

Open 30 March 2022

MEETING
30 March 2022 09:30

PUBLISHED
22 March 2022

Meeting of the Council

To be held from **09:30** on Wednesday 30 March 2022
Council Chamber, 23 Portland Place, London W1B 1PZ

Agenda

Sir David Warren
Chair of the Council

Fionnuala Gill
Council Secretary

1 Welcome and Chair's opening remarks NMC/22/16 **09:30**

We will observe a one-minute silence in memory of professionals on our register who lost their lives to the Covid-19 pandemic.

2 Apologies for absence NMC/22/17

3 Declarations of interest NMC/22/18

4 Minutes of the previous meeting NMC/22/19

Chair of the Council

5 Summary of actions NMC/22/20

Secretary

Matters for discussion

6 Executive report NMC/22/21 **09:40-10:10**
(30 mins)

Chief Executive and Registrar/Executive

7 Fitness to Practise Improvement Programme Update NMC/22/22 **10:10-10:40**
(30 mins)

Interim Executive Director, Professional Regulation

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Matters for decision

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| 1. | | | | |
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| 4. | 8 | Financial Strategy review | NMC/22/23 | 10:40-11:10
(30 mins) |
| 5. | | Executive Director, Resources and Technology Services | | |
| 6. | | <i>Refreshment break (20 minutes)</i> | | <i>11:10-11:30
(20 mins)</i> |
| 7. | 9 | Annual Corporate Plan and Budget 2022-2023 | NMC/22/24 | 11:30-12:30
(60 mins) |
| 8. | | Executive Director, Resources and Technology Services | | |
| 9. | 10 | Removal of Panel Members from the Practice Committees | NMC/22/25 | 12:30-12:40
(10 mins) |
| 10. | | Interim Executive Director, Professional Regulation | | |

Matters for discussion

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|-----|----|--|---------------|----------------------------------|
| 11. | 11 | Learning and thematic review of public inquiries into major failings of care | NMC/22/26 | 12:40-13:10
(30 mins) |
| 12. | | Executive Director, Strategy and Insight | | |
| 13. | 12 | Ending of emergency period | NMC/22/27 | 13:10-13:40
(30 mins) |
| 14. | | Executive Director, Strategy and Insight / Interim Executive Director, Professional Regulation | | |
| 15. | 13 | Questions from observers | NMC/22/28 | 13:40 |
| 16. | | Chair | (Oral) | |

Matters for information

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|-----------|---|-----------|
| 14 | Audit Committee Report
Chair of the Audit Committee | NMC/22/29 |
| 15 | Investment Committee Report
Chair of the Investment Committee | NMC/22/30 |
| 16 | Appointments Board Report
Chair of the Appointments Board | NMC/22/31 |
| 17 | Governance: Council Committee membership/appointments 2022-2023 and Council meeting dates 2023-2024
Chair / Secretary | NMC/22/32 |
| 18 | Chair's actions taken since the last meeting
Chair | NMC/22/33 |

CLOSE & LUNCH (35 mins)

13:55-14:30

Meeting of the Council
Held on 26 January 2022 by videoconference.

Minutes

Council:

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

NMC Officers:

Andrea Sutcliffe	Chief Executive and Registrar
Emma Broadbent	Acting Executive Director, People and Organisational Effectiveness
Helen Herniman	Executive Director, Resources and Technology Services
Matthew McClelland	Executive Director, Strategy and Insight
Tom Scott	Interim Executive Director, Professional Regulation
Anne Trotter	Assistant Director, Education and Standards, Professional Practice
Alice Hilken	General Counsel
Miles Wallace	Acting Executive Director, Communications and Engagement
Fionnuala Gill	Secretary to the Council
Alice Horsley	Governance Manager
Rob Beaton	Head of Corporate Planning, Performance and Risk, RTS (NMC/22/06 only)
Paul Johnson	Assistant Director, Professional Regulation (NMC/22/07 only)
Mike Andrews	Assistant Director, Quality Improvement, P&OE (NMC/22/08 only)
Terry Koranteng	Performance Reporting Manager, P&OE (NMC/22/08 only)
Alex Rhys	Assistant Director, Professional Practice (NMC/22/09 only)
Paula McLaren	Performance Reporting Manager, Professional Practice (NMC/22/09 only)
Laura Marks	Interim Assistant Director, People Services, P&OE (NMC/22/10 only)
Shonali Routray	Principal Legal Advisor, P&OE (NMC/22/11 only)
Karen Lanlehin	Business Change, and Improvement Manager, P&OE (NMC/22/11 only)

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

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Minutes

NMC/22/01 Welcome and Chair’s opening remarks

1. The Chair welcomed all attendees to the meeting, including external observers. The Chair also welcomed Alan Clamp, Chief Executive, Professional Standards Authority, Fred Psyk, Appointments Board member, as well as Miles Wallace, attending for the first time in his capacity as Acting Executive Director, Communications and Engagement, and Anne Trotter, Assistant Director, Education and Standards, deputising for Geraldine Walters.
2. The Chair congratulated Claire Johnston on her reappointment as a Council member for a second term from 1 May 2022.

NMC/22/02 Apologies for absence

1. Apologies were received from Tracey McCormack, Council Associate, Geraldine Walters, Executive Director, Professional Practice and Francesca Okosi, Executive Director, People and Organisational Effectiveness.
2. It was noted that Marta Phillips had to leave the meeting at 12:20.

NMC/22/03 Declarations of interest

1. All registrant members, Associates and Anne Trotter, Assistant Director, Education and Standards, declared an interest as follows:

NMC/22/07: Fitness to Practise Improvement Programme Update.
 These interests were not considered material such as to require the individuals concerned to withdraw from discussion or decisions, as they were no more affected by these proposals/changes than other registrants.

NMC/22/04 Minutes of the previous meeting

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

NMC/22/05 Summary of actions

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

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NMC/22/06 Executive report including performance and risk report (Q3 October to December 2021)

1. The Chief Executive and Registrar introduced the report. On behalf of the NMC, the Chief Executive and Registrar congratulated all those professionals on our register who received awards in the New Year’s Honours list. Professor Mark Radford had received a Commander of the Order of the British Empire (CBE) for services to nursing, which was very well-deserved.

2. The Chief Executive and Registrar also welcomed Professor Alex McMahon’s appointment as CNO for Scotland in December 2021, and Maria Mcilgorm’s appointment as CNO for Northern Ireland from March 2022.

3. In discussion the following points were noted:
 - a) Whilst Covid-19 restrictions were easing, the NMC recognised the extremely challenging circumstances which the health and social care workforce continued to face.
 - b) The NMC had taken urgent steps to support the workforce response to the rapid spread of the Omicron variant in December 2021, including opening the temporary register to a defined cohort of overseas trained applicants. Since opening the temporary register last month, some 540 individuals had been invited to join and approximately 350 had joined the temporary register.
 - c) On 11 January 2022, the NMC published a joint letter with the UK’s Chief Nursing Officers (CNOs) to Directors of Nursing across the four nations, which thanked them for their dedication under the pressures of the pandemic and gave reassurance that the challenging context in which they were working was recognised in our Fitness to Practise decision making.
 - d) The appointment of Professor Jean White CBE, former CNO for Wales, as Chair of the expert steering group overseeing the NMC’s work on pre-registration education standards was welcomed.
 - e) On 1 December 2021 we hosted the first Public Voice Forum meeting, and there was good engagement and input from this diverse group.

Progress against our 2021-2022 corporate plan and budget up to 31 December 2021

4. The Executive Director, Resources and Technology Services (RTS) introduced the report. The year-end forecast reflected delays across a number of our milestones, which was due to the impact of Covid-19 over the last two years.

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In discussion the following points were noted:

- a) It was unclear from the Corporate Plan 2021-2022 that some corporate commitments would not be completed within the year but would carry forward into future years. The Corporate Plan 2022-2023 should set out clearly the key milestones to be completed for each commitment within the year.
- b) It would be important to ensure that Regulatory Reform was taken into account in work on the Target Operating Model (Commitment 8- Fit for the Future Organisation).
- c) Staff turnover exceeding the 10 percent target in 2021-2022 was concerning. Given the challenges in the employment market, it would be helpful to understand what proactive steps were being taken to ensure recruitment kept pace and what mitigations were in place. As for other organisations, the increase in turnover was partly due to suppressed turnover in 2020-2021 resulting from Covid-19. As restrictions had eased, there was increased movement in the labour market, and some colleagues were seeking new opportunities to progress their careers. Exit interviews were conducted to understand the colleagues' reasons for leaving. These, along with the 'Your Voice' employee engagement survey showed pay and progression to be key issues. These would be addressed as part of the People Plan to be discussed later on the agenda.
- d) The importance of ensuring recruitment was keeping pace with vacancies was acknowledged. There were efforts to ensure new colleagues received thorough induction and proper support on joining the NMC. The Executive Director, RTS was reviewing directorate business plans to make sure recruitment proposals were appropriate and manageable.
- e) More meaningful People Key Performance Indicators (KPIs) would be helpful, for example, around turnover of new starters, including comparative data for previous years. The Executive undertook to review this (*action included under NMC/22/10*).
- f) The increase in customer complaints (33 percent in Q3) compared with the same period in the previous year was in part due to technical challenges experienced by international applicants; the increase in complaints broadly reflected the increase in international applications (40 percent on the previous year). Another key theme had been equality, diversity and inclusion (EDI), reflecting more prominence of these issues in public debate.
- g) The percentage of enquiries responded to in 20 days was below target for Q3 due to resourcing issues, which it was hoped would be resolved by Q4. Enquiries from Members of Parliament tended to relate to more complex and challenging cases; it was important to ensure that the concerns were addressed thoroughly which often took longer than the target time.

h) The increasing costs of building materials and labour costs would need to be considered in relation to the proposed work at 23 Portland Place (Commitment 10). The initial refurbishment budget proposed in March 2021 included some contingency. The outcomes, costs and proposed options resulting from 'discovery phase' for refurbishment work previously approved by Council would reflect this. In addition to financial costs, the importance of an attractive, modern and effective office space in attracting and retaining colleagues would need to be considered.

6. Summing up, the Chair noted that many of the performance issues were linked to other items across the agenda. The Council recognised the progress made in 2021-2022 despite the challenges presented by the Covid-19 pandemic and thanked colleagues for their efforts.

Action: Ensure the Corporate Plan 2022-2023 contains clear milestones for completion for each corporate commitment.
For: Executive Director, Resources and Technology Services
By: 30 March 2022.

Corporate risk exposure report

7. The Executive Director, RTS introduced the report outlining the corporate risk position for 2021-2022 up to 31 December 2021.

8. In discussion, the following points were noted:
- a) Consideration was being given to how to capture sustainability and climate issues on the risk exposure report. This would be reflected in the report for Q1 2022-2023.
 - b) In relation to the educational standards risk (REG19/03), the decision not to remove supernumerary status for students, despite calls from some NHS leaders to do so, was commended. This limited disruption to student education, ensuring they could still join the register as planned, as well as protecting public safety and confidence in the professions.
 - c) In reference to the legal/compliance risk (COM18/02), the increased focus on EDI was welcome.

Action: Reflect sustainability and climate issues in the risk report
For: Executive Director, Resources and Technology Services
By: 26 May 2022.

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NMC/22/07 Fitness to Practise Improvement Programme Update

1. The Interim Executive Director, Professional Regulation provided an update on the Fitness to Practise (FTP) Improvement Programme. Progress had been made in reducing the FTP caseload but had not been as substantial, rapid or consistent as planned. The commitment to achieve a caseload of 5,250 cases by 31 March 2022 would not be met.

2. There had been a reduction in the total number of cases in Q3 2021-2022 and the total number of decisions had returned to pre-Covid-19 pandemic levels. Other actions included:
 - a) Changes to our website to help reduce unnecessary referrals. This encouraged individuals and organisations to provide all the information needed to reach an appropriate and informed conclusion on a referral at the earliest possible stage.
 - b) Consolidation of work to increase the percentage of cases where a final decision can be made at the screening stage, including improved guidance; a structured approach to considering context; and encouraging individuals to provide evidence that they had strengthened their practice.
 - c) Work with the Employer Link Service to extend reach to smaller and independent health and social care providers. The focus was on embedding improved ways of working rather than introducing additional changes.

3. The support and assistance of the Unions and representative bodies in encouraging early engagement and resolution had been excellent and was much appreciated.

4. There had been challenges in using the additional budget, particularly for staffing, which had significantly impacted the Investigations Department. A major recruitment exercise was planned, as well as increased use of external contractors. Efficiency work included changes to the virtual hearing scheduling process to boost productivity, and a 'self-directing team' pilot in Investigations.

5. In discussion, the following points were noted:
 - a) Stabilisation of the total number of decisions was welcome, although the aim should be for numbers to be better than at the outset of the pandemic.
 - b) The Professional Standards Authority (PSA) 2020-2021 annual review highlighted that the number of cases waiting for an outcome for 3 years or more had doubled. It was important that the total caseload target was not met at the detriment of timeliness for more complex cases. It would be helpful for the FTP KPIs reported to Council to also include the PSA data.

- c) The decision to pause FTP activity at the outset of the pandemic had been a significant contributing factor in the doubling of cases waiting for longer periods. The Executive assured the Council that cases were prioritised based on seriousness and risk to protect the public.
- d) Managers within the Professional Regulation directorate reviewed timeliness and productivity data, including the data collected by the PSA, on a constant basis and this was also thoroughly scrutinised by the Executive Board.
- e) Whilst the current focus was on embedding existing efficiencies, there may be value in considering longer-term improvements, such as learning from other regulators' approaches to triaging cases.
- f) There may also be benefit in piloting more radical ways of working, including reviewing the balance of risk between potential public harm in not taking regulatory action and the harm caused by large numbers of registrants waiting extended periods to hear that no regulatory action would be taken.
- g) External views were being sought about the current approach to the Fitness to Practise programme, with a view to identifying improvements.
- h) A values-led, person-centred approach was central to the improvement programme. Close attention was being paid to ensure that the changes implemented were not impacting on quality; there had been no increase in the number of cases challenged by the Quality Decision team.
- i) The Executive was committed to ensuring that colleagues across FTP were provided with the support to cope with managing large caseloads.
- j) There had been promising results from the research work done on use of artificial intelligence (AI). Some initial work was being done to help with redacting materials. Exploring how to build AI into future systems was more complex and would take time.

6. Summing up, the Chair noted that reducing the caseload remained the highest operational priority. This had been a valuable examination of processes, resource use and how the issues were being tackled. The Council would continue to review progress at each meeting. The candour and transparency of the Executive in sharing both improvements and what was not working was commended.

Action:	Include PSA data in future FTP KPI reports
For:	Interim Executive Director, Professional Regulation
By:	30 March 2022

NMC/22/08 Professional Standards Authority annual performance review 2020-2021

1. The Chief Executive and Registrar introduced the item, thanking the Professional Standards Authority (PSA) for the work on the annual performance review for 2020-2021.

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2. The NMC had met 17 of 18 Standards of Good Regulation (SOGR); the FTP SOGR had not been met due to the decline in timeliness of resolving cases. As previously discussed, FTP improvement was the top corporate priority. The positive comments about the NMC’s approach to EDI matters, which the PSA judged to be among the strongest of the regulators, and the positive comments about the way we developed and implemented the emergency standards, were welcome.
3. The Executive Board had agreed a detailed action plan to address feedback and learning identified by the PSA, as summarised in the report. Arrangements for the 2021-2022 PSA performance review were being discussed; the reporting period for the next review would cover April 2021 to June 2022.
4. In discussion the following points were noted:
 - a) The PSA report was informative and helpful in identifying potential areas for improvement and learning.
 - b) The commentary around the temporary register and the recognition that we had balanced risks to the public and put in place appropriate mitigations was welcome. This was further supported by the fact that only a very small number of individuals had been removed from the temporary register under the policy approved by the Council. Feedback from employers had also been positive.
 - c) It was disappointing that feedback from one organisation suggested that application of a joint memorandum of understanding (MoU) was inconsistent, with information about registrants not always being shared promptly. Further training was planned to ensure colleagues applied MoUs consistently and effectively.
 - d) The Public Support Service had been an excellent innovation and the update on ongoing work to better support for members of the public who raise concerns about registrants was helpful. It was noted that the PSA planned to monitor this; a fuller update on the work of the Public Support Service would be welcome.
5. Summing up, the Chair noted that the PSA report provided a valuable source of insight and learning and thanked the PSA for its work.

Action:	Update Council on the work of the Public Support Service, and how the Service is being developed.
For:	Interim Executive Director, Professional Regulation
By:	30 March 2022

NMC/22/09 Education Quality Assurance annual report 2020-2021

1. The Assistant Director, Education and Standards, Professional Practice introduced the report.

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2. In discussion the following points were noted:
- a) It had been a challenging year for partners in the education sector, and the Council welcomed the way approved education institutions (AEIs) had adapted and supported students during the Covid-19 pandemic.
 - b) Work was continuing with our education quality assurance provider, Mott MacDonald, to improve the diversity of both registrant and lay education quality assurance visitors, reflecting the wider characteristics of the population.
 - c) There were challenges in relation to the diversity of registrant visitors in the education sector. Using lay visitors alongside registrant visitors may assist, as it may be easier to secure greater diversity in recruiting lay visitors. Work with Mott McDonald was seeking to put in place plans for the short, medium, and long-term.
 - d) In reference to the 41 percent of AEIs reporting that students were not receiving protected learning time, it was seen as positive that this concern was being identified through monitoring, and reported in a transparent way, so that AEIs could work with placement providers to address this.
 - e) The PSA review noted the high proportion of education programmes being issued conditions following approval events, though the examples of the conditions provided in the NMC’s annual quality assurance report did not indicate significant risk. This would be considered and addressed in next year’s annual quality assurance report.
 - f) Midwifery implications were not addressed in the annual report, even though four of the five critical concerns during 2020-2021 related to maternity services. It was agreed midwifery implications would be integrated into future reports.
 - g) The increased provision for use of simulation under the emergency and recovery education standards introduced during the pandemic had been an important development. The impact would be assessed in the 2021-2022 annual report.

Action: Ensure that the annual report for 2021-2022 addresses:

- i. The high number of conditions issued following approval events
- ii. Midwifery Implications
- iii. The impact of increased use of simulation.

For: Executive Director, Professional Practice
By: 25 January 2023

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NMC/22/10 Draft People Plan 2022-2025

1. The Chief Executive and Registrar introduced the draft People Plan 2022-2025, highlighting its importance to the NMC. The Council’s comments and the outcome of the current ‘Your Voice’ employee survey would be used to refine the final version, to be launched in April 2022. The Chief Executive commended the work done to develop the plan by the Executive Director, People and Organisational Effectiveness and, latterly by the Interim Assistant Director, People Services.

2. The Interim Assistant Director, People Services highlighted that the Plan aimed to empower colleagues to grow and thrive at the NMC, and Equality Diversity and Inclusion (EDI) was of paramount importance. The draft Plan had been developed through wide consultation with colleagues at all levels across the organisation, along with input from the Council and feedback on an earlier draft from the Remuneration Committee.

3. Key themes which had emerged as priorities to address included total reward, pay including tackling the pay gaps, progression opportunities and development and training for managers. In addition the People Services function would be redeveloped to align with the employee lifecycle set out in the draft plan.

4. In discussion, the following points were noted:
 - a) Given the recurring turnover challenges in parts of the organisation, such as FTP, there may be value in reviewing and redesigning the roles to ensure that they reflected accurately expectations but also provided fulfilling work for colleagues and gave opportunities to make best use of, or develop, their skills. Role satisfaction was often as important to individuals as pay. The suggestion was welcomed by the Executive and a more evidence-based approach to role design would be considered.
 - b) Progression was clearly an important issue to be addressed. This was also critical from an EDI perspective noting concerns raised by colleagues that despite being considered suitable for promotion they may not be appointed to a particular role and have to apply afresh for another role at a higher grade. It might be worth considering approaches adopted elsewhere such as offering vacant roles to colleagues already assessed as suitable for a higher grade.
 - c) As well as upward progression, there should be opportunities for side-ways progression to encourage colleagues to develop a wide variety of skills.

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- d) Consideration should be given to setting out more explicitly the expectations of colleagues in terms of fulfilling their roles and ‘the deal’ with employees, as previously discussed with Remuneration Committee. This should include, for example, giving assurances to colleagues that bullying, harassment and discrimination would not be tolerated.
- e) Given the importance of EDI, the suggestion in the Equality Impact Assessment (EQIA) that management and leadership development was for those in higher grades should be addressed. The Executive provided assurance that this was not the intention and that leadership development and training was being developed to ensure that it would be available in a relevant way to colleagues at all levels.
- f) The reflection of the Remuneration Committee’s feedback in the draft Plan was welcome. Recruitment, retention, and succession planning were clearly priorities, but it may be helpful for the plan to articulate more clearly why this was the case.
- g) The cultural improvement model was crucially important, although as for all organisations, the challenges of implementing this should not be underestimated. Managers often struggled to role model values and behaviours or deal with challenges in these areas. Providing clear, consistent support and ensuring all managers had the core skills needed would be key.
- h) It was too early to consider initiatives such as ‘Investors in People’ accreditation. The aim of the People Plan was to make a real difference and it was important to make significant progress first before considering whether such accreditation would add value.
- i) The direction and priorities in the plan were welcome: key would be the actions to take forward the priorities, along with clarity about how impact and outcomes would be measured and assessed and where quick progress could be made. It would be important to have metrics which captured the key challenges and enabled Council to understand and assess where progress was being made or needed to be addressed. The Executive advised that impact of the People Plan would be measured by regular employee surveys and feedback from employee forums and networks, alongside KPIs and transparent reporting.

5.

Summing up, the Chair noted the critical importance of the People Plan for the NMC and all colleagues and the strong support from Council for the overall direction and priorities. The Council was keen to see the actions to deliver the priorities, together with clarity about how the impact of the Plan would be measured and assessed.

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Decision: Subject to taking account of the comments made, the Council approved the People Plan for 2022-2025.

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Action: Bring back proposed actions and measures to assess progress in delivering the People Plan, including the request for more meaningful and comparative data (NMC/22/06 5e).

For: Acting Executive Director, People and Organisational Effectiveness / Executive Director, Resources and Technology Services

By: 30 March 2022

NMC/22/11 Update on our Safeguarding activities and changes to our Safeguarding and Protecting People Policy

1. General Counsel introduced the report. A detailed review and series of workshops had been held to identify and mitigate risks in the NMC’s Safeguarding policies and practices. This had indicated a need for a Designated Deputy Safeguarding Lead, to take forward the Safeguarding action plan.

2. In discussion the following points were noted:
 - a) Creation of a Designated Deputy Safeguarding Lead was welcome. As a health and care regulator and registered charity, the NMC’s responsibilities related to safeguarding were important, and sufficient resourcing and expertise in the area were essential.
 - b) Safeguarding was crucial across all aspects of the NMC’s work. Most safeguarding issues were likely to be encountered in FTP, so it was important to ensure FTP colleagues were fully trained and that external suppliers of FTP services had appropriate safeguarding arrangements in place.
 - c) At the beginning of January 2022, the NMC-wide safeguarding mandatory training completion rate was 74 percent. The Deputy Safeguarding Lead would be responsible for designing new safeguarding training which would support colleagues to understand its relevance to the NMC as a person-centred regulator. The Lead would also champion the uptake of the training across the NMC. In the interim, work in collaboration with Learning and Development colleagues was ongoing to improve the uptake of the mandatory safeguarding e-learning training.
 - d) Between 1 April 2021 and 31 December 2021, 37 safeguarding concerns had been logged, with 15 referred to local authorities or the police. There were no referrals to the Charity Commission or the Office of the Scottish Charity Regulator. The Deputy Safeguarding Lead would take over managing the log of safeguarding concerns and referrals, once appointed.

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3. **Decisions: The Council-**
- **Noted the creation of a role of Deputy Designated Safeguarding Lead who will support the Designated Safeguarding Lead in providing advice, supervision, and managing and coordinating our safeguarding training.**
 - **Approved the updated Safeguarding and Protecting People Policy to reflect our values and changes to the Designated Safeguarding Lead.**

NMC/22/12 Panel member appointment

1. The Interim Executive Director, Professional Regulation introduced the item which sought Council’s approval to revoke appointment of an individual as a member of a Practice Committee.
2. Following appointment by the Council in July 2021, it was discovered that the individual had previously served two terms as an NMC Panel Member, and the appointment was therefore invalid. The Executive apologised to the individual concerned and the Council for the mistake which was due to a failure to carry out necessary checks. Remedial action was being taken to amend the current appointment processes and a Serious Event Review was underway. The Appointments Board would consider the outcomes of the review in March 2022.
3. **Decision: The Council agreed to revoke the appointment of Virginia Garnett as a member of a Practice Committee.**

NMC/22/13 Questions from observers

1. The Council noted the question submitted by a colleague observing the meeting and the response provided by the Executive Director, Professional Regulation. The question and response are at **Annexe B.**

NMC/22/14 Appointments Board Report

1. The Committee noted the report of the Appointments Board meeting on 1 December 2021.

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

1. There has been one Chair’s action since the last meeting: to approve opening of the NMC temporary register to a defined cohort of overseas-trained applicants, to support the national Covid-19 response further to the rapid spread of the Omicron variant.

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Closing remarks

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

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

SIGNATURE:

DATE:

Attendees

Observers

Gail Adams	Head of Professional Services, Unison
Sarah Aitken	Policy & Strategy Trainee, NHS England
Jane Beach	Lead Professional Officer Regulation, Unite
Caroline Bohlender	Student, UCL
Chinenye Chiemelu	Frimley Health
Alan Clamp	Chief Executive, Professional Standards Authority
Collette Byrne	Scrutiny Officer, Professional Standards Authority
Estefania Costa	Training Hub Business Manager, NHS
Gabrielle Kassab	Student nurse
Bernadette Martin	QA Deputy Director, Mott MacDonald
Eileen McKenna	Associate Director, Royal College of Nursing Scotland
Zahra Nanji	(No details provided)
Felistas Nyamayaro	Practice Placement Facilitator, Kent & Medway NHS and Social Care Trust
Sally Jacobs	Maternity Nurse, NHS Trust
James Penry-Davey	Partner, Capsticks Solicitors LLP
Tahreen Dewan	Area Organiser, UNISON
Fred Psyk	Appointments Board member
Karen Rees	Senior Lecturer/Programme lead SCPHN and SPQ, Bournemouth University
Jenny Wood	Associate, Capsticks Solicitors LLP
Aristotle Solmerano	Care worker, NHS
Barbara Foggo	Strategic lead for enabling and effective learning environment, Gateshead NHS Trust
Princewill Aghedo	Emergency Room Nurse, Leeds Teaching Hospital, NHS Trust
Connie Mcluckie	Lead Midwife for Education, Edinburgh Napier University
David Davies	Student Nurse
Grace Mawson	Student Nurse
Peter Bates	Treasurer, NMC Watch CIC
Siobhan Kotze	Midwife, NHS Scotland
Christine Callender	Head of Nursing (Quality & Regulation), Royal College of Nursing

Press

Megan Ford	Reporter, Nursing Times
Alison Stacey	Senior Reporter, Nursing Standard

NMC staff observing

Roberta Beaton	Head of Corporate Planning, Performance and Risk
Abby Crawford	Equality, Diversity, and Inclusion Manager
Alison Jones	Interim Head of Screening
Karen Lanlehin	Business Change and Improvement Manager
Bethan Lethbridge	Events Officer

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Melissa McLean
Anjeli Shah
Vicky Taylor
Sonia Waigo
Eva Whittall
Clare Quinlivan
Amanda Cashmore
Atif Ahmed
Hannah Mulcahy
Mike Andrews

Panel Secretary
Panel Secretary
Case Examiner
Business Change Manager
Principal Legal Advisor
Senior Digital Communications Officer
Senior Digital Communications Officer
Corporate Performance and Risk Officer
Senior Planning and Risk Improvement Officer
Assistant Director, Quality Improvement

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Observer questions – Council meeting 25 January 2022

Question submitted by Anjeli Shah, Panel Secretary, NMC

As someone on the frontline of Adjudications, I speak coming from a team which is under a lot of pressure due to the rise in hearings activity over the last few months. Colleagues are often in back to back hearings, with less office time, working beyond office hours to complete hearings and then prepare for hearings the following day. We love the role and do it with so much professionalism, passion and commitment etc, but I am really concerned about the wellbeing of the team over what looks to be a very demanding and challenging year. There have been a lot of reflections on staff recruitment and retention this morning which has been extremely beneficial to hear more about. My question is given that the frontline of Adjudications has lost many long serving, experienced colleagues recently, what will you do to address the retention of the current team, and ensure that staff do not burn out and have long periods of sickness absence due to concerns about stress and wellbeing. The NMC has made massive strides in terms of support for staff – MFHAs, EAP through Perkbox, Thrive app, line manager support, leaders being open about their own challenges etc, and generally the pastoral care of the team is what keeps us going, but I do worry that some of that is lost on individuals who don't have always have the time to catch up on those important communications, know about those resources and as is often the case, whose self-care becomes less of a priority when supporting vulnerable registrants, witnesses and other members of the public. This is also a real concern as the subject matter we deal with is tough and can be triggering for members of the team.

Response:

Thank you for the question and for the tremendous dedication and commitment shown by the team. We recognise that hearings activity has increased and will continue to do so. We also recognise that the final hearing is the most demanding part of our Fitness to Practise process and deals with the most serious and emotionally challenging cases, for those who refer concerns to us, witnesses, registrants and everyone involved. We are conscious that working virtually can be an added complication in providing pastoral support to participants and to our colleagues.

We want to give all our colleagues a high quality of support, and to look after their wellbeing. We will do this as 'one NMC'. This involves teams across the organisation working collaboratively to ensure all teams are correctly resourced and have access to the right training, as well as having access to IT systems which facilitate effective and efficient ways of working. As part of our People Plan launching in April 2022, we will take a more joined up and proactive approach to our colleagues' mental and physical wellbeing and develop smart working options as part of our new ways of working.

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We are mindful of the importance of giving colleagues in Fitness to Practise space to prepare for hearings and ensuring this is accounted for in our planning. Where Hearings Coordinators (Panel Secretaries) have a late finish, or a particularly complex case, we aim to allocate a later start the following day, or an 'office day' to allow time for preparations for the next hearings. We acknowledge that recently this has been a challenge. In December 2021, we experienced more sickness absence than usual, partly due to Covid-19 and the Omicron variant. We have staff on stand-by to step into hearings when others are sick but at times during the pandemic this has proved to be a challenge as resources have been stretched.

We are looking to grow the team further, although recognise that it takes time to build experience and expertise, which is lost when team members move on or are on sick leave. In order to build the capability of team members, and the team as a whole, a development plan is being implemented to build competence and ultimately excellence in the role.

We will continue to reach out to the team and ensure we communicate how support can be accessed. We look forward to being in the office together more often, which will enable colleagues to better support each other.

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.

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Summary of outstanding action arising from the Council meeting on 26 January 2022

Minute	Action	Action owner	Report back date	Progress to date
NMC/22/06	<p>Executive report including performance and risk report (Q3 October to December 2021)</p> <p>Ensure the Corporate Plan 2022-2023 contains clear milestones for completion for each corporate commitment.</p>	Executive Director, Resources and Technology Services	30 March 2022	This is addressed within the Draft Corporate Plan and Budget on the agenda. Milestones will be added to the corporate performance framework for elements pending approval through our corporate governance – such as the implementation of the People Plan, Equality, Diversity and Inclusion (EDI) action plan, Modernisation of Technology Services (MOTS).
NMC/22/06	<p>Executive report including performance and risk report (Q3 October to December 2021)</p> <p>Reflect sustainability and climate issues in the risk report.</p>	Executive Director, Resources and Technology Services	26 May 2022	Not yet due.

Minute	Action	Action owner	Report back date	Progress to date
<p>NMC/22/07</p> <p>& NMC/21/97 (requested 24 November 2021)</p>	<p>Fitness to Practise Improvement Programme Update</p> <p>Include Professional Standards Authority (PSA) data in future Fitness to Practise (FTP) KPI reports.</p> <p>Consider provision of additional information around performance against the KPI target on interim orders.</p>	<p>Interim Executive Director, Professional Regulation</p>	<p>30 March 2022</p>	<p>Rather than including Professional Standards Authority (PSA) data in future Fitness to Practise (FtP) KPI reports, we propose to make more explicit reference to the timeliness and age data we already provide within the FtP dashboard. This will highlight how we are doing with the more complex and aged cases.</p> <p>We are still considering how to address the interim order KPI point.</p>
<p>NMC/22/08</p>	<p>Public Support Service</p> <p>Update Council on the work of the Public Support Service, and how the Service is being developed.</p>	<p>Interim Executive Director, Professional Regulation</p>	<p>30 March 2022</p>	<p>Update is included within the FtP improvement programme paper, on this agenda.</p>

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Minute	Action	Action owner	Report back date	Progress to date
NMC/22/09	<p>Education Quality Assurance annual report 2020-2021</p> <p>Ensure that the annual report for 2021-2022 addresses:</p> <ul style="list-style-type: none"> i. The high proportion of education institutions issued with conditions issued following approval events, as noted by the Professional Standards Authority report 2020-2021. ii. Midwifery Implications iii. The impact of increased use of simulation. 	Executive Director, Professional Practice	25 January 2023	It was agreed that these points would be addressed in the annual report for 2021-2022.
NMC/22/10	<p>Draft People Plan 2022-2025</p> <p>Bring back proposed actions and measures to assess progress in delivering the People Plan, including the request for more meaningful and comparative data (NMC/22/06 5e).</p>	Acting Executive Director, People and Organisational Effectiveness / Executive Director, Resources and Technology Services	30 March 2022	The implementation plan for the People Plan will be discussed with the Executive in April 2022. We will update the corporate performance framework with relevant measures thereafter. EDI measures (which contribute towards the People Plan) will be included once the EDI action plan has been agreed by the Council in May 2022.

