblowing; the Chair of the Audit Committee, Derek Pretty, and Audit Committee and Registrant Council member, Eileen McEneaney.

3. The Chair of the Committee confirmed that:

- a) The Committee had scrutinised the Head of Internal Audit's annual opinion and agreed with the assessment that the governance, internal control, and risk management environment provided adequate assurance.
- b) The Committee had reviewed the draft Letters of Representation to the external auditors and the National Audit Office and recommended these to the Council for approval. The Letters of Representation were standard, with no clauses specific to the NMC.
- c) The Committee had reviewed and recommended the draft Annual Report and Accounts 2022-2023 and the draft Annual Fitness to Practise Report 2022-2023 to the Council for approval.

4. Summing up on behalf of the Council, the Chair thanked the Chair of the Audit Committee and the Audit Committee colleagues for their work during the year and the overall picture of assurance provided.

NMC/23/49 Draft Annual Report and Accounts 2022-2023

1. The Chief Executive and Registrar introduced the draft annual report for 2022-2023, noting that this was both the Council's report to Parliament and, as Trustees, to the Charity Commission for England and Wales and the Office of the Scottish Charity Regulator (OSCR).

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.

2. The Chief Executive and Executive Director, Resources and Technology Services highlighted the following:
- a) The report covered key developments in the year from April 2022 to March 2023. There had been a huge amount achieved in the year.
 - b) The key priority in 2022-2023 was to reduce the Fitness to Practise (FtP) caseload safely and swiftly. By the end of 2022-2023 the aim had been to reduce the caseload to 5,000. Whilst this target was not met, the caseload had been reduced by 14 percent at the end of the year and there was confidence that this downward trajectory would continue in 2023-2024.
 - c) Improving safety in health and social care had been another priority in 2022-2023, with the NMC introducing new approaches to education quality assurance and working with partners to address concerns about maternity services.
 - d) The NMC took action to help ease the pressure on the health and social care workforce, including by revising English language requirements, increasing objective structured clinical examination (OSCE) testing capacity, launching new standards for post registration qualifications, and updating the pre-registration education standards.
 - e) Other key achievements included beginning to implement the Equality, Diversity and Inclusion (EDI) plan and work towards tackling discrimination, as well preparing for regulatory reform.
 - f) Progress was made internally to the way the NMC works, such as beginning to implement the People Plan, the roll out of new laptops and digital collaboration tools, and the modernisation of technology services.
 - g) In terms of overall financial performance for 2022-2023, the NMC finished 2022-2023 with a surplus of £4.8 million. Whilst income was £102.9 million, in line with budget, expenditure was £98.1 million, which was £8.6 million lower than budgeted due to slippages in recruitment and deferral in project and programme spend.
3. In discussion the following points were noted:
- a) The Annual Report provided an informative and comprehensive review of the NMC’s activity in 2022-2023.
 - b) The Audit Committee considered whether provision in the Accounts was required for the CBT issue and concluded that it was not.
 - c) The Executive assured the Council that all appropriate checks had been completed on the Annual Report and Accounts since Audit Committee last reviewed it.
4. **Decision: The Council:**
- **Confirmed it was content that the NMC was a going concern.**
 - **Authorised the Chair and Chief Executive to sign the draft letter of representation to the external auditors.**

- **Authorised the Chair and Chief Executive as Accounting Officer to sign the draft letter of representation to the National Audit Officer (NAO).**
- **Approved the draft Annual Report and Accounts 2022-2023 for submission to Parliament.**

5. On behalf of the Council, the Chair thanked the external auditors, the NAO and HW Fisher, Governance and Resources teams for their excellent work on the report and accounts. The Chair also expressed thanks to all colleagues including Council, for all the work over the past year that had been recorded in the report.

NMC/23/50 Draft Annual Fitness to Practise Report 2022-2023

1. The Executive Director, Professional Regulation introduced the draft Annual Fitness to Practise Report for 2022-2023.
2. The Executive Director, Professional Regulation reiterated that reducing the caseload as safely and swiftly as possible was the NMC's number one priority, with the whole organisation supporting this work. While ending the financial year with 5,577 cases was short of the 5,000 target, there had been a 14 percent reduction since March 2022. The caseload at Screening was 2,341 at the year-end, a reduction of 33 percent at this stage over the course of the year.
3. The Executive Director, Professional Regulation thanked FtP colleagues, panel members and colleagues across the NMC for the tremendous effort in supporting the caseload recovery work during the year.
4. In discussion, the following points were noted:
 - a) The Council commended the progress in reducing the FtP caseload during 2022-2023.
 - b) There was determination to continue with the downward trajectory in 2023-2024. Since the May Council meeting, three Assistant Directors had been appointed to strengthen the Professional Regulation directorate senior management team which would help to support the FtP improvement programme.
 - c) There was further work to do alongside employers to reduce unnecessary referrals as well as to better understand disproportionate referrals.
5. **Decision: The Council approved the draft Annual Fitness to Practise Report for submission to Parliament**

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.

6. The Chief Executive and Registrar noted her thanks to the Executive Director, Professional Regulation, who had overseen a downward trajectory in the FtP caseload, which had accelerated since she joined the NMC in August 2022.
7. On behalf of the Council, the Chair thanked the Executive Director, Professional Regulation and all colleagues for the work reflected in the report, as well as those who had produced it. The distressing impact of FtP cases on all those involved was understood and reducing the caseload safely and swiftly remained the top corporate priority, which the Council would continue to scrutinise regularly.

NMC/23/51 Health and Safety Annual Report 2022-2023

1. The Executive Director, Resources and Technology Services introduced the Health and Safety Annual Report 2023-2023 and the priorities for 2023-2024.
2. In discussion, the following points were noted:
 - a) In terms of health, safety, and security, the NMC was a relatively low risk environment.
 - b) There were two key reviews during the year; one relating to ‘Living with Covid’ guidelines and the other relating to how the NMC responded to colleagues working from home in the context of health and safety.
 - c) There was a suite of resources available to support colleagues with their mental health and wellbeing, which was the highest health and safety priority. These resources were promoted as part of the induction for new colleagues and in management training. Wellbeing was also a topic addressed as part of the NMC appraisal process.
 - d) The range of wellbeing support available and the efforts to promote these resources to colleagues was commended.
 - e) It would be valuable to align the health and safety priorities with reporting on the risk register, including identifying and reporting on absence due to work-related stress.
 - f) It was acknowledged that holding FtP hearings physically rather than virtually was appropriate in some cases to identify issues and provide wellbeing support.
 - g) The Executive Director, Professional Practice had been appointed as the sponsor for the mental health network for the NMC.
3. **Decision: Council approved the Health and Safety Annual Report 2022-2023 and priorities for 2023-2024.**

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.

NMC/23/52 Questions from observers

1. The Chair invited questions and comments from observers.

2. **Standards for Student Supervision and Assessment (SSSA)**

Dr Margaret Fisher, Associate Head of School of Nursing and Midwifery, asked when the NMC might review the SSSA. The issue of annual change of academic assessor was causing major issues in both practice and academic environments. It did not acknowledge other roles such as the personal tutor where continuity was very important - adding another person to the equation resulted in potential duplication or omission of support/actions as well as increasing workload.

In response, the Executive Director, Professional Practice noted that the role of the academic assessor was to collate and confirm student achievement in the academic environment for each part of the programme, this being the period for which a decision on student progression needed to be made. This requirement provides objectivity around a student's progression each year, offering fairness to the student in terms of at least two academic assessors appraising their progress, and mitigating the risk of "failing to fail". It was up to Approved Education Institutions to determine how this role might work with other roles, such as personal tutors, and how best to utilise their staff in support, supervision and in assessment of students. There were no immediate plans to review the SSSA. During the pandemic the NMC's emergency standards made changes to the SSSA, and there was now a need to ensure there was an appropriate period for the SSSA to be properly embedded before a review could be undertaken. The NMC was open to feedback and would welcome comments when the review was carried out in the future.

3. **Professionals working in social care and working with other charitable organisations**

Bren McInerney, member of the Public Voice Forum (PVF), noted thanks to the Chief Executive and Registrar and the Chair for all their positive work in leading the NMC. He asked two questions: 1) What could the NMC do to further amplify the important role of nurses working in social care. 2) Did the NMC work alongside other charitable organisations to promote safe and effective nursing and midwifery for the public benefit?

The Chair and Chief Executive and Registrar thanked Mr McInerney for his kind comments. The Chair noted he had recently attended a PVF meeting, which had been valuable.

In response to the first question raised, the Chief Executive and Registrar emphasised that advancing and amplifying the role of nurses working in social care was important to the NMC. It was a key commitment for both the Chief Executive and Registrar and the Executive Director, Professional Practice.

Responding to the second question, the Executive Director, Professional Practice noted that the NMC worked in collaboration with a range of charities, including Florence Nightingale Foundation, Macmillan Cancer Support and the British Heart Foundation. The Chief Executive and Registrar added that as well as collaborating with national charities, the NMC encouraged registrants and employers to work with local community groups, drawing on the expertise of smaller and more specialist charities and patient groups in their areas.

4. **Learnings from disproportionate FtP referrals**

An observer asked whether there were lessons learned from discrimination in respect of FtP referrals.

In response, the Chief Executive and Registrar noted that the NMC was committed to learning from disproportionate referrals into Fitness to Practise for professionals with protected characteristics. This work was being taken forward as part of the NMC's Ambitious for Change research. It was highlighted that racism and discrimination were deep-rooted problems within society, and were present in health and social care. FtP referrals were small in number for individual organisations so it was difficult to ascertain trends. Valuable insight can be gained from other information, for example the Workforce Race Equality Standards (WRES) in England.

5. **Practice learning hours**

An observer asked for the NMC's latest views regarding reducing practice learning hours for nursing and midwifery education.

In response, the Executive Director, Professional Practice noted that there was a gap in both evidence and consensus in reducing practice learning hours. The current proposal was to undertake research to establish the current state of practice education for nursing and midwifery professionals, and to present the outcome of this work at a future Council meeting. It was noted that comparators to other countries were revealing a different practice context, with the Chief Nursing Officer for Australia sharing that not only were the mandated staffing levels of a minimum of 1:6, but that clinical practice teachers were at a ratio of 1:6 employed to support students on clinical placement. The UK context to be considered included issues arising from the NMC quality assurance visits, wider health and social care challenges and the LTWP.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.

OSCE test centres

6. An observer raised a concern about a private OSCE provider and the variation of midwifery practice experience that this could lead to.

In response, the Chief Executive and Registrar asked that the Executive Director, Professional Practice address the concerns outside of the meeting. There appeared to be a misunderstanding as to the nature of this institution as the NMC only had five OSCE centres in place (and none in the location indicated). It was emphasised that the NMC’s role was to facilitate people joining the register safely. The recruitment of international midwives was the responsibility of employers.

LTWP

7. Sally Freeland, Regional Officer, Royal College of Midwifery commented that the LTWP would increase the number of trainees in the workplace, thereby increasing the pressure on a workforce already under immense pressure. Ms Freeland asked how the NMC saw its role in relation to this challenge.

In response, assurance was provided that the NMC would consider the additional pressures on the workforce as a result of the LTWP and that patient safety was paramount.

8. **Standard 18: prescribe, supply, dispense or administer medicines**

Katie Nash, Adult Nurse Lecturer, University of Plymouth, noted concerns about a knowledge gap relating to Standard 18 and prescribing medicines. Ms Nash asked what work was being done to ensure safety and that professionals were ‘prescriber ready’.

In response it was noted that, the NMC’s standards of proficiency for nurses and midwives includes proficiency relating to medicines optimisation, pharmacology and pharmacokinetics. Standard 18 of the Code covers the practice of prescribing, supplying, dispensing or administering medicines within the limits of individual’s training and competence.

Additionally, nurses and midwives seeking to become prescribers have to undertake an NMC approved post-registration prescribing programme. This includes requirements for selection, admission and progression as outlined in the NMC’s standards for prescribing programmes, and specifically refers to approved education institutions (AEIs) and their partners confirming that applicants to prescribing programmes are capable of safe and effective practice at a level of proficiency appropriate to the prescribing programme to be undertaken and their intended area of prescribing practice in clinical/health assessment, diagnostics and care management and planning and evaluation of care.

It is for the AEI and practice partners to support the prescribing student journey and determine that each student has met all standards necessary for the prescribing qualification.

9. **Environmental sustainability in the Code**
Jade Hunt, Student Nurse, University of Plymouth, asked whether the NMC had considered adding environmental sustainability to the Standards, considering the huge impact it had on health.

In response, the Executive Director, Professional Practice noted that the NMC wanted to modernise the Standards, to cover items including sustainability and waste. It was noted that the approach to environmental sustainability observed during the visits in the South-West had been positive.

NMC/23/53 Chair's actions taken since the last meeting

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

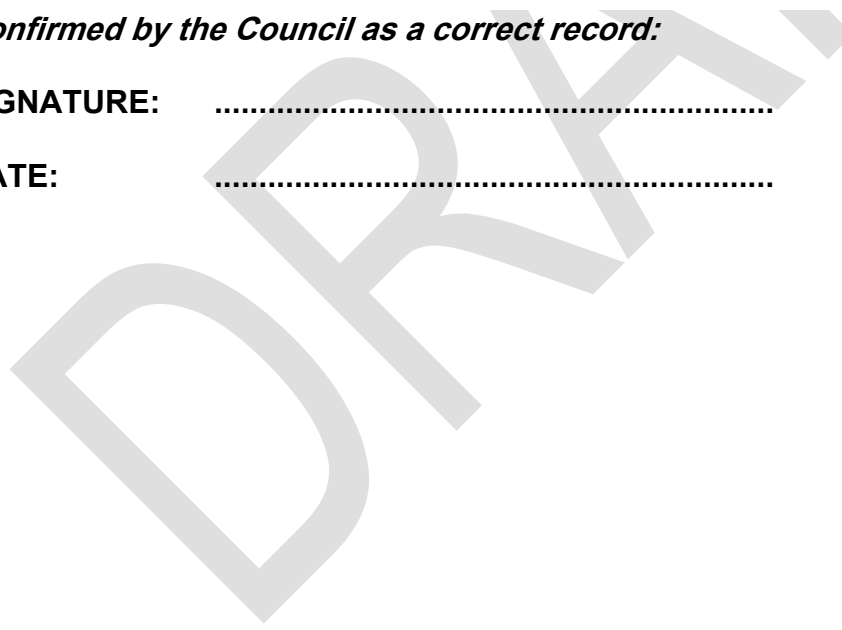
Closing remarks

1. The Chair thanked all attendees for joining the meeting.

Confirmed by the Council as a correct record:

SIGNATURE:

DATE:



1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.

