Council Open 29 January 2020

Meeting of the Council

To be held from 09:30 on Wednesday 29 January 2020
Council Chamber, 23 Portland Place, London, W1B 1PZ

Agenda

Philip Graf Chair		Fionnuala Gill Secretary	
1	**Welcome and Chair's opening remarks**	NMC/20/01	**09:30**
2	**Apologies for absence**	NMC/20/02	
3	**Declarations of interest**	NMC/20/03	
4	**Minutes of the previous meeting** Chair	NMC/20/04	
5	**Summary of actions** Secretary	NMC/20/05	
6	**Exploring Context** **Presentation by Carter Corson** Director of Fitness to Practise	NMC/20/06	09:40
7	**7a. The Executive report** Chief Executive and Registrar/Executive	NMC/20/07	10:40
	7b. Modernisation of Technology Services (MOTS) Programme progress report Director of Resources and TBI	NMC/20/08	
	Coffee		**11:30**
8	**Review of Post Registration Standards** **For decision** Director of Education and Standards	NMC/20/09	11:45

9	**Safeguarding and Protecting People Policy review**	NMC/20/10	12:15
	For decision		
	Director of Registration and Revalidation		
10	**Panel Chair and member appointments and reappointments**	NMC/20/11	12:25
	For decision		
	Director of Fitness to Practise		
11	**Midwifery update**	NMC/20/12	12:30
	For discussion	**(Oral)**	
	Director of Education and Standards		
12	**Questions from observers**	NMC/20/13	12:45
	Chair	**(Oral)**	

Matters for information

13	**Chair's action taken since the last meeting**	NMC/20/14	
	Chair		
14	**CLOSE and LUNCH**		**13:00**

Nursing & Midwifery Council

Meeting of the Council
Held on 27 November 2019 at 2 Stratford Place, Montfichet Road, London E20 1EJ

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
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
Fionnuala Gill	Secretary to the Council
Pernilla White	Senior Governance Manager

Minutes

NMC/19/73   Welcome and Chair's opening remarks

1.   The Chair welcomed all attendees to the meeting and noted that this was the Council's first meeting using a new electronic system. It was emphasised that the NMC remain absolutely committed to transparency and would continue to publish agendas and papers a week before each Council meeting.

2.   The Council viewed a film celebrating 100 years of nursing registration.

NMC/19/74   Apologies for absence

1.   Apologies had been received from Ruth Walker, Council member and Candace Imison, Director of Strategy Development.

NMC/19/75   Declarations of interest

1.   In relation to **NMC/19/79 – English Language and Return to Practice; NMC/19/80 – Education quality assurance annual review report; and NMC/19/82 – Our approach to sponsorship** all registrant members and Geraldine Walters declared an interest.

2.   In relation to **NMC/19/81 - Midwifery update** Lorna Tinsley declared an interest as a midwife; and Karen Cox declared an interest as an employer of midwives.

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

NMC/19/76   Minutes of the previous meeting

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

NMC/19/77   Summary of actions

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

NMC/19/78   Executive Report

1.   The Chief Executive and Registrar introduced the Executive report.

            Executive update

2.   The following points were noted in discussion:

a) The independent investigation report by Verita had been published together with a statement by the Chief Executive and Registrar which included comments generously provided by Mr Titcombe. The Chair and Chief Executive and Registrar had written to apologise to the current and former Secretaries of State, the Chief Executive of the Professional Standards Authority and Mr and Mrs Titcombe. The Director of Fitness to Practise was taking forward learning within Fitness to Practise. Wider learning for the whole organisation was also being implemented.

b) Following the announcement of the General Election on 12 December, guidance on the pre-election period had been issued to the organisation and developments were being monitored. The NMC, together with the other UK health and social care professional regulators, had written to the Leaders of all the major political parties highlighting the importance of legislative reform in UK health and social care regulation.

c) Planning continued for the UK's departure from the EU and the organisation was ready to make any necessary changes to its preparations as and when required.

d) The NMC's position on industrial action had been placed on the website on 25 November 2019 including a reminder that the standards and behaviours set out in the Code would continue to apply to registrants.

e) In relation to four country engagement, the role of the lead Directors for each country was to build on existing relationships with stakeholders, to widen and deepen the relationships; hear the voice of leaders, registrants and the public; and to better understand how health and social care was delivered in each country.

f) Meetings in October 2019 between the Director of Education and Standards and the CNOs in the four countries as part of early engagement on the post registration standards had been positive and had generated a lot of debate. The recently established Post Registration Standards Steering Group included representatives from each of the four countries.

g) The 'Always Caring, Always Nursing' event at St Thomas' Hospital on 25 November 2019 had been a very positive evening with a focus on celebrating nurses, the impact they had on the people who use services and why nursing was important. The presentation from Jeanne Carlin, the Carer who spoke at the event, together with a statement from the nurse who cared for the family for many years would be published on the NMC website.

h) The consultation on 'Shaping the future', the NMC's draft strategy for 2020–2025 had now closed. The data was currently being analysed in order to understand what this meant for the draft strategy and to refine the strategy before it was presented to the Council for final approval in March 2020.

Performance report

3.   The Council discussed the performance report to 31 October 2019. The following points were noted in discussion

i) A full report on the MOTS programme had been discussed by the Council in confidential session on 26 November 2019 and the Council had approved the new plan and budget proposed in that meeting. That decision pushed back the launch date for the new register to February 2020, and the launch date for phase one of the new Education Quality Assurance system to March 2020. The work on the FTP case management system had been paused. An update report on the MOTs programme would be brought to the open meeting on 29 January 2020.

j) The further reduction in employee turnover to just under 16 percent was welcome and it was particularly good to see that less than 10 percent of new employees were now leaving within 6 months. Early indications suggested that this was a stable trend in the right direction. A review of the pension schemes may have an impact on staff. However with the new corporate strategy in development, there was a sense that colleagues were generally feeling positive about the future.

k) A £7.6m underspend was forecast for the year. This included: £1.5m more income than assumed, mainly due to more overseas applicants; £2.5m contingency not needed; and £0.7m underspend on Business as Usual (BAU), in FTP. Whilst this was positive, better planning and forecasting for the next year was encouraged.

l) The launch of the FTP Careline pilot was welcomed. So far around 25 registrants had called the Careline. The use of the Careline was being closely monitored with monthly evaluation meetings and a full evaluation planned after 12 months.

m) It was encouraging that the new processes for overseas registration has been viewed over 270,000 times. Whilst it was not possible to track, it was believed that this was a mixture of people who wanted to join the register and people in the middle of the process, who may wish to switch to the new process. Positive feedback had been received on the improved guidance and support information available on the website. Work was ongoing on building relationships with employers and recruitment agencies.

n) The Council paid tribute to Jessie Cunnett, Head of Public Support for the valuable contribution she had made to NMC, particularly in helping drive cultural change and in the wake of the lessons learned. She was leaving a positive legacy behind and the public support and engagement work would continue after Jessie's departure in December 2019.

Corporate risk register

4.   The Council considered the corporate risk register. The following points were noted in discussion:

o) There were no changes in the risk ratings. IT and People risks remained the highest rated risks.

p) Individual directorates had separate directorate level risk registers; as appropriate, directorate level risks were proposed for escalation to the corporate risk register. The industrial relations risk was captured in the External Affairs' risk register and should also be reflected in the corporate risk register.

Action:	**Escalate the industrial relations risk so that it is captured on the corporate risk register.**
For:	**Director of Resources and TBI / Director of External Affairs**
By:	**29 January 2020**

NMC/19/79   English Language and Return to Practice

1. The Director of Registration and Revalidation introduced the paper on English Language and Return to Practice which recommended a number of changes to ensure consistency and proportionality of approach. These were the result of the longstanding programme of work to improve overseas processes, including ensuring an evidence-based approach.

English language competence

2. It was proposed to remove the five-year limit for those who had qualified through a course taught in English. In April 2019, a study had been commissioned to summarise the academic evidence on whether English language competence deteriorates over time and the causes of any deterioration. The evidence indicated that once English speakers reached a critical level of language competence their language skills stabilised such that they should not deteriorate below that critical threshold over time. The Professor who had undertaken the study was a leader in the field of Language and Linguistics. The review had considered all the professions that the NMC regulates.

3. It was important that the evidence base was kept under constant review and that the NMC was flexible and willing to change its position again, if necessary, in the future.

Occupational English Test

4. Following a benchmarking study, it was proposed that the writing score for the OET test should be revised to align with the previously revised writing score for the IELTS test. As language tests had a two year validity period, applicants who had achieved the amended OET score within the last two years would now be eligible to apply.

5. Based on advice on the robustness and validity of OET's standard setting exercise and additional information from the OET, it was concluded, that

on balance, the proposed new test threshold seemed appropriate. It was important to note that legally, the NMC could not set any test or threshold for admission to the register higher than was deemed necessary.