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

NMC/21/98	Learning Lessons and Improving our Handling of Discrimination Cases Report Bring back a progress report on Learning Lessons and Improving our Handling of Discrimination Cases Report	Interim Executive Director, Professional Regulation	25 May 2022	Not yet due.
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Summary of outstanding actions arising from the Council meeting on 29 September 2021

Minute	Action	Action owner	Report back date	Progress to date
NMC/21/79	Equality, Diversity and Inclusion (EDI) Action Plan Share the detailed EDI action plan with the Council, incorporating measurable outcomes, the role of the NMC and collaboration with others including staff networks	Acting Executive Director, People and Organisational Effectiveness	26 January 2022 / 30 March 2022	The Council will have an opportunity to discuss this at Seminar in April 2022 and the proposed action plan will come to the May 2022 Open meeting for approval.

Minute	Action	Action owner	Report back date	Progress to date
NMC/21/80	<p>Welsh Language Scheme Annual Report 2020-2021</p> <p>Give further consideration to ensuring that relevant staff are appropriately equipped to deal with any Welsh language requests and report back to the Council.</p>	<p>Acting Executive Director, People and Organisational Effectiveness</p>	<p>24 November 2021 / 26 January 2022 / 30 March 2022</p>	<p>To the best of our knowledge we have no recorded incidences within the call centre or other front facing roles of any requests for anyone to interact with us or speak in Welsh.</p> <p>We have one known fluent Welsh speaker within the organisation.</p> <p>If colleagues were required to deal with any Welsh language request, we would take the following action:</p> <ul style="list-style-type: none"> • Ask our Welsh speaking colleague to assist if possible • If not, we would use a translation company • If the individual was happy to interact with us in Welsh via email we would use online software to read and then reply in Welsh as requested • If we were made aware of anyone having any language difficulties in a hearing, we would commission interpreters to help with that, whether it be for Welsh, or any other language.

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

Minute	Action	Action owner	Report back date	Progress to date
NMC/21/22	<p>Emergency Rules – continuing use of Fitness to Practise powers</p> <p>Report back on the review of the guidance post emergency.</p>	Interim Executive Director, Professional Regulation	<p>29 September 2021 / 24 November 2021 / 26 January 2022 / 30 March 2022 / 28 September 2022</p>	We aim to report back in September 2022 on use of the FtP powers.

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Council

Executive report

Action: For discussion.

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

Core regulatory function: All regulatory functions.

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

Decision required: None.

Annexes: None.

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

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

2 There is a separate update report on the agenda on the Fitness to Practise (FtP) Improvement Programme.

Four country factors: 3 The issues discussed apply across all UK countries unless highlighted.

Stakeholder engagement: 4 Discussed within this paper.

Discussion: Covid-19 pandemic

5 The Government announced its intention to revoke the decision to require mandatory Covid-19 vaccinations for health and care professionals. The Secretary of State wrote to all the professional regulators asking us to review our guidance on vaccination, and particularly vaccination for Covid, to ensure clarity for registrants about their personal professional responsibilities in this regard. We published a statement reiterating our encouragement for professionals on our register to be fully vaccinated. We also made clear that we do not consider that solely turning down Covid-19 vaccination is a basis for an FtP referral (9 February 2022).

6 On 22 February 2022, Parliament agreed not to renew the Coronavirus Act 2020, which formally expires on 24 March 2022. The Government confirmed on 16 March 2022 that our temporary register will close on 30 September 2022, and the emergency conditions will no longer apply after this date.

7 Our temporary register closes to new applicants on 24 March 2022. Professionals on the temporary register will need to move to permanent registration by 30 September 2022 to continue practising.

8 The latest data shows that the total number of people on the temporary register was 15,292 on 28 February, up from 14,995 on 31 December 2021.

9 On 10 March 2022 the Government published the draft terms of reference for the UK Covid-19 Inquiry, which are subject to four weeks of public consultation. We are monitoring developments.

- 10 We plan to mark the two year anniversary of the Covid-19 pandemic (23 March 2022) and launch of the temporary register (27 March 2022) on social media, and through emails to professionals on our temporary and permanent registers.

Fitness to Practise

- 11 On 17 February 2022 we published research, jointly commissioned with the General Dental Council (GDC), considering how regulators approach seriousness in FtP cases.

Regulatory reform

- 12 We are preparing for the Department of Health and Social Care's (DHSC) response to its 2021 consultation: *Promoting professionalism, reforming regulation* which will confirm the overall direction of travel for the Government's regulatory reform programme. We expect this to be published later in 2022.
- 13 We have begun conversations with external stakeholders on proposed changes. We are also scheduling focus groups with professionals and members of the public. Their feedback will inform conversations with the DHSC to shape the future of our legislation.

International registrations

- 14 On 31 January 2022 the new Test of Competence for Nursing Associates went live.
- 15 The DHSC published a consultation on changes to the NMC and GDC's international registration process on 7 February 2022. This is intended to allow minor technical changes, which will set out more clearly how we can assess international applications, such as through our Test of Competence.
- 16 During March 2022 we met with NHS England and government officials about support measures for refugees from Ukraine. We have provided information about our processes and timescales for international registration, and are continuing to liaise with officials.
- 16.1 Our international registration test provider, Pearson VUE, has informed us they are unable to deliver services in some regions of Ukraine. They have also suspended delivery of all testing services in Belarus and Russia.

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- 16.2 We recognise the impact on nursing and midwifery professionals from those countries, but we agree with the decisions Pearson VUE have taken. We are in touch with them about contacting any NMC candidates who may be affected, and any additional support we can provide.
- 16.3 There are currently 37 professionals who trained in Ukraine on our register and we currently have 49 open applications from people who trained in Ukraine (the large majority of which were opened before March 2022).
- 16.4 Our registration process for professionals who trained outside the UK, and the requirements they need to meet, is set out in our legal framework. It applies to all international applicants who wish to join our register, including those with refugee status.
- 16.5 Our legal framework sets out what information applicants must provide in order to meet these requirements. However, there are some areas where we have policy discretion, which means that we are able to make some allowances where it is appropriate and proportionate to do so.
- 16.6 Our international registration team work closely with applicants and refugee support networks to help ensure continued engagement and support, and that our processes remain fair and transparent.
- 16.7 We want to do all that we can to provide applicants with refugee status with the support and adjustments they need.
- 17 On the 14 March 2022 the Professional Qualifications Bill had its final debate in the House of Commons. The main concerns raised were the lack of devolved nation autonomy to modify the Bill in their legislatures, and the lack of clarity on professions included in the Bill. The Government is consulting with devolved nation Ministers to respond to their concerns and it will be sent for Royal Assent.
- 18 An opening ceremony for the new NMC Competence Test Centre run by Northumbria University in partnership with The Newcastle upon Tyne Hospitals NHS Foundation Trust and Newcastle City Council was planned for 23 March 2022 with the Chief Executive and Registrar in attendance. The new centre will be operational from 28 March 2022 increasing capacity for these important tests.

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- 19 We are currently carrying out a review of our English language guidance, following an initial stakeholder roundtable in November 2021. We now wish to broaden the group we are hearing from and will be hosting a series of advisory group meetings between April and October 2022. Alongside this we will be launching a formal consultation to take place over June and July.

Programme standards for pre-registration education

- 20 On 9 February 2022 we held the first meeting of our Future Programme Standards Steering Group. The group is chaired by Professor Jean White, former Chief Nursing Officer (CNO) for Wales, and includes representatives from the four CNO offices, health education bodies and trade unions.

- 20.1 The group met again on 15 March 2022 to discuss draft proposals to update our education programme standards, to advise our Executive Board and Council.

Post-registration standards

- 21 On 3 February 2022 we published the findings from our consultation on our draft new post-registration standards for specialist community nursing and specialist community public health nursing. A large majority welcomed the three sets of standards, agreeing they were largely fit for purpose.
- 22 We are now working with partners to consider how we can refine the standards we consulted on. Proposals will go to Council for approval later this year.

Implementation of our standards

- 23 We are using new research into how professionals, students, educators and the public understand our standards to help plan our implementation work for 2022-2023.
- 24 On 15 March 2022 we published our refreshed professional duty of candour guidance. This is joint guidance with the General Medical Council (GMC) to help professionals on our registers to understand their responsibility to be open and honest with people who use services, colleagues, managers, employers, and the NMC if necessary.
- 25 We are holding a webinar with the GMC on 25 April 2022 to discuss this guidance further with our professions.

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Midwifery

- 26 Midwifery Panel met on 1 March 2022 to discuss Covid-19, midwifery education, regulatory reform, English language guidance and updates on NMC midwifery activity.
- 27 Our Chief Executive and Registrar gave evidence as part of the Independent Inquiry into East Kent Maternity Services on 2 March 2022.
- 28 The Ockenden review into maternity services at the Shrewsbury and Telford Hospital NHS Trust will be published on 30 March 2022. We will publish a statement in response to the report and we will consider what further action we need to take.

Using our research data and insight to support our professions

- 29 As part of our NMC and Me campaign, in April 2022 we will publish a summary report of our research to understand people’s views of the NMC, and the wider health and care sector. We are using the findings to inform and increase the impact of our work.

Hearing the public voice and adopting a person-centered approach

- 30 We hosted the second Public Voice Forum meeting on 10 March 2022. Members shared their views on English language requirements, programme standards and public perceptions of the NMC, using the previously mentioned NMC and Me research.

Equality, Diversity and Inclusion and accessibility

- 31 On 31 January 2022 we published our response to Woman’s Place UK, confirming our decision to remain a member of Stonewall’s Diversity Champions programme.
- 32 On 14 February 2022 the Race and Health Observatory report published *Ethnic Inequalities in Healthcare: A Rapid Evidence Review*. We have studied the report to ensure our equality, diversity and inclusion (EDI) action plan fully considers the implications for us as an employer and a regulator. The EDI action plan will be discussed at the Council Seminar in April 2022 and at the Open Council meeting in May 2022.

- 33 On 12 March, the Executive Director for Professional Practice attended an event sharing the findings of a study conducted by researchers from Sheffield Hallam University that collected stories of the working lives of Black and Brown nurses and asked them to reflect on their experiences. The report and accompanying film detail the discrimination and abuse they have faced. We are reflecting upon the report and how it can help shape our work to promote a more inclusive environment for the professionals on our register.

Public affairs and senior stakeholder engagement

- 34 Our Professional Strategic Advisory Group met on 3 February 2022 to discuss regulatory reform, our post-registration standards review and English language testing. There were also discussions led by members on Covid-19 vaccination uptake and clinical supervision.
- 35 On 15 February 2022 our Chief Executive and Registrar and Acting Executive Director of Communications and Engagement had an introductory meeting with Linda Kelly, Interim CNO for Northern Ireland. We were pleased to welcome Maria McIlgorm's appointment as CNO for Northern Ireland on 4 February 2022. Maria started in her post on 14 March 2022. The Chair and Chief Executive together with the lead executive director for Northern Ireland will meet Maria in early April 2022.
- 36 On 11 February 2022 our Chief Executive and Registrar and Executive Director, Strategy and Insight had a meeting with Justine Craig, former member of Council, in her new role as Chief Midwifery Officer for Scotland.
- 37 Our Public Affairs team had an introductory meeting with Feryal Clark MP, Shadow Minister for Primary Care and Patient Safety on 10 March 2022, where we discussed current priorities.
- 38 Our Chief Executive and Registrar and the Rt. Hon Jeremy Hunt MP, Chair of the Health and Social Care Committee (HSCC) have a meeting planned for 22 March 2022, to discuss current priorities for the Committee, maternity safety and the Ockenden report, FtP and regulatory reform.

Other

- 39 In February 2022 we celebrated the third anniversary of opening our register to nursing associates in England.
- 40 During March and April 2022, we will be carrying out research with people who use our website to inform our future website development.

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Settlement agreements with staff

41 The Remuneration Committee approved two settlement agreements reached with two employees under the governance arrangements approved by the Council. The Committee was satisfied on the basis of information provided by the Executive that, in accordance with the criteria approved by the Council, in the exceptional circumstances presented approval was justified and defensible. The settlement agreements provide for non-contractual payments not exceeding £137k and £47k respectively, in addition to any contractual payments due, including payments in lieu of notice. Contributions to legal fees were also made in each case in accordance with normal practice.

Midwifery implications: 42 Midwifery updates are covered in the report.

Public protection implications: 43 None.

Resource implications: 44 None.

Equality diversity and inclusion implications: 45 EDI issues are taken account of within the work we do. Separate equality impact assessments (EQIA) are produced for all major areas contributing to our strategic objectives. An EQIA for our work regarding Covid-19 is in place.

Risk implications: 46 None.

Regulatory reform: 47 See paragraphs 12 and 13.

Legal implications: 48 None.

Council

Fitness to Practise Improvement Programme update

Action: For discussion.

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

Core regulatory function: Professional Regulation.

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

Decision required: None.

Annexes: The following annexes are attached to this paper:

- Annexe 1: Caseload metrics
- Annexe 2: FtP performance dashboard

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

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Context:

- 1 This report provides an update on our Fitness to Practise (FtP) improvement work. The work aims to address the increase in the caseload that has arisen throughout the FtP process, predominantly arising from the impact of the Covid-19 pandemic on our organisation and the professions we regulate.
- 2 The Council is invited to consider and comment on this update about the improvement programme.
- 3 Reducing the backlog of FtP cases is commitment number one in our corporate plan for 2021-2022.
- 4 Our current improvement activities are centred around:
 - 4.1 Avoiding inappropriate referrals, leading to a reduction in the number of referrals received on a monthly basis
 - 4.2 Ensuring that we take a final decision on any case at the earliest possible stage
 - 4.3 Ensuring that we make full use of the additional resources provided in our 2021-2022 budget by growing our teams and retaining team members
 - 4.4 Improving the efficiency and effectiveness of our operation, eradicating duplication, waste and low-value activities where possible
- 5 Every case we have involves people. The programme is structured around a person-centred approach, ensuring that the right decision is made at the earliest opportunity in our cases and that those who are involved in our processes are heard, supported and respected.
- 6 We have continued to underspend our budget and that has contributed to our inability to reduce the caseload as planned.
- 7 The lack of progress has shaped the priorities for our 2022-2025 business and budget planning. We will focus on consolidating and extending those actions that have delivered improvements and addressing the issues that have held up progress elsewhere.

Four country factors:

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

Stakeholder engagement:

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

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- 10 We have had positive feedback from stakeholders on the benefit of early engagement with their members.
 - 11 It should be noted that our key stakeholder groups remain concerned at the lack of progress in resolving our backlog but continue to express a commitment to working with us to resolve known issues.

Discussion: A summary of our performance

- 12 Our improvement activity has had a significant impact on some of the key drivers of our caseload. Despite the ongoing pandemic throughout 2021-2022 we have arrested the growth in case-holding as is shown in Annexe 1, Chart 1. This was achieved through a 42% growth in our final decision numbers as shown in Annexe 1, Chart 5; however this fell short of the ambitious 75% target we had set ourselves that was necessary to reduce our caseload to 5,250 cases.
- 13 The number of referrals we receive has been on a continued downward trend. This can be attributed in part to the ongoing work of our Employer Link Service and our provision of better information on our website that enables individuals to take their queries to the right organisation in the first instance.
- 14 As our register grows and the provision of health and social care expands to address the significant backlogs of procedures we recognise that this represents upward pressure on the number of referrals we will receive and therefore we will continue to provide support and clarity for those considering referring a concern to us.
- 15 We continue to see the number of cases receiving a final decision at Screening track above historic levels. Revisions to our guidance, introduction of context into decision making and the relaunch of our approach to strengthened practice means more individuals and organisations are receiving decisions at the earliest possible point. This has been greatly assisted by the increased levels of engagement shown by registrants and their representatives.
- 16 Nevertheless, despite a continued strong trend in increased decision making, we have not seen a reduction in the overall caseload, instead the caseload has stabilised at around 6,500.
- 17 We will not achieve our ambitious target of reducing caseload to 5,250 cases by the end of this financial year. Appropriately reducing the size of the caseload is important as it will enable us to process our cases more expeditiously.

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- 18 We remain committed to having a caseload of less than 4,000 but have revised our expectation for the end of 2022-2023, we are now targeting less than 5,000 cases as key staging post in our overall reduction. Our targets for this year did not factor in the continued impact of the pandemic on our ways of working or the persistent vacancy levels we have experienced this year and tempering our ambition for the year ahead will enable us to better absorb the impact of unforeseen events and issues.
- 19 Annexe 1 shows the overall caseload position and the caseload trends by stage.
- 20 Annexe 2 shows an overall increasing trend in the age of cases at each stage of the process which is a result of not bringing the caseload down.

Improvements and ongoing areas of focus

- 21 Our work to reach a final decision at the earliest possible opportunity has enabled more referrals to be concluded at our first stage, Screening, following our enquiries at this stage.
- 22 This has meant that whilst our throughput levels at both Screening and Investigations have been below our anticipated levels the numbers of cases at those stages has held relatively steady, in fact for Investigations there has been a downward trend.
- 23 The productivity within Screening has improved and we are further increasing the number of decision makers at Screening. We expect to make rapid progress in bringing the number of cases at this stage of the process down as a result. This is in addition to reviewing the way in which we approach decisions to ensure our resource is being deployed as effectively as possible.
- 24 Improving throughput in Investigations will be critical to ensuring cases released from Screening continue to progress without further delays.
- 25 A key element of our plans to improve throughput is the continued use of external legal firms, they provide a consistent level of case progression without which we would be unable to meet our ambitions for our overall caseload.
- 26 Recruitment is a major focus and we are recruiting a permanent Head of Investigations to provide operational support for the teams and recruiting an Assistant Director to provide dedicated senior level support and direction for both Screening and Investigations. These are key senior roles and our expectation is the additional leadership capability will help drive performance improvements.

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- 27 We are also looking to reduce our reliance on general recruitment and working with colleagues to expand targeted recruitment in order to successfully grow our key teams.
 - 28 Our Case Examiner caseload has continued to reduce with the team receiving less cases each month from Investigations than they are able to make decisions on. As we anticipate increased investigations output we have continued to build flexible capacity which can be deployed when required.
 - 29 The percentage of final decisions made by Case Examiners has decreased over the last six months which means more cases are progressing through to the final Adjudication stage. In response to this we are continuing to emphasise the importance of early engagement with our process and significantly increased our capacity at the Adjudication stage to hold more simultaneous events online and at our hearing centres.

A focus on Adjudication

- 30 Adjudication is the final stage of our process, it is the most resource intensive and often emotionally challenging for the people involved.
- 31 We have seen significant benefits in the continued operation of virtual events in terms of registrant engagement and flexibility when looking to expand the total number of events we can hold simultaneously.
- 32 The rapid move to virtual operations initially impacted on our efficiency and the team in collaboration with our panel members have worked to overcome these challenges and return our productivity to pre-pandemic levels.
- 33 We have also been able to conclude more cases without an adjournment and through panel meetings and consensual determinations that are less adversarial.
- 34 Whilst the overall impact on our case holding arising from these changes is relatively small the benefits for all those involved in cases in being able to conclude our process is significant.
- 35 In order to reduce the impact on people we have increased our activity levels and are continuing to increase them significantly in the coming months which will enable us to conclude cases sooner.

Supporting people involved in our process

- 36 We have continued to develop our work with expansion of the Public Support Service and across the directorate more widely.

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- 37 The Public Support Service initially supported the investigation stage of our process but over the last six months has been expanded and will shortly be able to offer an end to end support service. As a result, we are now able to support more people involved in the process and work closely with more internal colleagues on how they engage with people in their role.
- 38 At the end of last year we introduced a framework for advocacy and intermediary support. We led the development of this framework, working alongside other health and social care regulators. We have implemented advocacy support and a number of individuals have been referred for this support since the end of last year. We are currently working with colleagues to implement intermediary support at the adjudication stage of the process. The support we can bring to people affected by our work through this framework will help us to ensure our FtP process is accessible and people are supported appropriately to actively and meaningfully engage through the process. This work really demonstrates that we are living our organisational values.

Looking to 2022-2023

- 39 Our detailed plans to continue to drive towards achieving our number one corporate priority are set out in detail in our Corporate Plan and Budget submission. To summarise, in order to make significant progress in the coming year we will:
- 39.1 Significantly expand our capacity in key areas; Screening decision making, Case Examiner decision making and final hearings. Our recruitment activity to achieve this has either completed or is well advanced.
 - 39.2 Scale back our efforts to expand our investigations team and focus on unlocking greater levels of productivity and effectiveness, complemented by expanded support from third party providers.
 - 39.3 Maintain our focus on ensuring that referrals to us are within our remit and are well articulated.

Midwifery implications:

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

Public protection implications:

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

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

Resource implications:

- 43 The change activity associated with the programme is being delivered through dedicated headcount which is included in this year’s budget.
- 44 We have continued to underspend our increased budget, that means we are not making full use of the budget available to us. This continues to be driven primarily by lower levels of spend in investigations and hearings related activities. Making the best use of the resources available remains critical to our plans and to reduce the caseload.

Equality diversity and inclusion implications:

- 45 The strategic programme to further explore observed differences of referral rate to, progression through, and sanction arising from, our FtP processes is being undertaken through the ‘Ambitious for Change’ programme. We will be informed by the outcome of this work.
- 46 The piece of work arising from an FtP decision referred by us to the Professional Standards Authority (PSA), has led to the development of a programme of Equality, Diversity and Inclusion (EDI) training for colleagues across the organisation. This is currently being overseen by the programme.
- 47 We will monitor improvements against our baseline EDI data to determine impact.

Risk implications:

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

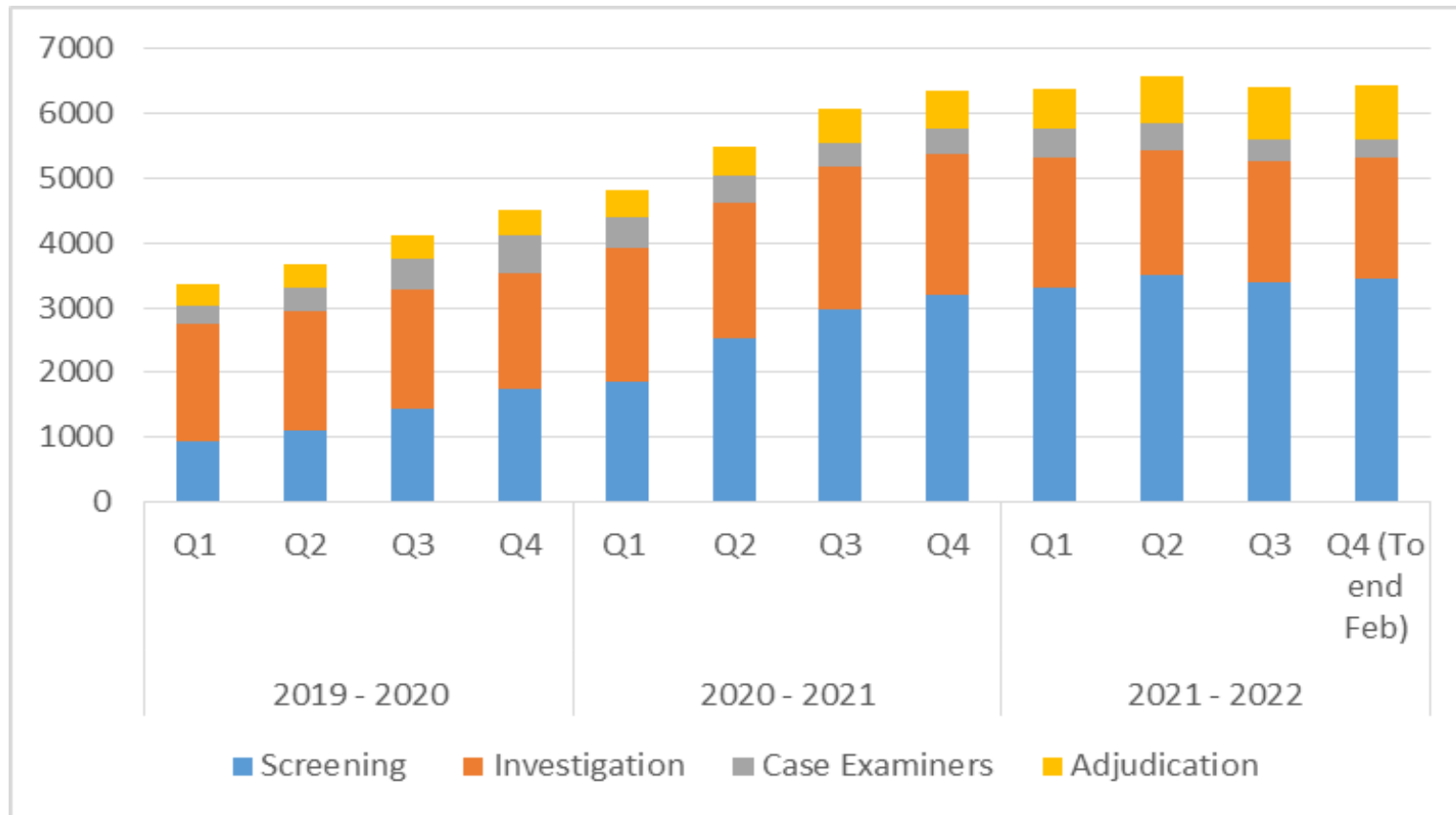
Legal implications:

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

Caseload metrics
Fitness to Practise Improvement Programme Update

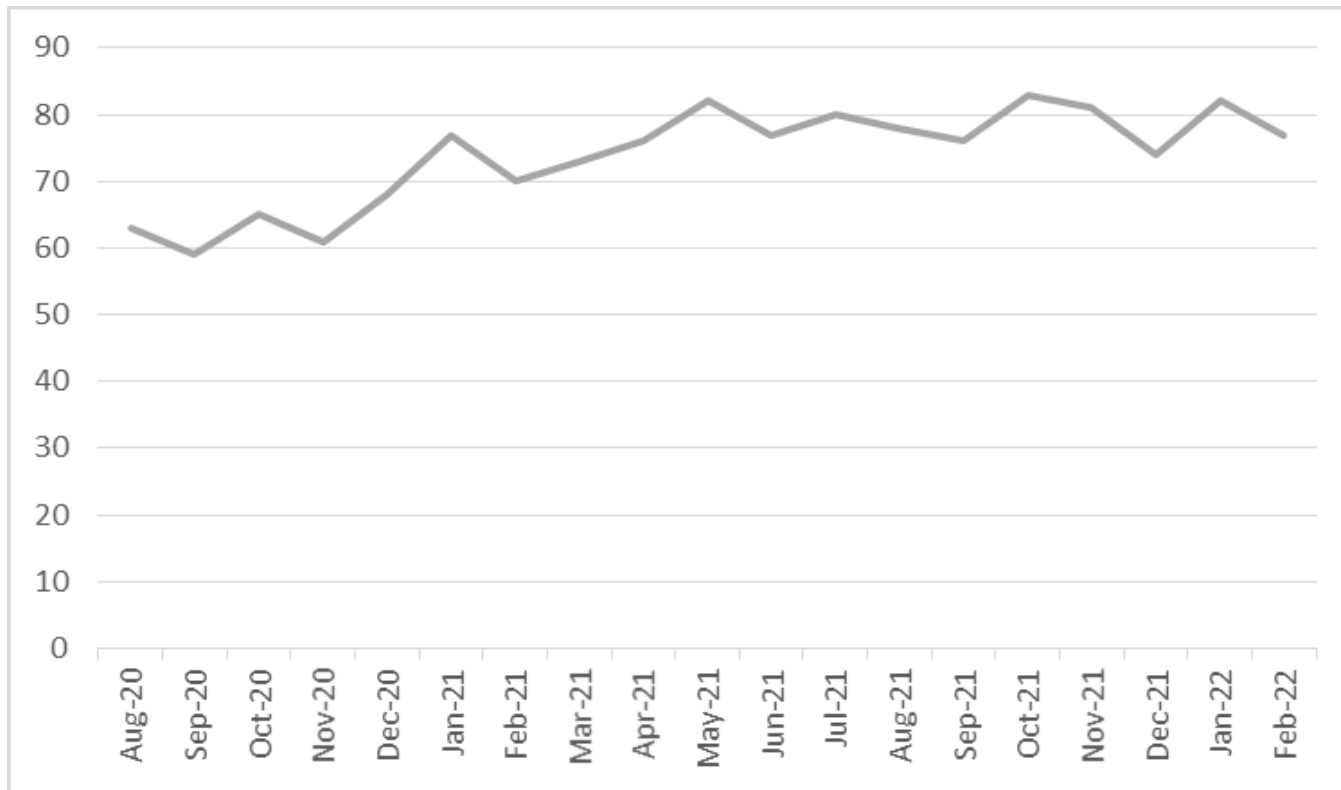
Overall caseload position – Chart 1

The below chart shows how over the last year we have arrested the quarterly growth in our caseload we had been experiencing since 2019.



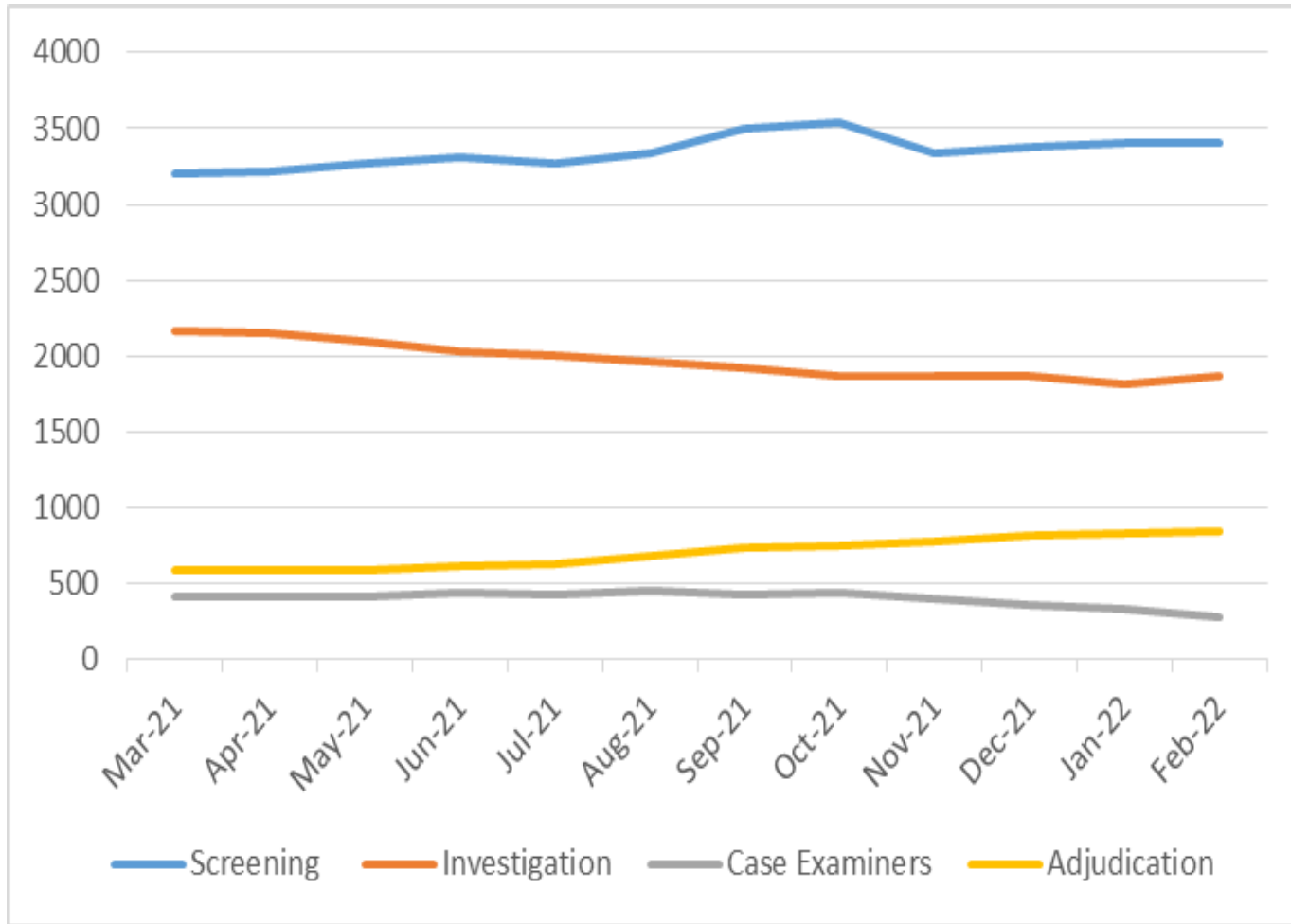
Rate of final decisions at Screening – Chart 2

The graph below shows the success we have had over the last 18 months in increasing the percentage of cases which receive an appropriate final decision at the initial stages of our process.



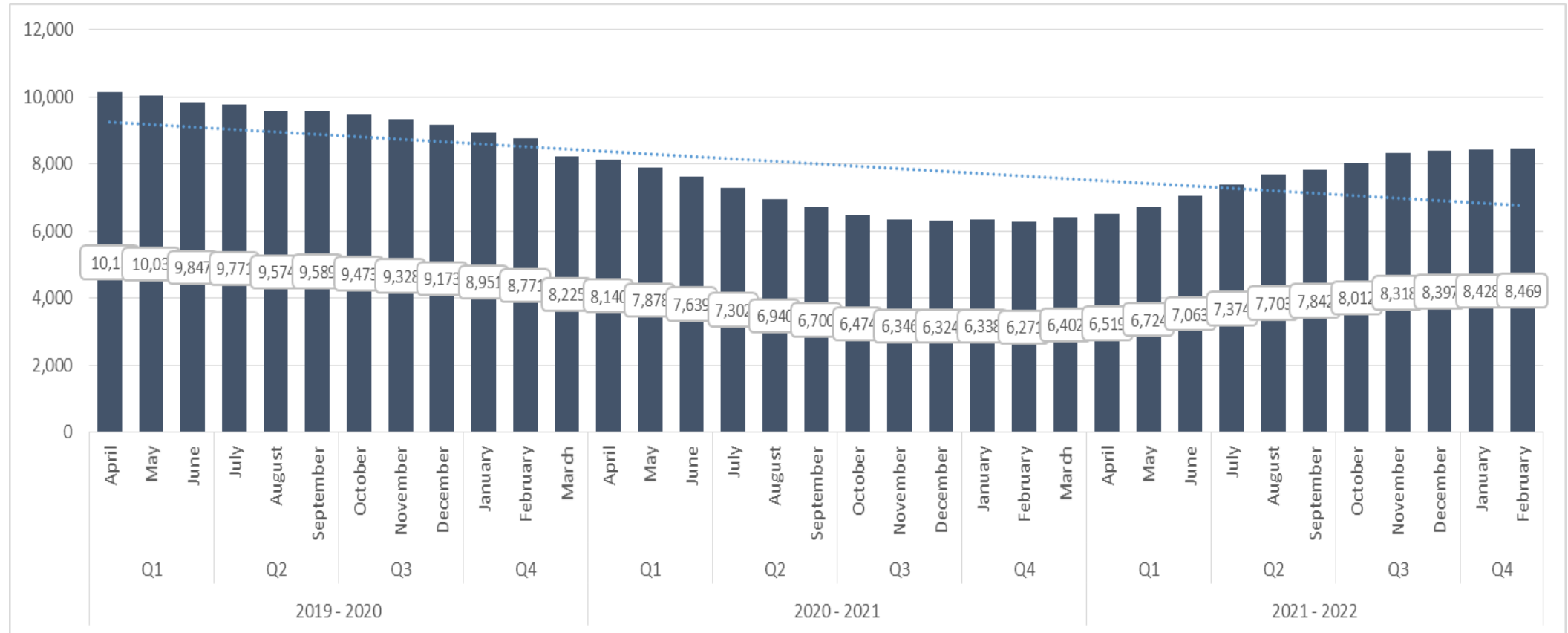
Caseload trajectory by stage – Chart 3

The below graph shows caseload trajectory at each individual stage of our process over the course of this financial year, it can be seen that caseloads at different stages of the process are not following a uniform trajectory.



