Meeting of the Council

To be held from 09:30am on Wednesday 29 November 2017
at 23 Portland Place, London, W1B 1PZ

Agenda

Dame Janet Finch
Chair

Fionnuala Gill
Secretary

1	**Welcome and Chair's opening remarks**	NMC/17/92	**09:30**
2	**Apologies for absence**	NMC/17/93	
3	**Declarations of interest**	NMC/17/94	
4	**Minutes of the previous meeting** Chair	NMC/17/95	
5	**Summary of actions** Secretary	NMC/17/96	
6	**Chief Executive's report** Chief Executive and Registrar	NMC/17/97	

Matters for decision

7	**Consultation on the fees for nursing associates** Director of Education, Standards and Policy	NMC/17/98	09:40
8	**Questions from observers** Chair of the Council	NMC/17/99 **(Oral)**	10:20
9	**Education Quality Assurance Annual Report 2016–2017** Director of Education, Standards and Policy	NMC/17/100	10:30

10	**Draft People Strategy** Director of People and Organisational Development	NMC/17/101	10:45
11	**Appointment of Assistant Registrars** Secretary	NMC/17/102	11:00
	Coffee		**11:05–11:20**

Matters for discussion

12	**Annual equality, diversity and inclusion report 2016–2017 and action plan** Director of Education, Standards and Policy	NMC/17/103	11:20
13	**Midwifery update** Director of Education, Standards and Policy	NMC/17/104	11:50
14	**General Nursing Council Trust Report** Council member – Maureen Morgan	NMC/17/105	12:00

Corporate reporting

15	**Performance and Risk report** Director of Resources	NMC/17/106	12:10
16	**Financial monitoring report** Director of Resources	NMC/17/107	12:30
17	**Audit Committee Report** Chair of the Audit Committee	NMC/17/108	12:45

Matters for information

Matters for information will normally be taken without discussion. Members should notify the Chair or the Secretary to the Council in advance of the meeting should they wish for any item to be opened for discussion.

18	**Chair's action taken since the last meeting** Chair of the Council	NMC/17/109

19	**Questions from observers**	NMC/17/110	12:55
	Chair of the Council	**(Oral)**	

Lunch (13:00–13:45)

Item 4
NMC/17/95
29 November 2017

Meeting of the Council
Held on 27 September 2017 at 2 Stratford Place, Montfichet Road, London, E20 1EJ

Minutes

Present

Members:

Dame Janet Finch	Chair
Sir Hugh Bayley	Member
Karen Cox	Member
Maura Devlin	Member
Maureen Morgan	Member
Robert Parry	Member
Derek Pretty	Member
Stephen Thornton	Member
Lorna Tinsley	Member
Ruth Walker	Member

NMC Officers:

Jackie Smith	Chief Executive and Registrar
Adam Broome	Director of Resources
Emma Broadbent	Director of Registration and Revalidation
Matthew McClelland	Director of Fitness to Practise
Judith Toland	Director of Transformation
Geraldine Walters	Director of Education, Standards and Policy
Clare Padley	General Counsel
Sarah Daniels	Deputy Director of Human Resources and Organisational Development
Fionnuala Gill	Secretary to the Council
Pernilla White	Governance and Committee Manager

Minutes

NMC/17/74 Welcome and Chair's opening remarks

1. The Chair welcomed all attendees to the meeting. The Chair made the following announcements:

    a) NMC/17/81: Transformation (Item 8) had been withdrawn from the agenda.
    b) NMC/17/80: Observers were asked not to share the working draft proficiency standards for nursing associates through social or other media, as the version to be released may differ following discussion by the Council.

2. The Chair's term of office came to an end in April 2018 and she had chosen not to apply for a further term. Advertising for a new Chair of the Council from May 2018 had begun on 25 September 2017.

NMC/17/75 Apologies for absence

1. Apologies had been received from Marta Phillips and Anne Wright.

NMC/17/76 Declarations of interest

1. The following declarations of interest were made.

    a) NMC/17/80: Nursing Associates. All registrant members and Geraldine Walters. This was not considered material as the individuals were not affected any more than other registrants.
    b) NMC/17/82: Midwifery Update: Lorna Tinsley, as a registered midwife and Ruth Walker, as an employer of midwives. This was not considered prejudicial as the individuals were not affected any more than other registrants.

NMC/17/77 Minutes of the previous meeting

1. The minutes of the meeting on 5 July 2017 were agreed as an accurate record.

NMC/17/78 Summary of actions

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

2. Arising from NMC/17/58 - Chief Executive's report, it was noted that further Registration data, including a break down by UK country and profession, would be published in early November 2017.

3. Arising from NMC/17/66 - Midwifery Update, the Council member

programme on midwifery and maternity matters would begin at the Seminar in October 2017.

4. Arising from NMC/17/41 - Chief Executive's report May 2017, the Council was assured that workstreams relating to new models of care, reforming regulation and new proficiencies were on our ongoing agenda and aligned with the recommendations in the House of Lords report. This could be closed as an ongoing action but would be highlighted in reporting on other workstreams.

5. Arising from NMC/17/42 - Consultation on future nurse standards and education framework. The consultation had now closed and responses had exceeded expectations. Over 1500 responses had been received on the proposed new standards and framework; 268 of which were from organisations. Over 700 responses had been received to the consultation on prescribing and medicines management including 121 responses from organisations. A fuller report would be provided to the Council in due course.

6. The efforts made to encourage midwifery registrants to take part in the consultation had been successful with 6.8 percent of midwives responding to the first consultation and 4.2 percent of midwives responding to the second consultation.

NMC/17/79 Chief Executive's report

1. The Council considered a report from the Chief Executive and Registrar on key external developments, strategic engagement, and media activity since the previous Council meeting. In discussion, the following points were noted:

   a) A full review of processes for considering overseas applications to join the register would be undertaken, which would include the next stage of the review on language testing. This was timely as the review would also consider requirements for overseas applicants to join the new nursing associate section of the register (Subject to legislation which would give the NMC powers to create this) . The review was expected to take 12 months; more details would be provided to the Council once the review had been scoped.

   b) The Chair of the Health Select Committee, Dr Sarah Wollaston, had confirmed that the Committee would be undertaking an inquiry into the nursing workforce. NMC expects to be invited to give evidence.

   c) Guidance had been issued in August 2017 for nurses and midwives who might be called upon to respond to unexpected incidents or emergencies, following tragic events earlier this year.

   d) The joint letter to The Times by the NMC and the Royal College of

Nursing had been positively received.

e) The Council welcomed the establishment of the UK advisory forum; noting that the first meeting would take place in Edinburgh on 3 November 2017.

f) The Council acknowledged the increasing amount of engagement by the Chief Executive in external affairs, which reflected favourably on the NMC's reputation and confidence in its work.

NMC/17/80 Nursing Associates

a) Standards of proficiency

1. The Director of Education, Standards and Policy introduced the report, which proposed early release of a working draft of the proficiencies for nursing associates. The working draft and had been developed with input and feedback from a range of stakeholders, including the trainee test sites, and through a series of engagement events over the summer. Although the role was expected to be established only in England, there had been engagement with the other three countries given their interests in maintaining a UK wide regulatory system.

2. This early release was being proposed to give the test sites and trainees the best possible opportunity to meet the future standards to be set for those seeking to join the nursing associate register. As normal, a consultation version of the draft standards would be released in Spring 2018 and the final version in Autumn 2018. In considering the release of the working draft now before the Council, approval was sought to make further changes to merge 'platform three' and 'platform four' into one platform: 'Monitoring needs and providing and evaluating care'.

3. In discussion, the following points were noted:

a) Council members had had an opportunity to discuss the working draft standards at a seminar the previous day. The key question in deciding whether to take the unusual step of releasing these working draft standards was whether they were good enough, recognising that further work would be needed subsequently.
b) It was very important that existing registrants were able to understand the differences between the role of registered nurses and nursing associates: there needed to be 'clear blue water.' The working draft generally demonstrated this 'clear blue water' between the two roles for example: the registered nurse would undertake primary assessment and construct a care plan and the nursing associate would monitor and help deliver that care plan.
c) This distinction was not yet articulated clearly in 'platform two' of the draft which dealt with public health, which was as complex and difficult as other aspects of nursing. This section should be revised to clarify the responsibilities of the registered nurse and the delegation

that could be made to nursing associates, along the lines adopted for 'platform three'.

d) Further work on accountability and delegation was needed more generally. There may be value in considering the frameworks already in place in the other three countries. An update on this further work would be brought back when updating the Council on work on the Code in November 2017.

e) Careful attention needed to be paid to the use of language, particularly the phrase 'registered professionals', throughout the draft since, in due course, nursing associates would also be registered professionals.

f) A full appreciation of the draft working standards was difficult in the absence of the skills annexe. The skills annexe was in development and would be shared with the Council when available.

g) Given the generic nature of the nursing associate role, it would be important to ensure that the draft standards of proficiency would work across all fields of practice. This should be a specific question asked when the formal consultation on the draft standards was undertaken. Evaluation should include a breakdown of responses from those working in different fields to give the Council assurance of the degree of coverage across the four fields.

4. In agreeing to take the unusual step of releasing draft working standards to help the test sites and trainees, the Council made clear that it would not be constrained as to future decisions on the content of the final standards. Those using the draft standards needed to understand that these were likely to change in future iterations and the risks involved.

5. **Decision: The Council agreed to approve release of an early working draft of the nursing associate standards of proficiency (Release 1), for the benefit of the nursing associate test sites, subject to the following amendments:**

i. Redrafting the public health section (platform two) to be clear about delegation;

ii. Ensuring any reference to a registered professional was clear; and

iii. Merging platforms three and four.

Action:	**Provide clarity for the Council on further work on issues of delegation and accountability between the registered nurse and nursing associate; and on the code.**
For:	**Director of Education, Standards and Policy**
By:	**29 November 2017**
Action:	**Release a working draft of the nursing associate standards of proficiency (Release 1), for the benefit of the nursing associate test sites and others, subject to the amendments requested by the Council.**
For:	**Director of Education, Standards and Policy**

By:	**29 November 2017**
Action:	**Ensure that future consultation on the draft standards includes a specific question about whether the standards work across the four fields of practice and that the results can be broken down by responses from those working in each of the fields.**
For:	**Director of Education, Standards and Policy**
By:	**28 March 2018**

b) Assurance framework for nursing associate trainees/legacy cohorts

6. The Council considered a report on the proposed approach to managing future applications from current trainees to join the nursing associate part of the register. In discussion, the following points were noted:

a) The proposed approach was, in principle, similar to the approach taken for current overseas applicants to the register for nurses or midwives, where a decision has to be made about the fit between their qualifications and NMC requirements.
b) It was important to recognise the underlying risks, however, the proposed approach represented a comprehensive set of mitigations. There were two main risks: that one or more of the test site programmes may not meet NMC requirements; and that some, or all, of the current cohort of trainees may not be able to register at the end of their training. The outcomes of the independent assessment being commissioned by Health Education England (HEE) would provide further information in relation to the risks.
c) The Council was assured by the Director of Education, Standards and Policy that the risks were captured on the programme risk register and being monitored.
d) Assurance would be needed that trainees had experienced the right depth and breadth of placements across a wide range of health and care settings so as to be able to fulfil a generic role. The current curricula and QA assurance requirements seemed potentially contradictory and should be clarified. The purpose of setting out the NMC's requirements for assurance at this stage was to ensure that there was an opportunity for the test sites to 'course correct' during the remainder of the programmes.
e) The requirement in the NMC's supplementary expectations that trainees must have had an opportunity to reflect on the Code was welcome.
f) It was right that HEE be responsible for commissioning the independent QA. Close NMC involvement in this would be welcome, including if possible access to the QA documentation.
g) It was critical that public protection was not compromised. This was recognised by both the Department of Health and HEE. The NMC's supplementary requirements were important in this respect and were satisfactory.

h) Transitional provision would be included in the legislation to provide an alternative possible route, for example a test of competence, in the event that some or all of the 'legacy' programmes did not meet NMC requirements. This was normal practice and meant that a trainee would be able to demonstrate that they met the qualification standards by other means. The proposed transitional arrangements would be part of the consultation on the legislative provisions by the Department of Health.

10. **Decision: The Council approved the policy that, subject to appropriate assurance being provided, specified groups who qualify as nursing associates prior to NMC programme approval can be deemed as having gained a qualification comparable to an NMC approved programme.**

NMC/17/82 Midwifery Update

1. The Director of Education, Standards and Policy introduced the update on midwifery, including the work of the Midwifery Panel.

2. The report sought the Council's agreement to a revised timeline for the development of the new pre-registration standards for midwifery to increase the time available to engage with midwives, women, families and healthcare professionals before public consultation. The new timeline had been discussed with key external stakeholders who were supportive.

3. In discussion, the following points were noted:

a) The Council welcomed the revised timeline as it also provided time for members to develop the understanding and knowledge required on midwifery and maternity issues before taking decisions.
b) There may be value in Council having a similar opportunity to strengthen understanding and knowledge of the role of public health nurses in the future.
c) A consequence of the changed timeline was that there would be no scope for provision for 'early adopters' of programmes. Changes in midwifery would need to be taken into account. It was critical to get the new standards right for women and babies.
d) The differing approaches in midwifery and maternity services across the four countries should be captured and might be usefully discussed at the NMC UK Advisory Forum.
e) The Midwifery Panel had received a useful presentation from the Royal College of Midwives on the challenges facing the profession including workforce issues. The report before the Council conflated a number of issues; the NMC had been clear that workforce numbers were not within the NMC's remit. The reference to the Employer Link Service acting as a bridge with providers referred to its work in sharing information, gathering intelligence and informing our work.

f) The recent appointment of the NMC midwifery adviser was timely and welcomed.
g) The progress being made towards improved disaggregation of NMC data between the professions was acknowledged, although there was more to do. As part of the Council's programme, it would be important for the Council to understand the data available and how to formulate the questions it needed to ask.
h) In relation to the proposed stakeholder engagement, in terms of lessons learnt, the importance of hearing the voices of women about their experiences of care was critical.
i) The importance of recognising the significant amount of team working in maternity care was also critical.

4. **Decision: The Council approved a revised timeline for development of the standards of proficiency for future midwives and agreed that the corporate plan commitment for 2017–2018 be adjusted accordingly.**

NMC/17/83 The Welsh Language Scheme Monitoring Report 2016–2017

1. The Director of Education, Standards and Policy introduced the Welsh Language Scheme Monitoring Report 2016–2017. In discussion, the following points were noted:

a) The Council welcomed the report which was comprehensive.
b) Whilst the Welsh language requirements were statutory, the Council may wish to consider whether there was a moral obligation to produce information in other languages given its wider equality and diversity responsibilities.
c) The Council asked for a clearer picture of the additional costs of meeting the obligations set out in the Welsh Language Act 1993.
d) It was noted that anyone wishing to contribute to NMC activities in welsh would be able to do so through provision of an interpreter if this was requested.
e) It was normal practice for Welsh media channels to provide interpretation if they sought contributions eg if the NMC was asked to provide a contribution or comment.

2. **Decision: the Council approved the Welsh Language Scheme Monitoring Report for submission to the Welsh Language Commissioner by 30 November 2017.**

Action:	**Provide more specific information of the costs of meeting the statutory obligations as set out in the Welsh Language Act 1993.**
For:	**Director of Education, Standards and Policy**
By:	**29 November 2017**

NMC/17/84 Panel member reappointments

1. The Director of Fitness to Practise introduced the report which sought approval for the reappointment of two fitness to practise panel members.

2. **Decision: The Council approved the reappointment with immediate effect, of the two panel members to a second term of office to the Fitness to Practise Committee.**

NMC/17/85 English language requirements

1. The Director of Revalidation and Registration introduced the report on the current stocktake on English language standard, emphasising that the NMC's role as a regulator was to ensure public protection.

2. A short, targeted consultation with a wide range of stakeholders, including with public and patients had been undertaken on the proposals and would complete shortly. There had been a high level of engagement and no public protection risks had been identified arising from the proposed changes. The aim was to finalise the policy and guidance for implementation at the beginning of November 2017, subject to no unexpected public safety issues being identified.

3. In discussion, the following points were noted:

a) The proposals, in effect provided a suite of ways in which overseas applicants could demonstrate that they met the existing requirements. It would be important to monitor the impact of this greater flexibility and whether more individuals were able to demonstrate that they met the requirements for registration.
b) The next stage of the stocktake, including further exploration of the IELTS scores, would be part of the wider overseas review previously announced. It would be helpful if this could be timetabled early in the overseas review. It would also be important to have comparative data on IELTS and other tests.
c) The impact and cost implications for the NMC of helping individuals trying to navigate their way through the process should be monitored and reported back to the Council.
d) The fees structure for overseas applicants was complex and would be considered as part of the wider overseas review.
e) Ability to use English represented a relatively small proportion of Fitness to Practise cases, although such cases attracted considerable media attention. However, despite the low number it was important to deal with and avoid similar cases in the future. There was no evidence through revalidation of issues with registrants' written English.
f) The additional costs relating to internal processes and systems

related mainly to the increased volume of manual reviews which estimates suggested would need to be undertaken by staff, together with associated quality assurance (QA) checks. Automation of the processes could reduce costs in the longer term but it was not yet clear when this might be possible. On the other hand, additional people on the register would generate additional income to the NMC.

4. **Decision: The Council agreed to delegate authority to the Chair and Chief Executive to sign off the finalised revised policy and guidance in advance of the next Council meeting.**

Action:	**i. Monitor impact of the changes and update the Council in due course. ii. Ensure the further work on IELTS is undertaken at an early stage of the wider overseas review; iii. ensure data is captured to enable comparison between IELTS and other tests.**
For:	**Director of Registration and Revalidation**
By:	**29 November 2017**

NMC/17/86 Employer Link Service report one year on

1. The Director of Fitness to Practise introduced the paper, which provided an update on the first full year of operation of the Employer Link Service (ELS) since 1 April 2016.

2. ELS is a centrally based team with a small number of regulation advisers to cover the four countries. ELS handled almost 2000 telephone calls in the first year of operation. Primary care was noted as one of the areas where further relationships are being developed in the year ahead.

3. In discussion the following points were noted:

a) A Council member with direct experience of the service reported that as a result of the regulation adviser's visit, staff had a much better understanding of how the NMC worked; why some cases took time; the Fitness to Practise process and sharing of intelligence.
b) The impressive results of the advice line survey and the very high levels of satisfaction were a credit and staff should be commended.
c) It would be helpful if any future ELS activity map could present a picture of the frequency with which Trusts and other employers used the service with some qualitative information about the types of issues being raised, for example, by the two most frequent and two least frequent users.
d) Whilst the report this year was welcome and encouraging, it was focused on activity and process. For the future reports should present a cost effectiveness analysis with a focus on outcomes, costs and benefits.
e) The need to ensure the ELS engages with all relevant employers, including the independent sector, the third sector and in the other

countries engagement with other professional regulators.

f) It would be helpful to look at trends across the four countries, with discussions taken forward in the UK advisory forum.

Action:	**Take account of the Council's comments in future reports.**
For:	**Director of Fitness to Practise**
By:	**19 September 2018**

NMC/17/87 Performance and Risk report

1. The Council considered a report on the latest overview of performance and risk management across the organisation.

2. ***Registration and revalidation performance, KPIs and dashboard***

a) Performance against the KPIs remained good across all three KPIs.
b) Call centre performance had been unstable for August 2017 due to calls taking longer to resolve and staff absences; as a result some 4000 calls had been abandoned. An action plan had been put in place and performance had improved in September 2017. The plan included further training for staff on how to help callers use the online system. Another issue was related to staff absences.
c) There had been a dip in the customer effort score. Analysis of data was underway, including disaggregation of FTP and Registration scores and the feedback would be used to inform and improve work.
d) Revalidation rates remained consistent and high. A very small amount of applications selected for verification were rejected for incomplete or inaccurate information. A different number of applications were selected for verification each month due to the risk-based approach. It would be helpful to see more data on verification, as well as any other data which provide a fuller picture beyond compliance.

3. The Council congratulated Lorna Tinsley who had revalidated successfully. Lorna highlighted the valuable experience of participating in a group reflection process with other midwives and suggested that this might be further encouraged. She had found the revalidation process enjoyable.

4. ***Fitness to Practise performance, KPIs and dashboard***

a) In relation to the Interim Order (IO) KPI (KPI 4), a fuller report was provided to the Council as requested at the last meeting. It was noted that the screening and IO teams were operating close to capacity and sustaining performance against a higher target could not be achieved without a detrimental impact on other aspects of performance.
b) In relation to KPI 5 – the percentage of FTP cases concluded within 15 months of being opened remained amber and was expected to

improve as the age of caseloads was brought down.

c) Overall caseload and timeliness targets were ambitious and challenging. Although there had been slippage on the targets set, the target for no more than 5-10% of the active caseload in investigations to be older than 32 weeks in December 2017, compared favourably with 52 weeks this time last year.
d) The new section 60 powers had resulted to date in Case Examiners issuing four undertakings; six warnings; and in one case giving advice. This was in line with expectations for August and use of the new disposals had already doubled for September 2017.

5. ***Staff turnover***

a) The figure for staff turnover was consistently high. However this year had seen a higher turnover than last year.
b) 51 people had left within 12 months of being recruited. HR was completing a review of the number of leavers within the first year, to explore the reasons people leave and drive down this figure. The main reason for those leaving at the three to five year point was career progression. Other factors included changes to the external environment and the buoyant London market.
c) All factors would be considered in the review, including the structure of the NMC, a possible reward structure, pathways and career progression. There would be value in looking at the reasons why people stay, as well as why they leave. This could be captured in the next employee survey. A report on the review, including mitigations and actions, would be brought back to the Council.

6. ***Corporate risk summary***

The Council noted that there had been no movement in the risks since the last report in July 2017. Some additional mitigations had been put in place to address the risks.

Action:	**Consider the provision of more detailed revalidation data on verification and on issues other than compliance.**
For:	
By:	**Director of Registration and Revalidation** **29 November 2017**
Action:	**Update the Council on the outcomes of the review of leavers, including mitigations and actions.**
For:	**Deputy Director of Human Resources and Organisational Development**
By:	**29 November 2017**

NMC/17/88 Financial monitoring report

1. The Council considered a report on financial performance for the five months to 31 August 2017. This anticipated approval of further

expenditure on Transformation in the report which had been withdrawn.

2. The Council noted that there were pressures on the budget agreed in March 2017, mainly due to reduced income from changes in registrant numbers. A fuller picture would be available following the peak autumn period.

3. Overall, the picture represented an improvement from July 2017. There would be a clearer picture in November following the second quarter reforecast and more information on the impact of section 60 changes.

NMC/17/89 Chair's action taken since the last meeting

1. The Council noted the Chair's actions since the last meeting.

NMC/17/90 Decision by correspondence

1. The Council noted the decision by correspondence taken since the last meeting.

NMC/17/91 Questions from observers

1. The Chair invited questions from observers. The following comments were made:

a) Unite asked whether reimbursement had been received from the Department of Health for spending on regulation of Nursing Associates. The Department of Health had made a firm commitment to do so and, although not yet received, the money was expected shortly.

b) Unite raised concerns about the potential confusion for the public of unregistered staff being referred to as nurses. The Chief Executive and Registrar stressed that it was the duty of employers not to mislead the public by using inappropriate role titles. Nursing associates would be regulated by the NMC and the title would be protected.

c) In the case of malicious referrals, if these were identified by the NMC the Employer Link Service would give advice to employers and the NMC would also support and take into account information from registrants.

d) A representative from NHS professionals asked why the IELTS score had been increased to 7 in 2006. Given the length of time since the decision was taken, this information would be checked and provided outside the meeting.

e) The RCM welcomed the revised timeline for the midwifery standards and noted the importance of focusing on safety, including effective

team working and good leadership.

f) It was confirmed that a person who had obtained a nursing degree taught in English in another country would not need to sit a language test under the new proposals.

g) A question was raised about why Council members were no longer elected by registrants. This change had been made in 2008 when the Department of Health had introduced legislation requiring that the Council members of all regulators be appointed following open competition, to ensure that members were not perceived as being representative of a professional constituency but charged with protecting the public. The current process for appointing members ensured that Council members had the competencies and skills needed to lead a major national organisation.

The next meeting of the Council in public will be held on Wednesday 29 November 2017 at the NMC Office at 23 Portland Place.

Confirmed by the Council as a correct record and signed by the Chair:

SIGNATURE: **.....**

DATE: **.....**

Item 5
NMC/17/96
29 November 2017

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 priority 4: An effective organisation.
Decision required:	None.
Annexes:	None.
Further information:	If you require clarification about any point in the paper or would like further information please contact the author below.

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

Summary of outstanding actions arising from the Council meeting on 27 September 2017

Minute	Action	Action owner	Report back to: Date:	Progress to date
NMC/17/80	**Nursing Associates** Provide clarity for the Council on further work on issues of delegation and accountability between the registered nurse and nursing associate; and on the code.	Director of Education, Standards and Policy	29 November 2017	Work on our approach to the Code and wider guidance in the context of nursing associate regulation is continuing, in line with the steer provided by the Council.
NMC/17/80	**Nursing Associates** Release a working draft of the nursing associate standards of proficiency (Release 1), for the benefit of the nursing associate test sites and others, subject to the amendments requested by the Council.	Director of Education, Standards and Policy	29 November 2017	Completed: draft working standards (release one) issued on 9 October 2017 and circulated to Council members for information.
NMC/17/80	**Nursing Associates** Ensure that future consultation on the draft standards includes a specific question about whether the standards work across the four fields of practice and that the results can be broken down by responses from those working in each of the fields.	Director of Education, Standards and Policy	28 March 2018	Not yet due.

Minute	Action	Action owner	Report back to: Date:	Progress to date
NMC/17/83	**The Welsh Language Scheme Monitoring Report 2016–2017** Provide more specific information of the costs of meeting the statutory obligations as set out in the Welsh Language Act 1993.	Director of Education, Standards and Policy	29 November 2017	During the period 2016–2017 the NMC spent £13,689 to meet our statutory obligations. This cost is related to translating documents into Welsh.
NMC/17/85	**English language requirements** i. Monitor impact of the changes and update the Council in due course. ii. Ensure the further work on IELTS is undertaken at an early stage of the wider overseas review; iii. ensure data is captured to enable comparison between IELTS and other tests.	Director of Registration and Revalidation	29 November 2017	i. The changes to our policy on evidence of English language competence came into force on 1 November 2017. We have begun monitoring the effects of the changes. ii. We are now beginning the second phase of the wider overseas review where we will: • Understand what 'other' evidence we might accept as standalone evidence for overseas applicants. • Continue to review available tests with a view to accepting others. • Work with stakeholders to understand what support we can make available to potential applicants. • Undertake research to understand patient perspective about language competence. iii. We are ensuring that data is captured

Minute	Action	Action owner	Report back to: Date:	Progress to date
				to enable comparison between IELTS and other tests as part of the activities undertaken in response to actions i and ii.
NMC/17/86	**Employer Link Service report one year on** Take account of the Council's comments in future reports.	Director of Fitness to Practise	19 September 2018	Not yet due.
NMC/17/87	**Performance and Risk report** Consider the provision of more detailed revalidation data on verification and on issues other than compliance.	Director of Registration and Revalidation	29 November 2017	We will include a detailed analysis of verification volumes and outcomes in the second revalidation annual report for 2017–2018.
NMC/17/87	**Performance and Risk report** Update the Council on the outcomes of the review of leavers, including mitigations and actions.	Director of Human Resources and Organisational Development	29 November 2017	This is included in the Performance and Risk report on the agenda.

Summary of outstanding actions arising from the Council meeting on 5 July 2017

Minute	Action	Action owner	Report back to: Date:	Progress to date
NMC/17/67	**Performance and Risk report** Consider whether the call abandonment target is sufficiently challenging	Director of Registration and Revalidation	27 September 2017	We have considered this as part of our midyear review of targets and an update is provided in the Performance and Risk report on the agenda.

Summary of outstanding actions arising from the Council meeting on 24 May 2017

Minute	Action	Action owner	Report back to: Date:	Progress to date
NMC/17/42	**Future nurse standards and education framework: consultation** Track changes made as a result of consultation responses	Director Education, Standards and Policy	January 2018	Not yet due.

Summary of outstanding actions arising from the Council meeting on 28 September 2016

Minute	Action	Action owner	Report back to: Date:	Progress to date
NMC/16/74	**Equality and Diversity Annual Report 2015-2016** Provide a detailed plan setting out the specific actions and targets to progress the priorities set out in the report (paragraph 37).	Director of Education, Standards and Policy	25 January 2017	This is included on the agenda.

Item 6
NMC/17/97
29 November 2017

Council

Chief Executive's report

Action: For information.

Issue: The Council is invited to consider the Chief Executive's report on (a) key developments in the external environment and (b) key strategic engagement activity.

Core regulatory function: This paper covers all of our core regulatory functions.

Strategic priorities: Strategic priority 3: Collaboration and communication.

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.

Author: Peter Pinto de Sa
Phone: 020 7681 5426
Peter.pinto@nmc-uk.org

Chief Executive: Jackie Smith
Phone: 020 7681 5871
jackie.smith@nmc-uk.org

Context:

1 This is a standing item on the Council agenda and reports on (a) key developments in the external environment; and (b) key strategic engagement activity.

2 Recent strategic engagement has focused primarily on the issue of English language testing, the number of nurses and midwives on our register and the regulation of nursing associates (NAs).

Discussion:

A. External developments

Nursing Associates

3 The consultation on a Section 60 Order that will give us the legal powers to regulate NAs was launched on 16 October 2017 and will close on 26 December 2017. This timetable ensures that the legislative process remains on track to complete by July 2018, to allow us to regulate this group from January 2019.

4 We continue to maintain an extensive stakeholder engagement programme on NA regulation. We highlighted the launch of the consultation to a wide number of stakeholders and politicians. Our external stakeholder group, chaired by the Chief Executive, continues to meet and is one of a number of approaches to engage strategically with our key stakeholders so that they can input to our work.

5 The first of two workshops for current NA approved educational institutions took place in November 2017, alongside the first of four workshops open to a wide range of stakeholders.

Party conferences

6 The Chief Executive represented the NMC at the Labour and Conservative party conferences this autumn.

6.1 At the Labour conference we hosted a fringe event in partnership with the Royal College of Nursing to discuss the nursing workforce. Justin Madders MP, shadow Health Minister put forward the Labour Party's position.

6.2 At the Conservative conference we hosted meetings with Steve Brine MP and Philip Dunne MP, ministers in DH and met with stakeholder organisations including royal colleges and patient representatives. The Chief Executive also met with the Chief Executive of Mind.

6.3 At the Conservative party conference, the Rt Hon Jeremy Hunt MP made two key announcements including a 25 percent increase in nursing training places and an increase in the number of NAs. In his speech, Mr Hunt noted the

importance of both groups meeting our standards.

B. Accountability and oversight

Professional Standards Authority

7 The Chief Executive attended a dinner hosted by the PSA on 31 October 2017, at which the Health Minister, Philip Dunne, MP, launched the Department of Health (DH) consultation on regulatory reform (see below).

8 We continue to assist the PSA with their lessons learned review. We anticipate that their work will continue into the early part of 2018.

Regulatory Reform

9 On 31 October 2017, the DH published a consultation on regulatory reform. The consultation closes in January 2018 and we will be submitting a response.

10 We continue to engage with General Medical Council (GMC) and Professional Standards Authority (PSA) colleagues on the wider subject of reform, including attending a meeting of the respective chief executives on 19 September 2017.

Department of Health

11 The Chief Executive continues to engage with senior officers at the DH on a range of issues including NAs and language testing. The Chief Executive continues to speak regularly with the Deputy Director, Professional Regulation and the Director of Workforce.

Chief Nursing Officers

12 The Chief Executive continues to engage with the four UK Chief Nursing Officers (CNOs) including discussions with:

12.1 Jane Cummings, the CNO for England on 21 September and 31 October 2017;

12.2 Charlotte McArdle, the CNO for Northern Ireland in Belfast on 25 October 2017;

12.3 Fiona McQueen, the CNO for Scotland on 3 November 2017; and

12.4 Jean White, the CNO for Wales on 17 November 2017.

Engagement with Parliamentarians

13 The Chief Executive has met the following parliamentarians:

13.1 Baroness Watkins (16 October 2017).

13.2 Lord Willis (10 November 2016).

14 The Chief Executive spoke with Sarah Wollaston, the Chair of the Health Select Committee on a number of occasions in the run-up to the NMC's appearance before the Health Select Committee on 14 November 2017.

Health Select Committee

15 The newly elected Health Select Committee announced an early inquiry on the nursing workforce. We submitted a written response to the inquiry which focused on the following areas:

15.1 Nurses and midwives registered with the NMC.

15.2 NAs and new routes into nursing.

15.3 Future nurse standards.

15.4 Joining the register from outside the UK – including language requirements.

15.5 Brexit.

15.6 Regulatory reform.

16 The Chief Executive gave oral evidence to the Health Select Committee on 14 November 2017 as part of a panel that included representatives from the Council of Deans of Health and Lord Willis.

C. Stakeholder Engagement and Communication

English language testing

17 In September 2017, we completed a targeted consultation with stakeholders on Phase 1 of our review of our English language evidence requirements.

18 The proposals in the consultation were to more closely align our evidence requirements for applicants trained outside the EU with those for applicants trained within the EU. Additionally we consulted on our criteria for accepting other language tests in addition to the International English Language Test System.

19 The Chief Executive undertook a number of face to face meetings with senior stakeholders including the Minister for Health, Philip Dunne, MP; the special advisors to Jeremy Hunt and the Prime Minister; as well as counterparts in the DH, NHS England, NHS Employers and the Scottish, Welsh and Northern Ireland governments and the trade unions. We also presented a number of

webinars to employment agencies, Directors of nursing, our Professional Strategic Advisory Group and Midwifery Panel.

20 The findings of our consultation report were published on 18 October 2017 alongside details of our new English language policy which was introduced on 1 November 2017.

Northern Ireland visit

21 On 24 and 25 October 2017, the Chief Executive visited Northern Ireland and met the Chief Nursing Office and colleagues from the Royal College of Nursing (RCN) and the Northern Ireland Practice and Education Council. Discussion was focused on the development of future nurse standards, workforce issues and the impact of Brexit.

Council of Deans of Health

22 On 23 October 2017, the Chief Executive and the Chair hosted a dinner discussion with members of the Council of Deans of Health. While the main topic was NAs, there was also discussion about the process for finalising and phasing in the new standards for the registered nurse degree, and developing a new approach to quality assurance of education.

Midwifery

23 The Chief Executive chaired the latest meeting of the Midwifery Panel on 5 October 2017. This was followed by the first meeting of the Future Midwife Sponsoring Board (FMSB) which was chaired by the Director of Education, Standards and Policy. The FMSB provides a four country, multi-agency perspective and advice on the review of pre-registration midwifery education standards.

24 On 9 October 2017, Donna Ockenden, our Senior Midwifery Advisor, visited Lewisham and Greenwich NHS Trust to meet staff and student midwives. She heard about key innovations within the maternity unit which are helping to meet the challenges it faces, especially around preceptorship and supporting student midwives. She also took part in a Q&A in which she responded to questions about standards of proficiency and the role of supervision.

25 On 17 October 2017, the NMC Chair and the Chief Executive hosted the inaugural midwifery listening event, which was also attended by Council members Anne Wright and Lorna Tinsley.

26 Further detail on midwifery issues is included in the separate Midwifery Update report on the agenda.

Isle of Man visit

27 On 20 October 2017, the Chief Executive visited the Isle of Man DH and Social Care and met government officials and senior nursing

and midwifery professionals to discuss the experience of revalidation.

Council visit to Edinburgh Napier University

28 The Chair and a number of Council members visited Edinburgh Napier University, one of the largest universities in Scotland delivering nursing training programmes, to meet staff, students and mentors, and to view their simulation and clinical skills centre. Council members also appreciated the opportunity to visit some of the University's practice placement partners and meet staff and students including at Edinburgh Royal Infirmary Birthing Centre; Royal Edinburgh Hospital mental health facility; and the Wester Hailes Healthy Living Centre.

UK Advisory Forum

29 On 3 November 2017, we held our first UK advisory forum meeting in Edinburgh chaired by the Chief Executive and attended by the Chair of the Council, Rob Parry, Maura Devlin and Sir Hugh Bayley together with the CNO for Scotland and other key stakeholders in Scotland. Among the topics raised at this event were safe staffing legislation, the integration of health and social care in Scotland and the recently published 'A Best Start: A Five Year Forward Plan for Maternity and Neonatal Care in Scotland'.

Professional Bodies meeting

30 On 21 September 2017, the Chief Executive and the Chair met representatives from the RCN, the Royal College of Midwives (RCM), Unite/CPHVA and Unison for the regular catch-up meeting. The Chief Executive met separately with the Chief Executive of the RCN on 20 September 2017 and the newly appointed Chief Executive of the RCM on 4 October 2017.

Engagement with other regulators

31 On 30 October 2017, we took part in the Scottish Regulatory Conference, a joint conference with the Scottish Government and other regulators. We took part in two sessions: a panel discussion on efficient regulation and a session with the CNOs for Northern Ireland and Scotland on enabling professionalism.

Patients Association

32 On 5 October 2017, the Chief Executive met Rachel Power, the recently appointed Chief Executive of the Patients Association.

Speaking engagements

33 The Chief Executive has undertaken a number of speaking

engagements during this period including:

33.1 The NT workforce summit roundtable (14 September 2017).

33.2 The QNI annual conference address (25 September 2017).

33.3 The NT Directors conference panel discussion (6 October 2017).

D: Collaboration

Joint Working Protocol with Care Quality Commission (CQC)

34 We have finalised an agreement with CQC that will enable us to work more closely together to protect the public through the sharing of data on FtP and public safety concerns. We are working with our counterparts at CQC to launch the Joint Working Protocol before the end of 2017.

Memorandums of Understanding

35 We are reviewing our Memorandum of Understanding (MoU) with Social Care Wales, formerly the Care Council for Wales. We are working with our counterparts at Social Care Wales to ensure the MoU is up to date with current technology, legislation and organisational structures so that relevant information can easily be shared between our two organisations. We anticipate that the new MoU will be in place by the end of 2017.

36 We are also exploring the possibility of developing MoUs with the Health and Safety Executive and the Care and Social Services Inspectorate Wales.

E: Media activity

37 In November 2017, we released our second registration data report. Data showed an increase in nurses and midwives from the UK and EU leaving our register and a decrease in those from the EU joining. Media attention was mainly focused on the EU trends. This received widespread coverage across national media channels including all BBC news channels, the Times, the I, the Sun, Daily Telegraph, Daily Mirror and Daily Mail. The Chief Executive gave a pre-recorded interview to the BBC.