Annexe A: Observers

First Name	Surname	Job Title	Company
Andrea	Stebbing	Midwifery Lecturer	University of Plymouth
Angela	Thompson	Midwifery Lecturer	University of Plymouth
Ann	Rhys	Clinical Director	Hospiscare
Annabelle	Hall Shaji	Student Nurse	University of the West of England
Archana	Devadas	Lecturer	University of Plymouth
Aylish	Cole	Student Nurse Practice Development	University of Plymouth
Beth	Strong	Team Midwife	Somerset NHS Foundation Trust
Bethany	Gooding	Student Nurse Public Voice Forum	University of Exeter
Bren	McInerney	Member	Nursing and Midwifery Council Cornwall Partnership NHS Foundation Trust
Charity	Gladstone	Matron Practice Development	Somerset NHS Foundation Trust
Daisy	Westaway	Midwife	Somerset NHS Foundation Trust
Faye	Doris	PPI Chair	University of Exeter
Gary	Hallett	Lecturer in Adult Nursing	University of Plymouth
Graham	Williamson	Associate Professor	University of Plymouth
Helen	Williams	Regional Chief Midwife	NHS England
Jade	Hunt	Student Nurse	University of Plymouth
Jenna	Hancock	Student Nurse Corporate Advanced Practice Lead Head of Quality	University of the West of England University Hospitals Plymouth NHS Trust
Joey	Giles	Assurance for Practice	University of Bolton
Julie	Fletcher	Student Nurse ANP Lecturer in Adult Nursing	University of Plymouth
Katie	Bartram	Student Nurse	University of Plymouth
Katy	Nash	Student Nurse	University of Plymouth
Keri	Dinner	Student Nurse	University of Plymouth
Kyra	Pickersgill	Student Nurse	University of Plymouth
Lily	Jenkins	Student Nurse	University of Plymouth
Lucy	Duncombe	Senior Workforce Lead Regional Director South West	NHS England
Lucy	Muchina	Associate Head of School of Nursing and Midwifery Return to Practice	Royal College of Nursing
Margaret	Fisher	Student Nurse	University of Plymouth Cornwall Partnership NHS Foundation Trust
Margaret	Tanner	Student Nurse	University of Plymouth
Natalie	Lawrence	Student Midwife	University of Plymouth
Nikita	Bailey	Student Nurse	University of Exeter
Paige	Ogden	Student Nurse Director of Nursing Leadership and Quality	University of Plymouth
Penny	Smith	Leadership and Quality	NHS England (South West)

Peter	Bates	Treasurer	NMCWatch: Registrant Care CIC
Rachel	Stanyer	Lead Midwife for Education	University of Plymouth
Ruby	Humphries	Student Nurse	University of Plymouth
Sally	Freeland	Regional Officer	Royal College of Midwives
Sarah	Myers	Adult Lecturer	University of Plymouth
Selina	Saveker	Senior Workforce Lead	NHS England
Sharon	Evans	Lecturer in Adult Nursing/Strategic Lead Nurse	University of Plymouth Bath and North East Somerset, Swindon and Wiltshire (BSW) ICS
Shelly	Knight	CPEP team	University of Plymouth
Stacey	Allen	Student Nurse	University of Plymouth
Sue	Doheny	Regional Chief Nurse (South West)	NHS England
Toby	Mosedale	Student Nurse	Open University
Wendy	Burt	Nursing Lecturer	University of Plymouth
Yasmin	Farr	Student Nurse	University of Plymouth
Samuel	Pollard	Senior Lecturer	University of Exeter Torbay and South Devon NHS Foundation Trust
Teresa	Jeffery	Degree Nurse Apprentice	Foundation Trust

NMC staff observing

Peter	Clapp	Senior Governance Manager	NMC
Gurinder	Whall	Senior Events Officer	NMC
Amanda	Cashmere	Senior Digital Communications Officer	NMC
Evie	Ugen	Events Officer	NMC
Alex	Urquhart	Senior Stakeholder Engagement Officer	NMC

Council

Summary of actions

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

Secretary: Matthew Hayday
Phone: 020 7681 5516
matthew.hayday@nmc-uk.org

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.

Minute	Meeting date	Title / theme	Status	Action	Action owner	Update	Due date
NMC/23/08	25 January 2023	Education: Future Programme Standards for Nursing and Midwifery	Complete	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.	Executive Director, Professional Practice	In accordance with the timeline provided to Council on 5 July 2023, the outcomes of the work to explore research into delivering nursing programmes in fewer practice learning hours would be provided to the Council at a future Open meeting and had been noted on the forward planner (meeting date to be confirmed).	5 July 2023
NMC/23/17	29 March 2023	Maternity	In progress	Invite Dr Bill Kirkup to attend a Council Seminar to discuss midwifery regulation and the NMC's role in improving safety in maternity services.	Chief Executive and Registrar / Secretary	The Secretary emailed Dr Bill Kirkup on 19 June to invite him to attend a Council Seminar session in November, January or March 2023-2024. Once we have heard back	17 May 2023 / 5 July 2023 / 26 July 2023

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.

				<p>*NMC/23/32 from 17 May 2023 Consider who to invite alongside Dr Bill Kirkup to discuss midwifery regulation and the NMC's role in improving safety in maternity services at a Council Seminar. (*Raised in discussing the action log).</p>		<p>from Dr Kirkup we will consider how to structure the discussion and who else it may be appropriate to invite.</p>	
NMC/23/34	17 May 2023	Fitness to Practise Caseload update	Complete	<p>Review the charts and graphs provided relating to casework metrics and FtP performance, with a view to simplifying.</p>	Executive Director, Professional Regulation	<p>The FtP dashboard in its revised format is included as an annexe to the FtP Caseload Update paper, which is an agenda item.</p>	26 July 2023
NMC/23/47	5 July 2023	Executive report	Not yet due.	<p>Long term Workforce Plan (LTWP) Provide an update on the NMC's work in response to the NHS</p>	Chief Executive and Registrar		27 September 2023

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.

				England LTWP.			
NMC/23/47	5 July 2023	Executive report	Not yet due.	Advanced Practice Provide an update on the work relating to advanced practice at September Council.	Executive Director, Professional Practice		27 September 2023

Key	
In progress	For items not yet due
Rescheduled	Where work has been deliberately replanned/rephased
Overdue	Unplanned delay to the work
Complete	Completed actions are reported once as Complete
Closed	Only use once an item is moved to the archive

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.

Council

Quarter 1 performance against our corporate plan 2023-2024

Action:	For discussion.
Issue:	The Council is invited to review progress of our corporate commitments and the latest positions on performance and risk.
Core regulatory function:	All regulatory functions.
Strategic priority:	All priorities for period 2022-2023.
Decision required:	None.
Annexes:	<p>The following annexes are attached to this paper:</p> <ul style="list-style-type: none">• Annexe 1:<ul style="list-style-type: none">Section 1 – Q1 Corporate commitment updatesSection 2 – Q1 KPI updatesSection 3 – Q1 Financial Performance reportSection 4 – Q1 Data charts• Annexe 2: Corporate risk exposure report
Further information:	<p>If you require clarification about any point in the paper or would like further information, please contact the authors or the directors named below.</p> <p>Author: Karen Sellick karen.sellick@nmc-uk.org</p> <p>Executive Director: Helen Herniman Helen.Herniman@nmc-uk.org</p> <p>Author: Sevinj Essien sevinj.essien@nmc-uk.org</p>

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.

- Context:**
- 1 This executive summary provides an overview of areas that the Executive would like to highlight to the Council from our performance results and risk exposure report for 2023-2024 at quarter one (April to June 2023).
 - 2 This is the fourth year of our five-year strategy.
- Four country factors:**
- 3 The issues discussed apply across all four UK countries unless highlighted.

Progress against our 22 corporate commitments

- 4 Our three-year corporate plan and budget sets out 22 corporate commitments (CC) that will frame our work up until the end of our strategy period in 2025. Of our 22 commitments:
 - 4.1. 18 are actively being worked on during 2023-2024
 - 4.2. One was completed in 2022-2023 (CC1 – post registration standards)
 - 4.3. One was moved into our next strategic period (CC4 – review revalidation)
 - 4.4. One will now be delivered as part of core business as the scope has reduced (CC6 – evaluate protected learning time for nursing associates)
 - 4.5. One has been paused until 2024 (CC17 – improve our organisational structure).
- 5 Each commitment is underpinned by a set of milestones for the year which were agreed in March 2023 and which we track to make our traffic light assessments presented at **annexe 1**.
- 6 Overview of traffic light assessments at Q1:
 - 6.1. Nine commitments were rated as green, seven were amber due to some uncertainty or delays, and two were red (CC7: reducing the fitness to practise (FtP) caseload, CC15: create a modern and accessible website).
 - 6.2. Our forecast for the year end (at 31 March 2024) shows that eleven are anticipated as green, six are expected to be amber, reflecting some risk or uncertainty, and one is to be confirmed pending internal discussions about whether to be re-phased (CC15 - website).

- | |
|-----|
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |
| 6. |
| 7. |
| 8. |
| 9. |
| 10. |
| 11. |
- 6.3. Three commitments (CC9 – tackling discrimination; CC13 – building trust in the NMC; and CC19 – modernising our technology services (MOTS)) are expected to remain amber throughout the year to reflect uncertainty, delays or capacity and resource limitations.
- 7 In addition to our corporate commitments, we continue to monitor the implementation of Welsh Language Standards. This was rated green for Q1 and year end.
- 8 We keep our plans under continuous review to ensure that they remain robust, prioritised, and achievable.

Financial Performance Report – Q1 2023-24 summary

- 9 Our overall financial position remains strong at end of the first quarter of the year with good levels of free reserves and with a healthy level of cash and investments.
- 10 Detailed financial information and commentary is at **annexe 1** section 3. Key points to note:
- 10.1. Our income is four percent higher than budget due to application volumes from overseas candidates remaining high, and higher than expected interest income from our cash deposits
- 10.2. Expenditure on our core activities is slightly (two percent) below budget largely due to timing of non-pay expenditure, but we currently expect to catch up later in the year
- 10.3. Actual spend on projects is £0.5 million (18 percent) behind budget. At the moment this is regarded as slippage that will be recovered in-year but we will be reviewing this as part of our current forecasting exercise.
- 11 Our stock market investments show a small (£0.1 million) unrealised gain at the end of the first quarter but clearly this may change in line with stock market movements.
- 12 Looking ahead, a detailed financial forecasting exercise will report to Council in September. There are potentially significant pressures emerging – for instance lower than anticipated staff vacancy rates; cost pressures from the CBT issue; more persistent than expected inflation impacting on later years.

Progress against corporate Key Performance Indicators (KPIs)

13 At **annexe 1** section 2, we have provided relevant exception comments alongside our KPI tables.

A summary of our highlights are:

- 14 **Fitness to Practise (FtP)**: For 2023-24 we have revised our overall FtP caseload target to 4,000 cases by March 2024. Our caseload has marginally decreased by 43 cases since the end of March to 5,534 at the end of June 2023. This was due to higher referrals this quarter and reduced team capacity due to national holidays, annual leave, and some sickness absence. We also progressed initiatives to focus on older or complex cases at Screening.
- 15 The executive has agreed a plan to ensure that the current shortfall on progress is brought back in line with targets to provide confidence that the year end position will be achieved. More detail is provided in the Fitness to Practice Caseload Update at Item 8 on the agenda.
- 16 Reducing our FtP caseload remains our top priority and greatest area of corporate risk (**corporate risk REG18/02**). See FtP caseload report at item 8.
- 17 **NMC workforce**: Challenges regarding workforce are known and are being mitigated. There continues to be a lack of capacity in some areas due to an increase in work arising from the Canterbury Christ Church University and CBT issues. These issues were largely unknown at the time of producing our business plans, and this has created additional pressure on capacity. We are preparing for phase 3b of the Modernisation of Technology Services programme which continues to focus on systems in Professional Regulation and will also support the implementation of the best practice hub within FtP, and consider Regulatory Reform requirements as the implementation progresses.
- 18 Our overall full time equivalent (FTE) workforce at the end of Q1 was 1,149 FTE increasing from 1,116 at the end of March. This is behind our average annual target of 1,217.
- 19 At the end of Q1 our permanent employee turnover stands at 11.3 percent, reducing from 12.8 percent at the end March. This is within our acceptable range as an organisation of 1000+ employees.
- 20 Our overall permanent workforce has continued to increase. More permanent employees joined the NMC than left since April 2023 (34 joiners compared to 22 leavers).
- 21 Employee sickness absence remains higher than our target with an average of 7.9 days per person across Q1 (target 6.5 days).

The top reason for sickness is increased mental health absence across most directorates. This is an increase on March 2023 which was 7.6 average days per person per year. We will continue to monitor this trend and the reasons underlying it.

- 22 **Customer contact through our Contact Centre:** Performance in June was above our target of 90 percent at 90.4 percent, but below target for April (89.6 percent) and May (82 percent) compared to our target of 90 percent. This was due to increased contact driven by international registrations and English language testing enquiries. When compared to the same period in 2022-2023, we have seen a 20 percent increase in calls, but 17.8 percent fewer emails. We continually review our resourcing and have deployed colleagues into other areas of the NMC to support other delivery pressure points. We will continue to monitor this as we enter our peak period for customer interaction.
- 23 **OSCE test centres:** We have included two new KPIs to measure objective structure clinical examinations (OSCE). These are:
- 23.1. Percentage of customers who agreed that the objective structure clinical examination (OSCE) test centre treated them with 'Respect and Dignity' throughout the examination process (target: 95 percent). Above target for Q1.
 - 23.2. Number of OSCE tests offered per month across our 5 test centres (target: more than 3,000 offered per month). Above target for Q1 with an average of 4,400 tests offered per month.
- 24 **Customer satisfaction:** our average customer satisfaction was above target at 89.3 percent (target: 85 percent). We collected feedback from over 1,800 people during Q1 and increased the number of people sampled (a total of 1,840 surveys compared to 923 in 2022-23, a 99.3 percent increase).
- 25 **Resolving customer complaints within 20 days:** The overall number of complaints increased by 17 percent during Q1 2023 compared to the same period in the previous year (a total of 359 complaints compared to 308 in 2022-23). The average time for handling complaints within 20 working days was broadly on target with an average of 90.4 percent, however we experienced marginal dips during the first two months of the quarter due to resource pressures in the Customer Complaints and Enquiries team, and delays when working with teams throughout the business. We have since worked to mitigate these pressures and have adopted a different approach to collaborating with local teams to resolve complaints.
- 26 **MP enquiries responded to within 20 days:** since April, we have received 14 MP enquiries, of which 11 (79 percent) were responded to within 20 days (target: 90 percent). We missed our target of 90 percent for two out of three months.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.

We have previously discussed with Council the primary reasons for this, which are low volumes disproportionately affecting the headline percentage, 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. On some occasions we have agreed an extended timeline with the customer if we need more time to investigate their complaint or enquiry. We continue to take action to improve the quality and timeliness of our response.

- 27 **Information requests:** Processing these within statutory timeframes was above target in Q1. Overall, we have seen a significant increase in the number of information requests; a 27 percent increase compared to Q1 in 2022-23 (526 requests compared to 414). We will keep this under review as information requests can be complex and time-consuming, potentially requiring more resources.

Corporate risk exposure

- 28 At **annexe 2** we have provided our corporate risk exposure report. We continue to maintain a full risk register alongside this.
- 29 Three corporate risks are rated as red: **REG18/02** (failure to address regulatory concerns about professionals on our register), to reflect our ongoing concerns regarding reducing the FtP caseload swiftly; **COM18/02** (we do not act in in line with our statutory or wider legal obligations) to reflect some sensitive legal issues that we are currently managing; and **STR20/02** (risk that we fail to deliver our strategic ambitions for 2020-2025), to reflect that colleagues may have to deprioritise work to focus on the CBT issue or any other adverse incident that we may be faced with. We are taking action in all of these areas.
- 30 Our remaining risks are rated as either amber or green. We are progressing specific mitigations in key areas.
- 31 We continue to manage specific uncertainties within some initiatives and core business which are mitigated appropriately by operational teams.
- 32 **Compound risks:** The corporate risk and performance team scan the directorate and corporate risk registers each quarter 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.
- 33 The Council are invited to reflect on our current risk exposure.

Midwifery implications:

- 34 Midwifery updates are covered in the body of the report.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.

- 35 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.
- 36 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).
- 37 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:

- 38 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:

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

Equality diversity and inclusion implications:

- 40 We have a legal obligation to comply with the public sector equality duty across everything that we do and equivalent legislation in Northern Ireland.
- 41 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.
- 42 We have a specific commitment within our corporate plan to support our ambitions to be fair and promote inclusion.
- 43 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:

- 44 None

Risk implications:

- 45 Risk implications are dealt with in the paper.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.

Regulatory reform:

46 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.

47 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:

48 No legal implications arising from this paper.

Annexe 1, Section 1. Progress against our corporate commitments for 2023–2024

Progress against our corporate commitments

Commitment	Q4 actual (2022-23)	Q1 actual (2023-24)	Year end Forecast (at Q1)	Comments
Commitment 2 Provide greater flexibility in nursing and midwifery pre-registration education and training by launching new standards for pre-registration education in the UK.	Green	Green	Green	On track: Work is ongoing to implement the Future Programme Standards, with a focus on providing additional guidance on simulation usage. Approved Educational Institutions (AEIs) have until January 2025 to implement the necessary changes to comply with the standards. The next phase of the Future Programme Standards work is about to commence, which will involve scoping the project and engaging with stakeholders.
Commitment 3 Review regulation of advanced nursing and midwifery practice.	Amber	Green	Green	On track: In May 2023, an independent research report was published. The Council agreed to add additional Key Lines of Enquiry (KLOE) and decided to recruit an independent chair and additional adviser roles within Professional Practice (PP) to support this work. The agreed KLOEs were started in May/June 2023. In June 2023, we initiated the recruitment process for an independent chair and the recruitment and selection process for a senior nursing adviser and additional roles for Advanced Practice (AP) were also started. On 29 June 2023, a cross-regulatory workshop took place.
Commitment 5 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.	Amber	Green	Green	On track: The development of data-driven QA dashboards is underway, with completion expected in November 2023. This will enhance our ability to implement focused and effective interventions. Additionally, preparations have begun to secure a new QA Service Provider, with the contract set to commence in August 2025. In May 2023, a productive pre-market engagement event was held with potential suppliers.