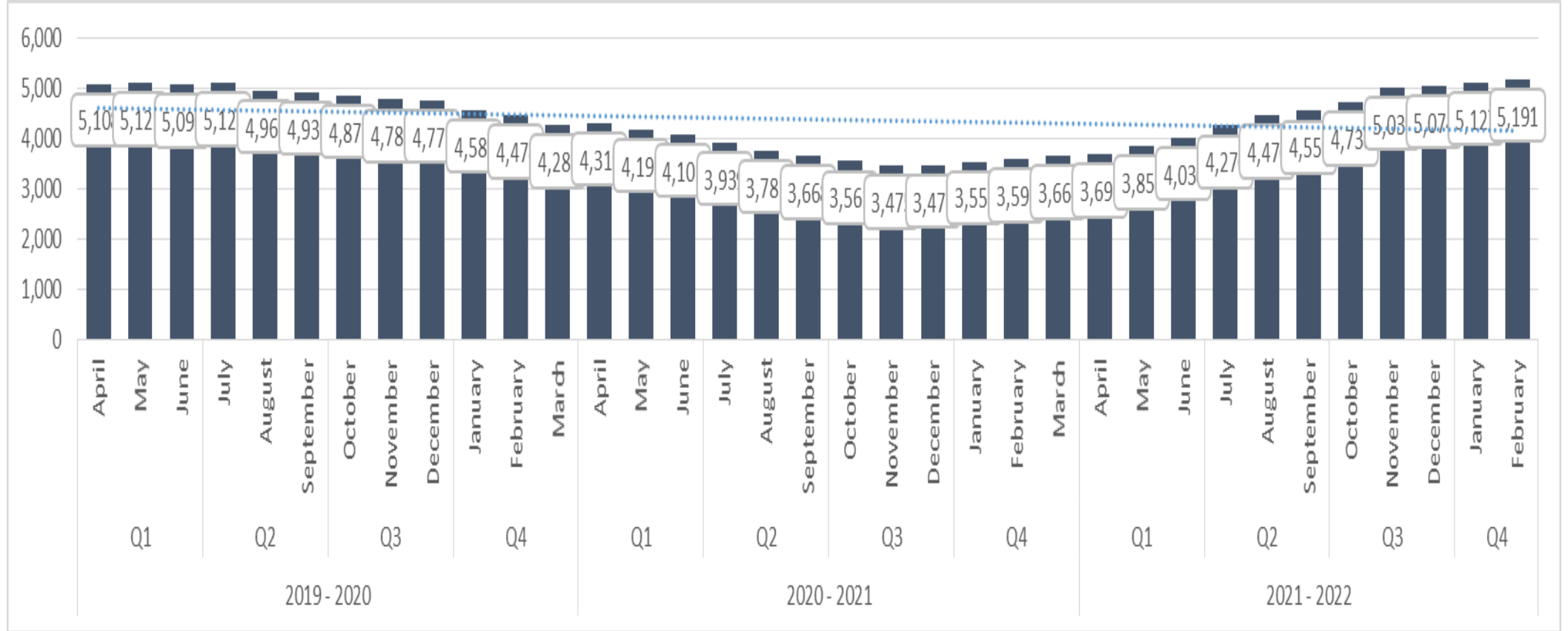
Moving annual total case decisions – Chart 4

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

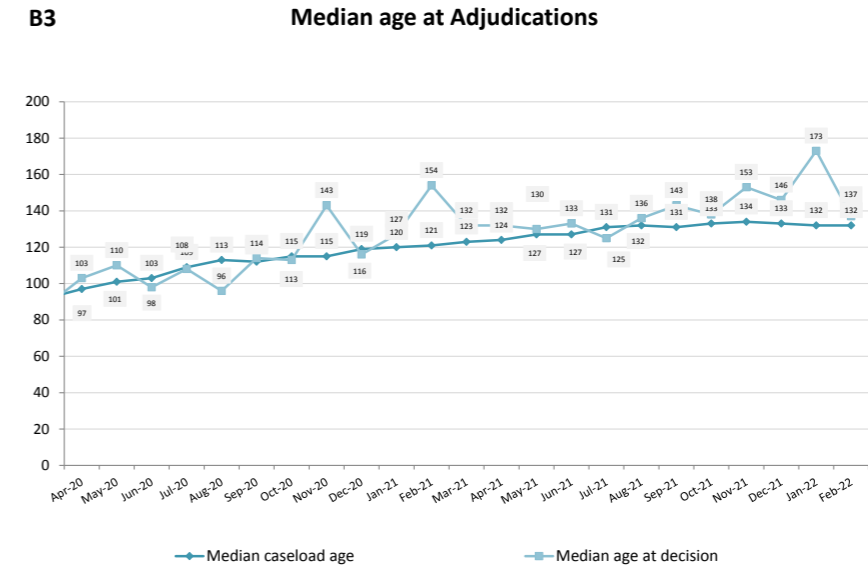
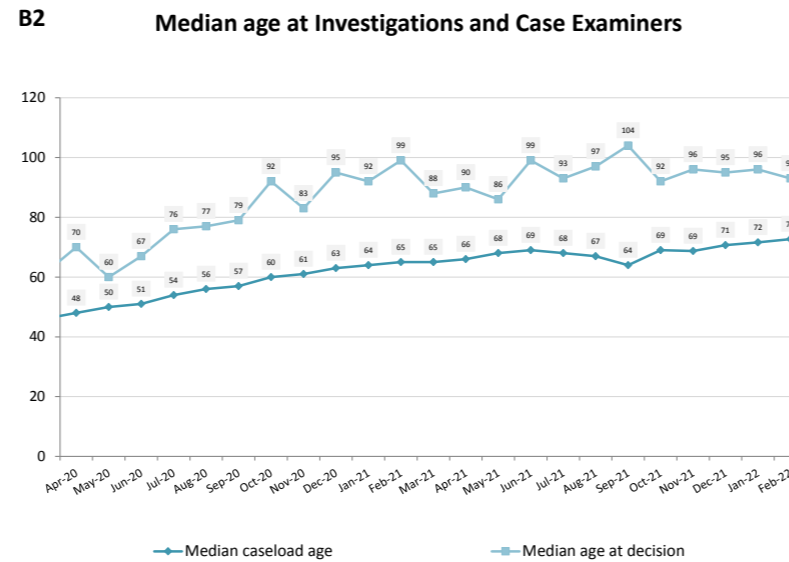
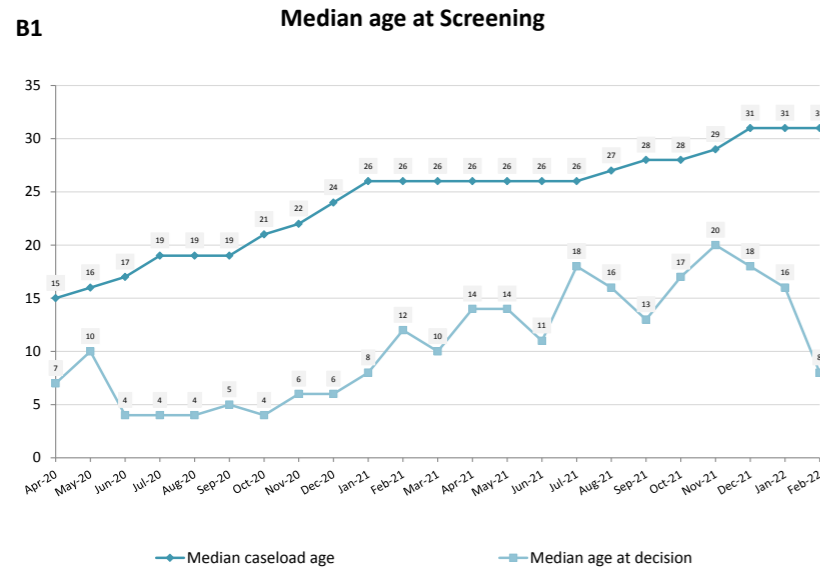
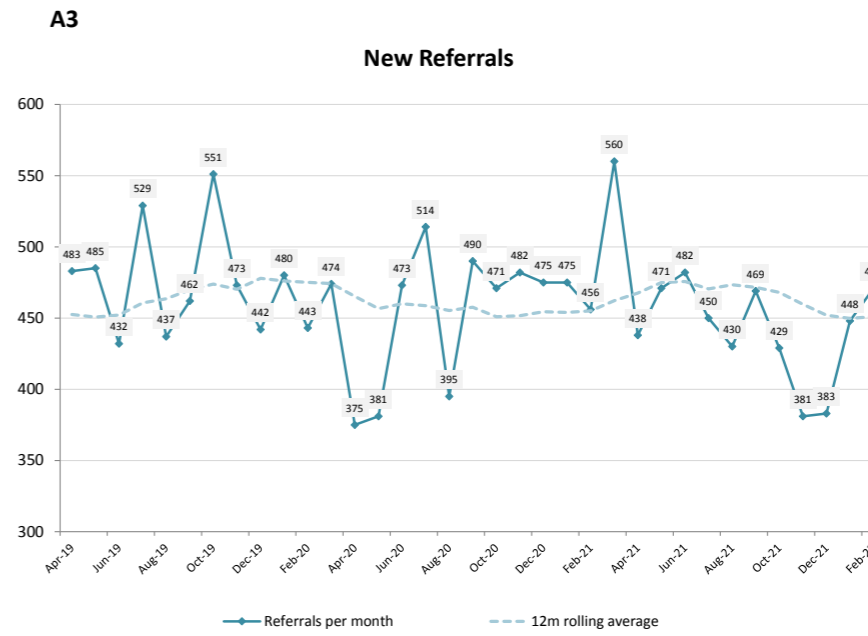
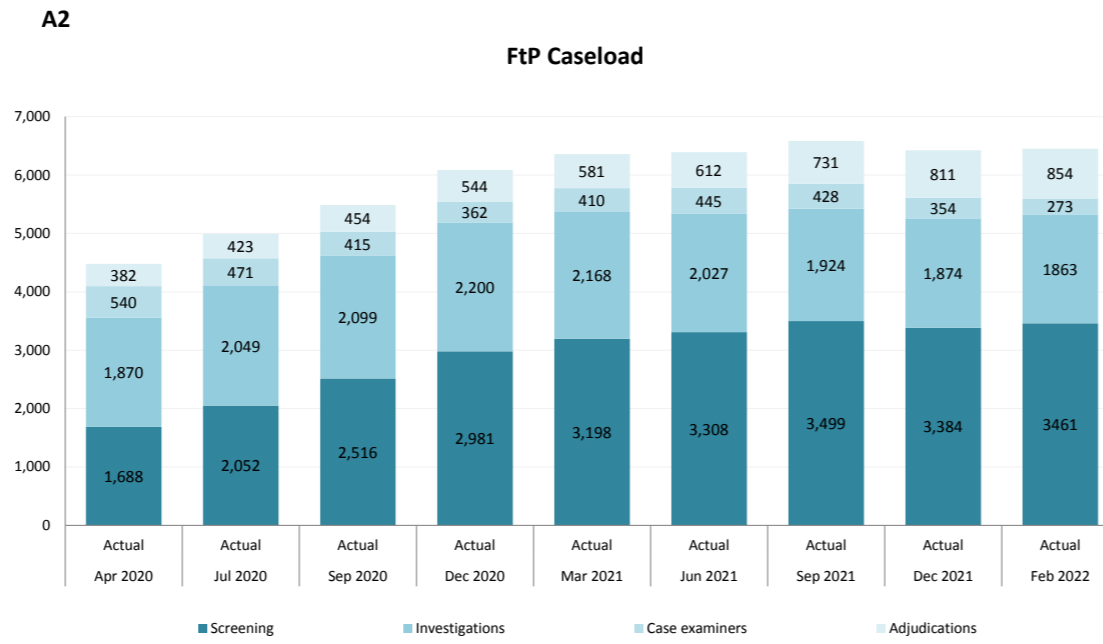
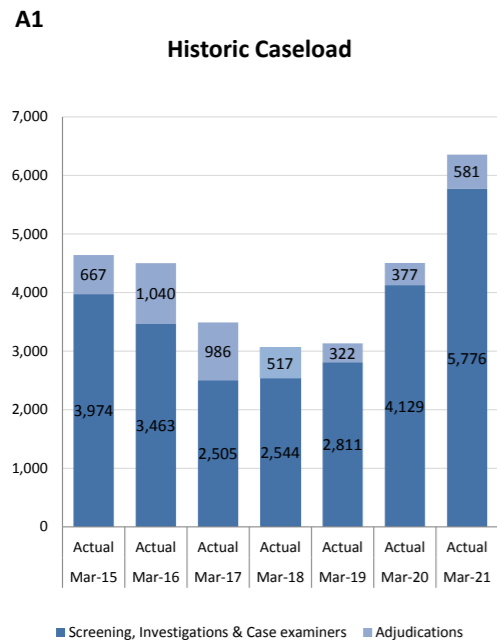


Moving annual total case conclusions – Chart 5

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



FtP Performance Dashboard (February 2022 Final)



Caseload Movement Summary Jan - Feb 2022

Opening caseload 6,423

919 cases received
(new referrals and reopened cases)

891 cases closed

6,451 Closing caseload

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Council

Financial Strategy review

Action: For decision

Issue: Revisions to our financial strategy.

Core regulatory function: All regulatory functions

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

Decision required: The Council is recommended to approve the revised financial strategy at annexe 1 (paragraph 21).

Annexes: The following annexe is attached to this paper:

- Annexe 1: Draft revised financial strategy

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

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Context:

1. In its own words: “The goals of our financial strategy are to enable the investment we need to deliver our organisational strategy, while also achieving financial sustainability and value for money, for the benefit of registrants and the public, keeping registration fees affordable and stable over time”.
2. Our current financial strategy was agreed by Council in March 2020 (NMC/20/22).
3. Our financial regulations require that the financial strategy, along with our organisational strategy, is reviewed every year and updated at least every five years.

Four country factors:

4. Not applicable for this paper.

Stakeholder engagement:

5. External engagement is not required.

Discussion:

6. As a strategy document, our financial strategy is intended to set the direction and indicate parameters of how we manage our finances. Our financial regulations set out more rules-based controls.
7. Despite the significant changes in the external environment since the financial strategy was approved two years ago, we believe it is largely still appropriate to our circumstances.
8. Specific changes proposed are discussed below.

Substantive change proposed

9. The only substantive change we are proposing is an adjustment to how many consecutive years we may operate with a deficit.
10. Currently paragraph 4.6 of the strategy says we should only set deficit budgets “over the short term”. A footnote then defines short term as being “one to two years”.
11. This approach was agreed before the impact of Covid-19 was understood and felt. In particular, the pandemic has meant that non-recurrent spend relating to strategic investment projects and specific issues (for example FtP caseload) being deferred and our free reserves increased beyond the level anticipated, driven partly by the surplus in 2021/22 compared to the budgeted deficit..

12. Our level of free reserves, expected to be about £44 million at 31 March 2022 is currently above the indicative maximum level of £25 million set by our free reserves policy. This means that we can afford to run moderate deficits to support non-recurrent investment in programmes and specific issues for longer than might have been anticipated in 2020. .
13. The delay in elements of corporate strategy implementation, and the high FtP caseload that has resulted from the pandemic, means that we effectively have a backlog of project and non-recurrent work that may take more than two years to address. This is due to the need to implement change and improvement in a way and at a speed that is sensibly sequenced and within our capacity to manage.
14. The overall deficits proposed in the budget and financial forecast for the next three years are planned to deliver on specific projects and resolve specific issues. The planned deficits are not supporting recurrent costs meaning that reserves will not be further reduced.
15. This means that the Executive considers it can, in certain circumstances, be appropriate to operate deficit budgets for more than two years.
16. As a result, we propose to change the wording as shown in Annexe 1 paragraph 4.6 to recognise that we may need to run deficits for the short and medium term. In other words, for longer than two years, if appropriate.
17. Our strategy already significantly constrains this ability to run deficits through limiting them to where we need to 'fund non-recurrent or project costs' (paragraph 4.6). Paragraph 4.3 also already requires that recurrent core business spend must not exceed recurrent income. The strategy has been amended to emphasise further the need to avoid using deficits to fund recurrent core business costs.
18. Our strategy also still contains other elements such as the lower limit on our free reserves and cash holdings and the regular review of our financial position by the Executive and Council as ways to maintain our financial stability.
19. Other changes are minor and shown as track changes in Annexe 1 and are simply to correct typos and weblinks, or make minor updates or clarifications.
20. These include referring to the closure of the defined benefit scheme to future accrual and clarifying that discussion of reserves policy, in terms of upper and lower limits, is something discussed and agreed as part of the annual budget setting proposals rather than being something that is dealt with in the financial strategy.

21. **Recommendation: The Council is recommended to approve the revised financial strategy at Annexe 1.**

Next Steps

22. If Council approves the changes, the track changes will be adopted and the financial strategy published on our website.

Implications

23. If the recommendation is agreed, the implication is that the budget and indicative budgets separately proposed for 2022-2025 will fit with the financial strategy.

24. If the recommendation is not agreed with respect to the potential for operating deficits for more than two years, then the Council will need to consider how it approaches the separate paper on the corporate plan and budget. As usual, that paper only asks for approval of the 2022-2023 budget, although it provides the context of the expected budgets for later years, so its recommendation could be agreed in that respect.

25. But the Council might, for instance, then direct the Executive to identify plans to breakeven in 2024-2025.

Midwifery implications:

26. This paper has no specific implications for midwifery.

Public protection implications:

27. None.

Resource implications:

28. This will align the financial strategy with the proposed corporate plan and budget, dealt with in a separate paper, which is proposing a deficit budget for 2022-2023 and indicative deficit budgets for the following two years.

Equality diversity and inclusion implications:

29. None specifically from this paper, although effective management of our finances has implications for the resources we have available to ensure that we are able to fully address Equality, Diversity and Inclusion issues.

Risk implications:

30. The substantive proposal in this paper avoids the risk that we needlessly hoard reserves or attempt an over-ambitious spending plan with larger deficits spread over two years, simply to fit with the financial strategy agreed in 2020.

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31. Any risk associated with planning to run deficits for more than two years are managed through annual budget approvals, in-year monitoring, and other controls set by the financial strategy such as on the levels of free reserves.

Regulatory reform:

32. No direct implications.

Legal implications:

33. None. We are in discussion with the Department of Health and Social Care in relation to how we take the principles of Managing Public Money into consideration as required by the Privy Council’s letter appointing the Chief Executive and Registrar as Accounting Officer, which is mentioned at paragraph 2.3 of the financial strategy. We believe the approach currently set out in the financial strategy is correct in terms of our current legal framework.

Annexe 1: Draft revised Financial strategy

1. Summary

- 1.1. This financial strategy was first approved by Council in March 2019 and updated in March 2020 and March 2022. It is consistent with our organisational strategy for 2020-2025 and is intended to guide our financial management for the period to 2025.
- 1.2. Our new organisational strategy includes an ambitious programme of work across the five years, building on our core business, to ensure that we regulate well, support our professions, and influence the context for learning and care. Underpinning that work, we also need to ensure that our organisation is fit for the future, with the right infrastructure and capabilities to fulfil our ambitions.
- 1.3. We are financed by the fees paid by nurses, midwives and nursing associates. We are very conscious of the impact that increases in our fees can have on our registrants. We do face significant financial risks, which could mean that we have to increase our fees: particularly, the risk of increasing inflation combined with static fee income.
- 1.4. But overall, we are fortunate to be in a strong and privileged financial position. Nurses, midwives and nursing associates are required by law to pay their registration fees in order to practise their professions, and this makes for a highly secure source of income. We also have strong reserves, built up through careful financial management since we last increased our fee in 2015.
- 1.5. We have both a responsibility and an opportunity to use these funds well. This financial strategy seeks to more actively use our strong financial position to invest in modernising our systems, improving services and efficiency, to make financial investments that will protect us from inflation, and to manage financial risks.
- 1.6. The strategy also emphasises the importance of medium and long term¹ planning, and an enabling and collaborative internal approach to the use of resources, alongside appropriate financial controls.

¹ In this strategy, short term means within one to two years, medium term means from the third to fifth years, and long term means after more than five years.

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- 1.7. The goals of the financial strategy are to enable the investment we need to deliver our new organisational strategy, while also achieving financial sustainability² and value for money³, for the benefit of registrants and the public, keeping registration fees affordable and stable over time. We will promote trust and confidence in our finances and the value for money we provide through transparency and integrity in our financial conduct.

2. Framework of authorities

Financial governance

- 2.1. Our Council is the NMC's governing body. Council's responsibilities are set out in the Nursing and Midwifery Order 2001, and the Scheme of Delegation. Council's financial responsibilities include
- 2.1.1. approving the financial strategy, reserves policy, and investment policy
 - 2.1.2. approving the budget
 - 2.1.3. reviewing financial performance during the year
 - 2.1.4. agreeing the top level system of internal control, including the Financial Regulations
 - 2.1.5. approving the annual report and accounts.
- 2.2. The Chief Executive and Registrar is appointed as Accounting Officer by the Privy Council. The responsibilities of an Accounting Officer are set out in HM Treasury's rules, Managing Public Money⁴, Chapter 3.

Our status as a public body

- 2.3. We are a public body, established by statute. Although our closest relationship within government is with the Department of Health and Social Care ([DHSC](#)) and our accounts are consolidated into the DHSC's group accounts, we are independent and not controlled by DHSC or any other government department. We are accountable to Parliament through the Privy Council. We take into account the principles in Managing Public Money.
- 2.4. We are subject to the Public Contracts Regulations and our policies and processes comply with those Regulations in full. We follow the Treasury's Financial Reporting Manual in the preparation of our statutory accounts, to the extent that it clarifies or builds on the financial reporting requirements in the Charities Statement of Recommended Practice (SORP)⁵.

² Sustainability in our context means the registration fee should be affordable by registrants, and stable over time. With the income provided by registrant fees, our budgets must be balanced over the medium and long term. We must also have access to sufficient working capital and longer term financing.

³ Value for money is defined as the optimal use of resources to achieve the intended outcomes.

⁴ <https://www.gov.uk/government/publications/managing-public-money>

⁵ Statement of Recommended Practice: Accounting by Charities
http://charitiessorp.org/media/619101/frs102_complete.pdf

Our charitable status

- 2.5. Our objectives are charitable and we are registered as a charity with the Charity Commission in England and Wales and the Office of the Scottish Charity Regulator⁶. Council members are the trustees of the NMC with responsibilities under charity law very similar to their responsibilities under the Scheme of Delegation⁷.
- 2.6. As a registered charity we benefit from business rates relief worth over £1m a year and exemption from corporation tax on our charitable income, investment income and capital gains.

3. Sustainability

- 3.1. Sustainability in the context of our finances means the registration fee should be affordable and stable over time. It requires budgets that are balanced over the medium and long term, and access to working capital and longer term financing, including an appropriate level of reserves or other source of financing.

4. Effective financial management and value for money

- 4.1. Our objective is to ensure through good financial management that registrants' money is well spent.

Planning and budgeting

- 4.2. We will maintain a rolling three year business plan and budget, linking resources to outputs and outcomes. Planning and budgeting over a three year period enables more effective delivery and value for money. It also enables us to see the financial impact of medium term capital projects, and to model the possible impacts of financial risks such as changes in the number of nurses, midwives and nursing associates on the register, or changes in the rate of inflation.
- 4.3. For our finances to be sustainable, our budget for recurrent, core business expenditure⁸ must not exceed our recurrent operating income.
- 4.4. Our overall budget, including non-recurrent or project costs, must be balanced over the medium and long term⁹. However, our overall budget does not need to balance every year.

⁶ We will also be registered with the Charity Commission for Northern Ireland when it begins to register non-Northern Ireland bodies

⁷ See Charity Commission guidance "The essential trustee (CC3)"

<https://www.gov.uk/government/publications/the-essential-trustee-what-you-need-to-know-cc3>

⁸ Including depreciation

⁹ In this strategy, short term means within one to two years, medium term means from the third to fifth years, and long term means after more than five years

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- 4.5. To deliver our organisational strategy for 2020-2025, we need a significant programme of investment in new services, our people and our systems. As set out below, we want to maintain the registration fee at £120 for as long as possible. Therefore we propose to fund our investments partly from reserves.
- 4.6. In order to fund non-recurrent or project costs, we can reasonably set deficit budgets and accept negative cash flows over the short and medium term, provided that we have sufficient cash and reserves to fund the deficits, provided that the budget deficit is the result of those non-recurrent or project costs, and that we have plans for the overall budget to return to balance in the medium and long term and comply with our reserves policy. For instance, this may be appropriate to deliver change over several years in way that is manageable and properly sequenced. We should avoid using deficits to support recurrent spend on core business since this will deplete our reserves.
- 4.7. If our planning and budgeting shows that our operating income cannot cover our recurrent, operating, core business costs over the short term, or our total costs over the long term, then we will need to take steps to correct the position. In the first instance, we would look for further options to reduce costs, including the possibility of reducing the scope of our services. If those options were not viable or were not sufficient, we would need to consider a fee increase.

Efficiency programmes in business plans and budgets

- 4.8. To promote value for money, we will target and track efficiencies through the business planning, budgeting and financial reporting processes, both from change programmes and from continuous improvement activities.

Business cases for major projects and significant investments

- 4.9. When we invest significant amounts of registrants' money in a project, we need to ensure we are making the right choice from the available options, which we expect to provide the best value for money. We do this through business cases that are proportionate to the scale of the investment, based on the Treasury's Green Book¹⁰.
- 4.10. Projects relating to our regulatory functions will often not have a positive *financial* return, for example if their purpose is to improve services to registrants or the public, but we need to test and be able to demonstrate that our chosen option is better value for money than the alternatives, including doing nothing. We also need, as part of the impact assessment, to consider their financial and economic impacts on the wider healthcare system. Projects relating to our corporate support functions should normally have a positive financial return. For all significant projects, we will identify the expected benefits at the outset and track the realisation of those benefits.

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/685903/The_Green_Book.pdf

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Approach to procurement

- 4.11. Value for money is also assured by our procurement policy and processes. We are subject to the Public Contracts Regulations, and our own processes go further, requiring competition for all contracts over £10k in value, and formal tenders for all contracts over £100k in value. However, value for money is not just about getting the lowest price: it is more important to buy the right product or service to meet our needs. Our procurement department supports budget holders in drawing up the specification for tenders, evaluating proposals, and managing contracts, all of which are key to achieving value for money.
- 4.12. Our procurement policy also aims to ensure that our purchasing and our supplier relations reflect our values, so that our environmental impact is minimised, and our suppliers treat their own employees fairly.

Approach to financial control

- 4.13. Financial controls are the rules and processes that help to ensure that we collect our income, protect our assets, and that our spending is effective.

Income controls

- 4.14. One of our main points of contact with nurses, midwives and nursing associates is when they pay our fees. The process is normally quick and simple, but if registrants' payments fail for any reason, they are at risk of being removed from the register and prevented from practising. This has a potentially severe impact on the individual and runs contrary to our aim to support nurses, midwives and nursing associates to work.
- 4.15. Like every organisation, we need processes and controls to ensure that we receive the income we are due. But paying the registration fee is a precondition for legally practising as a nurse, midwife or nursing associate, which means that we are at much less risk than most organisations of our customers failing to pay us.
- 4.16. One of our values is that we are kind, and we will show compassion and understanding for registrants who may be in financial difficulty. Within the limitations of the Fees Rules¹¹ and our systems, we will provide flexibility to support registrants and avoid as far as possible them being removed from the register for non-payment. We will seek reform of our Fees Rules in due course to enable greater flexibility.

¹¹ Our Fees Rules are set via secondary legislation

Expenditure controls

- 4.17. Controls over expenditure are essential to ensure that our spending is effective for our regulatory and charitable purposes. Effective financial controls prevent improper use of funds and ensure financial information is accurate, relevant and reliable. They support management in making good planning and financial decisions, and ensure value for money, accountability and transparency.
- 4.18. The risk of improper use of funds and errors cannot be absolutely eliminated, and excessive controls are inefficient and tend to drive the wrong behaviours in terms of customer service, innovation and risk management. Therefore financial controls must be appropriate and proportionate. Controls must reach the appropriate threshold level, to reduce the risk of loss to an acceptable level, but beyond that threshold level, further increases in controls reduce value for money and employee satisfaction. Determining the appropriate level of control is a matter of judgement reflecting the organisation's risk appetite.
- 4.19. We want to trust and empower employees to be responsive and innovative in delivering excellent services to nurses, midwives and nursing associates and the public. We will keep processes and controls under review to ensure they are appropriate and proportionate, and we will promote a culture of customer focus, collaboration and business partnering in Finance and Procurement's support for the rest of the organisation.

Collaboration

- 4.20. We will maintain a collaborative approach to financial management where budget holders are trained in financial management and encouraged to work in partnership with each other and Finance to ensure the best allocation of resources across the organisation. While providing constructive challenge, Finance will work with a premise of trust in the good faith and competence of budget holders, and with the objective of enabling budget holders to spend funds well.
- 4.21. Similarly, in our work with suppliers, we aim to build partnerships with a fair allocation of risk and benefit, which deliver value for money in the long term.
- 4.22. We will also look for opportunities to work with other organisations, and other health and social care regulators in particular. We will share expertise and good practice and improve value for money through joint activities such as joint procurement where practical.

Approach to outsourcing

- 4.23. In deciding whether to provide services in house or to outsource them, our overall objective is to achieve the optimum value for money. This includes consideration of:
 - 4.23.1. The technical complexity and level of specialism of the service. Generally, the more technically complex and specialist a service is, the more difficult it is to maintain a cost effective in house capability to deliver it.

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- 4.23.2. The external market for the provision of the service. Services with more developed external markets, for example catering services, will normally provide better value for money from outsourcing. Conversely, some services may be so technically complex or specialist that the external market for them is limited.
 - 4.23.3. Economies of scale. Organisations often contract out services because their own demand for them is not enough to support an efficient in house service, or the service can be provided more efficiently by a large specialist contractor.
 - 4.23.4. The period over which the services will be needed, and the variability of demand/workload over that period. A short term, one off service, or a service with uneven demand will be more difficult and less cost effective to provide in house.
 - 4.23.5. The degree of independence required. Services where a high level of independence from management and objectivity are required are usually better outsourced, since an external firm is more able to provide independent advice, and more likely to be seen as independent.
 - 4.23.6. The sensitivity of the service will be relevant, including data security considerations, although whether those factors make it more or less appropriate to contract out may vary from one service to another.
 - 4.23.7. Risks and benefits relating to a change from in house to contracted out or vice versa. Risks of moving to outsourced provision may include loss of corporate memory, loss of accountability, or a drop in service levels arising from the change and consequential loss of trust in the organisation.
- 4.24. We will evaluate services using these criteria and others that are relevant to the particular service. If we conclude that contracting out is likely to provide better value for money overall, we will procure the service in compliance with the Public Contracts Regulations and the guidance on outsourcing in Managing Public Money¹². As each significant contracted out service comes up for renewal, we will re-evaluate it to assess whether contracting out remains appropriate, or whether it should be brought back in house.

5. Transparency and integrity

- 5.1. All our financial conduct and decision making must be informed by the fact that we are funded by the registrants’ fees. We need to ask ourselves if the financial decisions we take can be positively and confidently presented to nurses, midwives and nursing associates as a good use of their money¹³.

¹² Managing Public Money chapter 7.12
¹³ This relates to the concept of regularity and propriety. See [Managing Public Money](https://www.gov.uk/government/publications/managing-public-money)
<https://www.gov.uk/government/publications/managing-public-money>

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- 5.2. Our Council’s Code of Conduct commits members to the seven principles of public life (the Nolan principles): selflessness, integrity, objectivity, accountability, openness, honesty and leadership¹⁴. We apply these principles in our financial management. In particular:
 - 5.2.1. We will publish our expenditure transactions and our key financial policies under our Freedom of Information publication scheme. Council and Executive members’ remuneration and expenses will be published annually in the Annual report and accounts.
 - 5.2.2. Council receives a quarterly report from the Executive, which is published on our website, and includes financial and operational management information, key performance indicators, and the corporate risk register.
 - 5.2.3. The Code of Conduct for Council members includes conflict of interest and gifts and hospitality policies, and similar policies apply to our employees.
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6. Reserves policy

Charity Commission guidance on reserves

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- 6.1. The Charity Commission¹⁵ expects charities to develop and publish their reserves policies. The purpose of a reserves policy is to demonstrate sustainability, good stewardship and active financial management by the trustees, including showing that the charity will be able to meet its commitments in the event of a shortfall in income. Charities’ reserves policies are often expressed in terms of a target range of free reserves. The term “free reserves” means reserves that are not tied up in fixed assets or restricted for specific purposes.
 - 6.2. A target minimum level of free reserves is a source of assurance that the charity’s services are sustainable. Conversely, a target maximum level of free reserves acts to ensure that the charity’s resources are applied and not simply accumulated to no purpose. By maintaining free reserves within the target range, the charity trustees are more likely to be balancing the interests of their current and future beneficiaries and supporters and exercising good stewardship.
 - 6.3. Free reserves are particularly important in the charity sector because they are often the main or the only available source of long term financing and financial security. Charities do not have share capital and often do not have access to borrowing. Charities’ income streams are often inherently insecure, for example if they are dependent on a small number of large grants.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/212460/Regularity_Propriety_and_Value_for_Money.pdf

¹⁴ <https://www.nmc.org.uk/about-us/governance/the-council/council-governance/>

¹⁵ See Charity Commission guidance “Charity reserves: building resilience (CC19)”

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/589406/CC19.pdf <https://www.gov.uk/government/publications/charities-and-reserves-cc19>

Our need for free reserves

- 6.4. We have a highly secure income stream and cash flow. Nurses, midwives and nursing associates are required by law to pay our registration fees in order to practise. They are also required to pay either annually or quarterly in advance, so we hold large cash balances, over and above our free reserves. Provided that our budget is balanced over the medium and long term (see paragraph 4.34.4 above), these large cash balances and the security of our income stream ensure our financial sustainability. Therefore our need for free reserves is much lower than many other charities.