38 In October there was widespread coverage in the national media of our decision to amend our language requirements for nurses and midwives trained outside the UK. The Sun, Daily Mail, Daily Telegraph, the Times, the Evening Standard and Yahoo News all reported on the changes which came into force on 1 November 2017. The Chief Executive gave interviews to the Daily Telegraph, the Times and as well as key trade media.

39 We responded to the Secretary of State for Health's announcement of plans to increase nurse training by issuing a statement which was covered in a range of national media.

40 In October 2017, there was coverage on BBC News, BBC Breakfast and in the Bristol Post following the conclusion of the FtP case of nurse, Maxwell Nyamukapa. We received letters from Mencap and Learning Disability England complaining about the decision. We responded to the letters and issued a media statement confirming that we had been in touch with the PSA about the decision.

Public protection implications: 41 No direct public protection implications.

Resource implications: 42 No direct resource implications.

Equality and diversity implications: 43 No direct equality and diversity implications.

Stakeholder engagement: 44 Stakeholder engagement is detailed in the body of this report.

Risk implications: 45 No direct risk implications.

Legal implications: 46 No direct legal implications.

Item 7
NMC/17/98
29 November 2017

Council

Consultation on the fees for nursing associates

Action: For decision.

Issue: This paper seeks Council's approval to consult on changing the Nursing and Midwifery Council (Fees) Rules 2004 to accommodate the fees for nursing associates.

Core regulatory function: All regulatory functions.

Strategic priority: Strategic priority 1: Effective regulation.

Decision required: The Council is recommended to approve the attached draft fees consultation document (paragraph 19).

Annexes: The following annexe is attached to this paper (copies will be available on the day of the meeting):

- Annexe 1: Draft consultation document (including the draft Nursing and Midwifery Council (Fees) (Amendment) Rules Order of Council 2018).

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: Rachael Gledhill
Phone: 020 7681 5937
Rachael.Gledhill@nmc-uk.org

Director: Geraldine Walters
Phone: 020 7681 5924
Geraldine.Walters@nmc-uk.org

Context:

1 The Department of Health is currently consulting on the changes required to the NMC's legislation (the Nursing and Midwifery Order 2001) to provide us with the legal powers to regulate nursing associates. In order to introduce fees for nursing associates, the NMC also needs to make additional changes to the Nursing and Midwifery Council (Fees) Rules 2004 (hereafter the Fees Rules). In accordance with our legislation, these proposed changes will need to be consulted on.

2 The Council is now invited to agree to publicly consult on amending the Fees Rules, so that views from stakeholders on the range of proposed fees for nursing associates can be sought and taken into account before reaching any final decision on the level and range of fees is set.

3 We expect to bring the outcomes of the consultation, with the proposed draft Fees Rules Amendment Order (revised as appropriate) to the Council in September 2018 for approval.

4 Subject to the Parliamentary process, this will ensure the new Fees Rules are in place for when the first nursing associates apply to register with the NMC in January 2019.

Four country factors:

5 We regulate nurses and midwives across the UK, but we will only regulate nursing associates in England. This means that applicants to the nursing associates' part of the register who trained in Scotland, Wales or Northern Ireland will not have a qualification from an NMC approved provider of nursing associate education. Therefore, we will need to evaluate the comparability of their qualification to determine whether they meet our standards.

Discussion :

6 This paper provides an overview of the NMC's fee structure, the principles applied in developing the proposed fees for nursing associates, and the draft nursing associate fees consultation document.

Overview of the NMC's fees

7 Professional regulators are independent of government. The fees that registrants pay fund our regulatory activities, including registration, revalidation, fitness to practise, education and standards development.

8 Council has the power to determine the level of fees paid by NMC registrants. Our fee categories are set out in the Fees Rules. These are:

8.1 qualification evaluation fees.

8.2 initial registration application fees.

8.3 retention of registration fees.

8.4 renewal of registration fees (revalidation).

8.5 readmission fees.

8.6 additional fees for registrable and recordable qualifications.

9 The Council is committed to undertaking a regular review of fee levels as part of the budget approval process in March each year. We last consulted on changes to our fees in 2014, when we set our annual registration fee at £120 (February 2015) to reflect the overall cost of regulation.

Principles applied to develop the proposed fees for nursing associates

10 The Government is now in the process of amending our legislation to provide the NMC with the powers to regulate this new profession from January 2019. The Department of Health consultation[1] on changes to our legislation suggests that the approach towards the regulation of nursing associates will be broadly the same as that which currently applies to nurses and midwives.

11 The NMC considered a number of possible approaches towards setting the fee levels for nursing associates. The two main options considered focused on whether nursing associates should:

11.1 pay the same fees as nurses and midwives, or

11.2 pay different fees to nurses and midwives.

12 In taking this forward, it is anticipated that nursing associates will be subject to the same model of regulation and the same regulatory processes (for example, registration, revalidation, fitness to practise) as nurses and midwives. Therefore in the absence of evidence to the contrary (given that nursing associates are a new profession), we have no basis on which to assume the costs of regulating nursing associates will be markedly different from the costs associated with regulating nurses and midwives.

13 Our proposed approach therefore, is that nursing associates pay the same fees as nurses and midwives.

14 We review our fees periodically to ensure that the fees we set are in line with the costs of regulation for all registrants.

[1] https://www.gov.uk/government/consultations/regulation-of-nursing-associates-in-england

Draft consultation document

15 The draft consultation document is at Annexe 1.

16 The draft consultation document proposes that the fee structure and level for nursing associates should mirror that of all other NMC registrants (see paragraph 8.1 - 8.6).

17 We recommend to the Council that we consult on the proposal that the fees for nursing associates are the same as the fees we charge nurses and midwives. This is based on the view that the same regulatory approach and therefore consequential cost will apply to the three professions.

18 We will analyse the consultation responses and provide the Council with an update on the findings before asking the Council to approve the Fees Rules Amendment Order (revised as appropriate) at the Council meeting in September 2018.

19 **Recommendation: The Council is recommended to approve the attached draft fees consultation document.**

Public protection implications:

20 The Secretary of State has taken the decision that statutory regulation of the nursing associate role is required in order to protect the public. Our fees are set at the level required to meet the global costs of regulating the professions on our register.

Resource implications:

21 In agreeing to regulate nursing associates, Council was clear that the costs of bringing a new profession into regulation must not be borne by nurses and midwives. The Department of Health has agreed to provide the funds required.

Equality and diversity implications:

22 The NMC will receive applications to join the register from individuals who do not hold a qualification from education providers approved to by the NMC to deliver nursing associate education. This will apply to applicants trained in Scotland, Wales and Northern Ireland, as well as those trained in the EU/EEA and outside of the EU/EEA. These applications are assessed to evaluate the comparability of the qualification. Although we recognise that there is a difference in terms of the fees paid by these applicants, this relates to the place of qualification and nature of the education programme. It does not relate to the protected characteristic of race (which includes nationality).

23 As is the currently the case for nurses and midwives, individuals working part time may be financially disadvantaged, as regards paying a fee, compared to those working full time. This may impact upon the protected characteristics of gender, age and pregnancy or

maternity. The NMC makes no distinction between individuals that work full time or part time, and this is consistent with the approach taken by other regulators. The NMC offers a flexible payment system to allow registrants to pay their annual fee in quarterly instalments and tax relief is available through HM Revenue and Customs.

Stakeholder engagement: 24 The NMC is engaging widely on the introduction of the regulation of nursing associates. In connection with the issues raised in this paper, the NMC has engaged with the Department of Health (workforce and policy teams) and member of the Nursing Associate External Stakeholder Group (which includes representatives from professional associations and unions).

Risk implications: 25 In order to join our register, nursing associates will be required to pay a fee. Therefore the mechanism to allow them to do so must be in place when the nursing associates' part of the register opens at the start of 2019. This will be contingent upon securing parliamentary time towards the end of 2018 to lay the draft Fees Rules Amendment Order, and the section 60 Order coming into effect.

Legal implications: 26 Legislative change is required to enable the NMC to charge a fee to nursing associates. The consultation will seek views on the proposed changes to the Fees Rules and a revised draft Fees Rules Amendment Order will be placed before Council to approve in September 2018.

Item 9
NMC/17/100
29 November 2017

Council

Education Quality Assurance Annual Report 2016–2017

Action: For decision.

Issue: To approve the draft annual report on the quality assurance (QA) of education 2016–2017.

Core regulatory function: Education and standards.

Strategic priority: Strategic priority 1: Effective regulation.

Decision required: The Council is recommended to approve the draft annual report on the QA of education 2016–2017 (paragraph 19).

Annexes: The following annexe is attached to this paper:

- Annexe 1: Draft annual report on the QA of education 2016–2017.

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: Peter Thompson
Phone: 020 7681 5751
peter.thompson.1@nmc-uk.org

Director: Geraldine Walters
Phone: 020 7681 5924
geraldine.walters@nmc-uk.org

Context:

1 Our legislation defines our role in the education and training of nurses and midwives.

2 We set out our strategic approach to the quality assurance (QA) of nursing and midwifery education when we introduced our quality assurance framework in 2013. An external contractor, Mott MacDonald, delivers the operational function of our QA activity.

3 We produce an annual report on the key themes that have emerged from our Quality Assurance activity of education which includes analysis of self-reporting and monitoring results.

4 AEIs are required to self-report to us on an annual basis on their continued ability to comply with our standards.

5 We conduct annual monitoring visits on a proportionate selection of AEIs. We select the AEIs using a risk-based methodology.

Four country factors:

6 The report includes the findings of our quality assurance activity across all four countries of the UK.

7 The report takes into consideration local initiatives within the four countries which have impacted on the delivery of nursing and midwifery education.

Discussion:

8 The draft annual report for 2016–2017 is at Annexe 1 (the final report will be desktop published prior to public release). The reporting year covers the period 1 September 2016 to 31 August 2017 (the academic year).

9 The draft annual report on the QA of education identifies key themes and risks to nursing and midwifery education. It also provides updates on the future of our QA activity, our education programme of change and revalidation. The report also includes information regarding external developments within nursing and midwifery education during the reporting year.

10 There are currently 80 approved education institutions (AEIs). One higher education institution successfully achieved AEI status during the reporting period.

11 This year, we selected 17 AEIs for monitoring (21% of the total). We focused on five key risk areas to determine whether adequate controls are in place: resources, admissions and progressions, practice learning, fitness for practice, and quality assurance.

12 There has been an improvement in AEIs achieving the ‘standard met’ outcome in all risk themes in 2016–2017; six out of 17 AEIs

(35%) compared to four out of 16 AEIs (25%) in 2015–2016.

13 Five (29%) of the 17 AEIs received a ‘standard not met’ outcome in at least one of the five risk themes which is a significant improvement compared to 12 (75%) out of the 16 AEIs in 2015–2016.

14 10 (51%) AEIs were required to make improvements to risk controls and enhance assurance for public protection across all risk themes, which is consistent with the findings in 2015–2016. Four of these also received a ‘standard not met’.

15 The majority of concerns fell within three risk themes: admissions and progression; practice learning; and fitness for practice. Practice learning was the most significant area of concern both for ‘standard not met’ and ‘requires improvement’ outcomes.

16 The main areas identified in practice learning were out of date and inaccurate mentor registers and inadequate mechanisms for responding to system regulator reviews and exception reporting these to us.

17 All issues identified during AEI monitoring were followed through to resolution with the use of action plans and the final reports are available on our website.

18 There are a number of factors currently impacting on the education of nurses and midwives and which in combination represent a challenging period for AEIs. These include the introduction of new routes to registration, the discontinuation of bursaries in England and our programme of change for education. The reduction in the number of nurses and midwives registered with the NMC also poses a risk to the capacity of placement providers supporting students in learning.

19 Recommendation: The Council is recommended to approve the draft annual report on the QA of education 2016–2017.

Public protection implications:

20 There are no public protection implications arising directly from the production of this report. The report sets out the contribution our QA activity makes towards protecting the public in ensuring that newly qualified nurses and midwives meet our education standards and are safe and competent to join our register.

Resource implications:

21 Staff resources to compile the annual report formed part of the usual business and operational budget of the Education, Standards and Policy directorate.

Equality and

22 We are committed to ensuring that our approved nursing and

diversity implications:		midwifery programmes comply with all equality and diversity legislation. In accordance with our quality assurance framework, approved education institutions must provide evidence of an equality and diversity policy, recruitment, selection and admissions policy, and evidence of providing support to students that promotes equality and diversity.
Stakeholder engagement:	23	A wide range of stakeholders, including service users and carers, contributed to the collection of our reported findings.
	24	Once approved by the Council, this report will be disseminated (electronically) to key stakeholders and will be placed on the NMC website.
Risk implications:	25	Failure by AEIs to comply with our education standards could impact upon public protection.
	26	In our planning for the 2017–2018 year we are identifying the mitigation necessary to reduce the risks, in particular, during transition to new standards and a new model of QA.
Legal implications:	27	The Nursing and Midwifery Order 2001 (the Order) sets the legislative context for the QA of education. The Order is supplemented by our education standards, which form the basis of our QA of education.

Item 9: **Annexe 1**
NMC/17/100
29 November 2017

Quality assurance of nursing and midwifery education: Annual report 2016–2017

(The final report will be desktop published prior to public release)

Executive summary

1 We exist to protect the public by regulating nurses and midwives in the UK. We do this by setting standards of education, training, practice and behaviour so that nurses and midwives can deliver high quality healthcare throughout their careers.

2 We maintain a register of nurses and midwives who meet these standards, and we have clear and transparent processes to investigate nurses and midwives who fall short of our standards.

3 At the time of writing in September 2017, the number of approved education institutions (AEIs) had increased to 80 and there were 923 approved programmes.

4 We are committed to using the results of the year's activities to continuously improve our education QA function. By doing this we can ensure that students are supported and are learning in environments that equip them with the knowledge and skills necessary to practise safely and effectively at the point of entry to the register. This ensures that we protect the public and can be confident in the level of knowledge and competence of a newly qualified nurse and midwife.

5 17 AEIs were selected for monitoring this year (21 percent of the total). There was an improvement in AEIs achieving the 'standard met' outcome in all risk themes this year: six out of 17 AEIs (35 percent) compared to four out of 16 (25 percent) in 2015-2016.

6 From the analysis of AEIs' self-reports and monitoring results, practice learning remains the most significant area of concern. This is most notable in:

6.1 ensuring that mentors are updated for this role,

6.2 the quality of the learning environment,

6.3 placement capacity, and

6.4 ensuring that students are sufficiently supported and robustly assessed.

7 We also saw that some AEIs needed to improve their processes for exceptionally reporting risks and concerns to us.

8 We follow all issues identified through monitoring to resolution by agreeing action plans with the monitored institutions. We share learning from the themes identified

over the course of the year's monitoring with AEIs through newsletters distributed centrally and through our external providers of quality assurance (QA) services. We also feed learning into to our annual update of subsequent monitoring review plans, and into the requirements for annual self-assessment.

9 We continue to be proactive in making the best possible use of our intelligence by promoting information sharing and collaborating both internally, and externally with other regulators and key organisations. Every year, we update our quality assurance framework as part of this commitment.[1]

10 Based on our findings from this reporting year, we are assured that the correct risk controls are in place to ensure that approved nursing and midwifery programmes meet our education standards, and that our role in public protection in this area is being fulfilled.

11 It is evident, however, from our QA work that the nursing and midwifery education sector is experiencing strain. We attribute this to change from external initiatives, including the development and introduction of new routes to the register, changes in the funding of programmes and our programme of change for education.

12 Placement quality and capacity also continues to pose challenges in ensuring our standards to support learning and assessment in practice are met. Data we published in 2017 showed that more nurses and midwives are leaving the register than joining and this workforce reduction poses a risk to the capacity of placement providers supporting students in learning.[2]

13 We will continue to be transparent and proportionate in our approach to QA and we will continue to provide regular updates to stakeholders on our strategic education programme. We will also update our stakeholders on how our role in this important area of public protection is being developed and strengthened as part of the programme of change for education.[3]

Introduction

14 The Nursing and Midwifery Order 2001 (the Order) sets the legislative context for the QA of nursing and midwifery education. The Order is supplemented by our education standards and the quality assurance framework, which form the basis of our QA of nursing and midwifery education.

15 This annual report examines the key themes and risks that have emerged from our QA activity of approved education institutions in the 2016-2017 academic reporting year (from 1 September 2016 to 31 August 2017) and the changes being introduced to the sector.

[1] www.nmc.org.uk/globalassets/sitedocuments/edandqa/nmc-quality-assurance-framework.pdf

[2] www.nmc.org.uk/news/news-and-updates/new-figures-show-an-increase-in-numbers-of-nurses-and-midwives-leaving-the-professions/

[3] www.nmc.org.uk/education/programme-of-change-for-education/

NMC strategy and programme of change for education

16 The NMC strategy for 2015-2020[4] places dynamic regulation at the heart of what we do. It also puts education at the centre of our regulatory work. Ensuring that nurses and midwives are equipped for the future in the context of a rapidly changing care environment is critical to our role in protecting the public.

17 In March 2016 Council approved our education strategic plan. This set out our plans for education for the next four years. Professor Dame Jill Macleod Clark is the lead advisor for the future nurse project and our considerable engagement with key stakeholders across the UK has informed the new draft standards of proficiency for registered nurses.

18 We have developed a new draft education framework that contains draft standards for nursing and midwifery education and training and the draft requirements for learning and assessment. In addition we have developed new draft programme requirements for pre-registration nursing programmes, draft requirements for nurse and midwife prescribing programmes, and proposed adoption of the Royal Pharmaceutical Society's single competency framework for prescribers.

19 We held a consultation between June and September 2017[5] on these draft standards and the changes we proposed to how nurses and midwives are educated. We held a large number of engagement events across the four countries of the UK to support and raise awareness for this work. We listened to the views of more than 1000 people from many organisations who completed the consultation and attended these engagement events. This feedback will inform refinement of these standards. The formal public consultation responses are being analysed by an independent research company and we will report back on the feedback from the consultation and ask our Council to approve the new standards in spring 2018.

20 We have also started the work to draft the future standards of proficiency for registered midwives, with the aim to consult publically on them in 2019. Professor Mary Renfrew is the lead advisor for this work.

21 As part of the education programme[6] we are also reviewing our model of QA for education. Because we are developing new education standards, the way our standards are delivered will change. Therefore we need to make sure the way we QA nursing and midwifery education remains fit for purpose and provides assurance that people who apply to join our register are receiving the education and training they need to meet our standards.

22 KPMG has completed an independent review of our quality assurance function. From this review, we have developed options and recommendations on the future model and these will be presented to Council. We will communicate with all stakeholders about proposed changes and timelines in 2018.

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[4] www.nmc.org.uk/globalassets/sitedocuments/annual_reports_and_accounts/strategy-2015-2020.pdf

[5] www.nmc.org.uk/education/education-consultation/

[6] www.nmc.org.uk/education/programme-of-change-for-education/

Development of QA methods

23 As part of ongoing improvement work, we are introducing a number of measures to strengthen the QA function in protecting the public. Foremost among these is improving the resources and guidance publically available on the website, simplifying and rationalising the processes AEIs undertake, and improving our organisational capability to gather and share meaningful risk intelligence. These and other measures will enable us to meet our strategic aim of being a dynamic regulator who leads the way when performing its statutory functions.

24 This year we have continued to improve our risk and intelligence function, working closely with other professional and system regulators and our employer link service. This is as part of our ambition to place greater emphasis on the analysis of data and intelligence in our quality assurance work.

Changes to the health and care and professional education landscape

25 The Government's announcement in November 2015 of the discontinuation of bursaries for pre-registration nursing and midwifery students in England came into effect in September 2017, lifting the cap on training places for students. The three other devolved UK governments continue to provide bursaries, creating differences in funding of nursing and midwifery education across the UK.

26 In previous years, we have seen an increase in the number of education institutions seeking to become approved providers or seeking to run approved pre-registration nursing and midwifery programmes for the first time. We have seen this trend continue with further institutions both becoming, and starting the process to become AEIs.

27 We are monitoring all changes and trends closely and we continue to improve our existing QA framework while we undertake a full review of both our education standards and QA model to mitigate any risks to student learning.

New routes to registration

28 Following Health Education England's (HEE) consultation in 2016 on the introduction of a new nursing associate role, we agreed in January 2017 to the Department of Health's request to be the regulator for this new role.[7] We are collaborating closely with HEE to develop the requirements and model for regulation of this additional England-only role. We will set standards for the education and training of nursing associates, and in the future we will approve nursing associate programmes. We are communicating with stakeholders to ensure that its introduction can be a success.

29 Following the introduction of nursing degree apprenticeship courses at NMC-approved institutions,[8] the first small cohorts have now started on two programmes approved in line with our standards. We anticipate more AEIs will begin to seek

[7] www.nmc.org.uk/news/news-and-updates/nmc-agrees-to-regulate-new-nursing-associate-role/
[8] www.nmc.org.uk/education/what-we-expect-of-educational-institutions/nursing-degree-apprenticeship/

approval in order to offer nursing degree apprenticeship routes over the coming year.

30 NHS England introduced a further initiative to support post-graduate students in mental health and learning disability nursing and future careers in March 2017 as part of the Five Year Forward Plan. Three AEIs have now commenced post graduate programmes to support this initiative.

Oversight of our work

31 The Professional Standards Authority (PSA) for Health and Social Care has oversight of our organisation and each year it examines a number of areas of our work. The QA of education was included in the PSA's 2015/16 annual performance review of us and we met all four standards of the relevant area of education and training. This review, published in December 2016,[9] followed on from confirmation in the 2014-2015 report that all standards of good regulation for education had been met.

Part one: Quality assurance of education of nursing and midwifery

32 Our role in education plays a very important part in how we meet our overall objective of public protection. Our QA of education comprises five key activities.

32.1 **Approval of education institutions**. A higher education institute seeking to run an NMC approved programme must obtain AEI status before seeking approval for their educational programmes. Once we grant AEI status, institutions can request programme approval.

32.2 **Approval of programmes, including initial approval, re-approval, and approval of programme modifications**. The process involves two main steps, the submission of documentation for scrutiny and a joint higher education institution/NMC approval event during which QA reviewers discuss the evidence and speak to a range of AEI staff, students and service users. Programme approval lasts for six years, or until we revise the relevant education standards.

32.3 **Annual self -assessment reporting**. Each year, AEIs are required to complete an annual self-assessment and self-declaration on their current ability to meet our standards. This self-assessment is a proportionate, evaluative approach that includes an overview of current risks, the actions in place to manage them, and evaluative responses to annual reporting themes.

32.4 **Monitoring of selected AEIs**. Each year we select a sample of AEIs to undertake monitoring visits. This enables QA review teams to meet students, educators and service users and carers in person. We do this by focusing on five key risk areas to determine whether adequate controls are

[9] www.professionalstandards.org.uk/docs/default-source/publications/performance-reviews/nmc-annual-review-of-performance-2015-16.pdf

in place: resources, admissions and progressions, practice learning, fitness for practice, and quality assurance.

32.5 **Responding to concerns, exceptional reporting and extraordinary review**. This enables us to respond to serious adverse incidents or concerns regarding an AEI or practice placements in a timely and proportionate manner.

Approval of education institutions

33 There are currently 80 AEIs across the UK. In the period of 1 September 2016 to 31 August 2017, one new higher education institution successfully achieved AEI status, the University of East London. We have received expressions of interest from several more who have indicated that they will seek AEI status in the forthcoming academic year.

34 At the time of writing, 77 AEIs are approved to run pre-registration nursing programmes, and 52 AEIs are approved to run pre-registration midwifery programmes. During this year, an additional four AEIs (BPP University, the University of Gloucestershire, the University of East London, and the University of the Highlands and Islands) were approved to deliver pre-registration nursing education for the first time. We are also proceeding with a number of new applications to introduce pre-registration nursing, as well as those for alternative programme routes to nursing registration.

35 We have updated, and continue to monitor the effectiveness of, our process for institutions wishing to become AEIs. We have made additional guidance available on our website, including an AEI status and programme approval flow chart[10] that has been welcomed by new applicants. A list of all AEIs, noting new providers and those AEIs which were monitored this year, is shown in annexe one.

Approval of education programmes

36 At programme approval events, we jointly assign conditions of approval with the university where we find non-compliance with our standards and their own internal QA requirements for education, which, if not satisfactorily addressed, prevent the programme from running. We also give recommendations of an advisory nature and provide the programme with information on how to strengthen compliance with our standards. Once the reviewer is satisfied that the required standards have been met, the programme will be recommended for approval.

37 This year we approved or re-approved 105 programmes, bringing our total of approved programmes to 923. Of these newly approved programmes, 22 required conditions to be met before they could be formally approved, 22 received recommendations in order to strengthen their programmes, and 53 were subject to both conditions and recommendations. Seven were approved without conditions or recommendations. One programme had approval withheld. The majority of conditions assigned were predominantly attributed to pre-registration nursing programmes, which also constituted the largest proportion of programmes reviewed. In April 2017 we discontinued approval of the preparation of supervisors

[10] https://www.nmc.org.uk/education/what-we-expect-of-educational-institutions/applying-for-approval/

of midwives programmes as a result of the changes to the Order in regards to regulatory supervision of midwifery.

38 In response to the planned revision of certain education standards as part of the programme of change for education, and to minimise the burden on AEIs at a time of change, we gave extensions to all pre-registration nursing and midwifery programmes and prescribing programmes where requested. Without this many more programmes would have required re-approval, resulting in an expenditure of resources that would only have had to be repeated upon the introduction of revised standards.

39 As reported last year, after we introduced further measures to ensure that AEIs were sufficiently prepared at their approval event to meet all the required education standards, and set of minimum timeframes between the approval event date and programme start date, we have seen a decrease in withheld approvals and the overall number of conditions set. This has had a positive impact and has reduced our QA costs.

40 We introduced more operational improvements this year. We expect the full benefit of these changes will become noticeable during the 2017-2018 academic year. These include:

40.1 more explicit guidance

40.2 statement of required information in the event request forms submitted by AEIs through the online portal (this is maintained by our external providers of QA services), and

40.3 increased emphasis in reviewer training on identifying risks and assisting in their resolution.

41 We introduced further measures to improve the experience of AEIs engaged in QA activity, including updating the feedback forms we issue to AEIs following QA activity. We also increased the level and depth of training material available online, including producing of a number of short videos which support AEIs to use our online portal. These additional resources have been appreciated by AEIs.

Alternative pathways for pre-registration nursing education programmes

42 Following on from 2015-2016, we have continued to see a steady increase in AEIs seeking approval of different routes to pre-registration nursing education as providers respond to changes to funding and commissioning arrangements, local approaches to meet workforce needs, and the move towards widening access for students. This includes:

42.1 **Work based learning models**. AEIs work with one or more employer organisation and identify individuals to undertake a programme of study. The students also spend a proportion of their time working for the employing organisation. These hours worked are outside of their required practice learning and theory hours.

42.2 In England during the reporting year, a **nursing degree apprenticeship** route has been introduced which enables people to train to become a graduate registered nurse through an apprentice route.

42.3 **Maximising accreditation of prior learning**. This is generally used by healthcare assistants with NVQ level 3 or associate practitioners with a foundation degree. Their previous learning is mapped against our standards up to maximum of 50 percent of the overall programme. They do not continue working as healthcare assistants, usually studying full time throughout the duration of the 18 months.

42.4 **Non-commissioned model**. AEIs developing pre-registration nursing programmes for non-commissioned, privately funded students.

42.5 **Postgraduate nurse programme for mental health and learning disabilities (England only)**. This is an initiative developed by NHS England and HEE to support high-achieving graduates to register within two years and encourage their leadership potential.

Case studies (formatting: to be presented in a box)

Nursing degree apprenticeships

43 Following the initial announcement in 2015 by the Department of Business, Innovation and Skills (BIS) and later the Department for Education (DfE) of plans to develop a higher apprenticeship standard for registered nursing as part of their commitment to support higher apprenticeships in England, we have collaborated extensively with HEE, Skills for Health, and the Institute of Apprenticeships (IoA) to facilitate the introduction of nursing degree apprenticeship routes at NMC approved institutions.[11]

44 The nursing degree apprenticeship is an alternative to traditional degree courses and enables people to train to become a graduate registered nurse through an employer led apprentice route. Following a rigorous application process, apprentices are released by their employer to study in a higher education institution and train in a range of practice placement settings. All students on these programmes will be admitted to an NMC approved nursing programme and will be required to achieve the same standards as all other student nurses. The cost of the apprenticeship is paid by employers, drawing on the new apprenticeship levy which was introduced in April 2017. Money paid into the levy can be accessed by employers to spend on apprenticeship training.

45 Although initial interest in developing apprentice routes for pre-registration nursing was high, only two AEIs sought approval and they were both were approved during the 2016-2017 reporting year in line with our standards to offer a nursing degree apprenticeship route.

46 Anglia Ruskin University (adult, child and mental health) and the Open University (adult and mental health) are now approved to deliver nursing degree

[11] www.nmc.org.uk/education/what-we-expect-of-educational-institutions/nursing-degree-apprenticeship/

apprenticeships. The first cohorts started on these approved routes in September 2017. This development increases the routes available at Anglia Ruskin, which is already approved to offer undergraduate and postgraduate pre-registration nursing programmes, including a work based learning route with named employers.

47 The Open University is well placed to participate in the nursing degree apprenticeship route as it is already approved to run a route where students are health care support workers on a part-time work-based programme. This programme sees the student working towards registration and also working in their support worker role when not on the programme.

48 Ongoing monitoring of these programmes will continue to provide assurance of their quality as further cohorts enter education. Several other AEIs have expressed an interest in offering a nursing degree apprenticeship route and we anticipate that further approvals will occur over the coming year.

A new postgraduate nursing programme that will fast track high achievers

49 In March 2017, Professor Jane Cummings, Chief Nursing Officer for England, announced a new fast track programme to attract high achieving graduates in England into a career in nursing. The initiative is part of NHS England's response to the Five Year Forward View and is intended to help address workforce capacity and support the development of future nurse leaders in key areas, targeting mental health and learning disabilities in the first instance. The initiative aims to support graduates to rapidly progress their careers to leadership posts within five to seven years.

50 Three AEIs (Edge Hill University, University of Hertfordshire and Kings College London) are participating in the pilot and the first cohort of 40 selected students started in September 2017. All three AEIs already had existing postgraduate nursing programmes in approval.

AEI self-assessment

51 We assess the annual self-reports completed by AEIs against established criteria and require AEIs to resubmit their report providing more detailed evaluative information where the criteria have not been met. In 2016-2017 15 AEIs were requested to resubmit their self-assessment report. Of these, three AEIs were selected for monitoring in 2016-2017, and two of them were found to be non-compliant in one or more standards. Self-assessment provides assurance that our standards continue to be met and gives us valuable intelligence as part of our selection for targeted risk-based QA approach each year.

52 As part of our commitment to continuous improvement and in response to feedback, we held a self-assessment workshop in April 2017 that was attended by representatives of AEIs from the four countries, as well as other key education stakeholders, including the Council of Deans for Health. During this session we explored a number of points in relation to improving the approach to self-assessment. In response to this, we have made a number of changes to our self-assessment process for 2017-2018. We have informed AEIs of the changes through continued engagement and development of online resources.

Key risks – analysis of self-assessment

53 77 AEIs completed the self-assessment in this reporting year. These 77 represented, at the time of completion, all AEIs who had students on approved programmes.

54 The key risks identified through self-assessment were predominantly in the areas of practice learning and resources. Additional risks were identified in the area of quality assurance. A further general concern was raised in relation to the changes in funding arrangements for nursing and midwifery education in England. New models of programme delivery were also pointed out as areas of potential concern, predominantly as a result of potential further strains on existing placement capacity.

55 The most common risks to learning identified through AEI self-assessment reports were around the quality of the learning environment (reported by 41 of 77 AEIs), insufficient placement capacity to support numbers (33), service reconfigurations (18), and a lack of qualified mentors to manage student numbers (11). Most of these concerns were raised by AEIs in England and Wales, and all reported having action plans in place to mitigate the risks to students' practice learning experiences.

56 These ongoing pressures on practice placement environments mean that practice learning remains one of our key risk areas. We continue to closely monitor this and are seeking to address some of those pressures through the revision and development of the education framework as part of the programme of change for education.

57 The self-assessments identified additional issues in regards to resources, with 35 percent of AEIs (27 of 77) reporting changes in teaching staff as a result of financial pressures necessitating organisational restructures, and the wider effect of voluntary severances and retirement. Specific fields of nursing were identified as being particularly subject to teacher shortages, particularly child and learning disabilities, but most AEIs were able to detail actions being taken to mitigate the risks.

58 As part of their self-assessment report, all 77 AEIs provided a self-declaration that their current approved programme provision meets our standards for education and that all key risks are controlled. Despite this, five AEIs from the 17 selected for monitoring (29 percent) failed to meet one or more standards during their monitoring visit. This remains an area of focus for QA and we will continue to monitor and take action on instances of AEIs failing to accurately self-assess compliance with our standards.

AEI monitoring

59 We selected 17 AEIs (21 percent of the total) for monitoring between November 2016 and April 2017. The completed monitoring reports for each visit with a complete action plan (where appropriate) are publically available on our website.[12]

[12] www.nmc.org.uk/education/quality-assurance-of-education/monitoring-results/

60 We have continued to enhance and focus QA reviewer training on specific areas of monitoring. This is in response to feedback from reviewers, the findings of previous monitoring cycles and in light of AEI evaluations. This has further strengthened the capability of reviewers to fulfil their role in accordance with our published processes. Lay reviewers have now been in place for four years and are a well-established member of the QA review team. Their input has been well-received by stakeholders and is acknowledged to have made a significant contribution to our QA approach. They complement nurse and midwife reviewers and continually seek opportunities to understand and incorporate service user and carer views, providing critical challenge from a non-registrant perspective.

61 We continue to strengthen arrangements to develop and monitor action plans which are required where key risks are not being controlled. We do so by making supporting documentation available via the QA handbook, which details standardised reporting mechanisms and additional guidance for AEIs, and have increased the focus on this area as part of QA reviewers' training and development. In addition, we have introduced further developments to the online portal to improve the visibility and audit trail of action plans, and the methods through which they are followed up and completed. This will ensure that key stakeholders are fully informed and involved at key update and decision points.

Key risks – analysis of monitoring results

62 Based on the results of our monitoring activity during this reporting year, there has been an improvement in AEIs achieving the 'standard met' outcome in all risk themes in 2016-2017 – six out of 17 AEIs (35 percent) compared to four out of 16 AEIs (25 percent) in 2015-2016.

63 Five (29 percent) of the 17 AEIs received a 'standard not met' outcome in at least one of the five risk themes which is a significant improvement compared to 12 (75 percent) out of the 16 AEIs in 2015-2016.

64 10 (59 percent) AEIs were required to make improvements to risk controls and enhance assurance for public protection across all risk themes, which is consistent with the findings in 2015-2016. Four of these 10 AEIs also received at least one 'standard not met'.

65 In this reporting year the majority of concerns identified through monitoring fell within two key risk areas: practice learning, and admissions and progression.

66 As in previous years, practice learning emerged as the most significant area of concern in our quality assurance of education in 2016-2017. Issues identified include:

66.1 reduction in placement capacity

66.2 the quality of practice learning environments and their suitability for students

66.3 mentors who had failed to maintain their continuing professional development requirements, and

66.4 a failure to adequately manage governance issues relating to practice learning environments.

67 Concerns related to admissions and progression were less frequent, however they had the potential for significant impact on public safety, including:

67.1 non-compliance with requirements for student health declarations at progression points, and

67.2 non-compliant use of accreditation of prior learning to admit students onto a programme.

68 Fitness for practice and resources were additional areas of concern, with methods of grading practice found to be non-compliant at one AEI. Other AEIs self-reported that pressures on staff supporting programmes were of note due to service and school restructures, and retirements in an ageing workforce within specific fields of practice. Increasing numbers of students raising and escalating concerns was also noted as a risk under the theme of quality assurance, however assurances were provided that policies for this are robust and that students are well supported in doing so.

Practice learning

69 Seven (41 percent) of the AEIs monitored in 2016-2017 provided assurance that this risk theme was met. While this constituted an improvement on the previous year's 30 percent, this still left four AEIs (24 percent) unable to meet the risk theme, making it the largest single point of non-compliance. The main areas identified were:

69.1 out of date and inaccurate mentor registers (three of the four 'not met' outcomes)

69.2 inadequate mechanisms for responding to system regulator reviews where concerns were noted, and

69.3 exceptionally reporting local actions to meet concerns to us.

70 The remaining six AEIs received a 'requires improvement' rating for this risk area. All needed to strengthen the timeliness of their regulatory exceptional reporting, and awareness of the requirements by all stakeholders. Ensuring all students and mentors have access to academic support in practice, and strengthening the involvement of service users were further areas singled out as requiring development.

71 All non-compliant AEIs were required to take timely action to provide assurance of support for learning and assessment in practice in the form of an action plan with an agreed timeframe, which we monitored for completion. Both the actions required and the timeframes for completing them were determined in conjunction with the AEIs according to the level of risk identified. At the time of writing, all AEIs had completed their action plans.

72 Actions undertaken by AEIs who had a ‘not met’ outcome in this area included reassigning students to up to date mentors and/or update mentors or registers, improving systems for monitoring system regulator reports for practice placement providers, and ensuring timely exception reporting to the NMC where issues are raised.

Admissions and progression

73 Admissions and progression continues to be an area where issues have been detected through monitoring.

74 Two (12 percent) of the AEIs monitored failed to meet this risk this key risk theme, which is however a significant improvement on the tally of almost 25 percent in 2015-2016. In one instance, the AEI did not have mechanisms in place to ensure that students were completing health declarations at each progression point as required. In another AEI, accreditation of prior learning was being applied in a non-compliant way to admit students onto a pre-registration nursing programme. We identified further failings in the approach to safeguarding students under the age of 18 going into practice settings, and non-compliance with the 12-week rule for student progression. In each of these areas, actions plans were set for the AEI and have all been completed with assurance that all areas have been addressed.

75 Four AEIs were also required to make improvements relating to ensuring the monitoring and recording of equality and diversity training for those involved in programme development and delivery, and in ensuring consistency in interview and selection approaches.

76 Non-compliant AEIs were required to formulate and complete an action plan, and at the time of writing all had completed their action plans. We will follow up on the improvements identified as being required through the next cycle of annual self-assessment.

Other key risk areas

77 A further key risk theme, fitness for practice, was not met by one AEI through this year’s monitoring. This related to a failure to meet the requirement to formally grade assessments of midwifery practice. The QA team was able to confirm through reviews of external examiner reports and evidence from employers and mentors that all students completing the programme had been adequately prepared, had met all necessary standards and were fit for practice.