6.   The significantly higher OET costs were noted. The NMC had encouraged OET to review and reduce their costs where possible.

Changes to the Return to Practice standards

7.   The changes proposed sought to address an anomaly in the Return to Practice standards. It was recommended that this anomaly was removed to align the two standards, so that people who completed their pre-registration qualification within the last five years could use this as evidence of clinical competence both for admission and readmission regardless of whether they had previously registered.

8.   In the case of applicants who had trained abroad in another language, the language requirements would continue to apply and they would also need to sit the test of competence.

9.   **Decision: The Council agreed the proposed changes to the English language guidance and the proposed change to the Return to practice standards.**

Action:	**Share the academic evidence report with Council**
For:	**Director of Registration and Revalidation**
By:	**29 January 2020**

NMC/19/80   **Education quality assurance annual review report 2018–2019**

1.   The Director of Education and Standards introduced the report on the key themes that emerged from the Education Quality Assurance (QA) activity during the academic year 2019–2019. This included analysis of approvals, annual self-reporting and concerns. In discussion the following points were noted:

a) The new framework introduced a four stage 'gateway' process for assuring institutions and education programmes met the standards through a more targeted approach to QA.

b) Institutions who did not pass Gateways received feedback so they could resubmit applications. The main reason for institutions not passing the gateway at the first attempt was around not providing sufficient evidence to support how the programme standards would be met. There was ongoing contact with institutions and close engagement with the Council of Deans of Health to help institutions understood the requirements.

c) All approvals sought had been granted on time.

d) Increasing numbers of approvals were being sought for apprenticeship and Nursing associate programmes.

e) The first Scottish institution under the new programme monitoring had recently been approved.

f) The NMC had refused approval of one nursing associate programme and had indicated that it was minded to refuse a pre-registration nursing programme. This showed that the new Quality Assurance model was working as intended.

g) It was important to ensure that students at such institutions were not affected as a result of this and that the risk was being managed.

h) The data collected would be triangulated with feedback from students and system regulator reports and shared within the sector.

2. It was noted that In future there would be regular reports on Education QA through the Executive Report.

NMC/19/81   Midwifery update

1. The Director of Education and Standards gave a verbal update on Midwifery and the following points were noted:

a) The new future midwife standards had been published on the NMC's website. Formal launch events were planned in each of the four UK countries in January and February 2020.

b) The joint work on the preceptorship principles agreed at the last meeting had begun. This was welcomed by the Council.

NMC/19/82   Approach to sponsorship

1. The Director of External Affairs introduced a paper outlining the proposed approach to sponsorship. The NMC wanted to be more proactive in recognising the work of the regulated professions. One way to do this was by sponsoring events or awards. This would demonstrate recognition of good practice, build trust in the NMC as a regulator, and inspire professionalism. In discussion the following points were noted:

a) In considering whether or not to sponsor any activity, awareness of other headline sponsors for an event and clear advance criteria for awards were important elements.

b) The Events Manager would propose a sponsorship plan for each financial year for review and approval. A budget of £50,000 had been allocated and an evaluation would be conducted to see if the aim had been achieved.

c) As the NMC was a charity and the Council members were trustees, it was important that there was a financial limit set for each activity and that any activity furthered the NMC's statutory functions and objectives of maintaining confidence in the professions and promoting and maintaining standards. It would be helpful if the extent to which these objectives were achieved formed part of any evaluation.

2. The Council welcomed the development of the guidelines and noted that

it would be helpful to know which events or awards members were expected to attend.

3. **Decision: The Council approved the proposed approach to sponsorship.**

NMC/19/83   Reappointment of legal assessors

1. The Director of Fitness to Practise introduced the paper on the reappointment of legal assessors.

2. It was suggested that it may be beneficial to consider a staggered approach to term ends to avoid these all ending on the same date. The Director confirmed that this was being considered for the future.

3. **Decision: The Council accepted 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.**

NMC/19/84   Questions from observers

1. The Chair invited questions and comments.

2. A Scottish government representative welcomed the English language changes and asked about the differing requirements across the professional regulators. The Director of Registration and Revalidation advised that she had convened an inter-regulatory group to look at the scope for increased alignment of requirements in the future.

NMC/19/85   Audit Committee Report

1. The Council noted the Audit Committee report.

NMC/19/86   General Nursing Council for England and Wales Trust Report

1. The Council noted the report by Council member Rob Parry on the work of the General Nursing Council for England and Wales Trust.

NMC/19/87   Chair's action taken since the last meeting

1. None to report.

Chair's closing remarks

In conclusion, the Chair thanked all attendees for coming and the staff who had facilitated hosting the meeting at the NMC's office in Stratford.

The next meeting of the Council in public will be held on 29 January 2020.

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

SIGNATURE: ....

DATE: ....

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Summary of actions

Action: For information.

Issue: Summarises progress on completing actions from previous Council
                    meetings.

Core   Supporting functions.
regulatory
function:

Strategic   Strategic priority 4: An effective organisation.
priority:

Decision   None.
required:

Annexes: None.

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

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

Minute	Action	Action owner	Report back date	Progress to date
NMC/19/78	**Industrial relations risk** Escalate the industrial relations risk so that it is captured on the corporate risk register.	Director of Resources and TBI / Director of External Affairs	29 January 2020	Discussed within annexe 2 of the Executive Report on the agenda.
NMC/19/79	**English Language and Return to Practice** Share the academic evidence report with Council	Director of Registration and Revalidation	29 January 2020	Complete – report shared with Council on 23 December 2019.

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

Minute	Action	Action owner	Report back date	Progress to date
NMC/19/70	**EDI Research** Provide early findings from the EDI research to Council	Director of Registration and Revalidation	29 January 2020	Findings will be reported in the Executive Report in March 2020. As mentioned in the January Executive Report, on the agenda, our timetable has slipped because of issues with the quality of our EDI data that we had not anticipated.

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/ 29 January 2020	We are planning public communication activity in February 2020 to explain our progress and plans on public support. We will share the report with the Council prior to publication.

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	New processes have been drafted and are being discussed. They will be issued in February.

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Exploring context: Presentation by Carter Corson

Action: For discussion.

Issue: When we launched a new strategic approach to Fitness to Practise in July 2018, we adopted a policy principle that confirms we always take account of the context in which nurses, midwives and nursing associates are practising. This reflects the fact that systemic issues are a factor in many safety incidents. Therefore, wrongly attributing blame to individuals will not help keep people safe because it will not stop underlying issues happening again.

Our decision-makers already take account of context in considering seriousness and when identifying mitigating factors. We have identified that we need new tools to gather information about context, and a new framework to help factor in context information throughout our proceedings.

The tools and the framework we are developing will help us make sure we are systematic and methodical in our approach to identifying wider circumstances when things go wrong, and help our decision-makers to reach consistent, fair outcomes that they can explain clearly. This will help us make better decisions about the seriousness of the concern, about the risk of it happening again, and about whether we need to share information to prevent harm in the future. We have been working with Carter Corson to help us do this. The presentation will explain our thinking to date and the next steps on piloting our new approach.

Core regulatory function: Supporting functions.

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

Decision required: None.

Annexes: None.

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

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Council

Executive report

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

- Annexe 2: Corporate risk register at December 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 December 2019.

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

Developments within the external environment

General election

5   Following the election of a Conservative majority government on 12 December 2019, letters from Andrea Sutcliffe and Philip Graf were sent to members of the new Government, requesting meetings to discuss how we can work together over the next five years to tackle the challenges facing the nursing and midwifery workforce.

6   Meetings have now been set up with the Secretary of State and the Minister responsible for regulation.

7   The General Election Steering Group is reviewing how the election outcome will impact the future work of the NMC across the four UK countries and will draw up plans accordingly.

Brexit

8   The Government reintroduced the Withdrawal Agreement Bill to Parliament on Friday 20 December 2019. The Bill has now been passed by the House of Commons, without amendment. At the time of writing on 14 January 2020, the Bill was going through the legislative stages in the House of Lords. Given the Government's large majority, it is expected that the Bill will be passed by the House of Lords, and receive Royal Assent.

9   Once the Bill has received Royal Assent, it will be ratified by the European Council. Unless there is a delay in this process, the UK will leave the European Union on 31 January 2020 and enter into a

transition period until 31 December 2020.

10   A new clause in the Withdrawal Agreement Bill states that the transition period must end on 31 December 2020 and cannot be extended. This means that the UK has until this date to negotiate Trade Agreements with the EU. If an agreement cannot be reached by this deadline, the UK will leave the EU without a trade deal on 31 December 2020.

11   Our Brexit Steering Group continues to plan for the UK's departure from the EU. We have already undertaken comprehensive planning for both a deal and no-deal scenario. With regard to the current position, on 31 January 2020 we will send out communications to those on our register from the European Economic Area and key partners. We will update our webpages to reflect the UK's exit and the transition period. We will also be sending a communication to NMC colleagues from the EU.

