Nursing & Midwifery Council

Council Open

MEETING

27 November 2019 11:30

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Meeting of the Council

To be held from 11:30 on Wednesday 27 November 2019
6th Floor 2 Stratford Place, Montfichet Road, London E20 1EJ

Agenda

Philip Graf
Chair

Fionnuala Gill
Secretary

1	**Welcome and Chair's opening remarks**	NMC/19/73	**11:30**
2	**Apologies for absence**	NMC/19/74	
3	**Declarations of interest**	NMC/19/75	
4	**Minutes of the previous meeting** Chair	NMC/19/76	
5	**Summary of actions** Secretary	NMC/19/77	
6	**The Executive report** Chief Executive and Registrar/ Executive	NMC/19/78	11:40
7	**English Language and Return to Practice** **For decision** Director of Registration and Revalidation	NMC/19/79	12:20
8	**Education quality assurance annual review report** **For discussion** Director of Education and Standards	NMC/19/80	12:40
9	**Midwifery update** **For discussion** Director of Education and Standards	NMC/19/81 **(Oral)**	13:00

10	**Our approach to sponsorship** **For decision** Director of External Affairs	NMC/19/82	13:05
11	**Reappointment of legal assessors** **For decision** Director of Fitness to Practise	NMC/19/83	13:15
12	**Questions from observers** Chair	NMC/19/84 **(Oral)**	13:20

Matters for information

13	**Audit Committee Report** Chair of the Audit Committee	NMC/19/85	
14	**GNC Trust Fund update** Robert Parry	NMC/19/86	
15	**Chair's action taken since the last meeting** Chair	NMC/19/87 **None**	
16	**CLOSE and LUNCH**		13:35

Meeting of the Council
Held on 3 October 2019 at the Royal College of Physicians, Edinburgh, Scotland

Minutes

Present

Members:

Philip Graf	Chair
Hugh Bayley	Member
Karen Cox	Member
Maura Devlin	Member
Claire Johnston	Member
Robert Parry	Member
Derek Pretty	Member
Marta Phillips	Member
Lorna Tinsley	Member
Stephen Thornton	Member
Ruth Walker	Member
Anne Wright	Member

NMC Officers:

Andrea Sutcliffe	Chief Executive and Registrar
Emma Broadbent	Director of Registration and Revalidation
Sarah Daniels	Director of People and Organisational Development
Matthew McClelland	Director of Fitness to Practise
Andy Gillies	Director of Resources and TBI
Geraldine Walters	Director of Education and Standards
Edward Welsh	Director of External Affairs
Clare Padley	General Counsel
Candace Imison	Director of Strategy Development
Fionnuala Gill	Secretary to the Council
Pernilla White	Senior Governance Manager

External Colleagues:

Professor Mary Renfrew	Lead for the review of midwifery pre-registration proficiency standards
Professor Gwendolen Bradshaw	Lead for the review of midwifery pre-registration programme standards

DRAFT

Minutes

NMC/19/63 Welcome and Chair's opening remarks

1. The Chair paid tribute to a young Welsh nurse who tragically died the previous day in an accident on her way home after a late shift. A minute of silence was held as a mark of respect.

2. The Chair welcomed all attendees to the meeting and thanked Rob Parry, Council member, colleagues at the Chief Nursing Officers' Office, NHS Lothian and the many other partners who had made the visit to Scotland possible. The Council was pleased to be holding this meeting in Edinburgh. A series of events and meetings with colleagues and partners in Scotland the previous day had provided considerable insight into the health and social care landscape in Scotland. The Council was determined to improve its engagement beyond London and Westminster. As part of these efforts, an Executive lead had been appointed for each of the four countries: Matthew McClelland, Director of Fitness to Practise, would be the Executive lead for Scotland.

3. The Council congratulated Andy Gillies on his appointment as permanent Director of Resources and TBI.

NMC/19/64 Apologies for absence

1. No apologies had been received.

NMC/19/65 Declarations of interest

1. In relation to **NMC/19/69 – Standards of proficiency for midwives and standards for pre registration midwifery programmes**: Lorna Tinsley declared an interest as a midwife, Ruth Walker and Karen Cox declared an interest as employers of midwives on the register.

2. None of the interests declared were deemed material as the individuals were not affected any more than other registrants.

NMC/19/66 Minutes of the previous meeting

1. The minutes of the meeting on 3 July 2019 were agreed as an accurate record.

2. In discussion the following points were noted:

    a) **Arising from NMC/19/54** - Revalidation annual data report 2018–2019:
        i) Maintaining the focus on collecting Revalidation data was important to continue to add to the picture of trends and issues.

ii) Whilst revalidation should be challenging, it was important to maintain balance and not make it so challenging as to present unnecessary barriers for registrants.

b) **Arising from NMC/19/59** and the question about supernumerary status, the Director of Education and Standards confirmed that she had pursued this matter with the relevant University in a way which had maintained the confidentiality of the individual.

3. More generally, the Council noted that placement, learning and supernumerary status were key education quality assurance issues, but these were not included in the current Executive report or in the action points. The Director confirmed that these would be addressed within the Annual Education Quality Assurance review which would be brought to the Council meeting in November 2019. The internal management Quality Assurance Board would also report on any issues in these areas by way of exception reports to the Executive for inclusion in regular reports to Council.

NMC/19/67 Summary of actions

1. The Council considered progress on actions from the previous meetings. In discussion, the following points were noted:

a) **Arising from NMC/19/21** - **Principles around the use of consultants and temporary contractors**. This action had been outstanding for a long time. Work was ongoing but there had been slippage in finalising and implementing written guidance and processes. The Director of Resources and TBI assured the Council that the Executive was committed to completing this action by January 2020.

b) **Arising from NMC/19/49** - **Data on staff turnover**. The Council was concerned that it was unclear when the disaggregated data on turnover and service length previously requested would be provided. The Director of People and Organisational Development confirmed that this data would be included in the next Executive report to Council in November 2019.

Action:	**Include further data on turnover and service length, including disaggregation of the figures in the November Executive Report.**
For:	**Director of People and Organisational Development**
By:	**27 November 2019**

NMC/19/68 Reflections on Council visits

1. The Council discussed the four engagement visits undertaken by groups of Council and Executive team members the previous day. All the visits had been inspiring and each Group had been impressed by the enthusiasm and motivation of all those they had met.

Queen Margaret University (QMU)

a) The Group had been honoured to have had the opportunity to meet the new Principal, Sir Paul Grice.
b) The Group had been very impressed by the creative and innovative approach at QMU, particularly the unique focus on person centred learning and the way in which this philosophy imbued all teaching, with students showing strong leadership skills and kindness.
c) There had been useful and informative discussions about Specialist Community Public Health Nursing post registration standards, consistency and the role of regulation.
d) Considerable thanks were expressed to Professor Brendan McCormack, Head of Divisions of Nursing, Occupational Therapy and Arts Therapies and Associate Director Centre for Person-centred Practice Research; Claire Cable, Chief Executive, Queen's Nursing Institute, Scotland; and all colleagues involved in hosting and organising the visit.

Wester Hailes Healthy Living Centre

e) The Centre provides a range of health, social care and family support services in a single setting. The Group had the opportunity to meet with both staff, nurses and a variety of patients and gained a wonderful insight into the Centre.
f) The Group had been impressed at the way in which people coming into the centre were treated with such care and kindness on arrival, encouraging them to share the often diverse range of issues around which they may need help or care.
g) Staff were delighted to have the NMC visiting and it was important to maintain and build on this visibility. Discussions had highlighted that the NMC was equated almost entirely with Fitness to Practise (FTP) and the opportunity to share all the positive and proactive work of the NMC around supporting practice was invaluable.
h) Considerable thanks were expressed to Deborah Mackle, Locality Manager and Cathy Bain, Cluster Manager.

National, Regional and Local Special Mental Health Services at St John's Hospital

i) The mother and baby unit team showed exemplary knowledge of how to look after a family as a whole, not just the individual in front of them and when to use community services to keep families together. A new garden had been created with thoughtful privacy feature for families to meet in.
j) Similarly the visit to the eating disorder unit had been enlightening about how nurses were managing risk, engaging with families and maintaining a level of good care.
k) The National Mental Health Service for Deaf People had brought home the challenges for deaf people, with some fifty percent suffering from mental health issues and loneliness.
l) Key learning included the unique role of nurses working in and understanding the dynamics of multidisciplinary teams and managing

very high risk situations. The development of wider skills, post registration, for example, in the eating disorder unit, mental health nurses were also trained in dietetics and in how to fit gastrostomy feeding tubes.

m) Key issues for the Council to consider included issues around clinical supervision and preceptorship and the importance of nurses caring for one another as well as patients.

n) Considerable thanks were expressed to Lisa Canale; Suzanne Littlejohn; Laura Cumming; Debbie O'Reilly; and Wanda Palmer.

Erskine Edinburgh Care Home

o) The visit to Erskine care home reinforced the importance of recognising that thousands of registrants provide amazing care and support for people outside of the NHS.

p) To put things into context: in NHS Scotland there were 15,000 beds with 43,000 nurses compared to 35,000 rooms in the care sector with 5,000 nurses. Erskine was home to 72 people aged between 48-104, both men and women. Erskine was very much their home: language was important - there were 44 cottages rather than wards; people 'move in' - sometimes with their spouses - rather than being 'admitted'. There were plenty of open spaces and activities.

q) The Group was impressed by the remarkable high quality nursing skills; the professional, creative and aspirational nature of the staff; good examples of advanced practice as there was no on site GP, with very efficient systems to transfer people to hospital when needed; the impressive use of technology for real time planning; and the focus on responsiveness and choice for residents.

r) Challenges were around recruitment and retention; integration with other services; keeping the environment homely and funding as Erskine is a charity and relies on fund raising and volunteer support.

s) Important messages for the NMC were to be inclusive in relation to nurses in all settings, the importance of continuing professional development and recognising how much health can learn from social care.

t) Considerable thanks were expressed to Derek Barron, Director of Care and managers Alison Payne and Ashley Kvasiliene.

2. The Chair, on behalf of the Council and the Executive, extended further thanks to everyone who had been involved in hosting and organising the visits and Donna O'Boyle for all her help. Both the site visits and the stakeholder session held on 2 October had been very helpful for the NMC in understanding current health and social care issues in Scotland better and the learning and messages would be taken forward in developing the future strategy.

NMC/19/69 Standards of proficiency for midwives and standards for pre registration midwifery programmes

1. The Council considered the paper and presentation by the Director of

Education and Standards.

2. The draft standards were the product of intensive co-production with all those with an involvement in midwifery and maternity services, including the profession, educators, families and those using midwifery and maternity services. There had been extensive engagement and feedback alongside the formal public consultation, all of which had been considered previously by the Midwifery Panel and Council and the outcomes of those discussions reflected in developing the final content of the revised draft standards now for consideration. The aim of the new standards was for all midwives at the point of registration to be: safe; able to meet the needs, views and preferences of women, new-born infants and families; effective; respectful; and compassionate.

3. In general discussion, the following points were made:

a) This was an exemplary and substantial piece of work by a wide variety of people, underpinned by an extensive engagement with key stakeholders, registrants and the public. The draft standards had received an extremely positive reception and stakeholders felt they had been listened to and their voices heard.
b) Similar intensive engagement would be welcome when embedding the standards as stakeholder relationships were important to maintain throughout everything the NMC does.
c) The governance arrangements supporting the development of the standards gave the Council assurance about the careful, thorough and detailed way in which the final draft content had been developed.
d) Council had appreciated the opportunity to hear feedback the previous day from an expert panel on the revised daft standards. A mother from Maternity Voices on the expert panel had highlighted the importance of women being listened to, cared for, treated with compassion, empowered to make choices and supported. These key issues were included in the draft standards.

Standards of proficiency for midwives

4. In discussion of the draft standards of proficiency for midwives, the following points were noted:

e) The breadth and depth of the draft standards was admirable. The careful use of language in addressing sensitive issues was welcome.
f) There was particular support for the inclusion of the knowledge and skill required to support breastfeeding and to deal with unexpected and complex situations.
g) In terms of foetal heart monitoring, the standards had been drafted in such a way to allowed them to be adaptable to new evidence and new techniques that might be developed in the future.
h) Other welcome new inclusions, were the focus on multidisciplinary working and timely escalation of issues as well as the incorporation of

standards in relation to public health.

i) Our own FTP Data, and the many reports, reviews and recommendations that have emerged in recent years, had all formed part of the evidence base to develop the standards to ensure that learning had been incorporated. Moreover the standards now included an expectation that midwives would keep themselves updated on new and emerging care issues.

j) Universal care for all women and babies is covered in Domain 3 of the standards. Domain 4 relates to care of women who need additional care as well as universal care. It was felt that the balance between the two was right. The core of good midwifery care was to promote and protect quality care, to be skilled and knowledgeable across the whole journey. An example of this is when additional care is required in the event of an emergency caesarean, but even in this situation, universal care in relation to breastfeeding and post natal support is still required.

Standards for pre registration midwifery programmes

5. In discussion of the draft pre registration midwifery programmes, the following points were noted:

k) Whilst the UK is still in the EU, the EU directive sets some of the requirements relating to education and training and there is a need to adopt those standards within our programme standards. In the event that the UK left the EU and the mandatory standards were removed as a consequence, it would then be for the Council to determine whether to adjust those elements of the standards. It was noted that the EU directive set the requirement for registered adult nurses to be eligible to train as midwives within a shortened programme of 18 months. However, children's nurses must undertake a three year programme in order to become a midwife. Should the UK leave the EU, this would be one of the issues that we may wish to consider.

l) In relation to the information for Lead Midwives for Education and the advice that 'it would be good practice to inform the NMC' if a registered nurse was not recommended for admission to the midwifery register due to health or character issues, it was questioned whether the statement was directive enough. This is not a mandatory requirement, because it may not be proportionate if the issue was related to the health, rather than the character, of the person. This is a rare occurrence but the statement reflects the need to err on the side of caution in that, if there are concerns in relation to the health and character of a midwifery student, these may also affect the suitability of the person to remain on the Registered Nurse part of the register and if this is the case it should be reported to the NMC. It was agreed that it might be useful to provide some additional supportive information to AEI's on this matter.

m) The transitional arrangements stipulated that no programmes based on the current standards should be delivered post September 2021. In

addition, students who had commenced their degree would be able to transition to the new standards after their first year.

n) In terms of currently qualified midwives meeting the requirements of the new standards, this would be encouraged through revalidation, which would take place against the new standards, and there is a requirement for all registrants to keep themselves up to date. It was also noted that AEIs were proactive in updating programmes to reflect current practice, so many programmes already cover elements of the new standards.

o) Existing midwives would face the challenge of supporting students and newly qualified midwives trained under the new proficiencies. This was an important aspect to take forward as part of the UK wide implementation, with a specific lead in each country.

6. ***Proposals for additional work***

p) The optimal length of the programme had been raised throughout the work on the standards and had proved contentious, with strong views expressed on the need for a four year programme by some stakeholders.

q) A separate review had been commissioned in late 2017 on programme length, which had included a review of evidence, and engagement with key stakeholders. The review found there was little evidence on optimum programme length, and there was no consensus of views.

r) A minimum requirement of three years had to be set in accordance with the EU directive. However, Universities had the freedom to determine the length of programme over and above three years, to ensure that our standards are met. It was for universities to bring forward suitable programmes for approval to deliver the standards. However, the comprehensive nature of the programme standards would not allow for any dilution of the proficiency standards.

s) In the absence of a strong evidence base or widespread consensus, it was proposed to retain the current regulatory arrangement in relation to programme length. However, we would also want to take the views of stakeholders seriously and were committed to undertaking an independent evaluation with Universities, once the new standards were in place and once students emerged from the first programmes. This would also encompass the level of qualification (ie an ordinary, or honours degree).

t) Further work on the scope of the evaluation would be done with key stakeholders and the Midwifery Panel, prior to an evaluation being commissioned.

u) Further work was also planned on preceptorship. The importance of high quality preceptorships was recognised to support midwives in their first year of practice to ensure they were confident in the transition of their role from student to qualified midwife. The NMC does not have the regulatory power to mandate preceptorship.

v) However, it could be considered that there was a moral responsibility

on the NMC to facilitate a four country approach and a system response, to encourage the implementation of more consistent preceptorship across the four countries. The NMC is in a position to use influence in moving this forward. Conversations had already started with the Chief Nursing Officers in each country.

w) Approval of the draft standards should be contingent on the commitment to undertake this further work on programme length and level and preceptorship and it was intended that the Midwifery Panel should continue to be involved in this.

7. **Decisions - The Council:**

- **approved the new standards of proficiency for midwives, as the standards of proficiency for entry to the midwifery part of the register (as required by Article 5 (2) of the Nursing and Midwifery Order 2001 ('the Order')) with effect from 31 January 2020;**

- **approved the new standards for pre registration midwifery programmes as part of the standards for education and training that are necessary to achieve the relevant standards of proficiency for entry to the midwifery part of the register as required by Article 15 (1) of the Order with effect from 31 January 2020;**

- **approved the transitional arrangements related to the standards; and**

- **agreed to continue to explore and confirm the scope of the work and timelines for initiation and delivery in three key areas:**
    - **Refining the position and expectations on preceptorship for newly qualified registrants, in partnership with each of the 4 countries.**
    - **Determining the requirements for commissioning an independent evaluation of our new standards.**
    - **To reconsider programme length and level of award in the light of the evaluation, confirming the evidence base and rationale prior to any subsequent public consultation.**

8. The Council expressed its considerable thanks and appreciation to Geraldine Walters; Professor Mary Renfrew; Professor Gwendolen Bradshaw; Anne Trotter; Jacqui Williams; Verena Wallace; Josh Stevens; and all those both internally and externally who had contributed to this outstanding work.

Action:	**Give consideration to whether additional information is required to guide AEI's in relation to signing off Health and Character requirements for Nurse registrants who are seeking admission to the midwifery part of the register.**
For:	**Director of Education and Standards**
By:	**27 November 2019**

NMC/19/70 Executive Report

1. The Council considered the Executive report.

Executive update

2. The following points were noted in discussion:

a) Four country engagement on workforce issues was ongoing. The Chair and Chief Executive had met with the Cabinet Secretary along with Fiona McQueen, Chief Nursing Officer and Professor Donna O'Boyle, Professional Regulatory Adviser, and separately with the Labour Shadow Cabinet Secretary.
b) The appointment of Directors to lead engagement in each of the four countries was welcome; further information about what this entailed, including reporting requirements, would be provided to the next meeting.
c) The NMC was well prepared in relation to Brexit both in terms of issues relating to registrants and internal organisational issues such as data transfers. The internal Steering Group had done a lot of work on risk and preparing for the various outcomes. Support was also being provided for EU/EEA NMC staff. The Chair and Chief Executive had met staff in the Edinburgh office the previous day and would be hosting a lunch at 23 Portland Place on 15 October 2019.
d) Consultation on the future strategy 2020–2025 would close on 16 October 2019. A number of roundtable events had been held across the four countries with the last one taking place on 15 October in Edinburgh. There had been a tremendous response. Special thanks were expressed to Candace Imison, Director of Strategy Development; Emma Westcott, Assistant Director, Strategy and Insight; and Charlotte Davies, Senior Communications Adviser.
e) A celebration marking 100 years of nursing regulation would take place on 25 November 2019 and in the run up stories and case studies from former and current nurses across all four counties were being published. Preparations were also in hand for the International Year of the Nurse in 2020.
f) The NMC was also preparing to celebrate the International Year of the Midwife in 2020, the formal launch of the future midwife standards in early 2020 would be a key part of this.
g) The research looking at how people with protected characteristics experience our processes was really important and the Council would welcome early sight of findings. The NMC had piloted the Professional Standards Authority's new Equality Diversity and Inclusion Standard and had passed.

Performance report

3. The Council discussed the performance report to 31 August 2019.

4. **Modernisation of Technology Programme (MOTs)**

In discussion, the following points were noted:

h) There had been a slippage in the MOTS programme in relation to two milestones, previously reported as green: the replacement of Wiser, due November 2019; and the replacement of CMS, due March 2020. The replacement of Wiser was now amber and the replacement of CMS was red. There was also an overspend against the YTD budget, as shown in the finance report. Regrettably, the report provided to the confidential Council meeting in May 2019 had been over-optimistic.

i) Good progress had, however, been made in the implementation of the new readmissions process in July 2019, which meant people who come off the register due to a missed payment could readmit in hours instead of days. That was a significant improvement in service to registrants and also an efficiency gain for the Contact Centre. The overseas application process would go live on Monday 7 October 2019 and early in 2020, the transition process would start, moving core registration processes onto Dynamics 365.

j) A new programme governance structure and a new programme manager had been put in place, with regular programme board meetings, which should ensure tighter control including of costs. The IT team and the programme manager were highly skilled and the Director had confidence in their ability to deliver.

k) Delay and cost overruns were a common feature of IT programmes in many organisations. However, it was critical to understand the reasons for the delays and overspend; why this had happened; and what was being done to remediate the issues and get back on track. Rigorous monitoring of any revised plan would be essential. MOTS was a key priority, as it impacted on the scope to make progress in other areas including delivery of the future strategy, and had implications for both registrants and staff.

l) Further scrutiny by a small group of members or additional external expertise or an independent review might be helpful to ensure that the issues had been properly understood and give confidence in any revised plan.

m) The Executive was now fully engaged in setting future expectations and requirements for the programme and the Council could be assured that future reports would be realistic in terms of people, time and costs.

n) A full report would be provided to the confidential Council meeting in November 2019. This would compare the scope, timeline and budget now proposed against that set out in the original business case to see the programme through to completion.

5. **Other performance matters**

In discussion, the following points were noted:

o) The fall in employee turnover to 18 per cent was welcome.
p) The move of the FTP department to new offices in Stratford the previous weekend had been smooth and successful.
q) The work on taking account of context in FTP proceedings was potentially groundbreaking. We had engaged with other professional regulators, including Scottish Social Services Council and equivalents in Wales and Northern Ireland, while developing our new approach. There was a lot of commonality, although regulators were at different stages of development in thinking about these issues. Discussions had also taken place with organisations in Scotland who were interested in working further with us.
r) Work on post regulation standards had been slightly delayed due to a decision to set up a steering group and appoint an independent Chair.
s) In relation to the budget, it was noted that the majority of underspend was in FTP and lower than anticipated spend on programmes and projects. More realistic forecasting was needed. Business planning was being aligned to support implementation of the future Strategy: it was important to remember that we could not deliver everything in the first year.
t) A new section on external affairs performance had been included. There was an error in the RAG ratings (page 181) where amber should have been red. The Director of External Affairs would welcome any feedback on the performance information.

6. ***Corporate risk register***

The Council noted the corporate risk register. It was noted in relation to the risk of IT failure, the expected mitigation of risk should read 2020–2021 (not 2019–2020). As the risk was already red, this did not affect the rating.

Action:	**Include information in the next Executive report on the role of lead Directors in each country including reporting requirements.**
For:	**Director of External Affairs**
By:	**27 November 2019**
Action:	**Provide early findings from the EDI research to Council**
For:	**Director of Registration and Revalidation**
By:	**29 January 2020**

Action:	**Consider how best to provide assurance to the Council that the root causes of the delays and overspend on the MOTS programme have been understood; that revised plans are realistic and deliverable and how progress will be rigorously monitored.**
For:	**Director of Resources and TBI**
By:	**27 November 2019**

NMC/19/71 **Questions from observers**

1. The Chair invited questions and comments. The following comments were made:

a) A question was raised about the degree award level for the new standards of proficiency for midwives. The Director of Education and Standards noted that whilst an ordinary degree was appropriate, Universities could decide to offer an Honours degree. Honours degrees were already offered in Scotland, Wales and Northern Ireland. This would be considered as part of the further work discussed.
b) In response to a question about what was so different about the new standards of proficiency for midwives, it was noted that:
   i) The standards were grounded in the best possible evidence of what women and babies needed within the broad context of the UK.
   ii) Students would be trained to provide the best possible options for women in different circumstances and keep themselves safe as midwives. The six domains which made up the new standards fitted together like a jigsaw and were inter-dependent.
   iii) The standards had been co-produced with midwives and mothers and families using services. This was a huge step for women who could expect a strengthened, confident workforce with visible improvements in midwifery care within three to five years.
   iv) The new standards placed a focus on empowering students to focus on their learning. It was envisaged that the change in the student experience would equip them well for the future.
   v) The new standards would be used by the profession and owned by the profession.
c) In response to a question about the timing of the work on evaluation of programme length and preceptorship, the Director of Standards and Education advised that further work would be undertaken on preceptorship as soon as the new standards were launched. The evaluation could only begin when programmes were in place and newly qualified midwives began to emerge from these.
d) A representative from the Welsh government noted the importance of using the term career framework as opposed to career ladder

when talking about cross care sector work opportunities.

e) The appointment of an independent Chair for the post registration standards steering group was welcome. An announcement of the Chair would be made imminently.

f) A representative from the Scottish government welcomed the Council meeting in Scotland and encouraged the Council to return soon.

NMC/19/72 Chair's action taken since the last meeting

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

Chair's closing remarks

In conclusion, the Chair thanked all those who had contributed to such an illuminating and informative two days which had significantly enhanced the Council's understanding of health and care in Scotland and the issues facing nurses, midwives and students.

The next meeting of the Council in public will be held on 27 November 2019.

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

SIGNATURE: .....

DATE: .....

Nursing & Midwifery Council

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
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Summary of outstanding actions arising from the Council meeting on 3 October 2019

Minute	Action	Action owner	Report back date	Progress to date
NMC/19/67	**Data on staff turnover** Include further data on turnover and service length, including disaggregation of the figures in the November Executive Report.	Director of People and Organisational Development	27 November 2019	In response to Council's request for further data on turnover and service length including disaggregation of the figures, please see the following: **Turnover:** Since the launch of the Reward Consultation in April 2019, there has been a reduction in staff turnover, which is especially notable in FTP over the last 12 months. Turnover in FtP went from 24.8 percent to 17.2 percent in October 2019. **Length of Service (for leavers):** Overall length of service is currently 3 years, 5 months. In November 2018 it was 2 years, 6 months. For FtP, Length of Service for leavers is currently at 3 years, 3 months which is an improvement from November 2018, when it was 2 years, 1 month.
NMC/19/69	**Standards of proficiency for midwives and standards for pre registration midwifery programmes**	Director of Education and Standards	27 November 2019	Additional information has been included in the finals standards and now states: 'If the lead midwife for education (or their designated

Minute	Action	Action owner	Report back date	Progress to date
	Give consideration to whether additional information is required to guide AEI's in relation to signing off Health and Character requirements for Nurse registrants who are seeking admission to the midwifery part of the register.			midwife substitute) cannot be assured of a student's health and character they must not sign the supporting declaration. The student therefore, cannot be recommended for admission to the midwives' part of the register. In the case of a student who is already registered with the NMC, action should be taken in accordance with the NMC Guidance on health and character.'
NMC/19/70	**Role of Four Country Directors** Include information in the next Executive report on the role of lead Directors in each country including reporting requirements.	Director of External Affairs	27 November 2019	An update on four country engagement is included in the Executive report on the agenda.
NMC/19/70	**EDI Research** Provide early findings from the EDI research to Council	Director of Registration and Revalidation	29 January 2020	Latest findings will be reported in the Executive report in January 2020.
NMC/19/70	**MOTS** Consider how best to provide assurance to the Council that the root causes of the delays and overspend on the MOTS programme have been understood; that revised plans are realistic and deliverable and	Director of Resources and TBI	27 November 2019	This is addressed in the MOTS report on the confidential meeting agenda.

Minute	Action	Action owner	Report back date	Progress to date
	how progress will be rigorously monitored.			

Summary of outstanding actions arising from the Council meeting on 3 July 2019

Minute	Action	Action owner	Report back date	Progress to date
NMC/19/48	**Lessons Learned review** Report back on the impact of the efforts to change the way we communicate with people who engage with us.	Director of External Affairs	3 October 2019 / 27 November 2019	This links to our Business As Usual work on improving communications and will be covered in reporting back in Executive reports.

Summary of outstanding actions arising from the Council meeting on 22 May 2019

Minute	Action	Action owner	Report back date	Progress to date
NMC/19/36	**Public Support Service** Share the report on the findings from the work on hearing the voice of people who use services and families in FtP	Director of Fitness to Practise	27 November 2019	We are presenting the report to the Executive Board at its meeting in November 2019 and will report to Council in January 2020.