Commitment	Q4 actual (2022-23)	Q1 actual (2023-24)	Year end Forecast (at Q1)	Comments
<p>Commitment 7 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>	Red	Red	Amber	<p>Delayed: The strong downwards trend that we saw last year in fitness to practise (FtP) caseload has not continued in the first quarter of this year. Although the caseload has reduced slightly during Q1 it remains high reflecting our red Q1 rating.</p> <p>Overall FtP caseload: has reduced by 41 cases to 5,534 at the end of Q1 from 5,577 at the end of March.</p> <p>In April, the decision-making capacity focused on progressing older cases, which takes longer. This resulted in a reduction in case progression, but it had a positive impact on the age of cases at Screening. The number of incoming referrals for Q1 was higher than forecasted, leading to an increased workload for Screening.</p> <p>There were improvements in the Investigations and Case Examiners stages compared to previous quarters, and this trend is expected to continue into Q2.</p> <p>The caseload at the Adjudications stage is growing, and the required outcome numbers have not been met. Staffing challenges and longer hearings have contributed to fewer outcomes concluded within the available time. Around 40 percent of cases are part heard, and the completion rate has been falling.</p> <p>Improving the FtP process: To overcome these challenges an improvement programme is underway, which includes a new team to focus on making rapid improvements at various points in the FtP process. In July, the Employer Link Service (ELS) started making Screening enquiries and decisions. A new team, called the Rapid Resolution Team, has been established to support the case preparation and presentation (CPP) and Adjudication teams in implementing improvements.</p> <p>The Q1 rating is red as we have not met all of our operating assumptions but we expect to improve and will continue to monitor the impact on performance across the year.</p>

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.

Commitment	Q4 actual (2022-23)	Q1 actual (2023-24)	Year end Forecast (at Q1)	Comments
<p>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.</p>	Green	Amber	Green	<p>Delayed: The Department of Health and Social Care (DHSC) launched the Anesthesia Associates and Physician Associates Order (AAPAO) consultation in February 2023 and received our response in May 2023 after engaging with stakeholders. Rules drafting is ongoing, and engagement-ready rules will be ready by the end of June 2023. We provided information to the DHSC on variances needed for the NMC Order but require more details on transitional arrangements. Engagement with the DHSC on NMC Order specifics started in June 2023. Policy finalisation meetings were held for FtP, Role of the Register and Education and Registration processes, and sharing outstanding policy issues with Regulatory Reform workstreams.</p> <p>Our amber rating is due to DHSC indicating that the earliest that they would be able to begin drafting our legislation would be autumn 2023, which has been reflected in the revised timeline.</p>

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.

Commitment	Q4 actual (2022-23)	Q1 actual (2023-24)	Year end Forecast (at Q1)	Comments
<p>Commitment 9 Tackle discrimination and inequality and promote diversity and inclusion to make sure that our processes are fair to everyone.</p> <p>(Our EDI plan is linked to our People Plan at commitment 17, specifically where we are delivering actions internally for employees, such as increasing awareness through training, and improving data monitoring to increase our EDI insights)</p>	Amber	Amber	Amber	<p>On track but with some uncertainties about resource capacity: The EDI team is facing capacity issues, impacting their ability to fulfil certain aspects of the plan during Q1. Two new members have recently joined, but the post of EDI workforce manager remains vacant. This is why we have forecast our year end at amber.</p> <p>Actions have been put into place to address disparities identified in the Ambitious for Change research, with an external contractor conducting an audit on fitness to practise decision-making processes. The timeline has been affected due to an academic involved in the audit having changed institutions.</p> <p>Work is underway to assess the equality impacts of regulatory reform through stakeholder engagement. Radius, a specialist organisation in employee networks, has been engaged to facilitate an away day for network chairs, aiming to identify successes and areas for improvement.</p> <p>Consideration is being given to establishing a new women's network.</p>
<p>Commitment 10 Continue to ensure objective structured clinical examination (OSCE) capacity meets demand and to explore ways of improving access.</p>	Green	Amber	Amber	<p>Temporarily paused with some uncertainty: The team initially developed a specification and procurement approach to find a partner to assist with feasibility work for creating a central booking system covering our five test centres. Work was temporarily paused to address concerns related to anomalous data found in one test centre's computer-based test.</p> <p>The pause will continue throughout Q2. The capacity for Objective Structured Clinical Exam (OSCE) testing has been robust, and no complaints have been received regarding difficulties in securing preferred test centre slots. The current booking system is functioning well. Northumbria University is expanding its testing capacity, which is scheduled to be operational in Q2.</p> <p>The decision to resume feasibility work will be made after considering feedback, current testing capacity, and other priorities.</p>

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.

Commitment	Q4 actual (2022-23)	Q1 actual (2023-24)	Year end Forecast (at Q1)	Comments
<p>Commitment 11 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.</p>	Green	Amber	Green	<p>On track with some uncertainty: On May 27 2023, the NMC implemented changes to English language requirements, accepting supporting information from employers (SIFE) for applicants who narrowly miss the required test score by no more than 0.5 in International English Language Testing System (IELTS) or half a grade in Occupational English Test (OET). The process of accepting SIFE has been fully automated. These changes maintain high language standards for professionals joining the register while ensuring fairness. Coordination with partner health regulators on the European Free Trade Association (EFTA) trade deal implementation is ongoing.</p> <p>The traffic light rating for Q1 is amber, reflecting uncertainty over the EFTA work. Efforts to mitigate this include collaborating with fellow regulators to clearly escalate our concerns to DHSC.</p>
<p>Commitment 12 Maintain the Covid-19 emergency register.</p>	Green	Green	Green	<p>On track: The plan is to conduct surveys among professionals who have reached the three-year mark without obtaining permanent registration. The purpose of these surveys is to determine whether they are actively practicing using their temporary registration. If it is found that they are not practicing, they will be removed from the temporary register in accordance with the existing policy.</p>

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.

Commitment	Q4 actual (2022-23)	Q1 actual (2023-24)	Year end Forecast (at Q1)	Comments
<p>Commitment 13 Build trust in professional regulation through targeted campaigns to build an awareness of who we are, what we do, and what we stand for.</p>	Amber	Amber	Amber	<p>Marginally delayed: The campaigns aimed at supporting professionals to implement standards are slightly delayed but remain on track to be completed within this financial year. These campaigns centre around listening in maternity care and leadership (scheduled for Q2), with a third campaign on holistic nursing planned for early 2024.</p> <p>The public-facing campaign, emphasising the partnership between women in antenatal care and their midwives, is progressing well. Although there is a minor delay, it will now launch in July 2023.</p> <p>Development for the student campaign has begun, with the appointment of a creative agency, set to launch in October 2023. Additionally, a series of webinars for students will be produced and shared early in the next academic year.</p> <p>The collaborative campaign with the General Medical Council (GMC) on multidisciplinary care is in the planning stages. The goal is to launch this campaign in November 2023.</p> <p>Concurrently, the research and strategy teams are designing an audience perceptions research project which will revisit the baseline survey from 2021 to assess progress. The research is strategically aligned with the 2025-30 strategy engagement work.</p> <p>The end of year rating is reflected as amber due to the risk of future delays including adapting to the external environment, working with third parties, our capacity and capacity of our audience.</p>

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.

Commitment	Q4 actual (2022-23)	Q1 actual (2023-24)	Year end Forecast (at Q1)	Comments
<p>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).</p>	Amber	Green	Amber	<p>On track but with some uncertainties about resource capacity: The job description for the advisor position to support national and local outreach is in progress. In the 'Welcome to the UK programme', face-to-face pilots are currently taking place in all four countries. The first online program was piloted in June 2023. An evaluation of the program is being developed in collaboration with a research team. A web platform and internal webpage are also being developed.</p> <p>The Chief Nurse of Florence, a nursing agency, has agreed to support the agency workstream across all four countries. The Midwifery Matters program and the Professional Behaviours and Patient Safety (PBPS) initiative are currently in progress.</p> <p>Amber year end rating as Employer Link Service (ELS) now requested to divert resource to support FTP.</p>
<p>Commitment 15 Create a modern and accessible website that effectively portrays our values, delivers our core services, and enhances our communications and engagement.</p>	Green	Red	TBC	<p>Off track with some uncertainty on the outcome: Phase one of the website discovery project has been completed. Meetings were held with various directorates, who expressed overall comfort with the timeline and agreed to participate as planned.</p> <p>In June we decided not to proceed with phase two of the project at this time, but to pause and assess the capacity of the organisation to deliver on the planned timetable. The Communications Senior Leadership Team (SLT) is working with other executive colleagues to assess the implications of this, and this is reflected in our year end forecast at Q1.</p>

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.

Commitment	Q4 actual (2022-23)	Q1 actual (2023-24)	Year end Forecast (at Q1)	Comments
<p>Commitment 16 Improve our insight and use it to enhance our regulatory impact and influence in the sector.</p>	Amber	Amber	Green	<p>Marginally delayed: The first annual insight publication will be released in July 2023.</p> <p>Updates for collecting structured data about people's workplaces as part of the revalidation process are under development and expected to be launched in November 2023. Requirements gathering for other affected processes, such as FtP, Education, and Registration, has started.</p> <p>Changes to the diversity monitoring approach have been approved by the Executive Board, and an implementation plan and timelines are being developed.</p> <p>A presentation about the shared data platform was made at the PSA Symposium.</p> <p>The Q1 traffic light rating is amber due to the delay in publishing the Insight Report, originally scheduled for June 2023 and now planned for July 2023 (Q2).</p>
<p>Commitment 17 Deliver our People Plan that supports our colleagues to be engaged, retained, and supported to deliver our strategy.</p>	Amber	Green	Green	<p>On track: We published a new pay policy after the recent pay round, outlining how employees' pay progresses and how new employees are treated. The policy was shaped with input from the Employee Forum and UNISON and has been communicated through various channels. In September, there will be an update on pay gaps, including reporting and interventions to address them.</p> <p>The Ambitious Appraisals project is progressing on schedule, with a policy and new system being developed and tested.</p> <p>Management Essentials training for managers is going well, with positive feedback and adjustments made based on input.</p> <p>The People Leadership Group has been established to review various aspects of the People Plan. An updated People Plan has been agreed.</p> <p>The Q1 traffic light rating is green as we are on track to deliver.</p>

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.

Commitment	Q4 actual (2022-23)	Q1 actual (2023-24)	Year end Forecast (at Q1)	Comments
<p>Commitment 19 Update digital systems that support how we regulate to improve the experience for customers and colleagues. <i>(Modernisation of technology services programme – MoTS)</i></p>	Amber	Amber	Amber	<p>On track with some delays: Wisser decoupling project has achieved two out of four planned releases to transfer the Register from Wisser (our old platform) to D365 (our new platform). The third release is scheduled for completion by the end of July 2023, marking 70 percent project completion. The final release has been moved from October to December 2023 due to technical complexities and reliance on the legacy supplier for timely information.</p> <p>In May 2023, the second set of change requests (CRs) were successfully implemented, including the English Language component 2 (EL2) and some minor maintenance. Plans have been made to replace the case management system, with prototypes already in development and an implementation plan aligned with FtP change initiatives.</p> <p>The Education QA project is progressing well and is expected to complete the first set of functional enhancements for the D365 system. Chaucer, an external assurance provider, continues to collaborate on strengthening governance and improving program efficiency within the MoTS program.</p> <p>Despite successful deliveries, the program status for Q1 remains amber due to a delay in the final release of the Wisser project. This increased project costs, but the overall budget remains unaffected.</p>
<p>Commitment 20 Deliver contemporary IT through our technology improvement programme and core business to improve our efficiency.</p>	Amber	Green	Green	<p>On track: The data centre migration to Azure is progressing well and remains on track following previous delays. The initial servers have already been migrated, with the remaining servers scheduled throughout 2023. The project plan has been revised, and the expected completion date is Q3 2023.</p> <p>This adjustment is necessary due to key resources being also involved in the MoTS program.</p> <p>Wisser cannot be migrated to the cloud and will continue to operate on-premises until their retirement as part of the MoTS program.</p> <p>The SD-WAN migration has been successfully completed for all NMC office locations.</p>

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.

Commitment	Q4 actual (2022-23)	Q1 actual (2023-24)	Year end Forecast (at Q1)	Comments
<p>Commitment 21 Create modern workspaces that support wellbeing and collaboration (five-year programme).</p>	Amber	Green	Green	<p>On track: Significant progress has been made on the refurbishment project at 23 Portland Place (23PP). We have appointed a Construction Project Manager, Cushman & Wakefield Debenham Tie Young Ltd, and an architect, Ellis Williams Architects Ltd. We have held joint meetings to establish the next phases of the project, which will involve specialist contractors. Executive Directors have met to outline their vision for the renovations, and feedback is with the architect for consideration.</p> <p>To ensure the design and accommodation strategy aligns with workforce needs, colleague attendance is continually monitored and reviewed to inform the plans for 23PP and future accommodations.</p> <p>Regarding 2 Stratford Place in east London, efforts are underway to negotiate a possible lease extension. Concurrently, alternative hearing venue sites have been visited, and a shortlist will be presented to the Professional Regulation team for evaluation.</p> <p>Progress update and an outline of forthcoming steps have been shared with the Accommodation Committee in June, followed by a presentation to the Council in July 2023.</p>
<p>Commitment 22 Implement an NMC sustainability and environmental plan.</p>	Amber	Green	Green	<p>On track: In collaboration with our external experts, Public Service Consultants Limited (PSC), a comprehensive draft plan has been developed to outline our objectives for achieving net zero and carbon neutrality.</p> <p>The plan encompasses targets for reducing both direct and indirect carbon impacts and emphasises the involvement and support of professionals in our register. Furthermore, it examines how our aspirations can be reflected in our investment portfolio.</p> <p>Following discussions and minor amendments at the Executive Board meeting on 20 June, 2023 the plan is scheduled for review during the Council Seminar in late July.</p> <p>After this review, we anticipate publishing the plan, with specific timing to be determined. Implementation of the plan has already commenced.</p>

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.

Commitment	Q4 actual (2022-23)	Q1 actual (2023-24)	Year end Forecast (at Q1)	Comments
Commitment 23 Implementation of Welsh Language Standards	Amber	Green	Green	<p>On track: On June 6, 2023, the Welsh Commissioner issued a final compliance notice. The evidence provided to support a change in the scope of standard 20 was accepted, meaning that the requirement for registration application forms to be available in Welsh now only applies to the UK qualified application route. The deadline for implementing this standard has been extended to December 2025.</p> <p>However, it is important to note that compliance with all other standards must still be achieved by December 6, 2023.</p> <p>The implementation of Phase 1 and Phase 2 changes is now being carried out simultaneously, and progress is being made. Key outputs to support a Council meeting in Wales have been developed, and initial drafts of a Welsh language policy have also been created. An internal communications plan is being developed.</p>

Commitment 1: Deliver a new set of ambitious post-registration standards focusing on community nursing practice - Completed in 2022-23.


Commitment 4: Review revalidation requirements for nursing and midwifery professionals - Moved to our next strategy period from 2025.

Commitment 6: Evaluate whether protected learning time for nursing associates - will be delivered within core business with a reduced scope.


Commitment 18: Improve the way we are structured so that we can deliver our strategy - Paused until 2024.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.