Notable practice

78 We also report on notable practice, defined as education practice which is innovative and worthy of dissemination. QA reviewers report on examples of such practice identified through QA activity and AEIs can state areas they consider worthy of consideration through the annual self-reporting process.

79 We asked AEIs as part of their self-assessment about areas of notable practice. They self-reported a number of initiatives that related to addressing the shortage of, and increasing the availability of, practice placement capacity by linking up more directly with primary care and fostering partnership working across sites.

They also noted innovations in approaches to mentoring, including the use of a collaborative learning in practice (CLiP) mentoring model.

80 QA reviewers identified a number of noteworthy developments through monitoring that relate to widening service user and carer involvement, expanding access to resources and disability support for students, and working with charities to prepare students for specific care scenarios.

Part two: Responding to concerns

Exceptional reporting

81 Since we strengthened our QA framework and reporting requirements outside of routine reporting cycles, we have experienced a greater level of exceptional reporting year on year. For the second year in a row, we have recorded a 50 percent annual increase in the number of exceptional reports received (89 in total during this period). Most of the exceptional reports have related to issues in practice environments, including adverse system regulator reports and escalation of student concerns, and what they are doing locally about those concerns in the short term. When AEIs report an issue or concern to us, we require evidence of actions taken, where appropriate, to control or mitigate any identified risks to our standards.

82 As part of our role as a dynamic regulator, we continue to proactively share intelligence where appropriate with our professional and system regulators, and to contribute to our strategic priority of effective use of data and intelligence across in particular with the regulatory intelligence unit within the employer link service, and Fitness to Practise colleagues.

Targeted review

83 No new targeted reviews were carried out in 2016-2017. However a follow-up of the review of one AEI from the previous year was carried out in March 2017, at which all standards were found to be met. The report of this review is available on our website.[13]

84 In June 2017, we asked all AEIs approved to run pre-registration midwifery programmes to provide information about their teaching, learning and assessment in relation to fetal monitoring and fetal heart rate interpretation. The current standards of competency for pre-registration midwives lack specific proficiency detail in this area. The responses received reflected a varied approach in delivery and assessment of these topics, and the information and analysis will inform and shape the development of future standards of proficiency for registered midwives.

Extraordinary review

85 Where we identify serious adverse incidents and concerns regarding an AEI or practice placements and local risk measures are limited, we may decide to

[13] www.nmc.org.uk/globalassets/sitedocuments/qualityassurance/qamonitoringreports/2015-2016/qub-monitoring-report-2015-16.pdf

conduct an unscheduled extraordinary review. This measure may be necessary if there are concerns that present a risk to public protection, and if it is deemed that the AEI is either unaware or unable to put adequate measure in place to control the risk.

86 No new extraordinary reviews took place during the 2016-2017 academic year, however a follow-up of the previous year's visit to Bangor University as part of the wider review of education in north Wales took place in February 2017, where all standards were found to be met. Bangor University has completed a phased re-introduction of student midwives to placements that had been withdrawn. The reports from the review are available on our website.[14]

[14] www.nmc.org.uk/globalassets/sitedocuments/midwiferyextraordinaryreviewreports/2017/bangor-extraordinary-follow-up-review.pdf

Annexe one: AEI data summary

Total number of AEIs	80
Total number of approved programmes	923
Number of AEIs approved to run pre-registration nursing programmes	77
Number of AEIs approved to run pre-registration midwifery programmes	52
Number of education institutions approved to be an AEI during the reporting year	1
Number of programme approvals or re-approvals during the reporting year	105
Number of AEIs approved to deliver pre-registration nursing programmes for the first time	4
Number of AEIs approved to deliver pre-registration midwifery programmes for the first time	0

Annexe two: programme approval outcomes

Outcome	Number
Requiring conditions to be met before approval	22
Requiring conditions to be met before approval with additional recommendations	22
Approved with recommendations	53
Approved without recommendations or conditions	7
Approval withheld	1
Total	105

Annexe three: monitoring results

Grade awarded	Number of programme providers achieving each level of control 2016-2017				
	Resources	**Admissions and progression**	**Practice learning**	**Fitness for practice**	**Quality assurance**
Met	15 (88.2 percent)	11 (64.7 percent)	7 (41.2 percent)	15 (88.2 percent)	14 (82.4 percent)
Requires improvement	2 (11.8 percent)	4 (23.5 percent)	6 (35.3 percent)	1 (5.9 percent)	3 (17.6 percent)
Not met	0 (0 percent)	2 (11.8 percent)	4 (23.5 percent)	1 (5.9 percent)	0 (0 percent)

Annexe four: Newly approved AEIs and monitoring details

England	East London, University of	Northumbria University	Northern Ireland
Anglia Ruskin University	Edge Hill University	Nottingham, University of	Queens University Belfast
Bedfordshire, University of	Essex, University of	Open University, The	University of Ulster at Jordanstown
Birmingham City University	Gloucestershire, University of	Oxford Brookes University	**Scotland**
Birmingham, University of	Greenwich, University of	Plymouth, University of	Abertay Dundee, University of
Bolton, University of	Hertfordshire, University of	Portsmouth, University of	Dundee, University of
Bournemouth University	Huddersfield, University of	Reading, University of	Edinburgh Napier University
BPP	Hull, University of	Salford, University of	Glasgow Caledonian University
Bradford, University of	Keele University	Sheffield Hallam University	Edinburgh, University of
Brighton, University of	King's College London	Sheffield, University of	Glasgow, University of
Brunel University London	Kingston University & St George's University of London	Southampton, University of	Highlands and Islands, University of
Buckinghamshire New University	Leeds Beckett University	Staffordshire University	Queen Margaret University
Canterbury Christ Church University	Leeds, University of	Suffolk, University of (formerly University Campus Suffolk)	Robert Gordon University
Central Lancashire University of	Lincoln, University of	Sunderland, University of	Stirling, University of
Chester, University of	Liverpool John Moores University	Surrey, University of	West of Scotland, University of
City University London School of Health Sciences	Liverpool, University of	Teesside University	**Wales**
Coventry University	London South Bank University	West London, University of	Bangor University, School of Healthcare Sciences
Cumbria, University of	Manchester Metropolitan University	West of England in Bristol, University of	Cardiff, University of
De Montfort University	Manchester, University of	Wolverhampton, University of	Glyndwr, University of
Derby, University of	Middlesex University	Worcester, University of	South Wales, University of
East Anglia, University of	Northampton, University of	York, University of	Swansea University

Key

AEIs highlighted in purple are newly approved in 2016-2017.
AEIs highlighted in blue were monitored during 2016-2017 and the monitoring reports for each visit are available on our website.

Item 10
NMC/17/101
29 November 2017

Council

Draft People Strategy

Action: For decision.

Issue: Seeks approval of the draft People Strategy.

Core regulatory function: Supporting functions.

Strategic priority: Strategic priority 4: An effective organisation.

Decision required: The Council is asked to approve the draft People Strategy, subject to any comments (paragraph 33).

Annexes: The following annexe is attached to this paper:

- Annexe 1: NMC People Strategy actions update.

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.

Director: Sarah Daniels
Director of People and OD
Phone: 020 7681 5863
sarah.daniels@nmc-uk.org

Context:

1 The People Strategy sets out our aims to develop a progressive, sustainable and engaged working environment that contributes to the development of our culture as a dynamic regulator. The strategy demonstrates the NMC's intention to become a leading healthcare regulator which attracts, develops and retains professional, highly skilled and engaged staff to deliver our plans.

Objectives

2 The objectives of the People Strategy are to:

2.1 Address staff turnover and retention. We will develop proposals for Council consideration in March 2018. We will do this by agreeing recruitment and retention priorities with each Directorate in order to understand what our turnover expectations are and to identify roles that require succession planning and candidate attraction requirements.

2.2 Develop and invest in our staff, focusing on the roles identified above.

2.3 Develop the Reward strategy. Work has already commenced and will continue until 2020.

2.4 Create a positive culture change in the organisation. This is a long term objective which will be monitored by close working relations with the Employee Forum and through staff survey results.

Four country factors:

3 The People Strategy applies to staff wherever they work in the UK.

Discussion:

NMC People Strategy 2017 – 2020

Introduction

4 Since the 2012 PSA strategic review the NMC has made significant progress in relation to our staff culture and capabilities. However, it remains important to regularly assess the culture, values and behaviour of staff within the organisation, and measure them against the vision, tone, behaviours and leadership set by the Council and executive. The lessons of the past are a helpful reminder of the importance of testing the culture and values.

5 We have come a long way since 2012, and the hard work of our Council, Executive Team and our people has demonstrated to the PSA in 2016 "a significant improvement in the NMC's performance against the Standards of Good Regulation by comparison to previous years and reflects considerable, sustained work by the NMC". This journey has been significant to the NMC and we owe a

great deal to the dedication of our people who have helped us to deliver these changes. This strategy now seeks to articulate the future of the organisation and how we will become the leading healthcare regulator.

6 The People Strategy builds on the solid basis we now have that enables us to invest in our people. It seeks to articulate how important our people are to us, and what they can expect from us, as we focus on the next stage of our journey to become a dynamic and leading regulator. It sets out how we aim to deliver an organisation that staff are proud to work for and enables our team members to be at their best to protect the public and continue to act in a way that is professional, responsible, accountable and ethical.

7 Our people are vital to the delivery of the Nursing and Midwifery Council's Strategy 2015 –2020. The People Strategy will ensure the development of a progressive, sustainable and engaged working environment that contributes to the development of our culture as a dynamic regulator. The purpose of this strategy is to ensure that the NMC has a future which attracts, develops and retains professional, highly skilled and engaged staff to deliver our plans. It is a living document that sets out how we will develop our organisation and the part our people have to play in it.

> *"all of our strategic priorities for 2015-2020 are supported by a determination to be a modern, effective and efficient organisation" NMC Strategy 2015–2020.*

8 The People Strategy supports the organisation's vision to become a dynamic and leading healthcare regulator enabled by modern technology. We will prioritise:

8.1 Becoming a collaborative regulator that works with other organisations and regulators to develop better relationships and enable higher quality results.

8.2 Building resilient and high performing teams to meet the evolving requirements of regulation.

8.3 Learning from our own best practise in revalidation to introduce these principles to our own workforce.

8.4 Developing managers who deliver a high performance management culture that drives quality and productivity.

8.5 Creating a great place to work that attracts, retains and develops talent within our organisation.

8.6 Further integrating business processes to provide a customer service that delivers excellent value for money.

8.7 Enabling and ensuring staff have the skills to make decisions based on the highest quality data that drives analysis, intelligence and insight.

8.8 Engaging and motivating our people by making good on feedback received through the Employee Forum and our staff surveys.

8.9 Setting the direction of HR as a Strategic Business Partner that is capable of enabling the capability of the NMC workforce.

9 To deliver this by 2020 we will design a structured, agile workforce that can deliver lasting and sustainable productivity that produces quality and results. Quality improvement will be significant to the delivery of greater efficiency and effectiveness throughout the organisation and we will involve staff in the development of these practises. We will be an organisation that is built on the delivery of KPIs in every directorate to ensure that every staff member's work is meaningful and is valued by team members and the organisation.

10 We will have attracted and developed leaders that are accountable with the experience, knowledge, capabilities and authority to mobilise change and create high levels of employee engagement. We will have high performing teams that are curious, embrace ideas, plan thoughtfully and continuously learn and improve procedures and practices to protect the public.

11 We will be recognised as a good place to work by the way we actively promote our values and behaviours. Staff will feel valued for their contribution as part of a culture that promotes staff satisfaction, wellbeing, inclusion and pride in working for the NMC.

Our values and behaviours

12 The People Strategy set out our three values:

12.1 Transparency: We are honest, open and transparent.

12.2 People: We believe people matter.

12.3 Fairness: We are consistent and act with integrity.

13 The People Strategy will build on our foundations to continue to develop a high performance management culture which is evidenced in all directorates and supported by the Executive who share accountability for productivity and results as well as role-modelling the values and behaviours of the NMC.

14 The Employee Forum and staff have been involved in the development of this strategy through workshops and consultation. The People and Organisational Development (OD) directorate is

responsible for the delivery of this strategy and will take into account new priorities as organisational priorities evolve.

Diversity, Equality and Inclusion

> *"we must place promoting equality, diversity and inclusion at the heart of what we do" NMC Strategy 2015–2020.*

15 Inherent within the strategy is the commitment to ensure equality, diversity and inclusion. We believe that equality of opportunity is essential for the success of the organisation to deliver a leading service. We are committed to promoting equality of opportunity, ensuring our practice complies with legislation and valuing the different contributions of our people.

16 We want to ensure staff members have a respectful, friendly and inclusive working experience. We encourage everyone to assist in creating a welcoming and safe environment that thrives on delivering results. We encourage a modern way of working that encourages agility and innovation. The entire experience of our employees must meet our values and behaviours.

The NMC employee lifecycle

Attract

17 We will develop a 'brand' as an employer that is a true reflection of what it is like to work for the NMC. We will seek to attract individuals that like challenge of working in healthcare regulation and are excited about delivering results as well as being driven by our mission to protect the public. We will develop modern processes that support recruitment as well as develop a workforce plan for the organisation that demonstrates where skills and competencies are required so that both development and recruitment activity work in harmony. This planning will ensure we have the right people in the right place with the right skills at the right time. Our approach to how we resource the organisation will provide a strategic view of staffing requirements and succession planning.

Enable

18 The People and OD directorate will support and enable employees to succeed in their roles through the development of well-defined job descriptions, HR policies and employee performance tools including a new modernised approach to appraisals. New people policies will promote flexible working to ensure the organisation is focussed and agile to meet our future needs. Employee Relations support will be offered in a Business Partnering way which partners with managers to drive engagement to deliver results and productivity. It will empower managers by providing the tools and support needed to

manage effectively to deliver a high performance culture.

Reward

19 We will develop a reward strategy that will reflect our role as a statutory regulator funded by nurses' and midwives' fees. We will work towards paying the median for our industry sector, complimented with offering benefits that our staff want. These benefits will include agile working and enhanced annual leave entitlement. Our full reward package will be consistent and benchmarked with our sector.

Engage

20 We will commit to a programme of improving employee engagement, appreciating the benefits to an organisation that an engaged workforce can bring. Projects will improve engagement, working closely with the Employee Forum to improve employee satisfaction and motivation. We will improve communications to develop employees' trust and we will always work with our values in mind to increase advocacy and pride in the mission and work of the NMC to protect the public.

Wellbeing

21 We will demonstrate commitment to the wellbeing of our staff by investing in opportunities for staff to promote a healthy lifestyle. We will offer flexible working to enhance the experience of working for the NMC, in whatever role or location that might be. We will concentrate on creating a working environment which enables staff to deliver results, reduces sickness absence, lowers staff turnover and boosts productivity as well as employee satisfaction in the workplace.

Develop

22 To become a leading regulator we will invest in programmes that assure we have the right number of staff, with the right skills, in the right place, at the right time. We will provide our staff with opportunities to develop capability. We will align talent to develop careers whilst delivering the highest quality services and value for money. Development programmes will be designed to create high performing teams that work collaboratively to drive the success of the NMC in delivering our strategy and corporate priorities.

> *"our challenge is to regulate such a large and diverse workforce, to communicate effectively with all our registrants and to set and uphold standards that are meaningful and appropriate for a wide range of nursing and midwifery standards" NMC Strategy 2015–2020.*

Attract, recruit, retain and develop talented staff that are committed to the vision and mission of the NMC

23 To meet the challenge of regulating such a large and diverse workforce, the NMC is committed to attracting, retaining and developing the best staff to ensure we deliver to the highest standards, ensuring high quality customer service and value for money. Our people initiatives underpin the value of team members who are committed to delivering quality and results and work collaboratively as high performing teams. The organisation will recruit, retain and develop talent with high potential that adds to our commitment to ensure excellent standards of healthcare regulation.

24 We will:

24.1 Develop the NMC employer brand as a dependable employer with ambition, passion and a strong future.

24.2 Create a wider range of targeted attraction campaigns which will include using our existing staff as advocates of the NMC.

24.3 Identify selection techniques that will enable the organisation to recruit individuals that not only have the technical skill set but also the behaviours, creativity and values which reflect working at the NMC.

24.4 Develop approaches to recruitment that are more likely to bring about the benefits of diversity and inclusion and ensure applicants, successful or unsuccessful, have an experience that is true to the values and behaviours of the NMC.

24.5 Develop an induction experience that provides a timely and rewarding introduction to the organisation that creates a sense of belonging and enables our people to contribute to organisational performance quickly.

24.6 Review pay and benefits to communicate the full reward package the NMC is offering and work towards paying the median for our industry sector complimented with the offer of agile working and benefits that meets our aim of being a great place to work.

"when the public needs us, our role needs to be clear and it must be easy to use our services" NMC Strategy 2015–2020.

Developing High Quality Senior Leadership and Management

25 Senior Leadership and Management teams will be recruited and/or developed to deliver a high performance management culture that drives results and productivity. Management will take a collective

and shared responsibility for the performance of the organisation. Our aim is to ensure that the senior leadership and management of the NMC have the soft skills to recognise and value employees.

26 We will:

26.1 Develop managers that promote high performance management, employee engagement and empowerment.

26.2 Recruit and build leadership capability throughout the organisation that lives the values and behaviours we expect.

26.3 Hold managers to account for their performance as senior leaders and managers and work to develop our own leaders for the future of the organisation.

26.4 Create role models that deliver quality and results and live the values of the organisation.

26.5 Develop capability in project and change management so that managers can support and have the ability to adapt quickly and effectively to changing circumstances.

26.6 Value and celebrate difference whilst upholding the highest standards of equality of opportunity.

26.7 Ensure visible leadership that role models and insist on the highest standards of integrity, probity and professional conduct that is in line with our culture and values.

26.8 Develop career pathways in each directorate that develops leadership skills at all levels of the organisation and clearly identifies development routes for senior leaders, managers and senior technical experts.

26.9 Create a culture in which employees feel valued and appreciated that fosters agile ways of working that meet the needs of staff and the organisation alike.

Staff Development

27 The NMC is committed to developing the capability, skills and motivation of our staff to deliver greater efficiency, increase standards and improve customer service and value for money. Our approach will be to work with individuals to increase their capability in the role they have, as well as work with them to increase their capability for their next role to ensure the NMC has the appropriate knowledge, skills and experience required by the organisation now and in the future.

28 We will:

28.1 Review the NMC's performance review process so that it is better able to identify and measure contribution, and how it links to the department, directorate and organisational objectives.

28.2 Identify professional development needs and develop a stronger approach to self-ownership around development.

28.3 Recognise the diverse professional disciplines required across the NMC workforce to ensure the NMC has staff with the skills and experience to deliver quality and results.

28.4 Develop career pathways that promote the shared competencies required across the organisation to enable greater inter-department opportunities for development.

28.5 Build technological skills and encourage the use of digital interactive resources to facilitate more agile ways of working with the view to increasing our agility.

28.6 Develop workforce planning skills with our senior leadership to drive talent retention and succession planning capability.

28.7 Create a culture in which employees feel valued and appreciated that fosters agile ways of working that meet the needs of staff and the organisation alike.

"by focussing on intelligence, we hope to gain new insights into what we do, helping us to be more effective, transparent, and proportionate" NMC Strategy 2015–2020.

Employee Engagement

29 The NMC will actively promote new ways of working to improve employee engagement. Working with the Employee Forum we will develop a culture in which staff communication, collaboration and engagement can build trust, confidence and commitment. Individuals will feel listened to, valued and well informed about matters affecting them. Senior Leadership and the Employee Forum will work together to remove barriers and boost engagement to increase productivity. We will produce good quality work, with our values in mind, to increase advocacy and pride in the mission and work of the NMC to protect the public.

30 We will:

30.1 Increase our commitment to employee wellbeing which enables staff to deliver results, reduce sickness absence, lower turnover, boost productivity as well as increase

employee satisfaction in the workplace.

30.2 Invest in the further development of an Employee Forum to ensure staff have a 'voice' as well as opportunities to hear about proposed developments and changes to the organisation so our people can pose questions.

30.3 Review agile working, in as many roles and locations as possible, to enhance the experience of working for the NMC.

30.4 Invest in opportunities for staff to promote a healthy lifestyle.

30.5 Add to the organisation's approach to internal communications in the light of feedback and experience and develop our Employee Forum to act as communication champions and deliver collective consultation when required.

30.6 Ensure the aims of the organisation are effectively communicated utilising different channels to engage staff.

30.7 Develop manager's performance management and soft skill capability so that managers are jointly responsible for having two way communication with staff to increase transparency, build trust and confidence and the whole organisation's commitment to producing high team performance.

30.8 Create a culture that demonstrates we trust, empower and value our staff.

"we will continue to develop a culture of reflection and learning to ensure that we have the right environment in which staff are encouraged to grow, develop, seek out and implement improvements and best practice" NMC Strategy 2015–2020.

Developing Excellent HR Services

31 HR will be required to make a significant contribution to meet the organisation's strategic aims and to develop a culture that makes the NMC a great place to work. HR will provide a strategic HR business partnering service that will be embedded in the organisation so that HR makes a demonstrable impact and contribution to all that work at the NMC.

32 We will:

32.1 Deliver an excellent service through close partnership with senior leaders, managers, Employee Forum and staff to drive the organisation to adopt a high performance management culture.

32.2 Implement a plan to modernise the HR offering that removes barriers and drives the delivery of quality and results and

increases engagement and job satisfaction.

32.3 Ensure that services are delivered in a pro-active, flexible, solutions-focussed way to increase operational efficiency, trust and transparency across the organisation.

32.4 Design policies and practices that remove barriers to organisational agility and success and promote how we work and treat each other.

32.5 Develop external networking capability with external HR professionals inside and external to our sector to increase opportunities to develop and collaborate.

33 **Recommendation: The Council is recommended to approve the People Strategy subject to any further changes**

Public protection implications: 34 None arising from this report.

Resource implications: 35 Costs will be met from within the business as usual People and OD directorate budget and the people strategy investment budget.

Equality and diversity implications: 36 Addressing equality and diversity is an integral part of the People Strategy.

Stakeholder engagement: 37 Not applicable.

Risk implications: 38 The People Strategy is designed to help mitigate the current corporate risks around having the right capability and capacity to meet our objectives.

Legal implications: 39 None directly arising from this paper.

Item 10: **Annexe 1**
NMC/17/101
29 November 2017

NMC People Strategy actions update

1 The Council has previously endorsed the need to invest in the People Strategy. Progress has already been made in the following areas:

1.1 A three year candidate attraction and recruitment plan has been launched to increase NMC's visibility and reputation as an employer of choice in the healthcare regulation industry sector.

1.2 The creation of the People and OD directorate and a re-structure has been agreed. Consultation begins during the end of November 2017 and will be completed by January 2018.

1.3 The re-structure includes the addition of a Head of Talent and an Equality and Diversity Inclusion specialist to lead on key priorities.

1.4 Work is underway on future organisational design and will be taken forward once approved as part of the current business planning round.

1.5 A review of all HR policies. The new redundancy policy is now in place following full consultation and reviews of our disciplinary and capability policies are underway. We are currently consulting on policies relating to Recruitment and Selection as well as organisational change. Policy review work will continue for a further 12 months before completion.

1.6 A reward review partner has been procured and work begins on the 8 November 2017.

1.7 The NMC leadership development programme was launched in June 2017 and modules are planned to roll out over the next 12 months which are purposefully designed to increase corporate leadership and employee performance management skills.

Item 11
NMC/17/102
29 November 2017

Council

Appointment of Assistant Registrars

Action: For decision.

Issue: Appointment of two new Assistant Registrars.

Core regulatory function: Registration and Revalidation.

Strategic priority: Strategic priority 1: Effective regulation.
Strategic priority 4: An effective organisation.

Decision required: The Council is recommended to appoint the two Assistant Registrars named in paragraph 4 to act on behalf of the Registrar (paragraph 7).

Annexes: None.

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

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

Director: Emma Broadbent
Phone: 020 7681 5903
Emma.broadbent@nmc-uk.org

Context:

1 Article 4(5) of the Nursing and Midwifery Order 2001 provides for the appointment of Deputy and Assistant Registrars by the Council:

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

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

6.6 Deputy and Assistant Registrars

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

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

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

Four country factors:

3 Same in all UK countries.

Discussion:

4 The Council is recommended to appoint the following members of staff as Assistant Registrars, to provide flexibility for the Registrar to delegate functions and to meet the business need of the NMC:

4.1 Linda Everet – Assistant Director, Registration and Revalidation.

4.2 Sara Kovach Clark – Assistant Director, Revalidation Implementation.

5 These appointments are needed for the provision of additional cover for the Director of Registration and Revalidation and for effectively managing any increase in workload as a result of the English language changes which took effect on 1 November 2017.

6 It is proposed that these Assistant Registrars would be authorised to make decisions on behalf of the Registrar in relation to complex or non-standard registration and revalidation decisions. There may also be a need in the future for the Assistant Registrars, if appointed by Council, to make other specified decisions on behalf of the Registrar.

Such decision-making will be authorised in writing by the Registrar in accordance with paragraph 6.6.2 of the relevant Standing Order, having regard to the considerations described in paragraph 6.6.3.

7 **Recommendation: The Council is recommended to appoint the two new Assistant Registrars named in paragraph 4.**

Public protection implications:	8	The appointment of Assistant Registrars is necessary to maintain public protection and uphold the public interest.
Resource implications:	9	No direct resource implications. The training of Assistant Registrars will be managed within existing budgets.
Equality and diversity implications:	10	None.
Stakeholder engagement:	11	None required.
Risk implications:	12	Without the appointment of new Assistant Registrars, we will not be able to perform our regulatory functions as effectively.
Legal implications:	13	Appointment of Assistant Registrars by Council is in accordance with Article 4(5) of the Nursing and Midwifery Order 2001.

Item 12
NMC/17/103
29 November 2017

Council

Annual equality, diversity and inclusion report 2016–2017 and strategic action plan 2017–2020

Action: For discussion.

Issue: This paper presents the annual NMC equality, diversity and inclusion report 2016-2017 and the action plan for how the NMC will meet the EDI strategic aims in the NMC Strategy 2015–2020.

Core regulatory function: Supporting functions.
All regulatory functions.

Strategic priority: Strategic priority 1: Effective regulation.
Strategic priority 2: Use of intelligence.
Strategic priority 3: Collaboration and communication.
Strategic priority 4: An effective organisation.

Decision required: None.

Annexes: The following annexes are attached to this paper:

- Annexe 1: Equality, diversity and inclusion report 2016–2017.
- Annexe 2: NMC equality, diversity and inclusion strategic action plan 2017–2010.

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: Aishnine Benjamin
Phone: 020 7681 5053
aishnine.benjamin@nmc-uk.org

Director: Geraldine Walters
Phone: 020 7681 5924
geraldine.walters@nmc-uk.org

Context:

1 This is the fifth annual equality, diversity and inclusion (EDI) report. It covers the period of April 2016 to March 2017.

2 This year's annual report is divided into two sections. Section one provides an overview of the achievements against the EDI strategic framework which supports the NMC's wider vision set out in the *Strategy 2015-2020*. Section two presents diversity data about our Council and committee members, Fitness to Practise (FtP) panel members, workforce and registrants, including FtP data.

3 In September 2016, the Council considered the *Annual Equality and Diversity Report 2015-2016* and requested a plan of how the organisation would implement the strategic approach set out in paragraph 37 of the report. This action plan is presented in Annexe 2.

Four country factors:

4 The Equality Act 2010 does not apply in Northern Ireland. The relevant legislation is referenced in the report.

Discussion:

5 Some notable achievements from this year's report include:

5.1 The creation of a new framework and action plans for the effective delivery of equality and diversity work aligned to the *Strategy 2015-2020*.

5.2 Improved the amount of diversity data we hold about nurses and midwives.

5.3 The development of new activities that we are implementing following the findings of research undertaken by Greenwich University into the progress and outcomes for BME (black and minority ethnic) nurses and midwives going through FtP.

5.4 Expanding the remit of the equality and diversity activities to include consideration of inclusion.

6 The NMC's approach to address the equality and diversity (E&D) agenda comprises of four elements:

6.1 The NMC Strategy 2015-2020 describes the strategic aims that the NMC must achieve over a five-year period and the programme of activities designed to achieve them. To implement the strategy for EDI the NMC developed the action plan set out in Annexe 2. The programme of activities identified within the action plan is reported to the Executive Board and guides our

strategic approach to EDI.

6.2 The NMC EDI Strategic Framework is a delivery plan that was approved by the Executive Board in September 2016 to support implementation of the NMC Strategy. The framework has regrouped the delivery into five areas: leadership, policy, communication, evidence and staff.

6.3 The EDI Action Plan provides directorate-level accountability for ensuring delivery of the objectives in the EDI framework. This is monitored by the Equality and Diversity Leadership Group (EDLG).

6.4 The Annual EDI Report sets our actions and improvements across the year. It reviews performance against strategic aims and legal requirements, and presents qualitative diversity data from across the NMC to meet legal requirements, and supports our values to become more transparent.

7 The EDI priority and plans for the organisation are to ensure compliance by embedding EDI into business as usual and improved monitoring and performance reporting. There are some areas of concern, including; consistent approaches to providing reasonable adjustments; ensuring staff have appropriate EDI training for their roles; and consistently embedding equality impact assessments (EQIAs) into our project and operational processes.

8 The action plan at Annexe 2 presents objectives, outputs, measures and desired outcomes for each strategic aim. These are the work streams we have identified as necessary to achieve these aims by 2020.

9 Assurance will continue to be provided through monitoring of the progress against the EDI Action Plan (directorate level) by the EDLG. This is a more structured system to take forward actions identified in equality impact assessments, data analysis and stakeholder engagement.

10 Council will be kept informed of progress against the strategic aims through the annual equality diversity and inclusion reports.

Public protection implications:	11	Good practice on EDI and compliance with equalities legislation is not separate from good regulation. This report demonstrates how we protect the public with consideration of equality, diversity and inclusion.
Resource implications:	12	Costs of producing this report in English and translating the report into Welsh are met from within the existing budget.
Equality and diversity implications:	13	Implementing the action plan will lead to improved compliance with the Equality Act 2010 and related equalities legislation. The annual publication of these reports demonstrates the activities the NMC is undertaking to meet compliance.
Stakeholder engagement:	14	We have engaged with diverse external stakeholder groups.
Risk implications:	15	The Education, Standards and Policy directorate risk register includes: failure to embed equality and diversity in the regulatory and operational functions of the NMC; and non-compliance with the Welsh language standards.
Legal implications:	16	Implementation of the action plan will improve compliance with the Equality Act 2010 (similar legislation in Northern Ireland), and future Welsh language standards with statutory force. The annual report is one of the mechanisms in place to demonstrate the NMC's compliance.

Item 12: **Annexe 1**
NMC/17/103
29 November 2017

Nursing & Midwifery Council

Annual equality, diversity and inclusion report

2016-2017

Foreword

I am pleased to introduce our annual equality, diversity and inclusion (EDI) report for 1 April 2016 to 31 March 2017. This report provides an account of how we have progressed against our EDI strategic aims during this period.

In 2016, we agreed a new framework, aligned to our *Strategy 2015-2020*, which continues to improve on our approach to EDI. We have set ourselves ambitious goals because we understand that equality, diversity and inclusion are integral parts of who we are and what we do. As the only regulator of nurses and midwives in the United Kingdom, our services must be fair and accessible to all.

Our ambitions as set out in our strategy remain the same – to ensure that our regulatory processes are fair and non-discriminatory, to be a good employer and to use our influence to promote wider improvements in equality, diversity and inclusion.

I am proud of the fact that in 2016-2017 we published research into variations in outcomes for BME nurses going through our fitness to practise processes, which really demonstrates all of our values of transparency, people and fairness.

As we maintain our strategic goal of being a dynamic and fair regulator of nurses and midwives, we will continue to implement significant changes in areas such as developing new nursing and midwifery education standards and proficiencies, and regulating the new nursing associate role.

Our challenge continues to be how we monitor the outcome of these changes, ensuring they uphold equality, diversity and inclusion, at the same time maintaining our mission to protect the public. I am confident that we will continue to make improvements and maintain the right balance.

Jackie Smith
Chief Executive and Registrar

[DATE]

Contents

Introduction

This is the fifth equality, diversity and inclusion (EDI) annual report for the Nursing and Midwifery Council (NMC). It is not a statutory requirement to produce this document, but we do so to promote best practice in equality, diversity and inclusion, and to be transparent in meeting our EDI aims. This report is divided into two sections. Section one is an overview of the achievements against the EDI strategic aims as taken from the *Strategy 2015-2020.* Section two presents diversity data about our workforce and the people on our register, including fitness to practise data.

The NMC is the independent professional regulator for nurses and midwives across the United Kingdom. We exist to protect the public. Our regulatory responsibilities are to:

- Maintain a register of all nurses and midwives who meet the requirements for registration in the UK.

- Set standards for education, training, conduct and performance so that nurses and midwives are able to deliver high-quality healthcare consistently throughout their careers.

- Take action to deal with individuals whose integrity or ability to provide safe care is questioned, so that the public can have confidence in the quality and standards of care provided by nurses and midwives.

The NMC is bound by the Equality Act 2010; we are named in schedule 19 of the Act as being subject to the public-sector equality duty (PSED). The PSED states that we must, in the exercise of our functions, have due regard to the need to:

1 Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.

2 Advance equality of opportunity between people who share a protected characteristic and those who do not.

3 Foster good relations between people who share a protected characteristic and those who do not.

The PSED covers the nine protected characteristics: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

The Equality Act 2010 does not apply to Northern Ireland, where the equalities legislation is spread across several orders and regulations, and has some differences to the rest of the UK. For example, Section 75 of the Northern Ireland Act 1998 also includes consideration of ‘political opinion’ as an equality category.

We recognise that as the only organisation in the UK that provides these public functions, it is essential that our services are accessible and fair for nurses, midwives, staff, patients and the public who use them.

Section 1 Annual report

Where we want to be

We value the diversity of the nurses and midwives on our register, our staff and the wider community we serve. We want equality and diversity to be reflected in everything we do. The objectives that were reported against in last year's annual report ended in 2015, so in 2016 we reviewed our approach to equality and diversity (E&D).

From April 2016 to March 2017, we developed a new NMC EDI (equality, diversity and inclusion) framework in line with the equality and diversity strategic aims set out in our *Strategy 2015–2020: Dynamic regulation for a changing world*. Our priority was to strengthen our strategic approach to effectively evaluate and address equality issues raised by our work. Before deciding whether a framework was the right approach for the NMC we conducted a review of the E&D function in May 2016. This included engagement internally and externally. The EDI framework approach was proposed and agreed in September 2016. The NMC EDI framework can be accessed on our webpage and sets out how we will continue to pursue our E&D strategic aims, best practice approaches and meeting the PSED.

The NMC Council approved the *Strategy 2015-2020* in June 2014. The strategic equality and diversity aims are to:

1. place promoting equality, diversity and inclusion at the heart of what we do
2. comply with equality and human rights legislation by ensuring our regulatory processes are fair, consistent and non-discriminatory
3. be a good employer – aspire to have a workforce that reflects the diversity of the communities in which we operate at all levels of our organisation
4. use our influence to promote wider improvements in equality, diversity and inclusion practice
5. build the trust and confidence of service users, nurses and midwives and others that share protected characteristics by showing understanding of their needs and preferences and challenging discrimination where evidence comes to our attention
6. evaluate and, as needed, address equality issues raised by our work
7. collect evidence that helps us know we are fair and consistent. Work to enhance the quality and extent of E&D data about our nurses and midwives through their careers
8. ensure that new entrants to the register are equipped to practise effectively in diverse and global environments

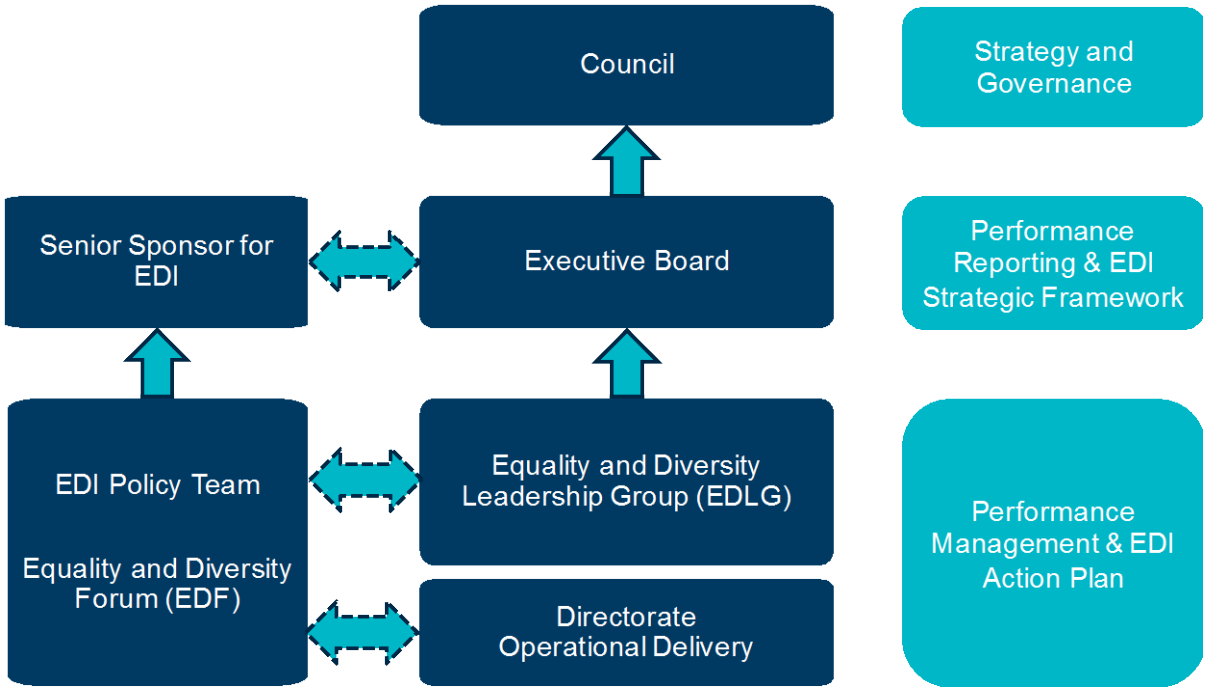
9 set out our expectations that nurses and midwives challenge discrimination in their practice, are mindful of difference and show respect to all patients, service users and colleagues

10 pursue diversity in those applying to become Council, committee and panel members

11 be recognised as an organisation that upholds best practice in equality, diversity and inclusion, including meeting recognised sector standards.

How are we getting there?