Summary of outstanding actions arising from the Council meeting on 27 March 2019

Minute	Action	Action owner	Report back date	Progress to date
NMC/19/21	**8a. Financial Strategy and Investment Policy** Ensure that the principles around the use of consultants and temporary contractors are captured in operational guidance	Director of Resources and TBI	22 May 2019/ 3 July 2019 / 3 October 2019 / 29 January 2020	As discussed with Council in October, we will update once implemented in January 2020.

Nursing & Midwifery Council

Council

Executive report

Action: For discussion.

Issue: The Council is invited to consider the Executive's report on key strategic developments and performance against our 2019–2020 corporate plan and budget up to 31 October 2019.

Core regulatory function: All regulatory functions.

Strategic priority: All.

Decision required: None.

Annexe: The following annexes are attached to this paper:

- Annexe 1: Performance report at 31 October 2019.
- Annexe 2: Corporate risk register at 31 October 2019.

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

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Discussion:

1 The purpose of this report is to provide a status update regarding delivery of our 2019–2020 corporate business plan and budget, alongside highlights from the external environment which could affect what we do.

2 The report consists of three sections:

2.1 A report by the Executive with highlights from the external environment and our strategic engagement work;

2.2 Our performance report providing status updates against our corporate plan and budget (**Annexe 1**);

2.3 Our corporate risk position and risk register (**Annexe 2**).

3 This report provides the year to date position up to 31 October 2019.

4 Some risks are inherent within our plans. These remain tolerable and are discussed at **Annexe 2**.

Findings of independent review into handling of Morecambe Bay evidence

5 On 23 October 2019, we published the findings of the independent investigation carried out by Verita that looked at our handling of a piece of evidence in two Morecambe Bay fitness to practise cases, between 2010 and 2016, and our communications around that. The report is available on our website. In advance of that publication, we wrote to apologise to the current and former Secretary of State, the Chief Executive of the Professional Standards Authority and the family affected, and shared our embargoed materials with key stakeholders. Alongside the report is our statement apologising for the mistakes that we made.

Developments within the external environment

General election

6 A general election will take place on Thursday 12 December 2019. Parliament was dissolved on Wednesday 6 November 2019. We have developed guidance for employees on the pre-election period and have reviewed our external facing activity in line with this.

Brexit

7 The UK has been granted an extension to the EU-exit deadline. The new deadline is 31 January 2020. The European Union (EU) has said that this deadline is ‘flexible’ meaning that if the Withdrawal Agreement is ratified by the EU earlier, the UK can leave the EU on

either 1 December 2019 or 1 January 2020.

8 Our Brexit working group continues to plan for the UK's departure from the EU. We have updated our 'What Brexit means' webpage to provide information on all potential scenarios for EU-exit for registrants.

9 Our operational teams have been preparing for the introduction of new processes should the UK leave the EU without a deal in place. We are confident that we are ready for whichever scenario follows after the general election.

Queen's Speech

10 Although superseded by the announcement of the general election, the Queen's Speech took place on 14 October 2019. Commitments related to health and social care included legislation to enact the NHS Long Term Plan, continued reform to the Mental Health Act, the introduction of a Medicines and Medical Devices Bill, and new proposals for social care reform. As the situation is in flux, we will be carefully monitoring announcements and reviewing manifesto commitments from all parties.

11 The Government also announced it would introduce a Health Services Safety Investigations Bill. This Bill had its second reading in the House of Lords on 29 October 2019. We briefed Peers ahead of the debate, making them aware of the NMC's position. The NMC were mentioned by Peers throughout the debate, referencing our role as a professional regulator and the impact the Bill would have on our work. Progress on this Bill has now halted owing to the general election. It will be for the next government to decide whether or not progress this draft legislation.

Workforce

12 Andrea Sutcliffe continues to represent the NMC on the People Plan Advisory Group, with colleagues from different directorates represented on key subgroups. The NHS People Plan was due to be published before the end of the year, however, this may be delayed due to the general election.

13 On 17 September 2019, Andrea Sutcliffe, Geraldine Walters, Director of Education and Standards, Edward Welsh, Director of External Affairs and Emma Westcott, Assistant Director for Strategy Development attended an event at the Royal College of Nursing (RCN) to discuss the challenges facing the nursing and midwifery workforce.

14 The NMC was invited to contribute to the guidance development for the Health and Care (Staffing) (Scotland) Act. This has involved providing written feedback on guidance chapters and attending a

working group meeting. Colleagues have also attended the UK Advisory Forum meeting in Edinburgh. We will continue to work closely with the Scottish government as the guidance is developed.

15 Members of the Royal College of Nursing in Northern Ireland (RCN NI) have voted to take strike action over staffing numbers and pay disputes. The RCN UK Council has met to approve plans to take forward industrial action, including strike action. Unison members, in Northern Ireland, which included nurses, have also voted to take strike action. More than 70 Unite member health visitors in Lincolnshire are taking strike action between 18 November and 13 December 2019. We are working closely with our partners to better understand these issues and associated risks and what advice we may need to provide to all relevant parties.

Engagement

Four country engagement

16 As previously updated Directors have been appointed to lead our engagement in each country – Edward Welsh in Northern Ireland, Emma Broadbent in Wales, Geraldine Walters in England, and Matthew McClelland in Scotland – and project teams have been established to support each director in their role.

17 Country directors have held or will be holding meetings with senior stakeholders in each nation, including Chief Nursing Officers (CNOs) and devolved administrations, to ensure that the voice of each country is heard at the highest level within the NMC and also to ensure that the different contexts of each country are fully understood within the NMC.

18 In October 2019, Geraldine Walters, Director of Education and Standards and Anne Trotter, Assistant Director of Education and Standards met with CNOs or their teams in the four countries as part of the early engagement regarding the findings of our independent evaluation of our post registration standards, what the register and our Quality Assurance of education is telling us, and what is important to each country as we move forward.

Scotland

19 In early October 2019, we met with Jeane Freeman (Cabinet Secretary for Health and Sport) and with Monica Lennon MSP (Shadow Cabinet Secretary for Health and Sport). We are due to meet Miles Briggs MSP (Conservative Spokesperson for Health and Sport) in November 2019.

Northern Ireland

20 Geraldine Walters, Directors of Education and Standards, together with the GMC, met with Clare Bailey, Member of the Legislative Assembly (MLA) to discuss concerns raised about how health professionals are responding to the review of abortion legislation in Northern Ireland. A government consultation on implementing the new abortion framework in Northern Ireland has been launched. The consultation closes on 16 December 2019.

21 As lead director for Northern Ireland, Edward Welsh will be visiting colleagues at the start of December 2019 and will be attending the all Irish CNOs conference in Belfast.

Cymru / Wales

22 In late October 2019, Emma Broadbent met Jean White, Chief Nursing Officer for Wales, Helen Whyley, Director for RCN Wales and Stephen Griffiths from Health Education and Improvement Wales. Emma Broadbent, will be joining Andrea Sutcliffe and Philip Graf, in a meeting with Cabinet secretary for Health and Social Services, Vaughan Gething, in January 2020.

England

23 A working group for England will be established in the coming months informed by our piloting in the devolved administrations. Our aim will be to strengthen our regional engagement with senior partners across English regions, linking closely with the Chief Nursing Officer for England, Ruth May, and the Chief Midwifery Officer for England, Jacqui Dunkley-Bent.

Political Engagement

24 Colleagues from the Public Affairs team attended the four main autumn party conferences (Liberal Democrat, Labour, Conservative and Scottish National Party) throughout September and October 2019 to meet key political stakeholders, attend relevant fringe events and gain insight into the development of key health and care policies. This enabled the team to gather intelligence on what is likely to be contained in the political party manifestos, and hear from stakeholders on their priorities for a future government.

25 At the Conservative Party conference, Edward Welsh attended a roundtable dinner hosted by the General Medical Council. The discussion focused on challenges facing the health and care workforce and the benefits of improved regulatory alignment.

26 On 21 October 2019, Emma Westcott met Liberal Democrat peers: Baroness Jolly, Baroness Tyler; Baroness Walmsley; and Lord Rennard to discuss our 2020–2025 strategy development work.

Regulatory alignment

27 On 26 September 2019, we hosted an event with professional regulators across the UK, including social care regulators. Discussions focused around three topics: workforce, regulatory reform and collaboration. Attendees discussed where our organisations have shared objectives and opportunities to develop how we can work together to build trust and confidence in professional regulation.

28 This was the second in a planned series of regular events, building on existing engagement between professional regulators that takes place via the Chief Executives Steering Group. The next will be hosted by the Health and Care Professions Council in early 2020.

Always caring, always nursing - celebrating 100 years of professional regulation

29 As part of our 100 day countdown to the centenary of the 1919 Nurse Registration Act we have published and promoted a number of nursing stories and case studies, making sure that the diversity of our register is reflected in our celebrations of '100 years of professional pride'. We have used social media channels and traditional press to promote these inspiring stories, including a partnership with the Nursing Times on a celebratory badge competition.

30 Nurses were invited to take part in a competition to design a badge to celebrate 100 years of professional pride. There was a big response to the competition, with more than 70 entries. The competition winner will be announced and the badge launched at an event at St Thomas' Hospital on 25 November 2019. A short-form documentary featuring the stories of nurses will be also be launched at the event.

31 This work precedes a programme of activity to mark the World Health Organisation's International Year of the Nurse and International Year of the Midwife in 2020.

Closure of the shaping the future consultation

32 The consultation on *Shaping the future,* our draft strategy for 2020–2025, closed on 16 October 2019. More than 3,700 people gave us their thoughts on our future direction by responding to the consultation survey. Nearly 600 people tweeted us using the hashtag #futureNMC.

33 Approximately 400 people attended the 12 events, including workshops in each devolved nation of the UK as well as dedicated roundtable events for specific audiences. These included patients and the public, educators, social care stakeholders, EDI

stakeholders and stakeholders with whom we have a close relationship. The events gave us rich feedback on our five draft strategic themes.

34 We attended a variety of external conferences during the consultation period where we spoke about the strategy. These included NHS Expo, the Dementia UK Conference, Wales/SW Maternity and Midwifery Conference, Queens Nursing Institute Conference, RCM Conference, Nursing in Practice, National Nurse Staffing Conference (Wales), National Care Forum and NHS Providers Conference. There was a positive response from stakeholders.

35 We have written to thank everybody who engaged with us and to let them know how to keep in touch with our next steps.

36 We engaged an external research agency, Traverse, to gather feedback on the draft themes from members of the public, including seldom heard groups, and will feed these findings into the overall analysis.

37 We are currently analysing feedback and refining the draft strategy before it comes to the Council for final approval in March 2020.

38 We are also working to ensure our business planning from 2020–2021 is aligned with the priorities emerging from the strategy development. We ran eight internal thematic workshops in October 2019, and another round of planning workshops will take place during November 2019.

Public Protection

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

Resource implications:

40 Performance and risk reporting are a corporate requirement and are resourced from within BAU budgets. No external resources have been used to produce this report.

Equality and diversity implications:

41 Equality and diversity implications are considered in reviewing our performance and risks.

Stakeholder engagement:

42 Not applicable.

Risk implications:

43 The impact of risks is assessed and rated within our corporate risk register.

Legal implications:

44 None.

NMC Performance report for 2019–2020

Report period: 31 October 2019

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Section 1: Executive Summary

1 Traffic light assessments against our delivery plan (section 2), traffic light summary of performance (section 3), financial monitoring reporting (section 4) and corporate KPIs (sections 5) reflect the targets set within our corporate plan and budget for 2019–2020, agreed by the Council in March 2019. Detailed KPI commentary can be found within sections 6 to 8.

2 Our delivery plan which details the key milestones of our corporate commitments for 2019-2020 shows that a significant proportion of milestones remain on track. Major areas of slippage have previously been reported to the Council.

3 There are two additional areas of slippage: improvements to information and signposting for registrants within our FTP processes and delivery of our new operating model for communications and engagement. These slippages are deemed tolerable within the wider context as aspects of the milestones have been delivered (e.g. careline) or are only marginally delayed.

4 The Executive Board would like to draw to the attention of Council to those areas where performance is notable or has slipped as discussed below.

Progress against our corporate plan

Future midwife

5 Following Council's approval of our Future Midwife standards, we have been working closely with education institutions to ensure they have the necessary information to design programmes that meet our new standards, so that they are ready for courses starting September 2020.

6 We will formally launch the standards in January and February 2020 with events in each UK nation as well as digital launches. We will be developing case studies for media and social media, parliamentary and other activity to dovetail with the WHO Year of the Midwife.

Post registration standards

7 The Post registration standards steering group has now been established. Following due process, Dr David Foster OBE has been appointed as the independent Chair. Members have been recruited from across the UK and include representatives from the four Chief Nursing Officer offices, professional body organisations, specialist post registration professional forums and groups, social care and advocacy groups. The first meeting takes place on 20 November 2019 where we will be considering possible options for Specialist Practice Qualifications (SPQs) and Specialist Community Public Health Nurses (SCPHNs) standards with the intention of reaching a consensus on what the direction and outcomes should be over the next 18 months to two years. An update and recommendations will be presented to Council in January 2020.

8 This work will be carried out collaboratively with key stakeholders such as unions, subject matter experts, chief nurses, the Queen's Nursing Institute (QNI) and QNI for Scotland across each of the four UK countries. The steering group's first meeting will be held in November 2019.

New processes for overseas registration

9 On 7 October we launched our new more efficient and more customer focused process for overseas nurses and midwives wishing to join our register. We have streamlined and clarified our requirements for registration in the UK.

10 The process is now all online and is supported by improved guidance and support information on our website. Applicants are also able to track the progress of their application online. Since the launch our new web pages have been viewed over 270,000 times.

11 The launch has received positive coverage in the professional media and was welcomed by our key stakeholders. Matt Hancock, Secretary of State for Health and Social Care made a statement recognising the progress we have made in supporting overseas recruitment and our use of online and digital tools.

12 Highlights included a small NMC team going to Moorfields Eye Hospital on the day of the launch to help applicants through the process and to see it in action – this provided valuable insight and feedback to inform our continuous improvement.

Launch of the FtP Careline pilot

13 On 10 October we launched our new careline that offers emotional and practical support to nursing and midwifery professionals involved in fitness to practise proceedings.

14 We were pleased to gain support for the careline from the Health Minister, Nadine Dorries, Dame Donna Kinnair, Chief Executive and General Secretary at the RCN, Suzanne Tyler, Executive Director of Services to Members at the RCM, and Danny Mortimer, chief executive of NHS Employers.

15 We secured positive coverage in the trade press, including the Health Service Journal. The social media reaction to our launch showed the careline was generally well received by registrants and other stakeholders.

16 We have reported an amber milestone rating to reflect outstanding work to improve information and signposting for registrants which will be completed this year.

A new approach to FtP

17 We continue to implement the outcomes from our pilots into new approaches for FTP. Progress in four key areas is:

17.1 Prioritising local action: we remain on track to publish revised guidance for employers in January 2020 on conducting effective local investigations.

17.2 Taking account of context: we have agreed the approach to a second pilot that will cover all stages of the process. This pilot will run until March 2020.

17.3 Enabling remediation: we launched our revised remediation guidance for decision makers on 31 October 2019.

17.4 Making best use of hearings: we have conducted an interim review three months after the launch of statements of case and evidence matrices in June.

Further training for NMC employees and panel members is now planned. We will conduct a further review during quarter 4.

Replacing core ICT systems

18 We continue to make progress on the replacement of Wiser, the core registration system. The project remains amber due to the previously reported slippage in timescales. We expect the new Microsoft Dynamics 365 platform to launch in February 2020, with full transition of registration processes to the new system by July 2020. This will significantly reduce the risks posted by legacy systems.

19 A previously reported, development of the new FTP case management system has been delayed and is planned to complete by quarter 3 of 2020-2021. This is reflected in our red traffic light status.

20 We have previously reported that delivery of a new technical solution for quality assurance of education standards for approved education institutions (AEIs) has slipped from quarter 1 resulting in an amber progress rating. We continue to forecast the delivery of phase 1 (covering the approvals and modifications process) by quarter 4.

21 We will pause delivery of phase 2 (annual self reporting, enhanced scrutiny and new programme monitoring) and phase 3 (data driven approach) to prioritise higher risk areas within our MOTS programme. This does not present a significant risk as manual processes are in place and operational.

22 We have prepared a full progress report for the November 2019 Council meeting which will agree key priorities, adjustments that we need to make to our plans and budget implications. The report will be taken in the confidential session because of the commercial aspects.

Engagement and communications

23 We have experienced slight delay with rolling out a new operating model for communications and engagement to support the successful roll out of our public policy initiatives which is now forecast for December 2019 to take account of feedback from colleagues. We are currently piloting a new approach to improve engagement with parliamentary and devolved administration, including director representatives and projects within each country.

Digital workplace

24 We reported to the Council in October 2019 that we paused planning for telephony enhancement work.

25 Now that the objectives of the Digital Workplace project have substantially been met, we propose to close the project and take forward telephony enhancement and the rollout of laptops to the remainder of the organisation within business as usual. We are also working to improve the performance of the legacy Case Management System and the wider network.

26 Our IT infrastructure will be reviewed as part of our work to put in place a fit for purpose organisation, as part of the development of the corporate strategy for 2020-2025, and a project to follow on from the Digital Workplace may result from that.

Move to Stratford

27 We successfully completed our move from Kemble Street to One Westfield Avenue over the weekend of 28 and 29 September (reflected in a green status).

28 FTP employees requiring laptops have been issued to aid agile working within the new facilities.

Progress against Corporate KPIs

Approval decisions for approved education institutions against new standards

29 39 decisions now have been completed since April 2019. This represents 62 percent progress against our target of 63 approval decisions for 2019–2020 (a green current status).

Registrations

30 All our registrations KPIs are above target (reflecting green current statuses).

Contact Centre

31 Our call answering rates have recovered following dips during June and July with both our monthly average and year to date average above target (a green current status).

FTP (Interim Orders and FtP Cases concluded within 15 months)

32 Our year to date averages remain within target (reflecting a green current and year end forecast statuses).

Customer feedback

33 Our new customer feedback dashboard is presented in section 5.

34 Between 1 July and 30 September there have been:

- 221 corporate complaints with 96 percent responded to within 20 days;
- 408 information requests with 82 percent responded to in time;
- 518 feedback surveys completed - 72 percent of customers satisfied with the customer service they received; and 18% were unhappy with length of time to resolve issues, which was cited as a key reason for dissatisfaction;
- 100 percent of enquires were responded to within 20 days.

People

35 Our overall rolling staff turnover reduced to 15.8 percent in October and is now below our target of 20 percent (reflected in a green current status). This is over a seven percentage point reduction on the same period last year and shows a positive trend towards our long term turnover reducing over time.

36 Employees leaving within 6 months of joining is now under 10 percent.

37 Our response rate for exit interviews is above 60 percent, providing us with more information about the key reasons for people deciding to leave the NMC.

38 We have now completed phase 1 of our pay and grading review. Employees received their adjusted salaries in their October pay.

39 Monthly employee pulse surveys are in place to provide regular data about the level of employee engagement. They have been paused in the interim which we work on a wider survey about 'Life at the NMC'. They will restart again in November.

40 Our Equality, Diversity and Inclusion Action Plan (EDI) has been developed and was signed off by the People Strategy Programme Board in October 2019. The Plan is to introduce the Workforce Race Equality (WRES) standard in line with the following:

- Workforce Diversity;
- Workforce Inclusion;
- Sustainable and Accountable approach to EDI.

Financial Monitoring

41 We have a year to date surplus of £3.1m (excluding capital expenditure), which is £6.1m more than our budgeted deficit of £3.1m. This is largely driven by underspends in BAU spending across a number of directorates and delays to spending or lower than anticipated costs within our programmes and projects. This reflects a degree of over optimism within our planning (reflected in a green current status for income and amber current status for expenditure).

42 We expect a surplus of £3.3m at year end against our original budgeted deficit of £4.3m, representing a variance of £7.6m.

43 However, note that the year to date overspend of £0.7m and the forecast full year overspend of £1.3m on the MOTS programme are net positions, with overspends on some project lines offset by slippage on other project lines. The gross overspend is around £2m, while the offsetting underspend through slippage is expenditure that will be deferred to future years.

Section 2: Traffic light summary of progress against our Delivery plan

Note: Amber or Red status evaluations have been discussed as part of the executive summary within section 1 above.

Key deadline	Activity	Previous forecast (August 2019)	Current forecast (October 2019)
1. Changing our Approach			
Delivering a new approach to fitness to practice (Matthew McClelland)			
Jun 19 (Q1)	Evaluate the outcomes from pilots and develop implementation plan	Amber	Green
Sept 19 (Q2)	Improve the level of support that we provide for nurses, midwives, and nursing associates **Amber reflects some marginal slippage for the remaining work. Our careline was launched in October 2019.*	Green	Amber
Sept 19 (Q2)	Introduce a pro-bono legal advice service for unrepresented registrants, in partnership with a law school. **Amber reflects slippage from the due date. We have identified some risks within our initial planning and are setting up a working group to define our approach moving forward including engagement from key bodies.*	Amber	Amber
Dec 19 (Q3)	Launch an emotional support helpline by the end of quarter three	Green	Green
Embedding Lessons Learned (Emma Broadbent)			
Sept 19 (Q2)	Transform the way we will deal with all enquiries and complaints.	Green	Green
Reviewing the overseas registration process (Emma Broadbent)			
Sept 19 (Q2)	Continue to develop and improve the test of competence	Green	Green
2. Core business and new initiatives			
Education (Geraldine Walters)			
Jan 20 (Q4)	Launch an alternative route for return to practice	Green	Green
Sept 20 (Q2)	Post regulation standards: agree a timescale and work programme to complete our review **Amber reflects slippage from original timescales.*	Amber	Amber

Key deadline	Activity	Previous forecast (August 2019)	Current forecast (October 2019)
Oct 19 (Q3)	Future nurse: implement our new education framework and our new standards of proficiency for registered nurses	Green	Green
Jan 20 (Q4)	Future midwife: complete the consultation on our draft standards for registered midwives, approve and launch the final standards and proficiencies	Green	Green
Mar 20 (Q4)	Quality assure all education institutions and programmes against the new standards using our new model of quality assurance	Green	Green
Nursing Associates (Geraldine Walters)			
No date – approvals are demand led	Approve nursing associate pre-registrations programmes using our new QA framework	Green	Green
Mar 20 (Q4)	Monitor and review our regulatory processes to ensure they work well for nursing associates on an ongoing basis throughout the year and seek to gain insights from the evaluation being undertaken by the National Institute for Health Research into the introduction of the role.	Green	Green
3. Enhancing our capability and infrastructure			
Accommodation (Andy Gillies)			
Aug-19 (Q2)	Decant from Kemble St	Green	Complete
Replacing core technology (MOTS) (Andy Gillies)			
May-19 (Q1)	New technical solution for quality assurance of education standards for Approved Education Institutions **Amber reflects slippage in phase 1 development now due in March 2020.*	Amber	Amber
Nov-19 (Q3)	Wiser replacement (our core systems for our register) **Amber reflects slippage to February 2020 for implementation of the new system. Full transition of registration processes is expected to happen in stages and be delivered by July 2019.*	Amber	Amber
Mar-20 (Q4)	Case Management **Red reflects that timelines have slipped into 2020-2021.*	Green	Red
Digital Workplace (Andy Gillies)			

Key deadline	Activity	Previous forecast (August 2019)	Current forecast (October 2019)
Jul-19 (Q1)	Telephony enhancements (planning phase) **Closure reflects that our telephony enhancement work has been incorporated into a wider project focused on Contact Management (see below).*	Amber	Closed
Aug-19 (Q2)	Technology supporting the office move to Stratford	Green	Closed
People Strategy (Sarah Daniels)			
May 19 (Q1)	Implement monthly employee surveys	Green	Complete
Jun 19 (Q1)	Equality and inclusion action plan to be rolled out during quarter one.	Green	Complete
Sept 19 (Q2)	New pay and grading system to be consulted upon and implemented by end of quarter two.	Green	Complete
Mar 20 (Q4)	Longer term work on future pay scheme design to be concluded by the end of quarter four.	Green	Green
Mar 20 (Q4)	New values and behaviours framework to be agreed by the end of quarter four.	Green	Green
Delivering proactive strategic communications and engagement (Edward Welsh)			
Sep 19 (Q2)	A new operating model for communications and engagement to support the successful roll out of our public policy initiatives, and improve engagement with parliamentary and devolved administrations by establishing and growing our network. **Amber reflects slippage for delivering the operating model which is now forecast for December 2019.*	Green	Amber
4. Strategy 2020–2025			
Strategy Development (Candace Imison supported by Edward Welsh for co-production and engagement)			
9 Oct 19 (Q3)	Council review consultation outcomes	Green	Complete
28 Jan 20 (Q4)	Draft strategy to Council	Green	Green
24 Mar 20 (Q4)	Council approve strategy	Green	Green
1 April 20 (Q4)	Launch the corporate strategy, achieving widespread third party support and high levels of employee knowledge.	Green	Green

Section 3: Traffic light summary of budget and KPI performance

Year to date income and expenditure	Current status
Income (YTD outturn: £51.6 million, which is £1.1m / 2% ahead of budget)	Green
Expenditure (YTD outturn: £54.9 million, which is £4.0m / 7% under budget)* **The size of the underspend indicates a risk of slippage in delivery against plans*	Amber

Registration & Revalidation performance metrics (YTD against target)	Current status
97% of UK Initial Registration Completed (1 day)	Green
95% of UK Initial Registration Completed (60 days)	Green
90% of Overseas Applications Assessed (60 days)	Green
90% of EU Applications Assessed (30 days)	Green
90% of Readmission applications completed (21 days)	TBC
90% of calls answered by the contact centre* **Results for month actuals in June and July 2019 showed dips below target which could risk the year end results.*	Green

Education and Standards metrics (YTD progress against target)	Current status
Approval decisions against new standards for 63 AEI during 2019-2020	Green

Fitness to Practise performance metrics (YTD against target)	Current status
80% of interim orders imposed within 28 days of opening the case* **Although our YTD progress is above 80%, we have experienced a dip below target during August and October 2019*	Green
80% of FtP cases concluded within 15 months of opening	Green

People and Organisational Development performance metrics (YTD against target)	Current status
Overall staff turnover (12 month rolling) below 20%	Green
Staff turnover within six months of joining below 18%	Green
Average sick days per employee (a reduction to 7.5 days by March 2020)	Green

Technology and Business Innovation performance metrics (YTD against target)	Current status
Monthly customer satisfaction with technology services	Green
Resolution: First time fix rate* **Results for month actuals showed a dip below target for June 2019. Despite this we are forecasting to achieve a 75% average at year end*	Green
Resolution: All incidents logged, and resolved within 5 working days	Green
Network security: Threats blocked	Green
Incident reports for all Priority 1 (P1) failures produced and distributed within 3 working days	Green
NMC website / NMC online downtime (Working hours/ out of hours) - excluding planned outages	Green

Resources performance metrics	Current status
Confidential waste across NMC sites (no specific target but we monitor the trend)	Increasing
Increase oversight of contracts by Procurement team	Green

External Affairs performance metrics	Current status
Internal communications (employee engagement scores) **Our employee survey was postponed for this quarter in favour of other survey priorities*	N/a for this report
Registrant mass email communications (open rates and engagement) **Both the open rate and click to open rate are below target at Q2 and have reduced since last quarter.*	Amber
Social media (Twitter and LinkedIn engagement) **Although followers for both Twitter and Linked In continue to increase, our engagement rate of whether people reacted to our posts has marginally decreased*	Amber
Events (satisfaction scores of 70% and above)	Green
Stakeholder engagement (annual perceptions survey)	Due in 2020
Positive sentiment from media coverage (increase to 65% by March 2020)	Green
Political and parliamentary engagement (6 monthly survey)	Due in 2020