Target range for free reserves, and lower limit for cash and investments

- 6.5. We will maintain free reserves within a target range that will be reviewed and agreed annually by Council as part of our budget setting process. The target minimum level of free reserves will be set so as to ensure our sustainability, taking account of the security of our income stream, our cash and investment balances, and an assessment of the potential financial impact of risks faced by the NMC. The target maximum level of free reserves will be set so as to ensure our resources are applied effectively, balancing the interests of registrants who finance us through the fees that they pay, and the public who benefit from our work.
- 6.6. The extent to which our cash and investment balances exceed our free reserve balances is dependent on the proportion of registrants paying by quarterly direct debit and the level of the pension deficit. There is a risk that over time, these factors could change.
- 6.7. Therefore, in addition to the target range of free reserves, we will set a minimum level for the aggregate forecast cash and investments balance in the course of the coming financial year. The purpose of this additional limit is to ensure liquidity¹⁶ without the need for borrowing facilities.
- 6.8. Our reserves policy fully complies with the Charity Commission's guidance on reserves as set out in paragraph 6.1. We will continue to publish the policy within our Annual Report and Accounts.
- 6.9. There are no specific requirements that would determine our reserves policy in the Order, or the Scheme of Delegation, or Managing Public Money.

7. Investment policy

- 7.1. The large cash balances that we hold as a product of receiving fees in advance and our free reserves gives us the opportunity to invest funds that are surplus to immediate requirements. We are able to take a long term view and accept some risk.

¹⁶ Our investments will be equities, funds and bonds capable of being liquidated within 14 days, so can be treated as a liquid asset and combined with cash for this purpose

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- 7.2. Our investment policy has been developed consistent with this financial strategy, reviewed by the Investment Committee and approved by Council, and sets out the classes of asset we may invest in and the level of risk we are prepared to take, and ethical investment parameters. Appropriate classes of investment include equities, funds and bonds. While the value of non-cash investments may be volatile and may fall in the short term, over the long term, equities and funds have proven to be the best performing form of investment assets.
- 7.3. We expect that by investing in equities, funds and bonds, we will obtain an above-inflation return over the long term, and thereby avoid or mitigate the need to increase our fees. Therefore we expect that applying part of our cash and reserves in investments will benefit nurses, midwives and nursing associates in the long term.

8. Defined benefit pension scheme

- 8.1. Our ~~main~~ pension scheme, which has been offered to new starters since November 2013, is a defined contribution or “money purchase” scheme. Employer contributions to the scheme are within a fixed range so there is very little financial risk to the NMC. Pensions are one of the most effective ways for individuals to save for their retirement so we will continue to promote the scheme and encourage maximum uptake by employees.
- 8.2. We also ~~still~~ have a defined benefit scheme, where pension is based on employees’ final salary and number of years of service. This scheme closed to new starters in November 2013 and to future accrual in summer 2021. The defined benefit scheme ~~continues to carry~~ ies significant financial risks: changes in life expectancy, interest rates or investment performance of the scheme assets could all have significant impacts on our net pension deficit.
- 8.3. The NMC ~~currently still~~ makes additional contributions to the scheme ~~over and above our normal employer contributions~~, under a Recovery Plan with the intention of eliminating the deficit by 2026.
- 8.4. The high level of financial risk inherent in a defined benefit pension scheme was a primary reason why we closed the scheme to new entrants in 2013 and a contributory reason to closing it to future accrual in 2021. There are other options to reduce the financial risk further. We could make further payments into the scheme, or we could sell the scheme to an insurer.
- 8.5. The first of those options, making further payments, would only reduce financial risk if the new funds were invested in order to hedge the risk on the liability side. For example, the scheme trustees could invest in long term bonds, which would hedge against the risk of an increase in the liability resulting from a fall in bond yields. However, by making further payments into the scheme we would be limiting our own opportunity to make positive returns on those funds through our own investments.
- 8.6. The second option, selling the scheme, would completely eliminate our risk, but it would only become an option if the scheme were to be closed to new accrual of benefits, and it would be extremely expensive.

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- 8.7. Therefore we propose to continue with the present approach of making additional employer contributions. The potential impact of the financial risk within the scheme is manageable within our reserves, and the risk will diminish gradually over time. We will keep this approach under review.

9. Fees policy

- 9.1. Our fees are set by secondary legislation. Any change in fees requires the Council's approval to start the process, a public consultation on our proposed changes, approval by the Privy Council, and a statutory instrument approved by the Westminster Parliament via the negative procedure. The process takes a minimum of six months from the point of Council approval to the new fees taking effect. Nurses, midwives and nursing associates would pay the new fee from the point of their next annual renewal of registration following the change, so there is a lag before the full effect of any change is felt in our income.
- 9.2. Our renewal fee has been £120 per year since February 2015¹⁷. It had been £76 until February 2013, and £100 from February 2013 to February 2015. The last two increases, which represented nearly 60 percent in the space of two years, were very unpopular with nurses and midwives. The government has stated that fee rises should be kept to a minimum¹⁸.
- 9.3. We intend that the fee should be affordable by nurses, midwives and nursing associates. We should avoid large, sudden increases in the fee: registrants are more likely to be able to manage small, more regular increases, than infrequent but large increases. Council will continue to review the need for fee changes each year, using our rolling three year budget to identify when fee increases are necessary and plan for them so as to minimise the impact on registrants.
- 9.4. In the medium and longer term, we expect that investment in new systems and continuous improvement of our processes will produce cost savings, offsetting the impact of inflation. Also, through our new investment policy (see section 7 above), we expect to earn an above-inflation rate of return on a portfolio of surplus funds, initially around £30m.
- 9.5. The Order enables us to generate other sources of income "in connection with the exercise of its functions". We will take advantage of opportunities to generate other income that are consistent with our values and our role as a professional health regulator, so as to supplement registrants' fees and help keep them at the current level.
- 9.6. Provided registrant numbers remain stable and inflation remains low, we aspire to use the cost savings and investment income referred to above to

¹⁷ Note that while the registration fee remains fixed at £120, it is falling in real terms.

¹⁸ *Promoting professionalism, reforming regulation* consultation paper, paragraph 4.25

https://consultations.dh.gov.uk/professional-regulation/regulatory-reform/supporting_documents/Promoting%20professionalism%20reforming%20regulation.pdf
<https://www.gov.uk/government/consultations/promoting-professionalism-reforming-regulation>

keep our budget balanced over the medium to long term, and maintain the registration fee at the current £120 level for as long as possible.

- 9.7. However, because the risks to our budget related to inflation and registrant numbers are significant, we will continue to review the registration fee annually, as part of the budget setting process.

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Council

Annual corporate plan and budget 2022–2023

Action: For decision.

Issue: Council approval of the corporate plan and corporate key performance indicators (KPIs) for 2022–2023, and for the budget for 2022–2023. This is in the context of the five-year strategy for 2020–2025 and indicative budgets to 2024–2025.

Core regulatory function: All regulatory functions.

Strategic priority: All strategic priorities for 2020–2025.

Decision required: The Council is recommended to approve:

1. the corporate plan and deliverables for 2022–2025 (paragraph 29);
2. the KPIs for 2022–2023 (paragraph 29);
3. that the values for the lower and upper limits of the target range of free reserves remain at £0 and £25 million respectively, and the value for the minimum combined cash and investments balance remains at £20 million (paragraph 42);
4. that the annual registration fee for all registrants should remain at the current level of £120 (paragraph 43);
5. that the standard pay award should be 3.0 percent, with additional adjustments made to bring employees towards the middle pay level of their grade (para 58):
6. approve that the total pay bills increases by 4.5 percent and that increases are paid with effect from 1 April 2022 (paragraph 59);
7. the budget for 2022–2023 as set out in table 2 and note that this will be subject to further review in September 2022 when an updated budget will be presented to Council as certain key variables become clearer (paragraph 77).

The Council is also recommended to note the planned contracts and commitments with a lifetime value of over £0.5 million (paragraph 81).

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- Annexes:** The following annexes are attached to this paper:
- Annexe 1: Draft corporate plan for 2022–2023
 - Annexe 2: Draft corporate KPIs for 2022–2023
 - Annexe 3: Draft budget for 2022–2023, indicative budgets for 2023–2025
 - Annexe 4: Proposals for target lower and upper limits of free reserves, and minimum cash and investments balance
 - Annexe 5: Contracts over £0.5 million expected to be signed in 2022–2023

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

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Context:

- 1 We prepare our corporate plan each year in the context of our longer-term strategy and the developing external environment. The corporate plan sets out our key priorities and deliverables for the year, including our key performance indicators (KPIs).
- 2 We also prepare a budget that allocates the resources required to deliver the corporate plan. The budgets for the two succeeding years are indicative, and subject to re-approval by the Council before the start of each financial year.
- 3 This paper provides a detailed view of our plan, budget, and performance indicators for approval by the Council. We will publish a streamlined version of our plan on our website by May 2022.
- 4 We have a financial strategy that sets the financial parameters within which we operate. The current financial strategy was approved by the Council in March 2020 and as a separate item on today’s agenda, and the updated version is presented for the Council’s approval. It sets key principles to structure our budgets, in particular:
 - 4.1 that each year we should review the lower and upper limits of our target range of free reserves and the value for the minimum cash and investments balance. These are re-examined as part of this paper;
 - 4.2 The financial strategy provides a distinction between non recurrent costs and recurrent spending, and that we should limit deficit budgets to the short term for non recurrent costs, defined as one to two years. Subject to Council’s agreement, we are now proposing to set deficit budgets over three years to support us to refocus on delivering our strategic aims after two years of delays. Budgets for 2023–2025 are indicative and will be subject to re-approval.
- 5 Next year, 2022–2023, is the third year of our five-year strategy for 2020–2025. The first two years of the strategy, 2020–2022, have been substantially affected by Covid-19. As we have reported to the Council during the year, significant elements of our plans for 2020–2022 have had to be deferred in order to refocus our resources on responding to Covid-19, and then managing the impact of it.
- 6 As reported to the Council throughout the year, we have experienced delays or needed to defer work which resulted in surpluses in 2020–2021 and 2021–2022 when we had planned for deficits to invest in our strategy. The impact of this means that free reserves are £18 million higher than planned in March 2021 as we enter 2022-2023. We intend to revert our focus back to our strategic aims as we learn to live with Covid-19, and expect to incur deficits in 2022–2023 and the following two years as we reduce the fitness to practise caseload back to manageable levels and progress our investment in other key projects. The key cost drivers for this deficit are detailed further in paragraph 33 below.

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- 7 Our fitness to practise recovery programme is underway, and the caseload has been stabilised. However, the people, external resources and improvements to processes needed to bring the caseload back down to target levels are not yet fully in place having taken longer than anticipated to establish. The cost of fitness to practise over the next two to three years remains high.
- 8 In addition to the impacts of Covid-19, we also face an uncertain wider economic and geopolitical environment. This uncertainty is, for instance, driven by continuing Covid-19 impacts, the invasion of Ukraine and potential wider Russian military, economic and cyber aggression, uncertainty around supply chains and labour markets. This impacts on the level of inflation and so our costs – including differential inflation for the construction sector - returns on investment, assessment of pension scheme liabilities, income, retention, and recruitment of colleagues. These are dealt with in more detail later in this paper.
- Four country factors:** 9 Not applicable for this paper.
- Stakeholder engagement :** 10 The business plan and budget reflect the five-year strategy published in 2020 which was the subject of wide stakeholder consultation. They have also been informed by on-going discussions with stakeholders.

Discussion Corporate plan for 2022–2025

- 11 The draft corporate plan for 2022–2025 is at **annexe 1**.
- 12 Our corporate plan sets out what we will do during the remainder of our strategy up to 2025, and provides transparency about our focus for the next three years so that we remain accountable to our professionals, the sector, and our partners and stakeholders.
- 13 Next year represents the third and middle year of our five-year strategy. It will be a pivotal year as we seek to bring our focus back to delivering our strategy following two years dominated by Covid-19 which has effectively ‘lost’ us a year of delivery.
- 14 This year we have provided a three year plan and budget with a detailed plan and budget for 2022-2023, and indicative plan and budget for 2023-2025. Taking a view beyond one year has allowed us to focus on how we can make the best use of our resources to deliver the highest impact items of our 2020–2025 strategy.

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- 15 We have also considered where alternative approaches may be appropriate to scale what we do, and made choices to re-scope, reschedule or phase our plans to ensure that our corporate plan and strategy remains achievable despite delays. These are set out in **annexe 1**, section 5.
 - 16 The strategic aims that we defined in 2020 to regulate well, to support our professionals and the public, and use our influence for the benefit of the sector still remain relevant and are reflected across our priorities.
 - 17 We have set 22 priority areas for the next three years. For each area we have provided key deliverables which we will use to track our progress.
 - 18 Equality, diversity, and inclusion (EDI) has been a fundamental part of conversations with all directorates as part of the business planning cycle' and will underpin everything that we will deliver within our strategic work programme.
 - 19 A key focus area for the next two years will continue to be on fitness to practise to significantly reduce the overall historic caseload and return our case handling back to reasonable levels.
 - 20 Our other key priorities will be designing and implementing the changes needed for Regulatory Reform which will deliver significant opportunities for us and investing in key areas to ensure the resilience of the organisation including progressing our People Plan, technology, working environment and EDI priorities. Everything within our strategic work programme is aligned to support this work.
 - 21 At the time of writing, we still have more work to do to clarify specific implementation plans for several priorities. Once these have been agreed during the first half of 2022-2023, we will add the key deliverables to our corporate plan and performance framework. Priorities requiring further definition are: People Plan, EDI action plan, phase 3 of our modernisation of technology services programme, our IT roadmap, and clarifying the timetable for Regulatory Reform.
 - 22 We will review our plan at least every 6 months to ensure that our plans remain aligned to our strategy and the needs of the sector.

Measuring our corporate plan and budget

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- 23 We will report on the progress of our corporate plan and budget using deliverables for each corporate commitment, key performance indicators (KPIs), and financial monitoring. These will be reported to the Council and Executive Board at least quarterly. In addition, the Executive receives performance KPIs, financial, and risk monitoring on a monthly basis.

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- 24 The proposed measures and targets for 2022–2023 are at **annexe 2**. Our targets set the bar at where we want to perform, with a mix of targets of level of performance we want to reach and some stretch targets.
- 25 Key changes for 2022–2023 are set out below.
- 26 We have increased our targets for three corporate KPIs:
- Assessing overseas registration applications completed within 30 days (from 90 percent to 95 percent);
 - Readmissions completed within 21 days (from 90 percent to 95 percent);
 - Employee turnover (from 10 percent to 12.5 percent to reflect the competitive labour market and rising turnover that we expect to continue into 2022-2023. We plan to progress several initiatives to improve retention from 2022, with the aim to reduce this target again in the future).
- 27 We have added three new corporate KPIs:
- Percentage of all permanent NMC colleagues retained;
 - Total number of fitness to practise case decisions;
 - Audience perceptions of the NMC (measured every 2 years).
- 28 There are three KPIs where we have consistently underperformed during 2021-2022 but where we intend to retain the same or similar targets. This is because we are not complacent about under performance and intend to take action to bring them back on track.
- 28.1 Reducing the fitness to practise caseload (target was 5,200 cases): we will continue to invest to increase our capacity and deliver improvements for 2022-2023 which will reduce caseload;
- 28.2 Fitness to practise cases concluded within 15 months (80 percent): we have retained this target as a benchmark for where we need timeliness to be restored back to;
- 28.3 MP and general enquires processed within 20 days (90 percent) – we have reorganised the team processing enquires to provide dedicated resources to improve this performance.
- 29 **Recommendation: The Council is recommended to approve:**
- 29.1 **the corporate plan for 2022–2025 at annexe 1;**
- 29.2 **corporate KPIs for 2022–2023 at annexe 2.**

Budgets for 2022–2025

- 30 This section sets out an overview of the proposed budget as well as key assumptions and specific elements for approval.

Budget overview

- 31 The proposed budget for 2022–2023 and the two following years is set out at table 1 below and in more detail, including budgeted employee numbers, at **annexe 3**. The budget is designed to support the delivery of the corporate plan and the KPIs.
- 32 The key assumptions, risks and uncertainties within the budget are summarised below.
- 33 The budget shows a deficit in 2022–2023 and for the indicative budgets for the following two years. It shows a reduction in our free reserves from the forecast £44 million at 1 April 2022 (significantly higher than the £26 free reserves million planned when the budget was agreed in March 2021) to £10 million at 31 March 2025. This would bring us within the target range for free reserves of £0-25 million discussed below. It would, however, take us outside the aim of the financial strategy approved by Council in 2020 of not having deficits for more than two consecutive years. The latter issue is due to be discussed as part of a separate paper being considered by Council in advance of this paper.
- 34 There are a number of significant drivers for the level of deficit and for the significant drop in free reserves over the next three years:
- 34.1 non-recurrent drivers including the additional posts and other costs needed to reduce the historic caseload in fitness to practise and return our case handling back to reasonable levels; the significant amounts put aside for investment in systems and technology and accommodation needed to improve efficiency and service to our registrants and other stakeholders and colleagues; the work needed to implement regulatory reform;
- 34.2 recurrent cost drivers including the increase in inflation with its consequential impact on costs, both payroll and non- payroll related; the increase in National Insurance contributions; the increase in head count.
- 35 With the exception of inflationary and headcount increases, these drivers represent non-recurrent costs to deliver on specific projects and investment for improvement. Those relating to information technology (IT), accommodation and regulatory reform are much needed investments that will also enable us to save cost in the long term through better and more IT enabled processes, as well as a reduced accommodation footprint.

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- 36 The Executive Board has considered this position carefully and considers that, at this stage, indicative planned deficit budgets over the medium term are appropriate and acceptable. This is since:
- 36.1 Our recurrent costs are in line with our recurrent income before further savings from IT, accommodation and regulatory reform investment are identified. This means that there is the reasonable prospect of making a modest surplus on recurrent costs in future. With non-recurrent costs driving the deficits, it is important that we manage when deficits occur including through appropriate phasing. This is supported by the fact that we are starting from of position of stronger than expected reserves at the end of 2021-2022, since we will have made a significant surplus at the end of that year instead of the planned deficit;
 - 36.2 We expect to be able to make significant savings in 2024-2025 and later through changes – particularly in our fitness to practise processes - that should be available as a result of regulatory reform and IT investment. These savings have not yet been quantified or reflected in the budgets. They will be better understood as part of preparing the MOTS business case for Council in the summer of 2022 and the developing work on regulatory reform;
 - 36.3 We have strong budgetary controls in the form of detailed monthly monitoring and Council and Executive controlled gateways for major programme decisions, which enable us to adjust spend in good time. These include, for instance, delaying spend on regulatory reform implementation until we have greater certainty as to the legislative timetable;
 - 36.4 We are proposing that we review, with Council, the latest position on spend and forecasts in September 2022 at which point we will have a clearer picture on the three-year view budget view. In particular we will have a better understanding of potential savings from our investment in IT and from regulatory reform and be able to recalibrate the costs and performance of the fitness to practise caseload reduction plan;
 - 36.5 Our free reserves will still be above the lower end of our target range at the end of March 2025. And we still expect to have around £60 million in cash and investments at the same date.
- 37 There is also potential, in the medium term, to review our fee level. This is discussed further below in the section on fees.

Reserves policy: annual review of target range of free reserves and minimum cash and investments balance

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- 38 Our reserves policy, which is included within the financial strategy, is to maintain free reserves within a target range, and to set a minimum level for the aggregate forecast cash and investments balance in the course of the coming year. The target range of free reserves and the minimum cash and investments balance are reviewed at least annually by the Council.
- 39 The target minimum level of free reserves is set so as to ensure our sustainability, taking account of the security of our income stream, our cash and investment balances, and an assessment of the potential financial impact of risks faced by the NMC. The target maximum level of free reserves is set so as to ensure our resources are applied effectively, balancing the interests of registrants who finance us through the fees that they pay, and the public who benefit from our work.
- 40 The purpose of the minimum level for the aggregate forecast cash and investments balance is to ensure liquidity without the need for borrowing facilities.
- 41 **Annexe 4** sets out the Executive’s annual review of the target range of free reserves, the minimum cash and investments balance, and the rationale for the recommendation to keep those limits unchanged.
- 42 **Recommendation: Council is recommended to approve that the values for the lower and upper limits of the target range of free reserves remain at £0 and £25 million respectively, and the value for the minimum combined cash and investments balance remains at £20 million.**

Annual registration fee

- 43 In accordance with our financial strategy, the Council reviews the registration fee each year as part of the budget setting process. The review uses the future year indicative budgets to identify when fee increases are necessary and plan for them so as to minimise the impact on registrants. Our financial strategy commits us to retaining the fee at its current level for as long as possible. It also recognises that we should avoid large, sudden increases in the fee: registrants are more likely to be able to manage small, more regular increases than infrequent but large increases.
- 44 The fee is our only regular source of income – we do not receive government funding for our core work. The fee also keeps us independent so we can protect the public by supporting our professionals – in normal times and during this emergency. During the Covid-19 pandemic, many individual registrants and some organisations have suggested we should waive or reduce our fee as a means of showing support to the nurses, midwives and nursing associates who have continued to work in such difficult circumstances. We understand why people make that suggestion,

however the strategic investment programme meant that we could not afford to waive or reduce the fee, even for a short period.

- 45 Our fees were last increased in February 2015. Based on the Bank of England inflation calculator, prices have increased by over 18 percent since then. This means that if our annual registrant fee had increased by inflation, it would now be about £142 and our total fee income about £16 million higher in 2022–2023. By the end of 2024-2025 the equivalent might be £160 if inflation increases in line with our assumptions. This represents annual fee income ‘forgone’ of £30 million in 2024-2025.
- 46 Our financial strategy aims to ensure that the fee is affordable for nurses, midwives, and nursing associates while at the same time providing sufficient funding to enable us to operate effectively as their regulator. Provided registrant numbers remain stable, we aim to maintain the registration fee at the current £120 level for as long as possible.
- 47 We aim to do this by generating cost savings through investment in new systems and continuous improvement of our processes, and through our investment policy, which aims to earn an above-inflation rate of return on our investable cash balances in the medium term. We also ensure that we recover costs from the Department for Health and Social Care (DHSC) that should not fall on our registrants, for instance the grant received in 2021-2022 for increasing the capacity for processing applications to join the register from overseas professionals.
- 48 There is significant uncertainty around registrant numbers in the future. Reflecting recent experience, we have assumed for planning purposes that numbers increase by about two percent a year, which to some extent offsets the impacts of inflation. But there is a risk that the numbers of nurses, midwives and nursing associates on our register stop increasing or drop. There are concerns that, post-pandemic, there will be increases in exits from the register as people seek to reduce stress and due to the increasing age profile of professionals on the register. For instance, 21.2 percent are aged over 55 now compared to 17.8 percent in 2017 and 8.7 percent are aged over 60 now compared 6.4 percent over 60 in 2017.
- 49 If the numbers on our register do not continue to increase in the short term, and despite taking all appropriate steps to increase our efficiency, we might then need to initiate a consultation on increasing our registration fee.
- 50 In summary, despite the uncertainties, our levels of reserves and cash are sufficient to enable us to operate and invest for the future. Since the risks to our budget related to inflation and registrant numbers are significant, we will continue to review the registration fee annually, as part of the budget setting process.

- 51 **Recommendation: Council is recommended to approve that the annual registration fee for all registrants should remain at the current level of £120 for 2022-2023.**

Pay costs

- 52 Detailed consideration of the annual pay review has been carried out by the Executive Board. This has been reviewed and agreed by the Remuneration Committee. It took into account the rapid rise in cost of living and current rate of inflation, with consumer price index (CPI) at 5.5 percent in the year to January 2022, expectations around the future rate of inflation, health and social care levy via National Insurance Contributions, as well as benchmarking against current market conditions in both the private and not-for-profit sectors.
- 53 The Executive Board recommended and the Remuneration Committee agreed that a 3.0 percent standard increase is appropriate and affordable within the context of the level of inflation and rising cost of living.
- 54 The Remuneration Committee has approved a standard increase of 2 percent for Executive Directors.
- 55 Also agreed by Remuneration Committee are additional progression increases to all eligible employees who are below the middle of their grade using the table shown below. We see this as important to ensure our salaries remain competitive in market.
- 56 The larger increases are weighted towards employees on lower paid grades. These increases will be capped to avoid “leapfrogging”.

Table 1: additional pay progression increases to employees below the middle of their grade

Distance to Middle	Grades 1 to 5	Grades 6 to 7	Grades 8 to 9	Grades 10 to 11
At/Above Middle	0.0%	0.0%	0.0%	0.0%
Under Middle	3.5%	3.0%	2.0%	1.5%

- 57 Together these awards will add about 4.5 percent to the total payroll costs. Overall we believe this to be reasonable in the context of external benchmarks and the current market context. These indicate that standard pay awards in the private sector, public sector and regulators as a whole are expected to be around 2.5 to 3.4 percent, in addition to incremental increases that are variable depending on organisational pay arrangements.

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- 58 **Recommendation: Council is recommended to approve that the standard pay award should be 3.0 percent for all employees (except Executive Directors' who will receive the standard increase of 2.0 percent), with additional adjustments made to bring employees towards the middle pay level of their grade.**
- 59 **Recommendation: Council is recommended to approve that the total pay bills increases by 4.5 percent and that increases are paid with effect from 1 April 2022**

Income

- 60 Total income in 2022–2023 is budgeted at £97 million which is broadly flat compared to expected 2021-2022 outturn. For financial planning purposes, this reflects an assumed increase in the number of nurses, midwives, and nursing associates on the register of about two percent next year and each of the following two years, but this is offset by a more cautious view of the level of the number of overseas applications because we know this can be volatile, despite a significant increase in successful overseas applications this year. This allows us to manage uncertainty within our budget.
- 61 The overall increase in professionals on our register reflects recent continued increases as well as the trend over several years that has seen the numbers of people on our permanent register increase from 689,738 in September 2017 to 744,929 at the same point in 2021. Nevertheless, there remain considerable uncertainties around the numbers of professionals who may be considering leaving the register and joining it, so our income budget for the coming year is more than usually uncertain.
- 62 The budget for 2022–2023 and the indicative budgets for the following two years assume the annual registration fee remains at £120.
- 63 Planning assumptions for investment income are on the basis of interest paid on cash deposits earning 0.5 percent a year and dividend income on stock market investments of about £30 million of 1.7 percent. In the current economic environment these amounts are less predictable than in the recent past although interest rates are beginning to rise slightly.
- 64 As usual, we have not assumed any capital growth or loss from our stock market investments since this is likely to be more volatile, and we expect to reinvest gains and income within the portfolio rather than use them to fund expenditure. We have also not budgeted for investment management fees, which will be paid out of the returns on the portfolio. The investment in stock markets is to protect and enhance the real terms value of that element of our cash over the medium to long term, but it does introduce an element of risk since the capital value of the investments will fluctuate from year to year.

Non-pay inflation

65 Pay and pay-related costs account for about half of our overall spend. For non-pay costs, contractual price increases have been built in where needed. Elsewhere a broad inflation assumption of 5.0 percent has been used on 75 percent of our non-pay expenditure in 2022-2023 and 3.0 percent for later years. This is in line with recent actual and forecast inflation levels.

Cost pressures

66 Together, non-pay inflation with the proposed employee pay award and planning assumptions around pay awards in later years, produces a core business cost pressure in 2024-2025 of over £9 million as set out in **annexe 3** (table 1, 'other' corporate expenditure). If inflation pressure increases and lasts longer than expected, then this pressure will increase.

Contingency fund

67 In recent years, we have maintained a central contingency in order to absorb significant unseen costs. At £1.5 million this was 1.6 percent of total directorate core business costs for 2021-2022. However, in each year we have had a contingency, it has not been needed due to the underspends that have arisen and has, therefore, itself contributed to the overall underspend. Given the optimism bias that tends to be built into individual Directorate delivery plans and hence budgets, we have decided to remove the contingency provision this year. We aim to recycle underspends where necessary.

68 Whilst we continue to face uncertainties on income and spend the Executive feels comfortable with this contingency position given that wider controls and mechanisms to manage spend also exist. As set out above, we will be coming to the Council in September 2022 with a further assessment of resources needed with any new expenditure subject to a business case and sign off by the Executive Board, or the Council if appropriate, before funds are released.

Efficiency

69 We have a responsibility to the nurses, midwives and nursing associates who fund us to make the best possible use of their money. We also have the aim set out in our financial strategy, to maintain the registration fee at £120 for as long as possible.

70 We continue to build in significant levels of cash releasing efficiency savings into budgets, building on those already achieved in earlier years. These include for instance, savings due to changes to fitness to practise processes, making our processes more paperless and continuing to hold a significant proportion of remote fitness to practise adjudication meetings and hearings, so avoiding travel and accommodation costs. Our updated accommodation planning identifies the potential benefits from changes in

working patterns following the Covid-19 pandemic and seeks to find further benefit from them by additional reductions in our requirement for rented office space.

- 71 We also anticipate further savings becoming identifiable as we develop the business case for IT investment through the MOTS programme and as we develop more detail on how we can benefit from regulatory reform. We are also looking at our corporate functions to identify further opportunities for efficiency. For instance, we are consolidating our change functions from April 2022 with an initial saving of 12 percent (£0.5 million) on previous budgets.

Pension costs and liabilities

- 72 During 2021-2022 we moved to having one defined contribution (DC) pension scheme. This followed the closure to future accrual of our Defined Benefit (DB) pension scheme during the year. Our DB scheme had previously been closed to new entrants in 2013.
- 73 For our DC scheme, the NMC's employer contribution is 8 percent if employees contribute the minimum 1 percent, and the NMC now matches additional employee contributions up to a maximum employer contribution of 14 percent of salary. The introduction of the option of salary sacrifice from 2021-2022 also offers the opportunity to our employees to make their pension contributions even more cost effective.
- 74 Although it is now closed to future accrual of benefits, the net liabilities of our DB pension scheme remain an area of significant uncertainty. In particular the valuation of the DB scheme deficit will be subject to the outcome of the next triennial review as at 31 March 2022. We continue to work towards eliminating the deficit by 2026 through funding the scheme on the basis agreed with the trustees during 2020–2021. As well as the one-off additional contribution of £6.3 million in October 2020 we will continue to make additional payments totalling around £1.8 million a year to address the deficit until the results of next triennial review are agreed. The scheme is also still subject to the annual accounting valuation at the end of each year. Whilst this impacts on our free reserves from year to year it does not affect our cash position.

Budget summary and conclusion

- 75 Our overall budget summary, reflecting these key assumptions, is shown in table 2 below. More detail is at **annexe 3**, including a high level cash flow forecast and balance sheet.
- 76 As well as incorporating the areas discussed above, the budget reflects:

- 76.1 as 'core business cost', some non-recurring time limited spend. This is primarily the additional costs needed to reduce the fitness to practise caseload but includes some corporate change costs specifically related to supporting non-recurrent projects and programmes;
- 76.2 an increase in some core costs, particularly from 2023-2024, in the technology team as we build our own capability in systems architecture and development. This will build resilience and, in time, reduce reliance on more expensive outside suppliers;
- 76.3 the shift in some costs, both core and programme, due to slippage in activity from earlier years;
- 76.4 new programme posts in 2022-23 associated with regulatory reform implementation where the Executive Board will only agree recruitment once the legislative timetable becomes firmer;
- 76.5 the proposed significant capital investment in technology and accommodation over the next three years;
- 76.6 a positive opening position at April 2022 as our deficit budget didn't materialise.

77 **Recommendation: Council is recommended to approve the budget for 2022–2023 as set out in table 2 below and note that this will be subject to further formal review in September 2022 when an updated budget will be presented to Council.**

Table 2: 2022 – 2025 budget summary

Strategy Year (£m)	Forecast 2021-22 Year 2	Budget 2022-23 Year 3	Budget 2023-24 Year 4	Budget 2024-25 Year 5
Income	97	97	98	101
Core business cost	91	104	105	104
<i>Of which non-recurrent costs:</i>				
<i>FtP recovery costs</i>	3	7	5	3
<i>Programme support costs</i>	2	2	2	2
Programmes	8	12	16	11
Less capital	(7)	(9)	(13)	(9)
Surplus/(deficit)	4	(10)	(9)	(5)
Free reserves	44	32	17	10
Total reserves	74	64	54	49

Note: Totals are subject to rounding differences. Free reserves are total reserves less fixed assets. FtP non-recurrent recovery costs are based on comparison with 2020-21 budgeted costs for FtP operations.

Planned contracts and financial commitments over £0.5 million

- 78 **Annexe 5** provides details of new or revised contracts or other financial commitments with an estimated lifetime value greater than £0.5 million including VAT that we expect to enter into during the coming year.
- 79 As set out in the Financial Regulations, contracts that are included on this list that have an expected lifetime value of less than £2 million including VAT may be approved by the Chief Executive and Registrar. Contracts that have an expected lifetime value greater than £2 million, and any contract with an expected value greater than £0.5 million that was not included on the list, will require the approval of the Council.
- 80 These contracts and commitments are across all areas of the business and will support a mixture of 'core business' activities and priority programmes, such as MOTS.
- 81 **Recommendation: Council is recommended to note the planned contracts and commitments with a lifetime value of over £0.5 million set out at annexe 5.**

Next steps

- 82 Subject to Council's comments, the Executive will work to execute the plan and budget, reporting progress on delivery and performance during the year. It will publish and publicise the corporate plan for 2022-2023.