In 2016, we developed a new EDI framework that describes how we approach EDI. The **Equality and Diversity Leadership Group** (EDLG) was created to drive the achievement of the EDI strategic framework. The governance of EDI is shown below:



This EDLG monitors the EDI priorities identified in the 2017 business plans. A more detailed directorate-level EDI action plan for 2017 has been created and is monitored by the EDLG. This approach means we have a more systematic and measurable focus on EDI. At the start of 2017, the organisation-wide EDI action plans were introduced.

The framework strengthens our legislative compliance and increases our visibility on EDI. We will monitor our progress to meet the E&D aims set out in the *Strategy 2015-2020*. The framework places EDI at the heart of our organisation, and demonstrates our commitment to improving the experiences of diverse groups.

The NMC's approach to addressing the E&D agenda comprises four elements, summarised below.

- **The NMC *Strategy 2015-2020*** describes the strategic aims that the NMC must achieve over a five-year period and the programme of activities designed to achieve them.

- **The NMC EDI strategic framework** is a delivery plan that was approved by the Executive Board in September 2016 to support implementation of the NMC *Strategy 2015-2020*. The framework has regrouped the delivery into five areas: leadership, policy, communication, evidence and staff.

- **The EDI action plan** provides directorate-level accountability for ensuring delivery of the objectives in the EDI framework. This is monitored by the EDLG.

- **The annual EDI report** (this document) reports our actions and improvements across the year. It reviews performance against strategic aims and legal requirements, and presents qualitative diversity data from across the NMC to meet legal requirements, and supports our values to become more transparent.

Achievements in 2016-2017

Some of our key EDI activities from April 2016- March 2017 are summarised below.

Strategic

New EDI Framework

The new NMC EDI Framework puts leadership at its core. This was communicated to leaders through a series of EDI briefings and workshops and focused discussion on EDI considerations, such as how to address staff data from 2015 showing that black staff were not progressing into management roles. Following these briefings each leader is prioritising EDI activities in their teams. Examples of the results, and progress made to date, are set out below.

As part of the framework, we developed the EDLG and the Equality and Diversity Forum (EDF) for staff. These replaced the Equality and Diversity Steering Group.

The EDLG changed the language used in the organisation from E&D to EDI. This recognised the importance that language plays in communicating organisational commitments and in helping to ensure individuals feel included in their interactions with the organisation, regardless of their protected characteristics.

Welsh language scheme

Compliance with our Welsh language scheme has continued to be included as part of our equality impact assessment process. This has successfully ensured key policy changes consider the impact on Welsh language speakers from the outset. Through 2016 we engaged with the Welsh government about proposed new Welsh language standards that would replace our scheme and affect the work we do in Wales.

Research into outcomes for BME nurses and midwives going through fitness to practise processes

We commissioned the University of Greenwich to undertake research to help identify the extent to which black and minority ethnic (BME) nurses and midwives are represented in FtP cases. The report (*The Progress and Outcomes of Black and Minority Ethnic (BME) Nurses and Midwives through the Nursing and Midwifery Council's Fitness to Practise Process*) made a number of findings. The most significant was that BME nurses and midwives are more likely to be referred to us than their white counterparts. Employers are the largest source of referrals and these referrals were most likely to progress through to the later stages of the FtP process. However, BME nurses and midwives are less likely to be struck off or suspended than white nurses and midwives.

We published the research in April 2017 and made the commitment to continue to communicate externally through our newsletters, press releases and presentations at events with diverse stakeholders. We are meeting with patient groups, employers, professional bodies and other regulators to drive changes and have committed to

repeating the research once the first cycle of revalidation has concluded in 2019. The full report is available on our website.

A project group was developed to take forward the findings from the research. This includes involving the Employer Liaison Service (ELS) to directly communicate with employers. The research informed our work internally, including formalising unconscious bias training as part of FtP and case examiner training. We are exploring other areas that may be improved, potentially further training on bias for other regulatory decision-makers and widening our regulatory intelligence data.

Stakeholder engagement

Stakeholder engagement with diverse groups included, but was not limited to, representation at: the BME CNO Strategic Advisory Group (England); Gender Identity Symposium hosted by NHS England; the Regulators, Inspectorates and Ombudsman Forum, hosted by the Equality and Human Rights Commission and the Nigerian Nurses Association. We also engaged with groups on specific topics for the education framework consultation. For example, we attended meetings at the Department of Health about the involvement of people with learning disabilities in health education and the Royal College of Nursing about D/deaf[1] nursing trainees.

Benchmarking

We aim to be recognised as an organisation that upholds best practice in EDI. The NMC is a member of several bodies that support us and give us the opportunity to benchmark ourselves against others. These are enei (employers network for equality & inclusion), Stonewall, Business in the Community (BITC) and the Business Disability Forum (BDF).

Employer

Staff engagement

Since last year's report there have been articles in the staff newsletter, including the promotion of the EDF for staff, the new LGBT Staff Network and information about key diversity dates and festivals. We have created new EDI pages on the intranet where staff can find information on all things EDI, for example minutes of EDF meetings, resources and guidance.

Increased visibility of EDI for staff is ongoing. Internal communications can be challenging for an organisation spread over five sites. The staff survey results showed that in 2015, 85 percent of staff stated they had completed E&D training in the last two years, increasing to 87 percent in 2016. However, in 2015, 71 percent of staff stated that they knew who to contact to raise an E&D topic/issue. This reduced to 66 percent in 2016.

The EDF has been updated on key policy changes and staff helped shape them. For example, as part of engagement for the transformation programme, a workshop was

[1] Sign language users or individuals who are hearing impaired

held with members of the EDF to seek feedback on the future of the NMC, considering differences by protected characteristic.

Two NMC diversity staff networks have been re-launched – LGBT@NMC and the Christian Fellowship Group. The staff in LGBT@NMC attend cross-regulatory LGBT staff meetings and engage with the campaign organisation Stonewall, of which the NMC is a diversity champion. These groups provide a forum for staff to share experiences and inform internal policies.

Staff training and raising awareness

FtP panellists' and case examiners' unconscious bias training has been rolled out as part of induction and refresher training since February 2017. Feedback has been overwhelmingly positive and may lead to similar training being accessible to other decision-makers in the NMC.

We have provided a mental health awareness course for staff and an improved 'Managing and supporting mental health at work' course for managers, both run by the charity Mind. We also made the face-to-face mandatory equality and diversity training course for staff more bespoke to NMC functions.

EDI briefings are given to teams on an ad hoc basis according to need. For example, briefing the Employee Forum members about the Equality Act 2010, and a scenario-based workshop with the Communications team to identify ways of improving communications with diverse stakeholder groups, such as customers needing alternative formats and Welsh language translation.

Operational

Equality Impact Assessments

We are taking forward significant regulatory changes where we have sought to carry out equality impact assessments (EQIAs), for example, changing midwifery regulation, reforming fitness to practise and the education programme.

Education programme work, and therefore EDI consideration, is ongoing, but equality impacts have been considered in the stages completed so far, initially to ensure EDI is embedded in the standards. Consultation documents and engagement events with diverse groups have sought feedback in relation to EDI. For example, a key issue we probed through stakeholder engagement was the impact of time-related training requirements on trainees that may be pregnant, taking maternity leave or have long-term illnesses.

Registration and Revalidation completed an EDI review of how effectively the directorate was complying with the PSED and integrating EDI into its policies, processes and ways of working. The review focused on the regulatory role of the directorate, as opposed to an employer, and enabled us to prioritise actions such as capturing data to inform future reporting of the diversity of nurses and midwives on the register.

The Registration and Revalidation directorate has commissioned an independent evaluation of the Test of Competence (ToC) for overseas nurses. This was developed in 2016 and included the requirements for the provider to be compliant with equalities legislation, and for the evaluation itself to look at the fairness of the test. The evaluation report is due in late 2017. As part of the procurement of new ToC test centres, EDI compliance was included in the contract requirements.

The introduction of revalidation for nurses and midwives continues to be seen as positive by the professions and has supported the strategic equality and diversity aims. For example, the EQIA led to alternative support arrangements being in place at the outset of implementation for those that could not meet the revalidation requirements due to disability or other protected characteristics.

The annual revalidation report publishes data about nurses and midwives who have revalidated or lapsed by protected characteristic. The evaluation that has been commissioned to look at the impact of revalidation will consider whether there have been any unintended consequences for particular groups.

Although general feedback from registrants has been positive about revalidation, our EQIAs and continued monitoring has identified that some older nurses and midwives have perceived revalidation as a challenge. We continue to monitor this perception and have adapted our processes where appropriate, such as providing alternative methods of data capture.

Improving our diversity data

One of our strategic equality and diversity aims is to collect evidence that helps us know we are fair and consistent. We are working to enhance the quality and extent of E&D data about our nurses and midwives through their careers. The expansion of NMC online has enabled nurses and midwives to interact with us more easily, and improved the quality of our diversity data. Because of historically different methods of collecting diversity data this is a continuously improving data quality picture, as nurses and midwives update their data on the NMC online portal.

In March, 2017 the completeness of diversity data we held about nurses and midwives on the register was: Age 100 percent, gender 100 percent, ethnicity 85 percent, disability 82 percent, religion and belief 65 percent, sexual orientation 85 percent, marital status 100 percent and gender identity 74 percent. These numbers are significantly increased since last year and should rise as more nurses and midwives are prompted to update their personal information when they use the NMC online portal to revalidate in the next 18 months. This is part of our wider work to improve data quality, evidence of which can be seen in the increase of diversity data completeness since last year's report.

Diversity Data Completeness	2015/16	2016/17	Movement
Age	100%	100%	→
Gender	100%	100%	→
Ethnicity	83%	85%	↑
Disability	70%	82%	↑

Religion and belief	56%	65%	↑
Sexual orientation	73%	85%	↑
Marital status	100%	100%	→
Gender identity	49%	74%	↑

High-profile recruitment campaigns

There have been several high profile recruitment campaigns, including for lay Council members and FtP panellists, to ensure we maintain a diverse pool. We invited applications from diverse candidates and promoted the posts widely with key stakeholder groups such as the CNO BME Strategic Advisory Group (England). The tables below show highlights from the FtP panellists' recruitment campaign[2]. We acknowledge that we have more to do and are developing a recruitment campaign to support this.

Registrant FtP panellist recruitment			
	289 applications	41 successful candidates	On the register
BME	13%	7%	17%
White	82%	90%	68%
Unknown/prefer not to say	4%	2%	17%
Male	14%	15%	11%
Disabled	5%	10%	5%

Lay FtP panellist recruitment			
	592 applications	74 successful candidates	UK population
BME	13%	7%	13%
White	82%	91%	87%
Unknown/prefer not to say	6%	2%	n/a
Male	35%	46%	49%
Disabled	6%	0%	20%

Future challenges

Continuous improvement

Our focus from 2017 to 2020 is to embed continuous improvement through the EDI Framework, for business as usual and for all our key projects. Nursing associates, future midwives and FtP improvements are to be delivered in a way that advances equality of opportunity between individuals that share protected characteristics. In doing so, building our evidence bases will be undertaken to meet strategic equality and diversity aim 7. This will allow us to target our improvement work to best eliminate discrimination, advance equality of opportunity and foster good relations between groups as we protect the public.

[2] The diversity data categories presented in the tables are highlights from the recruitment campaign and are not comparable with each other.

The issues of disproportionality raised by the research into BME nurses and midwives' fitness to practise referrals mean we must continue to work to improve our own systems and processes to give assurance that they support non-discriminatory outcomes for nurses and midwives, but also work with partners on this initiative. We are communicating the research findings widely to employers, educators, nurses and midwives. We are also joining with partners, unions, researchers and bodies such as NHS England, that were involved in the research, to investigate and better understand the factors that may influence disproportionate outcomes. For example, the Workforce Race Equality Standard (WRES) report publishes data from providers of NHS-funded care to demonstrate how they are addressing equality issues. One of the key findings from the 2016 report is that BME staff in the NHS still remain more likely to experience discrimination at work from colleagues and their managers than their white colleagues. We are working with the authors to consider what learning the organisation can take from the findings.

We have also committed to repeat the FtP data analysis for BME groups in 2019 when we have a fuller data set, as part of our continuous improvement of diversity data in all parts of the organisation, including staff and registrants.

We will continue to engage with a wide range of stakeholders such as Mencap, learning disability groups, LGBT organisations, and the BME CNO (England) strategic advisory group. We will engage with the Welsh Government and others over the coming year in assessing and preparing for any impact the Welsh language standards will have on NMC functions. This will include providing a response to any future consultation.

Data quality

While we have made significant improvements in the quality of our data on diversity we are implementing a programme of technology and quality improvement that will support EDI and our wider strategy to become more of a dynamic, intelligence-led organisation.

Modernising regulation

Building on the successful EQIA work completed for the education Programme consultation, the future midwife proficiencies will approach and engage with diverse groups early. For example, we know that some young mothers feel stigmatised and 'judged' for their age by health visitors, midwives and other health workers[i]. We will ensure young mothers' voices are heard in our future midwife proficiencies consultation process from the outset. In January 2017, we agreed to the Government's request for the NMC to be the regulator of the new nursing associate role. We have started to map the potential equality impacts of this ahead of the first new nursing associates being registered in 2019. The growth of apprenticeships for healthcare qualifications can open up access to the professions. We must make sure the apprenticeship route to registration is of a comparable quality to other routes or to ensure equality for non-traditional entrants.

Implementing best practice as an employer

The *People Strategy* includes our commitment to promoting equality of opportunity, ensuring our organisation complies with equalities legislation and valuing the different contributions of our people. One of the themes of the *People Strategy* is to continue to address equality in career progression and in pay.

[i] What matters to young mums; 2017; Young Women's Trust; https://www.youngwomenstrust.org/assets/0000/6339/Young_Mums_report_version_2.pdf [accessed 14-06-17]

Section 2 Diversity data

Introduction

This section presents data about the diversity demographics of:

- our people, including Council members, staff employed by the NMC, FtP panel members and legal assessors
- nurses and midwives on the register
- the diversity of nurses and midwives that go through fitness to practise processes.

The diversity data about nurses and midwives who have been through revalidation is available separately in the annual revalidation report.

This section includes data from different functions of the NMC. We aim to be transparent, and publishing this data helps us meet several of our equality and diversity strategic aims.

The terminology used in each section may vary according to the methods of collection and data source. For example, the terms ‘race’ and ‘ethnicity’ are used interchangeably.

In presenting the data in this report, percentages have been rounded to the nearest whole number or one decimal place. In a small number of cases, this means the data may total slightly under/over 100 percent.

Data quality

Our equality and diversity aim 7 is to ‘Collect evidence that helps us know we are fair and consistent. Working to enhance the quality and extent of E&D data about our registrants through their careers’. We are continually making improvements to the way that we process the diversity data of nurses and midwives. Therefore, due to changes in the way that we process data and improve data quality, we will no longer compare diversity data year to year until our data improvements are complete. Additionally, as part of revalidation and other methods of improving the quality of EDI data we hold we ask nurses and midwives to voluntarily update their information. We estimate that it will take until up to 2020 to completely review the register.

Section 2.1 Our people

2.1.1 Council and committee members

The Council is the governing body of the NMC. It sets the organisation’s strategic direction and takes key decisions. The Council is made up of twelve members: six lay people and six nurses or midwives, from England, Northern Ireland, Scotland and Wales, all appointed by the Privy Council.

The profile below shows the diversity data of the 22 Council and committee members who held office on 31 March 2017. At this point there were 10 Council members and 12 non-Council committee members.

The diversity data is collected when a member is appointed to the Council, the Appointments Board and Audit or Midwifery Committees[3].

Gender

Male	Female
5	17

Sexual Orientation

Heterosexual	Prefer not to say	Unknown
18	2	2

Disability

Disability	No disability	Prefer not to say	Unknown
2	16	2	2

Ethnicity

The non-white categories have been put together to ensure the members are not identifiable.

White	BME	Prefer not to say	Unknown
16	3	1	2

Age

40-49	50-59	60-65	65+	Prefer not to say	Unknown
1	6	4	6	1	4

Religion/belief

Christian	Muslim	No religion	Prefer not to say	Unknown
12	1	6	1	2

2.1.2 Staff

This staff profile shows the diversity data for the 661 permanent staff that were in post on the 31 March 2017. This data is held by the Human Resources team and is gathered using an optional E&D questionnaire. The staff included in this breakdown are the permanent employees of the NMC. This is in line with the data provided in the previous year's reports and does not include staff on fixed term contracts, agency staff or consultants.

[3] The statutory requirement to have a Midwifery Committee was removed on 31 March 2017

The NMC offices are predominantly based in London, with a small office in Edinburgh. Therefore, the comparator data used in this section where possible is based on the London working age population or secondarily the UK population[ii]. However, it must be noted that in 2015, those that lived and work in London were supplemented by 869,000 commuters into the capital, equivalent to nearly 19 per cent of jobs in London[iii].

Compared to last year's report some changes to note are:

- For the age figures there has been a 5 percent decrease in the 20-29 age band, a 3 percent increase in the 30-39 age band, a 2 percent increase in the 40-49 age band, the 50-59 percentage band remains the same and there has been a 1 percent increase in the over 60s.

- Also notable is the decrease in BME employees in pay grade C from 21 percent to 16 percent.

- The percentage of staff in the ethnicity category of black has changed slightly this year; a decrease of staff in pay grade D from 21 percent to 16 percent, an increase from 2 percent to 5 percent in pay grade D, and an increase from 3 percent to 5 percent in pay grade F.

- The percentage of staff in the ethnicity category of Asian has changed slightly; Asian staff in pay grade G have decreased from 12 percent last year to 10 percent this year, in pay grade D they have decreased from 18 percent to 12 percent, in pay grade E have increased from 13 percent to 16 percent this year.

- The ratio of females to males has not changed significantly with the female proportion 1 percent higher than last year.

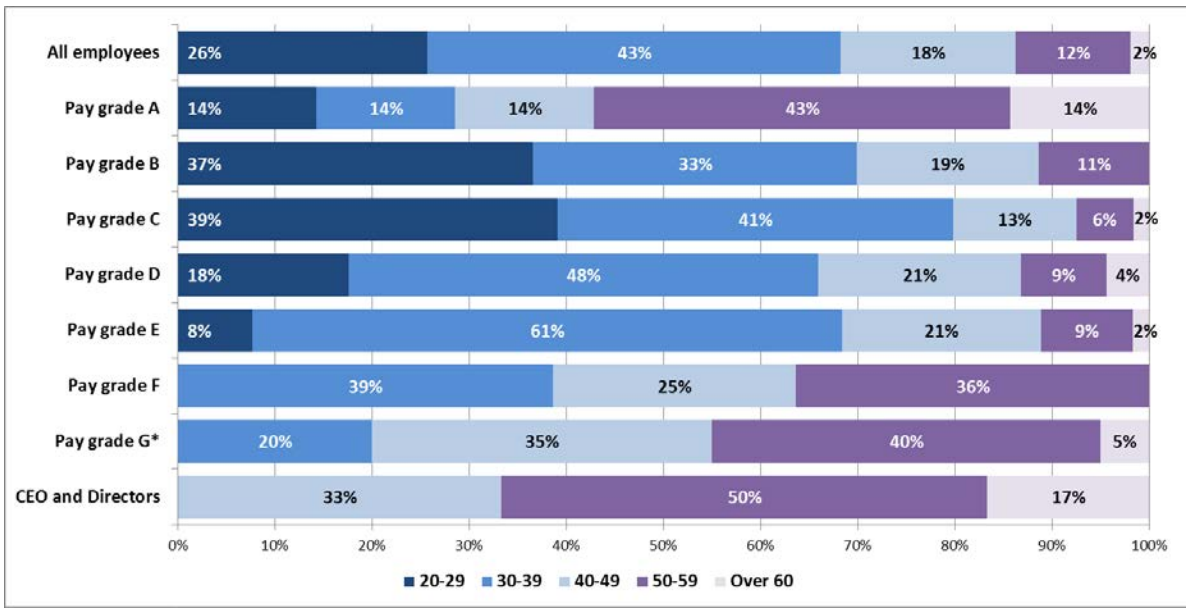
Breakdown by age

In the UK there are 8.2 million over-50s in paid employment and they account for more than a quarter of the entire workforce. At the NMC the over-50s make up 14 percent of the workforce.

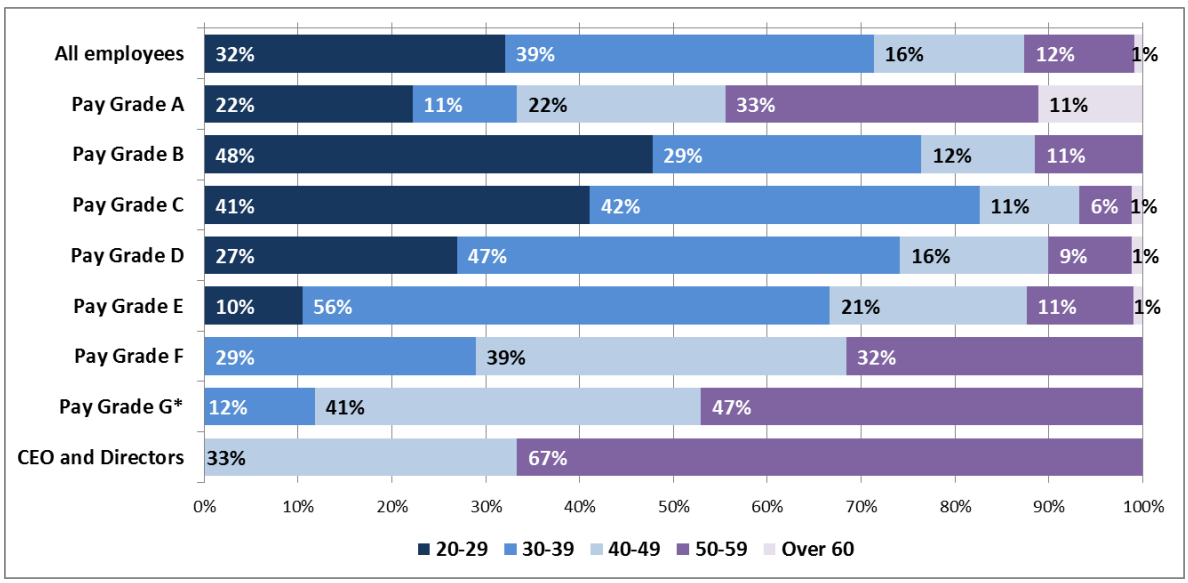
Age	Number	2017 %	2016 %
Under 20	0	0%	0%
20-29	170	26%	31%
30-39	281	43%	40%
40-49	119	18%	16%
50-59	78	12%	12%
Over 60	13	2%	1%
TOTAL	**661**	**100%**	**100%**

Pay grades by age

2016-17



2015-16



*including pay grade H as numbers are too small to report separately.

Breakdown by disability

The percentage of staff that identify as disabled is 2 percent. This is significantly below the 11.3 percent of London residents of working age that identify as disabled. Unknown / prefer not to answer accounts for 6 percent, which may impact on the actual comparison.

Disability	Number	2017 %	2016 %
No	606	92%	91%

Yes	14	2%	2%
Unknown/prefer not to answer	41	6%	7%
TOTAL	**661**	**100%**	**100%**

Breakdown by race (ethnicity)

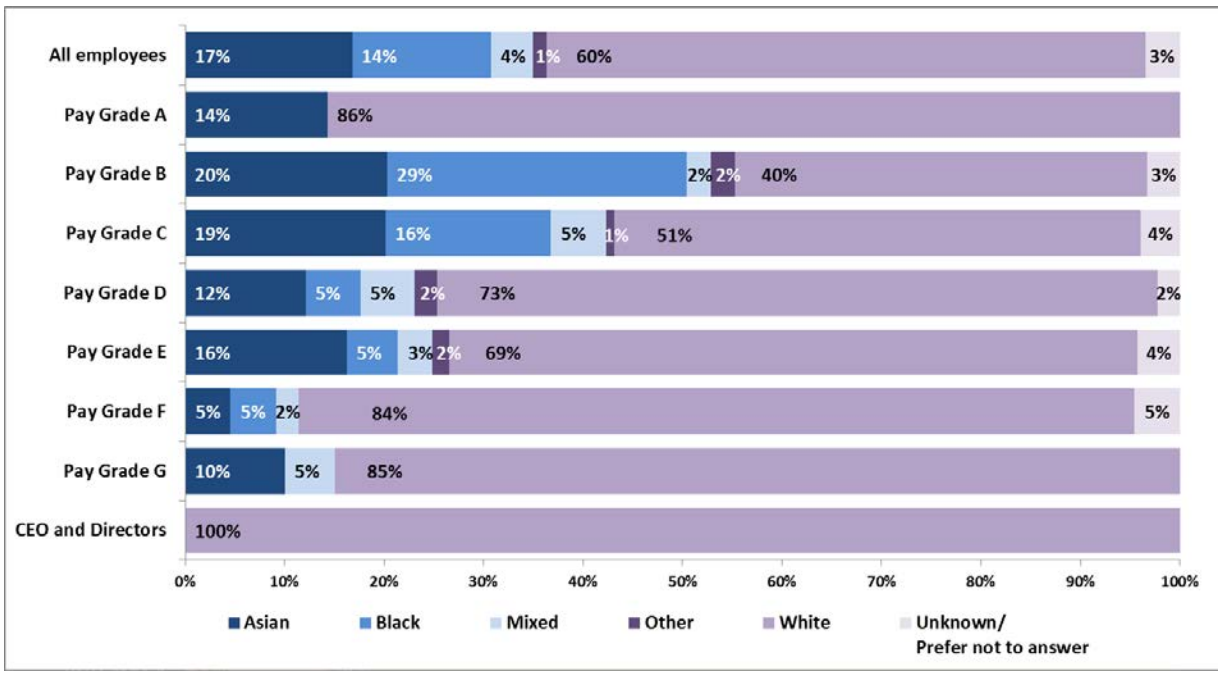
Our workforce data collects ethnicity under the 18+1 categories from the ONS census. However, they are reported here under the wider categories of Asian, black, mixed, other, white and unknown/prefer not to answer in order to keep individuals unidentifiable.

In London 59.8 percent of residents are white, 13.3 percent are black/black British, 5 percent are mixed, 18.5 percent are Asian/Asian British. The overall staff group at the NMC are in line with these figures. However, the figures in the chart below 'Pay grade by race (ethnicity)' show significant variation in ethnicity at each pay grade. In last year's report, it was noted that there were a disproportionate number of white employees holding management roles compared to BME employees. The numbers of BME staff at the higher pay grades are very low and small changes can significantly impact on the percentages. We are monitoring these trends in line with wider workforce planning and taking actions at a directorate level to address potential bias in recruitment processes.

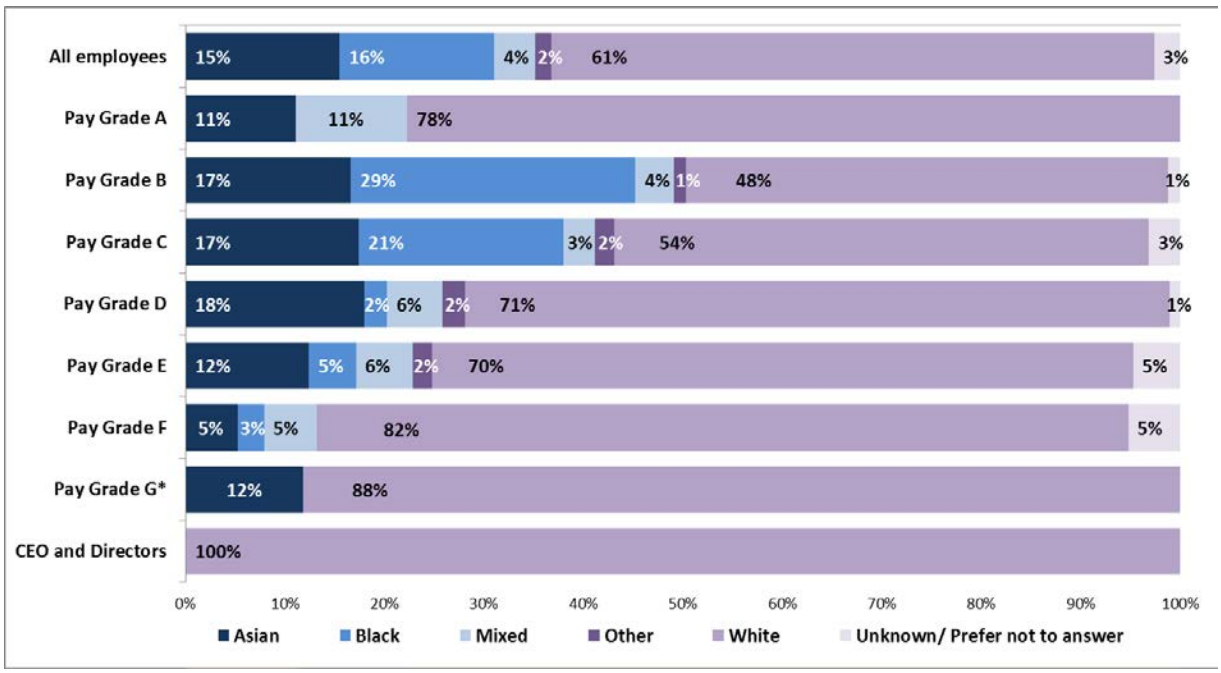
Race (ethnicity)	Number	2017 %	2016 %	London
Asian	111	17%	16%	18%
Black	92	14%	15%	14%
Mixed	28	4%	4%	5%
Other	9	1%	2%	3%
White	398	60%	60%	60%
Unknown/prefer not to answer	23	3%	3%	0%
TOTAL	**661**	**100%**	**100%**	**100%**

Pay grade by race (ethnicity)

2016-17



2015-16



*including pay grade H as numbers are too small to report separately.

Breakdown by sex (gender)

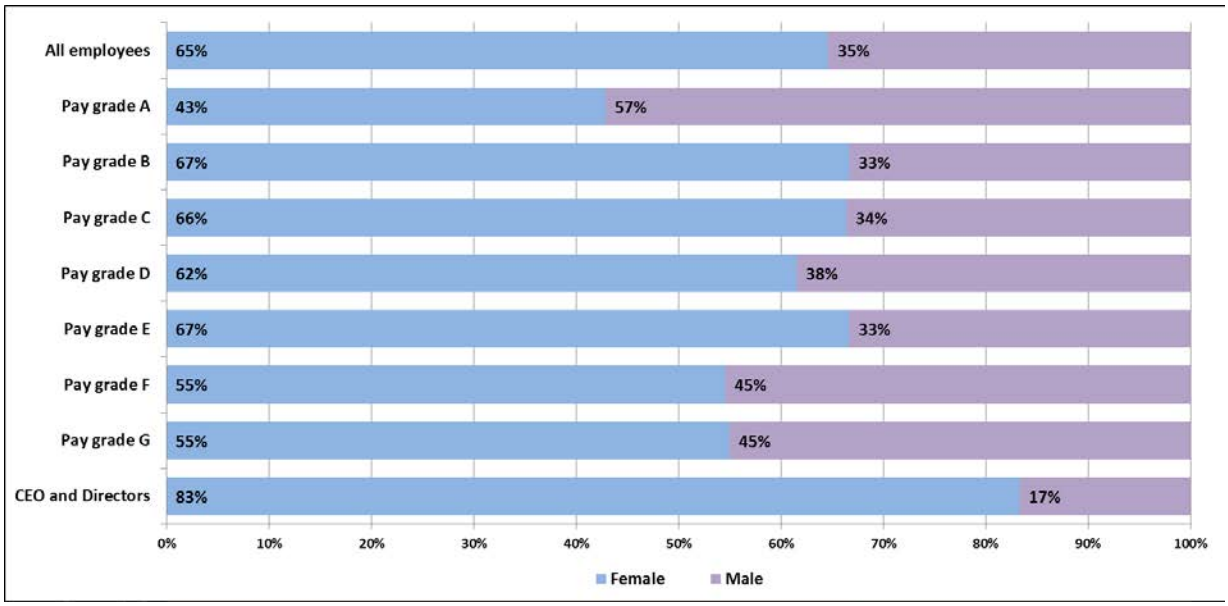
In line with statutory requirements we are working towards publishing the gender pay gap in 2018, which will give us more insight into potential barriers for staff based on gender. The chart below, 'Pay grade by sex (gender)', shows the NMC has more female staff on higher pay grades than in other charities, government bodies or

FTSE companies in that 83 percent of directors are female, while 57 percent of those in the lower pay grade A are male[iv] [v].

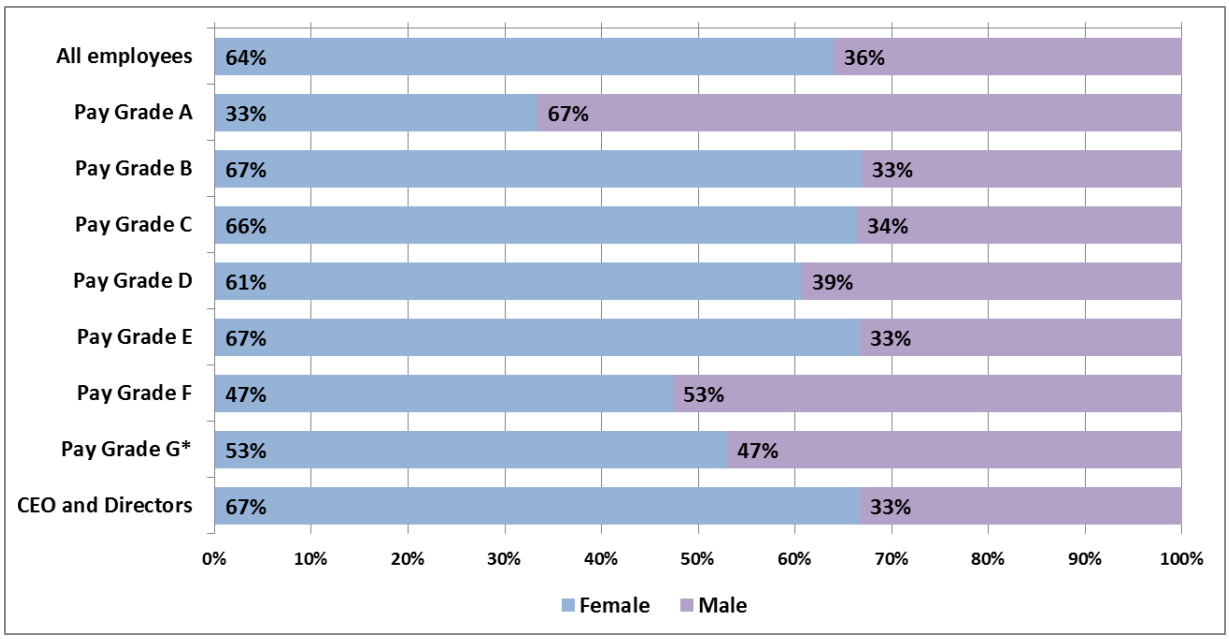
Sex (gender)	Number	2017 %	2016%
Female	427	65%	64%
Male	234	35%	36%
TOTAL	**661**	**100%**	**100%**

Pay grade by sex (gender)

2016-17



2015-16



*including pay grade H as numbers are too small to report separately.

Breakdown by religion/belief

Of the London population 48 percent of residents are Christian, 21 percent have no religious belief and 12 percent are Muslim. When comparing this with NMC staff data, the most notable difference is that at 33 percent of NMC staff have no religion/belief.

Religion/belief	Number	2017 %	2016 %	London
Buddhist	1	0%	1%	1%
Christian	256	39%	39%	48%
Hindu	31	5%	5%	5%
Jewish	6	1%	1%	2%
Muslim	54	8%	7%	12%
No religion/belief	217	33%	31%	21%
Other religion or philosophy	15	2%	2%	1%
Sikh	12	2%	1%	1%
Unknown/prefer not to answer	69	10%	13%	9%
TOTAL	**661**	**100%**	**100%**	**100%**

Breakdown by sexual orientation

It is generally estimated that between 5-10 percent of the population identify as bisexual, lesbian or gay[vi].

Sexual orientation	Number	2017 %	2016 %
Bi-sexual	4	1%	0%
Gay or lesbian	37	6%	5%
Heterosexual	581	88%	88%
Unknown/prefer not to answer	39	6%	7%
TOTAL	**661**	**100%**	**100%**

2.1.3 Fitness to practise panellists

FtP panel members are independent decision-makers and are solely responsible for making FtP hearing decisions. At least one member of the panel will be a nurse or midwife. There will be at least one lay member on the panel – this means they are from outside the profession and not on or previously on the NMC register.

In 2016, we ran several recruitment campaigns and these are mentioned in more detail in section one. Due to ongoing recruitment campaigns our current pool of panellists and legal assessors are very different to the ones from previous year's reports. There were 443 panel members in post on 31 March 2017. We are currently collecting diversity data about the panellists via a new online survey, which 150 panel members had responded to on 31 March 2017. Because of the low response

rate (34 percent) we have not published the diversity data in this year's report. We will publish the data when we reach at least a 50 percent response rate. We expect the data to improve as we encourage more panellists to respond to the survey.

2.1.4 Legal assessors

Legal assessors are barristers or solicitors who advise FtP panel members on points of law during FtP hearings. The figures here are for the 148 legal assessors in post on 31 March 2017. The data was collected through a new online survey, which 36 legal assessors responded to. Because of the low response rate (24 percent) we will not publish the diversity data in this year's report. We will publish the data when we reach a 50 percent response rate.

Section 2.2 Registered nurses and midwives

Our continued improvements to data quality and quantity were documented in section one of this report. In this year's report, where possible, we have separated the figures into the professions of nurse, midwife and nurse/midwife.

Since last year's report, we now publish figures on the registration status of nurses and midwives on the NMC website. We publish figures on nurses and midwives:

- on the register by registration type
- on the register by age group
- on the register by country of initial qualification
- on the register by address country
- joining the register for the first time by registration type
- joining the register for the first time by age group
- joining the register for the first time by country of initial registration
- joining the register for the first time by address country
- leaving the register for the first time by registration type
- leaving the register for the first time by age group
- leaving the register for the first time by country of initial registration
- leaving the register for the first time by address country.

The register profile in the following tables shows the diversity data of the 690,773 nurses and midwives who were on our register on 31 March 2017. Compared to last year's report there are 1777 fewer nurses and midwives on the register.

Breakdown by age (all)

All 2017	Number	%
20 - 29	95,553	13.8%
30 - 39	146,146	21.2%
40 - 49	192,047	27.8%
50 - 59	200,634	29.0%
Over 60	56,393	8.2%
Total	**690,773**	**100%**

Since 2016 the most notable change in overall age is the reduction of 5632 (1 percent) in the 40-49 age band.