12   We will monitor the trade deal negotiations closely throughout 2020 and continue to update our plans for both a future relationship deal and no-deal scenario beyond 31 December 2020. As the negotiations continue to progress, the policy team are engaging with government officials.

Queen's speech

13   The Queen's Speech took place on Thursday 19 December, in which the Government's future legislative priorities for the next five years were outlined. Commitments related to health and social care mirrored those in the Conservative Party manifesto and included:

13.1   The re-introduction of the Withdrawal Agreement Bill and a commitment to leave the European Union on 31 January 2020.

13.2   A commitment to enshrine in law a multi-year funding settlement that will see a £33.9 billion increase in NHS England funding by 2023–2024.

13.3   A commitment to secure 50,000 additional registered nurses over the next five years.

13.4   A commitment to seek a cross-party consensus on proposals to reform the social care system and an additional £1 billion for adult and children's social care every year.

13.5   The re-introduction of the Health Services Safety Investigations Bill.

14   As referenced in paragraph 6, the General Election Steering Group are reviewing the impact of the election outcome and the new Government's priorities on the nursing and midwifery workforce.

This analysis will help inform our future engagement with the new Government.

Workforce

England

15   On 13 November 2019, Andrea Sutcliffe addressed the Care England conference, flying the flag for nurses working in social care. In her speech Andrea recognised the vital contribution that adult social care nurses make every day to millions of people living in communities across the UK and reconfirmed that as the professional regulator we expect nurses to uphold the same standards, behaviours and skills regardless of the setting in which care is provided. The speech and supporting press statement were warmly welcomed by our stakeholders.

16   Andrea Sutcliffe continues to represent the NMC on the NHS People Plan Advisory Group. The Advisory Group met on Monday 16 December 2019. The publication of the full NHS England People Plan was delayed due to the general election. It is expected that it will now be published in early 2020.

17   On Wednesday 18 December 2019, the Government announced that it will be introducing a £5,000 maintenance grant for all current and future nursing and midwifery students in England, from September 2020. In addition, payments of up to £3,000 will be made available for students in regions or specialisms struggling to recruit. We welcomed this investment into the future nursing and midwifery workforce.

Northern Ireland

18   On Saturday 11 January 2020, the Northern Ireland Executive met at Stormont for the first time in three years. A new draft deal aimed at restoring power-sharing (New Decade, New Approach) was published by the Secretary of State for Northern Ireland, The Rt Hon Julian Smith, and the Irish Tanaiste, Simon Coveney on Thursday 9 January 2020. All five political parties in Northern Ireland agreed to proceed with the draft deal and re-enter devolved government.

19   Alex Maskey (Sinn Fein) was elected as the new Speaker and Robin Swann (UUP) was appointed as the new Health Minister. Workforce issues were at the centre of the negotiations between political parties in Northern Ireland. At the time of writing, the Health Minister has announced a new framework document detailing a proposed pay offer and plans to address staffing pressures. Planned industrial action by trade unions has been suspended pending consultation with members on the proposals.

20   Following his appointment, Andrea Sutcliffe has written to the new Health Minister, requesting a meeting to discuss the work of the NMC and our role in supporting the nursing and midwifery workforce in Northern Ireland.

Scotland

21   The NMC continues to contribute to the guidance development for the Health and Care (Staffing) (Scotland) Act. On 17 December 2019 we attended an engagement event hosted by the Scottish Government to discuss the five guidance chapters. We fed back on some of the wording included in the guidance which was well received. Our ongoing engagement with stakeholders on the guidance has been welcomed.

22   On 16 December 2019, the Scottish Government announced the publication of the Scotland's first integrated health and social care workforce plan. The plan sets out how health and social care services will meet growing demand and ensure there are enough staff with the right skills to deliver safe, effective care in Scotland. The actions in the Plan will be overseen by the National Workforce Planning Group's Programme Board.

23   We have reviewed the plan and are discussing the impact on the nursing and midwifery workforce.

Wales

24   The Welsh Government announced in November that the NHS Wales bursary package would be retained and extended up to the 2022–2023 academic year. Currently, NHS Wales offers a bursary of up to £4,567 and a maintenance loan of up to £4,000. Tuition fees are also covered on the condition that students commit to working in Wales for two years following graduation.

Equality Diversity and Inclusion Research

25   We continue our research into how different groups of nurses, midwives and nursing associates (on the basis of protected characteristics) experience our processes. We have analysed internal NMC data and commissioned an analysis of relevant external data. The Executive was due to discuss findings from the internal analysis on 23 January and will feed this into the ongoing development of our future strategy.

26   The next meeting of the external advisory group is scheduled for 30 January 2020. The focus will be how we use initial findings for strategy development, a presentation on the initial finding of the external data analysis, and co-designing the in-depth qualitative research with advisory group members.

27   We had originally planned to publish a report in Spring 2020. Our

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timetable has slipped because of issues with the quality of our EDI data that we had not anticipated, so our report may not now be ready before the summer.

Register Data Report

28   On 17 December 2019 we published our mid-year update on our registration data. The data showed that the number of nurses and midwives eligible to practise in the UK, and nursing associates eligible to practise in England, had grown to 706,252 by the end of September 2019 – the highest level ever.

29   The number of nurses in each of the four fields of practice increased marginally. However there are still more than 1,000 fewer registered learning disabilities nurses than there were five years ago.

30   In England, our register grew by 5,535 (1 percent). In Scotland, it grew by 716 (1 percent). In Wales, it grew by 494 (1.3 percent). In Northern Ireland, our register fell slightly by 43 (0.2 percent).

31   Ahead of the publication of our reports, the Chief Executive and Director of External Affairs briefed key stakeholders across the UK on the findings of the data report.

32   The reports were positively received by key stakeholders. The Secretary of State for Health and Social Care, Matt Hancock, referenced the data from the UK report in a speech he gave on 18 December 2019. Stakeholders also welcomed our inclusion of data on the number of registrants with specialist health visitor qualifications and specialist district nurse qualifications for the first time.

Sector Industrial action

33   A range of industrial action, including strike action, has been taking place across the United Kingdom.

34   On 26 November 2019, we published an update on industrial action on our website to clarify our position and answer the queries people have told us they have in relation to industrial action. We have received positive feedback from our partners, including unions and employers, who have told us that they find the information helpful and that our proactive approach to providing the update is appreciated.

35   In Northern Ireland, members of the Royal College of Nursing, Unison, Unite and NIPSA (Northern Ireland Public Service Alliance) have been taking industrial action, including strike action. The action was taken over pay and staffing disputes, in particular in relation to pay disparity between health and social care staff in Northern Ireland and NHS staff across Great Britain, and concerns

that staffing levels are causing risks to patient safety and care quality. On Wednesday 15 January, the Health Minister, Robin Swann, announced a new framework document detailing a proposed pay offer and plans to address staffing pressures.

36   Following conversations with the Health Minister on the new proposals, Unison, Unite and the Royal College of Nursing announced that they have suspended their ongoing industrial action and will consult with their members on this. The Royal College of Midwives, who had been balloting its members on industrial action in Northern Ireland, has also announced that it has ceased the ballot and will consult with its members on the framework document. As we finalise the paper on 20 January 2020, NIPSA, has rejected the Department of Health's proposals following a meeting of its health panel. The reasons stated for rejection include: time frames for completion, a lack of commitment to funding, and a lack of recognition for administrative, social work and health and social care staff other than nurses.

37   Andrea Sutcliffe and Edward Welsh are regularly engaging with our partners in Northern Ireland to remain informed about the situation.

38   In Lincolnshire, Unite member health visitors took industrial strike action between 18 November and 13 December 2019 over pay and contract disputes

39   In Guernsey, members of the Royal College of Nursing (RCN) were balloted in December on a pay offer from the States of Guernsey. On a turnout of 51 percent, 89 percent of members voted to reject the offer, meaning an industrial action ballot will be started in January 2020.

40   Between 25 November and 4 December 2019, members of the University and College Union took industrial action, including strike action. We wrote to approved education institutions to remind them of their responsibility to report any risk to student learning and the student environment to us, in light of the action.

Gosport investigation

41   On 4 December 2019, we published an online resource for the professionals on our register setting out key learnings from the Gosport Independent Panel's report into failings in care at Gosport War Memorial Hospital. These resources were shared via our newsletters and were viewed 5,800 times between 4 December 2019 and 7 January 2020. The resources can be found on our website (https://www.nmc.org.uk/news/news-and-updates/nmc-responds-to-gosport-independent-panel-report/).

Engagement

Four nation engagement

42   Country directors for Scotland, Wales and Northern Ireland have continued to build on their engagement with senior stakeholders in each of these countries, supported by dedicated project teams. The group supporting engagement across England will begin meeting in early 2020.