Midwifery implications:

- 83 There are four specific considerations for midwifery within this paper:
- 83.1 We have deferred our evaluation of the new standards of proficiency for registered midwives (published in 2019) until our next strategy period at the latest to allow the sector the opportunity to engage with them outside of the pandemic.
- 83.2 We have committed to expanding our nursing and midwifery registrant knowledge and experience within the organisation to support our aims regarding 'proactive support for professionals' (**annexe 1**, corporate plan, priority 14).
- 83.3 We have committed to expand the delivery of the collaborative 'Maternity Matters' programme to maternity services across the UK.
- 83.4 Discussed within **annexe 2** (corporate plan, section 6), we continue to contribute national and regional quality assurance mechanisms which have been strengthened in light of concerns about the safety of maternity services in England. We continue to identify and share learning with the sector.

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84 Other than these issues, there are no differences to the application of this topic for midwifery.

Public protection implications:

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

Resource implications:

86 Covered in the body of the paper.

Equality and diversity and inclusion implications:

87 We have a legal obligation to comply with the with the public sector equality duty across everything that we do.

88 We are integrating EDI into everything that we do to make sure that our processes are 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 fairness. We will also make the NMC an inclusive place to work and improve the experience for our colleagues.

89 We have included a number of specific commitments within our corporate plan (**annexe 2**, priority 3) that support our ambitions to be a fair regulator and employer and promote inclusion. We have also provided 10 key areas that we will focus on within our EDI plans due to be finalised in May 2022 (**annexe 2**, corporate plan, section 8).

90 To support our plans we have already undertaken, or plan to undertake, equality impact assessments for activities within this plan to make sure that what we deliver does not disproportionately impact people with protected characteristics.

91 We need to improve the capability, accountability, and leadership within EDI to achieve the ambitions set out within our strategy and corporate plan. If we do not continue to invest to resolve capability gaps, we risk not meeting our equality duties.

92 Both our corporate plan and directorate plans have commitments to evolve our capabilities in EDI to deliver our plan. Our People Plan and EDI action plan will provide key tools to help us achieve our ambitions.

Risk implications:

93 Risk has been considered as part of business planning, budgeting, and our strategy review process both at individual directorate and corporate level. The Council will also have a focused workshop discussion looking at risks to delivery of our corporate strategy and plan in April 2022.

94 The Executive considers that the plans set out do not increase our overall level of risk exposure and reflect key steps to reduce risk as set out in the corporate risk register. Examples include:

- implementation of the fitness to practise improvement programme, to help address the risk that we fail to take appropriate action to address a regulatory concern;
- our investment in our modernisation of technology services programme and full implementation of our new registration platform will help address the risk that we fail to maintain an accurate register of people who meet our standards and the risk that we fail to prevent a significant data loss, or we experience a major information security breach;
- our investment in the People Plan, in a cost of living pay rise and moving recruitment away from looking for colleagues on fixed term contracts, will all help address the risk that we fail to recruit and retain an adequately skilled and engaged workforce.

95 Risks that potentially specifically impact on our finances in the short term include:

- general inflation, which will erode our spending power. A one percent increase above the pay and inflation assumption of 3 percent for later years will create a cost pressure in the region of £1 million more in each year that we might need to mitigate, depending on other factors, perhaps through reductions or re-phasing of planned costs or steps to increase income;
- the differential impact of increasing costs on specific significant areas of spend, such as on the refurbishment of our 23 Portland Place offices need to be monitored and managed. In the case of our office refurbishment this needs to be undertaken as we firm up design details, and options (including to mitigate higher costs) and look for quotes.
- income variation. We monitor our registrant numbers because a one percent reduction in registrant numbers compared to our forecast would result in nearly £1 million less income each year which would need to be absorbed if this materialised.
- if our stock market portfolio continues to fall or our pension liability increases, this will impact our free reserves. A three percent fall would reduce our free reserves by about £1 million in the short term, any such fall should be recovered later although the speed and extent of the recovery in the short and medium term will be subject to international economic and political events.

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Regulatory reform:

- 96 Regulatory Reform has been a fundamental part of conversations with all directorates as part of the business planning cycle, and will continue to be a key area of delivery over the next years of this plan.
- 97 We have included Regulatory Reform as a priority commitment within our corporate plan at **annexe 1** and will continue to deliver our Regulatory Reform programme over the next three years.
- 98 We have made financial provisions for delivering reform (**annexe 4** table 3), and created flexibility to release funding when required. As part of resource planning, we've undertaken analysis about the people resources that we'll need and have begun to consider the overall resources needed for implementation later in our strategy. We will keep this under review as the timetable for reform is confirmed.
- 99 Uncertainty remains regarding the specific timetable for reform, which is set by the Department of Health and Social Care. We will carry on mitigating this risk within our programme planning and wider planning, and keep this under review within our corporate risk register. We have flexibility within our corporate plan and budget to make adjustments.
- 100 We manage dependencies between Regulatory Reform and our other change programmes. Our Change Board provides oversight of all our change activities to ensure that changes remain aligned to our strategy and are positioned to support and deliver reform when ready.
- 101 We will report our progress with reform to the Council through our corporate performance framework and risk management processes.

Legal implications:

- 102 None directly arising from this paper although there are legal constraints and drivers for some of the actions planned or options available to us.

Draft NMC corporate plan for 2022-2025

1. Foreword

This year, 2022-2023, marks the halfway point of our current strategy. We launched the strategy in 2020, but the world looks very different now. During the pandemic, our focus changed to supporting the professionals on our register to deliver the safe and effective care the nation needed as we responded to the coronavirus pandemic.

Our strategy helped us navigate this unfolding situation. The three core pillars of our work – regulate, support and influence – guided us to adapt our approach and be confident in our decision making in response to this pandemic.

For most of 2021-2022, Covid-19 dominated our thoughts. It continued to place extraordinary pressure on the professionals we regulate and the partners with whom we collaborate. Even now, as we move into the new year with most protections and restrictions lifted, the pressures remain, though the nature of them may have changed.

We all owe the greatest tribute to nurses, midwives, nursing associates and nursing and midwifery students for the way they have adapted and innovated in the face of change and difficult circumstances. Whether they practise as leaders, experienced practitioners, returners to the temporary register or they're at the very start of a wonderful career, they've continued to work within a tough and increasingly complex environment over the last two years.

And while the pandemic brought unprecedented and ongoing challenges to the health and care sector, it was more important than ever for us to act in line with our strategic commitments: to innovate and improve, to provide proactive support to the incredible professionals on our register, to be visible and well-informed, to empower and engage, and to use our insight to influence positive change.

For us at the NMC, the pandemic means we're not where we'd expected to be in this pivotal third year. I'm incredibly proud of the role we played to support the workforce and help nurses, midwives and nursing associates deliver the best possible care, even under the most difficult of circumstances. But that's meant we've not been able to progress some of the ambitions outlined in our strategy.

We feel the biggest impact of the pandemic in the number of fitness to practise cases we currently have open. Bringing the caseload down is still our top priority, and we hope this coming year will see the changes we've introduced begin to take greater effect as they embed.

Many of the improvements we've made in fitness to practise help to lay the groundwork for the direction of travel in regulatory reform, and we'll work with partners across the UK to make sure that we're prepared for reform when it comes.

In 2021-2022, we began a number of important pieces of work that will continue in to the next few years. So 2022-2023 will bring significant improvements in our digital technology and IT infrastructure, the way we act as an employer, and to our offices.

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We consulted on our new post registration standards between April and August 2021, and plan to launch the final versions this summer. We've also started work on a more modern and agile set of programme standards for pre-registration education and expect to consult and agree on proposals for change this year.

In 2021 we refreshed our approach to international registration. We increased the capacity of the test of competence (the way professionals trained overseas can join our register) test centres by bringing new centres on board. In 2022 we'll build on this work to review the way we ask overseas-trained professionals to demonstrate their competence in English language.

As we publish this corporate plan, it's apparent that a great many maternity services are facing significant challenges, with devastating impacts for women and their families impacted by poor care as recent reports into the safety of maternity services show. A single tragedy would be bad enough, but we know concerns and risks are widespread particularly given the known pressures on midwifery staffing. This needs to be addressed with urgency.

It needs all of us – regulators, employers and professionals – to join forces to deliver sustainable improvements in maternity services. No one person or organisation can fix those issues, but at the NMC, we will do all we can to make improvements happen.

Maternity care is also an area where outcomes are much worse for women from Black backgrounds. It's an area of concern for all of us that this has been the case for so long. Health inequality and discrimination is of course not restricted to maternity care. As the NHS Race and Health Observatory recently highlighted, Black African nurses and those trained overseas face racist abuse from both members of the public and their peers. Our own research shows that Black nurses and midwives are disproportionately referred into our fitness to practise procedures.

We're clear about our responsibility to promote equality, diversity and inclusion in everything we do as a regulator and as an employer. We're ambitious about what we can achieve to promote best practice in equality working with our partners and the wider sector. We will embed this commitment in all our work as we've highlighted in our recently published equality, diversity and inclusion plan.

We'll continue to listen to and engage with the public we're here to serve, the professionals we regulate and the partners with whom we collaborate so we can be responsive and agile to changes in health and social care. We are extremely grateful to everyone who's worked with us over this second year of the pandemic; we couldn't have done it without you, nor can we in future.

As ever, I pay tribute to my talented and dedicated colleagues across the organisation, the senior team and Council for their flexibility in the face of unprecedented change and everything they have contributed in 2021–2022. I am confident that by working collaboratively together, being fair and kind we will realise the ambitions set out in this plan.

Andrea Sutcliffe
Chief Executive and Registrar

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2. Who we are

We are the independent regulator for nurses and midwives in the UK, and nursing associates in England.

3. What we do

Our vision is safe, effective and kind nursing and midwifery that improves everyone's health and wellbeing. As the professional regulator of almost 745,000 nursing and midwifery professionals, we have an important role to play in making this a reality.

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

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

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

4. Our values

We are **fair** - we treat everyone fairly. Fairness is at the heart of our role as a trusted, transparent regulator and employer.

We are **kind** - we act with kindness and in a way that values people, their insights, situations and experiences.

We are **collaborative** - we value our relationships (both within and outside of the NMC) and recognise that we're at our best when we work well with others.

We are **ambitious** - we take pride in our work. We're open to new ways of working and always aim to do our best for the professionals on our register, the public we serve and each other.

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5. Our strategy

2022–2023 marks the third year of our five-year strategy to 2025. You can read our full strategy on our website.

Our role 2020–2025

Regulate

- An accurate and transparent **register**
- Robust professional and educational **standards**
- Assuring education **programmes**
- Responding fairly to **fitness-to-practise (FtP) concerns**

Support

- Promote **understanding** - our professions and our role
- Provide **practical tools** - help embed standards
- **Emotional/practical support** - people involved in our processes

Influence

- Promote positive and inclusive **professional working environments**
- Share **data and insight** to identify risks of harm and address workforce challenges
- Encourage **regulatory innovation**

Our strategic themes 2020-2025

1. Innovation and improvement
2. Proactive support
3. Visible and better Informed
4. Engaging and empowering
5. Insight and influence

We will also ensure that NMC is a **fit for the future organisation**.

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6. Strategic context

Responding to the external environment

Recovering from the coronavirus pandemic

As we move into the latter part of our strategy period, the crisis phase of the pandemic is over and we expect to end temporary registration in 2022.

However, professionals are still working in a challenging and complex environment as infection rates are still high, and the vaccination programme continues for the most clinically vulnerable people with a fourth round of vaccinations planned.

Secondary impacts from Covid include long hospital waiting times for operations and the added work to clear backlogs, workforce pressures such as burnout and professionals leaving the sector.

We are here to support the sector in collaboration with partners and sector leaders to understand the key pressures our professionals are working within and to influence where appropriate.

As we learn to live with Covid we will remain respectful of people's time, and will make sure that we communicate and co-produce in a way that makes the best of everyone's time.

Workforce

The health and care sector continues to face acute workforce shortages. Although the number of people on our register continues to rise, demand is increasing more quickly.

Safety of maternity services

We continue to contribute to national and regional quality assurance mechanisms which have been strengthened in light of concerns about the safety of maternity services in England. With a number of inquiry reports in the pipeline, we continue to identify and share learning and good practice across the UK, and to promote our new standards as a strong basis for all midwives to enhance their practice and to help prevent things from going wrong.

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Managing economic, political and climate challenges

Beyond the pandemic, we operate in an increasingly difficult and complex environment that's driven by a range of factors. We're facing significantly higher inflation than has been seen for many years. We're also experiencing what appears to be an increasingly competitive labour market and challenges across the global supply chain. In relation to our investments, there is some volatility in the stock market. The conflict in Ukraine is also heightening the risk of cyber-attacks and the climate emergency requires us to play our part in minimising and mitigating its direct impacts.

To mitigate these issues, we've taken a range of steps:

- We've factored in extra costs to our plans, while ensuring that we'll be operating within our free reserves constraints.
- We've introduced regular reviews of our cyber security.
- We're advancing our sustainability planning during the year.
- Our People Plan will help us recruit and retain the right people.

Approaches to health across the four nations

Across the UK, all four countries have committed to better integration between health and social care as a solution to challenges to the health and care system. But differences in funding and operations means that the approach to integration varies.

The health and care system faces different challenges and requires different approaches to tackle issues (for example, workforce planning, service delivery) due to devolution. We must apply regulatory consistency whilst being aware of differences and sensitivities.

Our internal focus areas

Making progress with our strategic ambitions

As we move into the midpoint of our 5 year strategy, we remain committed to delivering our ambitious plans that we set out in 2020 despite some delays over the past two years. As the pandemic moves into recovery, this third year will be pivotal for us to shift our focus back onto delivering our strategy. So we've made some choices to help us deliver the greatest impact by 2025 and these include:

- Refocusing our approach to how we'll review revalidation, and how and when to engage with professionals, the public, and stakeholders.
- Delaying the evaluation of our new standards of proficiency for nursing and midwifery into our next strategy phase to allow the sector time to recover from using our emergency standards during the pandemic.
- Delaying our review of the Code until 2025, and moving our work to review and streamline our customer contact strategy into our next strategy phase.

- Phasing our website redesign, technology improvements, and the refurbishment of our head office at 23 Portland Place to ease pressure points and manage risks related to the supply and demand of goods and services.
- Considering whether we can take different approaches to how we will deliver our work to increase capacity for objective structure clinical examination (OSCE).

Reducing the fitness practise caseload

Reducing our fitness to practise caseload to manageable levels will remain a key activity within our 2022–2025 corporate plan. We made many changes during 2021-2022; building on our existing work and learning within fitness to practise to improve how we do things and create long lasting improvements to the way we regulate. We stabilised caseload numbers, with many more referrals receiving a final decision at an earlier stage. However, in 2021-2022 we didn't reduce our overall caseload as planned and this remains our priority.

We have designed our fitness to practise improvement work to make sure that we deal with concerns at the earliest appropriate opportunity so that we can deliver better, safer care. We will aspire prevent the caseload from rising any further, reduce the number of cases that we're holding at any one time back to manageable levels, and process cases in a fair, timely and cost effective way.

To do this we are redesigning our regulatory processes and investing in additional resources to increase capacity in key areas for a time limited period. This is designed to reduce the caseload during 2022 – 2023 and prevent its rise in future. We'll also embed our successes such as early engagement to drive further improvements and make sure that there aren't barriers when people need to raise concerns with us. To help us make the right decisions, at the right time, we're also working with employers to resolve cases quickly and locally, wherever appropriate.

By the end of 2022-2023 we expect to have made a significant impact on our caseload by reducing it from over 6000 cases to 5000 cases to make sure that concerns are dealt with in a timely and proportionate way.

Continuing to make our processes fair for everyone

Integrating equality, diversity, and inclusion (EDI) into everything we do will make us a better employer and make sure we are an inclusive place to work for our colleagues. It'll also increase public confidence in us, help us to be a more effective regulator and give us the platform to influence other regulators and partners across the health and care sector. We are taking action, but we have much more to do. We recognise our individual and collective responsibilities to address these issues.

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A once in a generation change for change through regulatory reform

Our legislation is out of date and inflexible. The government consulted in 2021 on proposals to reform the legislation of regulators of health and care professions. We support the government’s proposals. Modern legislation will enable us to deliver safer regulation for the public and better support our registrants. We are planning on the basis that reforms to our legislation may start to come into effect at the earliest in 2024.

Reform will enable us to make sure that we regulate at the leading edge of practice into the future, collaborating with our partners and other regulators to make sure that regulation reflects the multidisciplinary environments in which care is delivered and the advanced skills and specialisation which complex, patient-centred care requires.

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7. Our commitments for 2022 - 2025

The following 22 commitments articulate what we expect to deliver over the next three years. Each commitment contains a set of deliverables, with indicative deliverables for 2023-2024 and 2024-2025 which may be subject to change following further planning.

To ensure that our plans remain aligned to the needs of the sector and the aims of our strategy, we will continue to review our corporate plan and budget at regular intervals. We will track the progress of these commitments through our quarterly performance reports to the Executive and the Council.

Strategic theme: Proactive support for professionals

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

1. Deliver a new set of ambitious post-registration standards focusing on community nursing practice.

Lead: Executive Director, Professional Practice

2022-2023

- Finish work to deliver an ambitious new set of post-registration standards focusing on community and public health nursing in the UK (subject to further feedback, planned in May 2022).

2023-2025

- Implement our new post-registrations standards focusing on community and public health nursing in the UK.
- Include specific deliverables once our new standards have been agreed.

2. Provide greater flexibility in nursing and midwifery pre-registration education and training by launching new standards for pre-registration education in the UK (EU project).

Lead: Executive Director, Professional Practice

2022-2023

- Complete a programme of work to review the programme standards for pre-registration education (by February 2023).

2023-2024

- Support the implementation of any initial changes to the programme standards for pre-registration education in the UK (including standards for admission onto the register, use of simulation in nursing programmes, modernising our language to align to our standards of proficiency) (by September 2023).

- Commence an independent evaluation of the effectiveness of the standards in relation to protected learning time for pre-registration nursing associate programmes (by March 2024).

3. Review regulation of advanced nursing practice.

Lead: Executive Director, Professional Practice

We will agree the scope of this work in 2023 and add specific deliverables and key performance indicators to our corporate plan thereafter.

2022-2023

- Begin the project to explore whether the regulation of advanced nurse practice is needed, by initiating and completing a review of evidence to inform the scope of our future work in this area (by March 2023).

2023-2024

- Agree the scope of this work and begin implementation of the project (by June 2023).
- Recruit to the UK wide steering group and appoint an independent chair (by June 2023)

2024-2025

- Approve our new standards for advanced nursing practice (including changes to quality assurance of education, registrations, revalidation, and fitness to practise) (by March 2025).

Supporting implementation of advanced nursing practice will continue beyond March 2025.

4. Review revalidation requirements for nursing and midwifery professionals.

Lead: Executive Director, Professional Practice

2022-2023

- Engage with professionals on our register to communicate how revalidation should link to our standards of nursing and midwifery proficiency (throughout strategy).

2023-2024

- Define the scope of our work to review our revalidation requirements (by March 2024).

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2024-2025

- Undertake a review of our revalidation requirements which focuses on strengthening the requirements regarding our standards of nursing and midwifery proficiency (Future Nurse/Future Midwife/Nursing Associates) and continued professional development (CPD) (by March 2024).

We will undertake a full review of revalidation once regulatory reform is completed in our next strategy

5. Implement a new data-driven and proportionate approach to education quality assurance which enables us to have a more holistic oversight of institutions and their programmes to make appropriate interventions.

Lead: Executive Director, Professional Practice

2022-2024

- Implement a new data-driven approach to quality assurance (QA), strengthening the ways we capture, and record, and analyse data on our approved education institutions (AEIs) and approved programmes. This will enable us to make proportionate and targeted interventions where we identify potential concerns (by June 2023).
- Review our education QA processes to strengthen the focus on equality, diversity and inclusion (by March 2024).

6. Evaluate whether protected learning time is in line with current nursing associate standards.

Lead: Executive Director, Professional Practice

2023-2024

- Conduct independent research to evaluate the use of protected learning time in the nursing associate standards (by March 2024).

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Strategic theme: Improvement and innovation

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

7. Reduce our fitness to practise caseload and make improvements to how we regulate to ensure that process cases in a timely, proportionate, and efficient way.

Lead: Executive Director, Professional Regulation

2022-2023

- Reduce the overall fitness to practise caseload to 5000 cases (by March 2023) (baselined: the caseload was 6,388 at 31 January 2022).
- Halve the number of cases awaiting a first decision at Screening (from 3461 cases at February 2022) (by March 2023).
- Achieve the reduction in our caseload by improving our productivity compared to our 2020-2021 (pre pandemic) budget assumption (reductions by march 2023)
 - 35 percent efficiency improvement at Screening
 - 20 percent efficiency improvement at Investigations
 - 35 percent efficiency improvement at Case Examiner

2023-2025

- Ensure that our overall fitness to practise caseload doesn't rise above 4000 cases (making sure that fitness to practice processing is timely, proportionate, and affordable) (from March 2024)

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.

Lead: Executive Director, Strategy and Insight

The timescales for delivering Regulatory Reform are subject to the Department of Health and Social Care's wider timetable which could be subject to change. We monitor specific delivery dates within our operational plans and make adjustments as required.

2022-2024

- Engage with stakeholders to shape our reform proposals throughout the consultation process.
- Consult on changes to our order and rules to underpin the reforms.
- Design new processes and systems to deliver the reforms.

2024-2025

- Implement the reforms (throughout the year).

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

Lead: Executive Director, People and Organisational Effectiveness

We will agree our equality, diversity and inclusion (EDI) action plan by May 2022 and we will update the deliverables and delivery dates thereafter. Proposed outline deliverables are:

2022-2023

- Complete the second phase of ‘Ambitious for Change’ research to further understand and address any unfairness in our processes and design an action plan to tackle this (by December 2022).
- Continue to publish annual data in relation to gender, ethnicity, and disability pay gaps so that we are transparent about our progress (annually).
- Agree our equality, diversity and inclusion action plan with the Council (by May 2022) and begin implementation (throughout the year).

2022-2025

- Continue to implement our equality, diversity and inclusion action plan to improve outcomes both in relation to our regulatory role and how we support colleagues who work at the NMC (throughout the strategy).
- Reduce our gender and ethnicity pay gaps (throughout the strategy).

You can access our EDI plan and the EDI action plan (once agreed) on our website at <https://www.nmc.org.uk/globalassets/sitedocuments/edi-docs/edi-plan.pdf>

10. Design and launch pilot work to increase OSCE testing capacity including options for alternate delivery models to improve access.

Lead: Executive Director, Professional Regulation

2022-2024

- Facilitate the development of pilots to further improve access to the practical examination part of the test of competence (the objective structured clinical examination (OSCE)).
- Undertake one or more pilots (by March 2024).

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11. Deliver policy and legislative change to enable new approaches to international registrations, including a review of English language guidance to ensure it is fair and proportionate and enables applicants who are capable of safe and effective practice to join the register, wherever they trained.

Lead: Executive Director, Strategy and Insight

2022-2023

- Complete our evidence review of our English language testing policy and present options to the Council for consultation (by May 2022).
- Consult with professionals and stakeholders on options for changes to our English language testing policy (by July 2022).
- The Council agree our proposals for changes to our English language testing policy and implementation begins (by December 2022).
- Implement changes to our international registration routes arising from the European Free Trade Association (EFTA) trade deal (by December 2023) and the end of the ‘standstill’ arrangement for European Union applicants (after June 2023).

12. Close the Covid-19 emergency register and remove emergency education standards once the coronavirus pandemic is declared over by the Secretary of State.

Leads: Executive Director, Professional Regulation and Executive Director, Professional Practice

2022-2023

- Enable eligible people to move to the permanent register if they want to (until quarter 3).
- Remove emergency education standards and close the emergency register (by quarter 3).

Strategic theme: More visible and better informed

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

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.

Lead: Executive Director, Communications and Engagement

2022-2023

- Build engagement with professionals on our register so that they have a broader understanding of our role as a supportive, approachable regulator (sustained communications and engagement throughout the year).
- Develop targeted information to help the public better understand what we and our professionals do (targeted communications launched by March 23).
- Lay the foundations to build sustained relationships with nursing and midwifery students as future registrants (sustained communications launched September 2022).

2023-2024

- Repeat our audience perceptions research to impact our communications and engagement work on target audiences (by March 24).

2024-2025

- Engage professionals, students, public, and stakeholders in the development of our next strategy (throughout the year).

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).

Lead: Executive Director, Professional Practice

2022-2023

- Increase our advisor capacity to support national and local outreach (phased throughout the year).
- Develop the link between the employer link service and social care, General Practice and the private and voluntary sectors (throughout the year).
- Develop a consistent model of engagement with employers who have high or few registrant referrals (by March 23).
- Coordinate the development of a ‘Welcome to the UK’ programme for International nurses and midwives new to the NMC register (by March 23).
- Build on engagement with system partners across the four nations to foster a just culture response to thematic concerns and challenges (throughout the year).
- Expand the delivery of the collaborative ‘Maternity Matters’ programme to maternity services in Wales, Northern Ireland, Scotland and across the England integrated care systems (by March 23).

2023-2024

- Undertake an analysis of the impact of expanded outreach on the engagement of social care and private and voluntary employers with the NMC core functions (by March 24).

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2022-2025

- Enhance our professional practice knowledge and capacity by utilising the experience of registrants to help shape and support our work regarding education and standards (registrant ambassadors and fellows) (a rolling programme throughout the remainder of the strategy).

Strategic theme: Empowering and engaging

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

15. Create a modern and accessible website that effectively portrays our values, delivers our core services, and enhances our communications and engagement.

Lead: Executive Director of Communications and Engagement

2022-2023

- Launch our project to create a modern website including tendering for a delivery partner (by June 2022), undertake internal engagement and mapping business processes (by March 2023), and start work with fitness to practise to review their website content and processes (from January 2023).

2023-2024

- Work with internal teams to review and update their website content and processes and launch a test site (throughout the year).

2024-2025

- Complete work with internal teams to review and update their website content and processes (throughout year).
- Launch our new website (by July 2024).

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Strategic theme: Greater insight and influence

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

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

Lead: Executive Director, Strategy and Insight

2022-2023

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

2023-2024

- Issue our first annual insight publication on the nursing and midwifery professions and regulation (quarter 1).

2024-2025

- Issue our second annual insight publication (quarter 1).

Fit for the future organisation

We will align our culture, capabilities, and infrastructure to our new strategic aims.

17. Deliver our People Plan that supports our colleagues to be engaged, retained and equipped to deliver our strategy

Lead: Executive Director, People and Organisational Effectiveness

We will agree our implementation plan for our People Plan during quarter 1 (April to June) and we will update the deliverables and delivery dates thereafter. Proposed outline deliverables are:

2022-2023

- Implement our ‘Future ways of working’ project to establish and embed hybrid working as part of new ways of working across NMC, including relevant support for colleagues and leaders (throughout the year).

- Design and implement a detailed action plan to deliver our People Plan (by June 2022).
- Establish the ‘NMC deal’ (our total reward package) on pay and benefits (agree by March 2023) Including:
 - a fair and transparent pay and grading model
 - a model that shows how to progress within your grade
 - an Executive pay policy
 - an all staff pay policy
 - pay scales & increments
 - London weighting
 - hybrid working
 - non-pay benefits.
- Improve manager induction processes as part of leadership and management to help support retention and so that managers have a clear understanding of our expectations for all managers at the NMC (by March 2023).
- Commission a blend of internal and external specialist support and a range of inclusive development programmes to continue to support the ongoing development and capability of all managers and leaders (by March 2023).
- Pilot new approaches to supporting internal progression, and continue to build on the success of our Rising Together programme (by March 2023).
- Begin to create a culture of feedback by implementing feedback loops such as 180/360 feedback (by March 2023).

2023-2024

- Implement the ‘NMC deal’ (our total reward package) (throughout the year).
- Promote the culture framework attached to the People Plan and good culture development in all we do (by March 2024) including:
 - measuring culture through the Your Voice survey and working towards a model of distributed leadership where accountability goes hand in hand with responsibility
 - seeking evidence that our colleagues can demonstrate our values during their appraisal
 - asking for detailed feedback through new methods such as 180- and 360-degree feedback.

2024-2025

Build on work delivered in previous years and set deliverables accordingly.

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18. Improve the way we are structured so that we can deliver our strategy.

Lead: Executive Director, People and Organisational Effectiveness

2022-2023

- Complete priority reviews in key areas (including change and continuous improvement, Appeals, Insight capability) to ensure we have the right people in the right place and are offering the right levels of support to the wider organisation (by March 2023).
- Review the operating model for the organisation to reflect on whether we have the right structures and processes in place to take advantage of the opportunities offered by regulatory reform (by July 2022).
- Agree next steps for organisational design (by September 22).

2023-2025

- Continue to implement the operating model as determined by the findings of the reviews and adjust based on results and feedback (throughout 2022-2024).

19. Update digital systems that support how we regulate to improve the experience for customers and colleagues (fitness to practise case management and NMC register).

Lead: Executive Director, Professional Regulation

The business case for our technology improvement programme will be agreed during quarter 2 (July to September 2022), and we will update the deliverables and delivery dates thereafter. We have provided interim deliverables below.

We will design our technology improvements to equip us to achieve the benefits from Regulatory Reform and to provide us with fit for purpose and efficient technology both now and in the future. This means that the scope could subject to change.

2022-2023

- Upgrade our education quality assurance system (by December 2022).
- Complete the migration of all processes from our legacy WISER platform (by August 2022).
- Deliver foundational work for the next strategic phase (phase 3) of the Modernisation of Technology Services (MOTS) programme. Create an agreed business case with baselines, identified benefits, and plans for the next phase of the programme (by July 2022).
- Begin delivering the next phase of the programme to move the Register from our legacy system (WISER) to Microsoft Dynamics (MSD), and explore and agree the new solution, for fitness to practise case management (by March 2023).

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2023-2024

- Complete the development and deployment of the new fitness to practise case management solution in readiness for Regulatory Reform (TBC).
- Complete the move of the Register to MSD (by December 2023).
- Commence modernisation of key NMC online portals for professionals on our register (by March 2024).

2024-2025

- Decommission WISER (date TBC).
- Complete modernisation of key NMC online portals (date TBC).
- Scope plans for the next strategic phase of the programme (phase 4), to address finance, HR and stakeholder relationship management systems (date TBC).

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

Lead: Executive Director, Resources and Technology Services

2022-2023

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

2023-2024

- Complete the move of our user operating systems onto Windows 11 to improve our digital resilience and increase productivity (quarter 3 2023).
- Complete the move of our data warehouse to the cloud, laying the technical foundations for further exploitation of our data to enable strategic insights (by March 2024).

We will continue to implement our IT roadmap as defined in 2022-2023. We will include further deliverables for 2023-2025 as appropriate once this plan is agreed.

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21. Create modern workspaces that support wellbeing and collaboration (5 year programme).

Lead: Executive Director, Resources and Technology Services

2022-2023

- Undertake the initial feasibility, design and planning phase for the next stage of refurbishment of our London office at 23 Portland Place with design approvals by year end (by Q4).

2023-2024

- Tender for the right contractors to deliver a good quality and value for money service (from April 2023).
- Start refurbishment of our London office at 23 Portland Place (from January 2024).
- Finalise the plan for the lease ending at 2 Stratford Place (by March 2024).

2024-2025

- Mobilise the plan following the lease ending at 2 Stratford Place and ensure colleagues have appropriate access to NMC office facilities to conduct their work (by quarter 2)
- Continue refurbishment of our London office at 23 Portland Place (completion by quarter 2 in the following year in 2025-2026).

22. Implement an NMC sustainability and environmental plan.

Lead: Executive Director, Resources and Technology Services

Our sustainability and environmental plan will be agreed during quarter 2 (July to September), and we will update the deliverables and delivery dates for 2022-2025 thereafter.

2022-2023

- Publish the sustainability plan (by quarter 2)

2022-2025

We will agree future milestones once our sustainability plan is published.

Annexe 2: Corporate KPIs


This document presents our corporate key performance indicators (KPIs) that we will use to measure our corporate plan for 2022–2025.

We review our KPIs every year to account for efficiency improvements which could impact what we measure, how we measure it, and our targets for the year ahead. In light of this, we have provided targets for 2022-2023. Where plans are firmed up during the year, we may add additional measures or adjust our targets to provide additional stretch.

The Council receives a corporate performance report at least every quarter, and the Executive Board review a range of performance monitoring covering KPIs, finance and risk on a monthly basis.

Alongside these KPIs, we will also report on the progress of our 22 strategic priorities by tracking the deliverables highlighted within the corporate plan at **annexe 1**.


Strategic theme: Proactive support for professionals


 KPIs contributing towards proactive support for professionals	2021-22 Target	Dec 2021 Actual	2022-23 Target	Comments
Number of approval decisions against all 55 current AEs running midwifery programmes seeking to be re-approved by September 2022 (target: 55 by September 2022) (quarter actual)	55 (by Sept 22)	41	55 (by Sept 22)	No change.


We will predominantly monitor this strategic theme through deliverables linked to the priorities within our corporate plan (priorities 1 to 6).