Breakdown by age (by registration types)

Nurse	Number	%
20 - 29	88,719	13.7%
30 - 39	135,733	21.0%
40 - 49	181,359	28.0%
50 - 59	187,877	29.0%
Over 60	53,917	8.3%

Total	**647,605**	**100%**

Midwife	Number	%
20 - 29	6278	18.2%
30 - 39	8836	25.6%
40 - 49	8345	24.2%
50 - 59	9313	27.0%
Over 60	1782	5.2%
Total	**34,554**	**100%**

Dual	Number	%
20 - 29	556	6.5%
30 - 39	1577	18.3%
40 - 49	2343	27.2%
50 - 59	3444	40.0%
Over 60	694	8.1%
Total	**8,614**	**100%**

Breakdown by disability (all)

All 2017	Number	%
No	531,301	76.9%
Unknown	124,089	18.0%
Yes	35,383	5.1%
Total	**690,773**	**100%**

Breakdown by disability (by registration type)

Nurse	Number	%
No	497,601	76.8%
Unknown	116,659	18.0%
Yes	33,345	5.2%
Total	**647,605**	**100%**

Midwife	Number	%
No	27,098	78.4%
Unknown	5752	16.6%
Yes	1704	5.0%
Total	**34,554**	**100%**

Dual	Number	%
No	6602	76.6%
Unknown	1678	19.4%
Yes	334	4.0%
Total	**8614**	**100%**

Breakdown by ethnicity (all)

All	Number	%
Asian - Any other Asian background	22,451	3.3%
Asian - Bangladeshi	695	0.1%
Asian - Chinese	2154	0.3%
Asian - Indian	18,510	2.7%
Asian - Pakistani	2767	0.4%
Total Asian	**46,577**	**6.8%**
Black - African	36,823	5.3%
Black - Any other black background	1886	0.3%
Black - Caribbean	8565	1.2%
Total Black	**47,274**	**6.8%**
Mixed - Any other mixed/multiple ethnic background	2393	0.3%
Mixed - White and Asian	1776	0.2%
Mixed - White and black African	1547	0.7%
Mixed - White and black Caribbean	4865	0.7%
Total Mixed	**10,581**	**1.5%**
White - Any other white background	29,805	4.3%
White - English/Welsh/Scottish/Northern Irish/British	425,561	61.6%
White - Gypsy or Irish Traveller	244	0%
White - Irish	13,070	1.9%
Total White	**468,680**	**67.8%**
Other - Any other ethnic group	5030	0.7%
Prefer not to say	11,474	1.7%
Unknown	101,157	14.6%
Total	**690,773**	**100%**

Breakdown by ethnicity (by registration types)

Nurse	Number	%
Asian - Any other Asian background	22,313	3.5%
Asian - Bangladeshi	652	0.1%
Asian - Chinese	2028	0.3%
Asian - Indian	18,280	2.8%
Asian - Pakistani	2614	0.4%
Black - African	35,295	5.5%
Black - Any other black background	1817	0.3%
Black - Caribbean	7783	1.2%
Mixed - Any other mixed/multiple ethnic background	2248	0.4%
Mixed - White and Asian	1649	0.3%
Mixed - White and black African	1471	0.2%
Mixed - White and black Caribbean	4518	0.7%
White - Any other white background	28,037	4.3%
White - English/Welsh/Scottish/Northern Irish/British	395,642	61.1%

White - Gypsy or Irish Traveller	235	0%
White - Irish	12,180	1.9%
Other - Any other ethnic group	4881	0.8%
Prefer not to say	11,036	1.7%
Unknown	94,926	14.7%
Total	**647,605**	**100%**

Midwife	Number	%
Asian - Any other Asian background	91	0.3%
Asian - Bangladeshi	39	0.1%
Asian - Chinese	85	0.3%
Asian - Indian	174	0.5%
Asian - Pakistani	133	0.4%
Black - African	577	1.7%
Black - Any other black background	41	0.1%
Black - Caribbean	483	1.4%
Mixed - Any other mixed/multiple ethnic background	110	0.3%
Mixed - White and Asian	103	0.3%
Mixed - White and black African	56	0.2%
Mixed - White and black Caribbean	295	0.9%
White - Any other white background	1356	3.9%
White - English/Welsh/Scottish/Northern Irish/British	25,141	72.8%
White - Gypsy or Irish Traveller	6	0.0%
White - Irish	611	1.8%
Other - Any other ethnic group	124	0.4%
Prefer not to say	330	1.0%
Unknown	4799	13.9%
Total	**34,554**	**100%**

Dual	Number	%
Asian - Any other Asian background	47	0.6%
Asian - Bangladeshi	4	0.1%
Asian - Chinese	41	0.5%
Asian - Indian	56	0.7%
Asian - Pakistani	20	0.2%
Black - African	951	11%
Black - Any other black background	28	0.3%
Black - Caribbean	299	3.5%
Mixed - Any other mixed/multiple ethnic background	35	0.4%
Mixed - White and Asian	24	0.3%
Mixed - White and black African	20	0.2%
Mixed - White and black Caribbean	52	0.6%
White - Any other white background	412	4.8%
White - English/Welsh/Scottish/Northern Irish/British	4778	55.5%

White - Gypsy or Irish Traveller	3	0%
White - Irish	279	3.2%
Other - Any other ethnic group	25	0.3%
Prefer not to say	108	1.3%
Unknown	1432	16.6%
Total	**8614**	**100%**

Breakdown by gender (all)

All 2017	Number	%
Female	616,171	89.2%
Male	74,580	10.8%
Unknown	22	0%
Total	**690,773**	**100%**

Breakdown by gender (by registration type)

Nurse	Number	%
Female	573,192	88.5%
Male	74,392	11.5%
Unknown	21	0%
Total	**647,605**	**100%**

Midwife	Number	%
Female	34,439	99.7%
Male	114	0.3%
Unknown	1	0%
Total	**34,554**	**100%**

Dual	Number	%
Female	8540	99.1%
Male	74	0.9%
Total	**8614**	**100%**

There are significant differences in the gender balance between the professions. 11.5 percent of nurses are male compared with 0.3 percent of midwives and 0.9 percent of those registered as both a nurse and a midwife.

Breakdown by religion/belief (all)

All 2017	Number	%
Buddhist	3862	0.6%
Christian	375,050	54.3%
Hindu	5577	0.8%
Jewish	783	0.1%
Muslim	8063	1.8%

None	135,417	19.6%
Sikh	1530	0.2%
Other	13,449	2.0%
Prefer not to say	42,682	6.2%
Unknown	104,360	15.1%
Total	**690,773**	**100%**

Since last year the percentage of unknown religion/belief has reduced significantly from 44 percent to 15.1 percent.

Breakdown by religion/belief (by registration type)

Nurse	Number	%
Buddhist	3692	0.6%
Christian	352,360	54.4%
Hindu	5465	0.8%
Jewish	667	0.1%
Muslim	7516	1.2%
None	125,236	19.3%
Sikh	1451	0.2%
Other	12,735	2.0%
Prefer not to say	40,542	6.3%
Unknown	97,941	15.1%
Total	**647,605**	**100%**

Midwife	Number	%
Buddhist	133	0.4%
Christian	17,501	50.6%
Hindu	75	0.2%
Jewish	105	0.3%
Muslim	434	1.3%
None	9000	26.1%
Sikh	61	0.2%
Other	571	1.7%
Prefer not to say	1717	5.0%
Unknown	4957	14.4%
Total	**34,554**	**100%**

Dual	Number	%
Buddhist	37	0.4%
Christian	5189	60.2%
Hindu	37	0.4%
Jewish	11	0.1%
Muslim	113	1.3%
None	1181	13.7%

Sikh	18	0.2%
Other	143	1.7%
Prefer not to say	423	5.0%
Unknown	1462	17.0%
Total	**8614**	**100%**

Between the professions there are slight differences in religion/belief. 26.1 percent of midwives identify as having no religion/belief compared with 19.3 percent of nurses and 13.7 percent of those registered as both a nurse and a midwife.

Sexual orientation (all)

All 2017	Number	%
Bisexual	3871	0.6%
Gay or lesbian	9788	1.4%
Heterosexual or straight	532,482	77.1%
Prefer not to say	42,855	6.2%
Unknown	101,777	14.7%
Total	**690,773**	**100%**

Sexual orientation (by registration type)

Nurse	Number	%
Bisexual	3693	0.6%
Gay or lesbian	9537	1.5%
Heterosexual or straight	497,847	76.9%
Prefer not to say	41,002	6.3%
Unknown	95,526	14.8%
Total	**647,605**	**100%**

Midwife	Number	%
Bisexual	154	0.5%
Gay or lesbian	193	0.6%
Heterosexual or straight	27,977	81%
Prefer not to say	1419	4.11%
Unknown	4811	13.9%
Total	**34,554**	**100%**

Dual	Number	%
Bisexual	24	0.3%
Gay or lesbian	58	0.7%
Heterosexual or straight	6658	77.3%
Prefer not to say	434	5%
Unknown	1440	16.7%
Total	**8614**	**100%**

Section 2.3 Fitness to practise data

We have broken down the diversity data of the fitness to practise (FtP) case profiles we hold by protected characteristic for the following key stages of our FtP process:

- **New concerns:** Where a concern has been raised with us about a nurse or midwife's fitness to practise.

- **Interim orders:** Cases where there is a serious and immediate risk to patient or public safety. We will take urgent action by imposing an interim order to suspend or restrict the practice of the nurse or midwife concerned.

- **Case examiner outcomes:** Once our initial review confirms a case is within our remit to investigate and we have completed our investigation into the allegations, it proceeds to case examiners to decide if there is a case to answer.

- **Adjudication:** Case outcomes which have been referred by the case examiner for a final hearing by a panel of the Conduct and Competence Committee or the Health Committee (this will be a panel of the FtP Committee in the future).

This year's report additionally contains the data broken down by registration type into the three categories of nurses, midwives and nurse/midwives.

The total number of concerns we received represents less than one percent of the total number of nurses and midwives on our register. The figures presented in the following sections can be very small and are presented for the purpose of monitoring trends. Therefore, conclusions cannot be made from comparisons of figures year to year.

Analysis of potential disproportionality for nurses and midwives going through our FtP processes by protected characteristic is most meaningful when looking at completed cases over a period of time. In the *Annual equality and diversity report 2015-2016* we reported that we had commissioned research to understand differential outcomes for different groups through our FtP processes. This research looked at completed cases over the period of April 2012 – December 2014. More information about where this fits into our EDI work is outlined in section 1 of this report, including the plan to repeat this analysis in more detail when we have a more complete data set after the first cycle of revalidation in 2019.

2.3.1 New concerns

When we receive a new concern, we investigate whether the complaint is about a nurse or midwife on our register. If after an initial review the individual is not a registered nurse or midwife, or the allegations do not amount to an allegation that their fitness to practise is impaired, we close the case.

This section details the diversity data for the 4771 new concerns where a case was opened between April 2016 and March 2017. In the same period, there were 11 new

concerns raised about individuals that were not on the NMC register at the time of the referral (but may have previously been on the register). Therefore, these 11 individuals are not reported in the tables broken down by registration type. The figures in this report are in line with the figures in the *NMC annual fitness to practise report 2016-2017,* which reports on number of referrals as a whole, not by individual, meaning there may be more than one referral for an individual and that individual may present in the data more than once.

New concerns by age (all)

Age	Number	%	The Register
19-29	313	6.6%	13.8%
30-39	871	18.3%	21.2%
40-60	3046	63.8%	56.8%
60+	541	11.3%	8.2%
Total	**4771**	**100%**	**100%**

New concerns by age (by registration type)

Nurse			
Age	**Number**	**%**	**The Register**
19-29	292	6.6%	13.7%
30-39	812	18.2%	21.0%
40-60	2853	64%	57.0%
60+	500	11.2%	8.3%
Total	**4457**	**100%**	**100%**

Midwife			
Age	**Number**	**%**	**The Register**
19-29	18	8.1%	18.2%
30-39	51	23.1%	25.6%
40-60	130	58.8%	51.2%
60+	22	10%	5.2%
Total	**221**	**100%**	**100.2%**

Dual			
Age	**Number**	**%**	**The Register**
19-29	2	2.4%	6.5%
30-39	8	9.7%	18.3%
40-60	56	68.3%	67.2%
60+	16	19.5%	8.1%
Total	**82**	**100%**	**100.1%**

New concerns by disability (all)

Disability	Number	%	The Register
No	3334	69.9%	76.9%
Prefer not to say	212	4.4%	0%
Unknown	861	18.1%	18.0%
Yes	364	7.6%	5.1%
Total	**4771**	**100%**	**100%**

New concerns by disability (by registration type)

Nurse			
Disability	Number	%	The Register
No	3132	70.3%	76.8%
Prefer not to say	204	4.6%	0%
Unknown	780	17.5%	18.0%
Yes	341	7.7%	5.2%
Total	**4457**	**100%**	**100%**

Midwife			
Disability	Number	%	The Register
No	149	67.4%	78.4%
Prefer not to say	5	2.7%	0%
Unknown	47	21.3%	16.6%
Yes	20	9.1%	5.0%
Total	**221**	**100%**	**100%**

Dual			
Disability	Number	%	The Register
No	53	64.6%	76.6%
Prefer not to say	3	3.7%	0%
Unknown	23	28.1%	19.4%
Yes	3	3.7%	4.0%
Total	**82**	**100%**	**100%**

New concerns by ethnicity (all)

Ethnicity	Number	%	The Register
Asian - Any other Asian background	125	2.6%	3.3%
Asian - Bangladeshi	7	0.6%	0.1%
Asian - Chinese	11	0.2%	0.3%
Asian - Indian	128	2.7%	2.7%
Asian - Pakistani	31	0.6%	0.4%
Total Asian	**302**	**6.3%**	**6.8%**
Black - African	550	11.5%	5.3%
Black - Any other black background	24	0.5%	0.3%

Black - Caribbean	73	1.5%	1.2%
Total Black	**647**	**13.5%**	**6.8%**
Mixed - Any other mixed/multiple ethnic background	23	0.5%	0.3%
Mixed - White and Asian	15	0.3%	0.3%
Mixed - White and black African	21	0.4%	0.2%
Mixed - White and black Caribbean	47	1.0%	0.7%
Total Mixed	**106**	**2.2%**	**1.5%**
White - Any other white background	214	4.5%	4.3%
White - English/Welsh/Scottish/Northern Irish/British	2431	51.0%	61.6%
White - Gypsy or Irish Traveller	3	0.1%	0.0%
White - Irish	59	1.2%	1.9%
Total White	**2707**	**67.6%**	**67.8%**
Other - Any other ethnic group	42	0.9%	0.7%
Prefer not to say	111	2.3%	1.7%
Unknown	**856**	17.9%	14.6%
Total	**4771**		

New concerns by ethnicity (by registration type)

Nurse			
Ethnicity	**Number**	**%**	**The Register**
Asian - Any other Asian background	125	2.8%	3.5%
Asian - Bangladeshi	6	0.1%	0.1%
Asian - Chinese	11	0.3%	0.3%
Asian - Indian	128	2.9%	2.8%
Asian - Pakistani	31	0.7%	0.4%
Black - African	531	11.9%	5.5%
Black - Any other black background	24	0.5%	0.3%
Black - Caribbean	62	1.4%	1.2%
Mixed - Any other mixed/multiple ethnic background	23	0.5%	0.4%
Mixed - White and Asian	14	0.3%	0.3%
Mixed - White and black African	21	0.5%	0.2%
Mixed - White and black Caribbean	45	1.0%	0.7%
White - Any other white background	202	4.5%	4.3%
White - English/Welsh/Scottish/Northern Irish/British	2256	50.6%	61.1%
White - Gypsy or Irish Traveller	2	0.0%	0%
White - Irish	54	1.2%	1.9%
Other - Any other ethnic group	40	0.9%	0.8%
Prefer not to say	107	2.4%	1.7%

Unknown	775	17.4%	14.7%
Total	**4457**	**100%**	**100%**

Midwife			
Ethnicity	**Number**	**%**	**The Register**
Asian – Any other Asian background	0	0%	0.3%
Asian - Bangladeshi	1	0.5%	0.1%
Asian – Chinese	0	0%	0.3%
Asian – Indian	0	0%	0.5%
Asian – Pakistani	0	0%	0.4%
Black - African	4	1.8%	1.7%
Black – Any other black background	0	0%	0.1%
Black - Caribbean	8	3.6%	1.4%
Mixed – Any other mixed/multiple ethnic background	0	0%	0.3%
Mixed - White and Asian	1	0.5%	0.3%
Mixed – White and black African	0	0%	0.2%
Mixed - White and black Caribbean	1	0.5%	0.9%
White - Any other white background	10	4.5%	3.9%
White - English/Welsh/Scottish/Northern Irish/British	142	64.2%	72.8%
White – Gypsy or Irish Traveller	0	0%	0.0%
White - Irish	3	1.4%	1.8%
Other - Any other ethnic group	2	0.9%	0.4%
Prefer not to say	2	0.9%	1.0%
Unknown	47	21.3%	13.9%
Total	**221**	**100%**	**100%**

Dual			
Ethnicity	**Number**	**%**	**The Register**
Asian – Any other Asian background	0	0%	0.6%
Asian – Bangladeshi	0	0%	0.1%
Asian – Chinese	0	0%	0.5%
Asian – Indian	0	0%	0.7%
Asian – Pakistani	0	0%	0.2%
Black - African	15	18.3%	11%
Black – Any other black background	0	0%	0.3%
Black - Caribbean	3	3.7%	3.5%
Mixed – Any other mixed/multiple ethnic background	0	0%	0.4%
Mixed – White and Asian	0	0%	0.3%
Mixed – White and black African	0	0%	0.2%
Mixed - White and black Caribbean	1	1.2%	0.6%
White - Any other white background	2	2.4%	4.8%
White - English/Welsh/Scottish/Northern Irish/British	33	40.2%	55.5%
White - Gypsy or Irish Traveller	1	1.2%	0%

White - Irish	2	2.4%	3.2%
Other – Any other ethnic group	0	0%	0.3%
Prefer not to say	2	2.4%	1.3%
Unknown	23	28.1%	16.6%
Total	**82**	**100%**	**100%**

New concerns by gender (all)

Gender	Number	%	The Register
Female	3638	76.3%	89.2%
Male	1133	23.8%	10.8%
Total	**4771**	**100%**	**100%**

New concerns by gender (by registration type)

Nurse			
Gender	**Number**	**%**	**The Register**
Female	3331	74.7%	88.5%
Male	1126	25.3%	11.5%
Total	**4457**	**100%**	**100%**

Midwife			
Gender	**Number**	**%**	**The Register**
Female	216	97.7%	99.7%
Male	5	2.3%	0.3%
Total	**221**	**100%**	**100%**

Dual			
Gender	**Number**	**%**	**The Register**
Female	80	97.6%	99.1%
Male	2	2.4%	0.9%
Total	**82**	**100%**	**100%**

New concerns by religion/belief (all)

Religion	Number	%	The Register
Buddhist	35	0.7%	0.6%
Christian	2596	54.4%	54.3%
Hindu	50	1.1%	0.8%
Jewish	6	0.1%	0.1%
Muslim	70	1.5%	1.2%
None	728	15.3%	19.6%
Others	0	0%	1.9%
Prefer not to say	288	6.0%	6.2%
Sikh	7	0.2%	0.2%
Unknown	991	20.8%	15.1%

Total	**4771**	**100%**	**100%**

New concerns by religion/belief (by registration type)

Nurse			
Religion	**Number**	**%**	**The Register**
Buddhist	34	0.7%	0.6%
Christian	2447	55.0%	54.4%
Hindu	50	1.1%	0.8%
Jewish	4	0.1%	0.1%
Muslim	68	1.5%	1.2%
None	673	15.1%	19.3%
Others	0	0%	0.2%
Prefer not to say	273	6.1%	2.0%
Sikh	7	0.2%	6.3%
Unknown	901	20.2%	15.1%
Total	**4457**	**100%**	**100%**

Midwife			
Religion	**Number**	**%**	**The Register**
Buddhist	1	0.5%	0.4%
Christian	104	47.1%	50.6%
Hindu	0	0%	0.2%
Jewish	2	1.0%	0.3%
Muslim	1	0.5%	1.3%
None	48	21.7%	26.1%
Others	0	0%	0.2%
Prefer not to say	10	4.5%	1.7%
Sikh	0	0%	5.0%
Unknown	55	25%	14.4%
Total	**221**	**100%**	**100%**

Dual			
Religion	**Number**	**%**	**The Register**
Buddhist	0	0%	0.4%
Christian	45	54.9%	60.2%
Hindu	0	0%	0.4%
Jewish	0	0%	0.1%
Muslim	1	1.2%	1.3%
None	7	8.5%	13.7%
Others	0	0%	0.2%
Prefer not to say	5	6.1%	1.7%
Sikh	0	0%	5.0%
Unknown	24	29.3%	17.0%
Total	**82**	**100%**	**100%**

New concerns by sexual orientation (all)

Sexual orientation	Number	%	The Register
Bisexual	34	0.7%	0.6%
Gay or lesbian	102	2.1%	1.4%
Heterosexual or straight	3444	72.2%	77.1%
Prefer not to say	330	6.9%	6.2%
Unknown	861	18.1 %	14.7%
Total	**4771**	**100%**	**100%**

New concerns by sexual orientation (by registration type)

Nurse			
Sexual orientation	**Number**	**%**	**The Register**
Bisexual	31	0.7%	0.6%
Gay or Lesbian	102	2.3%	1.5%
Heterosexual or straight	3223	72.3%	76.9%
Prefer not to say	321	7.2%	6.3%
Unknown	780	17.5%	14.8%
Total	**4457**	**100%**	**100%**

Midwife			
Sexual orientation	**Number**	**%**	**The Register**
Bisexual	2	0.9%	0.5%
Gay or lesbian	0	0%	0.6%
Heterosexual or straight	167	75.6%	81%
Prefer not to say	5	2.3%	4.11%
Unknown	47	21.3%	13.9%
Total	**221**	**100%**	**100%**

Dual			
Sexual orientation	**Number**	**%**	**The Register**
Bisexual	1	1.2%	0.3%
Gay or lesbian	0	0%	0.7%
Heterosexual or straight	54	65.9%	77.3%
Prefer not to say	4	4.9%	5%
Unknown	23	28.1%	16.7%
Total	**82**	**100%**	**100%**

2.3.2 Interim orders

There are two types of interim order (IO):

- interim conditions of practice orders (ICPO), which temporarily restrict the way in which a nurse or midwife can practise

- interim suspension orders (ISO), which temporarily prevent a nurse or midwife from practising.

This report also includes data for when it was determined an IO was not necessary (IONN).

As IO volumes are small, we have not broken down the tables below by registration type in order to ensure individuals are not identifiable.

Interim orders by age

Age	ICPO%	IONN%	ISO%	ICPO	IONN	ISO	Total
19 - 29	6.8%	3.9%	7.7%	22	3	29	54
30 - 39	18.4%	10.3%	21.4%	60	8	81	149
40 - 59	64.4%	76.9%	58.8%	210	60	223	493
Over 60	10.4%	9.0%	12.1%	34	7	46	87
Total	**100%**	**100%**	**100%**	**326**	**78**	**379**	**783**

Interim orders by disability

Disability	ICPO%	IONN%	ISO%	ICPO	IONN	ISO	Total
No	62.6%	69.2%	51.7%	204	54	196	454
Yes	9.2%	9.0%	14.5%	30	7	55	92
Prefer not to say	4.9%	6.4%	4.2%	16	5	16	37
Unknown	23.3%	15.4%	29.6%	76	12	112	200
Total	**100%**	**100%**	**100%**	**326**	**78**	**379**	**783**

Interim orders by ethnicity

Ethnicity	ICPO%	IONN%	ISO%	ICPO	IONN	ISO	Total
Asian	8.3%	7.7%	4.8%	27	6	18	51
Black	12.6%	18.0%	11.4%	41	14	43	98
Mixed	4.6%	2.6%	2.1%	15	2	8	25
White	47.6%	52.6%	48.3%	155	41	183	379
Other	0.3%	0.0%	0.8%	1	0	3	4
Prefer not to say	3.4%	3.9%	3.2%	11	3	12	26
Unknown	23.3%	15.4%	29.6%	76	12	112	200
Total	**100%**	**100%**	**100%**	**326**	**78**	**379**	**783**

Interim orders by gender

Gender	ICPO%	IONN%	ISO%	ICPO	IONN	ISO	Total
Female	70.9%	73.1%	65.7%	231	57	249	537
Male	29.1%	26.9%	34.3%	95	21	130	246

Total	**100%**	**100%**	**100%**	**326**	**78**	**379**	**783**

Interim orders by religion/belief

Religion	ICPO%	IONN%	ISO%	ICPO	IONN	ISO	Total
Buddhist	0.3%	1.3%	1.3%	1	1	5	7
Christian	54.9%	55.1%	44.9%	179	43	170	392
Hindu	1.8%	0.0%	1.1%	6	0	4	10
Jewish	0.3%	0.0%	0.5%	1	0	2	3
Muslim	1.5%	1.3%	1.3%	5	1	5	11
None	10.1%	10.3%	12.7%	33	8	48	89
Sikh	0.3%	0.0%	0.0%	1	0	0	1
Prefer not to say	4.9%	9.0%	5.5%	16	7	21	44
Unknown	25.8%	23.1%	32.7%	84	18	124	226
Total	**100%**	**100%**	**100%**	**326**	**78**	**379**	**783**

Interim orders by sexual orientation

Sexual Orientation	ICPO%	IONN%	ISO%	ICPO	IONN	ISO	Total
Bisexual	1.2%	0.0%	0.3%	4	0	1	5
Gay or lesbian	0.9%	2.6%	2.1%	3	2	8	13
Heterosexual or straight	66.3%	73.1%	58.1%	216	57	220	493
Prefer not to say	8.3%	9.0%	9.2%	27	7	35	69
Unknown	23.3%	15.4%	30.3%	76	12	115	203
Total	**100%**	**100%**	**100%**	**326**	**78**	**379**	**783**

2.3.4 Case examiners

During an FtP investigation, we gather the evidence that is needed to make a full assessment of the allegations. At the end of the investigation, the case examiners review all the evidence and decide whether or not the case should be referred for a hearing, or whether there is no case to answer (NCTA).

This section is not divided into nurse, midwife and dual registration type, to prevent individuals being identified in the small numbers.

Case examiner decisions by age of nurse or midwife

Age	NCTA %	Refer to CCC %	Refer to HC %	NCTA	Refer to CCC	Refer to HC	Total
>= 19 - <30	5.6%	4.7%	8.2%	66	69	6	141
>= 30 - <40	14.4%	15.3%	27.4%	169	224	20	413
>= 40 - <60	67%	65.8%	57.5%	784	965	42	1791

>= 60	12.9%	14.2%	6.9%	151	208	5	364
Total	**100%**	**100%**	**100%**	**1,170**	**1,466**	**73**	**2,709**

Case examiner decisions by disability of nurse or midwife

Disability	NCTA %	Refer to CCC %	Refer to HC %	NCTA	Refer to CCC	Refer to HC	Total
No	69.9%	57.3%	48.0%	818	840	35	1693
Yes	7.4%	9.3%	21.9%	87	136	16	239
Prefer not to say	4.8%	4.3%	4.1%	56	63	3	122
Unknown	17.9%	29.1%	26%	209	427	19	655
Total	**100%**	**100%**	**100%**	**1170**	**1466**	**73**	**2709**

Case examiner decisions by ethnicity of nurse or midwife

Ethnicity	NCTA %	Refer to CCC %	Refer to HC %	NCTA	Refer to CCC	Refer to HC	Total
Asian	6.5%	6.3%	1.4%	76	92	1	169
Black	15.6%	14.4%	4.1%	183	211	3	397
Mixed	2.1%	1.7%	4.1%	24	25	3	52
White	55.1%	46.3%	61.6%	645	678	45	1368
Other	0.9%	0.6%	0%	10	9	0	19
Prefer not to say	2.3%	1.8%	2.7%	27	26	2	55
Unknown	17.5%	29%	26%	205	425	19	649
Total	**100%**	**100%**	**100%**	**1170**	**1466**	**73**	**2709**

Case examiner decisions by gender of nurse or midwife

Gender	NCTA %	Refer to CCC %	Refer to HC%	NCTA	Refer to CCC	Refer to HC	Total
Female	77.7%	74.2%	75.3%	909	1088	55	2052
Male	22.3%	25.8%	24.7%	261	378	18	657
Total	**100%**	**100%**	**100%**	**1170**	**1466**	**73**	**2709**

Case examiner decisions by religion/belief of nurse or midwife

Religion	NCTA %	Refer to CCC %	Refer to HC %	NCTA	Refer to CCC	Refer to HC	Total
Buddhist	1.0%	0.8%	0%	12	12	0	24
Christian	54.4%	47.3%	39.7%	637	693	29	1359
Hindu	0.8%	0.9%	0%	9	13	0	22
Jewish	0%	0.5%	0%	0	7	0	7
Muslim	2.1%	2%	0%	24	29	0	53
None	14.3%	11.3%	16.4%	167	166	12	345
Sikh	0.2%	0.1%	0%	2	2	0	4
Prefer not to say	5.8%	5.2%	11.0%	68	76	8	152
Unknown	21.5%	31.9%	32.9%	251	468	24	743

Total	**100%**	**100%**	**100%**	**1170**	**1466**	**73**	**2709**

Case examiner decisions by sexual orientation of nurse or midwife

Sexual Orientation	NCTA %	Refer to CCC %	Refer to HC %	NCTA	Refer to CCC	Refer to HC	Total
Bisexual	1%	1%	2.7%	12	15	2	29
Gay or lesbian	2.7%	1.4%	6.9%	32	20	5	57
Heterosexual or straight	71.7%	60.8%	56.2%	839	892	41	1772
Prefer not to say	6.8%	7.4%	6.9%	79	108	5	192
Unknown	17.8%	29.4%	27.4%	208	431	20	659
Total	**100%**	**100%**	**100%**	**1170**	**1466**	**73**	**2709**

2.3.5 Hearings

Most cases referred by the case examiners for adjudication are considered by a panel of one of the following practice committees:

- Conduct and Competence Committee (CCC)
- Health Committee (HC).

The panel is responsible for reaching a final decision about whether a nurse or midwife's fitness to practise is currently impaired and determine what sanction, if any, is needed to protect the public. We publish all panel decisions where a sanction has been imposed on a nurse or midwife's registration on our website. Sanctions are also marked on the public register. Due to these reasons and the small number of hearings that take place, some of the diversity data about nurses and midwives that go to hearings is sensitive data under the Data Protection Act and cannot be published in this report to keep these individuals anonymous. This section is not divided into nurse, midwife and dual registration type and is reported by percentage not numbers.

Sanctions	Acronym
Facts not proved	FNP
Fitness to practise not impaired	FTPNI
Fitness to practise impaired – no sanction	FTPI-NS
Caution order	CO
Conditions of practice order	CPO
Suspension order	SO
Striking off order	SOO

Go to the *Sanctions we can impose* pages on our website for more information.

Hearing outcomes by age

Age	FNP	FTPNI	FTPI-NS	CO	CPO	SO	SOO	Total
>= 19 - <30	1	7	0	7	16	20	10	61

>= 30 - <40	2	43	0	34	31	57	61	228
>= 40 - <60	20	185	3	105	183	287	216	999
>= 60	8	43	2	18	37	60	57	225
Total	**31**	**278**	**5**	**164**	**267**	**424**	**344**	**1513**

Age %	FNP	FTPNI	FTPI-NS	CO	CPO	SO	SOO	Total
>= 19 - <30	3.2%	2.5%	0%	4.3%	6%	4.7%	2.9%	4%
>= 30 - <40	6.5%	15.5%	0%	20.7%	11.6%	13.4%	17.7%	15.1%
>= 40 - <60	64.5%	66.6%	60%	64%	68.5%	67.7%	62.8%	66%
>= 60	25.8%	15.5%	40%	11%	13.9%	14.2%	16.6%	14.9%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Hearing outcomes by disability

Disability	FNP	FTPNI	FTPI-NS	CO	CPO	SO	SOO	Total
NO	23	195	2	118	153	216	153	860
YES	0	20	1	9	21	35	33	89
Prefer not to say	3	9	0	8	6	25	8	42
Unknown	5	54	2	29	87	148	150	991
Total	**31**	**278**	**5**	**164**	**267**	**424**	**344**	**1513**

Disability%	FNP	FTPNI	FTPI-NS	CO	CPO	SO	SOO	Total
NO	74.2%	70.1%	40%	72%	57.3%	50.9%	44.5%	56.8%
YES	0%	7.2%	20%	5.5%	7.9%	8.3%	9.6%	5.9%
Prefer not to say	9.7%	3.2%	0%	4.9%	2.3%	5.9%	2.3%	2.8%
Unknown	16.1%	19.4%	40%	17.7%	32.6%	34.9%	43.6%	65.5%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Hearing outcomes by ethnicity

Ethnicity	FNP	FTPNI	FTPI-NS	CO	CPO	SO	SOO	Total
Asian	4	20	0	18	23	26	20	111
Black	9	54	0	35	36	70	36	240
Mixed	0	7	0	2	4	3	6	24
White	12	137	3	73	107	161	130	623
Other	1	2	0	2	4	1	0	10
Prefer not to say	0	4	0	5	7	13	3	32
Unknown	5	54	2	29	86	148	149	473
Total	**31**	**278**	**5**	**164**	**267**	**424**	**344**	**1,513**

Ethnicity %	FNP	FTPNI	FTPI-NS	CO	CPO	SO	SOO	Total
Asian	12.9%	7.2%	0%	11.0%	8.6%	6.1%	5.8%	7.3%
Black	29%	19.4%	0%	21.3%	13.5%	16.5%	10.5%	15.9%
Mixed	0%	2.5%	0%	1.2%	1.5%	0.7%	1.7%	1.6%

White	38.7%	49.3%	60%	44.5%	40.1%	38%	37.8%	41.2%
Other	3.2%	0.7%	0%	1.2%	1.5%	0.2%	0%	0.7%
Prefer not to say	0%	1.4%	0%	3.1%	2.6%	3.1%	0.9%	2.1%
Unknown	16.1%	19.4%	40%	17.7%	32.2%	34.9%	43.3%	31.3%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Hearing outcomes by gender

Gender	FNP	FTPNI	FTPI-NS	CO	CPO	SO	SOO	Total
Female	24	217	4	120	212	322	218	1117
Male	7	61	1	44	55	102	126	396
Total	**31**	**278**	**5**	**164**	**267**	**424**	**344**	**1513**

Gender %	FNP	FTPNI	FTPI-NS	CO	CPO	SO	SOO	Total
Female	77.4%	78.1%	80%	73.2%	79.4%	75.9%	63.3%	73.8%
Male	22.6%	21.9%	20%	26.8%	20.6%	24.1%	36.6%	26.2%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Hearing outcomes by religion or belief

Religion	FNP	FTPNI	FTPI-NS	CO	CPO	SO	SOO	Total
Buddhist	0	2	0	1	2	3	3	11
Christian	17	152	3	90	133	195	113	703
Hindu	1	3	0	1	2	1	8	16
Jewish	0	1	0	0	0	1	1	3
Muslim	3	4	0	5	8	8	5	33
None	3	27	0	21	21	41	35	148
Sikh	0	1	0	0	1	0	0	2
Prefer not to say	0	22	0	14	7	15	16	74
Unknown	7	66	2	32	93	160	163	523
Total	**31**	**278**	**5**	**164**	**267**	**424**	**344**	**1513**

Religion %	FNP	FTPNI	FTPI-NS	CO	CPO	SO	SOO	Total
Buddhist	0%	0.7%	0.0%	0.6%	0.8%	0.7%	0.9%	0.7%
Christian	54.8%	54.7%	60%	54.9%	49.8%	46.0%	32.9%	46.5%
Hindu	3.2%	1.1%	0%	0.6%	0.8%	0.2%	2.3%	1.1%
Jewish	0%	0.4%	0%	0%	0%	0.2%	0.3%	0.2%
Muslim	9.7%	1.4%	0%	3.1%	3.0%	1.9%	1.5%	2.2%
None	9.7%	9.7%	0%	12.8%	7.9%	9.7%	10.2%	9.8%
Sikh	0%	0.4%	0%	0%	0.4%	0%	0%	0.1%
Prefer not to say	0%	7.9%	0%	8.5%	2.6%	3.5%	4.7%	4.9%
Unknown	22.6%	23.7%	40%	19.5%	34.8%	37.7%	47.4%	34.6%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Hearing outcomes by sexual orientation

Sexual orientation	FNP	FTPNI	FTPI-NS	CO	CPO	SO	SOO	Total
Bisexual	0	1	0	3	3	8	3	18
Gay or lesbian	0	5	0	4	7	3	7	26
Heterosexual or straight	21	195	2	110	151	229	158	866
Prefer not to say	5	23	1	18	17	36	27	127
Unknown	5	54	2	29	89	148	149	476
Total	**31**	**278**	**5**	**164**	**267**	**424**	**344**	**1513**

Sexual orientation	FNP	FTPNI	FTPI-NS	CO	CPO	SO	SOO	Total
Bisexual	0%	0.4%	0%	1.8%	1.1%	1.9%	0.9%	1.2%
Gay or lesbian	0%	1.8%	0%	2.4%	2.6%	0.7%	2%	1.7%
Heterosexual or straight	67.7%	70.1%	40%	67.1%	56.6%	54%	45.9%	57.2%
Prefer not to say	16.1%	8.3%	20%	11%	6.4%	8.5%	7.9%	8.4%
Unknown	16.1%	19.4%	40%	17.7%	33.3%	34.9%	43.3%	31.5%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

[ii] ENEI infographics; ©Developed by Big Voice Communications 2016; https://www.enei.org.uk/resources/?subjects=&doctypes=1996,2001#enei-resources [accessed 14-06-2017]

[iii] London labour market projections 2016; GLA; https://www.london.gov.uk/sites/default/files/llmp-2016.pdf [accessed 14-01-2017]

[iv] As in reference iii – Hampton Alexander Review – FTSE 100 companies Executive Committees 18.7% female.