Section 4: Financial monitoring report

a. Income and expenditure to 31 October 2019

	YTD October 2019				Full Year			
Income	Actual £'m	Budget £'m	Var. £'m	Var. %	Q2 Forecast £'m	Budget £'m	Var. £'m	Var. %
Registration fees	48.6	48.7	(0.1)	(0.2%)	83.5	83.5	(0.1)	(0%)
Other	2.8	1.4	1.4	99%	4.1	2.6	1.5	58%
Nursing Associates funding	0.2	0.4	(0.2)	(43%)	0.4	0.4	0.0	2%
Total Income	**51.6**	**50.5**	**1.1**	**2%**	**88.0**	**86.5**	**1.5**	**2%**
Expenditure								
Directorates								
Fitness to Practise	21.7	23.6	1.9	8%	38.4	39.4	1.0	3%
Resources & TBI	10.6	11.3	0.7	6%	17.9	18.1	0.2	1%
Registrations and Revalidation	4.1	4.4	0.3	6%	7.6	7.6	0.0	0%
Education and Standards	2.1	2.0	(0.1)	(3%)	3.6	3.3	(0.3)	(10%)
People & Organisational Development	1.8	1.6	(0.2)	(10%)	3.0	2.8	(0.2)	(7%)
Office of the Chair & Chief Executive	1.9	2.0	0.1	5%	3.5	3.5	0.0	0%
External Affairs	1.4	1.5	0.1	7%	2.7	2.8	0.1	4%
Directorate BAU	**43.6**	**46.4**	**2.8**	**6%**	**76.7**	**77.4**	**0.7**	**1%**
Corporate								
Depreciation	1.2	1.3	0.0	2%	1.9	2.3	0.4	19%
PSA Fee	1.1	1.1	0.0	0%	1.9	1.9	0.0	0%
Other	0.1	0.1	0.0	0%	0.2	0.2	0.0	0%
Contingency	0.0	0.0	0.0	0%	0.0	2.5	2.5	100%
Total Corporate	2.4	2.5	0.0	1%	3.9	6.8	2.9	43%
Total BAU Expenditure	**46.1**	**48.9**	**2.8**	**6%**	**80.6**	**84.2**	**3.6**	**4%**
Surplus/(Deficit) excluding Programmes	**5.6**	**1.6**	**3.9**		**7.4**	**2.3**	**5.1**	**222%**
Programmes & Projects								
Accommodation Project	4.4	4.7	0.3	6%	4.4	4.8	0.5	9%
Modernisation of Technology Services	3.2	2.5	(0.7)	(26%)	5.4	4.1	(1.3)	(33%)
Education Programme	0.3	0.6	0.3	56%	0.7	1.1	0.3	32%
FtP Change Strategy	0.2	0.5	0.3	61%	0.7	0.8	0.1	15%
People Strategy	0.1	0.4	0.2	61%	0.3	0.7	0.4	55%
Overseas Programme	0.2	0.6	0.4	62%	0.7	0.7	0.0	0%
Digital Workplace	0.2	0.4	0.2	43%	0.3	0.5	0.2	42%
Nursing Associates	0.2	0.4	0.2	43%	0.4	0.4	0.0	0%
Total Programmes/Projects	**8.9**	**10.0**	**1.2**	**12%**	**12.9**	**13.0**	**0.1**	**1%**
Total Expenditure including capex	**54.9**	**58.9**	**4.0**	**7%**	**93.5**	**97.2**	**3.7**	**4%**
Surplus/(Deficit) including capex	**(3.3)**	**(8.4)**	**5.1**		**(5.5)**	**(10.7)**	**5.2**	**48%**
Capital	**6.4**	**5.3**	**(1.0)**	**(19%)**	**8.8**	**6.4**	**(2.4)**	
Surplus/(Deficit) excluding capex	**3.1**	**(3.1)**	**6.1**		**3.3**	**(4.3)**	**7.6**	
Free Reserves	**26.6**	**23.1**	**3.5**	**15%**	**25.0**	**21.8**	**3.2**	**14%**

b. Balance sheet at 31 October2019

Balance Sheet	Mar-19	Oct-19	Change	Change
	£'m	£'m	£'m	(%)
Fixed Assets				
Tangible Assets	19.7	24.8	4.4	23%
Current Assets				
Cash	28.8	19.2	(9.6)	(33%)
Debtors	4.3	1.9	(2.5)	(57%)
Investments	66.0	81.5	15.5	23%
Total Current Assets	**99.1**	**102.5**	**3.4**	**3%**
Total Assets	**118.8**	**127.3**	**8.5**	**7%**
Liabilities				
Creditors	(55.0)	(59.1)	(4.0)	(7%)
Provisions	(1.2)	(3.3)	(2.1)	(173%)
Total Liabilities	**(56.2)**	**(62.4)**	**(6.1)**	**(11%)**
Net Assets (excl pension liability)	**62.6**	**64.9**	**2.4**	**4%**
Pension Liability	(14.2)	(13.5)	0.7	5%
Total Net Assets	**48.3**	**51.4**	**3.1**	**6%**
Total Reserves	**48.3**	**51.4**	**3.1**	**6%**

c. Cash flow statement to 31 October2019

Statement of Cashflows	Oct-18	Oct-19
	(£'m)	(£'m)
Cashflow from operating activities		
Surplus/(Deficit) (YTD)	8.6	3.1
Adjustment for non-cash transactions	1.8	1.2
(Increase)/Decrease in current assets	0.8	2.5
Increase/(Decrease) in liabilities	2.6	6.1
Pension Deficit Payments	(0.8)	(0.7)
Net Cash inflow/(outflow) from operating activities	**13.0**	**12.2**
Cashflow from investing activities		
Capital Expenditure (YTD)	0.0	(6.4)
Net Cash inflow/(outflow) from investing activities	**0.0**	**(6.4)**
Cumulative net increase/(decrease) in cash and cash equivalent at month end	**13.0**	**5.9**
Cash & Cash Equivalent at the beginning of the year	82.2	94.8
Cash & Cash Equivalent at the end of the month	**95.2**	**100.7**

d. Detailed financial commentary

Year to date (YTD) financial performance

Overview: As at 31 October, we have a surplus of £3.1m year-to-date (YTD). Following a detailed Quarter 2 re-forecast, we forecast a surplus of £3.3m for the full financial year, compared to the budgeted deficit of £4.3m. The forecast is subject to a number of uncertainties reflected in the commentary below.

Income

YTD Income is £51.6m, which is £1.1m above budget, mainly due to higher numbers of overseas applications (included in "other income") than initially expected.

We expect that full year income will be £1.5m above budget overall, again, driven by higher overseas applications. This is a relatively small but volatile part of our income, so difficult to forecast. For instance there were 2,500 overseas applications in October generating £0.4m of income compared to £0.2m (1,600 applications) on average per month for the previous six months. Whilst this appears to be driven by improvements to our processes, it is not clear if this is a short term increase or likely to be sustained.

Expenditure on business as usual (BAU) activities

Total BAU expenditure is £46.1 which is £2.8m below budget YTD. We forecast that full year spend will be £3.6m below budget. Key elements are:

- **FtP**: The YTD underspend of £1.9m is largely due to lower staff costs (£0.7m) arising from vacancies; reduced travel and accommodation (£0.6m) as well as delays in a range of smaller activities.

  We expect full year spend to be £1.0m below budget due to lower hearing days and lower staff costs than budgeted, offset by costs arising from activities such as work associated with the Gosport enquiry, the Regulatory Unit (RIU) software solution and more investment in the clearing of the backlog of investigations.
- **Resources & TBI**: Spend YTD is £0.7m below budget mainly due to the slower than planned roll out of laptops, but which we expect still to be completed in this financial year.
- **Education and Standards:** YTD overspend of £0.1m, and the year-end forecast overspend of £0.3m, is mainly due to a higher number of Higher Educational Institutions having program approvals than initially planned. This increase was flagged as a possibility when the budget was set.
- **POD:** YTD overspend of £0.2m and the year-end forecast overspend of £0.2 is due to higher than anticipated recruitment costs in the early part of the year.
- **Corporate:** YTD spend is in line with budget but full year outturn is forecast to be £2.9m below budget mainly due to the contingency budget (£2.5m) not being used. Also, we forecast depreciation will be £0.4m below budget by year end due to delays in MOTS capital expenditure.

d. Detailed financial commentary

Expenditure on strategic programmes and projects

YTD Spend on programmes and projects is £8.9m (YTD spend as at October 2018 was £4.3m), which is £1.2m below budget, due to lower spend than initial estimates as well as delays in activities, across most of the programmes/projects, to later in the year. Full year outturn is forecast to be £0.1m below budget. The key drivers of performance are:

- Education Programme: Spend is £0.3m below budget YTD and with a similar forecast underspend at the year end. This is due to a small number of activities that were budgeted for but no longer required.
- Modernisation of Technology Services: The YTD recorded overspend of £0.7m is reported against the budget approved via the May 2019 exception report. It is a net position, with overspends on the Wiser replacement project and the Overseas project offset by slippage on case management. Also the budget in the May exception report did not include an allocation for the Education QA IT project, and the year to date spend on that project is £0.3m. Excluding the effect of slippage, the gross overspend is around £2m. The forecast full year outturn of £1.3m is overspent is also a net position, with gross overspends of around £2m offset by slippage.
- Accommodation Project: YTD spend is £0.3m below budget, partly due to fit out costs for our new Stratford premises being lower than initial estimates. This is reflected in the full year forecast underspend of £0.5m, along with lower than expected dilapidation costs now being expected for the buildings we have vacated.

Section 5: Non-financial performance data

5.1. Corporate KPIs

a. Status at 31 October 2019

9 **Currently above target** ***(R&R = 6; FTP = 2, ES = 1)***	**0** **Marginally below target**	**0** **Significantly below target**

b. Registration and Revalidation commentary and metrics

Commentary and metrics
KPI 1 (UK initial registrations completed within 1 day) (graph 5.01) **Result:** Above target. Year to date performance since April is 99 percent against a target of 97 percent. **Commentary**: This KPI has remained consistently above target for each month since April 2019. **KPI 2 (UK initial registrations completed in 60 days) (graph 5.02)** **Result:** Above target. Year to date performance since April is 98.6 percent against a target of 95 percent. **Commentary:** Performance for Initial Applications with declared concerns has recovered since the dip below target in August, with September and October achieving 100%. This is despite a 10 per cent increase in "peak period" cases of 254 cases compared to 231 for the same period last year. **KPI 3 (Overseas registration assessed within 60 days) (graph 5.03)** **Result:** Above target. Year to date performance since April is 100 percent against a target for 90 percent. **Commentary:** Performance for Overseas (OS) assessments remains at 100 percent. October 2019 also saw 4655 applicants start their application through our new stream-lined OS process. **KPI 4 (EU Applications Assessed within 30 days) (graph 5.04)** **Result:** Above target. Year to date performance since April is 99.8 percent against a target for 90 percent. **Commentary:** Performance for EU assessments remains at 100 percent. The number of EU applications presented this quarter remained stable and in line with previous quarter. **KPI 5 (Readmission applications completed within 21 days) (graph 5.05)** **Result:** Above target. Year to date performance from April to September 2019 is 94.7 percent against a target of 90 percent. **Commentary**: Year to date performance up to September 2019 remains above target. Results for October 19 were not available at the time of writing.

Commentary and metrics

Contact centre (calls answered) (graph 5.06)

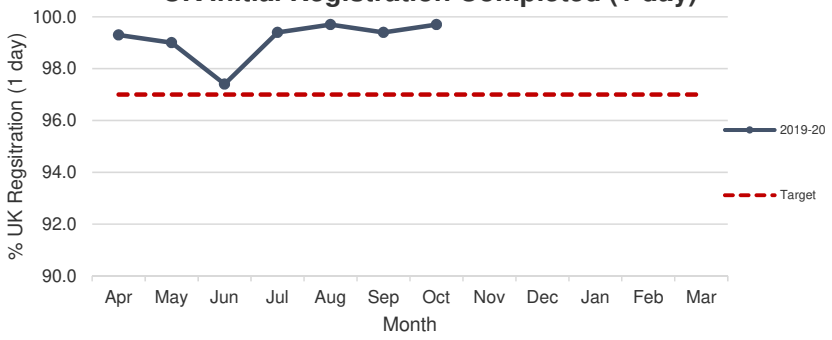
Result: Above target. Year to date performance since April is 91.9 percent against a target of 90 percent.

Commentary: Despite dips below target in June and July, our year to date performance remains above target.

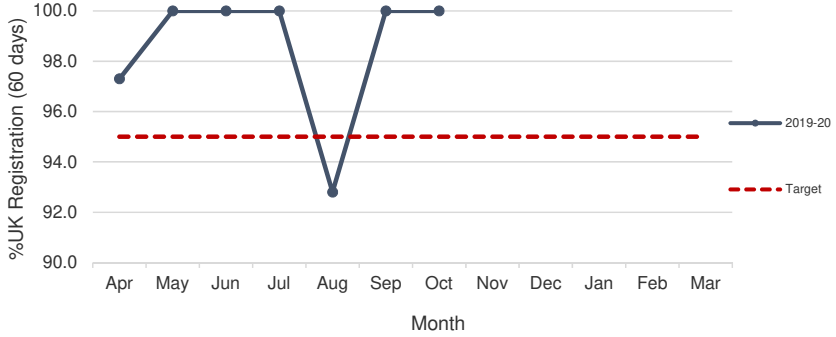
Section 5: Performance against the corporate business plan (at October 2019)

Registration and Revalidation performance metrics

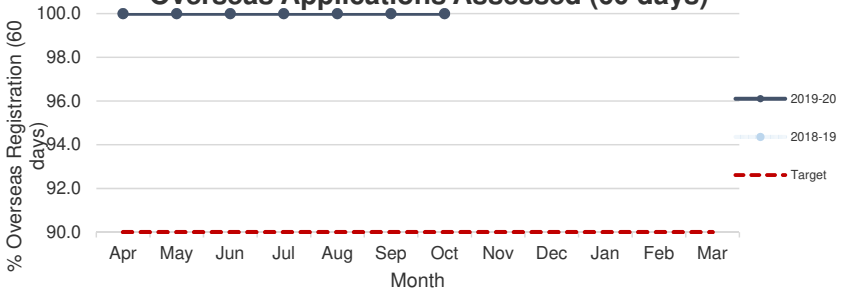
5.01 KPI 1 (new measure)
UK Initial Registration Completed (1 day)



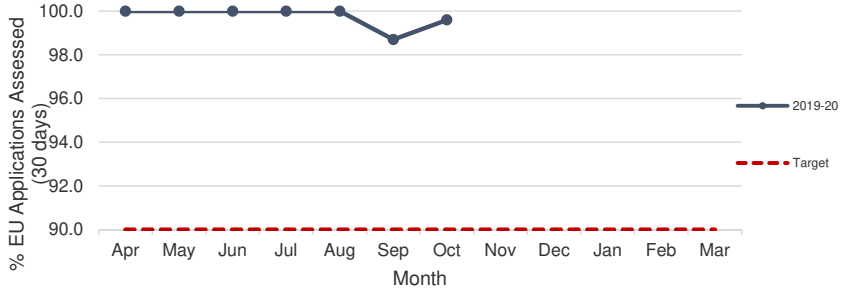
5.02 KPI2 (new measure)
UK Initial Registration Completed (60 days)

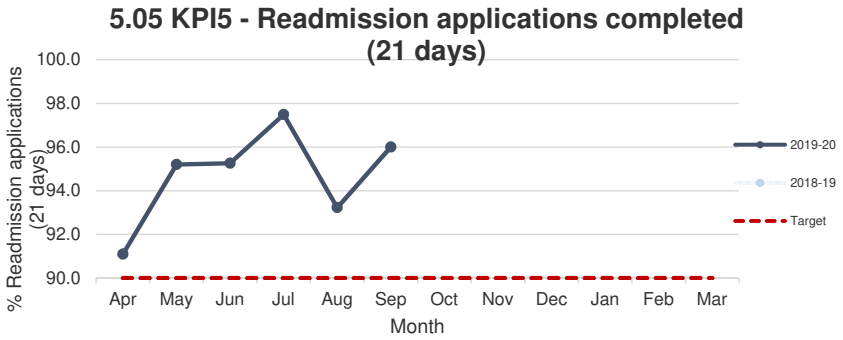


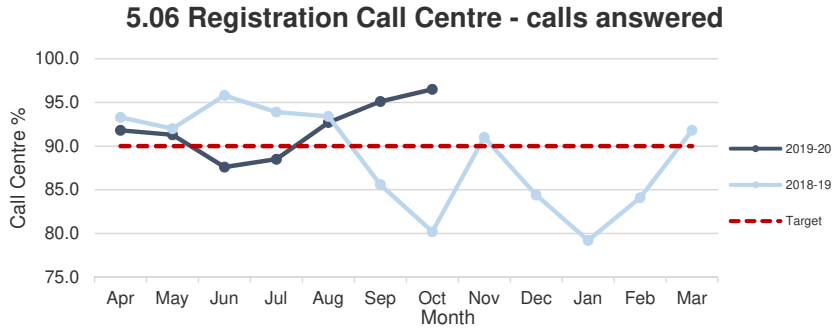
5.03 KPI3 (new measure)
Overseas Applications Assessed (60 days)

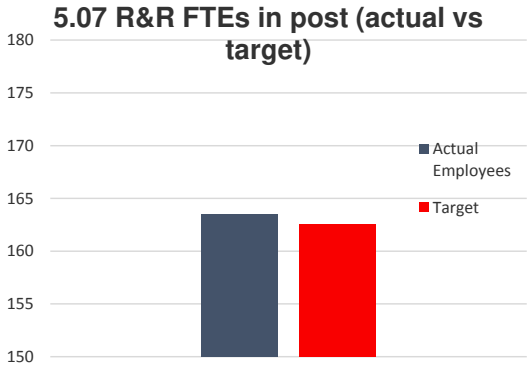


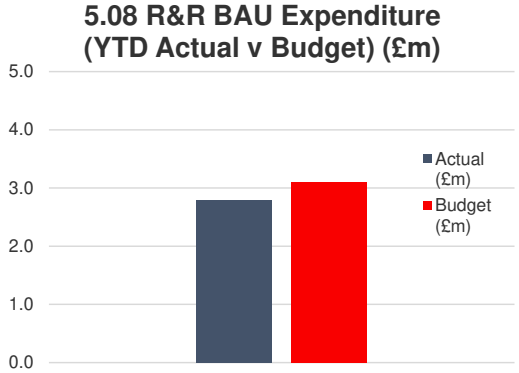
5.04 KPI4 - EU Applications Assessed (30 days)











5.09 Corporate risk (current status)

REG18/01: Risk that we fail to maintain an accurate register of people who meet our standards				
Likelihood	**Impact**	**L X I**	**Trend**	**Response**
4	5	20	Stable	Tolerate

Customer Feedback Dashboard

1 July 2019 to 30 September 2019

Corporate Complaints

- 96% complaints responded to in 20 days
- 221 complaints received
- 100% Enquiries responded to in 20 days

Getting it right – A customer was unhappy with the delay in her registration being completed. We identified that a document had not been scanned correctly and were then able to help complete her registration. Our customers will now be able to complete overseas applications on-line which will help address this.

Customer focused – A customer was disappointed that a letter was addressed to someone else and it was sent by a data security service. We shared the learning about the impact of attention to detail and that information can also be sent with a password protection and signed delivery.

Being open and accountable – A customer was unhappy that we provided incorrect advice about her revalidation. We listened and then identified that she had completed the hours. The team helped her complete her readmission and she is now back on the register.

> Thank you very much. I must tell you how relieved I am feeling now after getting the good news. I am going to have a good night sleep after a long week. All because of your help.

Cross-organisational Enquiries

We launched the new process in October 2019 and the first two enquiries have been received and responded to within 20 working days.

Information requests

- 82% responded to on time

Information requests themes

- Number of applications
- Data requests about our registrants such as by location or nationality.
- Number of cases and decisions made.
- Requests for guidance documents or information about our standards.

Our person centred approach

- We are working with our customers to ensure that we are focussing our attention on the information they need.
- This has resulted in a decrease in follow up and internal reviews

> Today my last document is uploaded. I am very thankful for the professional approach.
>
> Again I am expressing my hearty thanks to you.

> I am particularly impressed by the timely response and clarifications to my queries.
>
> Thanks for your efficient and friendly support.

Customer feedback surveys

- 72% satisifed with the customer service
- 67% happy the issue was resolved.
- 18% unhappy with the service received*

*Some of our customers were unhappy with the time taken to resolve issues.

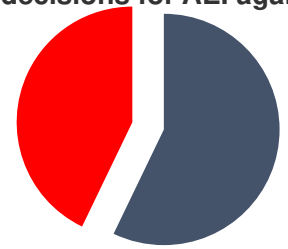
Section 5: Performance against the corporate business plan (at October 2019)

Education & Standards - performance metrics

5.11 KPI 6 (new measure)
Approval decisions for AEI against new standards

October 2019 status:

39 decisions against a target of 63 for 2019-2020 (62% complete)



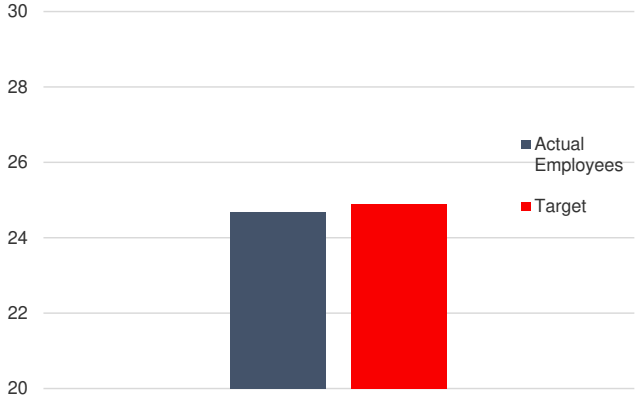
Status commentary:

The number of approvals are planned to ramp up during the year and expect to remain on track to deliver our target.

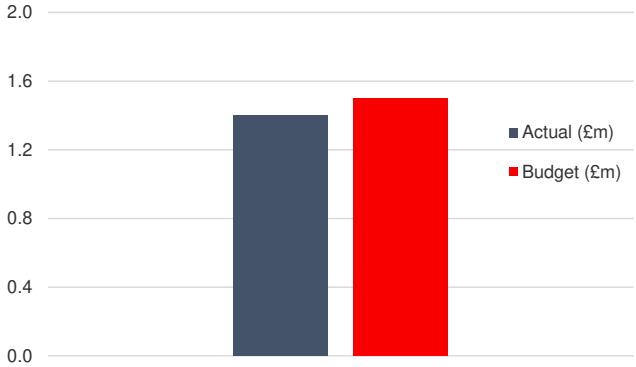
5.12 Corporate risk (current status)

REG18/01: Risk that we fail to ensure that educational standards are fit for purpose, and processes to ensure compliance with standards are being met				
Likelihood	**Impact**	**L X I**	**Trend**	**Response**
2	4	8	Stable	Tolerate

5.13 ES FTEs in post (actual vs target)



5.14 E&S BAU Expenditure (YTD Actual v Budget) (£m)



d. Fitness to Practise commentary and metrics

Fitness to Practise performance summary

Key points to note

People

- There are a number of leadership changes coming up in the directorate:
  - Jessie Cunnett, Head of Public Support will be leaving the NMC in December 2019 to take up a senior role in another organisation. During her two years at the NMC, Jessie has been extremely effective in establishing the public support service and laying the foundations for our person-centred approach.
  - Emma Willis, currently Head of Screening, will take on a new role as Head of Specialist Support, overseeing the public support, high profile, and clinical adviser teams.
  - We have completed recruitment for a new Head of Screening and are awaiting confirmation of the successful candidate.
  - Ade Obaye has been appointed to a new role of Head of Quality of Decision-Making and will join FTP in December from her current role in the corporate Quality Assurance and Continuous Improvement team.
- We completed the move of FTP teams from One Kemble Street to One Westfield Avenue on 30 September 2019. Colleagues' feedback on the new working environment has been very positive. We are now working with the employee forum and our teams at 2 Stratford Place and George Street, Edinburgh to improve the way we use space in these offices.
- We are starting to see the effects of the work we have been doing to improve employee retention in the directorate: our 12 month turnover has reduced to 18.8% and six month turnover is now 10.9%. This is a significant improvement and we will continue to focus on improving it further.

Operating performance

- Performance against the two corporate KPIs was as follows:
  - KPI 4 – interim orders: the result for October was 78% and the 12 month rolling average is 82%.
  - KPI 5 – cases concluded within 15 months: the result rate for October was 81% and the 12 month rolling average is 84%.
- Performance at the screening stage is currently our biggest challenge, as shown by the interim order KPI performance and higher than planned caseload. A number of factors have contributed to this: (1) process changes to improve the quality of decision-making; (2) a 5% increase in referrals relative to last year; (3) short-term reduction in the capacity in the decision-making team.
- We are using resource from elsewhere in the directorate, including senior management, and from a legal firm to help with screening output in the short term, and we are reviewing the resource model.
- The allocation queue of cases progressing from screening to investigations was reduced to zero at the end of September 2019. This eliminates a major source of

dissatisfaction for stakeholders and is a significant milestone for the investigations teams. Output from internal investigation teams remains sound. Returns from external firms is still lower than predicted and has been escalated to partner level.

- We have received our first referrals of nursing associates. We will monitor their progress as part of our normal performance reporting.

Learning from our data

- In last year's annual FTP report, we identified that record-keeping is one of the top three allegation types progressing for adjudication. As record-keeping errors are, in principle, easily remediable, we asked our Regulatory Intelligence Unit to analyse the data further to see whether there was evidence to suggest that cases were progressing further than they should. The analysis showed that in 97% of cases, record-keeping allegations were accompanied by more serious allegations such as dishonesty and patient safety.

Escalation process

- In May 2019, we introduced a new escalation process when information requested from third parties to progress a case has not been provided or is subject to unreasonable delay. We reviewed the use of the new process in September 2019: we found that improved escalation by managers appears to be having a positive effect but that the process is not yet being applied consistently. We are doing further work to socialise the process with the teams and will review progress again in March 2020. It remains our intention to report serious instances of non-compliance by third parties publicly to the Council once we are confident that our internal application of the process is sound.

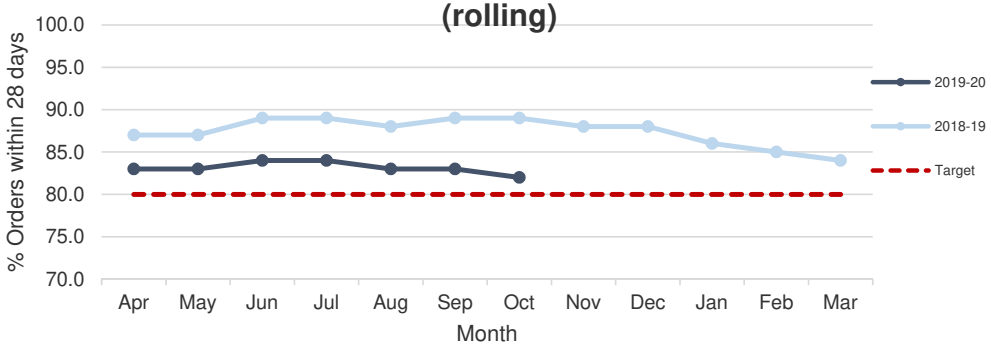
Changes to our publication guidance

- On 21 October 2019, we made some changes to our publication and voluntary removal guidance in line with data protection legislation, the obligations in our own legislation, and the strategy policy principles we adopted the last year.
- We have changed the amount of time that we will publish the reasons why a panel has made a striking-off order from sixty years to five years. We will continue to display the fact that someone has been struck-off our register on our public register. After five years we will disclose the reasons for the order upon request where we have a lawful basis under data protection legislation.
- We are now publishing all accepted voluntary removal decisions for a period of one year. Previously, only decisions made during a hearing were published. We now publish all decisions, including those made by the NMC's Registrar.
- We are now publishing:
    - Decisions to take no further action after a finding of impairment at substantive order review in order to allow a registrant to lapse for one year.
    - Restoration decisions for four months, instead of indefinitely. Where subject to conditions of practice, the conditions will be published whilst in force.
    - Registration appeals decisions which are unfavourable to the appellant for four months. Previously, we didn't publish these.
- Before making the changes to our guidance, we engaged with representative bodies, a group of employers, and members of our public support steering group.