Annexe 1 Section 2. Detailed progress against our Key Performance Indicators (KPIs)

 FTP KPIs	Target	Jan	Feb	Mar	Apr	May	Jun
Volume of the overall fitness to practise caseload (closing caseload) (month actual)	Reduce	5,791	5,660	5,577	5,589	5,563	5,534
Percentage of interim orders imposed within 28 days of opening the case (month actual)	80%	52.9%	76.9%	70.8%	62.7%	66.7%	73.3%
Percentage of fitness to practise cases concluded within 15 months of being opened (month actual)	Monitor	64.3%	61.5%	62.5%	56.5%	60.8%	64%
<p>Exception comments</p> <p>Volume of the overall fitness to practise caseload: continues to reduce for 2023-24 we have revised our overall FTP caseload target to 4,000 cases at the end of March 2024. Our caseload has slightly decreased by 43 cases to 5,534 at the end of June 2023 (5,577 at the end of March 2023). This was due to high referral rates and reduced team capacity. However, the team did process more cases than were received.</p> <p>Percentage of interim orders imposed within 28 days of opening the case: Below target for Q1. An average of 67.6 percent of interim orders were imposed within 28 days of opening a case between April and June 2023. We expect this to increase because of improvement work.</p>							

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.

 Registrations, OCSE and Contact Centre KPIs	Target	Jan	Feb	Mar	Apr	May	Jun
Registrations: Percentage of UK initial registration applications completed with no concern within 1 day	97%	98.9%	98.5%	98.1%	98.6%	98.6%	99.5%
Percentage of UK initial registration applications completed where concerns are raised within 60 days*	90%	76.5%	98%	97.1%	100%	95.8%	90.5%
Percentage of overseas registrations applications assessed within 30 days	95%	99.7%	99.9%	100%	98.1%	99.7%	99.9%
Readmissions: Percentage of readmissions applications completed within 21 days	90%	97.5%	96.5%	98.9%	98.1%	98.4%	98.8%
OSCE: Percentage of customers who agreed that the objective structure clinical examination (OSCE) test centre treated them with 'Respect and Dignity' throughout the examination process	95%	New KPI for 2023-24			98.9%	98.5%	99.57%
Number of OSCE tests offered per month across our 5 test centres	>3000				4,184	4,481	4,629
Number of test takers	Monitor only				4,008	4,262	4,511
Percentage of call attempts handled	90%	91.0%	87.6%	92%	89.6%	82%	90.4%
Contact Centre: Total number of Calls into the Contact Centre	Monitor only	16,834	18,014	19,587	14,869	18,835	17,009
Total number of calls answered by the Contact Centre	Monitor only	15,315	15,788	18,015	13,326	15,436	15,377
Percentage of customers reporting that the Contact Centre handled their call with kindness	96%	New KPI for 2023-24			96.4%	96.2%	93.1%
Number of emails handled	Monitor only	4,293	4,003	4,368	3,006	3,590	3,598

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.

Exception comments

* Target was 95% in 2022-23

UK initial registration applications where concerns are raised completed within 60 days: Since February we have been above our target for registration applications with concerns. The dip in January that was previously reported was a result of the team awaiting third party information, cases going to appeal, and small volumes disproportionately affecting the headline percentage.

OSCE: We received returns from 4 out of 5 test centres, who provided the percentage of customers who agreed that the objective structure clinical examination (OSCE) test centre treated them with 'Respect and Dignity' throughout the examination process. We are continuing to chase for a response.

Contact Centre


Percentage of call attempts handled: We were below target for April and May and this was due to increased contact driven by international registrations. The Bank Holiday weekend closures increased call volumes and call duration on the days following which included callers redialling if they failed to get through first time.

- We have processed 44,139 calls since April 2023, an increase of 20 percent compared to the same period in 2022-23 (36,796 calls in 2022-23 between April and June).
- We have processed 10,194 emails since April 2023, down 17.8 percent compared to the same period in 2022-2023 (12,389 emails in 2022-2023 between April and June).

We take a flexible approach to resourcing which we review monthly. If our contact centre has spare capacity, we may redeploy colleagues to support other activities. Currently, Contact Centre colleagues have been supporting FTP, International Registrations, and Registrations Investigations.

Percentage of customers reporting that the Contact Centre handled their call with kindness: Has dropped under target for June, reasons are currently being investigated.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.

 Enquiries and Complaints KPIs	Target	Jan	Feb	Mar	Apr	May	Jun
Percentage of complaints handled within 20 working days	90%	86.2%	94.0%	96.6%	89.7%	89.5%	92.1%
Number of complaints handled	Monitor only	109	105	119	107	124	128
Percentage of information requests responded to within their statutory timeframes	90%	93%	91%	92%	95%	91%	98%
Number of information requests handled	Monitor only	104	160	206	188	156	182
Percentage of MP enquiries responded to in 20 days	90%	25%	80%	40%	80%	33.3%	100%
Percentage of enquiries responded to in 20 days	90%	75%	71%	100%	100%	100%	100%
Percentage of customers highly satisfied/satisfied with the service received	85%	92%	92%	87%	92%	90%	86%
Number of feedback surveys completed	Monitor only	572	634	635	524	651	665

Exception comments - Customer enquiries, complaints, and feedback

Complaints: performance for complaints handling dipped marginally below target for April and May, low volumes disproportionately affect the numbers. The total number of complaints increased by 17 percent compared to the same period in 2022-2023 (308 complaints in 2022-2023 between April and June).


Information requests responded to within statutory timeframes: continues to be above target for Q1. The total number of Information requests have increased by 27 percent compared to the same period in 2022-2023 (414 Information requests in 2022-2023 between April and June).

General Enquiries: enquiry responses are above target.

MP enquiries: performance for handling MP enquiries dipped below target for April and May, we continue to see small volumes disproportionately affecting the overall percentage with some MP enquiries requiring responses from multiple parties. Since April we responded to 11 MP enquiries out of 14 (4 MP enquiries in 2022-2023 between April and June). We continue to seek ways to improve our response times.

Satisfaction: continues to be above target for Q1.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.

 People KPIs	Target	Jan	Feb	Mar	Apr	May	Jun
Number of full time equivalent (FTE) NMC employees (month actual)	1,217 (annual av.)	1,105	1,101	1,116	1,120	1,131	1,149
Percentage of agency and contractors (as a percentage of total FTE) (month actual)	Monitor only	6.1%	6.0%	6.1%	6.2%	7.2%	6.3%
Percentage of all NMC turnover (permanent employees only) (12 months rolling)	10-15%*	13.1%	12.9%	12.8%	12.2%	12.3%	11.8%
Total number of new starters (permanent) (month actual)	Monitor only	23	10	19	10	6	18
Total number of leavers (permanent) (month actual)	Monitor only	9	11	10	5	10	7
Percentage of new starters leaving within 6 months of joining (12 month rolling)	12.5%	9.0%	10.0%	9.4%	9%	10.5%	10.5%
Number of new starters leaving within 6 months of joining (month actual)	Monitor only	1	1	1	0	0	0
Average number of days of sickness per employee (days)	6.5	7.4	7.7	7.6	7.6	8.3	7.7
Employee engagement score (out of 10) (6 monthly)*	7.5	Next survey due in September 2023-24					
Employee net promoter score (6 monthly)*	Positive score						
Employee perception of internal communications effectiveness score (out of 10) (6 monthly)*	7						

Exception comments - People

*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)

* We have tailored how we apply traffic lights for our *percentage of all NMC turnover* KPI. Traffic lights are now applied as: 12.5% or below = green, 12.5% to 15% = amber, above 15% = red. This is to provide more nuance when interpreting the data.

* As per the last survey in August 2022:

- Employee engagement score (out of 10) was rated 7
- Employee net promoter score was rated at positive score 3
- Employee perception of internal communications effectiveness score (out of 10) was rated at 7.7

Full Time Equivalent (FTE): FTE remained below budget due to delays and challenges in our recruitment. 34 people have joined as permanent colleagues since April 2023.

Turnover: Above target for Q1.

Sickness absence: sickness absence remains higher than target but stable averaging at 7.9 days per person per year. The top reasons for absence are stress, and mental health.

Data correction: our March result for the FTE was incorrectly reported in our year-end report as 1,164. The actual March result was 1,116.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.

Traffic light definitions

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

Annexe 1, section 3: Financial position

Table 1 – Income & Expenditure to 30 June 2023

£'m	June 2023 Year-to-Date				Full Year
	Actual	Budget	Var.	Var. (%)	Budget
Income					
Registration fees	23.6	23.4	0.2	1%	94.8
Other**	2.8	2.0	0.8	37%	8.2
	26.4	25.4	1.0	4%	103.0
Expenditure					
<u>Core Business</u>					
Professional Regulation	13.3	13.1	(0.2)	(2%)	52.0
Resources & Technology Services	4.5	4.6	0.1	2%	19.2
People & Organisational Effectiveness	2.7	2.8	0.1	5%	12.2
Professional Practice	1.2	1.4	0.2	12%	6.7
Strategy & Insight	1.0	1.0	-	-	4.5
Communications & Engagement	0.9	0.9	-	-	3.5
Total Directorate - Core Business	23.6	23.8	0.2	1%	98.0
<u>Corporate</u>					
Depreciation	0.9	1.0	0.1	13%	4.0
PSA Fee	0.5	0.5	-	-	2.1
Apprenticeship Levy*	0.1	0.1	-	-	0.3
Contingency	0.2	-	(0.2)	-	1.0
Panellists - Attendance Allowance	-	-	-	-	1.1
FTP additional provision	0.3	0.6	0.3	47%	2.4
Other costs	-	0.1	0.1	100%	0.6
Total Corporate	2.0	2.3	0.3	12%	11.4
Total Core Business	25.6	26.1	0.5	2%	109.4
Surplus/(Deficit) excluding Programmes	0.8	(0.7)	1.5	>100%	(6.3)
Programmes & Projects					
Accommodation Project	0.1	0.2	0.1	67%	1.7
Modernisation of Technology Services	1.8	1.8	-	-	8.2
Technology Improvements	0.1	0.2	0.1	47%	0.4
Modern Workplace for Me	-	0.1	0.1	98%	0.3
Website Redevelopment Programme	-	-	-	-	0.2
Regulatory Reform	0.2	0.3	0.1	38%	1.3
Insight Programme	-	-	-	-	0.2
Total Programmes/Projects	2.2	2.7	0.4	18%	12.4
Total Expenditure including capex	27.8	28.7	0.9	3%	121.8
Capital Expenditure	2.1	2.3	0.2	9%	10.4
Total expenditure excluding capex	25.7	26.4	0.7	3%	111.0
Net Income	0.7	(1.0)	1.7	>100%	(8.0)
Unrealised Gains/(Losses)	0.1	-	0.1	-	-
Net Surplus/(Deficit) excluding capex	0.8	(1.0)	1.8	>100%	(8.0)
Free Reserves	44.0	41.9	2.1	5%	29.8

Note: figures are subject to rounding

* Apprenticeship Levy is a tax paid to HMRC. It is collected monthly through PAYE.

Table 2 – Balance sheet as at 30 June 2023

£'m	Mar-23	Jun-23	Change	Change %
Fixed Assets				
Tangible and Intangible Fixed Assets	32.3	33.6	1.2	4%
Investments	34.7	35.1	0.4	1%
Total Fixed Assets	67.0	68.6	1.6	2%
Current Assets				
Debtors	3.8	2.7	(1.1)	(29%)
Fixed term bank deposits	57.4	49.9	(7.5)	(13%)
Cash	9.8	13.1	3.3	33%
Total Current Assets	71.0	65.7	(5.3)	(7%)
Total Assets	138.0	134.3	(3.7)	(3%)
Liabilities				
Creditors	(58.0)	(53.4)	(4.6)	(8%)
Provisions	(3.2)	(3.4)	0.2	5%
Total Liabilities	(61.2)	(56.8)	(4.4)	(8%)
Net Assets – Total Reserves	76.8	77.5	0.7	1%
Free Reserves	44.5	44.0	(0.5)	(1.0%)

Note: Figures are subject to rounding

Table 3 – Cash flow statement at 30 June 2023

£'m	30 Jun 2022	30 Jun 2023
Cashflow from operating activities		
Surplus/(Deficit) (YTD)	(1.8)	0.8
Adjustment for non-cash transactions	1.7	0.9
(Gains)/Losses on Investments	2.3	(0.3)
Investment/Dividend income	(0.2)	(0.1)
(Increase)/Decrease in current assets	0.4	1.0
Increase/(Decrease) in liabilities	(5.5)	(4.5)
Net Cash inflow/(outflow) from operating activities	(3.1)	(2.1)
Cashflow from investing activities		
Capital Expenditure (YTD)	(1.8)	(2.1)
Net Cash inflow/(outflow) from investing activities	(1.8)	(2.1)
Cashflow from financing activities		
Capital Market Investments	-	-
Net Cash inflow/(outflow) from financing activities	-	-
Cumulative net increase/(decrease) in cash and cash equivalent at month end	(4.9)	(4.2)
Cash & Cash Equivalent at the beginning of the year	70.0	67.2
Cash & Cash Equivalent at the end of the month	65.1	63.0

Note: Figures are subject to rounding

Table 4 – Movement in free reserves year to date

Free Reserves	Actual	Budget
Free reserves as at 1 April - Opening Balance	44.5	44.2
Net surplus/(deficit) for financial period	0.8	(1.0)
Depreciation	0.9	1.0
Less Capital Investment	(2.1)	(2.3)
Free reserves - Closing Balance	44.0	41.9

Note: Figures are subject to rounding

Financial commentary

Financial Position at 30 June 2023

Our overall financial position remains good at end of the first quarter of the year driven by an increase in income of £1 million as compared to budget, maintaining good levels of free reserves and a healthy level of cash and investments.

We have a net surplus of £0.8 million at the end of the first quarter, compared to the budgeted £0.7 million deficit. Our overall net surplus position has largely been driven by higher-than-expected income and some underspends on our core business activities and projects' budgets.

As a result, our free reserves have only moved slightly from the start of the year and stand at £44 million at the end of June. Our cash and investments total £98 million at the end of June, almost at the same level as a year ago reflecting the increase in value of the investment portfolio.

We continue to expect our free reserves to reduce significantly as we invest to reduce our Fitness to Practise (FtP) caseload, improve our technology and modernise our accommodation over the next three years. This investment will ensure delivery of better service and experience to all our stakeholders as well as reduce costs, for instance through enabling a reduction in the size of our estate.

For income:

- Total income was £26.4 million (four percent) ahead of budget. The number of active registrants continued to grow largely owing to internationally trained professionals joining the register. The volume of applications received from overseas remained solid. As recruitment from outside the UK countries continues to play an important part of the workforce supply strategy of NHS organisations in the short term, we expect application volumes to remain strong in the near future
- Year-to-date, we also benefited from higher than budgeted interest rates on our bank deposits and dividend income from our stock market investments.

For expenditure on our core business, spend was largely in line with budget with:

- Slightly above budgeted spend in the Professional Regulation directorate offset by small underspends in other directorates;
- The underspend in other directorates was mainly due to staff vacancies in some areas and lower volume of approvals for training programmes being sought by Approved Educational Institutions (AEIs) than anticipated. The latter is due to AEIs anticipating the apprenticeship standards and seeking to avoid modifying their programmes twice to accommodate the standards.
- Expenditure from a £1 million general contingency fund set aside to absorb significant unforeseen costs during the year. This is being used to fund externally commissioned work for the CBT (computer based testing) workstream as well as process and performance evaluation and improvement work in the FTP operational teams. Cost of internal resources allocated to the CBT workstream has, however, been covered by the directorates' existing budgets.

Financial commentary

For expenditure on our projects and programmes:

- Underspends were due to slippage and later than planned recruitment. We are currently expecting programmes to deliver within agreed budget except for the MOTS programme where there is an early indication that its current phase will be delivered on time and under budget.

We have also reported a small (£0.1 million) unrealised gain on our stock market investments, but clearly with volatile stock markets this position may change.