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Strategic theme: Innovation and Improvement

 KPIs contributing towards Innovation and Improvement	2021-22 Target	Dec 2021 Actual	2022-23 Target	Comments
Fitness to Practise				
Caseload volume: Volume of the overall fitness to practise caseload (closing caseload) (month actual)	5,200	6,423	5,000	<p>Target for the closing caseload is by March 2023.</p> <p>Although we intended to reduce the caseload during 2021-2022, we have experienced an elongated period of stabilisation.</p> <p>We are aiming for less than 4000 overall cases by March 2024 to make the caseload more manageable.</p>
Interim Orders: Percentage of Interim orders imposed within 28 days of opening the case (month actual)	80%	78.9%	80%	No change.
FTP Timeliness: Percentage of fitness to practise cases concluded within 15 months of being opened (month actual)	80%	60.1%	80%	<p>We do not expect to hit this target during 2022-2023 as we continue to reduce the caseload.</p> <p>We will undertake further work during 2022-2023 to estimate when we can expect to reach this level of performance. In the meantime, we will retain this target as a benchmark to show the level we want to return to.</p>
Caseload Age (by FTP stage): Median caseload age at Screening (weeks) (month actual)	Monitor trend	31 weeks	Reduce	No change – this information is provided on the FTP dashboard.
Median caseload age at Investigations and Case Examiners (weeks) (month actual)	Monitor trend	95 weeks	Reduce	To respond to the Council's request to discuss the timeliness and age of cases as part of our reporting, we will include insights about the age of our oldest cases as part of the discussion of our FTP improvement report.
Median caseload age at Adjudications (weeks) (month actual)	Monitor trend	146 weeks	Reduce	
Age of decisions (by FTP stage) Median age of the case at decision for Screening (weeks) (month actual)	Monitor trend	18 weeks	Monitor trend	
Median age of the case at decision for Investigations and Case Examiners (weeks) (month actual)	Monitor trend	71 weeks	Monitor trend	The median age of a case when we make a decision is likely to increase whilst we reduce the overall caseload over the next 12 months because we will be tackling older cases within our case holding. This is expected and has been planned for.
Median age of the case at decision for Adjudications (weeks) (month actual)	Monitor trend	133 weeks	Monitor trend	

 KPIs contributing towards Innovation and Improvement	2021-22 Target	Dec 2021 Actual	2022-23 Target	Comments
Decisions: Total case decisions (12 month rolling actual) (monthly measure)	Monitor trend	8,397	Increase	No change.
Percentage of fitness to practise cases at case examiners with decisions to close with 'no case to answer' or 'no current impairment'	Monitor trend	40.2%	TBC	
Percentage of cases at hearings with decisions to close with 'no case to answer' or 'no current impairment'	Monitor trend	20.0%	TBC	
Cost per decision made (productivity) (month actual)	Monitor trend	N/A	Monitor	Provided as charts within FTP report.
Registrations				
UK initial registration applications: Percentage of UK initial registration applications completed with no concern within 1 day (month actual)	97%	100%	97%	No changes.
Volume of UK initial registration applications completed with no concern within 1 day(month actual)	Monitor	1,093	Monitor for context	
Percentage of UK initial registration applications completed where concerns are raised within 60 days(month actual)	95%	98%	95%	
Volume of UK initial registration applications completed where concerns are raised within 60 days(month actual)	Monitor	51	Monitor for context	
Overseas applications: Percentage of overseas registrations applications assessed within 30 days (month actual)	90%	100%	95% ▲ (revised)	Revised target. Increasing the target based on strong performance and external interest/scrutiny in overseas applications.
Volume of overseas registrations applications assessed within 30 days (month actual)	Monitor	2,069	Monitor for context	No changes.
Percentage of EU applications assessed within 30 days - Remove	90%	100%	95% ▲	We propose to remove this measure for Council reporting. We will continue to monitor this at Directorate level. We have increased the target. EU applicants are included as part of the overall overseas targets.
Volume of EU applications assessed within 30 days - Remove	Monitor	14	Monitor for context	We propose to remove this measure for Council reporting.

 KPIs contributing towards Innovation and Improvement	2021-22 Target	Dec 2021 Actual	2022-23 Target	Comments
				We will continue to monitor this at Directorate level. EU applicants are included as part of the overall overseas targets.
Readmissions: Percentage of readmissions applications completed within 21 days (month actual)	90%	98.8%	95% ▲ (revised)	Revised target. Increasing the target based on strong performance.
Volume of readmissions applications completed within 21 days (month actual)	Monitor	555	Monitor for context	No changes.
Contact Centre				
Percentage of call attempts handled (month actual)	90%	98%	90%	We intend to report more KPIs for level 2 reporting to Executive Board only. We will confirm these during Q1.
Number of calls answered (month actual)	Monitor trend	12,232	Monitor trend	
Number of emails handled (month actual)	Monitor	3,779	Monitor	
Customer enquiries, complaints and feedback				
Percentage of complaints handled within 20 working days (quarter actual)	90%	88%	90%	No changes.
Number of complaints handled (quarter actual)	Monitor trend	104	Monitor trend	
Percentage of information requests responded to within their statutory timeframes (quarter actual)	90%	90%	90%	
Number of information requests handled (quarter actual)	Monitor	352	Monitor	
Percentage of MP enquiries responded to in 20 days (quarter actual)	90%	25%	90%	We will maintain the targets for enquiries (MP and general) as this is the level that we should strive to achieve for best practice.
Percentage of enquiries responded to in 20 days (quarter actual)	90%	66%	90%	To bring this back on track, from December 2021, we have redistributed resources within the team to provide greater focus on enquires to recover these KPIs.
Percentage of customers highly satisfied/satisfied with the service received (quarter actual)	85%	87%	85%	No changes.
Number of feedback surveys completed (quarter actual)	Monitor	747	Monitor	

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Strategic theme: More visible and better informed


We will measure the deliverables as set out within the corporate plan for the Council through priority 13 (building trust in professional regulation) and priority 14 (expand our national and local outreach to embed regulation, support and influence at local level).

Strategic theme: Empowering and Engaging

We propose to benchmark our impact on key audiences by undertaking our audience perceptions research every two years. Our next research will take place in 2023–2024 and consider the following areas:

- Professionals and students feel that their relationship with the NMC is more meaningful and supportive and less transactional (how positive or negative they feel towards the NMC / perceived effectiveness of the NMC at supporting them).
- Professionals, employers, and students feel that the reach and focus of our communications with professionals, students, and employers has improved (timeliness and effectiveness of communications and engagement).
- Senior and political stakeholders show an improved understanding of the NMC’s role, particularly the impact their engagement has on our decision making and the wider impacts of our work (familiarity with the NMC and our role).
- Stronger, more consistent relationships with organisations representing and supporting people who use health and care services.
- Increased engagement from the public in key consultations/engagement activities.
- Professionals, students, stakeholders and employers see the NMC as an influential voice in the health and care sector.

Other KPIs we propose to remove:


 KPIs contributing towards empowering and engaging	2021-22 Target	Dec 2021 Actual	2022-23 Target	Comments
Parliamentary stakeholder audit: Percentage awareness of NMC Remove	Monitor	N/A	N/A	We propose to remove these KPIs in favour of impact reporting via audience insight.
Parliamentary stakeholder audit: Percentage perception of NMC’s effectiveness Remove	Monitor	N/A	N/A	


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Strategic Theme: Greater Insight and Influence

We will measure the deliverables set out within the corporate plan for priority 16 (improving our insight through our insight programme).

Fit for the future organisation

 KPIs contributing towards Fit for the future organisation	2021-22 Target	Dec 2021 Actual	2022-23 Target	Comments
Corporate People KPIs				
FTE: Total number of budgeted full time equivalent NMC employees (FTE) (month actual)	1,122	1,165.3	1,251.8	Target updated to align to the budget for 2022-2023.
Percentage of agency and contractors (as a percentage of total FTE) (month actual)	Monitor trend	5.2%	Monitor trend	No change.
Total number of new starters (permanent) (month actual)	Monitor trend	114	Monitor trend	
Total number of leavers (month actual)	Monitor trend	94	Monitor trend	
Turnover and retention: Percentage of all NMC turnover (permanent employees only) (12 months rolling – monthly actual)	10%	10.5%	12.5% <i>(revised)</i>	Revised target for 2022-2025. We have updated the target to reflect what is happening within the wider labour market and that turnover has been increasing during 2021–2022. Our intention is to revert back to our 10 percent target once we have delivered specific initiatives to encourage retention during 2022–2023 (such as our NMC deal and total reward project)
Percentage of new starters leaving within 6 months of joining (permanent employees) (12 month rolling - monthly actual)	≤10%	10.9%	≤10%	No changes.
Number of new starters leaving within 6 months of joining (month actual)	Monitor trend	6	Monitor trend	
Percentage of all NMC retention (permanent employees only – 12 months rolling - monthly actual)	New measure	89.9%	85 – 90%	New proposed measure for the Council for 2022-2023
Sickness Average number of days of sickness per employee (days) (month actual)	6.5	6.7	6.5	No change.

 KPIs contributing towards Fit for the future organisation	2021-22 Target	Dec 2021 Actual	2022-23 Target	Comments
Employee engagement: Employee engagement score (out of 10) (6 monthly snapshot)	7.5	6.7	7.5	No changes.
Employee net promoter score (takes account of various factors from our colleague engagement survey to assess their overall opinion of the organisation. Scores are either plus (positive opinion) or minus (negative opinion) (6 monthly snapshot)	16	-5	16	
Median pay gap for gender, ethnicity, and disability (6 monthly snapshot) <ol style="list-style-type: none"> 1. Gender 2. Ethnicity 3. Disability 	Monitor changes	<ol style="list-style-type: none"> 1. 12.7% 2. 27.1% 3. -13.6% 	Monitor changes	We have implemented a monitoring threshold rather than a target for our pay gaps. Our range is: <i>Plus or minus 3 percent from the median</i> By monitoring a range, this alerts us to changes and whether action or further analysis is required to understand the impact. We will provide a snapshot of this data every six months at quarters two and four.

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Table 1	Forecast	Budget	Budget	Budget
Income & expenditure (£m)*	2021 - 22	2022 - 23	2023 - 24	2024 - 25
By Strategy Year	Year 2	Year 3	Year 4	Year 5
Income				
Registration fees	89.2	91.2	93.2	95.5
Other	7.8	5.3	5.2	5.1
Total Income	97.0	96.5	98.4	100.6
Expenditure				
<u>Core business</u>				
Professional Regulation ^	44.4	49.2	46.8	43.9
Resources & Technology Services ^	16.8	18.6	18.7	18.3
People & Organisational Effectiveness ^	10.5	10.8	10.3	10.1
Professional Practice ^^	4.7	6.5	6.6	6.4
Strategy & Insight ^^	2.8	3.1	3.3	3.3
Communications & Engagement	3.1	3.2	3.1	3.0
Directorate - Core Business Expenditure	82.3	91.4	88.8	85.1
<u>Corporate</u>				
Depreciation	4.9	6.0	7.8	7.3
PSA Fee	2.0	2.0	2.0	2.0
Apprenticeship Levy	0.2	0.2	0.2	0.2
Other (incl. increases in pay, inflation, provisions)	1.5	4.1	6.7	9.4
Total Corporate Expenditure	8.6	12.3	16.7	18.9
Total Core Business	90.9	103.7	105.5	104.0
Programmes & Projects including capital expenditure (see table 2)	8.3	11.6	15.6	10.7
Subtotal including capital expenditure	99.2	115.3	121.1	114.7
Capital Expenditure	6.6	8.7	13.3	9.2
Subtotal excluding capital expenditure	92.6	106.6	107.8	105.5
Unrealised Gains/(Losses)	-	-	-	-
Net Surplus/(Deficit) excluding capital expenditure	4.4	(10.1)	(9.4)	(4.9)
Total Reserves	73.9	63.6	54.3	49.4
Free Reserves	44.3	31.5	16.6	9.7

Note: *Figures are subject to rounding

^ Impacted by Change & CI initiative – cost of staff within the scope are included in POE

^^ ELS team is moved under Professional Practice structure

Table 2: Programmes & projects (£m) By Strategy Year	Forecast 2021 - 22 Year 2	Budget 2022 - 23 Year 3	Budget 2023 - 24 Year 4	Budget 2024 - 25 Year 5
Accommodation Programme – Edinburgh Office	2.5	-	-	-
Accommodation Programme - 23 Portland Place	-	0.8	7.7	9.2
Modernisation of Technology Services (MoTS)	3.5	6.0	5.5	-
FtP Improvement Programme	0.5	0.6	0.4	-
People Plan 2021+	0.4	0.2	-	-
Technology Improvements	-	0.5	0.3	0.3
Modern Workplace for Me	0.7	1.4	-	-
Website Redevelopment Programme	-	0.1	0.3	-
Insight Programme	-	0.3	0.2	0.1
Education QA IT Project	-	0.7	0.2	-
Regulatory Reform (see table 3)	0.7	1.0	1.0	1.1
Programmes & projects including capital expenditure	8.3	11.6	15.6	10.7

Table 3: Regulatory Reform (£m) By Strategy Year	Forecast 2021 - 22 Year 2	Budget 2022 - 23 Year 3	Budget 2023 - 24 Year 4	Budget 2024 - 25 Year 5
Strategy & Insight	0.7	0.8	0.7	0.6
Communications & Engagement	-	0.1	0.1	-
Professional Regulation	-	-	-	0.4
People & Organisational Effectiveness	-	0.1	0.1	-
Resources & Technology Services	-	-	0.1	0.1
Total Regulatory Reform	0.7	1.0	1.0	1.1

Note: excludes cost of some support and policy work stream staff included in core business. 2022-23 includes five additional posts budgeted for from July 2022. Recruitment to these and posts will not take place until there is greater clarity as to the timing of the legislative timetable.

Table 4: Budgeted full time equivalent employees (FTE) By Strategy Year	Forecast 2021 - 22 Year 2	Budget 2022 - 23 Year 3	Budget 2023 - 24 Year 4	Budget 2024 - 25 Year 5
Professional Regulation ^	678.5	781.2	648.7	638.7
Resources & Technology Services ^	121.4	139.6	141.6	140.6
People & Organisational Effectiveness ^	150.5	157.6	150.5	141.2
Professional Practice ^^	53.4	62.8	63.8	60.8
Strategy & Insight ^^	58.0	66.0	65.0	64.0
Communications & Engagement	36.6	44.6	44.2	40.2
Total budgeted FTE employees *	1,098.4	1,251.8	1,113.8	1,085.5

Note:

*FTE attributed to individual Directorates include people employed on projects and programmes

^Impacted by Change & CI initiative – roles within the scope are now under POE structure

^^ELS team is moved under Professional Practice structure

Table 5: Forecast cashflow (£m) * By Strategy Year	31 March 2022 Year 2	31 March 2023 Year 3	31 March 2024 Year 4	31 March 2025 Year 5
Cashflow from operating activities				
Surplus/(deficit)	4.4	(10.1)	(9.4)	(4.9)
Adjustment for non-cash transactions	4.9	6.0	7.8	7.3
Unrealised (Gains)/Losses from Stock Market Investments	-	-	-	-
Interest/Dividend income from Stock Market Investments	(0.6)	(0.6)	(0.6)	(0.6)
(Increase)/decrease in current assets	0.7	(0.1)	(0.1)	(0.1)
Increase/(decrease) in liabilities	(4.1)	(0.4)	1.3	1.5
Pension deficit payments	(1.9)	(1.3)	-	-
Net cash inflow/(outflow) from operating activities	3.4	(6.4)	(1.0)	3.2
Cashflow from investing activities				
Capital expenditure	(6.6)	(8.7)	(13.3)	(9.2)
Cashflow from financing activities[^]				
Stock Market Investments	-	-	-	-
Interest/Dividend income from Stock Market Investments	-	-	-	-
Net cash inflow/(outflow) from financing activities	-	-	-	-
Net increase/(decrease) in cash & cash equivalent for the year	(3.2)	(15.1)	(14.3)	(6.0)
Cash & fixed term deposits at beginning of year	67.9	64.7	49.6	35.3
Cash & cash equivalent at end of year	64.7	49.6	35.3	29.3

Note: *Figures are subject to rounding

[^] interest/dividends from stock market investments are assumed to be reinvested so not a source of cash.

Table 6: Forecast/Budget Balance Sheet (£m)* By Strategy Year	31 March 2021 Year 1	31 March 2022 Year 2	31 March 2023 Year 3	31 March 2024 Year 4	31 March 2025 Year 5
Non-current assets					
Tangible Assets	27.7	29.5	32.1	37.7	39.5
Stock Market Investments [^]	31.3	39.9	32.5	33.1	33.7
Total non-current assets	59.0	61.4	64.6	70.8	73.2
Current Assets					
Cash	67.9	64.7	49.6	35.3	29.3
Debtors	4.1	3.4	3.4	3.5	3.6
Total current Assets	72.0	68.1	53.0	38.8	32.9
Total Assets	131.0	129.5	117.6	109.6	106.1
Liabilities					
Deferred Income	(41.9)	(41.4)	(42.3)	(43.3)	(44.4)
Other creditors, accruals, provisions	(16.5)	(12.9)	(11.7)	(12.0)	(12.3)
Total Liabilities	(58.4)	(54.3)	(54.0)	(55.3)	(56.7)
Net Assets excluding pension liability	72.6	75.2	63.6	54.3	49.4
Pension Liability ^{^^}	(3.2)	(1.3)	-	-	-
Net Assets, Total Reserves	69.4	73.9	63.6	54.3	49.4
Free Reserves	41.7	44.3	31.5	16.6	9.7

Note: *Figures are subject to rounding

[^] the increase in stock market investments reflects investment income being reinvested rather than any assumptions about capital growth which is assumed to be nil.

^{^^} the pension liability is subject to actuarial review at the year end for accounts purposes and to the triennial review as at 31 March 2022.

Reserves policy: annual review of target lower and upper limits of free reserves, and minimum cash and investments balance

1. This paper proposes the target range of free reserves and the minimum cash and investments balances for the financial year 2022–2023.
2. Our reserves policy, contained within the financial strategy approved by Council in March 2020, is to maintain free reserves within a target range, and to set a minimum level for the aggregate forecast cash and investments balance in the course of the coming financial year. The target range of free reserves and the minimum cash and investments balance is reviewed at least annually by the Council.
3. In the revised financial strategy being considered by Council in March 2022, we are not proposing any change to this approach.
4. The target minimum level of free reserves is set so as to ensure our sustainability, taking account of the security of our income stream, our cash and investment balances, and an assessment of the potential financial impact of risks faced by the NMC. The target maximum level of free reserves is set so as to ensure our resources are applied effectively, balancing the interests of registrants who finance us through the fees that they pay, and the public who benefit from our work.
5. The purpose of the minimum level for the aggregate forecast cash and investments balance is to ensure liquidity without the need for borrowing facilities. Our investments are equities, funds and bonds capable of being liquidated within 14 days, so can be treated as a liquid asset and combined with cash for this purpose
6. Because our registrants are required by law to pay our registration fees in order to practise, and they are required to pay their fees in advance, we have a highly secure income stream and we hold large cash balances, over and above our free reserves. Therefore our need for free reserves is much lower than many other charities.

Current and future reserves position

7. We define free reserves as being total reserves less the net book value of our tangible fixed assets.
8. At 31 March 2021, our free reserves were £42 million, and our aggregate balance of cash and investments was £99 million. This means that if our free reserves had been nil at that date, we would still have had £57 million of cash and investments. This positive cash position is caused by the ‘financing effect’ of some 70% of registrants paying fees a year in advance, so that we had £42 million of deferred income at the same date. The financing effect also came from some £15 million of other creditors and accruals.

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9. At 31 January 2022, the position was similar with free reserves of £47 million and cash and investments of £103 million. Subject to the valuation of our defined benefit pension scheme, our investments and possible adjustments to our provisions we expect that that our free reserves and cash and investments position at 31 March 2022 will be near these levels.
10. Looking ahead, based on the budgets presented and after the proposed deficits and capital investment, we expect free reserves to be about £9 million in March 2025 and cash and investments to be about £60 million. So, if free reserves were zero, we would still have more than £50 million of investments and reserves.

Implications of current and future reserves position

11. The level of cash and investments that we hold and expect to hold in the future means that it is still appropriate to have a lower limit of zero for our free reserves. Even if our free reserves go down to zero we will have a significant buffer of liquidity as well as a reliable income source.
12. In terms of a target range for free reserves defined by an upper limit, £25 million still seems an appropriate target, although its real terms value has diminished over time. This relatively modest upper target is intended to ensure we do not accumulate unnecessary levels of fees provided by our registrants.
13. That our current level of reserves is higher is acceptable given the level of investment planned in accommodation and IT, as well as the level of non-recurrent spend needed to reduce the fitness to practise caseload that has built up due to the pandemic. As our plans and budgets indicate, we expect to reduce this level of reserves in the short to medium term at which point the upper range of £25 million will be an appropriate indicator. Our financial strategy defines short term as within one to two years and medium term between three and five years.

Proposed target range of free reserves for 2022–2023

14. The target range of free reserves was set at zero to £25 million in March 2020. Given our review above, we do not propose any change for 2022–2023.

Proposed minimum level for cash plus investments for 2022–2023

15. Because our zero lower limit of the target range of free reserves is significantly premised upon the financing effect of registrants paying in advance, we also set a minimum level of forecast cash plus investments, to provide further assurance of liquidity over the longer term. The minimum level of forecast cash plus investments was set at £20 million in March 2020.
16. The extent to which our cash and investment balances exceed our free reserves balance is significantly dependent on the proportion of registrants paying by quarterly direct debit and the level of the pension deficit.

17. About 30 percent of our registrants now pay quarterly. Following the introduction of direct debits nearly six years ago, the numbers paying quarterly initially rose quickly but that trend has flattened of with an increase of 1-2% a year more recently. So upfront payments of registrant fees will continue to be a reliable source of cash flow in the short and medium term.
18. The pension deficit has been a form of long term financing for the NMC although, at £3 million in our accounts at March 2021, a diminishing one. We have a Recovery Plan in place under which we currently pay £1.8 million a year into the pension scheme, which is intended to clear the deficit by 2026. In the longer term, as the pension deficit is cleared, whether by actuarial gains and/or by the NMC making further cash contributions, our cash balance relative to our free reserves balance will fall, but in the short term at least, the pension deficit will still have a financing effect.
19. Therefore we see no significant risk that the zero lower limit of free reserves would not ensure sufficient liquidity, and no reason to increase the minimum level of aggregate forecast cash and investments. We recommend it should stay at £20 million for 2022–2023.

Property and Estates

Spend Category	Retender / new requirement /extension	Lead directorate	Description	Incumbent supplier?	Predicted contract duration	Estimated contract signing date	Comments
Property and Estates Contracts	New	Resources & Technology Services	Various contracts, (including those listed below) required to deliver full refurbishment of 23 Portland Place	No	Across 2022-2026	2022-2024 subject to Council decision	Council have approved the overall Business Case for the 23PP project and initially the feasibility, design and planning phase. From this a number of contracts will be required. High value contracts are listed below on this page.
	New	Resources & Technology Services	Architect and design services – Architect space planner (23PP refurb)	No	During the period of 23PP refurbishment	By Q4	Architect and design services to support the refurbishment of 23 Portland Place.
	New	Resources & Technology Services	Project management & associated services – Construction project manager (23PP refurb)	No	During the period of 23PP refurbishment	By Q4	Project management to support the refurbishment of 23 Portland Place.
	New	Resources & Technology Services	Structural engineering services (23PP refurb)	No	During the period of 23PP refurbishment	By Q4	Structural engineering services to support the refurbishment of 23 Portland Place.

Contracts over £0.5 million expected to be signed in 2022–2023

Spend Category	Retender / new requirement /extension	Lead directorate	Description	Incumbent supplier?	Predicted contract duration	Estimated contract signing date	Comments
Property and Estates Contracts	Retender (or variation of existing contract)	Resources & Technology Services	Catering Services	Lexington	Five years or shorter	2022	Procurement strategy to be agreed. This is a potential retender or variation of existing contract - dependent on the Council decision related to 23PP refurbishment start date.
	Retender	Resources & Technology Services	FtP hearing venue – Belfast	Regus Belfast	Four years	Q2/Q3 2022	The provision of serviced office space to act as a hearing venue to fulfil our regulatory obligations as a UK regulator in N. Ireland. Subject to procurement strategy may be exempt from PCR.
	Retender	Resources & Technology Services	FtP hearing venue - Cardiff	Cardiff Executive Centre Ltd	Four years	Q2/Q3 2022	The provision of serviced office space to act as a hearing venue to fulfil our regulatory obligation as a UK regulator in Wales. Subject to procurement strategy may be exempt from PCR.

Contracts over £0.5 million expected to be signed in 2022–2023

Spend Category	Retender / new requirement /extension	Lead directorate	Description	Incumbent supplier?	Predicted contract duration	Estimated contract signing date	Comments
Property and Estates Contracts	Retender	Resources & Technology Services	Security Services – Edinburgh Provision of Manned Security Guarding Services to NMC hearings Key holding services	Kingdom Security Securitas The Key holding company	Four years	Q2 2022	May combine all services currently contracted separately into a single contract.
	Retender	Resources & Technology Services	CCTV services	Controlled Limited	Four Years	Q4 2022	Review and retender for all NMC locations.

Contracts over £0.5 million expected to be signed in 2022–2023

Information Technology

Spend Category	Retender / new requirement /extension	Lead directorate	Description	Incumbent supplier?	Predicted contract duration	Estimated contract signing date	Comments
Information Technology Contracts	New / variation	Resources & Technology Services	MOTS Phase 2b (Education QA)	Bramblehub, Mott Macdonald	New / variation	Q1 2022	Subject to business case, covers Education QA IT requirements.
	New	Resources & Technology Services	MOTS Phase 3 - Foundations	Bramblehub, Fortesium	New	April 2022	MOTS expenditure is subject to Business Case approval from EB & Council.
	New	Resources & Technology Services	MOTS Phase 3 - Core	Bramblehub, Fortesium	New	August 2023	MOTS expenditure is subject to Business Case approval from EB & Council. The costings for each contract are still being developed.
	New	Resources & Technology Services	MOTS delivery framework agreements	Bramblehub, Fortesium	New	Q4	We are exploring alternative contract models which may enable more efficiency in MOTS procurement. Will be brought to Council for approval to award. May be postponed.

Contracts over £0.5 million expected to be signed in 2022–2023

Spend Category	Retender / new requirement /extension	Lead directorate	Description	Incumbent supplier?	Predicted contract duration	Estimated contract signing date	Comments
Information Technology Contracts	Retender	Resources & Technology Services	Microsoft Azure	Telefonica, Microsoft	Three to Five years	Q1	Cloud computing service operated by Microsoft for application management and data storage. Paid for on a pay-as-go consumption basis.
	Retender	Resources & Technology Services	Legacy technology support (Wiser, NMOnline, etc.)	Fortesium	Two to three years (to be determined)	November 2022	New contract will be required. Scope & size is dependent on success of MOTS to decommission legacy technology. Currently only supportable by Fortesium.
	New	Resources & Technology Services	Hardware & Software reseller	No	Four years (to be determined)	Q4 2022	Managed service provided by a reseller to supply range of hardware and software requirements.
	Retender	Communications & Engagement	Website development	Dotcentric	TBC – depends on contracts scope	Q3 2022	To upgrade the NMC's website. Further work required to determine contract value.

Contracts over £0.5 million expected to be signed in 2022–2023

Human Resources

Spend Category	Retender / new requirement /extension	Lead directorate	Description	Incumbent supplier?	Predicted contract duration	Estimated contract signing date	Comments
Human Resources Contracts	Extension	People & Organisational Effectiveness	Temporary Staffing Managed Service contract	Hays	Four years in total (4+1+1)	Q4 2022	<p>In July 2021, Council approved the first year extension and delegated authority to the Executive to approve a further and final extension of the contract for 12 months from February 2023 to February 2024, following a review of performance to ensure this continues to meet organisational needs.</p> <p>We note that the Council has requested that we report back on the criteria and evidence based used if the Executive exercises delegated authority to extend the contract for a second 12 months from February 2023 to February 2024 (NMC/21/53c)</p>
	New	People & Organisational Effectiveness	Learning & Development Contracts (training providers and coaches)	Various	Up to four years (TBA)	Q4 2022	We are working to agree a plan for the procurement of training providers and coaching services.

Contracts over £0.5 million expected to be signed in 2022–2023

Professional Services

Spend Category	Retender / new requirement /extension	Lead directorate	Description	Incumbent supplier?	Predicted contract duration	Estimated contract signing date	Comments
Professional Services Contracts	Extension	Professional Practice	Education QA contract	Mott Macdonald	Five years (3+1+1)	Q2 2022	In November 2021, Council approved a recommendation to extend the contract for two years as provided for in the contract.
	Retender	Strategy & Insight	Research contracts	Pye Tait Alpha Research	Three years	April 2022	Currently being tendered. May award to one single supplier, or split into two contracts.
	Extension & retender	Professional Regulation	FtP investigations legal contracts	Capsticks Blake Morgan	Extension one year Length of new contracts TBC	Extension: April 2022 New contracts: Q3/Q4	A separate paper is prepared for Council seeking approval of extension of these contracts. A plan for retendering is being prepared, but should happen by end Q4 2022-2023.
	Extension	Professional Regulation	Design, Development and Maintenance of the Test of Competence and Aptitude Test (overseas)	AlphaPlus	Final one year extension	April 2022	In 2018 Council approved the award of contract. Additional costs incurred due to pandemic which need to be included within the final year extension.

Council

Removal of Panel Members from the Practice Committees

Action: For decision

Issue: Removal of Fitness to Practise Panel members and Legal Assessors from approved lists.

Core regulatory function: Professional Regulation

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

Decision required: The Council is recommended to:

- approve the removal of the Panel Members listed at Annexe 1 from the Practice Committees (paragraph 13); and
- note the removal of the Legal Assessors listed at Annexe 2 from the approved list of Legal Assessors (paragraph 16).

Annexes: The following annexes are attached to this paper:

- Annexe 1: List of Panel Members to be removed from the Practice Committee list
- Annexe 2: List of Legal Assessors removed from the approved list of Legal Assessors

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

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- Context:**
- 1 Rule 9 of the Nursing and Midwifery Council (Practice Committees) (Constitution) Rules 2008 sets out the reasons where a Panel Member shall be removed from office by the Council. This includes a Panel Member resigning or where they have been appointed on the basis of being a professional on our register, and their registration lapsing.
 - 2 This paper sets out the Panel Members who need to be removed from the Practice Committees by Council.
 - 3 This paper also sets out Legal Assessors who have resigned and have been removed from the approved list of Legal Assessors.
 - 4 Under our legislation, whilst Council must appoint Legal Assessors there is no requirement for Council to take any action if a Legal Assessor resigns that appointment.
- Four country factors:**
- 5 We strive to ensure that our panel member and legal assessor pools reflect the make-up of the register and population of the four nations.
- Stakeholder engagement:**
- 6 The Panel Support Team have acknowledged the resignations of those individuals listed at Annexes 1 and 2.
- Discussion:**
- 7 Since March 2019, 27 Panel Members have resigned from their role. Sadly, one Panel Member died in March 2020.
 - 8 We recognise the length of time between some of the resignations and our request to the Council to remove those Panel Members from office. We have reviewed our internal processes and identified that they failed to include steps on formally reporting resignations to the Appointments Board in order for them to recommend to the Council that the names be formally removed. In March 2022 we updated our internal processes guidance to include this important step.
 - 9 In future we will be providing an update on any resignations to the Appointments Board at each meeting through a standing item and any recommendations from this will be brought to the following Council meeting.
 - 10 There have been no public protection implications as a result of the delay in this reporting. All resignations were processed properly to remove an individual's active Panel Member status and therefore they would not receive any new allocations to fitness to practise hearings or receive communications from us.

- 11 We provided details of these assurances and the steps we have taken to strengthen our process to the Appointments Board at its meeting on 9 March 2022.
- 12 The Appointments Board was satisfied with the information provided and has formally recommended that the Council remove these Panel Members from the Practice Committees.
- 13 **Recommendation: The Council is recommended to approve the removal of the Panel Members listed at Annexe 1 from the Practice Committees.**
- 14 Since March 2019, 29 Legal Assessors have also resigned from their roles. We have also been given the sad news of the deaths of two Legal Assessors.
- 15 In effect, the decision to remove from the list of appointed Legal Assessors is made by the Legal Assessor themselves. Once they have resigned, their name can be taken off the list by the Executive and there is no need for a Council decision.
- 16 This information was considered by the Appointments Board at its meeting on 9 March 2022 and it agreed to Council being notified of the removal of the individuals listed in Annexe 2 from the approved list of Legal Assessors.

Next Steps

- 17 Subject to Council's approval, the names listed at Annexe 1 will be removed from the Practice Committee list. The names at Annexe 2 have already been removed from the approved Legal Assessor lists. All necessary operational steps have already been taken.

Midwifery implications:

- 18 We retain a sufficient number of midwives within our Panel Member pool to ensure sufficient representation of the profession on our Practice Committee panels.

Public protection implications:

- 19 None identified. The Practice Committees remain sufficiently resourced to meet operational needs.

Resource implications:

- 20 None

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| Equality diversity and inclusion implications: | 21 | There are no direct implications as a result of the resignations of these individuals. |
| | 22 | We remain focused within our Panel Member selection campaigns to our commitment to increasing the diversity of our panels to reflect the make-up of the professions and the public of the four nations. |
| Risk implications: | 23 | None. |
| Regulatory reform: | 24 | None. |
| Legal implications: | 25 | The Nursing and Midwifery Council (Practice Committees) (Constitution) Rules 2008 sets out the reasons where a Panel Member shall be removed from office by the Council, including when a Panel Member resigns. |
| | 26 | There are no legal requirements for Council to take action if a Legal Assessor resigns their appointment |

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Annexe 1: Panel Members to be removed from Practice Committee list

The table lists the 28 individuals who need to be removed from office by Council under Rule 9(1) of the Nursing and Midwifery Council (Practice Committees) (Constitution) Rules 2008.

Name	Date effective from	Committee
Mooi Standing	29/05/2019	Fitness to practise committee
Denise Price	21/06/2019	Fitness to practise committee
Jacqueline Mitton	14/10/2019	Fitness to practise committee
Susan Cousland	12/12/2019	Fitness to practise committee
Rebecca Nowell	16/12/2019	Fitness to practise committee
Ken Arndt	17/01/2020	Fitness to practise committee
Julius Komorowski	01/02/2020	Fitness to practise committee
Jade Rankine	13/05/2020	Fitness to practise committee
Donna Lamb	03/06/2020	Investigating committee
Julia Thompson	18/06/2020	Fitness to practise committee
Andrew Wimbor	02/11/2020	Fitness to practise committee
Allison Hume	04/12/2020	Fitness to practise committee
Angharad Davies	21/01/2021	Fitness to practise committee
Ilana Tessler	25/01/2021	Fitness to practise committee
Caroline Corby	26/01/2021	Investigating committee
Paul Hopley	04/03/2021	Fitness to practise committee
Alexandra Ingram	11/06/2021	Fitness to practise committee
Susan Thomas	06/09/2021	Fitness to practise committee
Navneet Sher	18/10/2021	Investigating committee
Elizabeth Foster	19/11/2021	Fitness to practise committee
Ray Marley	31/12/2021	Fitness to practise committee
Peter Swain	02/04/2022	Fitness to practise committee
Gillian Seager	01/02/2022	Fitness to practise committee
Jennifer Laing	28/02/2020	Fitness to practise committee
Kevin Hope	01/12/2020	Fitness to practise committee
Jan Fowler	01/06/2021	Fitness to practise committee
Sarah Furniss	09/08/2021	Fitness to practise committee
Belinda Poole	13/03/2020	Fitness to practise committee

Annexe 2: Legal Assessors removed from the approved list

The table lists the 31 individuals removed from the approved list of legal assessors.