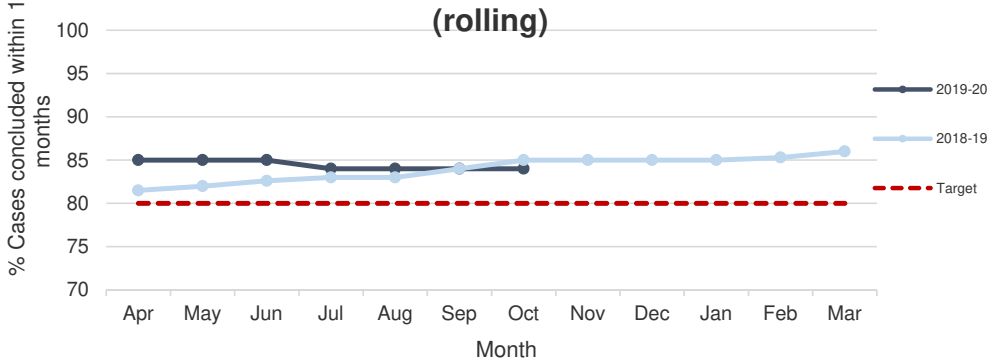
Section 5: Performance against the corporate business plan (at October 2019)

Fitness to Practise - performance metrics

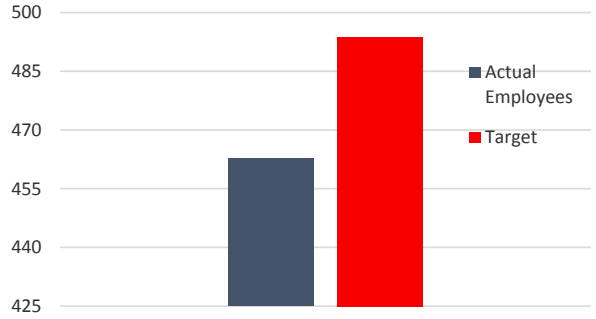
5.15 KPI 7 - Orders within 28 days of opening case (rolling)



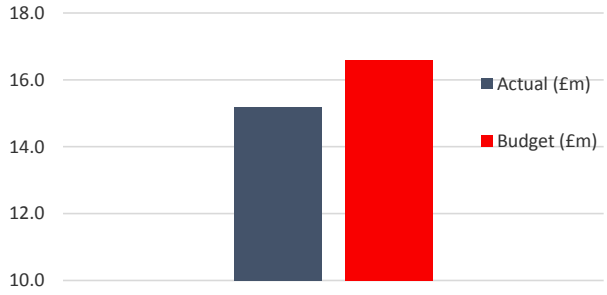
5.16 KPI 8 - FtP Cases concluded within 15 months (rolling)



5.17 FtP FTEs in post (actual vs target)



5.18 FtP BAU Expenditure (YTD actual v budget) (£m)



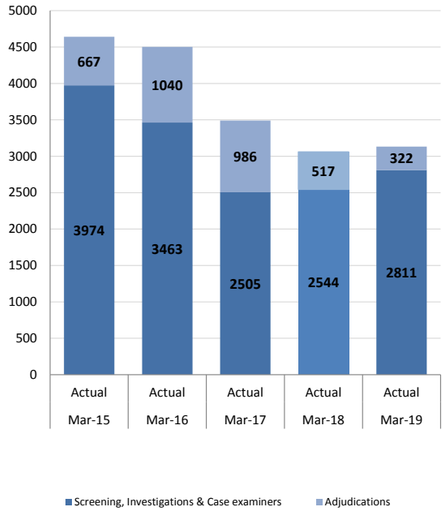
5.19 Corporate risk (current status)

REG18/02: Risk that we fail to take appropriate action to address a regulatory concern

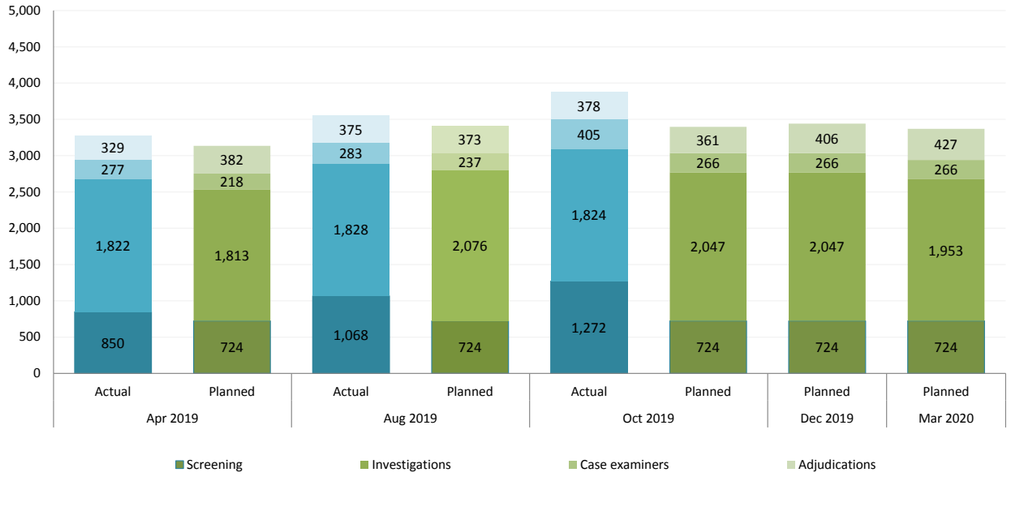
Likelihood	Impact	L X I	Trend	Response
2	5	10	Stable	Tolerate

FtP Performance Dashboard October 2019

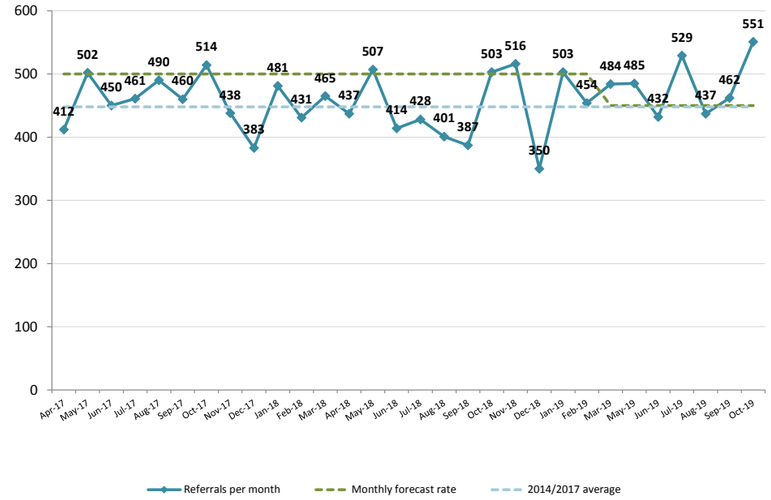
A1 Historic Caseload



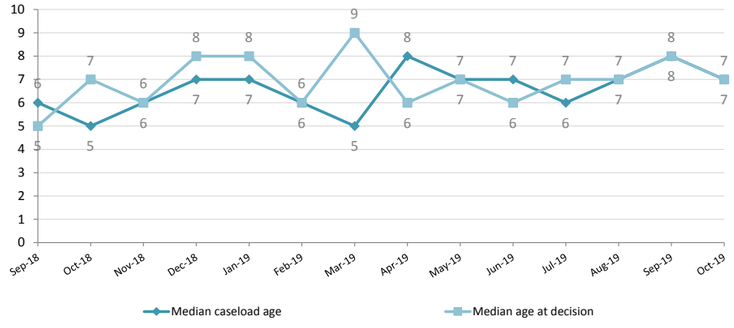
A2 FtP Caseload



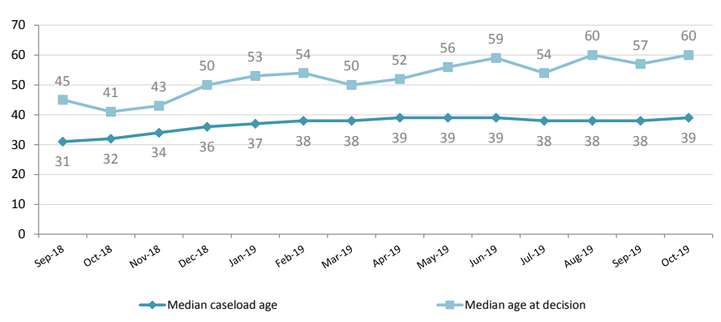
A3 New Referrals



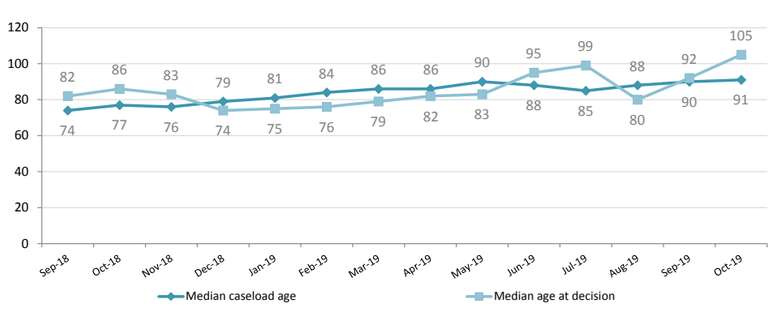
B1 Median age at Screening



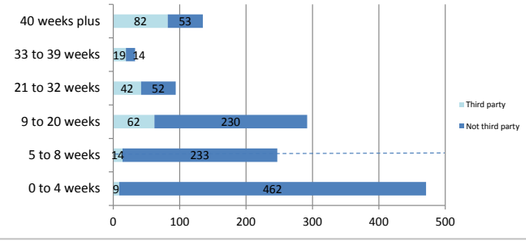
B2 Median age at Investigations and Case Examiners



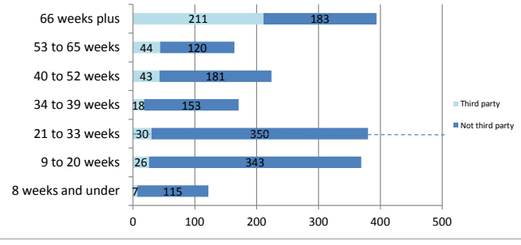
B3 Median age at Adjudications



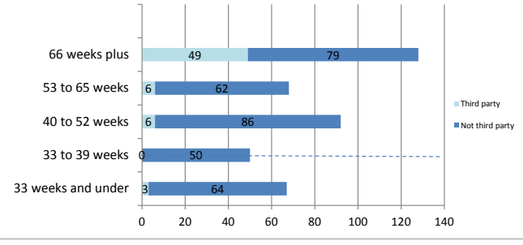
C1 Screening Caseload



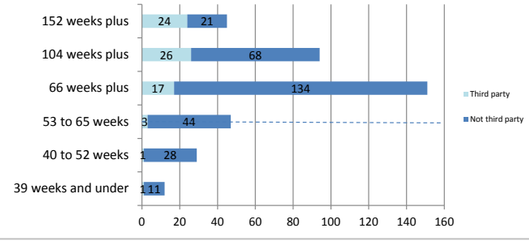
C2 Investigations Caseload



C3 Case Examiner Caseload



C4 Adjudication Caseload



Caseload Movement Summary

Opening caseload 3,554	1,013 cases received *28 cases reopened*	716 cases closed	3,879 Closing caseload

Section 6: People data

People

The Executive are committed to reducing turnover in the organisation and therefore we have reduced our corporate KPIs for measure 1 and measure 2 to 20 percent and 18 percent respectively and we will continue to be ambitious beyond these targets wherever possible in 2019-2020.

Measure 1: Overall employee turnover (12 month rolling) – (graph 6.01)

Target: Reduce to 20 percent

Result: Reducing. Our average turnover for October was 15.8 percent against a year-end target of 20 percent.

Commentary: The number of people leaving the organisation continues to reduce due to ongoing strands of the People Strategy being implemented. Turnover in October reduced to 15.8 percent this is a 2.2 percentage point reduction since August. This is a major decrease when compared to October 2018 with turnover reduced by 7.7 percentage points year on year.

63 colleagues have left since April 2019, an average of 9 employees per month. This is compared to 102 for the same period last year which is an average of 15 employees per month. If our trend continues we forecast a turnover of 14.1 percent by March 2020. The reduction in turnover coincides with the implementation of the reward project.

Exit Interview insights: As a result of continuing engagement with colleagues and managers, the current uptake of exit interviews is 61.0 percent. The reasons cited for leaving fall into the following themes:

- **Role** (22.2 percent/ 10 colleagues) – Colleagues who have been in their respective roles for an average of 4 years and felt they needed a new challenge.
- **Work dissatisfaction** (17.8 percent / 8 colleagues) – Issues around workload and feeling undervalued in their role.
- **Career Progression** (17.8 percent/8 colleagues) – Represents a number of colleagues who have been in their respective roles for over 4 years and had no opportunities for career progression as there were no senior roles available in the NMC.

Note: Only 3 employees have left the NMC citing the FtP office move year to date as the reason for leaving. Since the start of the reward consultation no employee has given pay and benefits as their main reason for leaving.

Measure 2: Employee turnover within 6 months of service (within probation) – (graph 6.02)

Target: Reduce to18 percent

Result: Reducing - below target. Our average turnover for employees leaving within 6 months of joining the NMC in October was 9.2 percent against a year-end target of 20 percent.

Commentary: Turnover within probation in October has reduced by 0.8 percentage points to 9.2 percent. Year on year this is a 16.6 percentage point reduction from 25.8 percent in October 2018. If the current trend continues we forecast 6 month turnover to reduce to less than 5 percent by March 2020.

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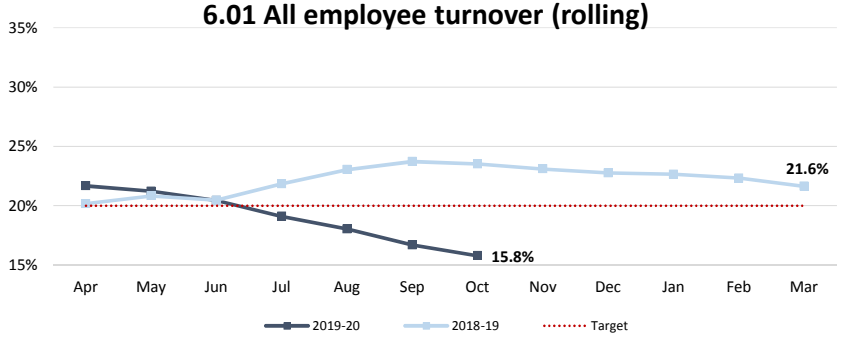
Next steps: Ongoing work includes:

- **The reward stage 1 implemented** – the first stage of the reward project has been implemented in October 2019. We have commenced planning for the second stage.
- **Values and Behaviours** – We have concluded our culture survey regarding our values and behaviours and communicated findings and themes with the Council and Executive board. Next stages will be the workshops at the staff conference with all colleagues and 16 in-house workshops for c.300 colleagues.
- **Exit interviews** – the number of colleagues taking part in exit interviews continues to hold at above 60 percent allowing us to track concerns and act accordingly.
- **Updating of policies** – With the corporate aim of improving our sickness absence we have updated our sickness policy and management guidance. We are continuing to review all of our HR policies to ensure they are legally compliant and reflect the modern employer we want to become

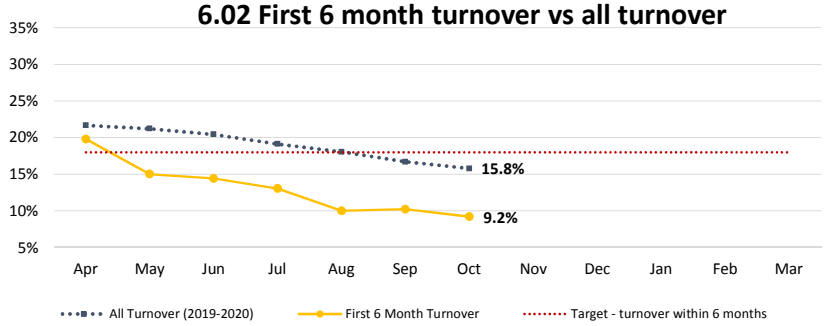
Section 6: People (at October 2019)

Corporate metrics

6.01 All employee turnover (rolling)

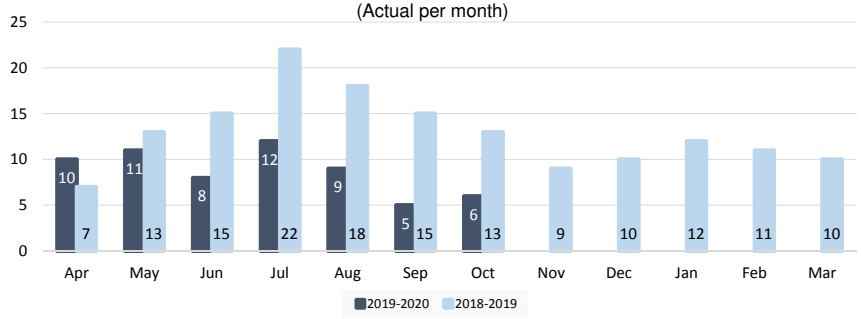


6.02 First 6 month turnover vs all turnover

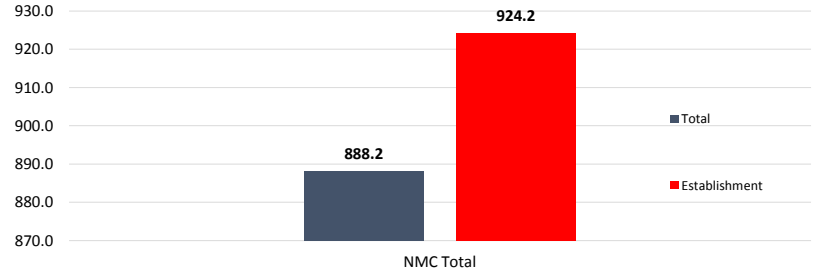


6.03 All leavers

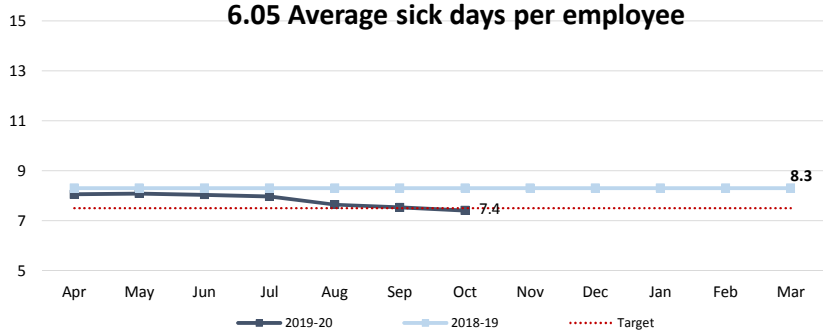
(Actual per month)



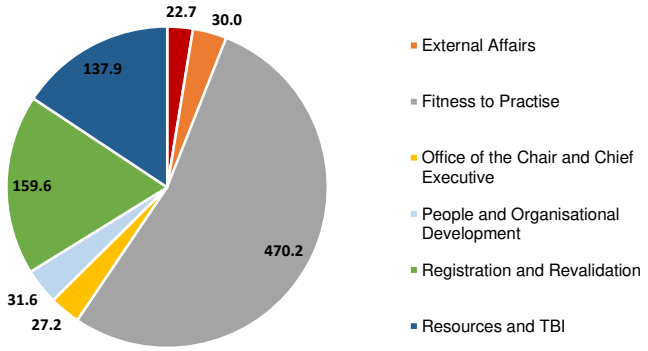
6.04 All FTEs in post (actual vs target)



6.05 Average sick days per employee



6.06 NMC FTE by directorate



6.07 Corporate risk (at 31 October 19)

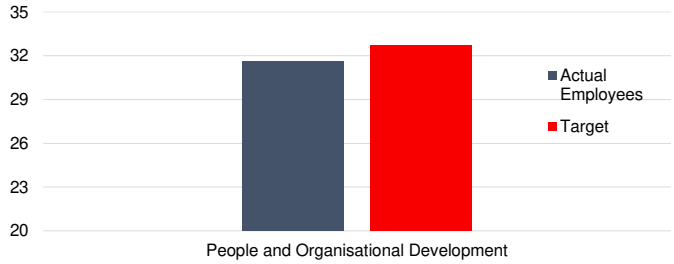
PEO18/01: Risk that we fail to recruit and retain an adequately skilled and engaged workforce (permanent and temporary staff, contractors, and third parties)

Likelihood	Impact	L X I	Trend	Response
4	4	16	Stable	Treat

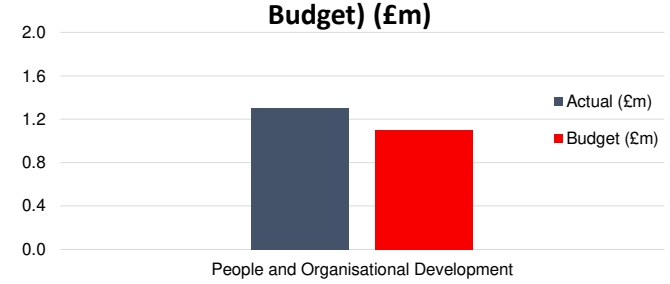
Aug 2019 Organisational Engagement Score = 6.3 (Target = 6.4)

Directorate Metrics

6.08 POD FTEs in post (actual vs target)



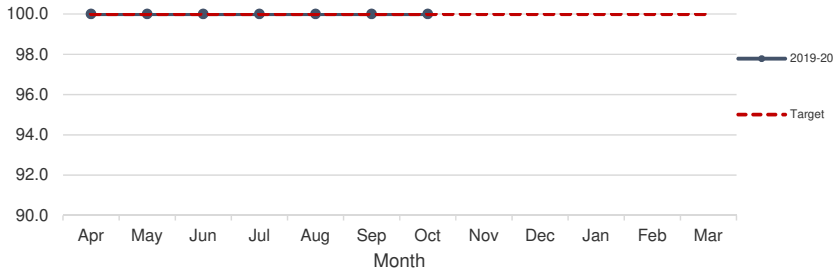
6.09 POD BAU Expenditure (YTD Actual v Budget) (£m)



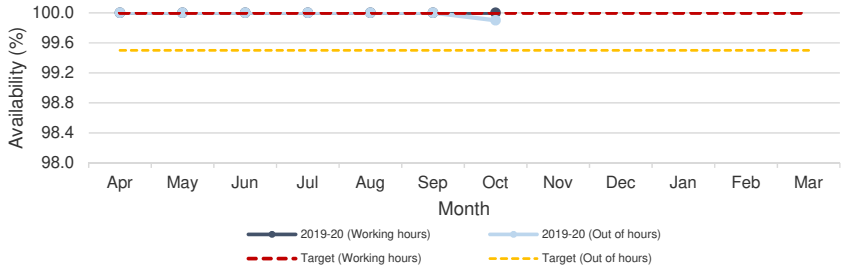
Section 7: Resources & Technology KPIs (at October 2019)

Performance metrics - TBI

7.01 - Network security: Threats blocked (%)



7.02 - NMC website / NMC online downtime (Working hours/ out of hours)

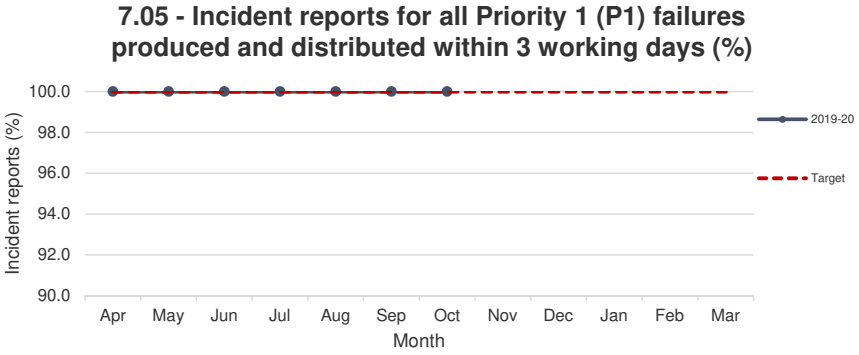


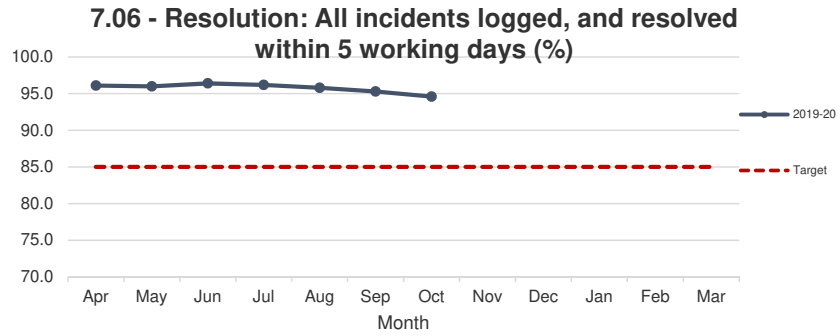
7.03 Corporate risk (at 31 October 19)

COM18/01: Risk that we fail to prevent a significant data loss or we experience an information security breach				
Likelihood	**Impact**	**L X I**	**Trend**	**Response**
3	3	9	Stable	Treat

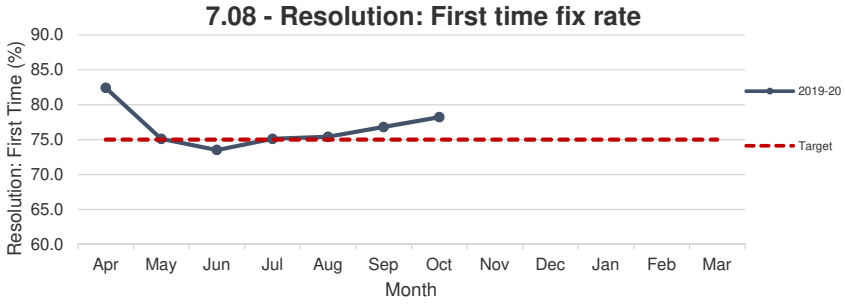
7.04 Corporate risk (at 31 October 19)

INF18/02: Risk that ICT failure impedes our ability to deliver effective and robust services for stakeholders or value for money				
Likelihood	**Impact**	**L X I**	**Trend**	**Response**
4	5	20	Increasing	Treat


7.05 - Incident reports for all Priority 1 (P1) failures produced and distributed within 3 working days (%)
Incident reports (%)
100.0
98.0
96.0
94.0
92.0
90.0
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
Month
2019-20
Target


7.06 - Resolution: All incidents logged, and resolved within 5 working days (%)
100.0
95.0
90.0
85.0
80.0
75.0
70.0
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
Month
2019-20
Target

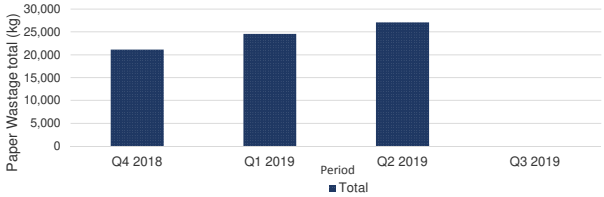
7.07 - Monthly customer satisfaction with technology services
Satisfaction (%)
100.0
95.0
90.0
85.0
80.0
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
Month
2019-20
Target


7.08 - Resolution: First time fix rate
Resolution: First Time (%)
90.0
85.0
80.0
75.0
70.0
65.0
60.0
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
Month
2019-20
Target

Section 7: Resources & Technology KPIs (at October 2019)

Performance metrics - Resources

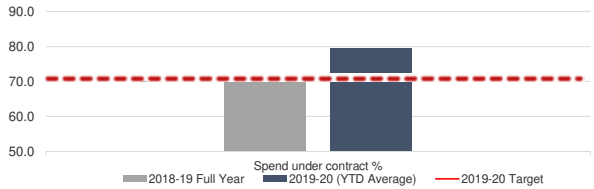
7.09 - Confidential waste across NMC sites



Status Commentary:
Our volume of confidential waste has increased over the past 9 months. With the closure of two buildings (One Kemble Street and 61A Aldwych), we would expect to see an increase in the disposal of confidential waste at these sites and at Stratford, though we expect this figure to decrease moving into the coming quarters. There has also been a drive to remove old records and store the information electronically, which accounts for some of the increase in confidential waste at Portland Place.

The levels of confidential waste disposed of between Q4 2018 and Q2 2019, means that:
- 1,241 trees saved (Q4 = 361; Q1 = 418, Q2 = 462)
- 168m^3 Landfill saved (Q4 = 49m^3; Q1 = 57m^3; Q1 = 63m^3).

7.10 - YTD Oversight of contracts by Procurement team



Status Commentary:
The number of contracts with oversight from our Procurement team continues to increase.
This measure is focused on understanding the level of oversight that the corporate procurement team provides over our spend. This is not a measure of procurement compliance.

Please note: the data for this measure is live and likely to increase upon review. Suppliers typically invoice us after completion of work and spend will not appear until an invoice has been matched and paid after the transaction date.

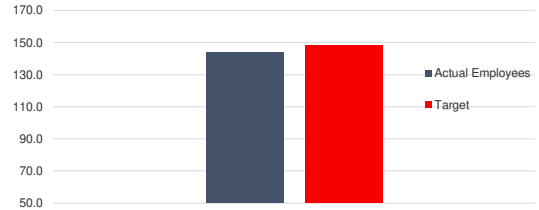
We are not seeking to achieve 100% of spend under contract as there will always be a percentage of low value purchasing that teams have delegated authority to spend without contract.