Looking ahead

We are undertaking financial forecasting exercise which will report to Council in September. Some of the key areas we will scrutinise are:

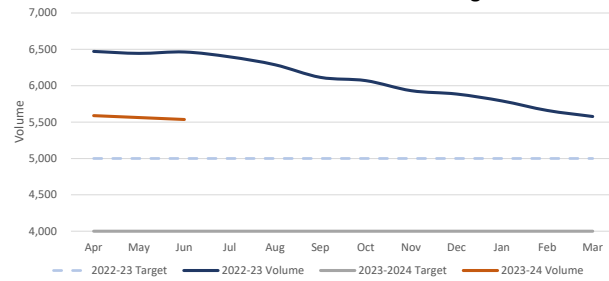
- Income – although we continue to see a high level of overseas professionals applying to join the register there is uncertainty around the overall register volume as existing professionals exit given workforce challenges.
- Unforeseen challenges – we are still assessing the impact on capacity, costs and income from international applications as a result of the computer-based testing (CBT) issue. Fitness to Practise (FTP) caseload reduction – tackling the high level of caseload – continues to be our greatest area of financial and delivery priority and risk, and the Executive and leadership team continue to drive improvements in this area and re-focus resources where required.
- Economic changes – persisting high level of inflation will have a significant adverse effect on our costs, particularly in future years, introducing a significant element of uncertainty into planning.
- Technology investment through our MOTS programme – costs to replace and maintain our old legacy systems remain uncertain particularly beyond this year which together with the risk relating to reliance on those suppliers is being managed.

Annexe 1 section 4. KPI Trend Dashboards

Professional Regulation - Fitness to Practise

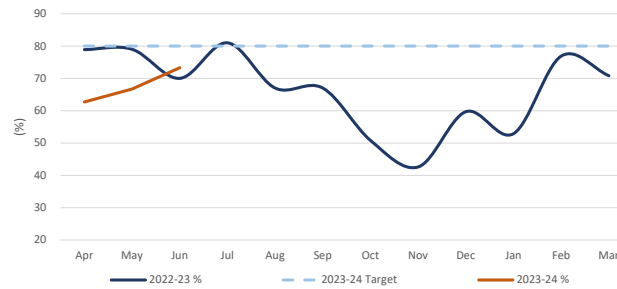
1. Fitness to practise caseload (closing caseload) (Volume)

The overall volume has been reducing in Q1.



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

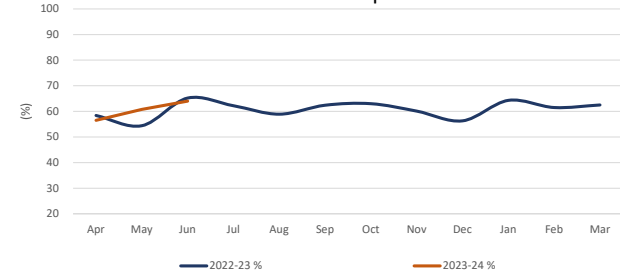
Below target for more than 12 months



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

Below target.

Work continues to improve timeliness

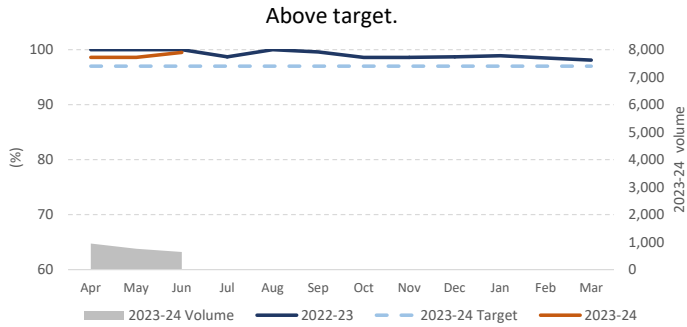


1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.

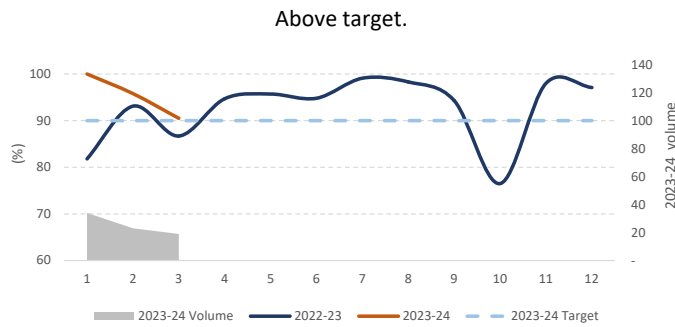
Professional Regulation - Registrations

Registrations

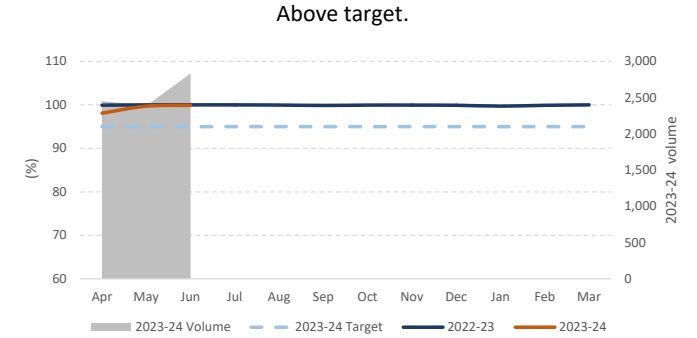
4. UK registration completed with no concern within 1 day (% and volume)



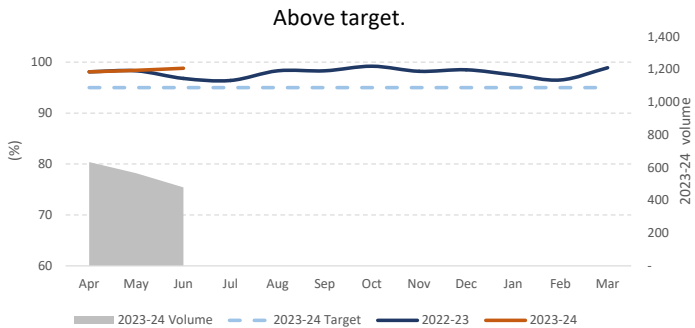
5. UK registrations requiring additional scrutiny within 60 days (% and volume)



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

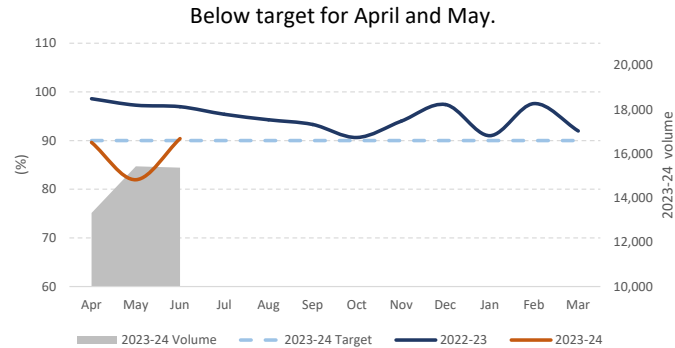


7. Readmission applications completed within 21 days (% and volume)



Contact Centre

8. Call attempts handled (% and volume)



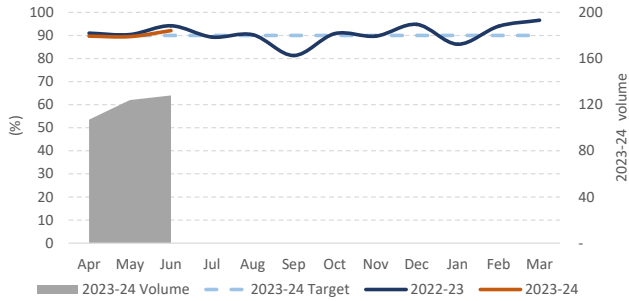
Fitness to Practise - see item 8.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.

Customer enquiries, complaints and feedback

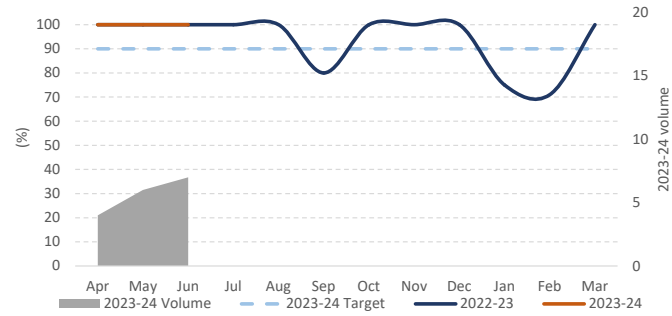
9. Customer complaints responded to within in 20 days

Marginally below target for April and May.



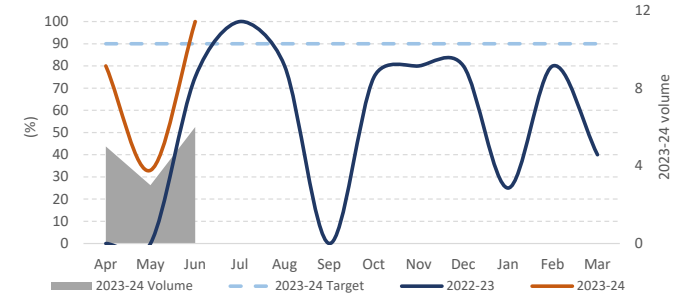
10. Enquiries responded to in 20 days

Above target.



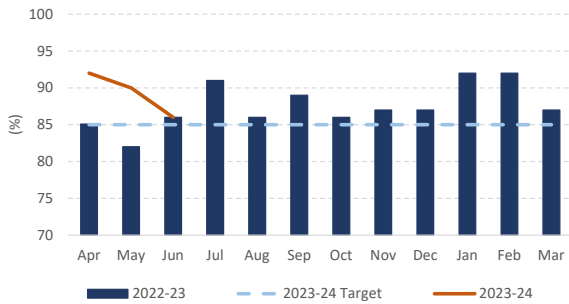
11. MP Enquiries responded to in 20 days

Below target for April and May.



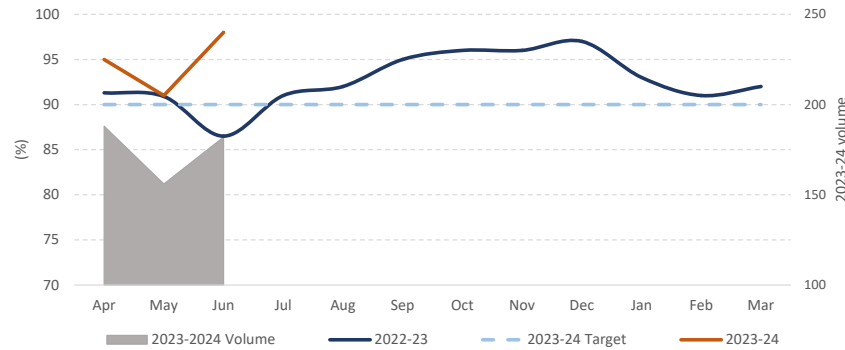
12. Customers rating our service as good or very good

Above target.



13. Information requests responded to in statutory timeframes

Above target.

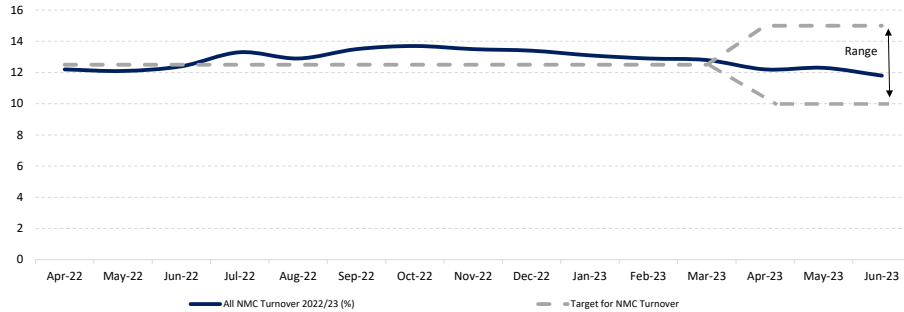


1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.

Our people

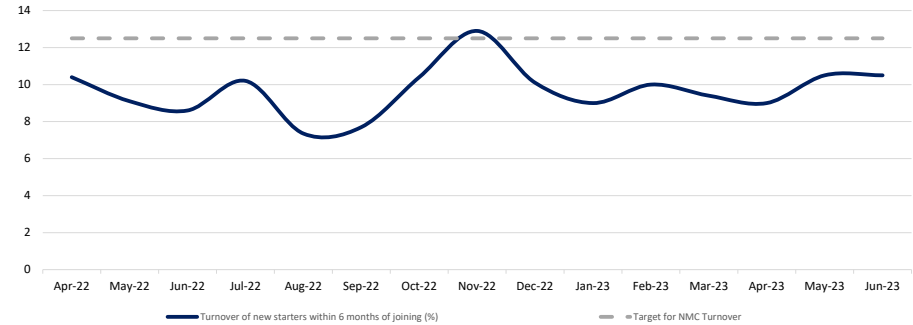
14. Total NMC employee turnover (%)

Above target for Q1.



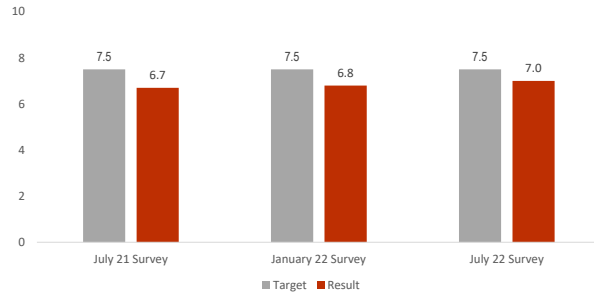
15. Turnover of new starters within 6 months of joining (%)

Below target for Q1.



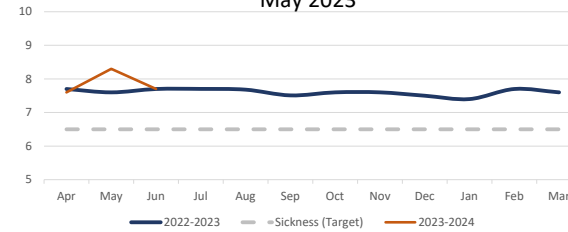
16: Employee engagement score (out of 10)

Next survey will be due in September 2023



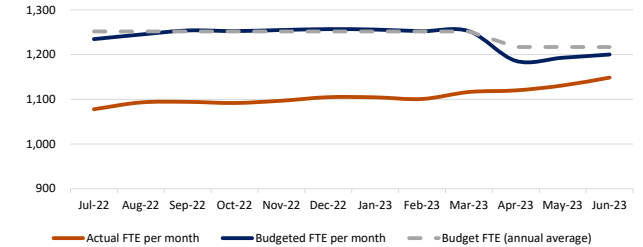
17. Sickness absence average days

Higher than desired level for over a year peaking in May 2023



18. Total Full Time Equivalent

Below target - see executive summary.



1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.

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

1. Overview of corporate risks

Highlighted are the most significant issues, reporting by exception only.