Scotland

43   Matthew McClelland met with the following stakeholders in Scotland on 28 and 29 November 2019:

     43.1   Miles Briggs MSP, Conservative health and social care spokesman.

     43.2   Teresa Fyffe, RCN Scotland Director.

     43.3   Nicola Cotter, Head of GMC (Scotland Office).

     43.4   Ann Gow, Deputy CEO and Ruth McMurdo, Head of Nursing from Health Improvement Scotland.

     43.5   Peter McLeod, CEO Care Inspectorate.

44   A theme emerging from the discussions is the pressure the health and social care system is currently under. We are working collaboratively on messaging for people on our register around working in a system under such pressures. We are also working with stakeholders to set up a mechanism for organisations to share early information about potential risks.

Northern Ireland

45   Edward Welsh's planned visit to Northern Ireland in early December did not go ahead, as the all-Ireland CNO conference was cancelled due to industrial action taking place on the same date.

46   Other key discussions have taken place, including Olive Macleod (Chief Executive, Regulation and Quality Improvement Authority) and Patricia Higgins (Chief Executive, Northern Ireland Social Care Council). Conversations have focused on continuing to build our relationships and the ongoing industrial action in Northern Ireland.

47   On 13 November 2019, Geraldine Walters met with Claire Bailey MLA, along with the GMC, to discuss our standards in respect of women presenting for abortions following the recent change in the law in Northern Ireland.

48   We submitted a response to the consultation on the legal framework

for abortion services in Northern Ireland. Our response focused on:

48.1   clarifying our role; providing information regarding our Code and the behaviours expected of nursing and midwifery professionals;

48.2   details of the relevant standards of proficiency; and

48.3   highlighting the information we have provided to professionals on our register in relation to the interim arrangements for the legal framework.

49   We also shared our response with the Chief Nursing Officer for Northern Ireland.

Cymru / Wales

50   Emma Broadbent met with Helen Rogers, Director of the Royal College of Midwives Wales, to discuss the future of midwifery care and student education.

51   Emma Broadbent joined Andrea Sutcliffe and Philip Graf in a meeting with the Cabinet Secretary for Health and Social Services, Vaughan Gething, on 8 January 2020. Key issues discussed were post registration standards, devolved health policy and regulation. It was agreed that regular catch-ups would be set up with the Minister going forward.

52   Emma Broadbent will undertake further engagement in January 2020 as set out below:

52.1   22 January: Sue Evans, Chief Executive of Social Care Wales, with Andrea Sutcliffe.

52.2   22 January: Helena Herklots, Older People's Commissioner for Wales.

52.3   31 January: Attending the Wales Nurse Directors meeting, chaired by Jean White.

England

53   A project team will be established in early 2020 to support Geraldine Walters to further develop the NMC's approach to engaging across English regions.

54   Geraldine Walters has been in contact with all of the Regional Chief Nurses for an initial conversation to establish what would be helpful in terms of regular collaboration with the NMC moving forward.

Improving our approach to communications and engagement

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

55   On 25 November 2019 we held a celebratory event at St Thomas' Hospital. The event saw around 150 registrants and partners come together to celebrate 100 years of professional nursing registration and pride. A short-form documentary featuring the stories of nurses was launched at the event, alongside the winner of our competition to design a limited edition commemorative pin badge. Nurse Karen Mojica was announced as the winner by England's Chief Nursing Officer, Dr Ruth May.

56   We were bowled over by the initial demand for the commemorative badge and have given people a second opportunity to receive it via an online ballot. More than 10,000 people will receive their badges throughout January 2020.

57   To mark the anniversary of the Nurses Registration Act, on 23 December 2019, we contacted all those on our register to thank them for the fantastic work they do, to reflect on the year gone by and to look ahead to the WHO year of the nurse and midwife. We also celebrated with our longest serving employees.

58   Over our 100 day countdown to the centenary, we utilised all our social media platforms to promote a number of nursing stories and our message of '100 years of professional pride'. In total we (@nmcnews) issued 127 tweets which were seen 1,446,900 times; the most successful of these was the first tweet on 23 December 2019, which generated 1410 likes and 761 retweets. This is to date our most successful social media post.

World Health Organisation (WHO) Year of the Nurse and Midwife 2020

59   Throughout 2020 we and many other organisations across the health and care sector will be celebrating the WHO year of the nurse and midwife. We are working closely with our partners from across the health and care sector to plan activity throughout the year and are part of a number of cross organisation working groups.

60   Throughout the year we will build on the work we have done as part of our always caring always nursing celebrations, to mark 100 years of the Nurses Registration Act 1919, telling the powerful stories of nursing and midwifery professionals on our register. We are establishing a project group to develop a communications plan to support this activity throughout 2020.

One year anniversary of nursing associates

61 On 28 January 2020 we celebrate the one year anniversary of nursing associations joining the register. To celebrate nursing associates as registered professionals and the contribution this new role makes to delivering consistent and quality care across the health and care system in England we will be marking the day with videos, case studies and social media activity.

Public Protection

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

Resource implications:

63 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:

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

Stakeholder engagement:

65 Not applicable.

Risk implications:

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

Legal implications:

67 None.

27

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 are either completed or remain on track. Major areas of slippage have previously been reported to the Council and there have been no additional areas reported since November.

3 Completed milestones are: putting in place new processes for overseas registration, completing our office move from Holborn to Stratford, publishing new return to practice standards for nurses, midwives and nursing associates, launching our new standards for future midwife, implementing new internal collaboration tools (Workplace) and an employee engagement surveying tool, backing up the stability of our phone lines, and completing our strategy consultation with stakeholders.

4 Areas of slippage are: delivery of our modernising our technology programme (replacing our core systems, Wiser and CMS), introducing pro bono legal advice for registrants, improvements to information and signposting for registrants within our FTP processes, and a new technical solution for quality assurance of education standards for Approved Education Institutions. These slippages are deemed tolerable within the wider context of our corporate plan.

5 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

My future, my midwife: transforming midwifery care for everyone

6 We launched our Future Midwife standards digitally on 18 November 2019. Education institutions have been sent the necessary information needed to design programmes that meet our new standards, ready for courses starting September 2020.

7 We will formally launch the standards in January and February 2020 with events across the UK. These events will highlight the transformational impact of the standards across the four countries. Guests will have a chance to hear from local student midwives exhibiting on the work they are most proud of and we will be hearing stories from women and their midwives about their experiences of care, on topics including continuity of care and carer, perinatal mental health and promotion of public health.

A new approach to FtP

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

9.1   *Prioritising local action*: We have been engaging with stakeholders ahead of the launch of our revised pre-referral guidance for employers. The guidance aims to support employers to take effective action when there are concerns about someone's practice, with fairness to everyone involved in the process, ensuring that decisions are proportionate and take account of the context in which concerns have arisen. Following feedback from some stakeholders we have decided to undertake further engagement in January and will deliver the changes later in quarter four. Improvements to the online referral system have been delayed until approximately March 2020 due to dependencies on the MOTS programme.

9.2   *Taking account of context*: We are developing a tool for taking a more systematic approach to considering context. Briefings have taken place across screening, investigations and case examiner teams for the second pilot which went live on 2 December 2019. This pilot will run until March 2020, but monitoring and evaluation will begin in January 2020. In the meantime, we continue to consider context as we have previously done as part of our case management.

9.3   *Enabling remediation*: We introduced revised guidance to assist the professional on our register better understand how they can demonstrate that they are safe to practice after a complaint has been raised against them. We also updated guidance for our decision makers to assist them in considering remediation which has now been published and teams have been trained. We will do an initial review of implementation after six months.

9.4   *Making best use of hearings:* In June 2019 we introduced statements of case and evidence matrices. An interim review was held in October 2019 and the six month review of our new approach is scheduled for January 2020.

Pay and reward

9   As part of the grading and pay initiative, we have begun work on the consultation with members of the defined benefits (DB) pension scheme with regards to the proposal to close the scheme to future accrual in April 2020. Other reward work includes the review of the defined contributions (DC) pension scheme and the benefits provided to colleagues by the NMC.

Vales and behaviours

10   NMC and our suppliers, Campbell Tickell, facilitated 16 workshops, including Employee Forum, Corporate Leadership team and the Heads of Forum, attended

by approximately 110 employees across the organisation to develop our new values and behaviours.

11   Further testing of the outcomes of these discussions is scheduled and will be brought back to the Council in February 2020. Our values and behaviours will be aligned with our new strategy for 2020–2025.

HR policies

12   Our capability, disciplinary, grievance and the hiring policies are currently being reviewed and co-produced by the People Strategy Programme Board, the Employee Forum and the Executive Board.