7.11 Corporate risk (at 31 October 19)

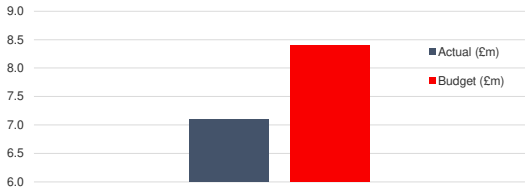
INF18/01: Risk that we fail to recover from adverse infrastructure incidents				
Likelihood	**Impact**	**L X I**	**Trend**	**Response**
3	4	12	Stable	Treat

Directorate Metrics

7.12 Resources FTEs in post (actual vs target)



7.13 Resources BAU Expenditure (YTD Actual v Budget) (£m)



Section 8: External Affairs

KPIs

Background

This is the second time we have reported our KPIs to Council. As we gather data and understand the trends we will keep our KPIs under review to ensure they are fit for purpose.

Registrant mass email communications

Measure 8.01: Mass emails have an average unique open rate of 55 percent.
Measure 8.02: Mass emails have an average click per email open rate of 30 percent.

Results at the end of quarter 2:

- Mass emails had an average open rate of 50.8 percent at the end of quarter 2 (down from quarter 1).
- Mass emails had an average click per email open rate of 13.4 percent at the end of quarter 2 (down from quarter 1).

Commentary: This metric measures the number of recipients who have opened an email at least once (unique open rate) over a three month period. This quarter we have seen a 2.2 percent decrease in the number of emails opened. We have also seen a 13 percent decrease in the click to open rate (CTOR).

This drop in engagement is expected owing to the summer period and the availability of recipients to attend workshops. The majority of emails sent in this quarter were invitations to workshops, which have brought the average down across the board. People are less likely to click through if they are unavailable.

Public sector industry standard for open rates are at around 20 percent and CTORs are approximately 10-20 percent.

Social media

Measure 8.03: Twitter posts have an engagement rate of 1.5 percent.
Measure 8.04: LinkedIn posts have an engagement rate of 4 percent.

Results at the end of quarter 2:

- Twitter engagement is 1.2 percent against a target of 1.5 percent (down from quarter 1).
- LinkedIn engagement is 3.1 percent against a target of 4 percent (down from quarter 1).

Commentary: This quarter we have seen a 0.2 percent decrease in our Twitter engagement rate. This is a small decrease and there are a number of factors that could have impacted this, including the summer period in keeping with the decrease we witnessed in email open rates.

Despite this, we continue to see a steady increase in our Twitter followers with

KPIs

2,433 new accounts (2.9 percent increase) following @nmcnews this quarter.

We have seen a 0.2 percent decrease in LinkedIn engagement. We can draw the same conclusions in the decrease from this as above.

Despite this, 5,355 new accounts followed NMC on LinkedIn this quarter. We have seen a sharp increase in the number of followers since last year (32.7 percent). This is due to adopting a new approach to LinkedIn which has increased our activity on the channel.

Press office

Measure 8.05: Media coverage achieving 65 percent positive sentiment by March 2020.

Result: 61 percent of our media coverage is achieving positive sentiment

Commentary: The share of positive content increased by 10 percentage points compared to quarter 1, rising from 51 percent to 61 percent.

Key highlights that contributed to this included the publicity work we carried out to support the launch of our strategic themes, the publishing of our annual revalidation report and our joint regulatory whistleblowing disclosures report.

Online trade media continues to be the dominant media type.

We achieved 989 mentions in the press during this quarter, of which 195 were evaluated for the purposes of this report.

We are currently in the process of scoping out a new quarterly analysis service that can expand to analysing all mentions.

Internal communications

Measure: Internal communications scores a 7 out of 10 in Peakon monthly pulse survey.

Result: N/A.

Commentary: The Peakon Survey for September and October 2019 was paused due to the “life at the NMC” survey which forms part of our work on values and behaviours taking place. In the month of August 2019 we reached a score of 6.3 out of 10. Peakon surveys will resume at the end of November and will be reported to Council at its next meeting.

Events

Measure: 70 percent of people agree or strongly agree that our events have met their objectives

Result: 84 percent of respondents agree that our events have met their state objective.

Commentary: We are currently exceeding our agreed KPI. This is the first time

we have collated and reported on this KPI and therefore will keep it under review over the coming months.

Stakeholder engagement

Commentary: In order to determine the level of trust our senior partners and stakeholders have in us as an organisation, we will be carrying out an annual perceptions audit. This follows on from the audit we undertook in January 2019. We will conduct the audit following the launch of the 2020/2025 strategy to determine buy-in to the new strategy and trust in the organisation to deliver it. We will also seek to integrate other survey questions into the audit, in order to maximise its usefulness.

Political and parliamentary engagement

Commentary: We are undertaking a UK political and parliamentary stakeholder engagement survey to develop a better understanding of what these stakeholders know and understand about the work of the NMC.

Fieldwork is currently taking place with our stakeholders in the Scottish Parliament and Welsh Assembly. We will receive results from these surveys in February 2020. These results will help us in further developing our political and parliamentary engagement approach and KPIs.

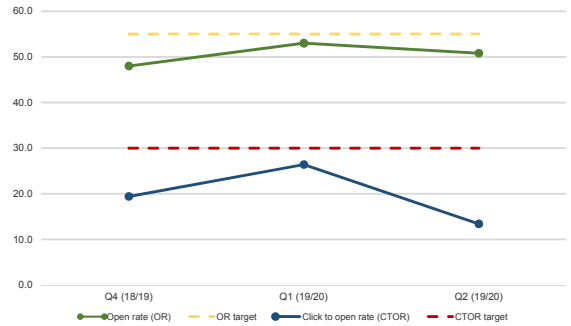
Due to the proroguing of Parliament for the general election on 12 December 2019, our planned fieldwork with parliamentarians in Westminster has been delayed from November 2019 to January 2020 when parliament will be sitting again. We will receive the results from this survey in March 2020.

Section 8: External Affairs KPIs (at October 2019)

Corporate Services Directorates - performance metrics - External Affairs

Registrant Emails

8.01 and 8.02: Mass emails have an average unique open rate of 55 percent and click per email open rate of 30 percent



8.01 & 8.02 - Registrant Emails

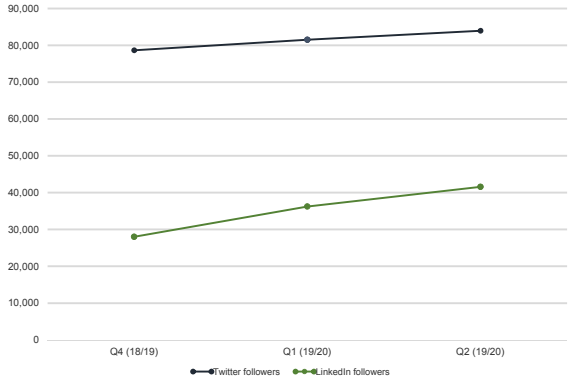
	Quarter 4 (18/19)	Quarter 1 (19/20)	Quarter 2 (19/20)
Registrant emails			
Emails sent	2,153,116	874,939	▲1,628,651
Unique opens	921,468	330,336	▲607,043
Open rate (1)	48.0%	53.0%	▼50.8%
Click to open rate (2)	19.4%	26.4%	▼13.4%

(1) This metric measures the number of recipients who have opened an email at least once (unique open rate) over a three month period. Open rates are not calculated on the raw numbers set out above but are a figure given by the mass email system which takes into account bounce backs and undelivered emails.

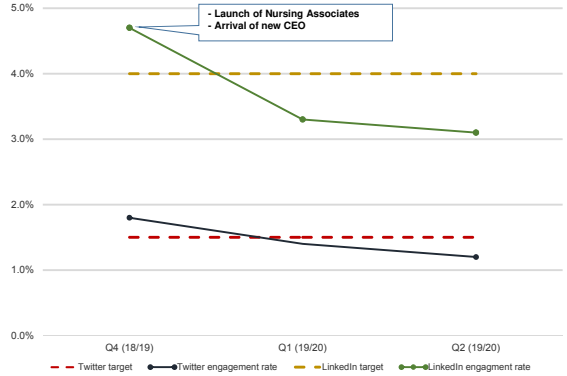
(2) The click-to-open rate (CTOR) is the total number of unique clicks divided by the total number of unique opens, given as a percentage. The public sector standards for good click-to-open rates is 10-20 percent.

Social Media

8.03 and 8.04 - Social media followers



8.03 and 8.04: Twitter posts engagement rate of 1.5 percent and LinkedIn posts engagement rate of 4 percent



8.03 & 8.04 - Social media

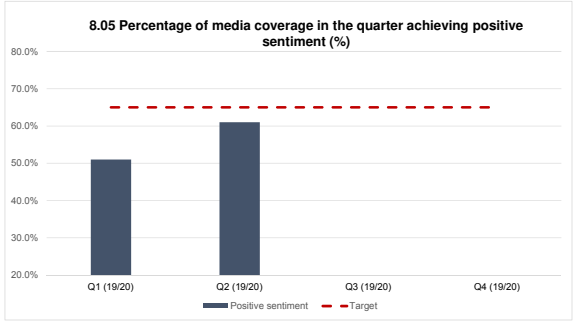
	Quarter 4 (18-19)	Quarter 1 (19-20)	Quarter 2 (19-20)
Twitter			
Twiter followers	78,664	81,531	▲83,964
Number of Twitter posts	320	596	▼448
Impressions (3)	2,224,933	2,609,203	▼2,028,649
Engagements (4)	47,314	46,144	▼34,233
Twitter engagement rate (5)	1.8%	1.4%	▼1.2%
LinkedIn			
LinkedIn Followers	28,023	36,251	▲41,606
Number of social media posts	90	92	▼91
Impressions (3)	330,561	355,143	▼268,418
Engagements (4)	31,630	11,511	▲17,156
LinkedIn engagement rate	4.7%	3.3%	▼3.1%
Referals to our website from all social media channels			
	35,242	29,200	▲39,824

(3) An impression is when someone has seen one of our social media posts.

(4) Engagement is a measurement of whether our audiences reacted to our posts beyond just seeing them. For example, if they clicked on a link, shared a post or commented on it.

(5) An engagement rate is the percentage of engagements expressed as a total of the number of impressions (i.e. the post appeared on someone's social media feed). The engagement rate is not calculated based on raw numbers above. It is a figure calculated by Twitter using a method that excludes various anomalies.

Media coverage



Directorate metrics

8.06 Corporate risk (at 31 October 19)

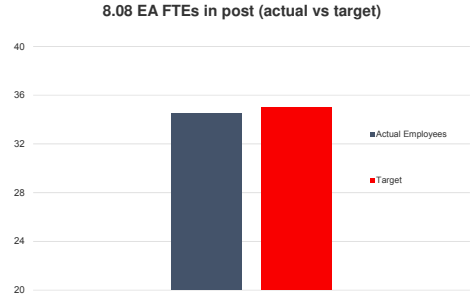
EXT18/01: Risk that we may lack the right capacity and capability to influence and respond to changes in the external environment

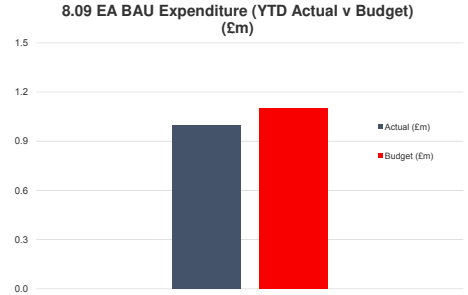
Likelihood	Impact	L X I	Trend	Response
3	3	9	Stable	Treat

8.07 Corporate risk (at 31 October 19)

EXP18/01: Risk that we fail to meet external expectations significantly affecting our ability to maintain stakeholders' trust in our ability to regulate

Likelihood	Impact	L X I	Trend	Response
3	4	12	Stable	Treat





Glossary

Performance Traffic Light Definitions

Red	Significant challenges that put successful delivery at risk
Amber	Challenges to delivery exist but management action is being taken to bring on track
Green	On track

Income and Expenditure Traffic Light Definitions

	Income	Expenditure	Actions
Red	2% or more below budget	☐ 2% or more over budget ☐ 10% or more under budget	• Escalate to Council • Check whether underspend have affected delivery of the corporate plan • Re-prioritise corporate business plan
Amber	1-2% or more below budget	☐ 1-2% over budget ☐ 5-10% under budget	☐ Managed by Executive Board ☐ Check whether underspends have affected delivery of corporate plan ☐ Adjust the budget to manage variances
Green	Under 1% below budget	☐ Less than 5% under budget	☐ No action

Corporate Risk Traffic Light Definitions

Red	High likelihood with high impact
Amber	Medium to low likelihood but high impact High likelihood but moderate to minor impact
Green	Low likelihood but moderate to minor impact High likelihood but minor to insignificant impact

Programme Traffic Light Definitions

Red	Progress between 1% - 49% against milestones or benefits
Amber	Progress between 50% - 79% against milestones or benefits
Green	Progress between 80% - 100% against milestones or benefits

NMC corporate risk report

Corporate Risk Register at 31 October 2019

Current risk position

1 We continue to review and refine our controls and mitigations on a regular basis; changes between August and October 2019 are reflected in red text.

2 The Executive most recently reviewed the risk register in November 2019. Our overall risk exposure remains unchanged with two of our nine corporate risks continuing to be rated as red (Risk INF18/02 [Stability of ICT] and PEO18/01 [NMC workforce]).

3 Items of note are:

3.1 **Stability of IT infrastructure (INF18/02):** This risk remains unchanged since we last reported to the Council in September 2019. Our key areas of risk exposure are aging corporate systems, an analogue workplace and ensuring that we continue to support business as usual requirements such as GDPR, cyber security and business continuity.

3.2 Our major planned mitigation is the delivery of the Modernisation of Technology (MOTs) programme – which has reported some slippage for key milestones including replacement of Wiser which is now due by the end of the year to the Council – and delivery of our Case Management System (CMS) which is now expected during 2020-2021. To mitigate further risks we have paused the replacement of CMS to focus on Wiser, and will transition the register on to the new platform over the coming months.

3.3 The Council will consider key implications regarding the slippages during November 2019, including the interdependencies with risk.

3.4 Despite this, we have made some progress in delivering ICT stability including establishing our register for nursing associates using our new platform Microsoft Dynamics 365, and go live of our new Overseas application systems in October 2019 which removes dependence on legacy systems. We have also improved our Wi-Fi capability, introduced a fleet of laptops to maximise agile working, improved audio visual capabilities at our new site, and are satisfied that we are GDPR compliant.

3.5 Audit Committee reviewed a full IT infrastructure stability report in October 2019 and consider the risk tolerable (noting continued exposure in some areas) in the short to medium term.

3.6 Delivery of MOTs is a key mitigation for a number of other corporate risks and we will manage the interdependencies carefully. At this point we don't feel that risk exposure has increased any further.

3.7 **NMC workforce (PEO18/01):** Our workforce risk continues to be an area of focus. Although turnover continues to reduce, a number of capacity pressure points remain which the Executive are closely monitoring.

3.8 This includes remaining cautious in regards to the full impact of our office move for FTP employees which could still affect turnover in the short to medium term once the change beds in (for example once subsided travel costs are removed).

3.9 A number of key delivery milestones which were anticipated to affect employee turnover or capacity have now been delivered (for example, engagement on our strategy consultation which has now closed and launch of our overseas applications process). However, we retain a cautious risk assessment to ensure that the organisation remains focused on managing people issues such as capacity and staff engagement.

3.10 We have also overhauled the in place mitigations for risk PEO18/01 to more accurately reflect key improvements which are now in place.

4 Summary of comprehensive risk reviews

4.1 The Council requested a progress update regarding any outstanding actions resulting from comprehensive risk reviews considered by Audit Committee and the Council.

4.2 Since February 2018, there have been five comprehensive risk reviews. These were Education Standards and Policy directorate (Feb 18), Resources and TBI directorate (April 2018), External Affairs (May 19), our office move to Stratford (June 19), and People and Organisational Development (Oct 19).

4.3 There are no substantive recommendations which are outstanding. The majority of points noted during the discussion have been delivered or superseded. Below is a summary of the key points and a summary of progress.

4.4 **Education, Standards and Policy (ESP) directorate (Feb 2018)**

- Audit Committee considered risks, mitigations and sources of assurance in relation to the work of the ESP directorate, particularly in light of the changing context resulting from the education programme and in light of registering nursing associates.
- The committee were satisfied that the directorate continued to monitor and take action on risks affecting their work.

4.5 **Resources and TBI directorate (April 2018)**

- Audit Committee considered risks, mitigations and sources of assurance in relation to the work of the Resources and Technology and Business Intelligence (TBI) directorate, specifically in light of the two directorates being brought together under single leadership in January 2018.
- Robust risk management processes were in place for specific disciplines including technology data and cyber risk, programme management and resources teams. The committee noted that further work was required to provide directorate oversight. A single risk register was put in place.

- Subsequent work was superseded when the directorate was split under two interim leaders in September 2018.
- Integration work has begun again now that the directorates have been brought together under a single permanent leader.

4.6 **External Affairs directorate (May 2019)**

- Audit Committee considered the directorate's strategic approach to corporate internal and external engagement and communication and the specific contributing factors to corporate risks EXT18/01 (responding the external environment) and EXP18/01 (meeting external expectations). Key mitigations progressed were proactive strategic communications which have been underpinned by capability plans and audience and stakeholder research.
- The committee noted that directorate risk management processes were not formalised. The key recommendation was to implement robust risk management processes by quarter 1 2019-2020 which is now complete.

4.7 **Office move planning and related people issues (June 19)**

- The Council considered the impact the relocation to Stratford on FTP employees, including the office move, technology, turnover and capacity.
- Mitigations progressed were the issuing of laptops to facilitate agile working, an employee engagement survey specifically focused on the move, frequent employee communications and FAQs, office tours and ongoing support and collaboration with the employee forum. We continue to subsidise additional travel costs incurred by employees for 12 months until September 2020.
- There are no specific outstanding recommendations. We continue to monitor employee turnover.

4.8 **People and Organisational Development (POD) (October 2019)**

- Audit Committee discussed the major contributing factors and mitigations linked to corporate risk PEO18/01 (workforce) and specific risks that the POD directorate are managing.
- There were no specific actions or recommendations. The Audit Committee noted the major initiatives taken forward to reduce turnover and that the POD directorate continues to build maturity for their corporate processes.

Guidance for understanding NMC's corporate risk register

Term	Description
Risk Reference Number	NMCs unique identifier assigned to the risk. The reference tells you the type of risk, the year the risk was raised, and assigned number. E.g. REG18/01
Risk Description	Describes: • what the risk is • the potential impact it could have on NMC • our risk appetite
Contributing factors / causations	Provides details about what could cause the risk to happen. Essentially, these are risk factors within the main risk where some or all may need to occur for the risk to happen.
Inherent risk rating (before controls)	Provides a risk rating for likelihood and impact before any risk reducing controls have been applied. Understanding inherent risk levels demonstrates the level of risk if our controls fail. Likelihood and impact are scored using a scale of 1 to 5, with 5 being the most severe (detailed description below)
Mitigations and controls (in place)	Mitigations and controls we have put in place to reduce the inherent risk level. These includes actions to reduce the likelihood of risk occurring, actions which reduce the impact of the risk to make it more tolerable, or contingency measures to minimise the impact if a risk does occur.
Current rating (with controls)	1. Provides the current level of risk once mitigations and controls which are in place are taken into account. Again, likelihood and impact are scored using a scale of 1 to 5. 2. Highlights our intended risk response: • Treat – take action to reduce the likelihood of occurrence or to reduce the impact • Tolerate – accept the risk at its current level but continue that controls and mitigations are appropriate • Transfer – either share or transfer the risk (e.g. via insurance) • Terminate – stop the activities causing the risk 3. Risk trend details whether the risk has increased, decreased or remained stable since the risk was last reported to the Council. Comments are provided when the trend changed.
Planning mitigations and controls	Mitigations and actions that we will put in place to reduce the level of risk further.

Term	Description
Target rating (after planned actions)	1. The expected reduction in the risk levels once planned actions and controls have been delivered. Scored for likelihood and impact. 2. Expected date the target rating should be achieved. 3. Any supporting commentary.
Executive Lead	The assigned internal lead from the Executive who provides oversight for the risk, ensuring that risk treatments (mitigations, controls, contingency plans) are still appropriate and being progressed.

Risk scores	
5	• **Likelihood: Almost certain** (likelihood of 81-100%) • **Critical impact** on the achievement of business, project and public protection objectives, and overall performance. Huge impact on public protection, costs and/or trust in the organisation. Very difficult to recover from and long term consequences.
4	• **Likelihood**: **Likely** (likelihood of 51-80%) • **Major impact** on costs and achievement of objectives. Affects a significant part of the business or project. Serious impact on output, quality, reputation and/or trust in the organisation. Difficult and expensive to recover from and medium to long term consequences.
3	• **Likelihood: Possible** (likelihood of 21-50%) • **Moderate impact** which results in 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 trust in the organisation. Not easy to recover from and medium term consequences.
2	• **Likelihood: Unlikely** (likelihood of 6-20%) • **Minor** loss, delay, inconvenience or interruption. Objectives not compromised. Low impact on public protection and/or trust in the organisation. Easy to recover from and mostly short term consequences.
1	• **Likelihood: Remote** (likelihood of 0-5%) • **Insignificant impact** of minimal loss, delay, inconvenience or interruption. Very low or no impact on public protection, costs and/or trust in the organisation. Very easy to recover from and no lasting consequences.

**Likelihood is scored for the period covering April 2019 – March 2020*

Corporate risk register for 2019-20 (up to 4 October 2019)

Reference	Risk	Current Rating
REG18/01	Risk that we fail to maintain an accurate register of people who meet our standards	AMBER
REG18/02	Risk that we fail to take appropriate action to address a regulatory concern	AMBER
REG19/03	Failure to ensure that educational standards are fit for purpose, and processes to ensure compliance with standards are being met	GREEN
PEO18/01	Risk that we fail to recruit and retain an adequately skilled and engaged workforce	RED
INF18/01	Risk that we fail to recover from adverse infrastructure incidents	AMBER
COM18/0	Risk that we fail to prevent a significant data loss or we experience an information security breach	AMBER
COM18/0	Risk that we fail to comply with legal or compliance requirements	AMBER
EXT18/01	Risk that we may lack the right capacity and capability to influence and respond to changes in the external environment	AMBER
EXP18/01	Risk that we fail to meet external expectations affecting stakeholders' trust in our ability to regulate	AMBER
INF18/02	Risk that ICT failure impedes our ability to deliver effective and robust services for stakeholders or value for money	RED
STR19/01	Risk that we fail to develop a strategy for 2020-25 which is achievable and underpinned by appropriate implementation plans	AMBER

Risk Ref. Number	Risk Description	Contributing Factors / Causation	Inherent Risk (without controls) L	I	L X I	Mitigations and Controls (In place)	Current Rating (with controls) L	I	L X I	Planned Mitigations and Controls	Target Rating (after planned actions are delivered) L	I	L X I	Executive Lead (responsible for assuring risk treatment)
REG18/01	Risk that we fail to maintain an accurate register of people who meet our standards i) Potential Impact: - Public are not protected - Loss of confidence in NMC - Undermines public trust ii) Appetite: **Averse:** but always some residual risk	a. We register people that don't meet our standards due to processing errors, fraudulent applications, or Approved Education Institutions (AEIs) providing the wrong details or qualifications. b. AEIs do not continue to deliver programmes of education and training that meet our standards. Increased risk as the new Quality Assurance (QA) model is implemented and we enter a transition period where we reassess 80+ AEIs and 900+ programmes between now and September 2020. c. Selection and admissions of students onto NMC approved programmes by AEIs may not meet our standards for education and training. d. We fail to reflect a Fitness to Practise (FtP) outcome on the register due to errors or processing gaps. e. Overseas process does not assess risk or map to our current standards. f. A failure of core registration systems	5	5	25	a, e. Identity and quality checks for UK, EU and Overseas initial registrations, and renewals and readmissions to limit fraudulent entry and human errors. a. Revalidation ensures the details of registrants are kept up to date and that their fitness to practise is confirmed. Including automation of revalidation readmissions process. a, e. Self serve and Wiser improvements provide automation of core processes to reduce errors. The latest improvements are the automation of the readmission process and phase 1 of case management functionality for our Appeals team (RAST), both in place from July 2019. e. Overseas review - 2019. Implementation of updated process went live in MS Dynamics on 7 October 2019 a, b. Staff training and induction in required standards and core processes. a, b, e. Risk based quality assurance approach of AEIs. The new QA Framework for Education of Nurses, Midwives and Nursing Associates includes a requirement for annual self reporting, including an annual declaration from AEIs that they continue to comply with our standards. This is supported by thematic reporting and analysis, additional requirements for programmes under enhanced scrutiny, and data driven monitoring with action taken when concerns emerge. d. Daily reconciliation processes to reconcile FtP outcomes and International Market Information (IMI) alerts which are added to register. a, d. Serious Event Reviews, complaints and assurance controls. f. Business continuity processes in place to manage system down time. See risk INF18/01 (business continuity and disaster recovery) a, b, c. Registration workshops are underway with some AEIs to offer support on qualification uploads for registration and to strengthen relationships.	3	5	15 **Risk Response:** Tolerate **Trend:** Stable	a, b, d, f. Ongoing data, systems and registration process improvement work to resolve gaps and improve robustness. This include developing analytical tools which will provide trend insights that enable us to spot risk areas. (Ongoing) a, b c. In rolling out our new education standards and QA framework, we will: - actively monitor programmes in line with our new QA framework. - approve programmes against our new standards before September 2020 (2021 for return to practice and midwifery) a, d and f. Modernising our Technology (MOTS) programme will deliver core systems replacement for Wiser and CMS and improved case management. Implementation started from November 2018. (see risk INF18/02). - Enhancements to the revalidation process ~~(November 2019)~~ (January 2020) - Continuing to develop case management functionality for our Appeals team (RAST): ~~Phase 2 - expected October 2019 - to streamline the management of complex registration applications and appeals.~~ - Regular iterations of existing product continue to deliver enhancements to performance. A second major release expected August 2020. e. Overseas review during 2019. ~~- Implementation of updated process and online system (October 2019)~~ - Introduction of test of competence against Future Nurse standards (Summer 2020)	2	5	10 **Date change expected:** Aug 2020 **Comments:** Maintain controls and monitor outcomes for any changes. Implementation of new systems via MOTS will reduce the potential for processing errors, and data governance controls will be put in place as part of the work. We anticipate the risk will reduce by ~~March~~ Aug 2020 once these systems have bedded in.	Director, Registrations and Revalidation