[v] The Green Park Public Service Leadership 5,000: A review of diversity in the UK's public and charities sectors; 2014; Green Park Group; http://green-park.co.uk/wp-content/uploads/2016/11/Green-Park-Public-Sector-report-sm.pdf [accessed 14-06-2017]

[vi] Peter J. Aspinall; Equality and Human Rights Commission Research report 37: Estimating the size and composition of the lesbian, gay, and bisexual population in Britain; University of Kent; 2009; p55 https://www.equalityhumanrights.com/sites/default/files/research-report-37-estimating-lesbian-gay-and-bisexual-population-in-britain.pdf [accessed 08-09-2017]

Item 12: **Annexe 2**
NMC/17/103
29 November 2017

NMC Equality Diversity and Inclusion strategic aims action plan 2017–2020

EDI Strategic Aims	Objectives	Activities	Outputs	Outcomes	Impacts	Measures	Current status
1 Place promoting equality, diversity and inclusion at the heart of what we do.	To embed EDI into governance, business planning and performance monitoring systems.	Develop and implement an EDI Framework. Annual EDI Action plan implemented and monitored by EDLG*. Recruit a Senior E&D Policy Officer to support the implementation of the EDI Framework.	EDI Framework document. EDI Framework supporting guidance document. EDI Action Plan 2017 (revised annually). E&D Annual Report. Annual Report to the Welsh language Commissioner.	a) EDI is part of the performance and business planning processes. b) Enhanced EDI annual reporting.	The NMC can evidence where it considers the Public Sector Equality Duty (PSED). NMC service users have equal access, to, experiences of and outcomes from interactions with the NMC regardless of protected characteristic.	a) Business plans contain relevant EDI activities. a/b)EDI exceptions reported to EB. Particularly in relation to non-compliance and best practice*. b) EDI action plan updated quarterly by EDLG*.	a) Directorate business plans contain EDI activities. b) EDI Framework agreed by EB (Formerly PRB) in September 2016. b) New EDLG in place. a/b) The Senior E&D Policy Officer post JD has been agreed. This role will enable systematic monitoring. b) EDI Action Plan 2017 developed.
2 Comply with equality and human rights legislation by ensuring our	a) To revise systems, information and guidance for staff to ensure compliance with discrimination	Revise EQIA guidance, tools and templates for different teams. Annual EQIA workshops held	EQIA guidance and EQIA intranet pages including Welsh language compliance. EQIA workshop	a) EDI is considered at the start and throughout the life cycle of all major NMC programmes.	Staff, nurses and midwives, patients and the public are not unlawfully discriminated against on the	a) EDI and EQIAs are discussed in meeting minutes of NMC boards. a/b) Surveys show staff awareness of	a) Key policies and projects are being equality impact assessed. Education Programme, FtP Section 60, Nursing Associates and parts

EDI Strategic Aims	Objectives	Activities	Outputs	Outcomes	Impacts	Measures	Current status
regulatory processes are fair, consistent and non-discriminatory.	law, and relevant equalities legislation. b) Compliance with the Welsh Language Scheme to be integrated into activities about equality impact assessment (EQIA) and EDI best practice.	with teams. Train teams and staff on EQIA, and Welsh language compliance. Mandatory EDI training for staff. Recruit a Senior E&D Policy Officer to take forward monitoring of EQIAs. Monitor and record EQIAs*.	material and notes. EQIA templates completed. Annual Report to Welsh Language Commissioner.	a/b) More staff and managers are aware of equality and human rights legislation and Welsh language compliance as related to their role.	basis of protected characteristic by the NMC. External stakeholders are confident that NMC regulatory processes are fair, consistent and non-discriminatory. NMC activities do not lead to unlawful discrimination.	EQIAs and EDI increased. a) EQIAs are developed and monitored for NMC policies and projects.* a) Non-mandatory EDI training courses are well attended.	of the Transformation programme. a) Training and briefings have been held: EQIA for policy teams; BME research briefing for ELS; Mental health awareness for managers. b) Workshops held with teams to raise awareness of the Welsh language scheme.
3 Be a good employer. Aspire to have a workforce that reflects the diversity of the communities in which we operate at all levels of our	a) To take actions as part of workforce planning to achieve a workforce that is meaningfully diverse (as expected when compared with appropriate comparator populations and	Annual analysis of pay grades and roles in each directorate by protected characteristic. Engage with staff to identify potential barriers for certain diverse groups in recruitment and	Actions in HR and L&D action plans. Diversity data reports in recruitment, shortlisting and appointments. EDI training and briefing materials.	a) The workforce is diverse and represents the relevant comparator population (e.g. the national, London, professional population) at all levels of the organisation (including	The NMC is seen as an inclusive employer by staff where there are no barriers to progression on the basis of protected characteristic. All staff and	a) The workforce is more representative by protected characteristic at each pay grade (as expected). a/b) Staff survey results (broken down by directorate) show: equal perceptions of fairness when	a) Analysis of the workforce data to understand the factors that are leading to lack of diversity at certain pay bands has begun. This will include determining the appropriate target representation at pay grade. b) The leadership

EDI Strategic Aims	Objectives	Activities	Outputs	Outcomes	Impacts	Measures	Current status
organisation.	related to job role). b) To review EDI training provision for staff to be role specific. To deliver tailored training for all staff, panelists and Council members.	progression. Improve diversity data collection in recruitment processes. EDI briefings for senior managers, teams and Council members. Roll out unconscious bias training for decision-makers.		Council, committee and panel members) b) All staff and individuals involved in delivering NMC public functions are trained to consider where the PSED and bias may impact on their role.	individuals involved in delivering NMC public functions make fair and non-biased decisions and understand where the PSED is relevant to their role.	analysed by protected characteristic; an increased number of Staff know the EDI objectives; and an increased number of staff that know where to go for EDI support. b) EDI training by role is mapped and monitored by role.	team have been trained. b) Refresher training for Council members to be scheduled. b) FtP panellists and Case Examiners started to receive unconscious bias training in February 2017.
4 Use our influence to promote wider improvements in equality, diversity and inclusion practice.	a) To identify within our regulatory role where we can make improvements to EDI externally. b) To publish data about differences in outcomes for different groups going through	To routinely share data about different outcomes for nurses and midwives by protected characteristic. Commission research to ascertain EDI issues for the healthcare sector and NMC	Data reports for key functions broken down by protected characteristic. Research commissioned to improve gaps in our knowledge. List of diverse stakeholder groups to share information with	a) We have evidence to support our external EDI activities. b) Data reports, research and guidance are published showing NMC commitment to and expectations of EDI. b) We report	Nurses, midwives and patients and the public have more equal access, experience and outcomes in the wider healthcare environment where the NMC can influence it. The NMC	a) Research commissioned and engagement monitoring with diverse stakeholders. b) Data reports are produced and published in time, broken down by protected characteristic*. c) Education QA	a) We commissioned and communicated the BME research to external stakeholders and are continuing to facilitate discussions about what this means in our regulatory role. a) We have committed to facilitate further discussions with stakeholders about

EDI Strategic Aims	Objectives	Activities	Outputs	Outcomes	Impacts	Measures	Current status
	our regulatory processes e.g. revalidation and FtP data. c) To ensure EDI compliance considered by bodies regulate and procure contracts to (e.g. AEIs)	regulatory role. Facilitate discussions with diverse stakeholders to understand where we can use our influence to improve EDI. Consider where monitoring and guidance can be provided in procurement and QA of bodies we regulate.	and inform priorities. QA reports and procurement contracts that specify compliance with equalities legislation. EDI questionnaire for TOC providers.	data externally by protected characteristic across the functions: registration; FtP and Revalidation. c) We have assurance of compliance of the bodies we regulate and companies we procure from.	receives the right referrals to FtP for the right reasons, not based on unlawful discrimination. Improved EDI practice in the external healthcare environment for students and practising nurses and midwives.	reports contain information about EDI practice in AEIs and other institutions. c) Contracts contain EDI compliance and best practice requirements. c) Evaluations of contracts monitor if EDI requirements have been met.	the disproportionate referrals by employers of BME nurses and midwives. c) We are consulting with the ToC providers to have an EDI questionnaire that looks at how they ensure EDI in their policies and processes.
5 Build the trust and confidence of service users, registrants and others that share protected characteristics. By showing understanding of their needs	a) To create systems to effectively engage with diverse stakeholders. b) NMC publications, meetings, correspondence and consultations	Identify, compile and maintain diverse stakeholder lists*. Host meetings with diverse stakeholders. E.g. PSAG Attend external events and meetings with	A list of stakeholders by protected characteristic. Summaries of external events with diverse stakeholders in stakeholder engagement reporting.	a) Service users and nurses and midwives report the same trust of the NMC regardless of protected characteristic. Diverse stakeholders view the NMC as meeting its duties under the	Service users and nurses and midwives from representative diverse groups perceive their particular perspective is heard.	a) Our engagement lists have an increased number of diverse stakeholders*. a) Feedback from engagement events shows diverse representatives feel engaged. a) Increased	a) External meetings e.g. Presenting findings to the CNO BME Advisory Group. a) Senior E&D Policy Officer (when recruited) will manage reporting of external meetings. a) The BME FtP Research Advisory Group met in March

EDI Strategic Aims	Objectives	Activities	Outputs	Outcomes	Impacts	Measures	Current status
and preferences and challenging discrimination where evidence comes to our attention.	are accessible and available in alternative formats when requested and reasonable. c) The internal and external communications are updated to include relevant EDI information. E.g. social media engagement with diverse nurses and midwives.	diverse stakeholders. Consultations and customer feedback is monitored by protected characteristic. Review customer journeys to improve experience for diverse customers. Explore creation of an EDI external stakeholder group*.	Guidance for staff on working with and engaging with diverse service users.	PSED. a) Stakeholder engagement lists include engagement with stakeholders that are representative of the protected characteristics. b) The NMC commitment to EDI is visible externally.		number of meetings with external groups/individuals that represent diverse views. b) Our website and external communications contain up to date EDI information and are accessible by external benchmark standards.	before the publication of the research. It was agreed for the NMC will continue to facilitate this group. a) NMC consultations monitor responses by protected characteristic. Customer surveys improved diversity monitoring e.g. the contact centre and witness liaison team. b) EDI review of R&R identified communication improvement for disabled/transgender service users.
6 Evaluate and as needed address, equality issues raised by our work.	To improve our understanding of how our activities, functions and services impact on diverse groups and take action to eliminate	Equality impact assessments (EQIAs) are completed for new policies and processes. EDI reviews of ongoing policies and processes are	EQIA templates completed and stored centrally. Reviews of internal processes EQIA workshops and meetings	Improved evidence of the PSED being considered in changes to regulatory role. Evaluation reports contain evidence of where there may	Our regulatory processes are fair, consistent and non-discriminatory. Continuous improvements to EDI for nurses,	All external consultations have EQIA summaries published. Monitoring of the number of EQIAs, workshops and meetings*.	R&R have had an EDI review to look at gaps in their EDI regulatory role. This will be translated into prioritised actions. Evaluations for Revalidation and the ToC included looking at different outcomes

EDI Strategic Aims	Objectives	Activities	Outputs	Outcomes	Impacts	Measures	Current status
	unlawful discrimination.	undertaken. Evaluations of policies, processes and functions consider unlawful discrimination.	internally. Evaluation tenders include requirements to consider EDI impact.	be unlawful discrimination or where improvements to EDI can be made.	midwives and services users from diverse groups that may be impacted.	Evaluation reports and EDI review documents that show EDI considerations and recommendations for improvement.	in the data by protected characteristics as well as perceptions of fairness.
7 Collect evidence that helps us know we are fair and consistent. Working to enhance the quality and extent of E&D data about our registrants through their careers.	a) To collect, analyse and publish data about the diversity of nurses and midwives on our register. b) We understand where our functions impact on different groups of nurses and midwives.	Create consistent diversity monitoring categories in all NMC functions. Analyse diversity data of students and registrants and commission research to better understand differences. Include diversity breakdowns in evaluations and data reports where possible.	Publish E&D annual reports by protected characteristic and NMC functions. Guidance documents for staff about best practice diversity monitoring. Research and evaluations commissioned looking at differences for registrants.	a) Better quality and quantity of diversity data about nurses and midwives. b) Our research gives us a better understanding of the needs of the diverse nurses, midwives, patients and the public.	Transparency for external stakeholders by publishing different outcomes for diverse registrants going through NMC processes. The NMC can target its EDI activities to higher priority areas of focus e.g. employer engagement.	a) Increased % of diversity data of nurses and midwives. b) Increased number of research reports published that look at different outcomes for nurses and midwives going through NMC processes. b) Increased number of evaluations that look at different outcomes for nurses and midwives.	a) In January 2017 the % of diversity data held about nurses and midwives on the register was: • Age 100% • Gender 100% • Ethnicity 83% • Disability 80% • Religion and belief 64% • Sexual Orientation 83% • Marital Status 83% • Gender identity 70% b) We are committed to repeat the BME FtP Research in 2019 with a full data set for FtP and Registration. b) The ToC and Revalidation evaluations include

EDI Strategic Aims	Objectives	Activities	Outputs	Outcomes	Impacts	Measures	Current status
							compliance with equalities legislation.
8 Ensure that new entrants to the register are equipped to practise effectively in diverse and global environments.	a) Standards for nurses and midwives entering the register contain relevant information about the equality diversity and inclusion requirements. b) QA of education and assessment institutions look at compliance with PSED.	EQIA of Education Programme. Review of QA to look at NMC requirements under PSED.	Revised education standards containing relevant EDI. QA processes assess compliance with PSED.	a) Education standards contain requirements for student nurses, educators and placement providers to be compliant with equalities legislation. b) Our QA processes include assurance of the equalities compliance of the bodies we regulate.	New entrants to the register are competent to practise with diverse patients and public. Diverse patients and public do not receive different care on the basis of their protected characteristics.	a) increased engagement events for those involved in the education/ assessment of nurses, midwives coming onto the register a) more communications and guidance about EDI expectations. b) QA reports show where bodies have considered EDI.	a) The Education Programme is being equality impact assessed. A summary of the current status will be published with the consultation.
9 Set out our expectations that nurses and midwives challenge discrimination in their practice, are mindful of	Our standards, the Code and FtP guidance contain EDI for how nurses and midwives should practise without discrimination against diverse	When nurse and midwifery standards are revised they are equality impact assessed.	EQIAs for standard and FtP guidance revisions. Standards and FtP guidance that contain relevant EDI requirements.	Diverse stakeholders (nurses, midwives, patients and the public) know or understand that NMC standards are in line with discrimination	Nurses and midwives practise without discrimination against service users and with an understanding of health	Standards and guidance documents contain relevant EDI requirements.	FtP allegation codes were updated to include discrimination against service users and colleagues The EQIA of the Education Programme led to

EDI Strategic Aims	Objectives	Activities	Outputs	Outcomes	Impacts	Measures	Current status
difference and show respect to all patients, service users and colleagues.	service users and with an understanding of health inequalities.			law and best practice.	inequalities.		the wording in the draft education nursing standards being refined to be clear of expectations of education providers in their role to support disabled students.
10 Pursue diversity in those applying to become Council, committee and panel members.	For our Council and committee members and panellists to reflect the diverse nurses and midwives on the register and the diverse patients and public.	Recruitment campaigns that target diverse applicant groups. JDs, criteria and assessments are equality impact assessed. Analyse applicants, shortlisting and appointments by protected characteristic in recruitment campaigns*.	E&D Annual Report Advertisements that promote applications from diverse groups.	Council, committee members and panellist pools are diverse.	Recruitment processes to these roles perceived to be fair.	The diversity data of applicants, shortlisted and appointments to Council and FtP panelist posts by protected characteristic is representative.*	The recruitment campaigns for the lay Council members, and FtP panellists were promoted to diverse applicants. We are analysing the applicants, shortlisting and appointments by protected characteristic for the recruitment rounds of the past year.
11 Be recognised as an organisation	To promote NMC EDI activities externally.	Update EDI webpages. Complete external benchmarks e.g.	Updated EDI pages on the NMC website. Completed EDI	Improved and increased EDI in external communications.	NMC is seen as leader in EDI as compared with other healthcare	Completed external benchmarks and assessments. Improvements	The Senior E&D Officer (when recruited) will provide capacity to complete the

EDI Strategic Aims	Objectives	Activities	Outputs	Outcomes	Impacts	Measures	Current status
that upholds best practice in equality, diversity and inclusion, including through meeting recognised sector standards.		Stonewall, Business Disability Forum. Incorporate actions from benchmarks in directorate EDI action plan. Meet recognised EDI sector standards in its procurement and development of new systems	benchmark reports.		regulators. We are seen as a fair employer and regulator. We are recognised as upholding best practice in EDI.	annually*. More feedback from staff and external stakeholders (in surveys and meetings) about perception of NMC.	benchmarks.

***Denotes the achievement of this measure is reliant on dedicated resource by other teams.**

External stakeholders:

9. Registered nurses & midwives
10. Specific stakeholders relating to different areas of NMC work (e.g. Patients First relating to our FtP work)
11. EDI watchdogs and interest groups (e.g. Equality & Human Rights Commission, Stonewall)
12. Healthcare regulators e.g. GMC, GPhC
13. External staff networks e.g. Inter-reg
14. Diverse representative groups e.g. CNO BME Strategic Advisory Group (England)

Internal stakeholders:

1. All staff
2. Equality & Diversity Policy Manager
3. Equality and Diversity Leadership Group (EDLG)
4. Equality and Diversity Forum (EDF)
5. Human Resources and Learning and Development
6. NMC Council
7. Executive Board
8. Staff networks e.g. Employee Forum, LGBT@NMC

Item 13
NMC/17/104
29 November 2017

Council

Midwifery update

Action: For discussion.

Issue: Provides an update on midwifery matters.

Core regulatory function: All regulatory functions.

Strategic priority: Effective regulation.

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:

Author: Dr Helen Shallow
Phone: 020 7681 5549
helen.shallow@nmc-uk.org

Director: Geraldine Walters
Phone: 020 7681 5924
geraldine.walters@nmc-uk.org

Context:

1 In January 2017, the Council agreed that a number of measures would be put in place to ensure that the Council received regular advice relating to midwifery regulation, following the removal of the statutory Midwifery Committee. One of those measures included a report at each meeting to update the Council on midwifery issues.

2 This report provides the Council with an update on recent midwifery activity including the work of the Midwifery Panel, the development of new standards of proficiency for midwives, and recent and planned engagement.

Four country factors:

3 As there are different approaches across the four countries to midwifery issues and maternity services, where different approaches apply these will be highlighted throughout the report.

Discussion

Midwifery Panel

4 The Midwifery Panel met most recently on 5 October 2017. The Panel received an update on the work of the future midwife standards and on communications and engagement issues, as well as an update on the work of the NMC's Senior Midwifery Adviser.

5 The Panel also received an informative presentation from Cath Broderick, lay member of the Midwifery Panel, on what women say they want, need and value from maternity services based on previous research and studies.

6 In summary, women reported that they want evidence-based information to support decision making; confidence in the skills of midwives and other health professionals; continuity of care from a midwife; the consistent application of standards and guidelines; better communication with service users for the purpose of improving services; and ensuring that the “right” people enter the workforce, particularly those who already possess great communication skills.

7 The primary challenges of facilitating women’s choice and decision making included ensuring clear communication of the changes from statutory supervision; in England, the new role of the Professional Midwifery Advocate and how it is applicable to service users; providing all women and families the opportunity to shape change; ensuring standards are accessible and clear; and developing consistency across approach, competence and confidence of midwives.

8 The Panel identified that the two main areas in which the NMC could make a difference would be in monitoring and measuring the impact of change, and requiring midwives of the future to have the right skills and knowledge to provide the best quality of care.

9 The Panel agreed to have a discussion at a future meeting on where responsibility lies for thinking ahead for women’s longer term health,

and relevance to the development of the future midwife standards.

10 The Panel also considered the outcomes of a survey conducted by the NMC on fetal monitoring. Approved Education Institutions (AEIs) who deliver pre-registration midwifery programs were asked to provide information about their teaching, learning and assessment related to fetal monitoring and fetal heart rate interpretation. The survey found that all AEIs provide education and training in Fetal Heart Rate Monitoring (FHRM) including electronic monitoring (CTG) however, the nature of this varied between providers in terms of how the skill was taught and assessed. The Panel asked that the Future Midwife Sponsoring Board (FSMB) consider the findings in more detail including how these should be used to inform the future midwife standards.

National Maternity and Perinatal Audit Clinical Report 2017

11 The National Maternity and Perinatal Audit (NMPA) Clinical Report 2017 was recently published. The NMPA is a large scale audit of the NHS maternity services across England, Scotland and Wales. The NMPA is led by the Royal College of Obstetricians and Gynaecologists in partnership with the Royal College of Midwives, the Royal College of Paediatrics and Child Health, and the London School of Hygiene and Tropical Medicine.

12 The report identifies areas of good practice in maternity care and provides important data for areas where there are opportunities to improve the maternity care that women and babies receive. The report will be discussed at the next midwifery panel meeting in February 2018 and consideration will be given to whether it can be used to help inform our work on the future midwife standards.

Future Midwife Standards

13 The first meeting of the FMSB was held on 5 October 2017. As reported to the Council in September 2017, the Board includes members of the Midwifery Panel, as well as a range of other stakeholders from across the four countries. The Board's role is to comment and advise on the development of the future midwife standards. The inaugural meeting focused on the establishment and future work of the Board.

14 Over the last few months we have met with a range of stakeholders to gain their early views on the development of new standards of proficiency for registered midwives.

14.1 We have held four meetings with our midwifery thought leadership group, including one in Glasgow and two webinars with our virtual thought leadership group (VTLG).

14.2 On 9 October 2017, the Director of Education, Standards and Policy met a group representing the Association of Radical

Midwives. The discussion focused on the review of the pre-registration standards for midwifery and our approach to engagement with the midwifery profession.

14.3 On 2 November 2017, we held our first focus group and workshop, hearing from service users, midwives, educators, and students about the knowledge and skills they think midwives need to have at the point of registration. This is part of series of events being hosted across the UK over the coming months, to enable us to gather views from midwives, students, educators, heads of midwifery, interdisciplinary colleagues, women and their families to inform the new proficiencies.

14.4 We have so far contacted 30 different advocacy groups, including Women's Voices, Young Women's Trust, Unicef Baby Friendly Initiative, Fatherhood Institute, Sands, Mind and Mumsnet, to invite them to get involved in the project. We will be working with them to maximise opportunities to engage with representatives and the stakeholders they work with over the course of the project.

14.5 Professor Renfrew and members of the future midwife team visited the Heads of Midwifery in Wales and were fortunate to meet with a group of students arranged by one of the thought leadership group (TLG) members.

14.6 A meeting was also held with the Royal College of Anesthetists which was well attended.

Midwifery Listening events

15 On 17 October 2017, the NMC Chair and the Chief Executive hosted the inaugural midwifery listening event. The meeting took place in London and was attended by the Lead Midwives for Education (LMEs) who had attended the LME Strategic Reference Group held earlier the same day. Discussion at the listening event focused on the topics of retention and resilience in practice and the changing maternity services. LMEs also received an update on key midwifery issues and had the opportunity to put questions to the Chief Executive, Chair and Council members.

16 Two midwifery listening events are planned to take place in 2018 at other locations in the UK.

Council midwifery knowledge programme

17 As part of the Council's programme, the Chair and a number of Council members Council visited Edinburgh Napier University (ENU) on 2 November 2017, which included an opportunity to learn about the University's midwifery and nursing programmes. ENU is the largest provider of nurse and midwife education in Scotland.

18 As part of this, the University facilitated a number of visits to

placement partners, one of which was to the Edinburgh Royal Infirmary Birthing Centre. The Centre is for women with low risk pregnancies who want to birth without interventions; including first time mothers. Council members toured the facility and spoke to a number of mentors about the challenges they face with student placements.

Midwifery in Scotland

19 As part of the inaugural UK advisory forum meeting in Edinburgh on 3 November 2017, the Chief Nursing Officer (CNO) gave a presentation on the 'best start' initiative which originated from recommendations of the Scottish maternity review.

19.1 Large scale change is planned across the whole of Scotland which will see implementation of a national continuity of care model; person-centered maternity and neonatal care; and multidisciplinary team care.

19.2 An early years' strategy has been developed which will see children being integrated and socially active with a network of support in place for every child, ideally from pre-pregnancy through to early school years.

20 The forum also provided an opportunity for the NMC to discuss progress on the future midwife standards and other major initiatives we are working towards.

Public protection implications: 21 None directly arising from this report.

Resource implications: 22 None directly arising from this report.

Equality and diversity implications: 23 None directly arising from this report.

Stakeholder engagement: 24 This is covered in the body of the report.

Risk implications: 25 No specific risk implications arising from this report. Risks relating to development of the future midwife standards are captured through the programme.

Legal implications: 26 None arising from this paper.

Item 14
NMC/17/105
29 November 2017

Council

General Nursing Council Trust Report

Action:	For information.
Issue:	Provides a summary of the work of the General Nursing Council Trust (GNCT), its purpose, the contribution it makes to supporting early career nurse researchers and the benefits achieved for patients and the NHS.
Core regulatory function:	Supporting functions.
Strategic priority:	Strategic priority 4 – An effective organisation.
Decision required:	None.
Annexes:	None.
Further information:	If you require clarification about any point in the paper or would like further information please contact the author below.

Author: Maureen Morgan OBE

Item 14: **Annexe 1**
NMC/17/105
29 November 2017

The General Nursing Council for England and Wales Trust

Introduction

1. This paper summarises the work of the GNCT, its purpose, the contribution it makes to supporting early career nurse researchers and the benefits achieved for patients and for the NHS.

Background

2. The General Nursing Council of England and Wales was established by the Nursing Registration Act 1919 to administer the new register of nurses in England and Wales. It was a key milestone in the development of professional nursing through formalising nurse education and standards of nursing practice. The first register of nurses was opened in 1921. The GNC was superseded by the Central Council for Nursing, Midwifery and Health Visiting in 1983 and by the Nursing and Midwifery Council in 2002, each iteration aimed at streamlining regulation and eventually bringing nursing midwifery and health visiting under one regulator.

3. The GNCT was founded as a charity in 1983, to manage capital funds, originally contributed by nurses themselves, towards establishing the GNC.

4. The trustees felt they could best keep faith with their heritage by applying income from the funds to promote the development of nursing for the benefit of society. This would in turn, enhance the profession by maintaining and developing standards of practice and conduct, thereby enabling the profession to gain in recognition and respect. This principle holds to the present day.

5. **The Trust's Objectives**

    5.1 To advance the art and science of nursing.

    5.2 To advance the better education and training of students training for a statutory nursing qualification and the further education and training of registered nurses.

    5.3 To promote research and investigation into matters relating to nursing.

    5.4 To further the objectives of the Nurses Welfare Service.

Trustees

6. There are five trustees, each of whom have a background in nursing practice, education or research, with one place reserved for a registrant member of the Nursing & Midwifery Council (NMC). The NMC appointed Maureen Morgan as a trustee to the GNCT in January 2015. Trustees are supported by a lay secretary who has had a career in financial management and is able to provide expert advice and guidance.

Investment Policy

7. The GNCT Funds are managed by Investec Wealth & Investment Ltd, which is a member of the London Stock Exchange and is regulated by the Financial Conduct Authority.

8. There are no restrictions on the GNCT's power to invest, but it has adopted the principle that investments should made within an ethical framework.

9. Trustees consider income requirements, risk profile and the investment managers' view of the stock market with Investec regularly. Performance of the portfolio is scrutinised against agreed benchmarks, the overall aim being to sustain an annual income to enable its public benefit work. In September 2017 we subjected management of our portfolio to a tendering exercise that was won, following stiff competition, by the incumbent, Investec.

Application of Funds

10. Four research applications are funded every year comprising approximately £30,000 each, depending on the performance of the portfolio. Additionally, scholarship travel grants of £10,000 have been made on a three year rolling basis to the Florence Nightingale Foundation, under collaborative arrangements.

11. Topics for each year are selected by trustees to reflect current issues within nursing. For example the theme for 2017 was making care safer for patients.

12. The criteria for applications:

    12.1 Proposals must reflect an aspect of nursing policy, practice or education which addresses the specific focus of the year's theme.

    12.2 The study must address a defined research question and use a recognised methodology.

    12.3 The request must fall within the maximum amount specified.

    12.4 The lead applicant must be a nurse working in practice, education, management or research in England or Wales.

    12.5 The project must develop the abilities of an early career nurse researcher.

13. Applications are scrutinised and rated by academic reviewers and selected by a panel of GNC trustees. In 2017, 19 applications were received of which six where deemed by reviewers to meet the criteria and four were chosen by the panel.

14. Successful applications were made by:

    14.1 Parveen Ali, University of Sheffield - Do primary care nurses provide appropriate care to women victims of domestic abuse – evidence from black and ethnic communities.

14.2 Louise Condon, Swansea University – Maintaining child and family safety when a parent has a mental health problem – a nurse led participatory project.

14.3 Sally Tedstone, Royal United Hospitals NHSFT – Does osteopathic treatment of infants with tongue function difficulties improve breathing outcomes? A feasibility study.

14.4 Glenda Cook, Northumbria University – Supporting optimal hydration with those living with dementia in care homes making care safer.

15. Trustees monitor the progress of each of the funded projects and final reports are published on its website.

16. Our ambition for the future is to raise the profile of the work of the GNCT to encourage more applications and to promote dissemination of findings to enhance the body of knowledge and evidence to support nursing practice and benefit patient care.

MPMorgan OBE
November 2017

Item 15
NMC/17/106
29 November 2017

Council

Performance and Risk report

Action: For discussion.

Issue: The latest overview of performance and risk management.

Core regulatory function: All functions.

Strategic priority: All.

Decision required: The Council is asked to approve removal of the corporate plan transformation commitment.

Annexes: The following annexes are attached to this paper:

- Annexe 1: Performance reports including year to date progress update against corporate KPIs.
- Annexe 2: Corporate risk summary.

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: Roberta Beaton
Phone: 020 7681 5243
roberta.beaton@nmc-uk.org

Director: Adam Broome
Phone: 020 7681 5964
adam.broome@nmc-uk.org

Context:

1 This report provides the latest overview of performance and risk management across the organisation.

2 Further improvements in reporting about performance and risk are intended over the next six months and will be a key outcome of 2018–2019 annual business planning.

Four country factors:

3 These are taken into account in considering our risks and through our operational performance.

Discussion:

Performance

4 Performance for August to October 2017 including a year to date summary against our five corporate key performance indicators (KPIs) is presented at Annexes 1a to 1h.

Highlights

5 Progress against our corporate KPIs for UK initial registration applications and EU/Overseas registrations applications remain stable and above target despite fluctuations in application volumes in September 2017. It's noteworthy that automation of the UK application process saw the usual spike of applications driven by the start of the academic year happen in September 2017 rather than October 2017. This was due to automation streamlining the process and providing a quicker service (Annexe 1a).

6 On 2 November 2017, we published our latest revalidation data report covering April to September 2017. The report shows that revalidation continues to be a success with registration renewal rates comparable to previous years. In addition, the number of applicants requesting additional support with their revalidation applications continues to reduce.

7 Call answering rates showed a significant drop during August 2017 but swiftly picked up again during September and October 2017. This was the result of rapid remedial action to address performance issues as they occurred. The team continues to review resourcing requirements to ensure the service is as cost effective as it can be (Annexe 1a).

8 At the request of the Council, consideration has been given to whether the 90% target is sufficiently challenging enough for call answering. As this is not a formally agreed Council target but one used locally to ensure that quality standards are maintained (within the resources levels available) we believe the target is appropriate and should not be changed at this point. This factors in the risk that English language changes may increase call volumes and affect performance this year. We will review the target again when setting

KPIs for 2018–2019.

9 We continue to exceed our 80% target for imposing Fitness to Practise (FtP) interim orders within 28 days as shown at Annexe 1b.

10 Conclusion of FtP cases within 15 months of being opened remains stable at 77%, but marginally below our target of 80% (see Annexe 1b). This is in line with our forecast and is indicative of our continuing prioritisation for the progression of older cases. We continue to forecast being on track by the end of the year.

11 A detailed update about the implementation of changes to Section 60 is at Annexe 1d. Although the legislation went live in July 2017 the pace has been slower than expected with fewer cases being closed through the new case examiner powers. Overall the proportion of cases progressing for a hearing is lower due to more cases being closed with no case to answer which is positive.

12 We continue to embed our approach to measuring the customer service of Registrations and Revalidation and FtP with our latest results presented at Annexe 1e. Overall satisfaction remains stable with an average of 74% customers very satisfied/satisfied this year. 70% of customers strongly agreed/agreed that the NMC made it easy for them to manage their issue. Work continues to analyse the responses to consider actions to improve the experience for service users.

13 The staff turnover results are presented at Annexe 1f. Staff turnover has reduced by 1.3% since August 2017 to 22.5% in the year to October 2017. At the same time headcount marginally increased by 2.5% to 691 permanent staff. Almost a quarter of staff leaving NMC have under one year's service. HR have conducted exit interviews to understand the key drivers for people leaving which are presented at Annexe 1f, as well as mitigating actions they are implementing that are aimed at reducing turnover further.

14 Progress against the corporate plan at quarter two (end September 2017) is presented at Annexe 1g. Three items are judged to have a current status of amber, as not all planned milestones have been met; one item is proposed for removal.

14.1 Nursing education: the amber rating reflects that it is not now proposed to have 'early adopters' in September 2018. A minor revision to the wording of the commitment is needed to reflect this change of plan.

14.2 Nursing and Midwifery education quality assurance: the Council is due to consider the proposed approach to quality assurance separately at this meeting. The amber forecast for March 2018 is due to the revised timescale for introduction of

the new quality assurance approach.

14.3 Nursing Associates: although amber at quarter two we are forecasting green for year end as we anticipate key deliverables will be delivered as projected.

14.4 It is proposed to remove the Transformation corporate plan commitment given that we are reviewing and revising plans for future change.

15 Progress against corporate KPIs is presented at Annexe 1h.

Corporate risks (annexe 2)

16 Annexe 2 presents the corporate risk summary. The Council undertook an annual risk review in April 2017 to consider the current corporate risks the NMC faces. The summary contains these corporate risks and work undertaken to refine and improve planned risk management actions.

17 The Council undertook an in depth review of risk four (capability) in September 2017 with a number of actions being progressed by the Executive Board. As requested by the Council we are reviewing the articulation of risks three and four around organisational capacity and capability with regard to delivering our major change programmes and business as usual.

18 Risk two regarding the risk that we may fail to take appropriate action to address regulatory concern remains amber rated, but has been downgraded slightly for likelihood to reflect better mitigations in place.

19 We have focused on making sure that we have identified all of the risks we are facing in the current, rapidly changing environment and developing the right mitigations to address these risks over time.

Public protection implications:

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

Resource implications:

21 Resource implications are captured in the financial monitoring report.

Equality and diversity implications:

22 Equality and diversity implications are considered in reviewing our performance and risks.

Stakeholder engagement:

23 None.

Risk implications:	24	Addressed in Annexe 2.
Legal implications:	25	None.

Annexe 1 - progress and performance

Time period:
Aug – Oct 2017

This cover page is an overarching summary of progress and performance.

The accompanying reports within Annexe 1 contain the detail.

Contents of Annexe 1:

KPI performance for August to October 2017

	KPI	Year to date average	Target
1	% of UK initial registration applications completed within 10 days	98.4%	95%
2	% of UK initial registration applications completed within 30 days	99.8%	99%
3	% of EU/overseas registration applications assessed within 60 days	97.4 %	90%
4	% of interim orders imposed within 28 days of opening the case	89.6 %	80%
5	% of FtP cases concluded within 15 months of being opened	77.0 %	80%

Registration and Revalidation performance – corporate KPIs

Time period:
Aug – Oct 2017

	KPIs 1 and 2 - Percentage of UK initial registration applications completed								
KPI	**Average for 2016–17**	**August 2017**		**September 2017**		**October 2017**		**Year to date average (since April)**	**Year end average target**
		No.	As a %	No.	As a %	No.	As a %		
KPI 1 10 Days	**98.2%**	1523	**99.2%**	7188	**99.5%**	5785	**97.4%**	**98.4% (Green)**	**95% within 10 days**
KPI 2 30 Days	**99.2%**	1534	**99.9%**	7219	**99.9%**	5933	**99.9%**	**99.8% (Green)**	**99% within 30 days**

Commentary: Performance against both KPIs has remained above target over the past three months .
We are on track to meet the targets at year end.

Traditionally the annual peak of initial UK registrations that follows the academic year occurs in October due to the time required to process applications. The introduction of automation earlier this year has streamlined the application process such that the majority of new registrants joined the Register a month earlier, in September.