Replacing core ICT systems

13   Progress continues on the Modernisation of Technology Services programme as more business processes move off Wiser and onto Microsoft Dynamics 365 (D365). In November 2019, we successfully went live with three feature releases – the readmissions Overseas process, a set of features for IDR and RAST case management, and the functionality to enable Nursing Associates to retain and establish a Direct Debit mandate. The registration system will transition from Wiser to D365 in stages over the period to July 2020, at which point Registration operations will take place fully in D365. Transition of FtP processes from CMS to D365 will still need to be completed before all operational dependency on Wiser is removed.

Digital workplace

14   Our IT infrastructure will be reviewed as part of our work to put in place a fit for future organisation as we develop our corporate priorities for 2020–2025. This includes work to bolster our data and insights capabilities.

Strategy for 2020–2025

15   The Council will review our draft strategic priorities in January 2020, with the final strategy being approved in March 2020. We are also discussing the draft strategy with key stakeholders at a meeting on 23 January 2020.

16   Implementation planning continues to draw together first year plans.

Progress against Corporate KPIs

Approval decisions for approved education institutions against new standards

17   58 Approved Education Institutions (AEIs) have now been approved since April 2019. This represents 92 percent progress against our target of 63 AEI approvals for 2019–2020 (a green current status).

Registration and Revalidation

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

Contact Centre

19   Our call answering rates for both our monthly average and year to date average remain above target (a green current status).

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

20   Our year to date averages remain within target (reflecting a green current and year-end forecast status).

People

21   Our overall rolling staff turnover reduced to 15.3 percent in December 2019 and remains below our target of 20 percent (reflected in a green current status). This is a seven and a half percent reduction on the same period last year and continues to show a positive trend towards our long term turnover reducing over time.

22   Employees leaving within 6 months of joining has risen from under 10 percent in October 2019 to over 16 percent in December 2019. This seven percent increase equates to three employees.

23   Employee pulse surveys to provide regular data about the level of employee engagement have recommenced having been paused earlier in the year as we worked on a wider survey about 'Life at the NMC'. The latest set of Peakon results show an overall employee engagement rating of 6.5 – above the target rating of 6.4.

Financial Monitoring

24   We have a year-to-date surplus of £5m, which is £7.7m more than our budgeted year to date deficit, and we expect a surplus of at least £5.7m by the end of the year. This is largely driven by higher income combined with underspends in business as usual spending across a number of directorates and delays to spending or lower than anticipated costs within our programmes and projects.

25   Spend on most programmes and projects is below budget and offsets the MOTS overspend, leading to an overall year to date underspend on programmes and projects of £1.9m. In November 2019, Council agreed an extra £1.4m funding for the MOTS programme in 2019–2020. We have transferred that from the contingency to the programme, leaving £1.1m in the contingency, which we do not expect to need. After the extra funding, we expect that programmes and projects will be underspent by £1.2m for the full year.

26   In line with our investment strategy, we will start to move some of our bank deposits (shown as "investments" on the balance sheet) into a portfolio of equity based investments by end of the financial year.

27   An interim revaluation of our pension liabilities suggests that we may need to make an extra £2.5m provision at the year-end. This has not been factored into our forecasts.

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 (October 2019)	Current forecast (December 2019)
1. Changing our Approach			
Delivering a new approach to fitness to practise (Matthew McClelland)			
Sept 19 (Q2)	Improve the level of support that we provide for nurses, midwives, and nursing associates. *Amber reflects that work to improve signposting and support for registrants has been delayed because of resource constraints. We expect to initiate it before the end of Q4.*	Amber	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 are aiming to deliver the proof of concept for the project by the end of this financial year.*	Amber	Amber
Embedding Lessons Learned (Emma Broadbent)			
Mar 20 (Q4)	Transform the way we will deal with all enquiries and complaints.	Green	Green
Reviewing the overseas registration process (Emma Broadbent)			
Mar 20 (Q4)	Continue to develop and improve the test of competence. *Development will continue throughout the year with plans to launch an updated test of competence during the next financial year.*	Green	Green
2. Core business and new initiatives			
Education (Geraldine Walters)			
Jan 20 (Q4)	Launch an alternative route for return to practice. *At the time of writing on 14 January 2020, we are on track to launch the new route via the test of competence.*	Green	Green

Key deadline	Activity	Previous forecast (October 2019)	Current forecast (December 2019)
Jan 20 (Q4)	Future midwife: complete the consultation on our draft standards for registered midwives, approve and launch the final standards and proficiencies. *The Final standards are available on the NMC website. Celebratory events across the UK are taking place during January and February 2020.*	Green	Complete
Mar 20 (Q4)	Quality assure all education institutions and programmes against the new standards using our new model of quality assurance. *This reflects the implementation of our new education framework and our new standards of proficiency for registered nurses.* *58 Approved Education Institutions (AEIs) have now been approved since April 2019.*	Green	Green
Sept 20 (Q2)	Post registration standards: agree a timescale and work programme to complete our review. *Amber reflects slippage from original timescales.*	Amber	Amber
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			
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 which is now due in March*	Amber	Amber

Key deadline	Activity	Previous forecast (October 2019)	Current forecast (December 2019)
	2020.		
Nov-19 (Q3)	Wiser replacement (our core systems for our register). *As previously reported, Amber reflects slippage to February 2020 for implementation of the new system. Registration processes will transition to the new system in stages through to July 2020.*	Amber	Amber
Mar-20 (Q4)	FTP Case Management System. * As previously reported, Red reflects slippage into 2020-2021. Timelines and budget for replacement of FTP case management system will be proposed to Council at the March meeting.*	Red	Red
People Strategy (Sarah Daniels)			
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. *A new model was delivered in December 2019.*	Amber	Complete
4. Strategy 2020–2025			
Strategy Development (Candace Imison supported by Edward Welsh for co-production and engagement)			
28 Jan 20 (Q4)	Draft strategic priorities 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: £66.8 million, which is £1.9m / 3% ahead of budget)	Green
Expenditure (YTD outturn: £55.9 million, which is £3.0m / 5% 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)	Green
90% of calls answered by the contact centre	Green

Education and Standards metrics (YTD progress against target)	Current status
Approval decisions against new standards for 63 AEIs 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 experienced a dip below target during December 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) * Q3 will be reported to Council in March 2020	-
Increase oversight of contracts by Procurement team	Green

External Affairs performance metrics	Current status
Internal communications (employee engagement scores) *Our employee survey was relaunched in December 2019*	Green
Registrant mass email communications (open rates and engagement) *Both the open rate and click to open rate were below target at Q2 and have since increased to above the target*	Green
Social media (Twitter and LinkedIn engagement) *Followers for both Twitter and Linked In continue to increase, and our engagement rate of whether people reacted to our posts is now above target*	Green
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

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Section 4: Financial monitoring report
a. Table 1 – Income and expenditure to 31 December 2019

	YTD December 2019				Full Year			
	Actual	Budget	Var.	Var.	Forecast	Budget	Var.	Var.
Income	£'m	£'m	£'m	%	£'m	£'m	£'m	%
Registration fees	62.7	62.6	0.1	0.1%	83.6	83.5	0.1	0%
Other	3.8	1.9	2.0	104%	5.2	2.6	2.6	99%
Nursing Associates funding	0.3	0.4	(0.1)	(24%)	0.3	0.4	(0.1)	(23%)
Total Income	**66.8**	**64.9**	**1.9**	**3%**	**89.1**	**86.5**	**2.6**	**3%**
Expenditure								
Directorates								
Fitness to Practise	28.0	29.8	1.8	6%	38.4	39.4	1.0	3%
Resources & TBI	13.2	14.0	0.8	5%	17.6	18.1	0.5	3%
Registrations and Revalidation	5.3	5.6	0.3	6%	7.0	7.6	0.6	8%
Education and Standards	2.7	2.5	(0.2)	(6%)	3.6	3.3	(0.3)	(10%)
People & Organisational Development	2.2	2.1	(0.1)	(7%)	3.0	2.8	(0.2)	(7%)
Office of the Chair & Chief Executive	2.5	2.6	0.2	7%	3.3	3.5	0.1	4%
External Affairs	2.0	2.1	0.2	9%	2.7	2.8	0.1	4%
Directorate BAU	**55.9**	**58.8**	**3.0**	**5%**	**75.6**	**77.4**	**1.8**	**2%**
Corporate								
Depreciation	1.4	1.7	0.3	15%	1.9	2.3	0.4	19%
PSA Fee	1.4	1.4	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	3.0	3.2	0.3	8%	3.9	6.8	2.9	43%
Total BAU Expenditure	**58.8**	**62.0**	**3.2**	**5%**	**79.5**	**84.2**	**4.7**	**6%**
Surplus/(Deficit) excluding Programmes	**8.0**	**2.9**	**5.1**		**9.6**	**2.3**	**7.3**	**320%**
Programmes & Projects								
Accommodation Project	4.7	4.8	0.2	4%	4.8	4.8	0.0	1%
Modernisation of Technology Services	4.0	3.1	(0.9)	(28%)	5.5	5.5	0.0	0%
Education Programme	0.3	0.8	0.5	59%	0.7	1.1	0.3	32%
FtP Change Strategy	0.2	0.6	0.3	58%	0.7	0.8	0.1	15%
People Strategy	0.2	0.5	0.2	49%	0.3	0.7	0.4	55%
Overseas Programme	0.4	0.7	0.2	34%	0.9	0.7	(0.2)	(33%)
Digital Workplace	0.2	0.5	0.2	51%	0.3	0.5	0.2	42%
Nursing Associates	0.2	0.4	0.2	53%	0.3	0.4	0.1	23%
Total Programmes/Projects	**10.3**	**11.4**	**1.0**	**9%**	**13.4**	**14.4**	**0.9**	**7%**
Total Expenditure including capex	**69.2**	**73.4**	**4.2**	**6%**	**92.9**	**98.6**	**5.7**	**6%**
Surplus/(Deficit) including capex	**(2.3)**	**(8.5)**	**6.2**		**(3.8)**	**(12.1)**	**8.3**	**68%**
Capital	**7.4**	**5.8**	**(1.6)**		**9.5**	**7.8**	**(1.7)**	
Surplus/(Deficit) excluding capex	**5.0**	**(2.7)**	**7.7**		**5.7**	**(4.3)**	**10.0**	
Free Reserves	**27.7**	**23.1**	**4.6**	**20%**	**26.7**	**20.4**	**6.3**	**31%**