Name	Date effective from
Judith Walker	17/04/2019
Margaret Dodd	18/04/2019
Mark Sutton	09/05/2019
Angharad Davies	20/06/2019
Anne Brown	01/07/2019
Nigel Parry	02/07/2019
Susan Monaghan	08/10/2019
Peter McLuckie	08/10/2019
Colin Dunipace	21/10/2019
Iain Burnett	22/10/2019
Stuart McLeese	04/11/2019
Douglas Readings	31/12/2019
Conor Heaney	31/12/2019
Toby Davey	31/12/2019
Charlotte Hadfield	31/12/2019
Leighton Hughes	31/12/2019
Ceit-Anna MacLeod	31/12/2019
Anne Farrell	01/01/2020
Robert Frazer	04/09/2020
Adrienne Morgan	03/11/2020
Linda Goldman	04/11/2020
David Clapham	11/06/2021
Richard Miller	22/09/2021
Hassan Khan	25/10/2021
Mark McEvoy	26/10/2021
Justine Davidge	01/11/2021
Maria Clarke	02/11/2021
Philip Barlow	09/11/2021
Christine Abbott	12/01/2022
Nicholas Wilcox	14/09/2019
David Clark	15/03/2021

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Council

Learning and thematic review of public inquiries into major failings of care

Action: For discussion

Issue: To update the Council on the learning and progress made this year on our response to public inquiries into major failings of care.

Core regulatory function: All regulatory functions

Strategic priority: Strategic aim 2: Proactive support for our professions
Strategic aim 3: More visible and informed
Strategic aim 5: Insight and influence
Strategic aim 6: Fit for the future organisation

Decision required: None.

Annexes: The following annexe is attached to this paper:

Annexe 1: Summary of our current inquiry activity

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

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- Context:**
- 1 Our Corporate Strategy makes a commitment to learning from major failures of care.
 - 2 This paper highlights the work carried out since the last inquiries update to Executive Board and Council in January 2021. It outlines how we effectively manage risk; work collaboratively across the organisation and with stakeholders; proactively anticipate new inquiries and requests for information, and challenge ourselves further to take forward learning.
 - 3 We are currently monitoring twenty eight inquiries. This includes three at pre-inquiry stage, thirteen that are active, seven where the recommendations have been published and five additional reviews, which have the potential to provide insight and make recommendations that may impact how we regulate, support and influence.
- Four country factors:**
- 4 We work closely with the four country working groups to monitor developments and themes of all inquiries, to identify best practice and embed learnings.
 - 5 Most of the public inquiries the NMC is involved with are focused on England. The exceptions are: the Review of Muckamore Abbey Hospital (Northern Ireland), Feeley review (Scotland), Covid-19 inquiry in Scotland, Inquiry into Hyponatraemia (Northern Ireland).
 - 6 The Cumberlege review (IMMDS) affected England only. However, Scotland has been particularly proactive in taking on the learnings from this inquiry, such as the implementation of a Patient Safety Commissioner.
 - 7 Regular engagement with the Chief Nursing and Midwifery Officers provides an avenue to discuss relevant themes arising from inquiries.
- Stakeholder engagement:**
- 8 We have worked closely with other healthcare professional and system regulators as we have developed our collaborative approach. This has been particularly positive when working with the General Medical Council (GMC) to contribute to the Government response to the Elizabeth Dixon inquiry.
 - 9 We have been invited to join various Department of Health and Social Care (DHSC) task and finish groups to take forward the recommendations from published reports. This is an important opportunity to influence the changes being made following the report of an inquiry.

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Discussion: Improving inquiries management and governance

- 10 During 2021, key activity has been improving inquiries governance at the NMC. A cross organisational Inquiries Working Group (IWG) has been created with colleagues from Employer Link Service (ELS), the High Profile Case Team, Quality Assurance, Complaints, General Counsel and the Media Team.
- 11 This improved governance enables us to effectively manage the risks around inquiry activity in collaboration with colleagues from across the NMC. We are more proactive, can better anticipate outcomes and can actively engage with the inquiries that might affect us. We are able to anticipate and prepare for possible new inquiries and potential requests for information.
- 12 Our inquiries work is divided into three areas:
 - 12.1 supporting **active inquiries** into major failings of care;
 - 12.2 responding to and monitoring the recommendations of **published inquiry reports**, including support for government responses; and
 - 12.3 **pre-inquiry intelligence gathering** to identify future areas of work.
- 13 Annexe 1 outlines the new activity for 2021 and 2022. This includes active inquiries we have engaged with, inquiries that have moved from pre inquiry stage to active, or inquiries which have published reports in the last year.

Key themes for inquiries

- 14 As outlined in the paper to Council in January 2021, there are cross cutting themes that continue to run through inquiries related to our work. New themes that have emerged over the past 12 months are:
 - 14.1 Fear of regulators
 - 14.2 Lack of clear leadership and governance
 - 14.3 Zero tolerance of cover up
- 15 These previously identified themes continue:
 - 15.1 Persistent cultures of denial and blame
 - 15.2 Fear of speaking up or raising concerns among professionals
 - 15.3 Lack of support for training in clinical error

- 15.4 Subgroups of professionals more concerned with maintaining the status quo than addressing concerns
- 15.5 Poor communication and working relationships among multidisciplinary teams
- 15.6 Lack of regulatory alignment and data sharing among regulators and more widely across the health and social care system
- 15.7 Clinical isolation leading to divergence from mainstream best practice; and
- 15.8 Failure to listen to concerns, and to prioritise the voices of people who use services as partners in care.

Complaint handling

- 16 The [Cumberlege review into the safety of medicines and medical devices](#) was published on 8 July 2020. One of the recommendations is that *'all organisations who take complaints from the public should designate a non-executive member of the board to oversee the complaint handling process and outcomes, and ensure that appropriate action is taken.'*
- 17 The Council previously suggested a seminar discussion on this recommendation. Due to the volume of Council business, this discussion has yet to take place. Given that work is under way to prepare for a unitary board, we will now consider the recommendation as part of those discussions.

New actions taken to address the recommendations of inquiries

- 18 Since the learning and thematic review that was presented to Council in January 2021, the activities below have taken place to address some of the themes above. These are summarised under the three pillars:

Regulate

- 18.1 [Our standards](#) are our main regulatory tool and as these were developed, we considered relevant learning from inquiries. We continue to reflect on these and consider if anything is missing based on recent inquiries. No gaps have yet been identified and going forward we will continue to work with our partners to ensure the standards are embedded for all professionals through continuous professional development.

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- 18.2 Addressed the blame culture and fear of regulation through [fitness to practise \(FTP\) process taking account of context](#). We have provided training and support for colleagues to understand these contextual factors more clearly and to ensure we take a consistent approach where concerns are raised. We are also moving away from using 'remediation' and are instead using the phrase 'strengthening practice' to further support that change.
- 18.3 Collaborated with the GMC, to address cover ups by reviewing guidance on the [professional duty of candour](#), outlining the professional responsibility to be honest when things go wrong.
- 18.4 Engaged with the new regional and national arrangements for support and quality oversight of maternity services in England.
- 18.5 When taking forward inquiry recommendations, we looked at the implications for particular professions or areas, such as midwives/midwifery, as well as implementing action more generally.

Support

- 18.6 Made clear covering up mistakes breaches a fundamental aspect of professionalism and is likely to lead to regulatory action, through our [guidance on seriousness](#).
- 18.7 Collaborated with Royal College of Midwives (RCM) on [demystifying](#) the NMC for student midwives.
- 18.8 Supported the Future Midwife implementation boards in England, Wales, Scotland, and Northern Ireland.
- 18.9 Consider when we should apply for core participant status to support an active inquiry.
- 18.10 Proactively assign a policy lead for each active inquiry, to liaise with the inquiry team on data sharing and other intelligence that we can provide to support the investigation.

Influence

- 18.11 Established a new Midwifery and Maternity Services Working Group internally to champion collaborative NMC action on the issues identified by inquiries in this space.

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- 18.12 Worked with the GMC and Care Quality Commission (CQC) to establish a Maternity Services Safety Collaborative Group, deliver professional behaviours and patient safety training pilot and develop a data-sharing platform to ensure we are more joined up in our approach to identify and address risk.
- 18.13 [Published a blog](#) which outlines our commitment to building a more open culture in maternity services.
- 18.14 Proactively engaged with DHSC working groups addressing inquiry recommendations. We now sit on groups for the Cumberlege, Elizabeth Dixon and Paterson inquiries and have provided input into government responses on these reports.
- 18.15 Launched our [midwifery animation](#) to help people understand what to expect from midwives and improve public knowledge and confidence in midwifery care.
- 18.16 Updated our website to better explain midwifery at the NMC, our role in regulating and supporting midwives and influencing.
- 18.17 Started planning the *NMC & me* information campaign for the public and professionals that will launch in 2022.
- 18.18 Participated in a wide range of events across the UK in collaboration with partners to raise awareness of the Future Midwife standards for midwives in practice and maternity service providers.

Next steps

- 19 Recognising the need to be more ambitious and creative in how we respond to report recommendations, we held a cross organisational inquiries innovation workshop on 16 November. The purpose of the workshop was to discuss the themes of leadership and culture and encourage creative ideas for how we could address these issues more creatively.
- 20 The suggestions from this group have been categorised according to the three pillars and reviewed internally as part of our business planning cycle to identify which suggestions will be taken forward and when.
- Midwifery implications:** 21 Many public inquiries into major failings of care address issues related to maternity services. We work closely with the Midwifery and Maternity Services Working Group to ensure a joined up approach to addressing the recommendations related to these issues.

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Public protection implications:	22	Each of these investigations identifies significant failures in public protection. Our responses will focus on reducing the risk to the public and building trust in the professions.	3.
Resource implications:	23	None at present as we have recently increased resource in the team which has enabled us to be more proactive in the way we engage with inquiries teams and react to recommendations. As work progresses, this may result in new associated work streams and the need for additional capacity. This will need to be assessed and prioritised in line with our corporate priorities.	4.
			5.
Equality diversity and inclusion implications:	24	We know there are significant inequalities in the delivery of health care and that there are particular professional groups who are more likely to experience or witness bullying and harassment, including student midwives and gynecology trainees.	6.
	25	In order to promote open and learning cultures we will continue to promote the importance of equal opportunities for all professionals to speak up. We will also continue to assess the impact on specific groups of any changes we introduce.	7.
			8.
Risk implications:	26	The key aim for the changes made to the inquiry management process and development of the IWG was to focus attention on key areas of risk.	9.
	27	We have expanded our risk activity to take into account and record lessons learned throughout our inquiry work.	10
	28	Through proactive risk management and increased resource, we have been able to identify the Chairs of new inquiries early and interact more meaningfully with published inquiry reports.	11
	29	There is risk to public confidence if we are seen not to engage on this agenda that would negatively impact our relationships with stakeholders, professionals, people who use services and the public.	12
Regulatory reform:	30	In our regulatory reform programme we are developing model Rules with other regulators to develop greater consistency in how we approach fitness to practise cases, and share information with one another to improve safety. The new legislation will enable us to reach the right outcome on concerns raised with us in a more streamlined and person-centred way, encouraging early, meaningful engagement from the professionals on our register. We will also have the ability to adapt the way we regulate more easily where we need to in response to learning from recommendations from inquiries.	13
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31 Our new quality assurance of education powers will permit us to issue warnings and apply conditions to approved education programmes. This will enable us to respond more quickly and proportionately to concerns raised with both approved education institutions and their practice learning partners especially in practice environments where students are placed, promoting both student and public safety.

Legal implications:

32 There are a number of legal obligations relevant to our work on inquiries, including of the Data Protection Act 2018, the Inquiries Act 2005 (this includes consideration of Core Participant status, as directed by Rule 5 of the Inquiry Rules 2006) and the Public Sector Equality Duty set out in the Equality Act 2010.

Annexe 1: Summary of our current inquiry activity

The table below outlines all the inquiries we are involved in and the recommendations relevant to our work. In the case of active inquiries and those with pre-inquiry status, details of when we expect reports to be published are included instead.

Status	Inquiry	Recommendations relevant to the NMC OR Suggested timescales for reporting (if no report published yet)	Wider themes covered by this inquiry
Active	1. Ockenden Review into Maternity Services at the Shrewsbury and Telford NHS Hospital Trust (England)	Interim report published 10 December 2021. Final report: Now due 30 March 2022.	<ul style="list-style-type: none"> • Need to improve safety • Listening to women and families, ensuring voices heard • Staff working together should train together • Improved management of complex pregnancies including risk assessments • Improved information to enable informed choice
	2. Muckamore Abbey Hospital (BHSCT) (Northern Ireland)	No publication date yet.	<ul style="list-style-type: none"> • Structure and governance • Culture that contributed to failings in care. • Focused on maintaining the status quo • No evidence of learning culture • Leadership and reluctance to escalate issues • Staffing - shortages impacting on ability to provide safe and effective care

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Status	Inquiry	Recommendations relevant to the NMC OR Suggested timescales for reporting (if no report published yet)	Wider themes covered by this inquiry
	3. Essex Mental Health (EPUT) (England)	Report to be published in Spring 2023.	<ul style="list-style-type: none"> Helping mental health recovery Investigating deaths which took place in mental health inpatient facilities across NHS Trusts in Essex between 1 January 2000 and 21 December 2020.
	4. Independent Investigation into East Kent Maternity Services (IIEKMS) (England)	Report expected to be published in June 2022 but this could be Autumn 2022.	<ul style="list-style-type: none"> Maternity services provided by East Kent Hospitals University Foundation Trust since 2009.
	5. Kirkup Review - Liverpool Community Health NHS Trust (England)	Awaiting further details of timescales for reporting.	<ul style="list-style-type: none"> Patient safety
	6. Brook House Immigration Centre (England)	Awaiting further details of timescales for reporting.	<ul style="list-style-type: none"> Mistreatment of detainees at the Immigration Centre Culture of silence and cover up Lack of leadership
	7. Child Sexual Abuse (IICSA) (England)	Final four reports due by July 2022.	

Status	Inquiry	Recommendations relevant to the NMC OR Suggested timescales for reporting (if no report published yet)	Wider themes covered by this inquiry
	8. Nottingham University Hospitals NHS Trust (England)	Final report planned for end of 2022.	<ul style="list-style-type: none"> Review of maternity incidents, complaints and concerns at Nottingham University Hospitals (NUH) Failure to learn from incidents and investigations Poor quality of care
	9. Messenger Review into health and social care leadership – Department of Health and Social Care (DHSC) (England)	Expected to publish report in 2022.	<ul style="list-style-type: none"> Leadership and management in the NHS and social care Whether the right pay and incentives are in place to foster good and excellent performance and recruit and retain the best leaders How to help health and care leaders collaborate for more integrated care Training Driving up efficiency
	10. Covid public inquiry (England)	No date for publication set yet.	<ul style="list-style-type: none"> Will examine the UK's preparedness and response to the Covid-19 pandemic and lessons for the future.
	11. Inquiry into Scottish Government response to Covid-19 (Scotland)	No date for publication set yet.	<ul style="list-style-type: none"> Direct health impacts Non Covid-19 health impacts Societal impacts, including education Economic impacts

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Status	Inquiry	Recommendations relevant to the NMC OR Suggested timescales for reporting (if no report published yet)	Wider themes covered by this inquiry
	12. Independent review of the health impact of potential ethnic bias in the design and use of medical devices (UK wide)	Chaired by Dame Margaret Whitehead, part of the Office for Health Improvement and Disparities' (OHID) agenda to tackle inequalities in health and care, which will include the publication of the health disparities white paper in spring and the Tobacco Control Plan later in the year.	<ul style="list-style-type: none"> Identify systematic inequalities in medical devices registered for use in the UK Make recommendations on how inequalities should be tackled Consider what systems need to be in place to ensure emerging technologies are developed without ethnic inequalities Improve global standards to better healthcare and tackle disparities
	13. Independent Inquiry into the issues raised by the David Fuller Case (England)	Initial report to be published in 2022. Expected to publish final report in 2023.	<ul style="list-style-type: none"> Investigate how David Fuller was able to carry out inappropriate and unlawful actions in the mortuary and why they went apparently unnoticed.
Pre inquiry	14. Inquiry into Welsh Government response to Covid-19 (Wales)	Inquiry has not been announced but there have been calls for one.	<ul style="list-style-type: none"> Issues related to Covid 19

Status	Inquiry	Recommendations relevant to the NMC OR Suggested timescales for reporting (if no report published yet)	Wider themes covered by this inquiry
	15. Inquiry into Northern Ireland Government response to Covid 19 (Northern Ireland)	Inquiry has not been announced but there have been calls for one.	<ul style="list-style-type: none"> Issues related to Covid-19
	16. Inquiry into health inequalities (Health, Social Care and Sport Committee)	No date for publication yet.	<ul style="list-style-type: none"> Progress towards tackling health inequalities in Scotland since 2015
Published	17. Hyponatremia-related deaths (Northern Ireland)	<ul style="list-style-type: none"> Need to enact Duty of Candour in Northern Ireland. Training in patient safety objectives 	<ul style="list-style-type: none"> Failure to share information with families Deliberate cover up Leadership Clear expectations around incident reporting Culture and litigation
	18. Independent Inquiry into the issues raised by Paterson (England)	<ul style="list-style-type: none"> The current system of regulation and the collaboration of the regulators should service patient safety as the top priority, given the ineffectiveness of the system identified in this inquiry. 	<ul style="list-style-type: none"> Failure to share information across the system to identify concerns Very few instances of concerns being raised by other professionals or patients Poor working relationships that pointed to a culture of bullying.

Status	Inquiry	Recommendations relevant to the NMC OR Suggested timescales for reporting (if no report published yet)	Wider themes covered by this inquiry
		<ul style="list-style-type: none"> The government should, as a matter of urgency, reform the current regulation of indemnity products for healthcare professionals, in light of the serious shortcomings identified by the Inquiry, and introduce a nationwide safety net to ensure patients are not disadvantaged. Government response published in December 2021. 	<ul style="list-style-type: none"> Instances of concern being overlooked when it was felt the professional involved would be difficult to replace.
	19. First Do No Harm: The report of the Independent Medicines and Medical Devices Safety Review (Cumberlege Review) (England)	<ul style="list-style-type: none"> Appointment of a Patient Safety Commissioner. Transparency of payments made to clinicians needs to improve through register of interests. Any public body that takes complaints from the public should appoint a non-executive member of the board to oversee the complaints handling process. 	<ul style="list-style-type: none"> Inequalities in the care of women; Greater transparency; Dismissive blame cultures failing to listen to the experience of people who use services despite mounting evidence of safety concerns; Truly informed consent; Need for multidisciplinary teams to be effective for safety in patient care.
	20. Independent Investigation into the Life and Death of Elizabeth Dixon (England)	<ul style="list-style-type: none"> Training in clinical error, reactions to error and responding with honesty, investigation and learning should become part of the core curriculum for clinicians. 	<ul style="list-style-type: none"> Failure to listen to concerns raised by the families using services. Culture of denial and blame, where there was a lack of an open and honest assessment of mistakes.

Status	Inquiry	Recommendations relevant to the NMC OR Suggested timescales for reporting (if no report published yet)	Wider themes covered by this inquiry
		<ul style="list-style-type: none"> • Clinical error, openly disclosed, investigated and learned from. Conversely, there should be zero tolerance of cover up • Professional regulatory and criminal justice systems should contain an inbuilt ‘stop’ mechanism. • There should be a clear mechanism to hold individuals to account for giving false information or concealing information relating to public services, and for failing to assist investigations. 	<ul style="list-style-type: none"> • Failure to follow clinical guidelines and national safety protocol. • Failure to recognise deterioration and raise concerns • Lack of clinical experience leading to clinical error. • Poor leadership and governance
	21. The Health and Social Care Committee (HSCC) Maternity Services in England	General Medical Council (GMC) and NMC to review what changes are required to their remits or working practices to reduce the fear clinicians have of their regulators and allow them to open up more about mistakes that are made.	<ul style="list-style-type: none"> • Supporting Maternity Services and Staff to Deliver Safe Maternity Care • Learning from Patient Safety Incidents • Providing Safe and Personalised Care for All Mothers and Babies
	22. Independent Review of Adult Social Care - Feeley (Scotland)	50 recommendations made but none specifically for regulators.	<ul style="list-style-type: none"> • Leadership and management in the NHS and social care • Whether the right pay and incentives are in place to foster good and excellent performance and recruit and retain the best leaders

Status	Inquiry	Recommendations relevant to the NMC OR Suggested timescales for reporting (if no report published yet)	Wider themes covered by this inquiry
			<ul style="list-style-type: none"> • How to help health and care leaders collaborate for more integrated care Training • Driving up efficiency
	23. Williams Review into gross negligence manslaughter in healthcare settings (England)	<ul style="list-style-type: none"> • Professional representative bodies and regulators should recognise acting as an expert witness as part of a healthcare professional's revalidation or continuous professional development (CPD) process. • A new memorandum of understanding (MoU) should be agreed between relevant bodies, including professional regulators, in relation to the investigation of deaths in a healthcare setting. • Signatories to the MoU should disseminate its contents in order to promote a greater understanding. • Those professional regulators that have a power to require information from registrants for the purposes of fitness to practise (FtP) procedures should have this power modified to exclude reflective material. 	<ul style="list-style-type: none"> • Just and learning culture • Investigation and prosecution of gross negligence manslaughter cases • Improving assurance and consistency in the use of experts • Diversity in FtP proceedings • Right of appeal • Consistency of FtP decisions across professional regulators • Duty of Candour • Training for panel members • Context of referrals

Status	Inquiry	Recommendations relevant to the NMC OR Suggested timescales for reporting (if no report published yet)	Wider themes covered by this inquiry
		<ul style="list-style-type: none"> • PSA should retain right to appeal a decision of an FtP panel to the High Court on the grounds of insufficient public protection. • PSA, working with professional regulators, should review how the impact on public confidence is assessed in reaching FtP decisions and develop guidance to support consistent decision making. • Professional regulators should ensure that FtP panel members have received appropriate equality and diversity training • The Professional Standards Authority (PSA) should review whether the outcome of FtP procedures is affected by the availability of legal representation of registrants, alongside broader proposals for regulatory reform which seek to establish a less adversarial approach to fitness to practise. • Professional regulators should review and improve the support to people whose care and treatment is an issue in FtP proceedings. 	

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Additional reviews also being monitored:

Review	Details
Health Care Safety Investigation Branch (HSIB) acutely ill infant report	<ul style="list-style-type: none"> • This examined patient safety issues related to the ability of healthcare professionals to recognise when an infant or young child is seriously ill. • This safety issue impacts across the boundaries of many NHS services which see and/or provide advice, guidance and care to infants, children, and their parents. • Includes support for the NHS System-wide Paediatric Observations Tracking (SPOT) Programme.
National Guardian’s Office – Freedom to Speak Up Reviews (multiple locations)	<ul style="list-style-type: none"> • About making sure lessons are learnt and things are improve when things go wrong. • Important that we all feel able to speak up to stop potential harm.
Review of Complaints Handling at Dunmurry Manor Care Home Department of Health, Northern Ireland	<ul style="list-style-type: none"> • The report proposes eight actions including: implementing a programme of change in respect of the handling of Health and Social Care (HSC) Complaints, in conjunction with the Northern Ireland Public Services Ombudsman; ensuring straightforward information is readily available; adopting a complainant-centred approach involving listening and responding decisively; ensuring a regionally consistent approach to procedures, forms and training and learning; and changing and improving through better use of data and information. • The report also addresses the roles and responsibilities of the Patient Client Council and the Regulation & Quality Improvement Authority (RQIA).
Care Quality Commission (CQC) - Out of sight – who cares?: Restraint, segregation and seclusion review	<ul style="list-style-type: none"> • Looks at the use of restraint, seclusion and segregation in care services for people with a mental health condition, a learning disability or autistic people.

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	<p>Summary of recommendations:</p> <ul style="list-style-type: none"> • People with a learning disability and or autistic people who may also have a mental health condition should be supported to live in their communities. • People who are being cared for in hospital in the meantime must receive high-quality, person-centred, specialised care in small units. • There must be renewed attempts to reduce restrictive practice by all health and social care providers, commissioners and others. • There must be increased oversight and accountability for people with a learning disability, and or autistic people who may also have a mental health problem. There must be a single point of accountability to oversee progress in this policy area
<p>Cwm Taf Morgannwg University Health Board - Independent Maternity Services Oversight Panel (IMSOP) Investigation (Wales)</p>	<ul style="list-style-type: none"> • Focused on the experiences of pregnant women at Cwm Taf Morgannwg health board, which is now in special measures. • Minister appointed an independent panel to provide the oversight which is necessary to ensure Board addresses the failings. • Oversight panel provides regular reports to the Minister, which we monitor for learnings.

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Council

Ending of emergency period

Action:	For noting
Issue:	To update the Council on the ending of the Covid-19 emergency period and the implications for temporary registration and our recovery standards.
Core regulatory function:	Professional Practice Professional Regulation
Strategic priority:	Strategic aim 2: Proactive support for our professions
Decision required:	None.
Annexes:	The following annexe is attached to this paper: <ul style="list-style-type: none">Annexe 1: Summary of current Recovery Standards removal dates
Further information:	If you require clarification about any point in the paper or would like further information please contact the author or the director named below. Author: Rachel Craine Phone: 07789 942189 rachel.craine@nmc-uk.org Executive Director: Matthew McClelland Phone: 020 7681 5987 matthew.mcclelland@nmc-uk.org

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Context:

- 1 The Council considered a paper on this topic on 29 September 2021 (see **NMC/21/78**) and a review of education recovery standards on 24 November 2021 (see **NMC/21/100**).
- 2 We put in place a number of measures to support the Covid-19 emergency, including:
 - 2.1 Establishing temporary registration of professionals the Registrar considers to be fit, proper and suitably qualified to support the emergency.
 - 2.2 Setting emergency and recovery standards to support the workforce and students' education during the pandemic.
- 3 The Coronavirus Act 2020 granted us temporary registration powers during the pandemic. The Registrar is responsible for temporary registration decisions within the policy framework set by the Council.
- 4 As on 28 February 2022, there were 15,296 individuals with temporary registration. Of these 14,089 were registered nurses, 1,007 were midwives and 196 were dual qualified as a nurse and midwife. Individuals who are temporarily registered are not subject to the normal processes of revalidation, payment of fees, or fitness to practise. Our data shows there are a large number of temporary registrants yet to be deployed into the workforce.
- 5 By way of comparison, the most recently published figures for the permanent register show that on 30 September 2021 there were 744,929 individuals on the permanent register. Of these, 692,858 were registered nurses, 39,664 were midwives and 6,898 were dual qualified as a nurse and midwife.
- 6 Setting and withdrawing emergency and recovery education standards are matters of policy decided by the Council during the pandemic. The recovery standards currently in force, and the decisions the Council has previously taken regarding their withdrawal, are summarised in Annexe 1.
- 7 This paper summarises the preparations we have made for the end of the emergency period to ensure clear communications, mitigate the impact on individuals and on the sector, and have as smooth a transition as possible.

Four country factors:

- 8 There are differing levels of temporary registration across the four nations (as on 28 February 2022, the figures are as follows: England 12,196, Northern Ireland 349, Scotland 1,837 and Wales 786).

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9 By comparison, the total number of individuals on the permanent register by nation (as on 30 September 2021) was: England 583,541 (including Nursing Associates), Northern Ireland 26,229, Scotland 71,822 and Wales 38,053.

10 Our recovery standards apply to all four countries.

Stakeholder engagement:

11 We continue to liaise with the Department of Health and Social Care (DHSC) to ensure we remain up-to-date on their proposals for temporary registration and ending the emergency period.

12 To keep all our temporary registrants and our partners informed with as much notice as possible about changes that affect them:

12.1 We issued a statement on 22 February 2022 to explain the implications for the thousands of temporary registered nurses and midwives when the emergency Covid-19 legislation expires in March 2022 and our plans for the closure of temporary registration.

12.2 We have updated the Chief Nursing Officer (CNOs) and Chief Midwifery Officer (CMidOs) in the four countries on the changes and will continue to do so.

12.3 We have worked closely with the CNOs, Council of Deans of Health, Royal Colleges and representative bodies in relation to our emergency and recovery standards.

12.4 We are ensuring information on our website is accurate and up-to-date.

12.5 We have communicated to the sector and those with temporary registration on the end of Coronavirus Act and the Government’s intention to close temporary registration.

12.6 We emailed all temporary registered nurses and midwives confirming that temporary registration will end on 30 September 2022 and encouraging them to make preparations to move across to the permanent register as soon as possible if that is what they wish to do.

12.7 We are supporting eligible professionals to move on to our permanent register, if they want to keep practising.

Discussion:

Ending temporary registration

13 Temporary registration will end for everyone when either (a) the Secretary of State decides to close the emergency register or (b) the Registrar uses her power to revoke temporary registration.

- 14 The Government’s plan for living with Covid-19, published on 21 February 2022, announced that the temporary provision within the Coronavirus Act 2020 (“the Act”) that allows for the emergency registration of nurses and other health and care professionals will expire at midnight on 24 March 2022.
- 15 The effect of this will be that:
- 15.1 We will no longer be able to accept new applicants for temporary registration after 24 March 2022.
- 15.2 The people who are already temporarily registered on 24 March 2022 will remain registered and can continue to practise after this date.
- 16 In light of the Government’s announcement, the last cohorts invited for temporary registration are those who left our permanent register between 1 March 2015 and 28 February 2022 and overseas candidates who meet the requirements for temporary registration who applied up to 1 March 2022.
- 17 The last cohorts have until 24 March 2022 to join the temporary register.
- 18 For people who remain temporarily registered after March 2022, we will continue to apply conditions of practice on a monthly basis to those who have been away from the permanent register for more than three years and overseas candidates.
- 19 On 16 March 2022, a written ministerial statement in the House of Commons and the House of Lords announced the Government’s intention to close the emergency registers on 30 September 2022, following a notice period of six months. We welcome the Government providing six months’ notice which will allow eligible professionals to move to our permanent register if they wish.
- 20 Our website explains what temporarily registered individuals need to do if they would like to move to permanent registration.
- 20.1 Overseas candidate need to successfully complete the OSCE before joining the permanent register.
- 20.2 Registered nurses and midwives who were previously on our permanent register can apply for readmission in line with our return to practice (RtP) standards and readmission process.
- 21 Hours practiced whilst temporarily registered count as practice hours for readmission, along with any practising hours whilst on the permanent register within the last 3 or 5 years. Individuals who do not meet the required practice hours can complete a return to practice programme or undertake a test of competence.

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22 **Recommendation: The Council is recommended to note the arrangements for ending temporary registration.**

Lifting of emergency and recovery standards

23 We withdrew our remaining emergency standards on 30 September 2021.

24 Our recovery standards are still in place for Approved Education Institutions (AEIs) to use. The recovery standards are provided in Annexe 1.

25 Council previously agreed that the recovery standards:

25.1 RN1 to RN4 will be withdrawn following any announcement by the Secretary of State that the emergency period is ended.

25.2 RN5, RN5.1 and RN6(D) will remain in effect until the review of education programme standards is complete.

26 **Recommendation: The Council is recommended to note our approach to withdrawing recovery standards in line with the Council’s previous decisions.**

Next Steps

27 We will proceed in accordance with the Council’s decisions and the plans outlined in this paper for the end of the emergency period.

28 We will continue to liaise with the government, temporary registered nurses and midwives and the sector to ensure the transition is as smooth as possible.

Midwifery implications:

29 There are no differences to the application of this topic for midwifery, although not all of the recovery standards apply to midwifery (see Annexe 1).

Public protection implications:

30 Temporary registration allowed us to act rapidly to expand the nursing and midwifery workforce during the pandemic emergency. Removal of temporary registration will mean that option is no longer available. The government’s judgement in deciding to close the temporary register is that the circumstances which gave rise to the emergency no longer apply and that temporary registration is therefore no longer required.

Resource implications:

31 None have been identified.

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Equality diversity and inclusion implications:

- 32 Ending temporary registration will have a differential impact on the large number of overseas candidates with temporary registration as they will have to go through the usual registrations processes (including a Test of Competence) to take up permanent registration. However, we consider this appropriate since they had not previously been registered with us.
- 33 We have not identified any equality, diversity or inclusion (EDI) issues for former registrants who wish to re-join the register permanently.
- 34 We will continue to collect and demographic details from temporary registrants and contribute to the wider Covid-19 EQIA.

Risk implications:

- 35 The public protection risks are discussed above.

Regulatory reform:

- 36 We expect our new legislation to include emergency registration provisions so that we would not require an Act of Parliament to be able to begin temporary registration in the event of a future national emergency.

Legal implications:

- 37 As a matter of law, it would be unlawful to temporarily register new individuals after the expiry date of the Act.

Annexe 1: Summary of current Recovery Standards removal dates

Recovery Standard	Council approved withdrawal date
The following recovery standards apply to all programmes	
R1. Ensure placement allocations take account of current, relevant public health guidelines with due regard to the health and wellbeing of individual students.	When the Secretary of State declares the emergency over.
R2. All students will receive support, supervision and assessments in line with the Standards for student supervision and assessment (SSSA, 2018).	When the Secretary of State declares the emergency over.
R3. Theoretical instruction can be replaced with blended learning, where appropriate to support student learning, which meets the required theoretical hours and learning outcomes.	When the Secretary of State declares the emergency over.
R4. Where students currently have 12 weeks to meet any outstanding outcomes, under these exceptional circumstances there will be an unlimited period for these to be met.	When the Secretary of State declares the emergency over.