Risk Ref. Number	Risk Description	Contributing Factors / Causation	Inherent Risk (without controls) L	I	L X I	Mitigations and Controls (In place)	Current Rating (with controls) L	I	L X I	Planned Mitigations and Controls	Target Rating (after planned actions are delivered) L	I	L X I	Executive Lead (responsible for assuring risk treatment)
REG18/02	Risk that we fail to take appropriate action to address a regulatory concern i) Potential Impact: - Public are not protected - Loss of confidence in NMC - Undermines public trust ii) Appetite: **Averse:** but always some residual risk	a. We fail to action referrals in a timely or appropriate way. b. We fail to process FtP cases effectively or make the wrong decision about a case outcome. c. Intelligence and insights are not escalated, used effectively, or shared with key stakeholders. d. FtP, Registrations and Education functions work in silos or fail to communicate effectively resulting in process gaps and inaccurate data sharing. e. We do not engage effectivity with members of public.	5	5	25	a, b. Lessons Learned Programme implemented during 2018-2019 which addressed PSA recommendations including establishing a new corporate enquiries and complaints team in April 2019. An assurance process is in place to monitor the improvements (mitigation added April 2019) a, d. Existing FtP, Registrations and Education policies and processes. a. Monthly monitoring of FtP timeliness pathway. Council/public visibility via KPIs presented at open Council meetings. a, b. Extended powers for case examiner disposals (from 31 July 2017) to manage FtP cases more quickly and effectively. a, b, c. Targeted recruitment for high turnover roles and staff induction, training and L&D. c. Collaboration and data sharing with external stakeholders and partners. d. Routine information sharing regarding processes and risks between FtP, Registrations and Education and Standards. a. c. Employer Link Service supports early engagement with employers and relevant stakeholders to improve knowledge of FtP processes. Increased capacity within the Regulatory Intelligence Unit in place from May 2019. c, d. RIU data lake established with first outputs to inform intelligence around fraudulent entry cases. e. Public Support Service provides tailored support to patients, families and parents (from October 2019)	2	5	10	a. Embedding outcomes from Lessons Learned programme. Outstanding actions include further work on employee values and behaviours (new framework expected by March 2020) a. Improvements to our public support service will continue during 2019-2020. a - e. The new model for FtP is being implemented during 2019-2020. The final changes will be delivered in 2020-2021. c - d. Regulatory Intelligence Unit will continue to develop our capabilities in trend analysis and risk assessment, and we will enhance processes sharing information with internal and external stakeholders. (3 year expansion programme from March 2019). - Embedding new software and developing intelligence tools. (March 2020) d. Continue to deliver process improvements between FtP and Registrations and Revalidation to ensure more consistency in regulatory actions and approach. FtP and Education and Standards working together to develop new data driven approach to QA.	2	5	10	Director, Fitness to Practise
							Risk Response: Tolerate **Trend:** Stable				**Date change expected:** N/A **Comments:** Maintain controls and monitor outcomes for any changes. Planned mitigations are focused on exploiting opportunities rather than to reduce likelihood further. Impact is unlikely to decrease as a failure could impact public safely.			
REG19/03	Failure to ensure that educational standards are fit for purpose, and processes to ensure compliance with standards are ~~being met~~ effective i) Potential impact: - Public are not protected - Loss of confidence in educational standards - Undermines public trust - Loss of confidence in our processes for quality assurance of education ii) Risk appetite: **Averse:** but always some residual risk	a. Our Code and standards fail to keep pace with changes in healthcare delivery and practice within and across the four devolved UK countries. b. We do not process programme approvals within the expected timescales which potentially impacts the number of new nurses, midwives and nursing associates joining the register. d. We do not meet the Standards of Good Regulation (SoGR) for standards and education. e. AEIs and their practice learning partners do not continue to deliver programmes of education and training for nurses, midwives and nursing associates that meet our standards.	4	4	16	a ~~Ongoing development and D~~elivery of new standards for nurses, midwives and nursing associates. a Four country communications and engagement plan established and embedded in our approach to standards development and delivery b. A new model of Quality Assurance has been implemented. This includes a defined timescale for approvals. d. Our programme of delivery of new standards and our new model of Quality Assurance meets the SoGR. e. The new QA Framework for Education of nurses, midwives and nursing associates includes requirements for monitoring of all programmes. There are additional requirements for programmes under enhanced scrutiny and a new approach to data driven monitoring, with action taken when concerns are identified.	2	4	8	a. Education programme which will deliver new standards for midwives (Jan 2020) a Implementing a rolling programme of ~~evaluation, review and update for all existing standards (from April 2020)~~ independent evaluation, continuous improvement, a review of our internal methodology and a pipeline of updates for all existing standards (from April 2020) b. We continue to monitor programme approval timelines at the monthly QA Board, and have met all of our internal KPIs. d. We continue to review the PSA standards to ensure compliance. e In rolling out our new education standards and QA framework, we will: - actively monitor programmes in line with our new QA framework. - approve programmes against our new standards before September 2020 (2021 for return to practice and midwifery)	2	2	4	Director, Education and Standards
							Comments: Risk added on to register in May 2019 and accepted by Council in July 2019							

Risk Ref. Number	Risk Description	Contributing Factors / Causation	Inherent Risk (without controls) L	I	L X I	Mitigations and Controls (In place)	Current Rating (with controls) L	I	L X I	Planned Mitigations and Controls	Target Rating (after planned actions are delivered) L	I	L X I	Executive Lead (responsible for assuring risk treatment)
PEO18/01	Risk that we fail to recruit and retain an adequately skilled and engaged workforce (permanent and temporary staff, contractors, and third parties). i) Potential Impact: - Reduced capacity - Inadequate skills - Low staff engagement / resilience - Increased costs - Delays or failure to deliver commitments ii) Appetite: **Open:** willing to consider all potential delivery options	a. Weak recruitment and high vacancies. b. Poor retention and high turnover. c. Low resilience and poor engagement including over reliance on key individuals / teams and high staff sickness. d. Failure to embed a high performance and development culture. e. Gaps in BAU capacity resulting from staff being redeployed to deliver programmes and projects. f. Our workforce does not keep pace with the capacity and / or capability needed to deliver our corporate plan. ~~g. High turnover of Executive Team leads to destabilised leadership and lost skills and knowledge and diverts attention from the plan (two interim directors and a new CEO and Registrar).~~ ~~h. Short term capacity risks posed by accommodation moves from OKS and 61 Aldwych.~~ g. Turnover increase due to accommodation move	5	4	20	a-d. HR Modernisation programme consisting of a review of policies, an internal audit of recruitment and a Reward Review programme. a-b. Implementation of agreed options for strengthening staff pay and reward from October 2019. b-d, f. Roll out of Management and Leadership Programme based on identified skills gaps. a, Introducing Managed Service Providers (MSP) and Applicant Tracker System (ATS) to drive up compliance. d, f. Targeted engagement initiatives such as Employee Forum Reps co-producing training plans. d, f. Launch of an updated internal communication tool (Workplace) which allows more flexibility to share content and collaborate. d. Regular Peakon Pulse (engagement) surveys to increase two-way communication with employees. b-g. Business Partnering model to improve performance management practices, management confidence and increased support at significant times of organisational change a-d. Increased analysis of survey and exit data to target areas of dissatisfaction. a-b. Horizon Scanning of possible employment law changes, especially in light of leaving the EU g. Additional travel costs incurred as a result of the office move to One Westfield Avenue will be paid for 12 months (until September 2020)	4	4	16	**Risk Response:** Treat **Trend:** Stable	a and b. Continuous improvement of NMC employer brand to attract and retain staff. Initiatives for 2019-2020 have been approved and will be delivered throughout the year. (March 2020) a-d. Co-produce and embed new Values and Behaviours to meet colleagues expectations and the aim of the Corporate Strategy 2020 - 2025. (March 2019) a-d Launch values-based recruitment and appraisal system. a-d., Launch of 'Life at the NMC' survey to understand the current state and inform the future culture of the organisation. Outcomes from the survey and actions plans due by March 2019. a-c, e. Staff capacity improvement plan to relieve current capacity/capability pressure points (Ongoing) a-d. Reward review grading: next steps are rewarding contributions and Pensions and Benefits review. a-c. Programme of career pathways initiated. (March 2020) ~~a, b. Pay envelope analysis to develop options for strengthening staff pay and reward. (Principles agreed by the Council in March 2019, modelling of new pay structures from May 2019)~~ ~~- Consultation for part 1 of pay and reward implementation (July 2019)~~ ~~- Recommendations to Remuneration Committee (September 2019) and Council (October 2019)~~ a, b, g. Succession planning for critical leadership roles. a-d. EDI Action Plan to introduce Workforce Race Equality (WRES) standard. a-d. Wellbeing plans to meet the standards of an external benchmark	2	3	6	**Date change expected:** 2020-2021 **Comments:** This will be facilitated by our 3 year People Strategy which will tackle the causations from multiple angles. Our pay and reward work is a critical aspect of this and will take 3 years to deliver tangible benefits from April 2019.	Director, People and Organisational Design
INF18/01	Risk that we fail to recover from adverse infrastructure incidents i) Potential Impact: - Disrupted service delivery - Short term heightened risk of significant harm to the public ii) Appetite: **Cautious:** preference for safe delivery options that have a low degree of residual risk	a. Shifts in terrorist threat levels particularly in central London where the majority of staff are based. b. Failure of Business Continuity Plans and ICT contingency plan. ~~i) Significant interruption to premises due to inadequate recovery arrangements~~ ~~ii) Significant interruption to IT services due to inadequate IT service recovery arrangements.~~ ~~c. Accommodation moves from OKS and 61 Aldwych.~~ c. 23 Portland Place maintenance programme.	4	5	20	a and b. Business Impact Analysis (BIA) to understand the operational resource needed in the event of infrastructure incidents. Business Continuity Plans, lockdown procedures, and ICT infrastructure disaster recovery arrangements in case of incident. b. Training and desktop exercises with lead directorate representatives. Director and senior management strategic training and desktop exercise undertaken in March 2019. ~~c. Accommodation programme and roadmap including risk monitoring and risk treatment.~~ *(Programme now closed)* c. 23 Portland Place maintenance programme has been scoped within the 2019+ business plan.	3	4	12	**Risk Response:** Treat **Trend:** Stable	a, b. Review of business continuity plans including annual tests. A programme of Business Continuity training and exercises. - Emergency Response Team and Incident Management Team to undertake Business Continuity Training and exercises (March 2020). b. IT infrastructure disaster recovery test every 6 months (most recently completed in May 2019). Business continuity plans updated following test. (see risk INF18/02) (November 2019). c. Options for our longer accommodation strategy to be considered by the Council in November 2019.	2	4	8	**Date change expected:** Sept 2020 Likelihood and impact reduces after delivery of ICT infrastructure improvements and the accommodation programme over the next 18 - 24 months.	Director, Resources and TBI

Risk Ref. Number	Risk Description	Contributing Factors / Causation	Inherent Risk (without controls) L	I	L X I	Mitigations and Controls (In place)	Current Rating (with controls) L	I	L X I	Planned Mitigations and Controls	Target Rating (after planned actions are delivered) L	I	L X I	Executive Lead (responsible for assuring risk treatment)
COM18/01	Risk that we fail to prevent a significant data loss or we experience a major information security breach i) Potential Impact: - Disrupted service delivery - Loss of stakeholder data - Compliance breach - ICO fines - Negative perceptions - Bank sanctions - Traumatic personal impact on individuals whose data is lost ii) Appetite: **Cautious:** preference for safe delivery options that have a low degree of residual risk	a. Potential cyber vulnerabilities in our IT applications and servers and lack of staff awareness. b. Failure to put in place adequate safe guards for data protection. Lack of staff awareness and literacy of data protection obligations. c. Data protection breaches lead to unauthorised disclosure of personal data, inaccuracy of personal data, failure to comply with the data protection principles. d. Information and records management does not comply with relevant legal requirements or business requirements. e. Non-compliance with the Payment Card Industry Standards.	5	5	25	a. Technical controls e.g. software security patches (where possible), IT security measures, encrypted email. a. Priority actions to improve cyber and other vulnerabilities have been implemented ~~at the end Q1 of 2019-2020~~ or are in progress. a. Insurance cover for cyber security threats. Mandatory Information security training for all employees. Work continues to address vulnerabilities in our IT systems. b. Second phase of GDPR project completed in April 2019. b and c. Oversight provided by Information Governance and Security Board which includes the Business Continuity Working Group. b and c. Information security risk register, treatment plan and monitoring in accordance with ISO standard.	3	3	9	**Risk Response:** Treat **Trend:** Stable	a. MOTS programme will deliver core systems replacement for Wiser ~~and CMS~~ during 2019-20 (see risk INF18/02). b and c. Continue to maintain and strengthen controls around information governance (a-d) by: i) implementing the treatment plan. ii) maintaining staff awareness - comms. iii) ongoing BAU work on technical side. (Ongoing)	2	3	6	**Date change expected:** Sept 2020 Likelihood reduces after delivery of ICT infrastructure improvements	Director, Resources and TBI
COM18/02	Risk that we fail to comply with legal or compliance requirements i) Potential Impact: - Financial loss and wasted resources - Loss of trust/ confidence ii) Appetite: **Cautious:** preference for safe delivery options that have a low degree of residual risk	a. Failure to meet statutory, legal and mandatory responsibilities (e.g. Equality legislation, regulatory processes, data protection, health and safety, Freedom of Information, procurement, employment law etc). b. Risk of significant internal and external legal and other staff costs and damages to pay. c. Risk of significant regulatory fines and bank sanctions.	4	4	16	a. The recommendations from the Sep 2018 Procurement internal audit have been followed to drive process improvements, including implementation of comprehensive Procurement Policy, tendering of contracts through routes-to-market, addressing historic areas of uncontracted spend, implementation of e-sourcing portal, implementation of 'supplier assurance' portal and central contract management database. a. Centralised corporate legal services team to advise on achieving legal compliance and support the business if breaches occur. a. Legal knowledge management system in place to identify changes in law and assess impact. a. Equality, Diversity and Inclusion framework with oversight from the Equality and Diversity Leadership Group. a-b. Overseas legal review completed leading to a new process being developed. b. Legal services review phase 2 completed, this reviewed areas of increased legal risk. a-b. Legal support for all corporate programmes to improve legal awareness and compliance. a-b. Creation of Complaints and Customer Enquiries department who handle all data protection and Freedom of Information requests, ensuring learning is collated, shared and drives continuous improvement. b. Insurance.	3	3	9	**Risk Response:** Treat **Trend:** Stable	a. Improvements to resolve weaknesses in contracting and procurement processes including increased oversight from corporate legal services. (ongoing) a-b. Improvements and embedding new processes to how we handle information requests. (March 2020) b. Implementation of recommendations from the second phase of the legal services review. (March 2020)	2	3	6	**Date change expected:** N/a **Comments:** Maintain controls and monitor outcomes for any changes.	General Counsel

Risk Ref. Number	Risk Description	Contributing Factors / Causation	Inherent Risk (without controls) L	I	L X I	Mitigations and Controls (In place)	Current Rating (with controls) L	I	L X I	Planned Mitigations and Controls	Target Rating (after planned actions are delivered) L	I	L X I	Executive Lead (responsible for assuring risk treatment)
EXT18/01	Risk that we may lack the right capacity and capability to influence and respond to changes in the external environment i) Potential Impact: - Inability to influence - particularly in the devolved countries - Undermine public trust - Missed opportunities - Wasted resources ii) Appetite: **Open:** willing to consider all potential delivery options	a. Complex stakeholder relationships affects our ability to collaborate or influence. b. We fail to be part of key discussions eroding our ability to influence (e.g. NHS workforce planning). c. Significant changes are not anticipated and our response is reactive or unplanned. (e.g. Brexit; change of government and/or ineffectiveness of government as a consequence of Brexit). d. External pressure to adopt further commitments. e. We fail to invest appropriately in our External Affairs Directorate resulting in a lack of corporate support for engagement and communications across NMC. f. Disjointed organisational communications result in a failure to speak with one voice leading to confusion or negative stakeholder perceptions of NMC. g. Strategy development for 2020-2025 fails to gain support from key stakeholders.	4	4	16	a, b, e.g. Investment in External Affairs directorate provides targeted support across the organisation to improve how we manage our external stakeholders and unify our communications (from May 2018 with extra investment agreed from 2019-20). a.b,f,g. Insights generated by stakeholder perception research (IFF) and research into the trust in professional regulation (Stonehaven) has been used to clarify our purpose and will be used to underpin targeted strategic communications and engagement across NMC. b,f. Long Term Plan internal working group aims to coordinate our activity and messaging and ensure we are part of key discussions taking place in NHSE/I and DHSC. c. Brexit lead and working group established - stakeholders communicated with on options for deal/no deal scenario. General election working group established. Regulatory reform lead and working group also established. c. Contingency fund built into the annual corporate budget to manage unexpected events. e.f. Organisational narrative which provides standardised communication messages to present one voice (updated June 2019). e,f. Briefings to be produced with corporate messages from across the business linked to narrative to enable Directors and outward-facing staff to communicate messages across the business (ongoing). g. Strategy development process for 2020-2025 launched in April 2019, with appointment of a fixed term Director of Strategy for 12 months to lead the process. g. Consultation and engagement activities on strategic themes as part of Strategy 2020-2025 development	3	3	9 **Risk Response:** Treat **Trend:** Stable	a, b, e, f, g. Insights generated by stakeholder perception research (IFF) and research into the trust in professional regulation (Stonehaven) will be used to develop targeted strategic communications and engagement programme and support development of the 2020-2025 strategy (ongoing). f. Delivery of strategic communication and engagement programme and implementation of capability plans to build skills and knowledge. This will be regularly monitored using clear success criteria. (Monitoring and improvements will be delivered on an ongoing basis). g. New Strategy for 2020-2025 to be developed during 2019 with specific focus on co-production and consultation with key stakeholders. ~~- Consultation and engagement activities on strategic themes (July - October 2019)~~ - Corporate planning (TBC - August to December 2019) - Strategy, corporate plan and budget agreed (March 2020). a-g. Clearer internal roles and responsibilities regarding procedures for managing external stakeholders, including devising a new strategic approach to managing stakeholder relations. (Dec 2019)	2	3	6 **Date change expected:** March 2021	Director, External Affairs
EXP18/01	Risk that we fail to meet external expectations significantly affecting our ability to maintain stakeholders' trust in our ability to regulate i) Potential Impact: - Inability to influence - particularly in the devolved countries - Undermine public trust - Missed opportunities - Wasted resources ii) Appetite: **Minimalist**: reference for ultra-safe business delivery options that have a low degree of inherent risk	a. We fail to demonstrate learning from adverse incidents such as core business failure or meet expectations such as PSA Lessons Learned Review, Gosport, Shrewsbury and Telford. b. We fail to appropriately manage a negative media publicity/campaign. c. Failure to deliver significant regulatory change programmes e.g. FtP change or overseas programmes. d. Core business failure leads to negative publicity. e. Fail to maintain the trust of key stakeholders - particularly in the devolved nations where our engagement is currently inconsistent. f. Strategy development for 2020-2025 fails to gain support from key stakeholders. g. Our website fails to meet the needs of our audiences, not providing them with the information they need. h. Unfairness or harm to registrants, applicants, referrers, witnesses, members of the public or employees as a result of unfair outcomes or avoidable delays (Links to risks REG18/01 (register) and REG18/02 (dealing with regulatory concerns) - but the focus here is a corporate wide loss of trust rather than a small number of stakeholders).	4	4	16	a. Public apology and acknowledgements of mistakes at the June 2018 Council meeting supported by media communications. a, An assurance process is in place to monitor the improvements from PSA lessons learned recommendations. a.h. Public Support Service providing tailored support to patients, families and parents. And emotional support lines for referrers, witnesses and registrants. b Temporary crisis communications checklist in place. b, e. Dedicated press office, schedule of authorised people that can speak with the media, and regular analysis to anticipate potential media publicity. c. Regular monitoring of programme performance at Council and dedicated programme boards for strategic programmes to tackle issues early. e, f. Insights generated by stakeholder perception research (IFF) and research into the trust in professional regulation (Stonehaven) will be used to develop targeted strategic communications and engagement plans, and support development of the 2020-2025 strategy. e.f. Establishment of Country Directors to help build better engagement with senior partners and stakeholders across the four UK countries. e, f. New Strategy for 2020-2025 being developed during 2019 with specific focus on co-production and consultation with key stakeholders. - Consultation and engagement activities on strategic themes has taken place and is being fed into strategic approach h. Equality diversity and inclusion framework and action plan including a new reasonable adjustments policy	3	4	12 **Risk Response:** Treat **Trend:** Reducing **Comments:** The Council agreed a reduction in the risk exposure from Red (L=4 / I=4) to Amber (L=3 / I=4) in Jan 19 to reflect progress with mitigations and controls.	a.h. Embedding outcomes from lessons learned programme. Outstanding actions include further work on employee values and behaviours (delivered as part of our People Strategy) and bedding in our corporate enquires and complaints team. which was established in April 2019. (Ongoing) b. Development of crisis communications response. c.- Plans for implementing the new model for FtP will be delivered from June 2019 until 2020. e, f. Delivery of strategic communication and engagement programme and implementation of capability plans to build skills and knowledge. This will be regularly monitored using clear success criteria. (Monitoring and improvements will be delivered on an ongoing basis). e, f. New Strategy for 2020-2025 to be developed during 2019 with specific focus on co-production and consultation with key stakeholders. ~~- Consultation and engagement activities on strategic themes (July - October 2019)~~ - Corporate planning (TBC - August 19 to March 20) - Strategy, corporate plan and budget agreed (March 20). e.f, Establish project teams to understand stakeholder mapping, political and policy analysis and horizon scanning across the devolved countries to support improved engagement. g. Initial scoping for new website underway, business planning includes website rebuild from 2020.	3	3	9 **Date change expected:** TBC Comments: Delivery of FtP change programme and completion of lessons learned programme are key mitigations.	Director, External Affairs

Risk Ref. Number	Risk Description	Contributing Factors / Causation	Inherent Risk (without controls) L	I	L X I	Mitigations and Controls (In place)	Current Rating (with controls) L	I	L X I	Planned Mitigations and Controls	Target Rating (after planned actions are delivered) L	I	L X I	Executive Lead (responsible for assuring risk treatment)
INF18/02	Risk that ICT failure impedes our ability to deliver effective and robust services for stakeholders or value for money for the organisation i) Potential Impact: - Service disruption - Negative customer feedback - Wasted resources ii) Appetite: **Open**: Willing to consider all potential delivery options	a Our core systems (e.g. Wifi, TRIM, Wiser, CMS) and servers are on unsupported hardware and are obsolete, risking potential business interruption, data loss or registering people inappropriately. b. Our network infrastructure has potential cyber vulnerabilities which could result in data and information security breaches. (Also see risk COM18/01). c. Ageing IT infrastructure and processes and incompatibility between legacy and modern systems and applications results in reduced capability impeding efficient delivery and risking compliance obligations.	5	5	25	a. Disaster recovery testing to test switching between our main systems and our back up systems. Last successful test in May 2019 with actions implemented by Q1 2019-2020. a. Oversight of ICT statbiulity by Audit Committee with regular reports. a. Upgraded WiFi across all NMC sites. a, b, c Priority actions to improve cyber and other vulnerabilities implemented ~~at the end of Q1 2019-2020~~ or in progress. b. Management plan for systems failures. b. External review of most recent failures and escalation plan now in place. b. Regular penetration and vulnerability testing ~~for data breaches and business continuity~~ of our IT network. b-c Network penetration test carried out in Q3 2018-2019. a-c. Annual business planning takes a holistic view of all technology commitments being proposed to ensure interdependencies and capacity are sufficiently managed. This is tracked and monitored during the year. c. Go live of new overseas applications process from October 2019. c. Roll out of laptops to support agile working.	4	5	20	**Risk Response:** Treat **Trend:** Stable **Comments:** N/a	a-b. MOTS programme will deliver core systems replacement for Wiser (in 2019-20) and CMS (in 2020-21), subject to Council approval of the Exception report.	2	4	8	**Date change expected:** 2020-2021	Director, Resources and TBI
STR19/01	Risk that we fail to develop a strategy for 2020-25 which is achievable and underpinned by appropriate implementation plans i) Potential Impact: - Inability to influence - particularly in the devolved countries - Undermine public trust - Missed opportunities - Wasted resources ii) Appetite: **Open**: Willing to consider all potential delivery options	a. The strategy fails to meet the expectations of key stakeholder groups resulting in eroded trust and engagement in our future plans b. External factors divert our attention away from strategy development (e.g. Brexit, regulatory reform, stability of the UK government) c. Competing internal priorities divert our attention away from strategy development and implementation planning d. We lack the capacity and capability to plan, leading to implementation failure (poor processes, weak capability and decision-making, lack of senior oversight, lack of focus on outcomes) e. We fail to invest in the change needed for success	5	4	20	a. Wide-ranging strategy consultation with key stakeholders groups ~~between Jul-Oct 2019~~ utilising a range of communication channels (social media, online survey, a roadshow of targeted strategy engagement sessions across the UK) completed on 16 October. Results are being utilised. ~~a. Draft consultation document with an overview of the external context and suggested strategic themes and outcomes for stakeholders to respond to.~~ a. Outcomes of strategy consultation fed into thematic workshops and implementation planning so that we could respond to expectations. b. Internal steering groups to anticipate risks relating to Brexit and regulatory reform. Contingency plans in key areas. c. Regular Executive Board discussions regarding key corporate priorities and where we need to create capacity. d. Strategy governance structures - strategy matrix working group, core strategy team, and implementation sub-group to ensure collaboration, oversight and to manage specific capability risks. Templates and guidance to support planning.	3	4	12	**Risk Response:** Treat **Trend:** N/A **Comments:** New risk proposed from September 2019	~~a. Outcomes of strategy consultation will be fed into thematic workshops and implementation planning to ensure that we respond to expectations. (Oct 2019)~~ a. Strategy communications plan to communicate outcomes of the consultation and the resulting strategy (by April 2020) b-c. Key milestone points built into the strategy development and implementation planning timeline to ensure Executive have corporate oversight of emerging plans. (E.g. quarterly away days and Executive Board discussions) c, d. Directorate led thematic workshops to test themes and consider implementation planning. (Nov 2019) e. An investment strategy planning process which is aligned with implementation planning to enable us to consider changes required and prioritise where we need to invest additional resources. e. 'Fit for Purpose Organisation' workshops led by the CEO to determine change requirements. (Workshop in November 2019, future planning until Jan 2020)	1	4	4	**Date change expected:** March 2020 This is a time-limited risk whilst we develop the strategy and generate our investment plans.	Director, Strategy

Item 7
NMC/19/79
27 November 2019

Council

English Language and Return to Practice

Action: For decision.

Issue: To seek agreement for changes to our English language guidance[1] and our Return to practice[2] standards.

Core regulatory function: Registration and Revalidation.

Strategic priority: Strategic priority 1: Effective regulation.
Strategic priority 3: Collaboration and communication.

Decision required: Council is recommended to agree the proposed changes to our English language guidance and the proposed change to our Return to practice (RtP) standards (paragraph 24).

Annexes: None.

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

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[1] https://www.nmc.org.uk/globalassets/sitedocuments/registration/language-requirements-guidance.pdf
[2] https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/return-to-practice-standards.pdf

Context:

1 This paper proposes updates to our English language guidance and RtP standards. In summary these proposed changes are:

1.1 To remove the requirement that a pre-registration nursing and/or midwifery qualification that was taught and examined in English must have been gained in the last five years to be accepted as evidence of English language competence.

1.2 To change the required standard in the writing element of the Occupational English Test (OET) from a range of 350-440 to a range of 300-340.[3]

1.3 To accept a relevant pre-registration nursing and/or midwifery qualification gained in the last five years as evidence of clinical competence for readmission to the register.

English language changes

2 Article 5(A) of the NMC Order 2001 (the Order) requires the Council to publish guidance about the evidence, information or documents that applicants must provide to demonstrate they have the necessary knowledge of English, and the process we follow to gain assurance of English language competency for those seeking to join or rejoin our register.

Occupational English Test

3 In November 2017, Council agreed that we should accept the OET as a language test and also agreed that a qualification taught and examined in English that was gained within the last five years could be provided as evidence of English language competence.

4 Part of the evidence base that the OET is equivalent to the IELTS was a benchmarking study[4] showing that a score range of 350–440 in OET was equivalent to our required score of 7 in the IELTS, and that a score range of 300–340 in the OET was equivalent to a score of 6.5 in the IELTS. Since November 2017, applicants using the OET must achieve at least 350 in each of the four language domains (writing, speaking, listening and reading).

5 In November 2018, Council agreed that we should continue to accept an overall score of 7.0 in the IELTS, while allowing a minimum of 6.5 in the writing module. Since we amended our writing score requirement for IELTS to 6.5 in November 2018, there has been no evidence of an increase in language issues in any Fitness to Practise cases and no evidence from our stakeholders that this

[3] In 2018, OET amended its scoring system from alphabetical to numerical. Under the former alphabetical system the proposed change outlined in 1.2 would have been from a B to a C+.
[4] Occupational English Test and IELTS: A Benchmarking report. Gad S Lim May 2016 updated October 2017.

change has had a negative impact on patient care.

6 However, Council agreed that we should undertake further assurance work in advance of changing our OET writing score as the IELTS is an academic test and the OET is an occupational test.

7 Since November 2018, we have collected new language evidence on the appropriate level for the OET writing standard, and the length of time for which a qualification taught and examined in English can be considered as evidence of language competence.[5]

Validity of language evidence

8 Currently we will only accept pre-registration qualifications taught and examined in English as evidence of English language competence if they were gained within five years of an application for registration or readmission. This period of time was linked to the legislative requirement (Article 9) that we only accept qualifications that are less than five years old as evidence of clinical competence.

9 As part of our review of the proportionality of our English language requirements we wanted to better understand whether the five-year validity time period for English language competence only (not for clinical competence) was the most appropriate time period.

10 In April this year, we commissioned Professor Monica Schmid, Head of Language and Linguistics at the University of Essex, to summarise the academic evidence on whether English language competence deteriorates over time and the causes of any deterioration. Her findings (summarised below and reviewed by the Executive Board) were supported by Antonella Sorace, Professor of Developmental Linguistics at the University of Edinburgh, who we consulted as part of our stakeholder engagement.