b. Table 2 – Balance sheet at 31 December 2019

Balance Sheet	Mar-19	Dec-19	Change	Change
	£'m	£'m	£'m	(%)
Fixed Assets				
Tangible Assets	19.7	25.6	4.4	23%
Current Assets				
Cash	28.8	9.7	(19.1)	(66%)
Debtors	4.3	1.4	(3.0)	(68%)
Investments	66.0	88.6	22.6	34%
Total Current Assets	**99.1**	**99.7**	**0.6**	**1%**
Total Assets	**118.8**	**125.3**	**6.5**	**5%**
Liabilities				
Creditors	(53.0)	(55.7)	(2.7)	(5%)
Provisions	(3.2)	(3.0)	0.2	8%
Total Liabilities	**(56.2)**	**(58.6)**	**(2.4)**	**(4%)**
Net Assets (excl pension liability)	**62.6**	**66.7**	**4.1**	**7%**
Pension Liability	(14.2)	(13.3)	0.9	6%
Total Net Assets	**48.3**	**53.3**	**5.0**	**10%**
Total Reserves	**48.3**	**53.3**	**5.0**	**10%**

c. Table 3 – Cash flow statement to 31 December 2019

Statement of Cashflows	Dec-18	Dec-19
	(£'m)	(£'m)
Cashflow from operating activities		
Surplus/(Deficit) (YTD)	9.6	5.0
Adjustment for non-cash transactions	2.3	1.4
(Increase)/Decrease in current assets	0.5	3.0
Increase/(Decrease) in liabilities	0.5	2.4
Pension Deficit Payments	(1.0)	(0.9)
Net Cash inflow/(outflow) from operating activities	**11.9**	**10.9**
Cashflow from investing activities		
Capital Expenditure (YTD)	0.0	(7.4)
Net Cash inflow/(outflow) from investing activities	**0.0**	**(7.4)**
Cumulative net increase/(decrease) in cash and cash equivalent at month end	**11.9**	**3.6**
Cash & Cash Equivalent at the beginning of the year	82.2	94.8
Cash & Cash Equivalent at the end of the month	**94.1**	**98.3**

d. Detailed financial commentary

Year to date (YTD) financial performance

Overview: As at 31 December we have a year-to-date (YTD) surplus of £5m, compared to a budgeted deficit of £2.7m, see Figure 1 below. This is a result of higher income (£1.9m above budget) and lower expenditure due to less directorate BAU spend (£3.0m below budget) and programmes and projects (£1.9m below budget), see Table 1. Another contributor is a higher proportion of MOTS expenditure being capital in nature than originally anticipated. This reduces our operating expenditure this year and increases the surplus excluding capital expenditure.

Figure 1 - Suplus/(Deficit) & Free Reserves (£'m) Actual/Forecast vs Budget
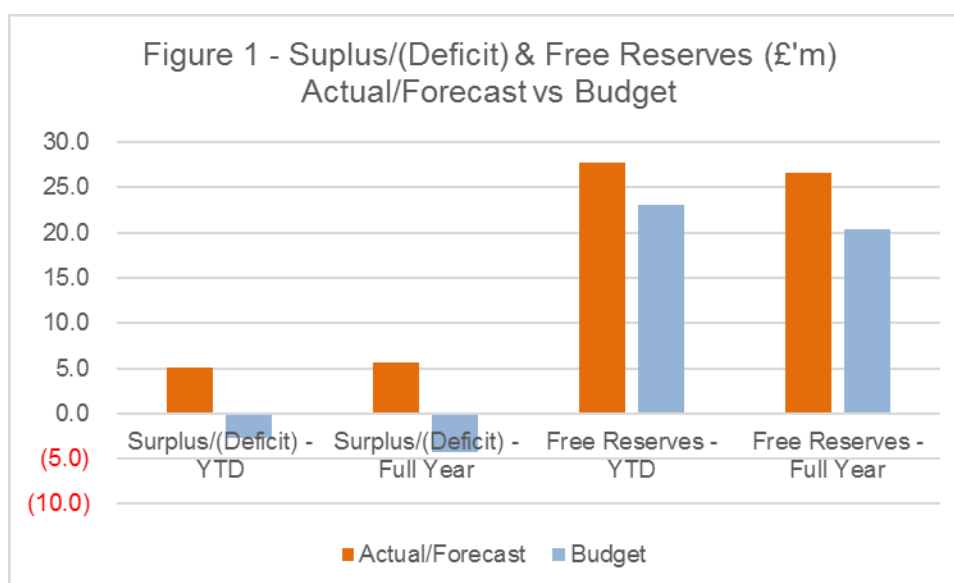
We are in the process of re-forecasting from quarter 3 (Q3) so the current forecast partly based on Q2, of a surplus of £6.8m by the end of the year, is likely to change. Initial work on Q3 indicates the surplus is likely to increase.

In line with our investment strategy, we will begin to move some of our bank deposits (shown as "investments" on the balance sheet) into a portfolio of equity based investments by end of the financial year. Out of the total £30m earmarked for the portfolio, we have assumed an initial £15m will have transferred by 31 March 2020. This amount is subject to confirmation following discussion with our investment managers.

The investment of funds in the stock market has no impact on our free reserves. Based on our expectations of full year surplus and capital expenditure, we forecast to have free reserves of £26.7m by year end (2018-2019 year end free reserves was £28.6m).

An interim revaluation of our pension liabilities suggests that we may need to make an extra £2.5m provision at the year-end. This has not been factored into our forecasts.

d. Detailed financial commentary

Income

Income is £66.8m which is £1.9m above budget mainly due to higher overseas application fees (included in 'Other'). We have streamlined our processes as well as made changes to the English language requirements and these have contributed to an increase in the number of overseas trained nurses and midwives applying to join the register (average actual number is 2,150 applications per month compared to a budget of 960 per month).

We forecast to finish the year with an income of £89.1m, £2.6m above budget. This is largely due to the reason explained above resulting in 'Other' income being £2.6m above budget. Registration fee income is forecast to be largely in line with budget.

Expenditure on business as usual (BAU) activities

The YTD spend on our BAU is £58.8m which is £3.2m below budget mainly due to underspends in FtP, Resources and TBI and corporate costs.

- Fitness to Practise: YTD underspend is £1.8m due to staff vacancies, reduced travel and accommodation spend by staff and for hearings; and hearing activities have been below plan which has led to lower spend. However, hearing days per outcome have been longer, which have partly offset the reduction in costs from holding less hearings. There is a backlog of cases and the costs for these cases and/or hearings will still be incurred but not during 2019–2020. These are being considered as part of the 2020–2021 to 2024–2025 budget setting.
  We forecast that full year outturn will be £1.9m below budget for same reasons behind YTD underspend.

- Resources and TBI: The YTD underspend of £0.8m is partly due to lower than planned estates cost (£0.3m below budget) after we vacated our Aldwych and Kemble Street offices. There is lower staff costs (£0.1m below budget due to vacancies) and re-phasing of system upgrades and replacements also contributed to the YTD underspend.

- Corporate: YTD spend is £0.3m below budget mainly due to less depreciation resulting from delays in some of our capital programmes. We forecast that full year spend will be £1.6m below budget due to the remaining contingency budget (£1.1m) that we do not expect to spend.