Risk Ref	Current rating			Corporate Risk Description (L = likelihood. I = Impact)
	L	I	L x I	
REG18/02	4	5	20	We fail to take appropriate action to address a regulatory concern about a professional on our register. (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)
REG18/01	3	5	15	We fail to maintain an accurate register of people who meet our standards (including timeliness of registrations) (Risk factors: effective operation of registration/revalidation processes, fraudulent applications, variability of international midwifery education)
REG22/04	3	4	12	We fail to take appropriate or timely action to address a regulatory concern regarding the quality of nursing or midwifery education. (Risk factors: education impacted by external pressures, binary approval options, assurance driven by AEs, weak data capture or use of insights)
REG19/03	2	4	8	We do not make sure that educational standards are fit for purpose (including processes to ensure compliance with standards are met). (Risk factors: keeping pace with changes in legislation, healthcare and practice, speed of programme approvals, meeting the standards of good regulation)
COM18/02	4	4	16	Risk that we do not act in line with our statutory or wider legal obligations (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)
INF21/04	3	5	15	Our Modernisation of Technology Services (MOTS) programme does not deliver the intended benefits for our registration system or case management system. (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)

Risk Ref	Current rating			Corporate Risk Description (L = likelihood. I = Impact)
	L	I	L x I	
INF18/02	3	5	15	<p>Our core business technology systems fail and impedes our ability to deliver effective and robust services for stakeholders or value for money.</p> <p>(Risk factors: legacy systems and unsupported hardware and software, cyber vulnerabilities, outages affecting core business, not realising benefits, supplier challenges)</p>
PEO18/01	3	4	12	<p>We fail to recruit and retain an adequately skilled and engaged workforce (Awaiting newly drafted risk)</p> <p>(Risk factors: vacancies, retention, capability of our people, wellbeing, progression, equality, and diversity)</p>
STR20/02	4	4	16	<p>We fail to deliver our strategic ambitions for 2020-2025</p> <p>(Risk factors: capacity and capability to deliver our strategy, miss strategic opportunities, pressure to adopt additional commitments, do not realise benefits, not maximising reform)</p>
FIN20/01	3	4	12	<p>We do not achieve our investment strategy particularly regarding long term growth; appetite for short term capital loss; alignment with our values</p> <p>(Risk factors: volatility in our investments, unrealised losses)</p>
FIN21/02	3	4	12	<p>We do not achieve a sustainable budget or the planned financial benefits from our strategy</p> <p>(Risk factors: external factors destabilise our budget, fail to spend as planned on our strategy, not managing costs effectively, not realising benefits, pension liability)</p>
EXP18/01	4	3	12	<p>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</p> <p>(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)</p>
EXP22/04	3	3	9	<p>Climate change impacts on our ability to be an effective regulator</p> <p>(Risk factors: physical risks from weather, financial risks from lowering carbon, reduced longer term productivity, policy, and regulation risks, demonstrating our commitment to climate)</p>
EXT21/03	3	3	9	<p>We do not recover efficiently following the coronavirus pandemic, including closing the temporary register and realising the benefits from our new ways of working</p> <p>(Risk factors: monitoring impact on our own capacity and for our professionals externally)</p>

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.

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 continues. Mitigations are being delivered through our FTP improvement work.
- 2.2. **REG18/01** (maintaining an accurate register) (amber): due to anomalies found with the computer-based test (CBT), we are keeping a close watch on performance as this may impact our KPIs especially those for the Contact Centre, International Registrations and Enquiries and Complaints. At this early stage there has been no significant impact on performance due to the CBT issue in any of these areas. However, we are seeing an increase in international contact overall.
- 2.3. **REG22/04** (appropriate or timely action on the quality of education) (amber): Canterbury Christ Church University (CCCU) - The overall level of risk exposure remains unchanged. A substantial programme of work is underway to support the 130 students who were on the programme. The University of Greenwich has confirmed it will be taking the majority of CCCU's foundation year students into their first year. We have approved their Medway Campus for the provision of midwifery to enable this to happen. We continue to work closely with the university, NHS England (both the Integrated Care Board and those colleagues formerly at Health Education England), and the proposed adopting universities to ensure a smooth transition. We are keeping key stakeholders informed, such as the Minister, Department of Health and Social Care (DHSC), Royal College of Midwives (RCM), MPs and the Office for Students.

3. Assurance: significant new mitigations and planned actions

- 3.1. **CBT risk update:** We continue to investigate some anomalies with data linked to our computer-based tests (CBT) that has originated from one test centre in Nigeria. We have stopped all tests at the centre and have written to those on our register or in our application process who may be affected. Most of the 796 tests sites globally are controlled by Pearson VUE. However, a small proportion, including the Yunnik site, are authorised test centres controlled by third parties. The NMC has taken the decision to temporarily suspend testing at this type of site globally, affecting 51 test centres in 22 countries. Our dedicated resolution team has drafted a risk register that holds thirteen risks covering the integrity of the register, people, resourcing and capacity, safety, cost, testing and its integrity, the impact on our business and strategy and trust in the NMC. The register was shared with the Executive on 27 June at their meeting. This contributes towards risk mitigation for **REG18/01** (accurate register).

- 3.2. **Corporate risks:** As part of our discussion at Executive Board on 30 May we reflected on the impact that the work on the CBT issue may have on other work and our strategy rather than simply focusing on the registration issue. An increase to the registrations risk was considered, but it was decided that we could reflect the impact better on our strategy risk. The Executive Director of Strategy and Insight proposed some additional wording to some of the risks on the register that have been shared with the relevant risk owners for their consideration. As a result of this discussion, we have increased the scoring of our corporate strategy risk (**STR20/02** - risk that we fail to deliver our strategic ambitions for 2020-2025), to reflect that colleagues may have to deprioritise work to focus on the CBT issue or any other adverse incident that we may be faced with. This means that the risk moves from amber (likelihood of 3 and impact of 4) to red (likelihood of 4 and impact of 4) temporarily while we are dealing with the issue.
- 3.3. **Contract management** – Due to the anomalies found in our CBT testing we have asked all Executive Directors to look at contracts that are managed within their areas where a third party may use subcontractors (as in the case of Pearson Vue). This has prompted colleagues to check in with our third party suppliers to gather assurances around subcontracting. To date there have been no issues reported. It is encouraging that if a third party wishes to subcontract then they need our written consent, so at this point we would ask for additional assurance. In Resources and Technology Services (RTS) directorate there is a governance structure that uses predominantly the CCS (Crown Commercial Services) recognised framework agreements. Our legal team have the added assurance that their third parties are solicitors who are regulated by the Solicitors Regulation Authority with no additional subcontractors. There is a full review planned later this year with our internal auditors.
- 3.4. **International contact:** Overall customer contact regarding international applications remains high. The Contact Centre and international managers are continuing to mitigate the increase in contact where they can. We will continue to monitor KPIs through our performance report and highlight any increase in CBT enquiries in the contact centre, international or our complaints team. During June, contact regarding CBT remained low. This contributes towards risk mitigation for **REG18/01** (accurate register).
- 3.5. **External communications:** We continue to manage a busy agenda. In light of the Nurse Letby trial reaching a conclusion, we are mindful of the timing of our first insight publication (which includes commentary on maternity care), public campaign on antenatal care, and listening campaign for midwives. These, and our annual report, are all due in July. We continue to monitor industrial action in the sector and the wider landscape and will reprioritise as necessary.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.

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. The updates here focus on May and June 2023.

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 annexe is attached to this paper:

- Annexe 1: FtP performance dashboards.

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.

Author: Janice Cheong
Phone: 020 7681 5765
janice.cheong@nmc-uk.org

Executive Director: Lesley Maslen
Phone: 020 7681 5641
lesley.maslen@nmc-uk.org

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.

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 We aim to have less than 4,000 cases in our caseload by the end of March 2024.

Four country factors:

- 4 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.
- 5 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	1,070	1,471	327	789	3,657
Scotland	157	199	31	90	477
Wales	76	86	19	77	258
Northern Ireland	67	75	10	32	184
Overseas	28	39	10	29	105
Not identified	849	3	0	0	855
Grand total	2,247	1,873	397	1,017	5,534

Discussion:

Summary of our current position

- 6 At the May 2023 Council meeting we reported a decrease in caseload and were able to report a 14 percent reduction from 6,469 to 5,577 over the 2022 financial year.
- 7 Since the beginning of this financial year we have consolidated those gains but the strong trend downwards has not continued in the first quarter of the year although we still saw a slight reduction to 5,534 by end of June.
- 8 During the first quarter of this financial year (Q1) we saw a slight increase in the level of referrals against forecast – 23 referrals ahead of forecast for the quarter. There is no underlying pattern on this uplift. We will continue to monitor referral activity closely to enable us to quickly identify any emerging trends or patterns. Referral volumes are in chart B1 in Annexe 1.

- 9 The increased referral rate has a direct bearing on our decision making capacity at Screening because the same resource is deployed to assess new referrals and make screening decisions.
- 10 While June referral activity sat high at 515 new referrals logged, due to the support the Screening logging team provided to log cases related to the Computer-Based Test situation in May, they carried forward 60 FtP cases to log in June.
- 11 The table below presents actual activity against forecast activity in quarter 1.

	END OF Q1		
	Forecast	Actual	Variance
Referrals in	1,290	1,313	+23
Screening decisions	1,725	1,431	-294
Investigations completed	462	461	-1
Case Examiner decisions	462	396	-66
Adjudication decisions	210	131	-79
Total Caseload	5,133	5,534	+401

- 12 Over the coming months we will address the shortfall in decisions in Q1 (440 below our forecast of 2,859). It is our intention that some of the improvement work in train and planned will contribute to this (see below for more information on this) and that the shortfall in Q1 is not a reflection of performance to come across the remainder of the year.
- 13 The majority of case closures are forecast at the Screening stage which is where the bulk of our caseload has been.
 - 13.1 In April we focused our decision making capacity on the progression of older cases and to manage a number of potentially high-risk cases where interim orders might have been required. When combined with the impact of Easter, our prioritisation had the impact of significantly reducing the volume of cases we progressed, although we have seen a positive impact on the age of cases at Screening. This is shown on chart D1.
 - 13.2 Over May and June Screening decision making numbers improved and increased almost back up to the forecast number, despite the three May bank holidays. Decision volumes are on chart D1. Neither the April or May bank holidays were factored into our simple forecasting model.

- 13.3 In June, following collaboration between colleagues in Professional Regulation and Communication & Engagement directorates, we launched our new referral form for members of the public which is designed to help signpost individuals to the organisations best placed to help them with their concerns and where the concerns are relevant for us as a regulator, to gather as much information as possible at the point of referral to enable us to reach decisions quickly. We will closely monitor the impact of the changes to identify whether they have had the intended effect.
- 14 At the Investigations stage the caseload slightly decreased over Q1, driven by improved output numbers. In May we completed more than 150 investigations in a month for the first time since June 2021. We saw this trend continue into June 2023, with 179 investigations completed – ahead of planning assumptions. See chart D2.
- 14.1 Being back in the office two days per week is providing more opportunity for our Investigations teams to collaborate, build knowledge and access training in a way that had not been possible when working primarily from home.
- 15 Our Case Examiner decision numbers have been above 100 per month since April, as shown on chart D3. Output has grown month on month in Q1 culminating in 156 decisions in June. This represents a significant improvement on the numbers we saw over the second half of the last financial year. Planned improvement work is being progressed to ensure we meet our planning assumption levels. We recently made changes to the templates used by Case Examiners when communicating their decisions, which we expect to positively impact on productivity.
- 16 Our Adjudication caseload has again increased as we've not been meeting the numbers of hearing outcomes required.
- 16.1 We now have detailed findings of an external process review, held an engagement event with our panel members and had useful discussions with representative bodies. In doing so we have identified a range of opportunities to improve on our preparedness for events.
- 17 We have been carrying senior vacancies in the directorate since April and have now made appointments to key operational leadership roles.

An Assistant Director for Fitness to Practise and an Assistant Director for Performance and Planning will join us in August with an immediate focus on driving operational performance.

- 18 During Q1 we gave some priority to our corporate management development programme. Whilst this has diverted management capacity from casework, this has been an area of under investment in recent years and we anticipate that this investment will unlock further progress across our Fitness to Practise teams. For example, better sharing of feedback and encouraging coaching conversations.

Upcoming activity and our improvement programme

- 19 Our programme of improvement continues to focus on delivering new ways of working which will positively impact on performance.
- 20 There is a strong collaborative team effort across the organisation with various teams and colleagues supporting and leading on streams of work focused on driving our caseload recovery efforts.
- 21 In July our Employer Link Service (ELS) began to make Screening enquiries and decisions. The team re-prioritised their work and are well placed to help progress cases over the coming months. They have been allocated an initial caseload of about 200 with a view to making up some of the shortfall in casework closures to date. We will identify further opportunities for the team to work with employers, unlocking our enquiries and information requests.
- 22 We are looking to build on the work with ELS by identifying cohorts of casework progression activity which skilled colleagues across the wider organisation are able to progress.
- 23 We established a new team to focus on making rapid improvements at various points in the FtP process and their initial focus is on improving our performance at the Adjudication stage, increasing the number of decisions we are able to make and decreasing the time it takes to make them; while also looking to support Screening to continue to make positive progress towards reducing the caseload there.
- 24 One initial activity is making sure that the preparation of cases going to the FtP Committee is improved. Our data shows there is significant room for improvement in this area and we intend for more of our FtP Committee events to be held in person to improve team working and giving our panels the best support needed to conclude our cases first time around.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.

- 25 General Counsel colleagues are leading on work to ensure we are taking a proactive approach to our review of cases with active consideration for the quality of our work to support efficient case disposal.
- 26 Through continued focus we will ensure we are pulling all levers at our disposal to drive caseload reduction, identifying the right ways to conclude cases, including a focus on ‘alternative disposal’ which are alternative means of concluding cases by the Case Examiners and agreed removal.

Midwifery implications:

- 27 There are no implications which are specific to midwifery to consider.
- 28 We currently have 263 open cases that relate to midwives, this is approximately 4.8 percent of our total caseload.
- 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 31 March 2023.

Public protection implications:

- 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.

Resource implications:

- 31 The cost of the activity associated with caseload reduction has been provided for in this year’s budget.

Equality diversity and inclusion implications:

- 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.
- 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.

Stakeholder engagement:

- 34 Our key stakeholder groups remain concerned at the limited progress in resolving our backlog but are engaging with us to resolve specific cases.

Risk implications:

- 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 corporate commitment one to: “Reduce the FtP caseload and improve how we handle people's concerns about nursing and midwifery professionals”.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.

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.

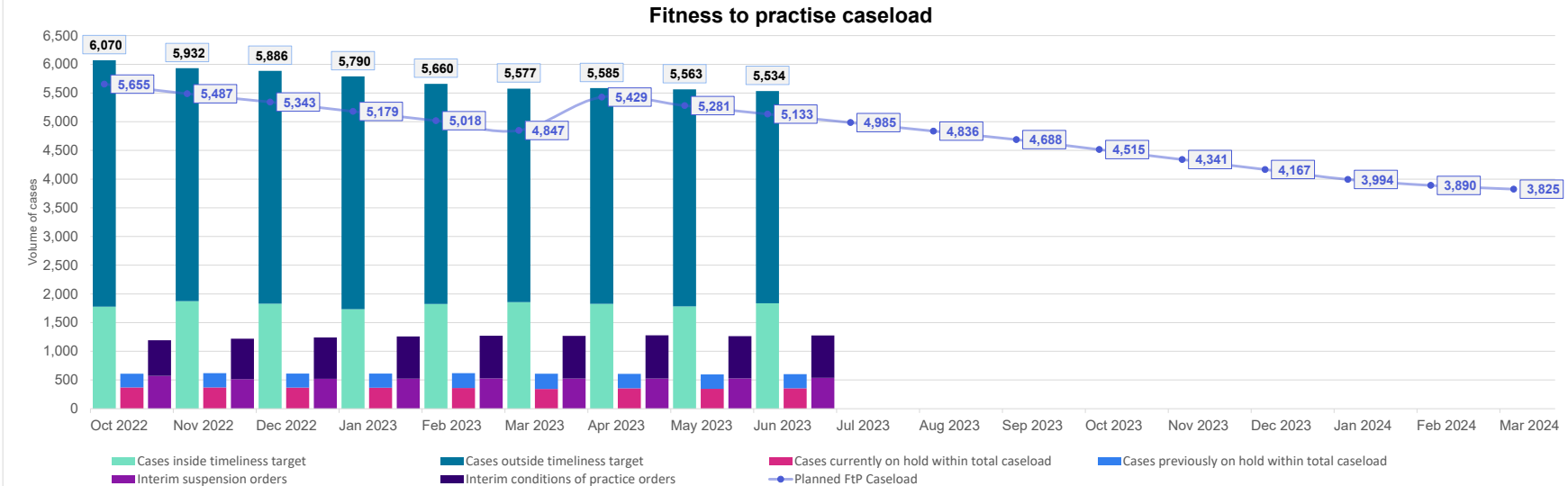
Legal implications:

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.