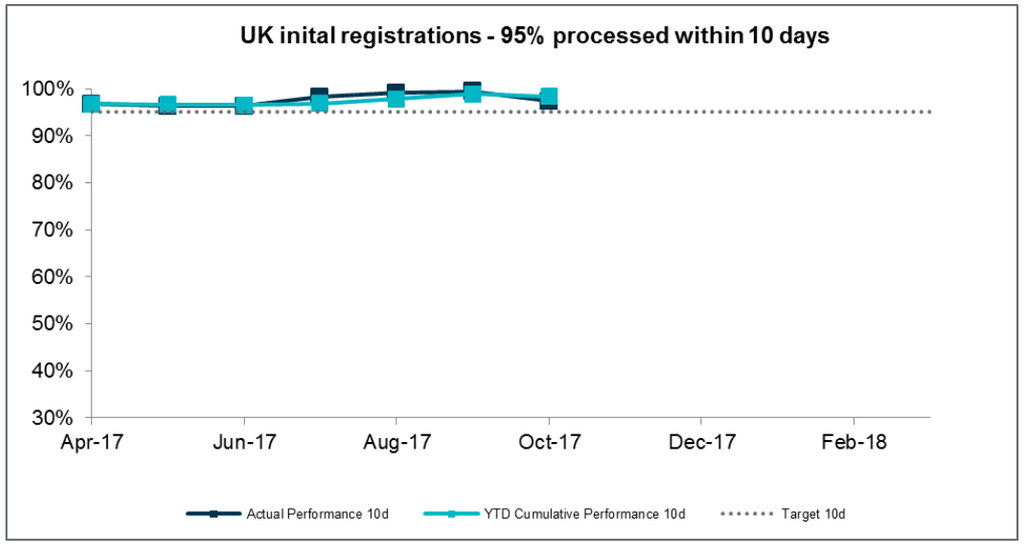
Rating definitions:	Green	Amber	Red
KPI 1 – 10 days	≥ 95.0%	90.0% – 94.9%	≤89.9%
KPI 2 – 30 days	≥ 99.0%	98.9% – 94.0%	≤93.9%

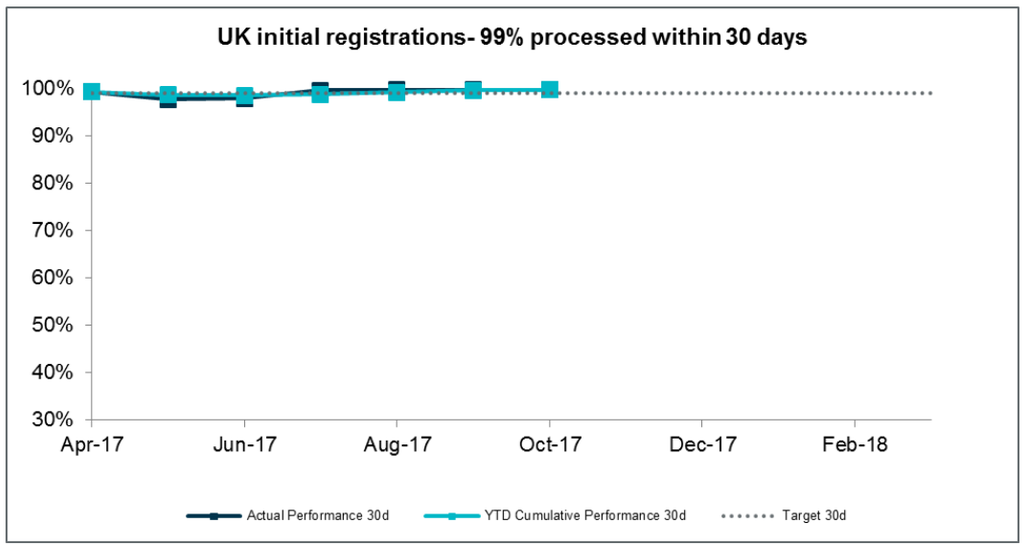
KPI 3 - Percentage of EU/Overseas registration applications assessed within 60 days							
August 2017		**September 2017**		**October 2017**		**Year to date average (since April)**	**Year end average target**
No.	As a %	No.	As a %	No.	As a %		
970	**100%**	990	**99.7%**	1117	**99.7%**	**97.4% (Green)**	**90%**

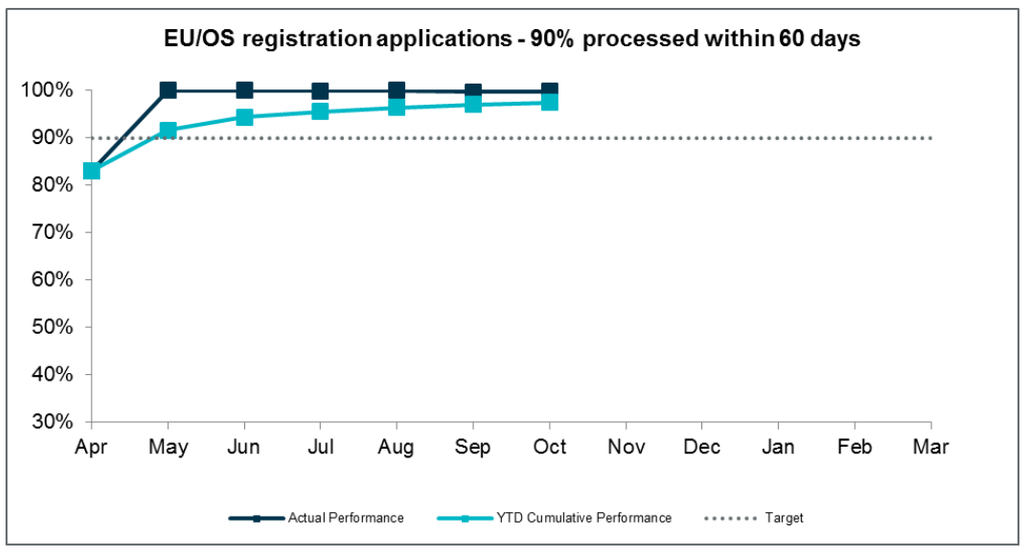
Commentary: Performance has been strong over the past 3 months. We have consistently hit our assessment performance target and our quality assurance results.

The team has been preparing for an increase in applications as a result of changes to our English language requirements. We will need to pay close attention to performance against the target following our English Language changes and the effects these have on volumes of work.

Rating definitions:	Green	Amber	Red
KPI 3 – 60 days	≥ 90.0%	85.0% – 89.9%	≤84.9%





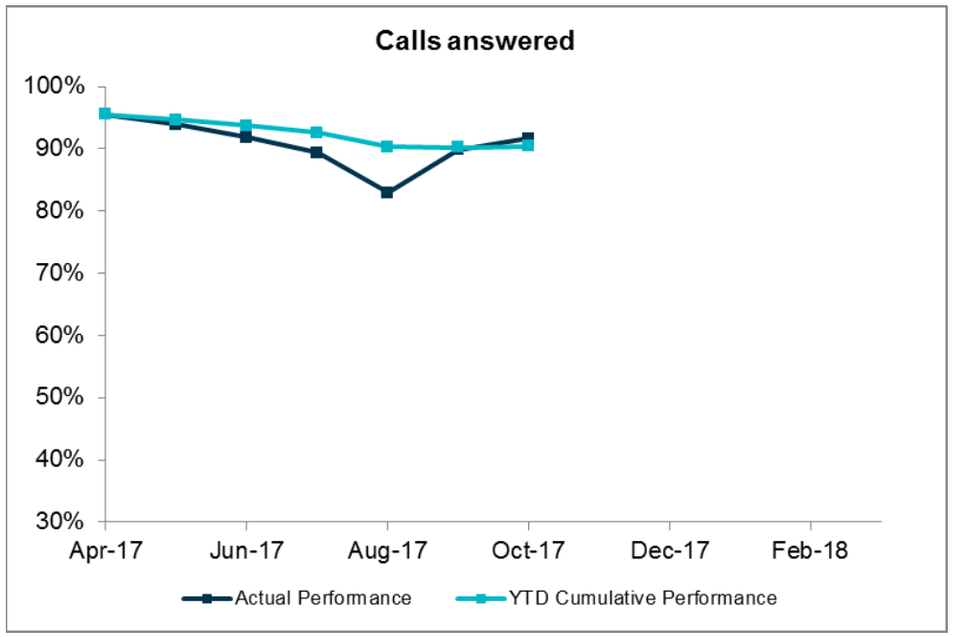


Registration and Revalidation performance – supplementary information

Time period:
Aug - Oct 2017

Call Centre

Percentage of calls answered			
August 2017	**September 2017**	**October 2017**	**Year to date**
83.0%	**89.9%**	**91.6%**	**90.4 %**
27,404 / 4670 offered/abandoned	**27,800 / 2818** offered/abandoned	**25,802 / 2277** offered/abandoned	



Commentary: The remedial actions taken to address performance issues during August had a positive impact. While call volume and length increased in September, the call answer rate improved. Performance increased again through October and we are now forecast to meet the annual target.

We continue to review our resourcing requirements to ensure that we achieve cost effective service provision.

Revalidation

Percentage of revalidation rates for each UK country				
	England	Scotland	Northern Ireland	Wales
August	**93.8%**	**94.6%**	**93.6%**	**91.1%**
September	**96.4%**	**96.3%**	**97.4%**	**97.3%**
October	**95.1%**	**92.3%**	**94.1%**	**95.3%**

Revalidation volumes and percentages - whole register			
	August 2017	September 2017	October 2017
Number	**13142**	**51222**	**15537**
As a percentage (of those due to revalidate)	93.0%	96.2%	94.2%

Commentary:
Each month in this quarter has shown an increase in renewal rates compared to the same period last year and compared to historical renewal rates under the Prep process. It's unlikely that we would see rates of 100%; as such the rates shown here are within expected ranges, as a proportion of members choose to lapse, either through choice or otherwise.

Verifications:
No applications have been rejected in this period.

Fitness to Practise performance – corporate KPIs

KPI 4 – Percentage of interim orders (IO) imposed within 28 days of opening the case

12 month rolling performance March 2017	August 2017*	September 2017*	October 2017*	12 month average performance October 2017	12 month rolling performance target
91%	89%	90%	88%	88% Green	80%

KPI 5 - Percentage of FtP cases concluded within 15 months of being opened

12 month rolling performance March 2017	August 2017*	September 2017*	October 2017*	12 month average performance October 2017	12 month rolling performance target
75%	81%	79%	78%	77% Amber	80%

**** Data is spot rate / month actual***

Commentary

1. Changes to how performance will be reported

At the mid-year point, we have reviewed the way in which our KPI data is presented to give the Council the best view of our performance. The targets agreed with the Council at the start of the year were calculated on the basis of 12 month rolling average performance, i.e. the percentage of all cases meeting the relevant target over the previous year. In the past, we have reported the 12 month rolling performance figure for every month. Whilst this provides good visibility on performance against the agreed targets, it does not provide visibility of fluctuations in performance in month.

Moving forward we will report the month actual performance (spot rate) as well as the rolling 12 month performance for the current month. This will provide better visibility of fluctuations in performance month by month and continued focus on progress towards the 12 month rolling target.

2. KPI4: Interim Orders

The rolling 12 month performance remains above target as did each month in the 3 months prior.

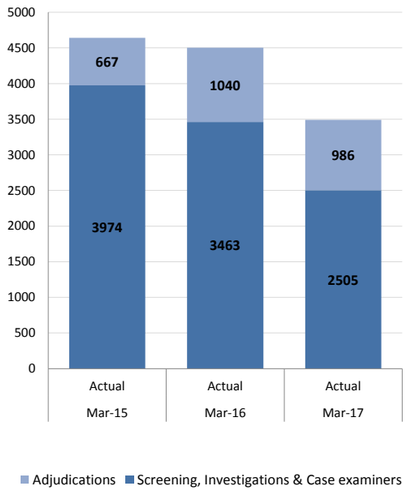
3. KPI5: Cases concluded within 15 months:

The continuing focus on progressing older cases means that the 12 months rolling performance remains slightly below target. It has improved slightly since the start of the financial year and is forecast to continue to do so as we continue to make progress against the timeliness pathway.

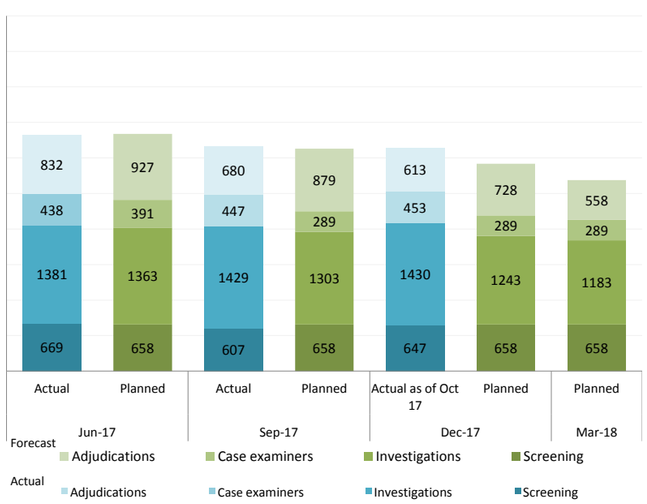
Red/Amber/Green rating: Red - cumulative performance for previous 12 months is less than 72%; Amber - between 72% and 80%; Green - greater than or equal to 80%

FtP performance dashboard October 2017

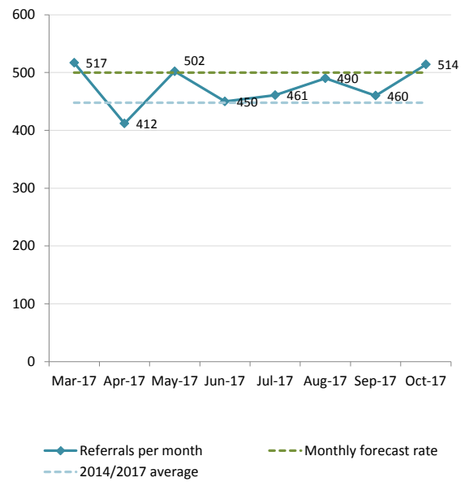
Historic caseload



FtP caseload



New referrals



Timeliness pathway

Timeliness target	Implementation	Performance once live/ forecast for future implementation
No Screening cases over 8 weeks	Live	14 (3%)
No Investigation cases over 32 weeks	Dec-17	222 (20%)
No Case Examiner cases over 39 weeks	Dec-17	140 (38%)
No Adjudication cases over 65 weeks	Jun-18	284 (55%)

FtP caseload projection and timeliness pathway

Our operational plans are predicated on delivering projected caseload and timeliness targets within budget. The bar charts on the far left show our year-end caseloads over the last three financial years and our actual and projected caseloads for the current financial year. The table above RAG rates our progress towards the timeliness targets* through the year and our performance against them once the implementation date is live. We have also included the figures to show the volume of cases and % of the standard caseload.

In the year to date, we are broadly on track to achieve our overall caseload projections. Investigations and Case Examiner caseload are slightly higher than expected, in part because of the impact of section 60 implementation and seasonal fluctuations in capacity. The line graph on the left shows the new referral rate over the last six months, the average referrals between 2014 and 2017, and our forecast referral rate. We are still experiencing relatively high volumes of new referrals which means that the Screening function is operating at or near capacity.

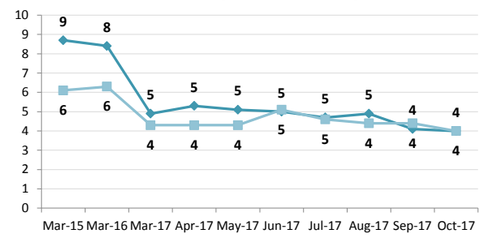
At the end of September, 5 Screening cases (less than 1% of the active case load) were aged over 8 weeks. The number has increased slightly at the end of October to 14 (3% of the active case load) and the timeliness target for Screening remains amber-rated. All cases over the target are being monitored closely. Although none are subject to third party investigations, all are held up because of delays in obtaining information from other parties.

Our current forecast for the Investigation stage is that at the end of December around 100-150 cases (10-15% of the active case load) will be aged over 32 weeks old. We expect that volume to continue to decrease in Q4. For that reason, the timeliness target for Investigations remains amber-rated. There will be a consequential impact on achieving the target at the Case Examiner stage which also remains amber rated.

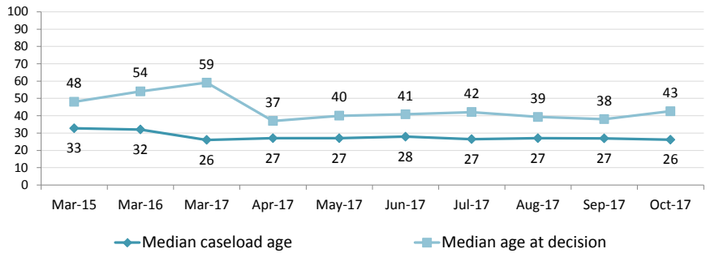
Section 60 activity

Section 60 activity	Aug	Sep	Oct	Total
Undertakings offered	4	7	7	**18**
Warnings	6	12	6	**24**
Advice	1	4	7	**12**
Substantive order which requires no future review	3	1	5	**9**

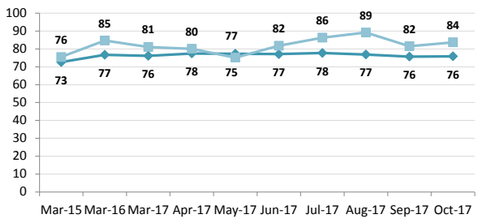
Median age at Screening



Median age at Investigations and Case Examiners

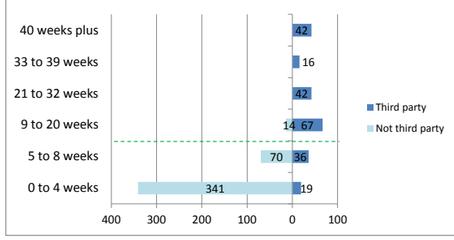


Median age at Adjudications

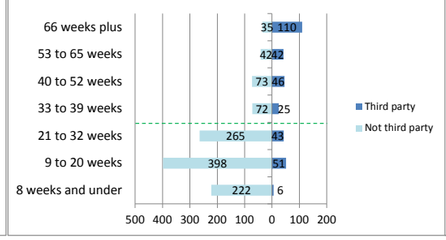


Median age of progressing and remaining caseloads
The graphs on the left show the median age in weeks of cases at the point at which they progress from the key stages in the FtP process, alongside the median age of cases that remain in the caseload at each stage. The graphs include the median age of caseload and decisions for March 2015 and March 2016.

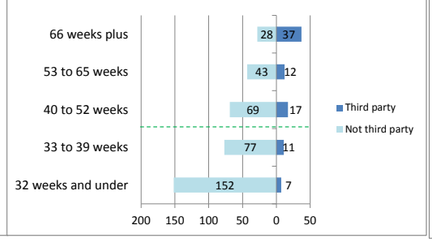
Screening caseload



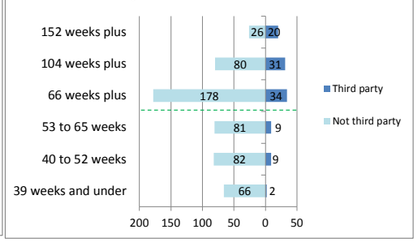
Investigations caseload



Case Examiner caseload



Adjudication caseload



Age of caseload at key stages of the FtP process
The graphs on the left illustrate the age profile of cases at each stage of the process - with additional time banding to show greater granularity. The dotted line on each graph shows the point by which we expect cases to have progressed. Each age category has been further broken down to show those cases which have been subject to a third party investigation which has delayed their progress.

Caseload Movement Summary October 2017

Opening caseload 3,195	514 cases received	522 cases closed	3,187 Closing caseload

* The timeliness targets exclude cases which have been held up by third party investigations. Third party investigations can include investigations being conducted by the Police or a coroner. Cases that are placed on hold because of third party investigations are reviewed regularly to determine what action, if any, we can take.

Item 15: **Annexe 1d**
NMC/17/106
29 November 2017

Fitness to Practise Section 60 implementation update and benefits delivery

Third CMS release

1. The final system release to support the monitoring of undertakings and the Rule 7A power to review process is now expected to be released in early December 2017.

Benefits delivery

2. Benefits are expected to accrue primarily through a reduction in hearing activity. Avoidance of the direct cost of holding hearings and the staff time required to prepare for them will have been modelled and are being tracked. The benefits delivery model for s60 is formed of three strands:

   2.1 Reduced frequency of interim order reviews.

   2.2 Reduced substantive order reviews.

   2.3 Case examiner powers.

3. The financial benefit of reduced frequency of interim and substantive order reviews was included in the budget for this year and is on track to be delivered.

4. The table below shows the planning assumptions for Case Examiner decisions and actual performance for August, September, and October 2017.

CE decision	**Planning assumption**	**Actual performance**
Case to answer	42%	36%
Undertakings offered	5%	3%
Warning issued	11%	4%
Advice issued	6%	2%
No case to answer	36%	55%

5. Fewer cases have been disposed of through the use of the new case examiner powers than expected during the first three months. However, overall the proportion of cases progressing for a hearing is lower than anticipated because more cases are being closed with no case to answer.

6. We are focussing on embedding changes to the process in the teams and early engagement with registrants to increase uptake of opportunities to exercise the new powers. We will continue to monitor the delivery of benefits closely and ensure that we maximise on the opportunities available to realise them.

Customer Service performance

Time period:
Aug - Oct 2017

Percentage of customers satisfied with the service received and percentage of customers who felt the NMC made it easy for them to deal with their issue

Measure	August 2017	September 2017	October 2017	Year to date
Overall satisfaction	**75.3%**	**75.4%**	**71.1%**	**74%**
Effort	**69.7%**	**69.8%**	**66.9%**	**70.1%**

Commentary:

1. Satisfaction
Overall customer satisfaction has decreased since the last reporting period with our average year to date performance going from 76.1% to the current performance of 74%. Since April 2017:

- 62% of Fitness to Practise respondents were satisfied (compared to 64% in September 2017).
- 76% of Registration and Revalidation respondents were satisfied (compared to 77% in September 2017).

This variance is understandable given the different areas of work of the two services.

2. Effort
Since August there has been a slight increase in customer perception of our ability to manage their issues (effort).
Since April 2017:

- 50.73% of Fitness to Practise respondents were satisfied (compared to 39% in September 2017).
- 71.13% of Registration and Revalidation respondents were satisfied (compared to 72% in September 2017).

We analyse the customer feedback which is used to inform our improvement work. For example, as a result of feedback we have made a number of changes to our website content and are making further changes in the coming months.

3. Response rates:
4,020 total feedback responses since April:

- 3,814 were from Registration and Revalidation (95%)
- 206 were from Fitness to Practise (5%)

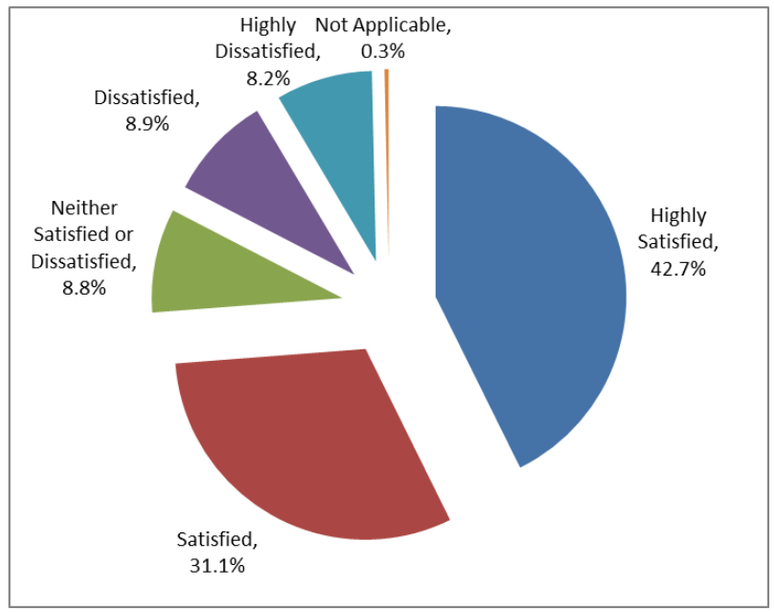
We continue to see a rise in response rates for both services.

Definitions:

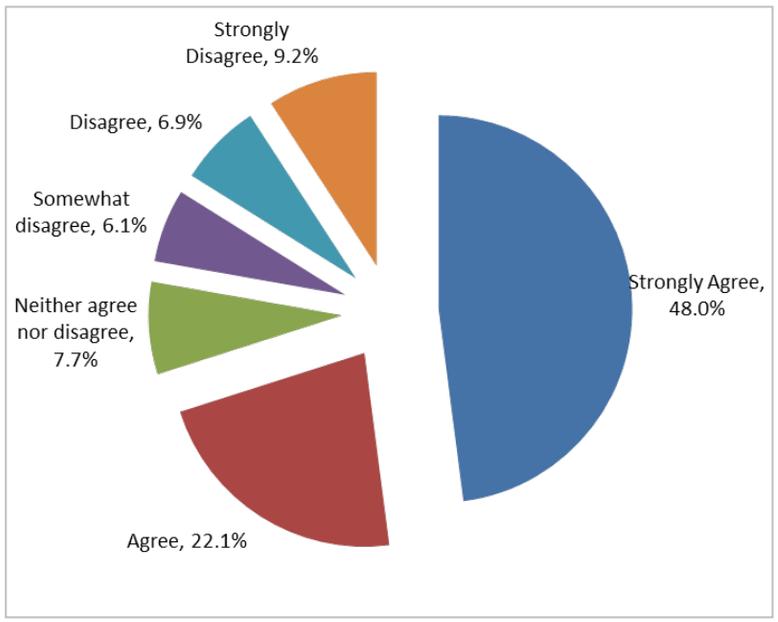
Satisfaction - % of customers Highly Satisfied and Satisfied with the service received

Effort - % of customers who Strongly Agree and Agree that the NMC made it easy for them to manage their issue

Overall customer satisfaction year to date



Overall customer effort year to date



People – Staff turnover

Time period: Aug – Oct 2017

KPI 5 – Staff turnover rate

Historic figure (March 2017)	August 2017	September 2017	October 2017
24.6%	23.8%	21.9%	22.5%

Commentary:

1. Turnover (August - October 2017)
In August 2017, the NMC turnover rate stood at 23.8%. This reduced to 22.5% as of October 2017, a reduction of 1.3%. In the same period, permanent headcount has increased from 674 to 691, a rise of 17 additional permanent heads.

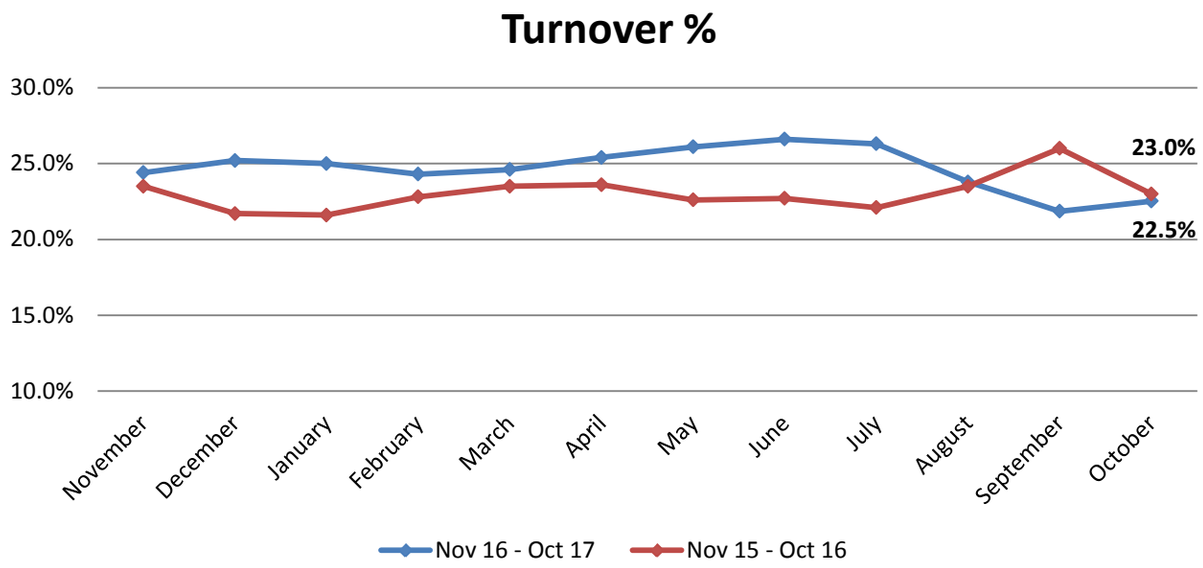
- Office of the Chair and Chief Executive has the highest turnover of 36%.
- Registration and Revalidation has the lowest turnover of 11%.

2. People leaving NMC (12 months)
A. Total Leavers
- Since November 2016, 150 permanent employees have left the NMC.
- 90% were voluntary (135 Employees).
- 10% were involuntary (15 Employees).
- The average length of service was 2 years 5 months.

B. Total leaving with under 1 year of service:
- 46 employees have left with under a year's service.
- The area with the highest turnover is Technology and Business Innovation, with 47% of starters leaving within the first year.

3. Total people joining NMC (12 months)
Since November 2016, 187 permanent employees have joined the NMC.

4. HR response
HR monitors and investigates turnover on an ongoing basis. We have recently completed an exercise looking at exit interviews for the first 6 months of 2017-2018, where 34% of leavers agreed to give exit interviews. The results are being used to inform our response as we move forward with plans for our new People Strategy and planned HR improvement work.



No target has been set for 2017-2018. It would be difficult to set a meaningful target due to unpredictability over the size of the permanent workforce over the year and the uncertainty around the longer term structure and location of NMC functions. Instead, performance is being monitored and includes reference to longer historic trends.

Mitigating action
The themes highlighted will all be addressed via the workstreams contained within the People Strategy. Work is already underway in many areas, for example:

- Agile and Flexible working policies were implemented in October 2017;
- A review into Reward commences in November 2017 with the initial report due February 2018. The review will focus on pay progression, performance and market hot spots;
- FtP Adjudications are about to commence a local pilot for Band B and C staff to access a personal development program to improve access to vacancies and management roles;
- Development Centre already in use in FtP to support local organisational change.

Item 15: **Annexe 1g**
NMC/17/106
29 November 2017

Year to date progress against the corporate plan 2017–2018

Report period: July – September 2017

Our corporate plan 2017–2018 states priorities and commitments for the financial year, aligned to the strategic priorities of our corporate strategy 2015–2020. This report provides an assessment of the progress being made.

Key to 'delivery commitments' table headings

Delivery commitments	Work we had committed to undertaking in 2017–2018 as stated in the corporate plan.		
Red/amber/green (RAG) status		**Current status** (an assessment of our progress and performance July to September 2017)	**Forecast status** (anticipated position at 31 March 2018)
	Red	Significant work has not been progressed.	We do not expect to fully meet this commitment by year end.
	Amber	Work is still at early stages or we have not met all planned milestones.	It is not yet clear whether the commitment will be met at year end.
	Green	Most, if not all work has been progressed to date.	We are on track to meet all areas of this commitment.
Commentary	Explanation of RAG statuses.		
Revisions required?	Explanation of any changes necessary to the Corporate Commitments in light of adjustments over the year.		

	Delivery commitments	Current status	Forecast status	Commentary	Revisions required?
Strategic priority 1					
Education					
1a	**Nursing:** published new competency based pre-registration education standards ready for early adoption from September 2018 and full roll-out by September 2019, taking into account the views and feedback from the public, patients and all our stakeholders.	**A**	**A**	Public consultation on the draft standards closed in September 2017. We received high levels of responses from both stakeholder organisations and individuals. Independent analysis of the responses is being undertaken and the outcomes will be provided to the Council in January 2018. Work on refinements to the draft standards in the light of the responses is underway. The Executive decided in October to remove the option for early adoption of the standards. This decision does not impact the overall timeline to adopt the standards by September 2019, but does impact the delivery commitment on early adoption. Updated communications regarding the education programme and adoption are being finalised.	**Change required:** The wording of the corporate commitment should be updated to reflect changes regarding early adoption.
1b	**Midwifery:** prepared draft new competency based pre-registration education standards ready for us to begin testing with midwifery professionals, educators, women, the public and other stakeholders.	**G**	**G**	Work has now commenced and is on track. Pre-consultation external engagement workshops will be delivered during November 2017 – February 2018. UK wide membership of the Thought Leadership Group (TLG) is	No change.

	Delivery commitments	Current status	Forecast status	Commentary	Revisions required?
				confirmed and a virtual TLG has also been set up. The first future midwife sponsorship board was held in October 2017. The Council agreed a revised delivery timeline in September 2017. The draft standards will now be consulted on in 2019 and published in 2020.	
1c	**Nursing and midwifery education programmes:** published a new education framework setting out the requirements for institutions seeking to deliver approved programmes, taking into account the views and feedback from the public, patients, the profession and stakeholders.	**G**	**G**	Public consultation on the draft standards closed in September 2017. Independent analysis of the responses is being undertaken and the outcomes will be provided to the Council in January 2018. Work on refinements to the draft standards in the light of the responses is underway.	No change.
1d	**Nursing and midwifery education quality assurance:** continued development of our approach to the quality assurance (QA) of education.	**A**	**A**	This is amber as the future approach to quality assurance is still being developed for approval.	
1e	**Nursing and midwifery post-registration standards:** reviewed prescribing, medicines management, and return to practice standards, taking into account the views from the public, patients and	**G**	**G**	Public consultation on the draft standards closed in September 2017. Independent analysis of the responses is being undertaken and the outcomes will be provided to the Council in January 2018. Work on refinements to the draft standards in the	No change.

	Delivery commitments	Current status	Forecast status	Commentary	Revisions required?
	stakeholders, and revised these standards if appropriate.			light of the responses is underway.	
Nursing associates					
2	Developed and consulted on both standards of proficiency and standards for education for nursing associates. In doing so, we will consult with and listen to the views of patients, the public and our stakeholders.	**A**	**G**	Overall we are on track. The Council will consider draft standards for consultation in March 2018. Progress to date includes: 1. Following approval by the Council an early working draft has been published, which has been well received. 2. Workshops have been held on skills annexe and education requirements. 3. Outcomes of recent nursing consultation are being fed through to NA standards development. Funding has now been resolved changing our forecast status from amber (Q1) to green (Q2).	No change.
Section 60					
3	Implemented legislative changes to address fitness to practise concerns proportionately and quickly having taken into account the views of patients, the public, and our stakeholders. Case examiners will have begun to use new powers to give advice, issue warnings and agree undertakings in cases	**G**	**G**	The first phase of legislative change was successfully implemented on 31 March 2017 and included: removing regulatory supervision for midwifes; the power for NMC to select the location of fitness to practise (FtP) hearings, resulting in more flexibility; removing the need for a three-monthly review of interim orders; and provision for the	

	Delivery commitments	Current status	Forecast status	Commentary	Revisions required?
	as appropriate.			High Court to vary interim orders on appeal. The second phase of S60 was successfully implemented on 31 July 2017 and included: • New powers for Case Examiners to issue warnings and advice to, and agree undertakings with registrants. • Removing the need to review substantive orders based only on public interest. • Introduction of a single FtP committee capable of hearing both health and conduct cases. The final system release to support the monitoring of undertakings and the Rule 7A power to review process is now expected to be released in early December 2017. Manual systems are in place to support these processes in the intervening period.	
Business as usual performance					
4a	Maintain strong performance against our key targets for Registration and Fitness to Practise.	**G**	**G**	FtP performance is reported in our corporate KPI report (Annexe 1b) and performance dashboard (Annexe 1c). Registrations performance over quarter two has been strong and has exceeded corporate KPI targets (performance report at Annexe 1b).	
4b	Continue to report on our customer service performance and	**G**	**G**	Customer satisfaction and customer effort measures for FtP and	

	Delivery commitments	Current status	Forecast status	Commentary	Revisions required?
	improvements introduced as a result of customer feedback.			Registration and Revalidation functions are reported to the Council monthly. **FtP:** Our work to increase the collection of feedback from customers is ongoing and links to embedding surveys in emails which has led to an improvement in response rates. We will continue to encourage responses over the remainder of the year. The information we have received has been collated and forms part of our overarching customer satisfaction and effort reporting (Annexe 1e). **Registrations:** Performance against targets remains consistent. However, more is required to raise overall customer satisfaction levels. Feedback from customers and customer contact is analysed regularly, informing recent improvements to our website. We have amended our letters and communications and made changes to our online systems to ensure that we are providing improved customer service. In addition, to some “quick wins” we are working with the Communications team to further improve our web content and are	

	Delivery commitments	Current status	Forecast status	Commentary	Revisions required?
				proposing to expand our online service provision for other R&R functions. We continue to automate functionality to improve registrants' experience and towards increased self-service and online use. The most recent change is automation of initial registration for UK registrants, which has resulted in registrants being able to register with the NMC within one day of their information being uploaded by the relevant higher education institution.	
Strategic priorities 2, 3 and 4					
Transformation					
5a	Delivered the first phase of the contact centre, including procurement of appropriate accommodation.	**R/A/G**	**R/A/G**	We are refocusing our future change on FtP processes with a view to significantly reducing the number of cases which result in a hearing whilst maintaining public protection. The original commitments relating to establishing a contact centre and first phase of a new customer relationship management system as set out in the corporate plan have therefore been superseded. What this means in terms of more specific outcomes will be reflected in the corporate plan and budget for 2018–2019.	**Change required:** Remove as no longer relevant.
5b	Delivered the first phase of a new customer relationship management system and associated new technology.	**R/A/G**	**R/A/G**		

	Delivery commitments	Current status	Forecast status	Commentary	Revisions required?
5c	Implemented the first elements of the People Strategy, including improved HR and OD capacity and delivery to support staff and managers through the first phase of transformation.	**Amber**	**Green**	The current amber rating reflects the slight delay in the People Strategy being presented to the Council for approval (November 2017 instead of July 2017). Plans are underway to mobilise an operational HR improvement project, together with ongoing delivery to develop internal management capability and capacity across the wider business.	

12 month summary of corporate KPI figures

	Corporate KPI	2016-2017 Nov	Dec	Jan	Feb	Mar	2016-2017 Average	2017-2018 Apr	May	Jun	July	Aug	Sep	Oct	YTD avg	Target
1	% of UK reg applications completed within **10** days	95.5%	95.4%	95.6%	98.3%	98.9%	98.2%	96.8%	96.4%	96.3%	98.3%	99.2%	99.5%	97.4%	98.4%	95%
2	% of UK reg applications completed within **30** days	97.8%	98%	97%	99.5%	99.8%	99.2%	99%	97.8%	98.0%	99.7%	99.9%	99.9%	99.9%	99.8%	99%
3	% of EU/OS reg applications assessed within 60 days						n/a*	85.0%	99.9%	100.0%	99.9%	100.0%	99.7%	99.7%	97.4%	90%
4	% of interim orders imposed within 28 days of opening the case	92%	92%	92%	92%	91%	91%	91%	90%	90.0%	89.0%	89.0%	90.0%	88.0%	89.6%	80%
5	Proportion of FtP cases concluded within 15 months of being opened	77%	76%	76%	76%	75%	75%	75%	76%	76%	76%	81%	79%	78%	77%	80%

* target in 2016-2017 was 90% within **68** days. We achieved an average of 94%.

Corporate risk summary

Current rating = a rating of the risk as it currently stands (with mitigation in place).
Movement = score movement since last review / meeting

Corporate risks	Current rating	Movement	Status - mitigations in place and planned
1 Risk that we may register, or may have registered people who do not meet our requirements or standards	**Amber**	No change	**In place:** • Registration and revalidation processes to ensure only individuals who meet requirements join the register or revalidate. • Random sample of revalidation applications are verified on a risk based approach. • Quality assurance framework to assure education providers. • Strengthened staff induction, training and communication. • Strengthened reconciliation process. • Stronger links between Serious Event Reviews and complaints &assurance controls. **Planned:** • Data and systems work to improve robustness. • Review processes for early identification of failures and risks. • Automation with inbuilt verification and e-documents. • Strengthened contract management for OCSE. • Strengthened links with GMC to look at controls against fraudulent documentation. • Legal compliance review covering all areas of the business.
2 Risk that we may fail to take appropriate action to address a regulatory concern	**Amber**	No change	**In place:** • Existing Fitness to Practise (FtP), Registrations and Education processes and controls. • Employer Link Service and engagement with employers and other stakeholders improves knowledge of FtP processes supporting early engagement. • New Section 60 powers to manage FtP cases quickly and effectively. • Staff induction, training and L&D. • Information sharing regarding processes and risk. **Planned:** • FtP and Registration and Revalidation staff education programme to inform them of new powers. • Business unit restructures and recruitment within FtP. • Focused approach to providing intelligence to stakeholders. • Actions arising from Professional Standards Authority Lessons Learned Review. • Implementation of People Strategy. • Insight and Intelligence programme to deliver enhanced regulatory capability.
3 Risk that we may have insufficient capacity and resilience to deliver change programmes and	**Red**	No change	In place: • Limit placed on commitments in corporate plan 2017–2018. • Date set for Department of Health regarding Nursing Associate funding. • Corporate portfolio management office (PMO) strengthened. • Portfolio management processes implemented to ensure

	Corporate risks	Current rating	Movement	Status - mitigations in place and planned
	business as usual			robust business cases/ initiatives via a central sign-off process. **Planned:** • Reshaped transformation programme that reduces short term risk. • Strengthened governance processes for managing workload and determining what is realistically achievable. • Identification of single points of dependency. • Interdependency analysis undertaken as part of Business Planning. • Implementation of People Strategy to improve workforce management. • Options reviewed and agreed to mitigate capacity issues in specific business areas. • A review of corporate risks three and four is underway to understand the interdependencies between the two risks and confirm that the risks are focused on the key issues.
4	**Risk that we may have insufficient capability to deliver change programmes and business as usual**	**Red**	No change	**In place**: • Existing recruitment of staff / contractors. • Training plans. **Planned:** • People Strategy to enable us to improve workforce management. • Review of recruitment process. • Update of HR policies. • Improved business systems and processes. • A review of corporate risks three and four is underway to understand the interdependencies between the two risks and confirm that the risks are focused on the key issues.
5	**Risk that there may be adverse incidents related to business continuity and health and safety**	**Amber**	No change	**In place:** • Business Impact Assessments (BIA). • IT infrastructure disaster recovery arrangements. • Business Continuity Working Group. • Training and desktop exercises. • Fire Risk Assessments across all premises. **Planned:** • All areas of the organisation are reviewing their Business Impact Assessments. • Full business continuity plan in place / tested by March 2018.
6	**Risk of information security and data protection breaches**	**Amber**	No change	**In place:** • Information security risk register and treatment plan. • Technical controls e.g. updating patches, IT security measures, encrypted email. • Staff awareness. • Information Governance and Security Board. **Planned:** • GDPR project. • Implement action plans from audits. • Planned longer term technical improvements.