- Education and Standards: The YTD spend is £0.2m above budget mainly due to higher than planned Quality Assurance of AEIs. The recent introduction of the new Future Nurse standards has led to more institutions requesting programme approvals more quickly than planned, resulting in higher QA activity. This variance is a timing difference where we are incurring costs sooner than expected and not a true overspend. We forecast that spend will be £0.3m above budget by year.

d. Detailed financial commentary

Expenditure on strategic programmes and projects

Our programmes and projects are £1.9m below budget as majority of them are underspent. The underspends are due to previously planned activities being reduced, stopped or actual spend being below initial estimates. We have reviewed the spend on programmes and projects to assess whether overspends on certain activities were being masked by slippages elsewhere, as seen in MOTS, and we are satisfied that this is not the case on the other programmes and projects. The main variances are explained below:

- Education Programme: The YTD underspend of £0.5m is partly due to the cancellation of the consultancy and conference plans for the implementation of the Future Nurse programme. Also, the scope of the Post Registrations Standards is being redefined and activities have been put on hold resulting in lower spend than planned.

- FtP Strategy: The YTD underspend of £0.3m is partly due to lower actual costs for some of the planned activities than initially estimated. Some activities have also been delivered by using BAU resources across the organisation at no extra cost to the project. For these reasons and plans for the remainder of the year, we forecast an underspend of £0.4m by year end.

Capital Expenditure

Our spend on capital programmes is £0.7m above budget due to higher development costs for the MOTS programme than previously planned. This is partly due to the overall increase in spend agreed for the MOTS programme, and partly due to more of the spend being capital in nature than was originally anticipated.

Risks

We have identified some risks from our recent forecasting exercise which may have an impact on future years. These include:

- FtP Hearings Costs: YTD, there have been significantly less number of cases going through to final hearings leading to us achieving less outcomes - 395 (11 percent) less than budget and forecast is 311 (37.5 percent) below budget by year end. The implication is that a significant amount of cases are being carried over to the next financial year and at a significant cost.

  Figures for YTD hearing days per outcome suggest that hearings are taking longer to reach an outcome, compared to budget. This could lead to higher costs in future years as lengthy hearings cost more.

- Slippages: Some activities e.g. overseas programme system development, TBI system upgrades and replacement, amongst others are planned for the latter part of the year. These activities might slip into the next financial year, leading to

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d. Detailed financial commentary

an underspend in current year and a pressure on next year. As we are currently working on our Q3 forecast we will have a better understanding on what will and will not slip and this will be completed by the end of January 2020.

Section 5: Non-financial performance data

5.1. Corporate KPIs

a. Status at 31 December 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 99.2 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 98.9 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, October, November, and December 2019 achieving 100 percent. All cases are progressing well with the age profile of current cases generally healthy.

KPI 3 (Overseas registration assessed within 60 days) (graph 5.03)

Result: Above target. Year to date performance since April 2019 is 100 percent against a target for 90 percent.

Commentary: Performance for Overseas (OS) assessments remains at 100 percent. Since the go-live of the new overseas process in October, just under 7,250 applicants have submitted applications via our new process. While a further 3000 have created an NMC Online account and have an application in preparation. We accepted our second overseas nursing associate onto the register in December, and expect more to follow in January 2020.

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.

Commentary and metrics

KPI 5 (Readmission applications completed within 21 days) (graph 5.05)

Result: Above target. Year to date performance from April to December 2019 is 95.5 percent against a target of 90 percent.

Commentary: Year to date performance up to December 2019 remains above target. Automation of core processes under the Modernisation of Technology Services (MOTS) programme continues and we are seeing the benefits of these changes.

Contact centre (calls answered) (graph 5.06)

Result: Above target. Year to date performance since April is 92 percent against a target of 90 percent.

Commentary: Contact Centre performance through November and December 2019 has been strong and our year to date performance remains on track.

Section 5: Performance against the corporate business plan (at December 2019)
Registration and Revalidation performance metrics

5.01 KPI 1: UK Initial Registration Completed (1 day) remains above target at 99.0%
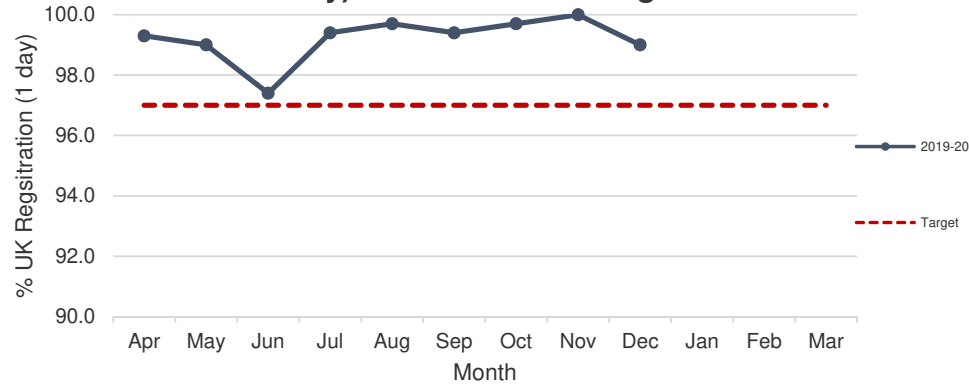
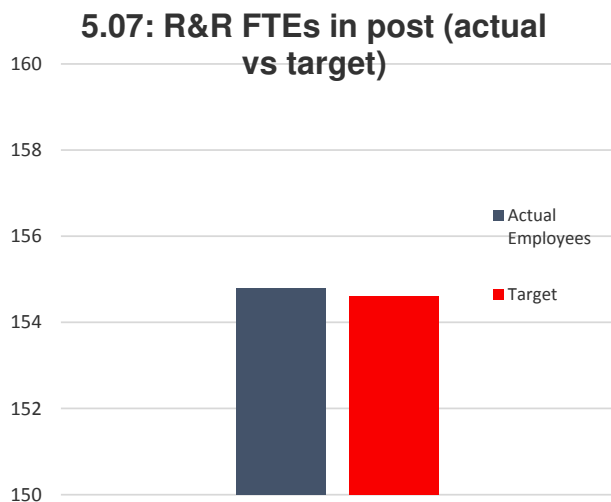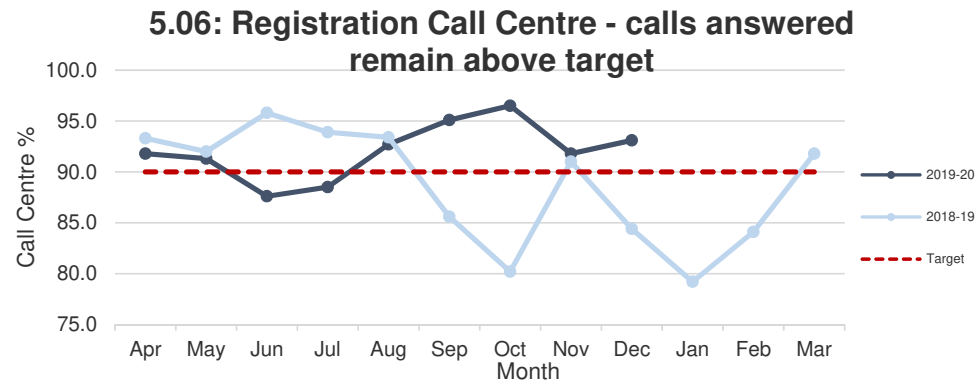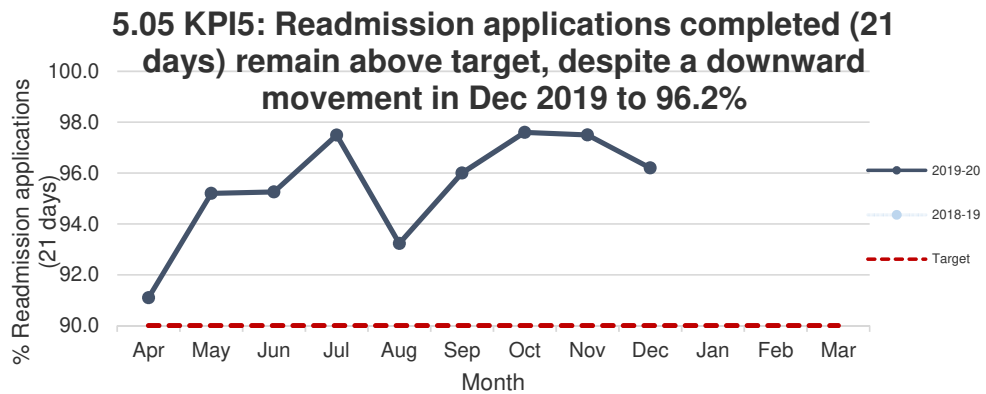### 5.02 KPI2: UK Initial Registration Completed (60 days) has remained at 100.0%
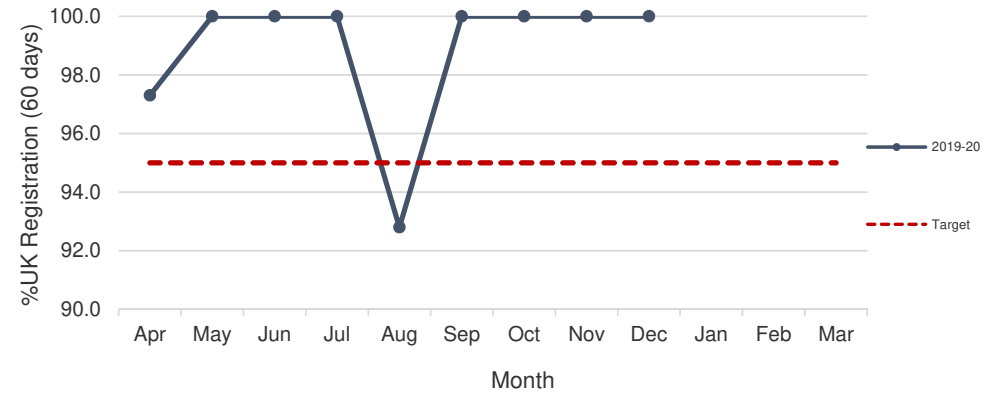
5.03 KPI3: Overseas Applications Assessed (60 days) remain at 100.0%
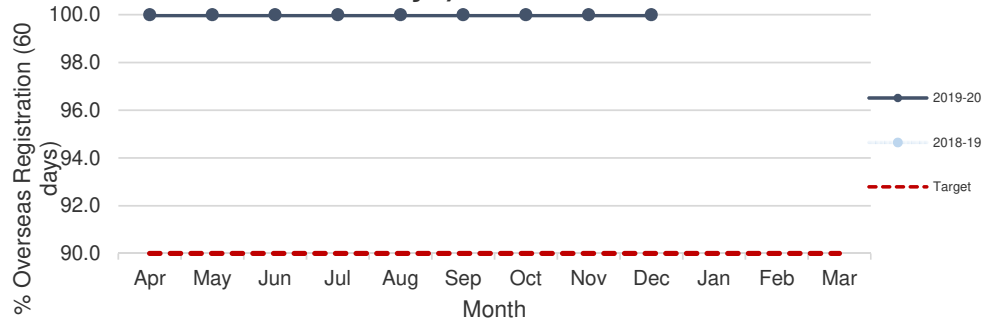
5.04 KPI4: EU Applications Assessed (30 days) improved to 100.0% by December 2019