Fitness to Practise Council performance dashboard June 2023

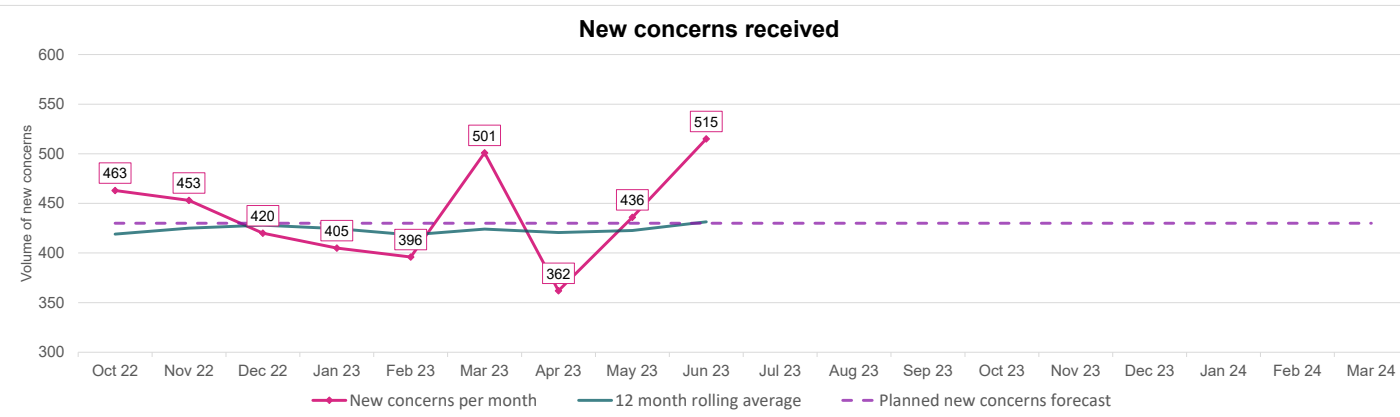
The chart below shows the total fitness to practise caseload broken down into the cases that are within and outside our timeliness targets. The chart also shows within that caseload the cases that are currently on hold for a third party investigation and those that have previously been on hold but are now active. It also shows the number of interim suspension orders and interim conditions of practise orders for the cases that are still open without a final outcome. We have also provided our planned total FtP caseload based on operating assumptions for the current and previous financial year.

A1



The chart below shows the total number of new concerns we have received into fitness to practise on a monthly basis, and also our rolling 12 month average for the concerns we have received. The chart also includes our planned forecast for referrals for the financial year.

B1



C1 Monitoring and Compliance

Substantive order review caseload: 435

Undertakings caseload: 68

The figures above shows the total number of substantive orders that are subject to review following a decision by a Fitness to Practise Committee Panel at a hearing or meeting. It also shows the total number of undertakings offered by Case Examiners that were accepted, were still active and

Commentary June 2023

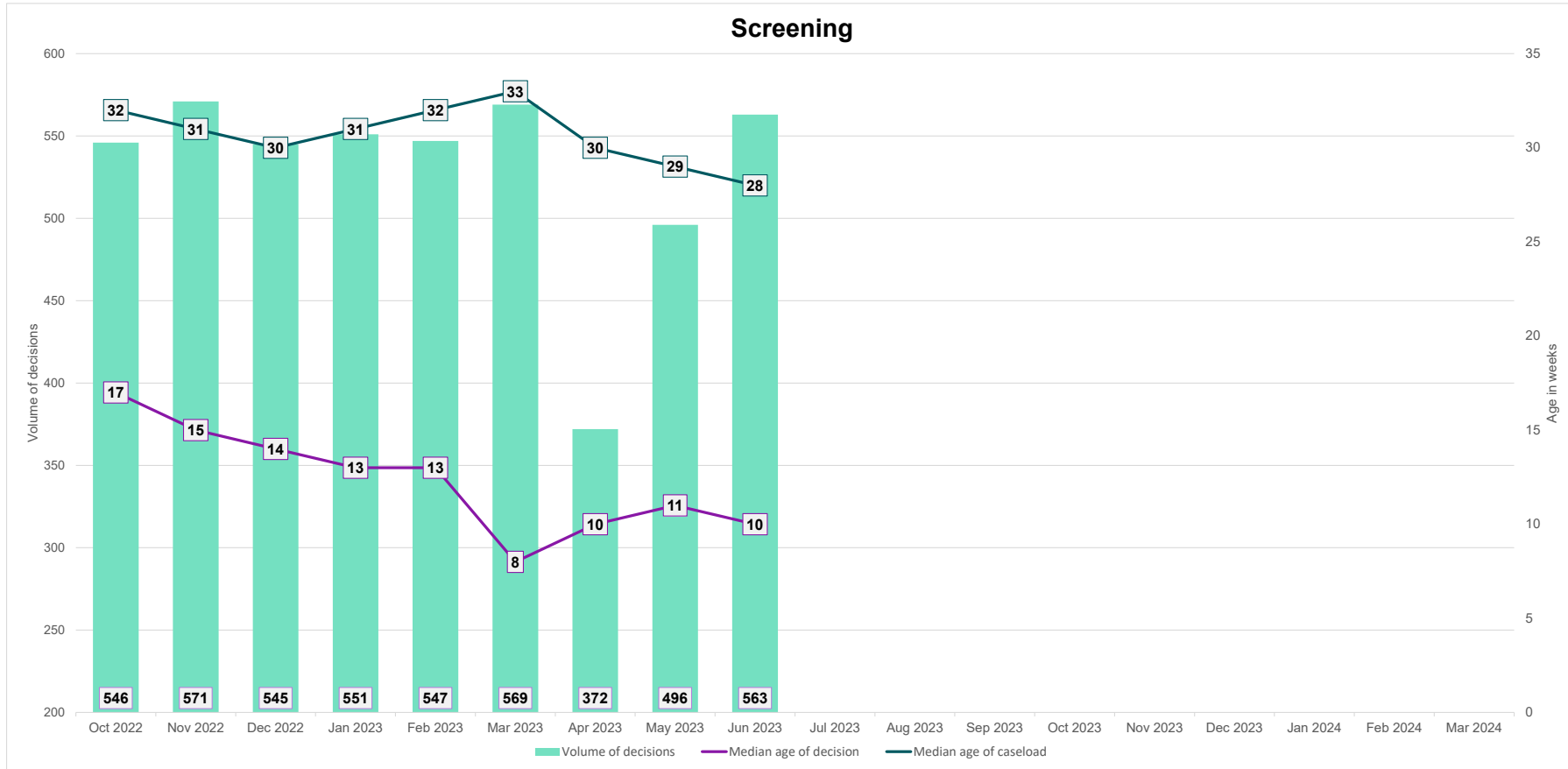
We amended our planning assumptions for April 2023 to March 2024, taking into account the recent actuals. This accounts for the sharp increase in the blue line in chart A1 showing the planned caseload.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.

Fitness to Practise Council performance dashboard June 2023

The charts below provide a performance summary for the Screening stage of our fitness to practise process. The bar charts provide the total number of decisions or completed cases within the month, and the line charts show both the median age of decisions/completed cases in weeks and the other shows the median age of the open caseload at that stage.

D1



Commentary June 2023

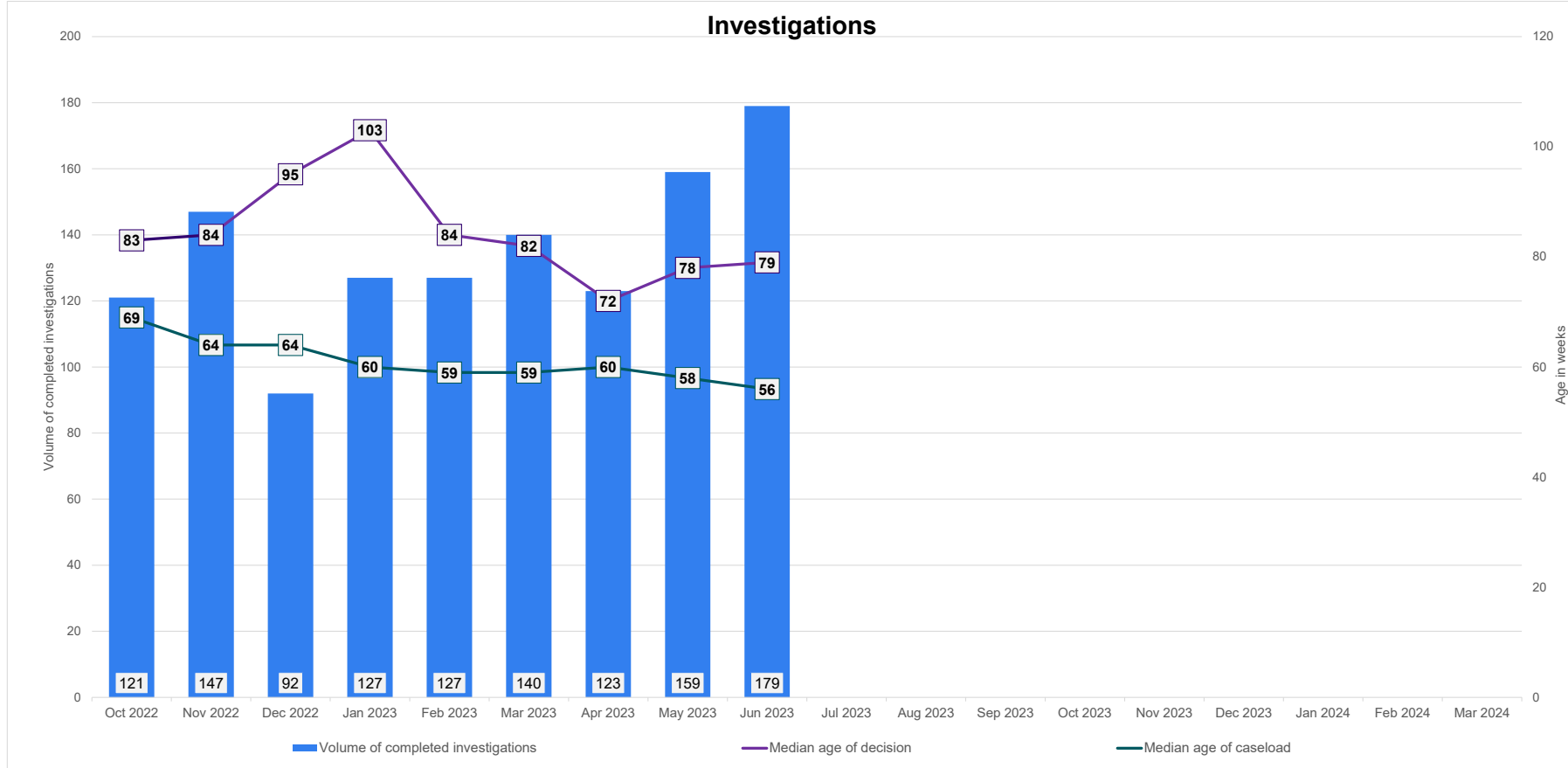
We continue to recover from the drop in decisions in April, by completing nearly 500 decisions in May and then exceeding 560 decisions in June, in the context of an above forecast number of new referrals. There is a priority focus in the team on the decision pipeline to support our decision activity at screening.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.

Fitness to Practise Council performance dashboard June 2023

The charts below provide a performance summary for the Investigations stage of our fitness to practise process. The bar charts provide the total number of decisions or completed cases within the month, and the line charts show both the median age of decisions/completed cases in weeks and the other shows the median age of the open caseload at that stage.

D2



Commentary June 2023

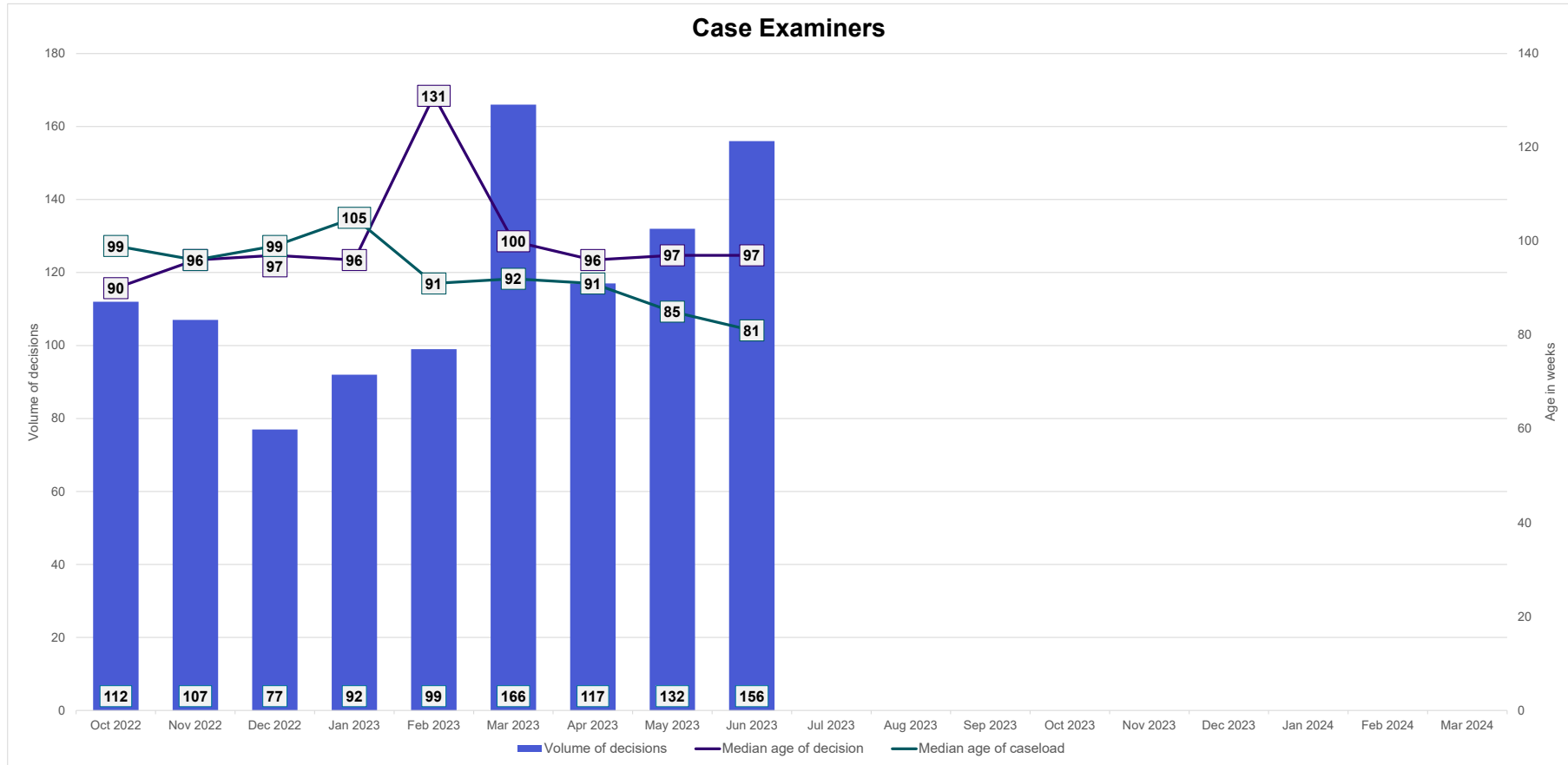
Good progress is being made on the monthly case reporting output. We have exceeded our monthly target for the last two months and we are working hard to maintain or exceed our performance. We are prioritising our oldest cases and those with interim orders which should see the median age of the caseload continue to reduce. There has also been a high focus on training on key investigations skills over the last couple of months to ensure that our investigations are proportionate and increase skills and confidence within the team to effectively manage cases.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.

Fitness to Practise Council performance dashboard June 2023

The charts below provide a performance summary for the Case Examiner stage of our fitness to practise process. The bar charts provide the total number of decisions or completed cases within the month, and the line charts show both the median age of decisions/completed cases in weeks and the other shows the median age of the open caseload at that stage.