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The following recovery standards apply to all nursing programmes	
<p>RN5 Approved Education Institutions (AEIs) and their practice learning partners must ensure virtual and simulation-based learning opportunities are used effectively and proportionately to support learning and assessment in practice to meet specifically identified standards of proficiency, associated skills and nursing procedures, and pre-registration nursing programme outcomes for the intended year of study. Where there is insufficient direct contact with healthy or ill people and communities in audited practice learning placements available for students to meet learning outcomes, alternative learning opportunities that use simulation, virtual and digital learning and other contemporary approaches can be used. These approaches may replace direct contact in practice for up to a maximum of 300 hours (eight weeks) of the overall 2300 practice learning hours. The final practice learning assessment necessary for award and eligibility to register should take place in an audited practice placement setting and meet the standards for student supervision and assessment (2018).</p>	<p>When the project of work to review the standards following the removal of the EU Directive is complete, and until new permanent standards have been approved for delivery.</p>
<p>RN5.1 Appropriate student supervision of the use of simulation, virtual and digital learning and other contemporary approaches to practice learning (for example, peer learning, actors; high and low fidelity including manikins; and virtual and online practice learning training programmes involving authentic case studies, reflection and interaction with people) and appropriate student assessment of learning outcomes achieved during simulated or digital learning must be in place in order to meet the standards for student supervision and assessment (2018).</p>	<p>When the project of work to review the standards following the removal of the EU Directive is complete, and until new permanent standards have been approved for delivery.</p>

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RN6 (D) - AEs and their practice learning partners must ensure virtual and simulation-based learning opportunities are used effectively and proportionately to support learning and assessment in practice to meet specifically identified standards of proficiency, associated skills and nursing procedures, and pre-registration nursing programme outcomes for the intended year of study. Use of simulation, virtual and digital learning and other contemporary approaches may replace direct contact in practice for up to a maximum of 600 hours of the overall 2300 practice learning hours. The final practice learning assessment necessary for award and eligibility to register should take place in an audited practice placement setting and meet the standards for student supervision and assessment (2018).

The Council approved additional discretionary standard RN6 (D) on 24 November 2021.

It will be withdrawn when the project of work to review the standards following the removal of the EU Directive is complete, and until new permanent standards have been approved for delivery.

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Council

Audit Committee Report

Action: For noting.

Issue: Reports on the work of the Audit Committee.

Core regulatory function: Supporting functions.

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

Decision required: None.

Annexes: None.

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

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Chair: Marta Phillips

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Context: 1 Reports on the last meeting of the Audit Committee held on 23 February 2022. Key Issues considered by the Committee included:

- 1.1 Progress on the Internal Audit work plan, reviews completed in the last quarter, and a proposed approach to managing outstanding internal audit actions for People and Organisational Development.
- 1.2 Approval of the internal audit work plan for 2022-2023.
- 1.3 Review of the plans for the external audit for 2020-2021.
- 1.4 Consideration of the Comprehensive Assurance Review of Information Technology.
- 1.5 Review of the anti-fraud and bribery policy.
- 1.6 Updates on whistleblowing.

Four country factors: 2 Not applicable for this paper.

Stakeholder engagement: 3 Not applicable as this is a report from the Audit Committee to Council.

Discussion: Internal Audit work plan 2021-2022

- 4 The Committee reviewed progress against the Internal Audit work plan for 2021-2022, with delivery progressing largely in line with the plan. The Committee noted that:
 - 4.1 The audit of the Modernisation of Technology Services (MoTS) programme had been delayed as it had taken time to agree a focus for the audit that did not overlap with the newly commissioned external review of the programme.
 - 4.2 The audit of new ways of working had been delayed due to staff sickness.
 - 4.3 An additional report relating to the direct award of a technology services contract would be considered at the next meeting.
- 5 The Committee considered two internal audit reports:

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- 5.1 **Core financial controls** which had an opinion of reasonable assurance. The Committee noted that management check-points for key operations were functioning as expected, but could be more clearly evidenced and more resilience could be built into finance management as currently there is reliance on key posts for much low-level as well as high-level review and sign off.
- 5.2 **Payroll (employment taxes)**, which had an opinion of reasonable assurance. The Committee noted that whilst there is generally a well-designed control framework around the basic payroll function, there is a need to introduce further documented processes, procedures, and controls in relation to other aspects of UK employment tax compliance, in particular surrounding off payroll working and the reporting of staff benefits.

Internal Audit Recommendations

- 6 The Committee continues to monitor progress on clearing Internal Audit recommendations. At its last meeting the Committee noted that there were a number of outstanding actions relating to the People and Organisational Development department and that many of these actions related to work now being undertaken through the People Plan. At the Committee's request, the Executive had reviewed these actions and proposed a revised approach in the context of the People Plan. The Committee agreed that the proposed approach provided an effective mechanism for monitoring these actions going forward. The Executive assured the Committee that completing these actions was a key focus and despite resource issues within the department it had confidence progress would be made.

Internal Audit Work plan 2022-2023

- 7 The Committee reviewed the proposed internal audit work plan for 2022-2023, and was satisfied that the plan provided appropriate coverage, taking into account organisational priorities and key risk areas. It was noted that an audit on the NMC's approach to Climate Change was not currently scheduled until 2024-2025; the Committee was comfortable with this approach as long as Council had sight of the sustainability plan once developed.

Whistleblowing and anti-fraud, bribery and corruption

- 8 The Committee noted that no fraud, bribery or corruption had been detected in 2021-2022 and that there had been no reported incidents of offences under the Modern Slavery Act 2015 in the NMC's supply chain. An updated Modern Slavery Statement will be reviewed by the Committee in Quarter 1 of 2022-2023.
- 9 There had been no instances of the whistleblowing policy being used since the last Audit Committee meeting. The Committee received updates on the two cases that had been raised at its previous meeting. The Committee was content with how the cases were being handled.

Comprehensive Assurance Review: Information Technology

- 10 The Committee considered a comprehensive assurance review of the Information Technology function.
- 11 The Committee discussed:
- 11.1 The key risks being managed by the Information Technology function and how the function's focus areas would help mitigate these risks further;
 - 11.2 The arrangements that are in place to manage cyber security threats, particularly in the light of the crisis in Ukraine.
 - 11.3 The potential for the NMC to seek cyber accreditation to support its continued management of cyber security threats.
 - 11.4 How the IT function ensures key software remains within the developer's support.
- 12 The Committee agreed that the Comprehensive Assurance Review had provided a very useful overview of how the Information Technology function was managing key risks and suggested that Council would benefit from considering the presentation at an appropriate time.

Review of the anti-fraud and bribery policy.

- 13 Subject to minor amends, the Committee approved the updated anti-fraud and bribery policy, noting that there were no substantive alterations to the policy since it was last reviewed.

External Audit and NAO plans for the audit of accounts for the year ending 31 March 2022

14 The Committee considered and approved the plans by external auditors, HW Fisher, and the National Audit Office (NAO) for the audit of accounts for year ending 31 March 2022. The Committee was content with the proposed timeline for the production of the Annual Reports and Accounts.

Midwifery implications: 15 No midwifery implications arising directly from this report.

Public protection implications: 16 None.

Resource implications: 17 Costs for audit services are in line with expected budgets..

Equality diversity and inclusion implications: 18 The Internal Audit work programme for 2021-2022 included an audit of our internal approach to EDI (with this audit receiving reasonable assurance). An audit of EDI external facing risks was considered for inclusion in the 2022-2023 work plan but it was agreed that this would benefit from review at a later stage.

Risk implications: 19 No risk implications arising directly from this report, although as outlined at paragraph 7-9, the Committee considered how key risks within Information Technology are being managed.

Regulatory reform: 20 No direct implications from regulatory reform.

Legal implications: 21 None identified.

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Council

Investment Committee Report

Action: For noting.

Issue: Reports on the work of the Investment Committee.

Core regulatory function: Supporting functions

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

Decision required: None.

Annexes: None.

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

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Chair: Sir David Warren

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- Context:**
 - 1 Reports on the last meeting of the Investment Committee held on 24 January 2022. Key issues considered by the Committee included:
 - 1.1 Performance of the Investment Portfolio;
 - 1.2 Sarasin’s approach to stewardship and how they use their leverage to improve environmental, social and governance (ESG) issues and equality, diversity and inclusion (EDI);
 - 1.3 An initial review of the investment policy; and
 - 2 A proposed approach to the Committee’s effectiveness review and the frequency of its meetings.
- Four country factors:**
 - 3 Not applicable for this paper.
- Stakeholder engagement:**
 - 4 As noted at paragraph 14-15, the Committee will seek the views of Sarasin as part of the effectiveness review.

Discussion: Performance of the Investment Portfolio

- 5 The Committee reviewed and discussed the performance of the Investment Portfolio with our Investment Managers, Sarasin. The objective for the fund is a return of UK Consumer Price Index (CPI) plus 3 percent per annum.
- 6 The portfolio had performed well against the NMC’s CPI target over the last quarter and calendar year, achieving a return of 10.7 percent against a target of 8.3 percent over the calendar year. However, UK and global equities had performed less well, with UK equities achieving a return of 12.5 percent against the index return of 18.7 percent and global equities achieving a return of 15.8 percent against the index return of 19.9 percent. Although a return of 12.5 percent might be considered an adequate return, underperforming the index by 6 percent was a significant margin.
- 7 The Committee explored this underperformance with the Investment Managers who agreed that the equity performance was disappointing. This performance was primarily due to three areas:
 - 7.1 Energy sector: The energy sector had performed strongly over the calendar year and, as such stocks were excluded from the NMC portfolio due to its Ethical Investment Policy, the fund had not benefited from this.

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- 7.2 Mega caps: Key mega cap companies, such as Tesla and Nvidia had outperformed the broader market and contributed to the index performance. The NMC fund does not own these stocks as they do not align with Sarasin’s thematic approach.
 - 7.3 Stock selection: Some stocks had performed less well than predicted. The Managers had identified learning from such cases and their process for stock selection had been amended accordingly.
 - 8 The Committee explored the following areas with the Investment Managers:
 - 8.1 Whether increased inflation was a short or long term trend and how the investment managers were managing the portfolio to mitigate this challenge; and
 - 8.2 Sarasin’s approach to managing the potential impact on the markets by geopolitical risks.
 - 9 The Committee remains comfortable with the investment approach taken by the Investment Managers.

Sarasin’s approach to stewardship and how they use their leverage to improve environmental, social and governance (ESG) issues and equality, diversity and inclusion (EDI).

- 10 Sarasin provided the Committee with a presentation on their approach to stewardship.
- 11 The Committee was pleased to note that Sarasin are using their influence to challenge companies to improve diversity and to take action on climate change. Sarasin shared examples of their active engagement with companies and the improvements they had seen.
- 12 The Committee was pleased to hear Sarasin’s commitment and action on these issues and looked forward to further updates on progress as it was an area of significant interest and concern for the Committee and the NMC.

Initial review of investment Policy review

- 13 The Committee is due to undertake a full review of the Investment Policy at its meeting on 20 April 2020, with Council due to consider any recommendations in May 2022. To help inform this discussion, the Committee had a useful initial discussion to identify areas of focus. The Committee will provide a full report when it presents any recommendations in May 2022.

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Committee Effectiveness review

- 14 In line with good practice, the Committee is due to undertake its annual effectiveness review in February 2022. The Committee noted that last year’s review was a useful exercise and agreed that this year’s review should follow a similar format.
- 15 The Committee approved the proposed approach, and agreed that the review should seek the views of the Investment Managers and, if they wish to contribute, the view of the Chair of Audit Committee.

Frequency of meetings

- 16 The Committee reflected on the frequency of its meetings and agreed that as the fund has now been established for a year, it would be appropriate to move from quarterly meetings to meetings every six months.
- 17 To ensure oversight is maintained, appropriate assurance mechanisms would need to be in place, including:
 - 17.1 the Committee receiving performance reports every quarter;
 - 17.2 the Executive escalating any extraordinary events to the Committee; and
 - 17.3 the Committee retaining the flexibility to call an extraordinary meeting if required.

Risk register

- 18 The Committee discussed the portion of the corporate risk register relating to the investment risk and noted there were no amendments to the register since reviewed by the Committee in October 2021.

Events in Ukraine

- 19 Subsequent to the meeting, in light of events in Ukraine, our Investment Managers have confirmed that we have no direct investments in Russian holdings.

Midwifery implications:

- 20 Our investment approach aims to financially benefit all areas of our work, including those related to midwifery.

Public protection implications:

- 21 None.

Resource implications:	22	No resource implications arising directly from this report. Our long term investment policy has a target overall rate of return on invested funds of CPI plus 3 percent per annum, net of investment management fees.
Equality diversity and inclusion implications:	23	EDI issues were considered as part of the discussion on Sarasin's approach to stewardship (paragraphs 10-12).
Risk implications:	24	The Committee will continue to discuss and monitor the associated risks.
Regulatory reform:	25	No issues directly related to regulatory reform.
Legal implications:	26	None identified.

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Council

Appointments Board report

Action: For noting

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

Core regulatory function: Supporting functions

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

Decision required: None.

Annexes: None.

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

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Chair of Appointments Board:
Jane Slatter

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Context: 1 Reports on the meeting of the Appointments Board held on 9 March 2022. The Board was pleased to hold its first in person meeting since March 2020.

2 The Appointments Board is a Committee of the Council. Its remit is to assist the Council in connection with the exercise of any function or process relating to the appointment of Panel Members and Legal Assessors to the Practice Committees and the appointment of Registration Appeal Panel Members to the Registration Appeals Panel.

Four country factors: 3 As a four country regulator, it is important to have a spread of Panel Chairs and Members geographically. As part of the external selection of Panel Chairs, there will be a focus on diversifying the Chair pool to make sure it better reflects the register and the wider public.

Stakeholder engagement: 4 No stakeholder engagement implications arising directly from this report.

Discussion and options appraisal: Panel Members and Legal Assessor resignations

5 The Board was informed that there has been a gap in reporting resignations of Panel Members and Legal Assessors to the Appointments Board since March 2019. A separate paper asks the Council to formally approve the removal of 28 Panel Members from the Practice Committee list and to note the removal of 31 Legal Assessors from the list of appointed Legal Assessors during the same time period.

6 The Board was assured by the Executive that there have been no public protection implications from this gap in reporting and that internal processes have been updated to ensure no gaps in the future. All Panel Member and Legal Assessors had been removed from internal systems at the point of resignation. Therefore the data presented to the Board on Panel Member and Legal Assessor numbers and forecasting figures for the future reflected the true, current numbers.

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Review of new Panel Member performance and induction/training

- 7 The Board considered a summary of the completion rates for the induction training programme for new Panel Members in 2021 and the results of a post training evaluation survey. The paper also contained data on uptake of refresher training offered to existing Panel Members. While there was 100 percent participation in virtual training days and feedback from the survey was positive, take up of self-directed e-learning modules was lower. Reasons for this are being explored and the Board will receive an update at a future meeting.

Learning from previous selection exercises

- 8 The Board is committed to continuous improvement and has considered learning from the internal Panel Chair selection process undertaken in 2021; from an in depth Equality, Diversity and Inclusion analysis of the 2021 Panel Member selection process; and from the Serious Event Review of the erroneous appointment of a Panel Member who was not eligible for appointment (having already served two terms). The Council formally revoked the appointment in January 2022.
- 9 The Board was pleased to note that the analysis undertaken of the 2021 Panel Member selection process showed that there was no significant adverse impact on any groups with protected characteristics. The Board was also satisfied that learning from the erroneous appointment of a Panel Member has been incorporated into the external Panel Chair selection exercise, which now includes key questions on eligibility. Other learning identified will be incorporated in future Panel Member selection processes.

Equality, Diversity and Inclusion monitoring information

- 10 The Board welcomed an update from the Acting Executive Director, People and Organisational Effectiveness, on work being undertaken by the Executive to inform a review of the NMC's policy on monitoring 'Gender'. The Board looks forward to receiving a further update in six months' time when the work will hopefully have been completed.

Panel Chairs – external selection process

- 11 At its November 2021 meeting, the Council accepted the Appointments Board's recommendation to appoint 34 individuals as Panel Chairs, following a selection exercise from within the existing Panel Member pool. The number of applications was lower than anticipated, with the number of Panel Chairs recommended for appointment falling short of the target of 56.

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- 12 The Board is overseeing an external selection exercise for a further 30 to 40 Panel Chairs, which will culminate in recommendations to Council for appointments in July 2022. The Board has been reviewing various aspects of the process, including arrangements for application, assessment and interviews. The Board's focus included the accessibility of the process to encourage a diverse set of applicants and to ensure there are no adverse impacts on any groups at any stages of the process.
- 13 Subject to some further work by the Executive, the Board approved the approach to the selection exercise. In line with the agreed timetable, the application period opened on 16 March 2022 and will close on 6 April 2022.
- 14 The Board asked that a modelling exercise be undertaken by the Executive to determine hearing capacity should the required number of Panel Chairs not be achieved.

Whistleblowing concern

- 15 The Board continues to review progress against an action plan developed by the Executive to address concerns raised by a Panel Member in April 2021. The concerns were addressed using our Whistleblowing framework.
- 16 The Board considered an analysis of a survey which had been sent to all Panel Members and Legal Assessors to obtain their views on how the NMC deals with matters relating to equality, diversity and inclusion, and how it handles any concerns raised. Although less than half had completed the survey there were some helpful findings which have provided insight into areas needing improvement.
- 17 The action plan will be updated with the proposed improvements and the Board will continue to monitor progress. The survey will be repeated in a year to evaluate the effectiveness of the proposed actions.

Review of Panel Member Services Agreement and Legal Assessor Services Agreement

- 18 The Board continues to oversee a review of the Panel Member Services Agreement and the Legal Assessor Services Agreement.
- 19 A draft specification for the drafting of the agreements is due to be considered by the Board in July 2022.
- 20 The Board has been kept updated in relation to the NMC's appeal against the decision of the Employment Tribunal that a former Panel Member was a 'worker' as defined by employment legislation.

Preparation for annual effectiveness review

- 21 The Board considered its approach to its annual effectiveness review for 2022. The review will take the form of a short online survey. The Board will consider the outcomes of the survey at its July meeting when it will also undertake a review of progress against the three year strategy for delivering high quality panels, which the Board approved in December 2019 and the success measures agreed in September 2020.

Board membership – upcoming vacancy

- 22 A member of the Board's final term comes to an end on 31 August 2022. The Board's view is that the focus of any selection exercise should be on increasing the diversity of the Board, particularly in terms of race.
- 23 The Secretariat is developing a proposed approach and timeline for an open competitive selection process for consideration by the Chair of Council. The process will be overseen by the Remuneration Committee.

Midwifery implications:

- 24 The Practice Committee membership includes Panel Members who are registered midwives.
- 25 The external selection process for Panel Chairs will be open to registered midwives, as well as registered nurses and nursing associates.

Public protection implications:

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

Resource implications:

- 28 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.
- 29 Costs associated with selection and induction of Panel Chairs and Legal Assessors have been built into budgets for 2022-2023.

Equality diversity and inclusion implications:

- 30 The three year strategy approved by the Board for delivering high quality Panel Members includes the following objectives in relation to equality, diversity and inclusion:
- 30.1 Ensuring the registrant membership of the practice committees reflects the professions we regulate and the lay membership reflects the wider UK population.
 - 30.2 Ensuring Panel Members are equipped with the necessary knowledge and training to ensure EDI matters are understood, supported and well managed.

Risk implications:

- 31 Having insufficient numbers of Panel Chairs and Panel Members could prevent us from sustaining levels of hearings activity required to reduce the fitness to practise caseload. To mitigate this risk, the Board is overseeing an external process to select additional Panel Chairs.
- 32 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.

Regulatory reform:

- 33 The Board continues to be sighted on the indicative timetable for regulatory reform.
- 34 The Board received a presentation from the Executive Director, Strategy and Insight, on regulatory reform in December 2021 and a further update has been programmed in for July 2022.

Legal implications:

- 35 The Nursing and Midwifery Council (Practice Committees) Constitution Rules 2008 sets out requirements in relation to the appointment of Panel Members to the Practice Committees by the Council; the chairing of Practice Committees; disqualification from appointment as a Panel Member; and termination, suspension and removal of committee membership by the Council.

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Council

Governance: Council Committee membership 2022-2023 Council meeting dates 2023-2024

Action: For noting

Issue: Confirms Council Committee membership for 2022-2023 and sets Council meeting dates for 2023-2024.

Core regulatory function: All regulatory functions

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

Decision required: None

Annexes: The following annexes are attached to this paper:

- Annexe 1: Council Committee membership/appointments 2022–2023.
- Annexe 2: Proposed Council meeting dates for April 2023 to March 2024.

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

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- Context:**
- 1 Under Article 3(12) of the Nursing and Midwifery Order 2002 (as amended), the Council may establish discretionary Committees in connection with the discharge of its functions and delegate any of its functions to them.
 - 2 The Council's Standing Orders (paragraph 4.2.4) authorise the Chair of the Council to make appointments to Council Committees. The Chair also determines Vice-Chair and other Council appointments.
 - 3 Committee memberships and Council appointments are set out at **Annexe 1**.
 - 4 For completeness and transparency, this includes::
 - 4.1 Appointments Board membership – this is composed entirely of non-Council (partner) members.
 - 4.2 General Nursing Council for England and Wales Trust: NMC Trustee.
 - 4.3 NMC and associated employers Defined Benefit Pension Scheme: NMC Employer nominated Trustees.

Proposed Council meeting dates 2023-2024

- 5 Proposed dates for the Council's seminars and meetings are at **Annexe 2**.

Four country factors: 6 Four country considerations are one of the factors taken into account in balancing roles across the Council (see paragraph 11.5 below).

Stakeholder engagement: 7 None.

Discussion: Vice Chair appointments

- 8 The Council currently has a Chair, Sir David Warren (lay member) and two Vice Chairs, Karen Cox (registrant member); and Derek Pretty (lay member). The Vice Chairs are responsible, amongst other things, for conducting the annual appraisal of the Chair and presiding at any meeting should the Chair need to withdraw or be unexpectedly absent.
- 9 The Chair has asked Karen Cox and Derek Pretty to continue as Vice Chairs.

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Remuneration, Audit, Investment and Accommodation Committees

- 10 In November 2015 (NMC/15/61c), the Council agreed the following principles to inform Council Committee appointments:
- 10.1 Committee appointments should be informed by an agreed skills matrix and aim to optimise individual member skills, experience, interests and expertise.
 - 10.2 Committee members should be appointed for a specified term of office, usually two to three years.
 - 10.3 Committee membership should be reviewed annually and refreshed regularly, whilst also maintaining appropriate continuity and avoiding unnecessary disruption.
 - 10.4 Where possible Committee appointments should aim to distribute responsibilities evenly amongst members, in any given year and over terms of office, and to spread the opportunities to chair Committees.
 - 10.5 Committee appointments should seek to balance factors including diversity, registrant and lay members and four country representation, where possible.
- 11 The Remuneration, Audit, Investment and Accommodation Committees are discretionary Committees of the Council. Taking account of the above factors and discussions with the Committee Chairs, the Chair of the Council has confirmed continued membership of the Remuneration, Audit, Investment and Accommodation Committees.
- 12 Associates have had the opportunity to attend Committee meetings during 2021-2022. Associate colleagues noted that they would welcome the chance to join a Committee. Accordingly, Associate members will be allocated to any Committees they wish to join, whilst continuing to be welcome to attend any other Committee meetings, should they wish to do so.

Appointments Board

- 13 The Appointments Board is a discretionary Committee established by the Council to ensure appropriate separation of responsibilities between the Council and the appointments and oversight of Fitness to Practise Panel Chairs and members and Legal Assessors. For this reason, it is comprised entirely of non-Council members, recruited through an open and competitive recruitment and selection process.
- 14 The Board's membership is set out at **Annexe 1** for completeness and transparency.

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3. **Nursing and Midwifery Council and Associated Employers: Defined Benefit Pension Scheme NMC Employer nominated Trustees**

4. 15 The NMC, as one of the two scheme employers, has two nominated trustees on the Defined Benefit Pension Scheme Trustee Board.

5. **General Nursing Council for England and Wales Trust: NMC Trustee**

6. 16 Lynne Wiggins (registrant member) was appointed by the Chair as the NMC Trustee on the General Nursing Council for England and Wales Trust from November 2020.

7. **Proposed Council meeting dates 2023–2024**

8. 17 Council meeting dates for 2022-2023 were approved in March 2021 and are published on the website. The Council has since discussed and taken the view in principle that ‘full meetings’ (January, March, May, July, September, and November) will be held ‘in-person’ where possible and Seminars will be held virtually, and that each Committee should determine its own balance of virtual and ‘in-person’ meetings.

9. 18 Proposed Council meeting dates for **2023–2024** are at **Annexe 2**. Council and Committees will determine in the light of experience during 2022-2023 whether these should be virtual or in-person.

10. 19 It is proposed to hold the September 2023 meeting in Wales. We are exploring opportunities for Council to hold meetings in England, outside of London, during 2022-2023 and 2023-2024,

11. 20 Committee dates will be added once discussed and agreed with Committee Chairs and members.

12. 21 **The Council is asked to note the Council meeting dates for 2023-2024 as set out at Annexe 2.**

13. **Midwifery implications:**

14. 22 None.

15. **Public protection implications:**

16. 23 None.

17. **Resource implications:**

18. 24 There are no resource implications arising from this paper.

19. **Equality diversity and inclusion implications:**

20. 25 Equality and diversity impacts and the NMC’s obligations under the Equality Act 2010 are taken into account in Council appointments, including as set out in paragraph 10.5 above.

Risk implications:

26 Regular review of Council roles and Committee appointments are consistent with good governance and mitigate against any governance risks.

Regulatory reform:

27 Committee membership may be subject to review during the year, as part of any Council effectiveness review and/or as the Council gives further consideration to preparing for Regulatory Reform.

28 The proposed meetings and dates for 2023-2024 are based on the current governance arrangements. We will keep these under review as the legislative timetable for Regulatory Reform and any consequent changes to the governance model become clearer.

Legal implications:

29 The proposals in this paper are compliant with the Nursing and Midwifery Order 2001 and the Council's Standing Orders and Scheme of Delegation.

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Council Committee membership/appointments 2022-2023

Chair	
David Warren (lay member)	From 21 June 2021 <i>Chair since June 2021</i>
Vice Chairs	
Karen Cox (registrant member)	From 1 April 2022 <i>Vice Chair since June 2021</i> <i>Deputy Chair, October 2020-June 2021</i>
Derek Pretty (lay member)	From 1 April 2022 <i>Vice Chair since June 2021</i>

Remuneration Committee	Term
The remit of the Remuneration Committee is to ensure that there are appropriate systems in place for remuneration and succession planning at the NMC.	
Ruth Walker (Chair) (registrant member)	1 April 2022 to 31 March 2023 <i>Committee Chair since 1 October 2020</i> <i>Committee member since 1 April 2020</i>
Hugh Bayley (lay member)	1 April 2022 to 31 March 2023 <i>Committee member since April 2018</i>
Lynne Wiggins (registrant member)	1 April 2022 to 31 March 2023 <i>Committee member since 1 October 2020</i>
Anna Walker (lay member)	1 April 2022 to 31 March 2023 <i>Committee member since 1 October 2020</i>
Tracey MacCormack (Associate member)	1 April 2022 to 31 March 2023 <i>Invited to attend as wishes</i>
Gloria Rowland (Associate member)	1 April 2022 to 31 March 2023 <i>Invited to attend as wishes</i>

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Audit Committee	Term
The remit of the Audit Committee is to support the Council and management by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of financial statements and the annual report.	
Marta Phillips (Chair) (lay member)	1 April 2022 to 31 March 2023 <i>Council member Chair from 1 May 2017 Independent Chair 1 June 2016 to 30 April 2017</i>
Derek Pretty (lay member)	1 April 2022 to 31 March 2023 <i>Committee member since 1 January 2017</i>
Eileen McEneaney (registrant member)	1 April 2022 to 31 March 2023 <i>Committee member since 1 October 2020</i>
Sue Whelan Tracy (lay member)	1 April 2022 to 31 March 2023 <i>Committee member since 1 October 2020</i>
Tracey MacCormack (Associate member)	1 April 2022 to 31 March 2023 <i>Invited to attend as wishes</i>
Gloria Rowland (Associate member)	1 April 2022 to 31 March 2023 <i>Invited to attend as wishes</i>

Accommodation Committee	Term
The remit of the Accommodation Committee is to oversee implementation of the Accommodation Strategy, including any proposed refurbishment of 23 Portland Place, within the financial and other parameters set by the Council.	
Derek Pretty (Chair) (lay member)	1 April 2022 to 31 March 2023 <i>Chair since 1 January 2021 Committee member since 1 May 2020</i>
Anna Walker (lay member)	1 April 2022 to 31 March 2023 <i>Committee member since 1 October 2020</i>
Lynne Wiggins (registrant member)	1 April 2022 to 31 March 2023 <i>Committee member since 1 October 2020</i>
Tracey MacCormack (Associate member)	1 April 2022 to 31 March 2023 <i>Invited to attend as wishes</i>
Gloria Rowland (Associate member)	1 April 2022 to 31 March 2023 <i>Invited to attend as wishes</i>

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Investment Committee	Term
The remit of the Committee is to oversee implementation of the Council's investment strategy; determine the allocation and movement of funds in accordance with the investment strategy; and monitor the Council's investment portfolio. Decision-making and implementation of the investment strategy is delegated to the Investment Committee.	
Derek Pretty (Chair) (lay member)	1 April 2022 to 31 March 2023 <i>Chair since 10 October 2018</i>
Claire Johnston (registrant member)	1 April 2022 to 31 March 2023 <i>Committee member since 10 October 2018</i>
Sue Whelan Tracy (lay member)	1 April 2022 to 31 March 2023 <i>Committee member since 1 October 2020</i>
Nicholas McLeod-Clarke (independent member)	15 April 2019 to 14 April 2024 <i>Reappointed for a second term from 15 April 2021 to 14 April 2024</i>
Thomasina Findlay (independent member)	15 April 2019 to 14 April 2024 <i>Reappointed for a second term from 15 April 2021 to 14 April 2024</i>
Tracey MacCormack (Associate member)	1 April 2022 to 31 March 2023 <i>Invited to attend as wishes</i>
Gloria Rowland (Associate member)	1 April 2022 to 31 March 2023 <i>Invited to attend as wishes</i>

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For information only

Appointments Board All non-council (Partner) members	Term
The remit of the Appointments Board 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 (the Investigating Committee and the Fitness to Practise Committee) and the appointment of Registration Appeal Panel Members to the Registration Appeals Panel.	
Jane Slatter (Chair)	6 August 2021 to 5 August 2024 Board member since 6 August 2018
Frederick Psyk	1 September 2019 to 31 August 2022 <i>Board member since 1 September 2016</i>
Angie Loveless	1 March 2021 to 29 February 2024 <i>Board member since 1 March 2018</i>
Clare Salters	1 March 2021 to 29 February 2024 <i>Board member since 1 March 2018</i>
Robert Allan	1 October 2021 to 30 September 2024 <i>Board member since 1 October 2018</i>

NMC and Associated Employers: Defined Benefit Pension Scheme NMC Employer Nominated Trustees	
John Halladay	Chair of the Trustee Board From 18 July 2013
Phil Hall	From 11 April 2019
There are five other Trustees: DHSC Employer Nominated Trustee (appointed) Two Pensioner Trustees (elected) Two NMC Employee Trustees (elected): Fionnuala Gill/Vacancy	

NMC Trustee General Nursing Council for England and Wales Trust	Term
Lynne Wiggins (registrant member)	From November 2020

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Proposed Council Meeting Dates for April 2023 to March 2024

Bank Holidays 2023:

7 April (UK wide); 10 April (England, Wales & Northern Ireland); 1 May (UK wide); 29 May (UK wide); 12 July (Northern Ireland); 7 August (Scotland); 28 August (England, Wales & Northern Ireland); 30 November (Scotland); 25 & 26 December (UK wide)

Bank Holidays 2024:

1 January (UK wide); 2 January (Scotland); 18 March (Northern Ireland), 29 March (UK wide)

Please note:

- Council Seminar start times & Open meeting finish times may vary
- The meetings and dates proposed are based on current governance arrangements, and will be repurposed as we transition to the new Unitary Board model. We will endeavour to keep changes to dates to a minimum.

Month	Date	Meeting/Event	Time
April 2023	Tuesday 25 April	Council Seminar	10:00 – 16:00
May 2023	Tuesday 16 May	Council Seminar & Confidential Meeting	10:00 – 17:30
	Wednesday 17 May	Council Open Meeting	09:30 – 14:00
June 2023	Tuesday 6 June	Council Seminar/or Awayday	10:00 – 16:00
July 2023	Tuesday 4 July	Council Seminar & Confidential Meeting	10:00 – 17:30
	Wednesday 5 July	Council Open Meeting	09:30 – 14:00
	Wednesday 26 July	Council Seminar and/or Confidential and /or Open Meeting	09:30 – 16:00
September 2023	Monday 25 September	Travel to Wales Provisional	
	Tuesday 26 September (Provisional: to take place in Wales)	Council visits, stakeholder engagement, Dinner	All day

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Month	Date	Meeting/Event	Time
	Wednesday 27 September (Provisional: to take place in Wales)	Council Open & Confidential Meeting	09:30 – 15:00
October 2023	Tuesday 31 October	Council Seminar	10:00 – 16:00
November 2023	Tuesday 21 November	Council Seminar & Confidential Meeting	10:00 – 17:30
	Wednesday 22 November	Council Open Meeting	09:30 – 14:00
December 2023 <i>(Provisional in case Regulatory Reform requires this)</i>	Tuesday 12 December	Council Seminar	10:00 – 16:00
January 2024	Tuesday 23 January	Council Seminar & Confidential Meeting	10:00 – 17:30
	Wednesday 24 January	Council Open Meeting	09:30 – 14:00
February 2024	Tuesday 27 February	Council Seminar	10:00 – 16:00
March 2024	Tuesday 26 March	Council Seminar & Confidential Meeting	10:00 – 17:30
	Wednesday 27 March	Council Open Meeting	09:30 – 14:00

Note: Committee dates to be discussed and agreed with Committee Chairs and members.

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