	Corporate risks	Current rating	Movement	Status - mitigations in place and planned
7	**Risk that we may lack the right capability to influence and respond to changes in the external environment**	**Amber**	No change	**A. Mitigations for external risks:** We have some influence over likelihood but remains on controlling the impact of external changes by anticipating and planning for possible eventualities. **In place:** • External monitoring. • Brexit lead. **Planned:** • Review management of external affairs. **B. Mitigations for internal risks** **In place:** • A Regulatory Intelligence unit providing critical regulatory intelligence for internal and external stakeholders. **Planned**: • Detailed stakeholder mapping.
8	**Risk that we may not meet external expectations of us (reputation and perceptions)**	**Amber**	No change	**In place:** • Ongoing engagement with key stakeholders. **Planned:** • Delivery of commitments we have publically made.

Key to the risk ratings

The rating table below provides a summary of what the red / amber / green ratings mean. The following scoring tables demonstrate how the scores and therefore ratings are determined. Each risk is assessed and given a likelihood and an impact score.

Rating definitions

Red	A high likelihood that the risk could happen and a huge impact on public protection and the achievement of our objectives if the risk happened.
Amber	A medium to high likelihood that the risk could happen and/or moderate to major impact on public protection and the achievement of our objectives if the risk happened.
Green	A low likelihood that the risk could happen and a low impact on public protection and the achievement of our objectives if the risk happened.

Risk movement

- **No change**: Risk rating has experienced no movement since previous Council meeting.
- **Increased**: Risk rating has increased (either likelihood or impact or both) since previous Council meeting.
- **Reduced**: Risk rating (either likelihood or impact or both) has reduced since previous Council meeting.

Risk scoring

1. Rating the likelihood

Likelihood of risk occurring			
Term	**Score**	**Guidance**	**Evidence**
Very high	5	There is **strong evidence (or belief)** to suggest that the risk **will** occur during the timescale concerned. **Typical likelihood of 81-100%**	A history of it happening at the NMC. Expected to occur in most circumstances.
High	4	There is **some evidence (or belief)** to suggest that the risk **will** occur during the timescale concerned. **Typical likelihood of 51-80%**	Has happened at the NMC in the recent past. Expected to occur at some time soon.
Medium	3	There is **some evidence (or belief)** to suggest that the risk **may** occur during the timescale concerned. **Typical likelihood of 21-50%**	Has happened at the NMC in the past. Can see it happening at some point in the future.
Low	2	There is **little evidence (or belief)** to suggest that the risk **may** occur during the timescale concerned. **Typical likelihood of 6-20%**	May have happened at the NMC in the distant past. Not expected to occur for years.
Very low	1	There is **no evidence (or belief)** to suggest that the risk **may** occur at all during the timescale concerned. **Typical likelihood of 0-5%**	No history of it happening at the NMC. Not expected to occur.

2. Rating the impact (consequence)

Impact if risk occurs		
Term	**Score**	**Guidance**
Critical	5	Critical impact on the achievement of business, project and public protection objectives, and overall performance. Huge impact on public protection, costs and/or reputation. Very difficult to recover from and long term consequences.
Major	4	Major impact on costs and achievement of objectives. Affects a significant part of the business or project. Serious impact on output, quality, reputation and public protection. Difficult and expensive to recover from and medium to long term consequences.
Moderate	3	Significant waste of time and resources. Impact on operational efficiency, output and quality, hindering effective progress against objectives. Adverse impact on public protection, costs and/or reputation. Not easy to recover from and medium term consequences.
Minor	2	Minor loss, delay, inconvenience or interruption. Objectives not compromised. Low impact on public protection and/or reputation. Easy to recover from and mostly short term consequences.
Insignificant	1	Minimal loss, delay, inconvenience or interruption. Very low or no impact on public protection, costs and/or reputation. Very easy to recover from and no lasting consequences.

3. Scoring likelihood against impact

Impact							
	CRITICAL	5	5	10	15	20	25
	MAJOR	4	4	8	12	16	20
	MODERATE	3	3	6	9	12	15
	MINOR	2	2	4	6	8	10
	INSIGNIFICANT	1	1	2	3	4	5
		Score	1	2	3	4	5
			VERY LOW	LOW	MEDIUM	HIGH	VERY HIGH
			Likelihood				

Risk scores: 1-8 Green 9-15* Amber 16-25 Red

* due to their 'Critical' impact, an amber rating is also given to risks which score 5 for Impact and 1 for Likelihood

Item 16
NMC/17/107
29 November 2017

Council

Financial Monitoring Report to 31 October 2017

Action: For information.

Issue: Provides the financial monitoring report for the seven months to 31 October 2017 with a forecast to the year ending 31 March 2018.

Core regulatory function: All regulatory functions.

Strategic priority: Strategic priority 4: An effective organisation.

Decision required: None.

Annexes: The following annexes are attached:

- Annexe 1: Summary financial results to 31 October 2017.
- Annexe 2: Balance sheet position including cash holdings.

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: Sam Proposch
Phone: 020 7681 5943
Sam.Proposch@nmc-uk.org

Director: Adam Broome
Phone: 020 7681 5964
Adam.Broome@nmc-uk.org

Context:

1 The Council receives a financial monitoring report of spend against the budget at each meeting.

2 After a period of financial stability, we are now facing increased uncertainty as a result of a fall in registrant numbers, a more uncertain external environment generally, and a significant number of change projects within the organisation. This means we need to be careful and cautious about forecasting and monitoring spend.

Four country factors:

3 None relevant to this paper.

Discussion

Overall picture and year to date (YTD)

4 This report reflects the financial position at 31 October 2017.

5 The Council should know that we are forecasting an underspend against the agreed budget. We will continue to closely monitor and assure the Council about spend but we are confident the right mitigations are in place to come within the agreed budget.

6 The Council will also know that income is down as a result of falling numbers on the Register. We are predicting a reduction in income of £1.1m and this is something we continue to monitor very closely with support from colleagues within the Registration and Revalidation directorate.

7 The headline messages are as follows:

7.1 We continue to forecast a shortfall to our income from registrants for this financial year of £1.1million, which we could not have reasonably foreseen at the point when we set the budget in March 2017.

7.2 We have taken compensatory action to reduce our planned expenditure on our Business As Usual (BAU) and planned programmes, where we are now forecasting an underspend of £0.4 million. We continue to challenge our plans with the intention to reduce expenditure further on our BAU and planned programmes by year end.

7.3 The overall net effect of the above is a forecast overspend at year end of £0.7 million.

7.4 In addition, we are forecasting an overspend of £0.2 million on our planned capital expenditure (slightly lower than previously forecast).

8 Outside our BAU and planned programmes the Council agreed an allocation from reserves of £2.5 million for Transformation which we

expect to spend in full.

9 In addition, there are a number of other pressures, not anticipated at the time we set the budget, which are emerging. These have been highlighted to the Council and are described in paragraph 18. Where potential costs for this year have been estimated these have been included (for the Overseas and Fitness to Practise (FtP) Change programmes).

10 Overall, this represents a significant improvement in our financial position from the forecast presented to the Council in September 2017. The detail behind this is outlined in the later sections of this report and in Annexes 1 and 2. We will be looking to drive out further savings where practicable for the remainder of this financial year, giving careful consideration to our priorities and performance requirements.

Income

11 There has been a recent downturn in the number of nurses and midwives registered to practise in the UK. As register volumes are the primary driver of income, reductions in register volume will lead to income reductions for the NMC. Based on our latest information, we anticipate that in the current year the NMC will receive around £1.1 million less income than projected when the budget was set in March 2017.

Expenditure

12 The year to date spend is £0.7 million above budget, reducing to £0.4 million below budget, by year end, due to the range of variances discussed below.

Directorate Expenditure

12.1 **Office of the Chair and Chief Executive:** is £0.6 million adverse to budget year to date and is forecast to be £0.7 million overspent at year end.

12.2 **People and Organisational Development:** is £0.1 million favourable to budget year to date, but is expected to be in line with budget by year end.

12.3 **Registration and Revalidation:** is £0.6 million favourable to budget YTD due to efficiency savings. These savings are expected to continue through to year end. However, additional pressures mainly relating to the introduction of new English Language requirements of £0.2 million, mean that the YTD underspend will not increase any further.

12.4 **FtP**: is £0.8 million adverse to budget YTD. This is mainly due to travel and accommodation and other panel costs being

higher than anticipated when the budget was set; and re-profiling of external investigation costs. A number of mitigating cost reduction measures have been introduced, including more flexible booking arrangements for panel members, external case presenters, legal resource and medical experts. FtP is also beginning to realise some early benefits from the introduction of Section 60, with fewer cases progressing to hearings and a reduction in numbers of reviews of interim and substantive orders. The forecast overspend for the full financial year has reduced to £0.3 million as a result.

12.5 **Education Standards and Policy:** is £0.3 million favourable to budget YTD due to lower business as usual Quality Assurance (QA) activity and costs than budgeted. It is expected that expenditure will be £0.3 million favourable to budget by year end.

12.6 **Technology Business Innovation:** is £0.2 million favourable to budget YTD due to lower than planned spend on core technology services and project support. TBI is forecast to be £0.3 million above budget by year-end due to expenditure trends for the remainder of the year. This is, however, subject to ongoing review.

12.7 **Estates Finance & Procurement:** is forecast to be £0.2 million favourable to budget by year end as the under spend on repairs and maintenance is expected to be partially offset by an ongoing requirement for interim procurement support.

Programmes and Projects

13 The portfolio of projects and programmes, excluding Nursing Associates (NAs) and Transformation, is now expecting to spend £4.1 million by year end which is £0.3 million favourable to budget. This is an improvement on the forecast reported to the Council in September 2017 due to re profiling Registration & Revalidation projects and the Education Programme. However, additional pressures, likely to materialise as projects, have been excluded from the portfolio pending approval of respective business cases. These are shown as “additional pressures” in Annexe 1 with potential costs very uncertain at this stage.

14 Current and forecast spend on programmes and projects is as follows:

14.1 **People Strategy:** Work is progressing within the People and Organisational Development directorate and the full budget is forecast to be spent by year end.

14.2 **Registration & Revalidation improvement projects:** The initial spend YTD has been substantially on creating EU

Adaptation provision and expanding OSCE provision. The full year forecast of £0.5 million is mostly due to the Readmission & Revalidation Process improvements project which is still awaiting approval by directors. Capital expenditure relating to the continuous improvement of our core registration system of £0.2 million is included in the capital expenditure forecast.

14.3 **Section 60:** is £0.4 million adverse to budget YTD. This project has effectively concluded and so this remains the full year forecast.

14.4 **Education Programme:** spend to the end of October 2017 is £0.5 million below the profiled budget, however a re-profiling of work, including work on the new QA framework, means that this underspend is planned to reduce to £0.3 million by year end. Some initial preparatory costs on the new QA framework have already been incurred with the forecast assuming the project is taken forward in full.

14.5 **TBI projects:** is in line with budget YTD and this spend is not expected to increase substantially with only lower cost projects expected to be undertaken prior to year end.

14.6 **NAs:** Our cost neutral full year forecast is based on full expenditure recovery from the Department of Health. Cost incurred to end August of £1.8 million has been invoiced to the Department of Health, with payment in full now received.

Corporate Expenditure

15 Current and forecast spend on corporate expenditure is:

15.1 **Depreciation** is £0.2 million higher than budget, year to date, due to the capitalisation, and subsequent depreciation, of two NMC assets, Digital Audio Recording and NMC Online not anticipated at the time of budget setting. By year end depreciation is expected to be in line with budget.

15.2 **Contingency and other:** £0.5 million of this £1 million budget is expected to be uncommitted to specific projects at the year end and, therefore, to be available to offset again pressures generally.

Capital

16 The full year capital expenditure budget of £0.3 million has already been spent and is expected to be £0.2 million over budget by year end. This is due to work on the core registration system £0.2 million and to purchasing additional digital audio recording equipment for FtP hearing rooms, £0.3 million. Both of these investments are anticipated to deliver cost and efficiency savings into the business in

subsequent years.

Transformation

17 At the end of October, Transformation has spent £2.3 million of the £2.5 million approved. We are forecasting to spend the full £2.5 million by year end. The change in budget as at September 2017 reflects decisions to change the scope and priorities of the programme. This process is ongoing.

Additional Pressures

18 Additional pressures of £0.4 million have been quantified to date which represents £0.3 million relating to the initial stages of the Overseas Review Programme and £0.1 million relating to taking forward the FtP Change Strategy. The remaining potential pressures shown in Annexe 1 are yet to be quantified.

Cash

19 Cash is in line with that planned in the budget.

20 Cash holdings of £83 million are detailed in Annexe 2 along with available free reserves. Cash holdings meet the requirement of the agreed investment strategy that no more than 40% of cash should be held with one institution.

21 NMC funds are held in current and deposit accounts spread across four UK high street banks and a building society.

Further mitigating actions

22 We are continuing actions to manage and mitigate pressures, which are clearly making a difference, particularly:

22.1 Income tracking and modelling across the NMC is reported to the Executive on a regular basis and reflected in this paper to each Council meeting;

22.2 monitoring in detail cost pressures and mitigations at Director level;

22.3 reviewing both live and planned projects to identify projects and programmes that may reasonably be stopped or scaled down in order to manage overall spend rates;

22.4 looking at how we can better manage pressures on our capacity and capability that are causing challenges to the organisation.

Resource

23 Any budget overspends will impact on available free reserves and

implications:		impact on budget available for future years. In particular, the 2018–2021 corporate planning and budget process began in September 2017 and will be presented for decision in March 2018.
Equality and diversity implications:	24	None.
Stakeholder engagement:	25	None.
Risk implications:	26	Risks to achieving budgeted spend are discussed in the main body of this paper.
Legal implications:	27	None.

Item 16: **Annexe 1**
NMC/17/107
29 November 2017

Nursing & Midwifery Council

Actual, budget & forecast 2017-2018
£000

INCOME AND EXPENDITURE (£'000s)	YTD Oct 17 v Budget				Full Year v Budget				
2017/2018	Actual	Budget	Variance	% of budget	Sept 17 Forecast	Latest Forecast	Budget	Variance	% of budget
Total Income	**49,617**	**50,188**	**(571)**	**99%**	**84,849**	**84,922**	**86,038**	**(1,116)**	**99%**
Directorates - BAU									
OCCE	2,436	1,815	(621)	**(134%)**	4,029	4,122	3,416	(706)	**(121%)**
People and Organisational Development	1,183	1,330	147	**89%**	2,442	2,423	2,418	(5)	**(100%)**
Registration & Revalidation	3,000	3,582	582	**84%**	5,413	5,474	6,002	528	**91%**
Fitness to Practise	25,790	24,942	(848)	**(103%)**	42,579	42,487	42,175	(312)	**(101%)**
Education Standards & Policy	1,802	2,072	270	**87%**	3,786	3,526	3,836	310	**92%**
Resources									
Technology Business Innovation	4,037	4,238	201	**95%**	7,486	7,581	7,277	(304)	**(104%)**
Estates Finance & Procurement	5,738	6,008	269	**96%**	10,241	10,050	10,201	150	**99%**
Total Directorates - BAU	**43,987**	**43,986**	**(1)**	**(100%)**	**75,976**	**75,663**	**75,324**	**(339)**	**(100%)**
Programmes & Projects*									
People Strategy	125	293	168	**43%**	502	502	502	0	**100%**
Registration & Revalidation Projects	130	464	334	**28%**	862	452	736	284	**61%**
Section 60	1,222	800	(422)	**(153%)**	1,227	1,264	849	(414)	**(149%)**
Education Programme	657	1,185	529	**55%**	1,994	1,736	2,031	295	**85%**
TBI Projects	150	175	25	**86%**	129	150	300	150	**50%**
Nursing Associates	1,628	0	(1,628)	**(100%)**	0	0	0	0	**0%**
Total Programmes & Projects	**3,912**	**2,917**	**(994)**	**(134%)**	**4,715**	**4,104**	**4,418**	**314**	**93%**
Corporate expenditure									
Depreciation	2,072	1,910	(163)	**(109%)**	3,199	3,268	3,274	6	**100%**
PSA Fee	1,021	1,021	0	**100%**	1,750	1,750	1,750	0	**100%**
Contingency & Other	222	502	280	**44%**	575	520	986	466	**53%**
Total BAU & Programme Expenditure	**51,214**	**50,336**	**(878)**	**(102%)**	**86,216**	**85,305**	**85,752**	**447**	**99%**
Income less Expenditure	**(1,597)**	**(148)**	**(1,449)**	**1,079%**	**(1,367)**	**(383)**	**286**	**(669)**	**134%**
Transformation	2,295	2,500	205	92%	5,800	2,500	2,500	0	100%
Income less Expenditure (Including Transformation)	**(3,891)**	**(2,648)**	**(1,243)**	**(147%)**	**(7,167)**	**(2,883)**	**(2,214)**	**(669)**	**(130%)**
Additional Pressures									
Accommodation Project	0	0	0	**0%**	0	TBA	0	0	**0%**
Insight and Intelligence Programme	0	0	0	**0%**	0	TBA	0	0	**0%**
IT programme	0	0	0	**0%**	0	TBA	0	0	**0%**
Overseas Programme	0	0	0	**0%**	0	277	0	(277)	**(100%)**
Fitness to Practise Change Strategy	0	0	0	**0%**	0	116	0	(116)	**(100%)**
General Data Protection Regulation	0	0	0	**0%**	0	TBA	0	0	**0%**
Total Additional Pressures	**0**	**0**	**0**	**0%**	**0**	**394**	**0**	**(394)**	**(100%)**
Income less Expenditure (including Additional Pressures)	**(3,891)**	**(2,648)**	**(1,243)**	**(147%)**	**(7,167)**	**(3,276)**	**(2,214)**	**(1,063)**	**(148%)**
Less payments towards pension deficit**	616	616	0	**0%**	1,056	1,056	1,056	0	**0%**
Income less Expenditure (after pension payment)	**(4,507)**	**(3,264)**	**(1,243)**	**(138%)**	**(8,223)**	**(4,332)**	**(3,270)**	**(1,063)**	**(132%)**
Capital Projects	**481**	**250**	**(231)**	**(192%)**	**514**	**486**	**300**	**(186)**	**(162%)**

**Excludes any potential actuarial adjustments made at year end

Staff v non-staff expenditure	YTD Oct 17 v Budget				Full Year v Budget				
2017/2018	Actual	Budget	Variance	% of budget	Sept 17 Forecast	Latest Forecast	Budget	Variance	% of budget
Staff Sals & Other Staff	24,948	25,389	441	**2%**	42,161	42,869	42,432	(438)	**(1%)**
Non staff expenditure	28,560	27,447	(1,113)	**(4%)**	49,855	45,329	45,820	491	**1%**
Total Expenditure	**53,508**	**52,836**	**(672)**	**(1%)**	**92,016**	**88,199**	**88,252**	**53**	**0%**

Colour Key:

In line with or favourable to budget
Up to 5% adverse to budget
More than 5% adverse to budget

Item 16: **Annexe 2**
NMC/17/107
29 November 2017

Nursing & Midwifery Council

Actual, budget & forecast 2017-2018

	BALANCE SHEET INDICATORS	YTD Oct 17 v Budget				Year End v Budget				
	Available free reserves	Actual	Budget	Variance	% vs budget	Sept 17 Forecast	Latest Forecast	Budget	Variance	% vs budget
A	**Net assets**	48,856	50,099	(1,243)	**(2%)**	45,140	49,057	50,093	(1,036)	**(2%)**
B	**less: Fixed assets**	20,150	20,135	15	**0%**	19,033	18,960	18,771	188	**1%**
C = A - B	**Total free reserves before pensions deficit**	28,706	29,964	(1,258)	**(4%)**	26,107	30,097	31,322	(1,224)	**(4%)**
D	**less: Pension deficit (latest actuarial basis)**	11,572	11,572	0	**0%**	11,132	11,132	11,132	0	**0%**
E = C - D	**Available free reserves (latest actuarial basis)**	**17,134**	**18,392**	(1,258)	**(7%)**	**14,975**	**18,965**	**20,190**	(1,224)	**(6%)**
F	**less: Pension deficit (cash committed basis)**	10,339	10,339	0	**0%**	9,900	9,900	9,900	0	**0%**
G = C - F	**Available free reserves (cash committed basis)**	**18,366**	**19,624**	(1,258)	**(6%)**	**16,207**	**20,198**	**21,422**	(1,224)	**(6%)**

Colour Key:

- **In line with or favourable to budget**
- **Up to 5% adverse to budget**
- **More than 5% adverse to budget**

Cash summary (£'000s)	**Oct 2017**	**Lloyds**	**Barclays**	**HSBC**	**Nationwide**	**Santander**
Less than 12 month deposits	59,374	15,012	15,993		14,852	13,516
Total Investments	**59,374**	**15,012**	**15,993**	**0**	**14,852**	**13,516**
Current Account	23,356			23,356		
Total Cash	**82,730**	**15,012**	**15,993**	**23,356**	**14,852**	**13,516**
% Split		18%	19%	28%	18%	16%

Item 17
NMC/17/108
29 November 2017

Council

Audit Committee report

Action: For information.

Issue: Reports on the work of the Audit Committee.

Core regulatory function: Supporting functions.

Strategic priority: Strategic priority 4: An effective 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.

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

Chair: Marta Phillips

Context:

1 Since the last report to Council, the Audit Committee met once, on 1 November 2017.

2 In keeping with good practice, the Committee met the Head of Internal Audit without the Executive team present. There are no issues of concern to report.

Four country factors:

3 Four country factors are taken into account by the Audit Committee, where applicable.

Discussion

Internal Audit work programme 2017–2018

4 The Committee approved cost-neutral revisions to the Internal Audit work programme for 2017–2018. These changes had been proposed by the Executive to better reflect the current risk profile of the organisation.

5 The Committee noted that three audits had been concluded and final opinions issued. These covered: IT infrastructure and capability; data handling; and key financial controls.

Procurement and ICT contracting

6 The Committee received a report on procurement and ICT contracting. The Committee is monitoring progress in this area following an internal audit report which found that this remained an area of risk. While some progress has been made, staff recruitment and retention remains an issue. The Committee requested that consideration be given to partnership working with other healthcare regulators in order to build capacity and leverage with key suppliers.

Risk management

7 The Committee received a risk management update and noted that as part of the business planning cycle the Executive is considering the critical risks associated with delivering the draft corporate and directorate plans for 2018–2019.

8 The Committee received a presentation on risks, mitigations and sources of assurance in relation to the Fitness to Practise directorate. This format is being taken forward on a rolling basis for each directorate.The Committee was pleased to note a broad range of sources of assurance within the Fitness to Practise directorate, including: quality assurance reviews; internal audits; improvement plans, and robust arrangements for managing known risks and identifying emerging ones.

Annual review of accounting policies

9 The Committee reviewed the accounting policies for the financial reporting year 2016–2017 and considered that these remained appropriate for 2018–2019.

NMC position in relation to *Managing Public Money*

10 The Committee received a briefing on the NMC's legal position in relation to the HM Treasury guidance, *Managing Public Money* (MPM).

11 The Committee noted that the NMC would continue to follow the general principles in MPM relating to managing public resources. For those aspects that did not apply to the NMC, robust in-house governance arrangements had been developed.

Charity and governance update

12 The Committee received an update on recent governance publications and guidance. These included the Charity Commission consultation on the format of the Annual Return for 2018, and revised guidance on serious incident reporting (with which the NMC already complies). Two revised governance codes have been issued by HM Treasury/the Cabinet Office and the Charity Governance Code Steering Group, respectively. Our practice is being mapped against the two codes and outcomes will be used to inform the Council's annual review of effectiveness in December 2017.

Internal audit recommendations – progress report

13 The Committee continues to monitor progress on clearing internal audit recommendations from previous audits. Fifteen recommendations were sanctioned for closure by the Committee at its November meeting. Progress on the two outstanding overdue recommendations will continue to be monitored by the Committee.

Whistleblowing

14 The Committee noted that there had been no whistleblowing issues raised since the Committee's last meeting. Guidance is being developed specifically for line managers to accompany the policy and the existing guidance for staff. Further training sessions were being organised for 2018.

15 The Committee approved revisions to the Whistleblowing Policy and made some suggestions for further improvement.

Anti-fraud, bribery and corruption

16 The Committee noted that no instances of fraud or bribery had been reported or detected since its last meeting. Plans are in hand to

embed and sustain awareness of the Anti-fraud, bribery and corruption policy through an internal communications plan to be rolled out by March 2018.

Serious Event Reviews (SERs) and Data Breaches

17 The Committee considered a report on SERs and data breaches during the period May 2017 to September 2017. The Committee discussed the themes emerging from the review process and was pleased to note the focus on actions to address learning points.

Single tender actions

18 The Committee scrutinised single tender actions from the period February 2016 to October 2017. The Committee had asked for sight of cumulative single tender actions to enable the identification of any trends and ensure that any such activity is defensible and not adding any risk to the NMC's operations.

Appointment of Internal Auditors

19 The Committee noted that the process for retendering the current internal audit contract was on track. The Assessment Panel (which includes two members of the Audit Committee including the Chair) will carry out shortlisting in late November 2017 with the aim of identifying bidders to take through to the final stage of the process. The current contract for provision of internal audit services expires on 31 March 2018.

Public protection implications:	20	None.
Resource implications:	21	None.
Equality and diversity implications:	22	None.
Stakeholder engagement:	23	None.
Risk implications:	24	None.
Legal implications:	25	None.

Item 18
NMC/17/109
29 November 2017

Council

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

Action:	For information.
Issue:	Reports action taken by the Chair of the Council since 27 September 2017 under delegated powers in accordance with Standing Orders. There has been one Chair's action to sign off post consultation amendments to the English language requirements.
Core regulatory function:	Supporting functions.
Strategic priority:	Strategic priority 4: An effective organisation.
Decision required:	None.
Annexes:	The following annexe is attached to this report: • Annexe 1: Chair's action – Sign off on post consultation amendments to the English language requirements.
Further information:	If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

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

Nursing & Midwifery Council

Chair's Action

Under NMC Standing Orders, the Chair of the Council has power to authorise action on minor, non-contentious or urgent matters falling under the authority of the Council (Scheme of Delegation, paragraph 4.6). Such actions shall be recorded in writing and passed to the Secretary who maintains a record of all authorisations made under this paragraph. The Chair is required to report in writing, for information, to each Council meeting the authorisations which have been made since the preceding Council meeting.

Each Chair's action must set out full details of the action that the Chair is requested to authorise on behalf of the Council.

Requested by:	**Date:**
Emma Broadbent Director, Registration and Revalidation	12 October 2017

In September 2017, Council agreed to delegate authority to the Chair and Chief Executive to sign off post consultation amendments to the English language requirements by Chair's Action.

We have concluded our consultation and are now proposing we amend the guidance and policy as outlined in the attached supporting paper. An update will be provided to Council at its November 2017 meeting.

Signed: Janet Finch (Chair)

Date: 16.10.17.

Chair's Action
12 October 2017

Nursing & Midwifery Council

For Chair's Action

Proposed changes to English language policy and guidance

Action: For decision.

Issue: We have consulted on changes to our English language policy and guidance and intend to amend these in line with the consultation responses.

Core regulatory function: Registration and Revalidation.

Strategic priority: Strategic priority 1: Effective regulation.

Decision required: The Chair is recommended to:

- Approve the acceptance of the Occupational English Test (OET) (paragraph 16).
- Approve the alignment of the overseas evidence requirements with the existing EEA requirements (without the option to provide 'other' evidence for overseas applicants) (paragraph 27).
- Amend the requirement for two years post-registration practice to one year for both EEA and overseas applicants (paragraph 27.1).
- Approve for publication on 18 October 2017 (with the revised policy to take effect on 1 November 2017), the:
    - Revised English language policy
    - Overseas registration policy
    - Consultation report
    - Guidance

Annexes: The following annexes are attached to this paper:

- Annexe 1: Policy for English language competence for the registration of nurses and midwives
- Annexe 2: Overseas registration policy
- Annexe 3: Guidance on registration language requirements
- Annexe 4: Report on English language consultation October 2017.

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: Sara Kovach Clark
Phone: 020 7681 5968
Sara.kovach-clark@nmc-uk.org

Director: Emma Broadbent
Phone: 020 7681 5903
Emma.broadbent@nmc-uk.org

Context:

1 At the Council meeting in July 2017, Council agreed that we should explore what additional tests we might accept in addition to IELTS and that we should explore alignment of EEA and overseas language evidence requirements. Council agreed we should carry out further assessments of the operational impact and seek legal advice, as well as engage with stakeholders.

2 Having received legal advice and carried out a detailed operational impact assessment we carried out a short, targeted consultation with key stakeholders on the following proposals:

2.1 Aligning language requirements for overseas applicants with the requirements for EEA applicants.

2.2 Accepting other language assessments in addition to IELTS providing they meet our criteria.

3 Consultation with stakeholders was largely positive and supportive of the proposed changes. We are proposing therefore to only make minor changes to the attached policy and guidance and our criteria for accepting other tests.

Four country factors:

4 The proposed changes would affect all UK countries.

Discussion:

English language policy

5 Our existing English language policy was agreed by Council on 8 July 2015 following public consultation.

6 As part of the review of our English language requirements, the language policy has been consolidated to reflect our legislative requirements.

7 The following changes have been made to allow us to accept additional evidence for all non-UK trained nurses and midwives. We will accept one of the following types of evidence:

7.1 **Evidence type 1**: You have recently achieved the required score in IELTS or in one of the other English Language tests accepted by the NMC. You must achieve the required score in each of the four areas of reading, writing, listening and speaking.

7.2 **Evidence type 2**: A recent pre-registration nursing or midwifery programme that has been taught and examined in English.

7.3 **Evidence type 3**: Registration and 12 months practice with a nursing or midwifery regulator in a country where English is

the first and native language and a language assessment was required for registration.

8 For evidence types 2 and 3 we would follow our guidance for applicants trained in the EU/EEA.[1]

9 These changes will result in consequential changes to the English language policy and the Tier 2 overseas policy.

English language guidance

10 Article 5A(1) of the Nursing and Midwifery Order 2001 (the 'Order') requires Council to publish guidance in relation to the evidence, information or documents that the Registrar will accept in relation to English language, and also guidance about the process by which the Registrar will accept individuals on to the register.

11 In 2015 we published guidance in relation to EU/EEA English language requirements.

12 The current English language review has given us an opportunity to consolidate the guidance for all registration English language requirements, including readmission.

13 The guidance is attached at Annexe 3.

Proposed changes

Accept other language assessments in addition to IELTS providing they meet our criteria.

14 There was strong support both for our criteria for accepting other tests and for the OET, mainly due to its applicability to the healthcare setting. However, there were some concerns expressed that it costs more than the IELTS, and has fewer test centres available across the world. OET have 35 test centres around the world including in the Philippines and India and have indicated that they are able to open others in response to demand. While cost remains an issue, as this is an alternative to IELTS we consider that it is reasonable still to offer this as an option. We also consider it to be sensible to add accessibility to our criteria for acceptance of other tests.

15 Several other test providers have indicated that they can provide evidence that they meet our criteria and our discussions with them continue. Once we are satisfied that they do indeed meet the criteria we will publish our acceptance of these tests on our website.

16 **Recommendation: The Chair is recommended to approve the acceptance of the OET.** We are satisfied that level B of the OET is

[1] https://www.nmc.org.uk/globalassets/sitedocuments/registration/registering-as-a-nurse-or-midwife-in-the-uk-for-applicants-trained-in-eea-jan2016.pdf

the appropriate level as we have seen evidence of a number of studies that have confirmed that this level is a robust comparator to IELTS level 7 across all four domains. We also recommend that we accept the combined results of two tests as long as the applicant has not fallen below a level C+ in any of the aspects of either test. Again studies show that C+ in OET is equivalent to 6.5 in IELTS and this approach will mirror the current option applicants have to provide combined IELTS scores as long as they have not achieved less than 6.5 in any domain on either of the tests.

Align language requirements for overseas applicants with the requirements for EEA applicants

17 Stakeholders were supportive of this option subject to the NMC having robust quality assurance around these evidence types. Most survey respondents felt that it was fair to align this requirement for EEA and non-EEA applicants, and that it offered alternative routes to registration for those who would otherwise have had had to sit a language test, even if they were native English speakers, such as Australians.

Evidence type 2 – a pre-registration nursing and midwifery course taught and examined in English

18 There was some questioning about the requirement that at least 75% of the clinical interaction of the course should be in English, in particular how an applicant would provide evidence for this, particularly in countries where English is not the first language, such as India and the Philippines. One solution proposed was to restrict this option only to countries where English is the first and native language to ensure that applicants will have had sufficient opportunity to interact with patients in English. However this would mean that the majority of our overseas applicants would not be able to take advantage of this option.

19 We currently have a system for assessing this for EEA nurses and midwives and we are confident that we can adapt this to ensure this process is fit for non-EEA applicants. We will require an original letter and transcript detailing the content of the course and methodology of training; in particular how the Higher Education Institute (HEI) has met the clinical interaction component. We will verify that with the relevant health department and regulator in the individual country.

20 On balance we consider that we will be in a position to manage any public protection risk from introducing this requirement for overseas applicants without requiring the course to be taught in a country where English is the first and native language. Only accepting evidence from a list of countries that would exclude, for example, the Philippines and India risks undermining the support from employers and other stakeholders for these changes. We will monitor

applications to ensure they are being assessed in line with our requirements and work closely with stakeholders such as recruitment agencies and overseas health and workforce organisations to gather intelligence and make sure our processes are proportionate and fair.

Evidence type 3 – registration and two years practice with a nursing and midwifery regulator where a language test was required for registration

21 Respondents queried the purpose of insisting on two years practice. This has been our approach for European applicants since we introduced language evidence requirements in July 2016.

22 We considered removing the requirement for practice altogether. However we believe it is important to have a period when language skills can be consolidated and developed in a practice setting as not all overseas regulators require the same entry standards for language (for example Southern Ireland asks for a 6.5 IELTS).

23 Other regulators do not ask for two years practice. For example the General Medical Council and General Dental Council only ask for evidence of practice if the language test used for registration is over two years old.

24 Our general policy for overseas applications specifies that applicants must have one year of practice before they apply to join the register. The NMC has therefore previously taken the view that one year's practice is sufficient to identify any issues with a newly qualified nurse or midwife and it would be consistent to take the same approach to consolidation of English language skills.

25 We therefore consider that reducing the requirement to one year will give us the additional assurance we are looking for, while at the same time remaining proportionate. We will retain the option of seeking references from employers to confirm that this practice was in English.

The opportunity to submit alternative or 'other' evidence

26 The current guidance for EU/EEA applicants allows the submission of further evidence as alternatives to the evidence types detailed above. This is to ensure that we are compliant with our obligations under the Mutual Recognition of Professional Qualifications Directive (MRPQ). We do not propose to offer this option to overseas applicants at this stage. We asked a question in the consultation as to what other types of evidence we might consider and while we have had a number of helpful responses it has always been our intention to examine other evidence in detail as part of the wider overseas review and we stated this publicly in the consultation. We think this is acceptable in the short term as long as we are clear we

are actively considering other evidence.

27 **Recommendation: The Chair is recommended to approve the alignment of the overseas evidence requirements with the existing EEA requirements (without the option to provide 'other' evidence for overseas applicants), and;**

27.1 **amend the requirement for two years post-registration practice to one year for <u>both</u> EEA and overseas applicants.**

Public protection implications:

28 We have considered the public protection implications throughout this consultation. These recommendations balance fairness to applicants from overseas with maintaining a robust approach to assuring language competence and have the support of our stakeholders.

Resource implications:

29 Resource implications for this work have been considered and will be continually managed.

Equality and diversity implications:

30 We have conducted an equality impact assessment. We asked participants in the consultation whether they thought any of our proposals would have a particular impact on any groups with the protected characteristics under the Equality Act. Most respondents thought the proposals would bring a greater level of equity and fairness than the current rules. On the basis of data we have so far, there is no evidence to suggest that introducing an alignment of English language requirements and accepting the OET will have a negative impact on any group with protected characteristics.

31 Representatives from several organisations – the RCN, NHS Employers and the CNO BME group – have stressed the importance of the NMC monitoring the data on people entering the register from outside the UK, to ensure that there are no unintended consequences for people with the protected characteristics. We will work with test providers to ensure we have accurate data on areas such as access to test centres and statistics on protected characteristics to allow comparison before and after the changes.

Stakeholder engagement:

32 We are required to consult on all guidance published by Council under Article 3(14) of the Order.

33 We consulted stakeholders on the draft guidance and proposed policy changes through a mix of face-to-face meetings, telephone meetings and three webinars. We also sent out a survey to all these people with detailed questions about each aspect of our proposals. The consultation participants included representatives from: patient

groups, national NHS organisations, professional bodies such as the RCN and RCM, unions, language testing organisations, recruitment agencies for nurses and midwives, government departments, Directors of Nursing from NHS Trusts, and Chief Nursing Officers from the four UK countries.

34 The full consultation report is attached at Annexe 4.

Risk implications:

35 We think there are minimal risk implications to our recommended approach and we have received the full support of stakeholders. We will use our experience of assessing applications for EU and EEA applicants to monitor applications from overseas to ensure they continue to meet the robust standards for registration.

Legal implications:

36 Legal implications have been considered in reviewing the policy and guidance, and the recommended changes are consistent with our statutory powers.