Return to practice

11 In May 2019, we published new RtP standards which set out the options available to someone looking to remain on or to re-join the register who has not completed sufficient practice hours. During the implementation phase of this work we identified some inconsistencies with our initial registration processes, which we want to address.

Four country factors:

12 All of these proposed changes apply equally to all four countries.

[5] This is only for qualifications taught and examined in English. Language test providers specify a time limit of two years for the validity of their tests.

Discussion: **Changes to English language guidance**

Changes to OET writing score

13 The benchmarking study affirmed equivalency between the OET and the IELTS tests. Our English language guidance states that if an applicant is relying on another English language test the score achieved should be the equivalent of the IELTS requirements, and it therefore follows, in the absence of any evidence to the contrary, that we should also moderate our required writing score for OET.

14 In January 2019, OET presented us with the results of a standard setting exercise they conducted with a group of senior nurse practitioners and clinical educators into the appropriate score for a nurse, midwife or nursing associate in the writing element of the OET. This exercise, which has been reviewed by the Executive Board, concluded that the required score to enter the register should move from a range of 350–440 to a range of 300–340.

15 We commissioned the University of Bedfordshire Centre for English Language Research and Assessment to advise on the robustness and validity of OET's standard setting exercise, and following their advice we obtained further information from the OET. These sources of evidence have led the NMC Head of Research and Evidence to conclude that, on balance, the further information provided by OET supports the standard setting report recommendation.

Validity of language evidence

16 Professor Schmid's evidence summary indicates that once English speakers reach a critical level of language competence (for example degree level) their language skills stabilise such that they should not deteriorate below that critical threshold over time. This applies to those whose first language is English as well as those who have learnt English as a second language.

17 Professor Schmid therefore suggested that we consider accepting pre-registration nursing and/or midwifery qualifications taught and examined in English as evidence of English language competence, irrespective of when an applicant obtained this qualification.

18 We currently accept pre-registration qualifications that were taught and examined in English and gained within the last five years, as evidence of English language competence, regardless of whether they were taught in the UK or in another majority of English-speaking countries. For consistency we therefore propose that this change should not only apply to NMC-approved programmes in the UK, but also to qualifications taught in English outside the UK, providing they meet the requirements already set within the guidance.

19 We anticipate that this change is most likely to impact applicants for

readmission who, as of January 2020, will have the option to sit a Test of Competence (ToC) rather than undertake an RtP course if they have not completed sufficient practice hours. Although we accept an RtP course as evidence of English language competence, we will not accept a ToC as this does not provide sufficient assurance across the four language domains.

20 Please note that this change would not affect our requirement that qualifications must have been gained within the last five years to be considered as evidence of clinical competence, as this is a requirement within our legislation (Article 9 of the Order).

Changes to the RtP standards

21 Presently, we accept an approved pre-registration qualification as evidence of clinical competence for registration for up to five years. However, if a person lapses their registration but wishes to return to the register within five years of completing an approved pre-registration qualification, they cannot rely on their qualification as evidence of clinical competence. If this person has not undertaken sufficient practice hours they would have to complete a RTP programme or take a ToC (from January 2020).

22 This means that the clinical competence of an individual who has already registered with us, and therefore probably has more practice experience, is under greater scrutiny than that of someone who has not joined our register for up to five years after completing their qualification. There is a broader question as to whether the five year period as specified in our legislation, is appropriate and we intend to review this at the next appropriate opportunity.

23 In the meantime, we consider it fairer and more consistent to align the two standards, so that people who completed their pre-registration qualification within the last five years can use this as evidence of clinical competence for both admission and readmission.

24 **Council is recommended to agree the proposed changes to our English language guidance and the proposed change to our Return to practice (RtP) standards.**

Next Steps

25 If Council agrees these changes we will work with colleagues to implement, communicate and monitor them from January 2020.

Public protection implications:

26 At present we are not aware of any evidence to suggest that these proposals would introduce a risk to public protection. While we are confident that our proposal is based on robust evidence, we will continue to monitor the impact of all of these changes to ensure that our required scores are appropriate for enabling safe practice.

Resource implications:

27 The change to OET requirements could have a significant operational impact. As language tests have a two year validity period, applicants who have achieved the amended score within the last two years will be eligible to apply. Nevertheless, as a result of our recent automation and process improvements we believe we can implement this change with our existing staffing levels at the end of January 2020. The costs for communicating and implementing these changes will be funded from the overseas programme budget.

Equality and diversity implications:

28 We have undertaken an EQIA for all these proposals and sought the specific views of stakeholders on the impacts on groups with protected characteristics. We found no evidence of any obstacles to fair access to the register; however, the removal of a time limit on qualifications as language evidence may primarily benefit applicants from countries that have a majority white population (for example Australia and Canada). We will review this during our EDI research and consider further ways to offer flexibility to all applicants.

Stakeholder engagement:

29 We have engaged on the proposed amendments to English language evidence and the RtP standards with a broad range of stakeholders, including nursing and midwifery educators, professional body and union representatives, and the offices of the Chief Nursing Officers. The overall response we have received to all the proposals has been positive.

30 The majority of people we engaged with were supportive of the removal of the time limit on alternative language evidence, and none provided any evidence that did not support this proposal.

31 Responses to the RtP proposals were also positive, but some stakeholders asked that we consider carefully, when we next have an opportunity to amend our legislation, whether it is appropriate to allow people to register within five years or whether we should impose a shorter timetable to ensure a qualification remains as up to date and relevant as possible.

32 We do not need to consult on the proposal to amend the writing requirement for the OET as we have evidence that the new OET score meets the standard that Council require for writing as agreed in November 2018.

Risk implications:

33 None.

Legal implications:

34 None.

Council

Education Quality Assurance Annual Update 2018–2019

Action: For discussion.

Issue: To update Council on the education quality assurance (QA) activity for the 2018–2019 academic year.

Core regulatory function: Education.
Standards.

Strategic priority: Strategic priority 1: Effective regulation.

Decision required: None.

Annexes: The following annexe is attached to this paper:

- Annexe 1: Education Quality Assurance Annual Update 2018–2019

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

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Context:

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

2 We set out our strategic approach to the QA of nursing, midwifery and nursing associate education in our QA Framework which was updated in 2018. An external contractor, Mott MacDonald, delivers the operational function of our QA activity, with final approval decisions resting with the NMC.

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

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

Four country factors:

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

6 For approval against our new nursing and prescribing standards, institutions in Wales, Northern Ireland and Scotland are seeking approval in 2020. This update therefore primarily reflects approval of programmes against the new standards in England.

Discussion:

7 The full education QA update for 2018–2019 is at **Annexe 1** (the report will be designed prior to public release after being presented to Council). The report covers the 2018–2019 academic year (1 September 2018 to 31 August 2019).

8 The annual update on the QA of education identifies key themes and risks to nursing, midwifery and nursing associate education.

9 This is the first annual update since we published our new QA Framework on the 1 September 2018. This new framework introduced a four stage 'gateway' process for assuring institutions and education programmes meet our standards through a more targeted approach to QA. The new QA Framework reflects a significant change from previous practice, and we have engaged closely with the sector, including the Council of Deans of Health, to continue to review and refine our approach.

10 Last year, we published our new outcome focused standards for nursing and midwifery education, as well as programme standards for nursing, prescribing and nursing associate programmes in

England. Subsequently, we have been approving institutions and programmes against these new standards.

11 There are currently 86 AEIs, having approved three new institutions since the last report to Council.

12 Alongside programme approval we continue to monitor institutions through our annual self-reporting process, and concerns mechanism as well as a new process introduced as part of the new QA Framework, targeted at new institutions and pre-registration programmes called new programme monitoring.

13 Where concerns are identified we liaise closely with AEIs to ensure that our standards continue to be met, and monitor action plans to provide assurance of compliance.

14 During 2018–2019 we have continued to develop our new data driven approach to QA, which will be operationalised by June next year, working with other regulators to share intelligence and information. We also completed the competitive procurement of the new service provider which resulted in Mott MacDonald being reappointed.

Public protection implications:

15 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, midwives and nursing associates meet our proficiency standards and are safe and competent to join our register.

Resource implications:

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

Equality and diversity implications:

17 We are committed to ensuring that our approved nursing and midwifery programmes comply with all equality and diversity legislation. In accordance with our QA framework, AEIs must provide evidence of an equality and diversity policy, recruitment, selection and admissions policy, and evidence of providing support to students that promotes equality and diversity.

Stakeholder engagement:

18 A wide range of stakeholders, including service users and carers, contributed to the collection of our reported findings.

19 Once discussed with Council, this update will be disseminated (electronically) to key stakeholders and will be placed on the NMC website.

Risk implications:

20 Failure by AEIs to comply with our education standards could impact upon public protection, by newly qualified nurses, midwives and nursing associates not meeting our proficiency standards.

21 In our new QA Framework we have developed a robust programme approval process, as well as developing our data driven approach to QA. We have also implemented a period of new programme monitoring for new providers or providers running pre-registration programmes for the first time to reduce the risks, in particular, during transition to new standards.

Legal implications:

22 None.

Quality assurance of nursing, midwifery and nursing associate education: Annual Update 2018-2019

Foreword

I am pleased to present our annual update on our education quality assurance (QA) activity for the 2018-19 academic year, covering the QA of nursing, midwifery and nursing associate education.

This has been an exceptionally important and busy year for our QA activity. With the introduction of our new education standards last year and having become the regulator for nursing associates we have begun the process of approving every institution and programme against these outcomes focused standards through our new gateways-based approach to approval.

The new gateways approach has removed the need for institutions to first become an approved education institution (AEI) before seeking approval of a programme, institutions now undertake a more streamlined process to achieve both at once. People are at the centre of our QA activity, and under our new QA Framework we have now introduced lay visitors to work alongside our registrant visitors on all pre-registration approvals to ensure that the service user voice is appropriately reflected. We also require service users and carers who have been involved in developing the programmes at institutions to be present at approval events.

Having introduced our new QA Framework and approach last year we have liaised closely with the sector, including the Council of Deans of Health to seek their feedback on our approach, and have actively made changes in response to feedback to ensure we are being proportionate, targeted and robust.

Alongside approval of programmes we have continued to develop our data driven approach to monitoring institutions which we will operationalise next year. This will enable us to be more targeted in the way in which we make regulatory interventions whilst taking appropriate action to work with AEIs and their practice learning partners where we have concerns, and reducing regulatory burden.

Professor Geraldine Walters, CBE
Director of Education and Standards

Executive Summary

1. Our quality assurance (QA) framework is one of the ways that we ensure better, safer care. Each year we reflect and report on the outcomes of our QA activity to ensure we are assured that students are being equipped with the relevant knowledge, skills and learning experience to practise safely at the time they join the register and that they can build on throughout their career. We also continuously look for ways to improve our approach to QA by improving our processes.

2. At the time of writing this report, the number of approved education institutions (AEIs) had increased from 83 to 86, covering 1087 approved programmes. This year 56 institutions have sought approval for programmes this year under our new standards.

3. Alongside programme approval we continue to monitor institutions through our annual self-reporting process and concerns mechanisms. Of the 82 AEIs who had been approved for over a year and therefore were required to undergo annual self-reporting, 21 did not initially provide assurance that our standards were being met. However, this was due to not appropriately updating us on changes that had been made as a result of recommendations at approval events or updating us on open concerns cases rather than a failure in learning or care. After resubmission all 82 institutions provided assurance.

4. We continue to monitor institutions throughout the year, and make regulatory interventions where we have concerns. We are proactive in making the best possible use of our intelligence by promoting information sharing and collaborating both internally with our Regulatory Intelligence Unit and Employer Link Service, and externally with other regulators and key organisations.

Introduction

5. The Nursing and Midwifery Order 2001 (the Order) sets the legislative context for the QA of nursing, midwifery and nursing associate education. Our standards comply with our legislation and provide necessary requirements for the education and training of nurses, midwives and nursing associates, and the proficiencies they have to meet to join our register.

6. This annual update examines the QA activity we have undertaken and the key themes and risks that have emerged from our QA of approved education institutions and their practice placement partners in the 2018–19 academic reporting year (from 1 September 2018 to 31 August 2019) for nursing, midwifery and nursing associate education.

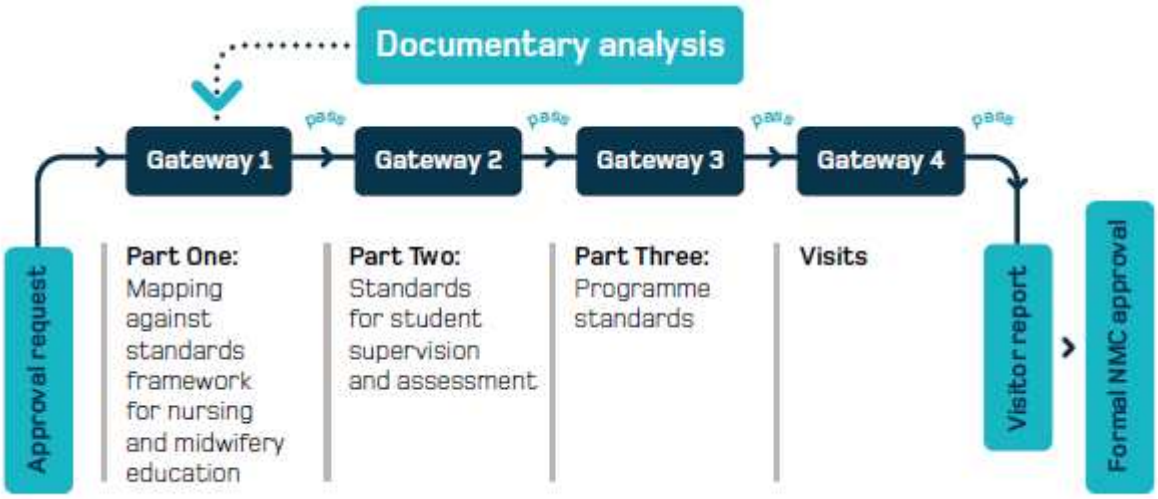
7. Our role in education plays a very important part in how we meet our overall objective of better, safer care. In the 2018–19 academic reporting year our QA of education comprised of three key activities.
    - Approval of education institutions and education programmes
    - Annual self-reporting.

- Responding to concerns.

8. Last year we published our new standards for nursing and midwifery education, as well as a new QA Framework, outlining changes to the way in which we quality assure institutions.

Part one: approval of nursing, midwifery and nursing associate education programmes

9. Under our QA Framework (2018) education institutions no longer have to first obtain approved education institution (AEI) status before seeking approval of their programmes. This process has now been streamlined into one gateway process, where approval of the institution is granted at the same time of approval of a programme.



Approval of education institutions

10. There are currently 86 AEIs across the UK, with three new AEIs being approved during the period of 1 September 2018 to 31 August 2019: University of Roehampton, University of Winchester and University of Aberdeen.

11. A summary of AEIs and approved programmes has been included in table one. A full list of all AEIs is shown in table two.

Table one – AEI summary data

Total number of NMC AEIs	86
Total number of NMC approved programmes	1087
Number of AEIs approved to run pre-registration nursing programmes against pre-2018 standards	80
Number of AEIs approved to run pre-registration nursing programmes against 2018 standards	37
Number of AEIs approved to run pre-registration midwifery programmes	55
Number of new education institutions approved to be an AEI during the reporting year	3
Number of AEIs approved to deliver pre-registration nursing for the first time	3
Number of AEIs approved to deliver pre-registration midwifery for the first time	2
Number of AEIs approved to deliver pre-registration nursing associates	32

Table two – List of Approved Education Institutions and those under new programme monitoring

* New institution

New Programme monitoring

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

Approval of education programmes

12. The largest amount of activity this year has been approving institutions against the new framework for nursing and midwifery education and the nursing, nursing associate and prescribing programme standards in England with institutions in Wales, Scotland and Northern Ireland having opted for approval in 2020. These approvals been done through the gateways process outlined above. At each gateway the submitted documentation is reviewed by the visitors to ensure our standards are met. A summary of gateway submissions has been included as table three.

Table three – Approvals through Gateways one and two by institutions

		Total number of programmes		
	Total number of institutions	**NA**	**RN**	**Prescribing**
EIs who submitted Gateway one	56			
EIs who had Gateway one rejected initially	20			
EIs who submitted Gateway two	54			
EIs who had Gateway two rejected initially	23	20	17	14
EIs who had Gateway three rejected initially	6	3	3	2
EIs who have had a Gateway four approval visit	54	35	44	26

13. 56 institutions submitted Gateway one for an approval visit during the 2018-19 academic year. 36 institutions met Gateway one: *Standard framework for nursing and midwifery education* on the first submission. 20 institutions were rejected due to insufficient evidence to meet the standards, in particular due to lack of documentary or narrative evidence to support how the standards would be met. Of these 20, 18 met all the standards on re-submission, and two institutions have deferred their approval visits until the next academic year.

14. Of the 54 institutions who successfully passed Gateway one, 23 institutions covering multiple programmes were initially rejected at Gateway two: *Standard for student supervision and assessment* due to lack of evidence or narrative. All of these institutions passed Gateway two after resubmitting the evidence.

15. At Gateway three, six education institutions were initially rejected covering eight programmes, seven programmes have since re-submitted, and had their Gateway 4 approval visits, and one has deferred their approval for that programme until 2020.

16. At Gateway 4, for the 54 institutions who had visits, this covered 105 different courses. The recommended outcomes of these programmes include: 10 recommended for approval; 93 recommended for approval after conditions were met; and, two recommended for refusal of approval. Further information on conditions can be found below.

17. Where themes have been identified for rejections at the different gateways we have shared lessons learned with the sector through webinars, and presentations as well developing supporting information which is published on our website.

18. Alongside the approval of programmes against the new standards, three new providers for midwifery programmes were also approved: University of Highlands and Islands, University of Bolton and the University of Lincoln. A SPQ District Nursing programme was also approved at London South Bank University.

19. We continue to monitor approvals of programmes and we are on target to meet our key performance indicator (KPI) for number of AEIs approved against the new standards this year. Our external KPI making a decision around programme approval once we have received the visitors' report is 20 days, we have met this 100%, with the average time being only seven days.

Nursing Associates

20. In October 2018 we published the *Standards for pre-registration nursing associate programmes*. Due to the delay in the Institute for Apprenticeships publishing the apprenticeship standard for nursing associates we saw a number of institutions defer their initial requested visit dates. However, we have had 35 programme approval visits, with 32 programmes being approved and one programme being recommended for refusal, the remaining institutions are currently meeting their conditions. There are currently a further 20 institutions seeking approval of a nursing associate programme. We continue to liaise closely with the Department for Health and Social Care and Health Education England in relation to the number of nursing associate approvals.

21. Due to the delay in the apprenticeship standard being published by the Institute for Apprenticeships we appreciate that this increased the urgency in relation to the timelines of approvals to allow programmes to start. We have therefore been very mindful of this and have taken steps to ensure that we turnaround final decisions quickly – on average we have responded within seven days of the approval report being received, compared to our published KPI of 20 days, which has been met 100%.

Degree apprenticeships

22. We have continued to see an increase in demand for degree apprenticeship routes to our register. During the 2018-19 academic year a further 11 institutions are now delivering nursing degree apprenticeships bringing the total to 34.

23. Out of the 32 approved nursing associate programmes, 29 have been approved with apprenticeship routes.

24. Three visits also took place to approve midwifery degree apprentice (MDA) routes in approved midwifery programmes. These took place in the higher education pilot sites that were selected by Health Education England (HEE): University of Greenwich; University of West London and University of Bedfordshire.

Conditions

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

26. Conditions are categorised against five key risk themes. In order of the most frequently occurring conditions the risk themes were:

    - Selection, admission and progression.
    - Effective partnership working: collaboration, culture, communication and resources
    - Practice learning.
    - Assessment, fitness for practice and award
    - Education governance: management and quality assurance

27. The conditions set during this period included the following:

    - Appropriate patient and service user involvement in selection and admission
    - Effective and robust collaboration with practice learning partners.
    - Clarification of recognition of prior learning processes
    - Sufficient academic and practice partner resource.
    - Explicit information on how the programme is run, including assessment.
    - Ensuring consistent programme documentation.

28. In table four, we have summarised all conditions assigned to AEIs following approval events within the 2018/2019 academic year.

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

	Total	NA	RN	Prescribing	RM	RtP	SCPHN	SPQ
Programmes recommended for approval without conditions	138	5	19	1	38	3	2	1
Programmes recommended for approval after conditions were met	114	31	42	26	10	2	0	3
Programme recommended for refusal	2	1	1	0	0	0	0	0

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

Key Risk Theme	Total
Selection, admission and progression	59
Effective partnership working: collaboration, culture, communication and resources	47
Practice learning	46
Assessment, fitness for practice and award	34
Education governance: management and quality assurance	31

Refusals

29. Visitors have currently recommended two programmes for refusal – one nursing associate, and one nursing programme. Where we receive a recommendation to refuse a programme, the institution can make observations on the report before we receive it. The QA Board then reviews the evidence. Where we are minded to refuse the programme the institution then has a further calendar month to make any additional observations before we make a final decision.

30. Should concerns be raised in relation to current students we would liaise closely with the AEI to ensure appropriate measures have been put in place.

Stakeholder engagement and changes to our processes

31. We continually work with AEIs to review our QA activity to ensure that it is appropriate, proportionate, targeted and transparent. We routinely work with different stakeholders to gather their viewpoints including a survey of every AEI which has gone through approval, the themes emerging from this survey is considered quarterly at the QA Board. Alongside surveys we have also held a number of round table events with the Council of Deans of Health in the different countries and worked closely with them to respond to any feedback.

32. As we introduced a new QA Framework in 2018 we have made a number of changes to our processes in response to feedback:

    - Improved communication targeted at institutions seeking NMC approval for the first time.
    - Provided increased clarity during the gateway approval process that institutions could sign-post between standards and evidence rather than duplicating their submissions.
    - Introduced a new streamlined targeted process for institutions to add new employer apprenticeship partners on approved apprenticeship programmes.
    - Developed further supporting information for the sector on our website, alongside sharing key themes for institutions being rejected at the different gateways to help inform future approval activity.

Part two: Monitoring and Concerns

Annual Self-Reporting

33. AEIs are required to undertake and submit an annual self-assessment and self-declaration of their current NMC approved programme(s). The self-assessment provides an opportunity for AEIs and their practice learning partners to give examples or case studies of notable or innovative practice, and enables them to indicate any areas of provision that they are aiming to enhance. The self-declaration requires the AEI to confirm that all approved programmes continue to meet the NMC standards; that all programme modifications have been notified to the NMC; and, that all key risks are controlled.

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

35. All 82 AEIs, who had been approved for more than a year, and were therefore required to undertake annual-self-reporting at the time, submitted their self-assessment reports for the 2018/19 reporting year. The University of Exeter, a new AEI, submitted a self-assessment report, however NMC programme delivery did not commence until September 2019. 21 AEIs (26%) did not provide assurance in their self-assessment report that key risks were controlled or managed. This is an increase from the previous year's outcome which was 16%.

36. Whilst there was an increase in institutions not providing assurance, the principle reason was the failure to report details on action(s) taken to address the recommendation(s) from programme approval/modification events held between 1 September 2017 and 31 August 2018. This was the case for 17 out of 82 AEIs. The remaining four institutions did not provide updates on open concerns cases.

37. The 21 AEIs resubmitted their self-assessment reports, which have been reviewed and assurance is now provided that NMC key risks are controlled or mitigated in 2018-19.

38. 75 AEIs provided a variety of examples of good practice. One particular example which met our criteria of notable or innovative practice is from London South Bank University where they run hearing loss workshops which are co-produced with service users and students to ensure sensory deprivation is thoroughly embedded in NMC curricula. Next year we will be hosting a number of webinars to share the good practice identified with the sector.

New programme monitoring and enhanced scrutiny

39. As we move towards a data driven approach to QA we have introduced a period of new programme monitoring for all new AEIs, or existing AEIs running a new pre-registration programme. New programme monitoring lasts until the first students from the programme join our register. This gives us the opportunity to work more closely with new programmes and institutions who we have not worked with before, and therefore have less information on to inform our data driven approach. As part of new programme monitoring programmes must submit self-reports to us twice a year for those programmes, both of which are followed up by a telephone call by a member of the QA team. In 2018/19, 36 institutions were placed under new programme monitoring covering 32 nursing associate programmes, three nursing programmes and one new AEI not yet running a pre-registration programme. A summary table of institutions under new programme monitoring has been included in table two. The first new programme monitoring will take place from November 2019.

40. As part of the new data driven approach to monitoring institutions which will be implemented more fully next year we have also introduced a similar process to new programme monitoring for currently approved programmes referred to as enhanced scrutiny. Enhanced scrutiny will be applied where we have concerns based on the data we have – for example if there is a trend that over time student attrition on a programme is continuing to increase. In 2018/19 no programmes were placed under enhanced scrutiny.

Part three: responding to concerns

41. We continue to monitor AEIs and their practice learning partners to ensure compliance with our standards. When risks emerge AEIs and their practice learning partners must respond swiftly to manage and control risks appropriately. AEIs should email exceptional reports to us and we take action when these risks are not being effectively managed and controlled locally. We also gather

intelligence directly from system regulators, media scanning and whistleblowing, as well as through our Regulatory Intelligence Unit (RIU).

42. Once we receive a concern through any of those methods they are then graded as:

- Minor – risks to our standards not being met are minimal and unlikely to impact on the student learning environment and public safety
- Moderate – risks to our standards not being met with possible impact on the student learning environment and public safety
- Major – risks to our standards not being met are high with possible impact on the student learning environment and public safety
- Critical – risks to our standards not being met are high with potential significant impact on the student learning environment and public safety

43. During 2018/19 we received a total of 109 concerns, with 65 being categorised as minor, 36 as moderate, 5 as major and 3 as critical. A full summary of concerns can be found in table five. In the table we note where the concern has first been raised with us, and whilst a large proportion are from our RIU rather than initially from the AEI directly this is primarily due to the efficiency of the RIU in highlighting concerns. In these circumstances we routinely subsequently also receive an exceptional report from the AEI to highlight the same concerns and their actions as we would expect. Where we do not hear from the AEIs involved we follow this up with them and remind them of our expectations. In the future institutions failing to exceptionally report areas of identified concern will be monitored as part of our data driven approach to QA, and could be placed under enhanced scrutiny.

44. Similarly to previous years, most of the exceptional reports continue to relate to issues in practice environments, including adverse system regulator reports and their impact on student learning, supervision and assessment and escalation of student concerns, and what actions have been undertaken locally to manage those concerns.

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

46. Where we identify serious adverse incidents and concerns regarding an AEI or practice placement and local risk measures are limited, we may decide to 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. No new extraordinary reviews took place during the 2018–2019 academic year. For the three critical items currently open, all have had regular calls from the senior team, with two having multiple face to face meetings, including with other regulators and government bodies to secure ongoing

assurance. This ongoing assurance has also involved requesting appropriate action plans, and contingency plans for removing students. The critical items are reviewed monthly at our internal QA Board.

47. As part of our role as a dynamic regulator, we continue to proactively share intelligence internally with our Regulatory Intelligence Unit and Fitness to Practise colleagues as well as externally where appropriate with other professional and system regulators

Table Five (A) – Number of concerns opened by source of concern and grading

	Exceptional Reporting	System Regulator	Media scanning	Whistleblowing	Regulatory Intelligence Unit	Total
Minor	36	3	1	3	22	**65**
Moderate	17	4	3	2	10	**36**
Major	1	0	1	0	3	**5**
Critical	0	0	2	0	1	**3**
						109

Table Five (B) – Regulatory interventions taken for concerns

	Closed with no further action	Email for clarification	Call from QA officer	Action plan requested	Call from Senior Team	Face to face meeting	Extraordinary Review	Total
Minor	7	48	2	6	2	0	0	**65**
Moderate	0	24	0	11	0	1	0	**36**
Major	0	2	0	1	2	0	0	**5**
Critical	0	0	0	0	1	2	0	**3**
								109

Item 10
NMC/19/82
27 November 2019

Council

Our approach to sponsorship

Action: For decision.

Issue: This paper describes our proposed approach to sponsoring awards and events.

Core regulatory function: Supporting functions.

Strategic priority: Strategic priority 3: Collaboration and communication.

Decision required: The Council is recommended to approve our proposed approach to sponsorship (paragraph 14).

Annexes: None.

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

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Context:

1 Over the past year we have been professionalising our approach to communications and engagement. This includes reviewing our approach to events, speaking engagements, exhibiting and sponsorship.