D3



Commentary June 2023

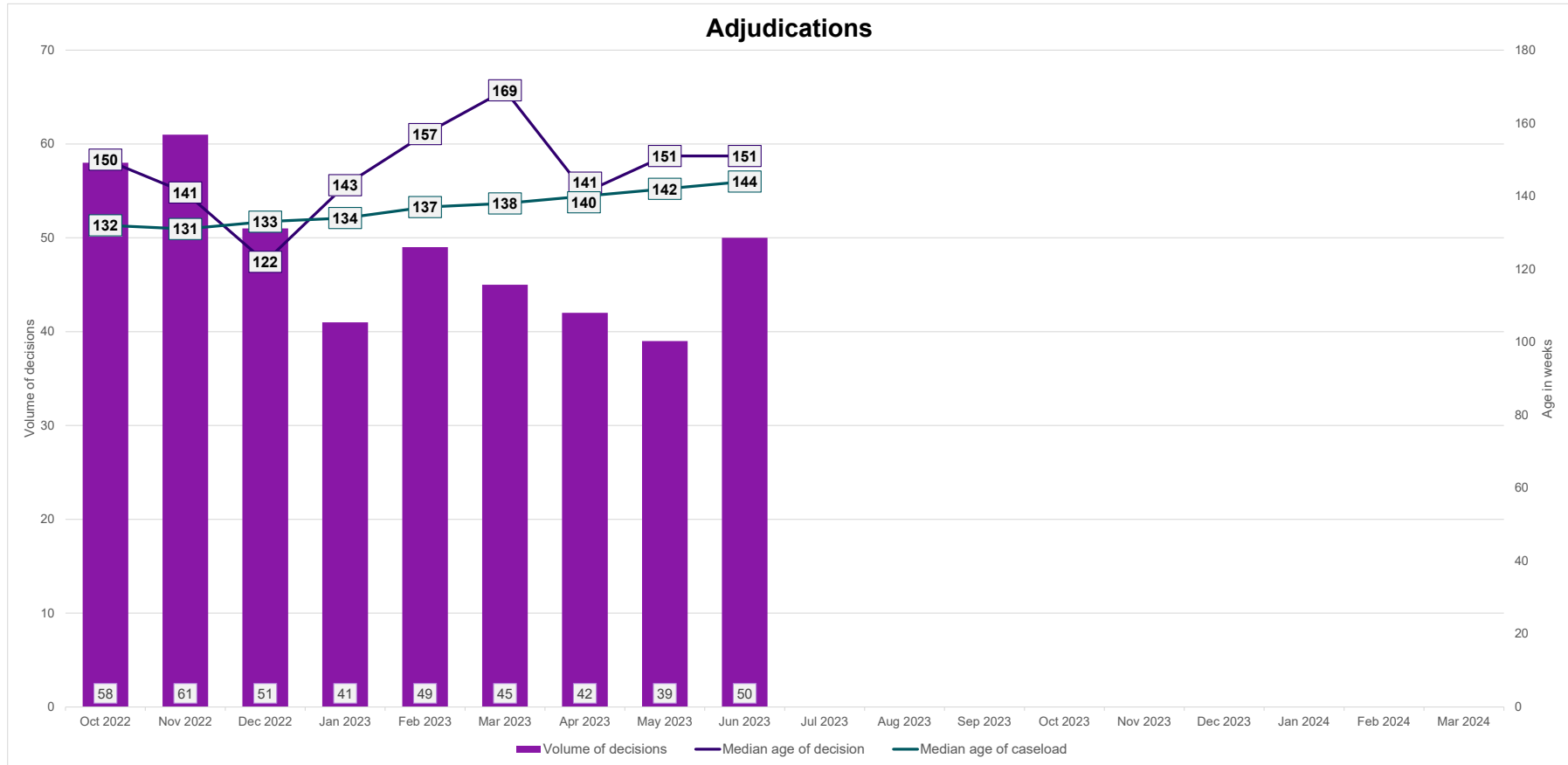
We continue to work on improvements in productivity to achieve the required output. To achieve this we have focussed our decision templates on succinct reasoning for the outcomes in each case examiner decision. We are prioritising cases with an interim order alongside our aged caseload. This summer, we are also prioritising cases where there is a no case to answer recommendation above cases with a case to answer recommendation. This should result in a temporary uplift in our closure rate at this stage and will support Adjudications as they implement improvement activities at this later stage in the FtP process.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.

Fitness to Practise Council performance dashboard June 2023

The charts below provide a performance summary for the Adjudication stage of our fitness to practise process. The bar charts provide the total number of decisions or completed cases within the month, and the line charts show both the median age of decisions/completed cases in weeks and the other shows the median age of the open caseload at that stage.

D4



Commentary June 2023

Significant joint improvement work designed to increase case completions at this stage of the process is underway, looking at quality, timeliness and proportionality. The new Rapid Resolution Team's immediate priority is to support the case preparation & presentation and adjudication teams and this will see us trialling a number of new ways of working to address current barriers to case scheduling and completion of cases at hearing. There has been a notable increase in the volume of Agreed Removal decisions being made since the changes which were made to the guidance.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.

Council

Appointments Board annual report to Council 2022–2023

Action:	For noting.
Issue:	Report to the Council on the work of the Appointments Board during 2022–2023.
Core regulatory function:	Supporting functions.
Strategic priority:	Strategic aim 6: Fit for the future organisation
Decision required:	None.
Annexes:	None.
Further information:	If you require clarification about any point in the paper or would like further information please contact the author below.

Author: Mary Anne Poxton
Phone: 020 7681 5440
Maryanne.poxton@nmc-uk.org

Chair of Appointments Board:
Jane Slatter

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.

Context:

- 1 The Appointments Board is a Committee of the Council. Its remit is to assist the Council in connection with the exercise of any function or process relating to the appointment of Panel Members and Legal Assessors to the Practice Committees and the appointment of Panel Members to the Registration Appeals Panel.
- 2 The primary focus of the Board’s work is to ensure that effective arrangements are in place for the selection and appointment, training and performance management of Practice Committee members (Panel Members), Legal Assessors and Registration Appeal Panel Members.
- 3 The Board’s Terms of Reference require it to “report annually to the Council on the Appointments Board’s activities, including an assessment of compliance with, and effectiveness of, the policies in place.”
- 4 The Board met four times in 2022-2023. The Board also considered draft interview materials for use in the Panel Chair selection process 2022 by correspondence in April 2022.
- 5 The Board held alternate meetings in person; with two meetings being held in person and two by videoconference. The Board was pleased to welcome the Chair of Council to its meeting on 26 October 2022.

Key issues covered in this report

- 6 The Board’s anticipated key areas of focus for 2022-2023 were set out in its 2021-2022 Annual report to Council. Progress against these areas is reported as follows:
 - 6.1 Continuing to ensure sufficient Panel Chairs and Panel Members are in place to support the reduction of the fitness to practise caseload (paragraphs 26 to 28).
 - 6.2 Reviewing progress against the three year strategy for delivering high quality panels (paragraphs 16 and 17).
 - 6.3 Reviewing the 2022 external Panel Chair selection and appointment campaign and identification of learning for future campaigns (paragraphs 18 to 21).
 - 6.4 Induction and training of new Panel Chairs (paragraphs 22 and 23).
 - 6.5 Oversight of the selection and appointment of new Legal Assessors to improve the diversity of the Legal Assessor pool (paragraphs 26 to 28).

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.

- 6.6 Approval of the annual Panel Member training programme for 2023 (paragraph 25).
- 6.7 Regulatory Reform and the potential impact on Panel Members and Legal Assessors (paragraphs 15 and 41).

Four country factors: 7 The Board is mindful that the NMC is a four country regulator and seeks to reflect this in its programme of work.

Discussion: Board membership and effectiveness

- 8 The Board's membership is made up entirely of non-Council (partner) members to ensure an appropriate separation of the Board's work from that of the Council.
- 9 Frederick Psyk's final term as a Board member came to an end on 31 August 2022. The Remuneration Committee oversaw an open, competitive selection exercise, resulting in the appointment of a new member, Surinder Birdi, from 1 July 2023. The Board is able to operate with up to five members so carrying a vacancy did not affect its ability to take forward its work programme.
- 10 Current membership comprises:
 - 10.1 Jane Slatter (Chair) (appointed 6 August 2018, reappointed 6 August 2021)
 - 10.2 Robert Allan (appointed 1 October 2018, reappointed 1 October 2021)
 - 10.3 Angie Loveless (appointed 1 March 2018, reappointed 1 March 2021)
 - 10.4 Clare Salters (appointed 1 March 2018, reappointed 1 March 2021)
 - 10.5 Surinder Birdi (appointed 1 July 2023).
- 11 Actions identified from the 2022-2023 Board effectiveness were agreed in July 2023. These included a continued focus on strategic oversight rather than operational detail; actions relating to continuity of Board membership including exploring opportunities which may be provided by regulatory reform; a more flexible approach to in person/remote meetings depending on the agenda; and the need for more reliable delivery of the work programme to enable decisions on the type of meeting to be made in advance.

Integration with the wider work of Council

- 12 The Board remains committed to ensuring that its work is aligned with the Council's strategic aims, including the corporate plan 2023-2025 and the corporate priority to reduce swiftly and safely the number of fitness to practise cases we have open.
- 13 The Chair of the Board has continued to attend Open Council meetings when possible and has met regularly with the Chair of Council. The Chair has also met with the Executive Director, Professional Regulation and one of the Executive Directors, People and Organisational Effectiveness.
- 14 The Chair of the Council chaired the selection panel for a new member of the Appointments Board. At the Chair's invitation, the Chair of the Board sat on the selection panel.
- 15 The Board continues to receive updates on organisational developments, including the indicative timetable and preparation for Regulatory Reform.

Strategy for developing high quality panels

- 16 The Board reviewed its three year strategy, agreed in December 2019, for delivering high quality panels. The Board was pleased that some success measures had been met, including a reduction in the number of complaints from candidates involved in selection processes (there were zero complaints in the Panel Chair selection process); and meeting targets for Panel Member participation in training and new appointees performing their role to the required standard.
- 17 Work against the Board's current strategy will continue throughout 2023-2024, while a new plan is developed by the Executive for consideration by the Board in 2024.

Panel Chairs appointment process 2022

- 18 The Board oversaw an open and competitive selection exercise in 2022, culminating in the appointment by the Council of 48 Panel Chairs in July 2022. Of those appointed, 22.9 percent of candidates are from Black and minority ethnic backgrounds.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.

- | | |
|-----|--|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| 9. | |
| 10. | |
| 11. | |
- 19 Regrettably one of the appointed Panel Chairs was found to be ineligible (having already served two terms as an NMC Panel Member). The Board reported the erroneous appointment to the Council in September 2023 and the Council revoked the appointment.
- 20 The Board carried out a review to identify any learning for future campaigns. As a result of the erroneous appointment referred to above, a Serious Event Review was carried out and the Executive is implementing recommendations to strengthen the systems, processes and checks at key stages of the selection process.
- 21 Other key learning included actions to encourage a broader range of bids from search consultants to support future campaigns; ensuring that advertising strategies are aimed at attracting a diverse range of suitable candidates; and building in sufficient time for the review of process/materials by the Appointments Board.

Induction and training

- 22 The Board is mindful of the importance of effective training for all Panel Chairs and Members to ensure they have the knowledge and skills to make robust, consistent and proportionate decisions which protect the public and maintain confidence in the nursing and midwifery professions. The Board is committed to ensuring that this encompasses the NMC's values and behaviours and reflects the organisation's commitment to tackling discrimination and inequality and to promoting diversity and inclusion.
- 23 The Board maintained strategic oversight of the induction training programme for the 47 Panel Chairs appointed in July 2022. The Board was pleased to note 100 percent attendance at induction training in September 2022.
- 24 The Board continues to monitor training uptake and seeks to understand drivers in relation to completion/non-completion of training and to implement any learning. The Board was pleased to note that in line with commitments in the NMC's Equality, Diversity and Inclusion Action Plan, enhanced EDI training was delivered to 285 Panel Members (99 percent) in 2022.
- 25 The Board approved the Panel Member training programme for 2023 which has a continuing emphasis on equality, diversity and inclusion as well as a focus on improving understanding of environments where care is delivered and guidance updates/sharing learning from recent case law.

Preparation for the appointment of new Panel Members and Legal Assessors

- 26 The Board is overseeing a combined selection process in 2023 for new Panel Members and Legal Assessors to join the existing pools. In line with the NMC's commitment to being a diverse and inclusive regulator, preparation included a diversity analysis of the current pool of Legal Assessors and an assessment of the challenges and barriers to increasing diversity.
- 27 The Board was pleased to note actions taken by the Executive to address its concerns about the limited supplier market for an external partner to support previous campaigns. The Executive's focus on attracting more bids from suppliers resulted in four bids. An external partner was appointed following a rigorous and fully compliant process.
- 28 The selection process continues to be a major focus for the Board, including updating role profiles and the Panel Member and Legal Assessor agreements.

Panel Member appointments, re-appointments, transfers and removals

- 29 The Board has made recommendations to Council on the appointment of Panel Members to hear Registration Appeals; transfers between the Practice Committees; and the reappointment of Panel Members and Legal Assessors.
- 30 Before making any recommendations, the Board ensures that Panel Members are meeting performance requirements, undertaking the necessary training, and have no outstanding complaints against them. The Board has also put forward removals from the Practice Committee lists and informed Council of removals from Legal Assessor lists.

Complaints against Panel Members and Legal Assessors

- 31 The Board has a standing item on its agenda at each meeting to ensure that it maintains high level oversight of all open complaints against Panel Members and Legal Assessors. This allows the Board to monitor the number of Panel Members not being allocated to hearings and the effect on Committee capacity. Learning from complaints is used to inform other areas of the Board's work programme including the oversight of induction and training.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.

Whistleblowing concern

- 32 In May 2023, the Board received a final report on progress against the action plan developed by the Executive to address whistleblowing concerns raised by a Panel Member. The Board has been monitoring progress against the action plan since September 2021. This has helped inform a range of work to strengthen our approach to equality, diversity and inclusion, including enhancing induction and ongoing training of Panel Members and Legal Assessors.
- 33 The Board received a presentation on the findings of the second Panel Member EDI survey, which was implemented as part of the action plan. The survey received a high response rate and indicated that a high number of respondents were positive about the EDI training they received. The results also demonstrated that respondents felt confident that the NMC would take any reported incident seriously. The Board agreed that it would be valuable to undertake follow-up interviews with a percentage of those respondents who had indicated they were willing to discuss their responses in more detail, to gain further insight.

Future focus

- 34 The Board's focus for 2023-2024 is:
- 34.1 Continuing to ensure sufficient Panel Chairs, Panel Members and Legal Assessors are in place to support the reduction of the fitness to practise caseload, making high quality decisions that protect the public.
 - 34.2 Continued oversight of the 2023 campaign to appoint new Panel Members and Legal Assessors.
 - 34.3 Review of Panel Member and Legal Assessor Services Agreements and our ongoing relationship with Panel Members and Legal Assessors.
 - 34.4 Ensuring that any new Panel Members and Legal Assessors are properly inducted and trained to perform their role to a satisfactory standard under the performance monitoring framework.
 - 34.5 Review of the 2023 Panel Member and Legal Assessor appointment campaign and identification of learning for future campaigns.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.

		34.6	Approval of the annual Panel Member training programme for 2024.	1.
		34.7	A new five year plan for delivering high quality Panel Members, which takes account of regulatory reform and the potential impact on Panel Members and Legal Assessors.	2.
Midwifery implications	35		The Panel Member pool includes registered midwives. The 2023 Panel Member campaign has targeted midwifery networks to maintain sufficient numbers of midwife Panel Members to allow cases to be heard in a timely manner.	3.
Public protection implications:	36		Implementation of the three year strategy for delivering high quality Panel Members aims to ensure that Panel Members make high quality decisions that protect the public and maintain public confidence in the NMC.	4.
Resource implications:	37		Panel Members are required to make decisions that protect the public. The Board must ensure that we have sufficient Panel Chairs and Members to undertake planned hearings activity.	5.
Equality and diversity implications:	38		The approved three year strategy for delivering high quality Panel Members includes the following objectives in relation to equality, diversity and inclusion:	6.
		38.1	Ensuring the membership of the practice committees reflects the professions we regulate and the wider UK population.	7.
		38.2	Ensuring Panel Members are equipped with the necessary knowledge and training to ensure equality, diversity and inclusion matters are understood, supported and well managed.	8.
Stakeholder engagement:	39		None arising directly from this paper.	9.
Risk implications:	40		If we do not have high quality panels there is a risk that panels will not make decisions which protect the public and maintain public confidence in the effective regulation of the NMC. The Board has approved a strategic approach to delivering high quality panels which mitigates this risk.	10
				11.

Regulatory reform

41 The Board continues to be sighted on developments in relation to Regulatory Reform, receiving an update from the Director of Strategy and Insight in July 2022 and March 2023.

Legal implications:

42 None.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.