2 From our research we know that the professionals we regulate sometimes feel disconnected from the NMC and they believe that there is more that we can do to recognise their professions.

3 One way in which we can recognise the professions is by sponsoring sessions at events or awards. This enables us to demonstrate that we are celebrating best practice, helping to build trust in us as a regulator and inspire professionalism.

4 This paper sets out our proposed new approach to sponsorship and how we will ensure value for money.

Four country factors:

5 Events – those hosted by us as well as those hosted by other organisations, take place across all four UK countries. This proposed approach would apply consistently to all our events. We will ensure that our speaking engagements take place across the UK.

6 We will also ensure that any sponsorship is representative of the professions we regulate, the settings they work in and the four countries of the UK.

Discussion:

7 Sponsoring awards or events (and/or partnering with other organisations to run events) is a great way to recognise best practice among the professions we regulate, demonstrate our commitment to raising standards of care and build trust among the public, the professions, and our partners.

8 We are proposing to sponsor a limited number of events and awards throughout the year. Below, we have set out what we will consider before sponsoring events or awards.

9 We will ensure that:

9.1 the sponsorship opportunity has clear benefits for us – that is, it will help us to inspire professionalism and build trust among the public or the professions we regulate

9.2 the sponsorship opportunity/award ties into one of the themes of our new corporate strategy

9.3 we get value for money

9.4 the sponsorship opportunity involves a reputable organisation – this might include trade magazines, professional bodies or

governmental/NHS organisations (e.g. NHS Confederation, Welsh Assembly)

9.5 we can adequately staff the associated event

9.6 we can fill any table we receive as part of the sponsorship 'package' with front-line nurses, midwives or nursing associates, or students

9.7 the organiser of an award has robust processes to reduce the risk of conflicts of interest or any perceptions of bias. That should include:

9.7.1 not accepting self-nominations

9.7.2 checking with the winner's employer/university whether there are any concerns about their conduct or practice at the time of nomination or award (or, if it is a team award, checking with the system regulator)

9.7.3 checking with the NMC whether they are going through Fitness to Practise or have previously had their Fitness to Practise found to be impaired

9.7.4 checking whether they are directly involved in an Fitness to Practise case in some other way (being a panel member or witness in a case, for example, this would not exclude someone, but we would need to be informed to take a decision on a case-by-case basis)

9.7.5 a clear criteria for selection of the winner.

10 To ensure a consistent and centralised approach, the external affairs team will make recommendations a year in advance, ensuring a planned approach.

11 We will ensure that these are representative of the different professions we regulate, the settings they work in, and the four countries of the UK. For example, if we chose to sponsor a session at the patient safety congress (England) we would consider how to ensure we were focusing on patient safety in the other nations.

12 We will ask the Director of External Affairs to approve the plan, in consultation with other members of the executive team if it reflects their areas of work.

13 We will evaluate our approach to sponsorship. In particular, how far it has helped to build trust in the NMC and raise awareness of our work. This is likely to include regular registrant surveys and research.

14 **Recommendation: The Council is recommended to approve our proposed approach to sponsorship.**

Public protection implications:

15 None.

Resource implications:

16 There would be costs involved in sponsorship opportunities. But seeking value for money in the opportunities we accept is part of the criteria we will use when we make decisions. The cost will come from the external affairs budget and be built into business planning.

17 The cost is generally less than £10,000 per opportunity, though that can be larger if the impact of sponsorship is larger. We have £50,000 earmarked to spend on sponsorship in 2020–2021.

Equality and diversity implications:

18 None.

Stakeholder engagement:

19 This paper sets out how we could use sponsorship to improve our stakeholder engagement.

Risk implications:

20 This paper sets out how we propose to mitigate the risks associated with sponsoring events. Those include:

20.1 conflicts of interest

20.2 value for money

20.3 lack of oversight

20.4 lack of consistent approach.

Legal implications:

21 We will need to ensure that we can demonstrate that any engagement activity that we undertake, including sponsorship or speaking events, supports the performance of our statutory functions and also falls within our primary charitable purpose and accords with our legal obligations as a registered charity.

Council

Reappointment of legal assessors

Action: For decision.

Issue: Recommendation from the Appointments Board that 110 legal assessors be reappointed to form the new approved list of legal assessors.

Core regulatory function: Fitness to Practise.

Strategic priority: Strategic priority 1: Effective regulation.

Decision required: The Council is asked to accept the recommendation from the Appointments Board that the 110 individuals listed in **Annexe 1** be reappointed for a period of three years from 1 January 2020 to form the new approved list of legal assessors, subject to each individual entering into the standard agreement for legal assessors (paragraph 7).

Annexes: The following annexe is attached to this paper:

- Annexe 1: Legal assessors recommended for appointment to the approved list.

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

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Context:

1 On 31 December 2019, all the legal assessors on the approved list reach the end of their current term of appointment. We have recently conducted a reappointment process, overseen by the Appointments Board. This paper explains the process we have followed and the Appointments Board's recommendation.

2 Article 34(5) of the Nursing and Midwifery Order 2001 states that a legal assessor must have 10 years' experience as a barrister, solicitor or advocate in order to be appointed by the Council. The reappointment process was designed to provide assurance that legal assessors who wish to be reappointed continue to meet the requirements of Article 34(5) and have performed to an appropriate standard during their first term of office.

Discussion:

3 We approached all legal assessors whose term is due to end on 31 December 2019 to ask if they wished to be considered for reappointment to a further three year term and to confirm that they still meet the requirements as set out in Article 34(5).

4 The Appointments Board reviewed the up to date performance data for those seeking reappointment (in an anonymised schedule) at its meeting on 18 September 2019, using the legal assessor performance monitoring framework which looks at:

4.1 Learning points arising from High Court appeals and from the NMC's Decision Review Group;

4.2 Any behavioral concerns that are raised;

4.3 Sittings cancelled by the legal assessor; and

4.4 Late attendance at hearings.

5 The Board was satisfied that all individuals seeking reappointment met the standards of the performance framework and also noted that each of these individuals had confirmed that they continued to meet the criteria of Article 34(5).

6 The Board agreed to recommend the reappointment of legal assessors subject to them entering into a standard agreement with us. Subject to the Council's decision, we will execute the agreements with the legal assessors. We will not instruct a legal assessor to provide advice at a hearing until they have executed the agreement.

Recommendation

7 **The Council is asked to accept the recommendation from the Appointments Board that the individuals listed in Annexe 1 be reappointed for a period of three years from 1 January 2020 to form the new approved list of legal assessors, subject to each individual entering into the standard agreement for legal assessors.**

Public protection implications:

8 Legal assessors provide legal advice to the panel members on practice committees which make decisions to protect the public.

Resource implications:

9 None identified. Costs associated with legal assessors are included in existing budgets.

Equality and diversity implications:

10 Until recently, we did not hold enough data about the diversity of legal assessors to enable us to take evidence-based decisions. To address that, we have made completion of the diversity monitoring form a mandatory part of the reappointment process (respondents can choose 'prefer not to say' for each protected characteristic).

11 We will discuss with the Appointments Board in December 2019 our analysis of the diversity data and options for increasing the diversity of the legal assessor pool in the future.

Stakeholder engagement:

12 All current legal assessors were contacted and offered the opportunity to apply to be reappointed to a further term.

Risk implications:

13 Failure to renew the approved list of legal assessors at this stage would adversely impact the NMC's ability to sustain current hearings activity.

14 There is a risk associated with all legal assessors' terms of office ending at the same time. The risk is mitigated by having timely appointment / reappointment processes. We have agreed with the Appointments Board that next time the legal assessor approved list is renewed we will consider staggering the end of term dates to mitigate the risk further.

Legal implications:

15 The appointment of legal assessors is a matter for the Council under Article 34(5) of the Order. The legislation does not specify a required length of term for legal assessors; our recent practice has been to appoint them for three year terms.

16 We have recently reviewed the standard agreement for legal assessors, with the Appointments Board's oversight. The revised agreement makes it clear that nothing in the agreement confers

worker / employee status; and introduces a new requirement to notify us if they become subject to an investigation by their regulator.

Nursing & Midwifery Council

Legal assessors recommended for appointment to the approved list

Name	Start of term date	End of term date
Adrienne Morgan	1 January 2020	31 December 2022
Alain Gogarty	1 January 2020	31 December 2022
Andrew Granville-Stafford	1 January 2020	31 December 2022
Andrew Lewis	1 January 2020	31 December 2022
Andrew Reid	1 January 2020	31 December 2022
Andrew Young	1 January 2020	31 December 2022
Angela Hughes	1 January 2020	31 December 2022
Angus MacPherson	1 January 2020	31 December 2022
Anne Farrell	1 January 2020	31 December 2022
Attracta Wilson	1 January 2020	31 December 2022
Barrie Searle	1 January 2020	31 December 2022
Ben Stephenson	1 January 2020	31 December 2022
Breige Gilmore	1 January 2020	31 December 2022
Bruce Erroch	1 January 2020	31 December 2022
Caroline Hartley	1 January 2020	31 December 2022
Ceit-Anna MacLeod	1 January 2020	31 December 2022
Charles Apthorp	1 January 2020	31 December 2022
Charles Conway	1 January 2020	31 December 2022
Charles Parsley	1 January 2020	31 December 2022
Christine Abbott	1 January 2020	31 December 2022
Christopher McKay	1 January 2020	31 December 2022
Clare Bates	1 January 2020	31 December 2022
Cyrus Katrak	1 January 2020	31 December 2022
David Clapham	1 January 2020	31 December 2022
David Clark	1 January 2020	31 December 2022
David Marshall	1 January 2020	31 December 2022
David McLean	1 January 2020	31 December 2022
David Swinstead	1 January 2020	31 December 2022
Douglas Hogg	1 January 2020	31 December 2022
Fiona Barnett	1 January 2020	31 December 2022
Fiona Moore	1 January 2020	31 December 2022
Gareth Jones	1 January 2020	31 December 2022
Gelaga King	1 January 2020	31 December 2022
George Alliott	1 January 2020	31 December 2022
Gerard Coll	1 January 2020	31 December 2022
Gillian Hawken	1 January 2020	31 December 2022
Graeme Dalgleish	1 January 2020	31 December 2022

Graeme Henderson	1 January 2020	31 December 2022
Graeme Sampson	1 January 2020	31 December 2022
Hala Helmi	1 January 2020	31 December 2022
Hassan Khan	1 January 2020	31 December 2022
Iain Ross	1 January 2020	31 December 2022
Ian Ashford-Thom	1 January 2020	31 December 2022
James Holdsworth	1 January 2020	31 December 2022
Jane Rowley	1 January 2020	31 December 2022
Jayne Salt	1 January 2020	31 December 2022
Jeremy Barnett	1 January 2020	31 December 2022
John Bassett	1 January 2020	31 December 2022
John Bromley-Davenport	1 January 2020	31 December 2022
John Caudle	1 January 2020	31 December 2022
John Donnelly	1 January 2020	31 December 2022
John Moir	1 January 2020	31 December 2022
John-Paul Waite	1 January 2020	31 December 2022
Jonathan Whitfield	1 January 2020	31 December 2022
Juliet Gibbon	1 January 2020	31 December 2022
Justin Gau	1 January 2020	31 December 2022
Justine Davidge	1 January 2020	31 December 2022
Karen Rea	1 January 2020	31 December 2022
Kenneth Hamer	1 January 2020	31 December 2022
Lachlan Wilson	1 January 2020	31 December 2022
Laura McGill	1 January 2020	31 December 2022
Lee Davies	1 January 2020	31 December 2022
Leighton Hughes	1 January 2020	31 December 2022
Linda Goldman	1 January 2020	31 December 2022
Lucia Whittle-Martin	1 January 2020	31 December 2022
Maria Clarke	1 January 2020	31 December 2022
Marian Gilmore	1 January 2020	31 December 2022
Marian Killen	1 January 2020	31 December 2022
Mark McEvoy	1 January 2020	31 December 2022
Mark Piercy	1 January 2020	31 December 2022
Mark Ruffell	1 January 2020	31 December 2022
Mark Sullivan	1 January 2020	31 December 2022
Martin Goudie	1 January 2020	31 December 2022
Megan Ashworth	1 January 2020	31 December 2022
Michael Bell	1 January 2020	31 December 2022
Michael Epstein	1 January 2020	31 December 2022
Michael Hosford-Tanner	1 January 2020	31 December 2022
Michael Levy	1 January 2020	31 December 2022
Monica Daley	1 January 2020	31 December 2022
Neil Mercer	1 January 2020	31 December 2022
Nicholas Leviseur	1 January 2020	31 December 2022
Nigel Ingram	1 January 2020	31 December 2022
Nigel Mitchell	1 January 2020	31 December 2022

Nigel Pascoe	1 January 2020	31 December 2022
Nina Ellin	1 January 2020	31 December 2022
Oliver Wise	1 January 2020	31 December 2022
Patricia Crossin	1 January 2020	31 December 2022
Paul Hester	1 January 2020	31 December 2022
Paul Housego	1 January 2020	31 December 2022
Penny Howe	1 January 2020	31 December 2022
Peter Jennings	1 January 2020	31 December 2022
Philip Barlow	1 January 2020	31 December 2022
Rebecca Tuck	1 January 2020	31 December 2022
Richard Ferry-Swainson	1 January 2020	31 December 2022
Richard Miller	1 January 2020	31 December 2022
Richard Tyson	1 January 2020	31 December 2022
Robert Frazer	1 January 2020	31 December 2022
Robin Hay	1 January 2020	31 December 2022
Robin Ince	1 January 2020	31 December 2022
Robin Leach	1 January 2020	31 December 2022
Sanjay Lal	1 January 2020	31 December 2022
Sean Hammond	1 January 2020	31 December 2022
Simon Walsh	1 January 2020	31 December 2022
Stuart McLeese	1 January 2020	31 December 2022
Suzanne Palmer	1 January 2020	31 December 2022
Tim Bradbury	1 January 2020	31 December 2022
Tracy Ayling	1 January 2020	31 December 2022
Trevor Jones	1 January 2020	31 December 2022
Valerie Charbit	1 January 2020	31 December 2022
William Hoskins	1 January 2020	31 December 2022

Item 13
NMC/19/85
27 November 2019

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:	The following annexe is attached to this paper: • Annexe 1: Letter from Charity Commission (by email) dated 30 July 2019.
Further information:	If you require clarification about any point in the paper or would like further information please contact the author 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 on 30 October 2019.

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

Discussion:

Internal audit work plan

3 The Committee reviewed progress against the Internal Audit work programme 2019–2020 which highlighted that delivery had progressed largely in line with plan. The Committee considered three Internal Audit reports:

3.1 Fitness to Practise (opinion of "reasonable assurance")

3.2 People (part 2) – Recruitment (opinion of "partial assurance")

3.3 Finance and Data Quality (opinion of "substantial assurance").

4 The Committee continues to monitor progress on clearing Internal Audit recommendations. RSM (internal auditors) have now taken on completion of follow up of management actions from internal audits (previously carried out by NMC management) and reported on the outcomes of this work for the first time.

5 The Committee reviewed and commented on the proposed topics for internal audit reviews in 2020–2021. It was agreed that the two top priorities should be People and Organisational Development (POD) and Technology, in light of the outstanding issues in these areas. The draft 2020–2021 internal audit plan will be considered at the next Committee meeting in February 2020.

Risk management

6 The Committee considered the regular update on risk management and noted the view of the Executive that the corporate risk position remained largely stable.

7 The Committee reviewed progress on the risk management improvement project and noted the slippage in a number of areas due to prioritisation of work on the development of the organisational strategy for 2020–2025. The Executive confirmed that this slippage was being managed, to ensure that all elements of the project were completed and signed off by the April 2020 Audit Committee meeting.

8 The Committee discussed an update on setting corporate risk appetite levels and noted that the aim was for this to be aligned

with the development of the 2020–2025 strategy, by linking risk appetite to our strategic priorities for the next five years. The Committee requested that in the short term, an overarching risk appetite statement should be put in place, to link into the risks on the corporate risk register – this should be included in the risk report to the Council.

9 The Committee discussed an update on the corporate quality assurance (QA) function, which carries out a risk-based annual programme of QA reviews of individual functions/areas and provides assurance to directors and other senior managers about operational effectiveness and areas where improvements could be made.

10 The Committee received a presentation on risks, mitigations and sources of assurance in relation to the work of the People and Organisational Development (POD) directorate's work. The Committee noted that a range of issues have been identified as POD activities have been scrutinised in more detail, especially recruitment. The Committee acknowledged the progress being made by POD, including the recent improvement in the staff turnover rate, and thanked the team, and the wider organisation, for their efforts. It is expected that technology solutions (including the new recruitment Automated Tracking System) will help to mitigate risks associated with POD functions.

Anti-fraud, bribery and corruption

11 The Committee was pleased to note that no instances of fraud, bribery or corruption had been detected so far in 2019–2020.

Whistleblowing

12 The Committee reviewed the standing report on the use of the NMC's internal whistleblowing policy and considered summaries of three separate issues, which had been raised under the policy. The Committee confirmed it was content with the action being taken by the Executive on these cases.

13 The Committee welcomed the fact that staff were speaking up about concerns even where, as in these cases, the issues may not necessarily be "Protected Disclosures" under whistleblowing legislation.

Fitness to Practise (FtP) assurance plan – progress update

14 The Committee considered an update on the FtP assurance plan and noted that the previous plan had now been mapped against the five new Professional Standards Authority's Standards of Good Regulation which had been introduced.

15 The Committee noted that a Public Support Pathway was being piloted from October 2019. The results of an interim review of this initiative would be reported to Council in spring 2020.

Business resilience update – stability of IT infrastructure

16 The Committee continues to receive regular updates on business resilience and the stability of the IT infrastructure. The Committee is monitoring developments in this area until it is satisfied that the level of risk has been mitigated to an acceptable level.

17 The Committee discussed the actions which are being taken to address the slippage on the Modernising of Technology Services (MOTS) programme and noted that the overarching MOTS programme board is now meeting monthly. The Executive has confirmed its focus on delivering the remaining parts of the programme in a defined timeframe and on capturing lessons learned to take into account going forward.

18 The Committee welcomed the reassurance from the Executive that overall Disaster Recovery (DR) arrangements are now more robust and noted that the next DR test is planned for late January / early February 2020.

Annual review of accounting policies

19 The Committee considered the annual review of accounting policies and supported the recommendation from the Executive that no changes were needed.

Serious event / incident reporting

20 The Committee considered a report on serious event reviews (SERs) and data breaches for the period May to August 2019. Going forward, the Executive Board will be provided quarterly with details of the most serious incidents and a summary report setting out learning and actions agreed by the Executive Board will be given to the Audit Committee.

21 The Committee considered a report on Serious Incident Reporting (SIR) / Notifiable Event reporting to the Charity Commission (CC) and the Office of the Scottish Charity Regulator (OSCR). In common with a number of large charities, the NMC received a letter from the CC on 30 July 2019 (**Annexe 1**) reminding the Trustees of their responsibility to make "prompt, full and frank disclosure" to the CC when a serious incident takes place – this requirement still applies even if an incident is also being reported to another agency (such as the PSA). The Committee was satisfied that there was appropriate reporting to CC and OSCR.

Single tender actions cumulative register

22 The Committee considered a report on single tender actions (STAs) and the STAs actions log for the period from April 2019. The Committee welcomed the continuing reduction in the number of STAs occurring.

Public protection implications: 23 No public protection issues arising directly from this report.

Resource implications: 24 No resource implications arising directly from this report.

Equality and diversity implications: 25 No direct equality and diversity implications resulting from this report.

Stakeholder engagement: 26 None.

Risk implications: 27 No risk implications arising directly from this report.

Legal implications: 28 None identified.

Item 13: **Annexe 1**
NMC/19/85
27 November 2019

CHARITY COMMISSION
FOR ENGLAND AND WALES

Charity Commission
PO Box 211
Bootle
L20 7YX
Date: 30 July 2019

By email only to: fionnuala.gill@nmc-uk.org

Dear Ms Fionnuala Gill

NURSING AND MIDWIFERY COUNCIL - 1091434

The Charity Commission is writing to you as the correspondent of the above charity. Please ensure this letter is brought to the attention of all the charity's trustees.

Why the Commission is contacting you

We are undertaking proactive work around serious incident reporting. The Commission requires charities to report serious incidents. If a serious incident takes place within your charity, it is important that there is prompt, full and frank disclosure to us. Charities need to report what has happened and how the incident is being dealt with, even if the matter has also been reported it to the police, donors or another regulator.

The Commission previously reported on 17 October 2018 that we were seriously concerned regarding systematic underreporting of serious incidents in charities, and that:

- only 1.5% of registered charities have submitted any kind of serious incident report since 2014
- only 0.9% of charities have reported a safeguarding incident since 2014

Having reviewed our records, we have identified that your charity has only reported a very small number of serious incidents to the Commission since 2014, which is of concern given the size of the charity. We are therefore writing to the trustees to remind them of their responsibility to report serious incidents that occur within their charity, and to remind the trustees of our comprehensive regulatory advice and guidance, which also includes examples of what to report.

Guidance can be found at:

How to report a serious incident in your charity

The Commission has also recently launched an online reporting tool, for charities to report serious incidents to us and provide the information we need, to assess whether incidents have been dealt with appropriately. This tool **must** be used when reporting serious incidents to us and can be found through the following link:

Online reporting tool

Trustees need to make a serious incident report to the Commission if any of the following things occur, stating what happened and explaining how you are dealing with it:

- incidents that have resulted in or risk significant harm to beneficiaries and other people who come into contact with the charity through its work
- financial crimes – fraud, theft, cyber-crime and money laundering
- large donations from an unknown or unverifiable source, or suspicious financial activity using the charity's funds
- other significant financial loss
- links to terrorism or extremism, including 'proscribed' (or banned) organisations, individuals subject to an asset freeze, or kidnapping of staff
- other significant incidents, such as – insolvency, forced withdrawal of banking services without an alternative, significant data breaches/losses or incidents involving partners that materially affect the charity

It is the responsibility of the charity trustees to decide whether an incident is significant and should be reported.

Trustees should also make a serious incident report when an incident has occurred involving one of the charity's partners in the UK or internationally, which materially affects the charity, its staff, operations, finances and/or reputation, such that it is serious enough to be reported. Partners in this context includes the following and the people who come into contact with them through their work (such as their beneficiaries, staff and volunteers):

- a delivery partner of the charity
- a subsidiary trading company of the charity
- an organisation that receives funding from the charity
- another charity or organisation that is linked to your charity, for example as part of a federated structure

Trustees will need to consider what to report taking into account the charity's activities, size, funding and the nature of the relationship with the partner but the Commission suggests the guiding principles about what to report start from the following three positions:

1. The incident involves the charity's funds or its staff/volunteers; or it occurred during an activity or programme which the charity funds, has responsibility for or is involved with as a joint activity/programme; or the charity has the same branding as the partner.
2. The incident does not involve the charity's funds, brand or people but could have an impact on the charity.
3. The incident does not involve the charity's funds, brand or people and is sufficiently remote from the charity's work that it has little or no impact on the charity's reputation or the partner's ability to deliver its work with the charity.

The roles and responsibilities of the Commission

The Charity Commission is the independent regulator of charities in England and Wales. The Commission's purpose is to ensure charity can thrive and inspire trust so that people can improve lives and strengthen society. We do this by:

- holding charities to account
- dealing with wrongdoing and harm
- informing public choice
- giving charities the understanding and tools they need to succeed
- keeping charity relevant for today's world

The roles and responsibilities of the trustees

If something happens or goes wrong in a charity, the trustees are accountable and the Commission expects the trustees to take responsibility for putting things right and dealing with it responsibly. Trustees have a legal duty to act with reasonable skill and care, and in the best interests of the charity, which means exercising sound judgement and avoiding exposing the charity, or its beneficiaries to undue risk.

The Commission expects charities to be accountable, not only to their beneficiaries, but also to their stakeholders including key funders and the public. For example, you may be under a legal obligation or requirement to report certain incidents or issues to your funders under your funding agreements. As part of managing the risks, the charity needs to consider how to manage its stakeholder relationships and, in doing so, assess whether it needs to take any steps regarding its ongoing relationship with a funder over an incident.

Trustees of charities that fund other organisations, including overseas partners, should ensure that appropriate due diligence is carried out on the recipient body. Trustees should be confident that the partner is capable of delivering the proposed activities or services and has in place appropriate systems of control, including adequate safeguarding policies and procedures and internal financial controls.

What we need the trustees to do now

The trustees must undertake a review of the charity's existing serious incident processes and procedures, having due regard to our published guidance on the subject, and be satisfied that they are sufficiently fit for purpose. This includes having the necessary mechanisms in place to report serious incidents to the relevant regulators, such as the Commission, when required.

If the trustees establish that enhancements need to be made to the charity's existing processes and procedures, they must take the necessary action, as a matter of urgency, seeking professional advice if they consider it appropriate. The Commission recommends at least an annual review of a charity's policies and procedures.

The trustees do not need to respond to this correspondence. However, we may contact the charity again as part of our ongoing proactive work, to further explore with the trustees the robustness of the charity's serious incident processes and procedures.

Thank you for your assistance.

Yours sincerely

Proactive Casework & Monitoring Team

Charity Commission for England and Wales

w: www.gov.uk/charity-commission

Council

General Nursing Council for England and Wales Trust Report

Action:	For information.
Issue:	Provides a summary of the work of the General Nursing Council Trust for England and Wales (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: Robert Parry

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. Further information is available at http://www.gnct.org.uk

Background

2 The General Nursing Council (GCN) 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 United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) in 1983 and by the Nursing and Midwifery Council (NMC) 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 in England and Wales.

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 GNC Trust Fund for Scotland is managed by NHS Education for Scotland. For further information please see: https://www.nes.scot.nhs.uk/education-and-training/by-discipline/nursing-and-midwifery/information-for-practitioners/general-nursing-council.aspx

6 Applications are currently being accepted for 2020–2021 fund, during 20 October 2019 until 23 January 2021.

The GNCT for England and Wales Objectives

7 To advance the art and science of nursing.

8 To advance the better education and training of students training for a statutory nursing qualification and the further education and training of registered nurses.

9 To promote research and investigation into matters relating to nursing.

10 To further the objectives of the Nurses Welfare Service.

11 The GNCT is a National Institute for Health Research (NIHR) non commercial partner. This means the studies funded maybe eligible to access NIHR Clinical Research Network (CRN) support.

Trustees

12 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 NMC. The NMC appointed Robert Parry as a trustee to the GNCT in May 2018. The current Chair is Professor Kate Gerrish. Trustees are supported by a lay secretary with substantial financial management experience.

100 Years of Regulation

13 In celebrating 100 years of regulation the GNCT will be working in partnership with the NMC External affairs department to promote the objectives and outputs from the GNCT Fund

Investment Policy

14 The GNCT for England and Wales Funds are managed by Investec Wealth & Investment Ltd (Investec), which is a member of the London Stock Exchange and is regulated by the Financial Conduct Authority.

15 There are no restrictions on the GNCT England and Wales's power to invest, but it has adopted the principle that investments should be made within an ethical framework.

16 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.

Application of Funds

17 Research applications are funded every year comprising approximately up to £40,000 each, depending on the performance of the portfolio. Additionally, grants have been made to the Florence Nightingale Foundation, under collaborative arrangements to support Leadership Scholarship.

18 Topics for each year are selected by trustees to reflect current issues within nursing. The topic for 2019 is: "Enhancing the quality of care through patient and/or carer involvement". A call is usually made for applications January – March every year with details posted on the website.

19 The criteria for applications:

19.1 Proposals must reflect an aspect of nursing policy, practice or education which addresses the specific focus of the year's theme.

19.2 The study must address a defined research question and use a recognised methodology.

19.3 The request must fall within the maximum amount specified.

19.4 The lead applicant must be a nurse working in practice, education, management or research in England or Wales.

19.5 The project must develop the abilities of an early career nurse researcher.

20 Applications are initially scrutinised by Trustees and the shortlisted applicants are then subject to further review and rated by academic reviewers. The final decision is made by the GNC Trustees. In 2019, 20 applications were received of which five were deemed by reviewers to meet the criteria and two were selected.

21 A named Trustee monitors the progress of each of the funded projects and final reports are published on its website.

22 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.

23 Previously funded studies are available on the GNCT website and have included: 'Do Primary care nurses provide appropriate care to women victims of domestic abuse?' (Dr Ali Parveen, University of Sheffield); and 'Child and Family when a patient has a mental health problem' (Louise Condon, University of Swansea)

Robert Parry
November 2019