5.05 KPI5: Readmission applications completed (21 days) remain above target, despite a downward movement in Dec 2019 to 96.2%

5.06: Registration Call Centre - calls answered remain above target

5.07: R&R FTEs in post (actual vs target)

5.08: R&R BAU Expenditure (YTD Actual v Budget) (£m)
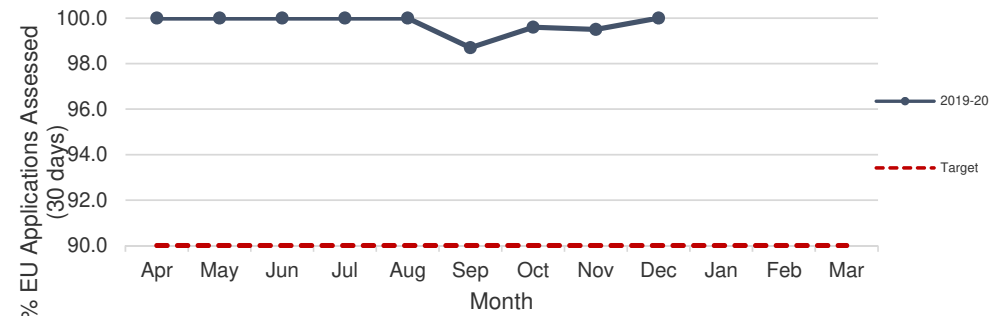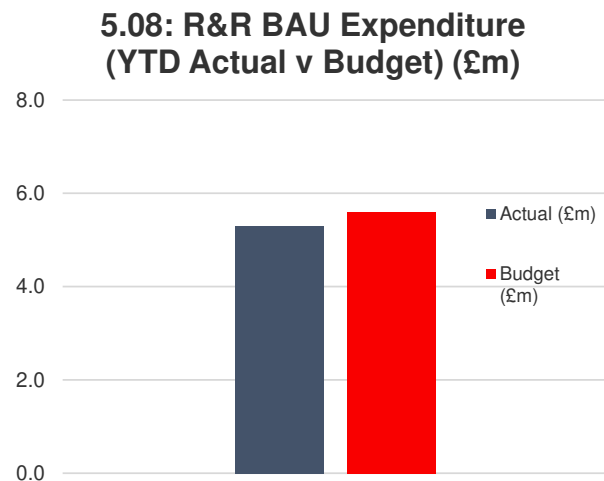
5.09: Corporate risk (current status)

REG18/01: Risk that we fail to maintain an accurate register of people who meet our standards

Likelihood	Impact	L X I	Trend	Response
3	5	15	Stable	Tolerate

Dec 2019 Directorate Engagement Score = 6.9 (Target = 6.4)

c. Education and Standards

Quality Assurance

We continue to approve institutions and programmes against our new standards. To date we have approved 141 pre-registration nursing programmes, 46 prescribing programmes and 43 nursing associate programmes.

With the new midwifery standards now published, institutions are preparing to be approved against them, and our supplier Mott MacDonald have begun scheduling the requested approval visit dates.

Alongside the ongoing approval activity, we continue to monitor institutions to ensure that they continue to meet our standards. Our QA Board actively reviews any open concerns at its monthly meeting. Where the QA Board has significant concerns, it can place programmes under enhanced scrutiny, or carry out an extraordinary review.

Institutions are currently submitting their annual self-reports, which they have to submit by 17 January 2020. These submissions will then be reviewed and where we identify any concerns, institutions will be required to develop action plans. Any programmes which are monitored using our new programmes (for example, all nursing associate programmes) will receive a support call to discuss the submission with a member of our QA team.

Section 5: Performance against the corporate business plan (at December 2019)
Education & Standards - performance metrics

5.10 KPI 6: There are currently 58 approval decisions for AEIs against new standards (target 63)
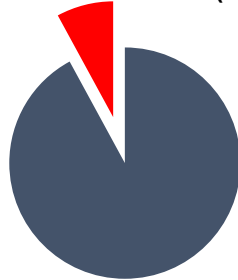

Status commentary:

We have achieved 92% of our target at Q3. There were 19 approvals between October and December. We remain on track to deliver our target by the end of the year
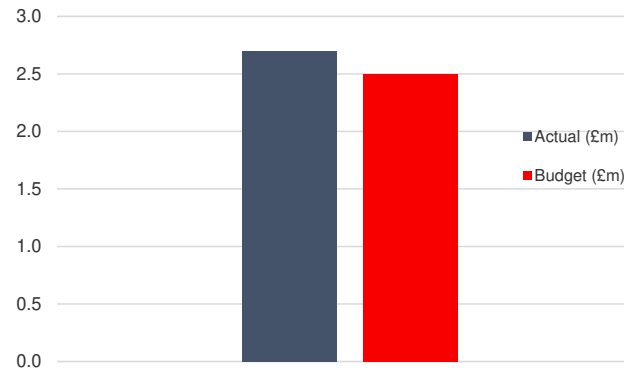
5.11: Corporate risk (current status)

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

5.12: ES FTEs in post (actual vs target)
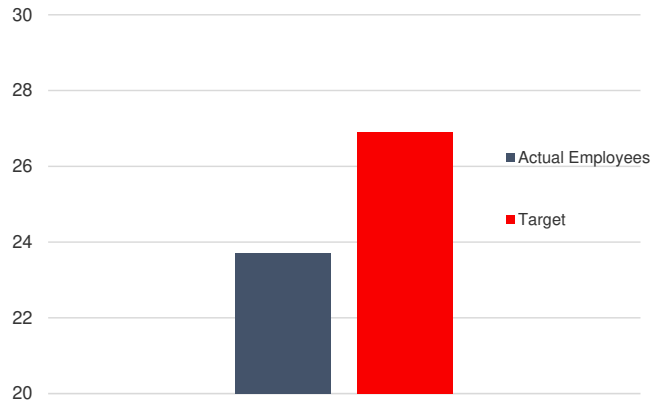
5.13: E&S BAU Expenditure (YTD Actual v Budget) (£m)

Dec 2019 Directorate Engagement Score = 6.8 (Target = 6.4)

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d. Fitness to Practise commentary and metrics

Fitness to Practise performance summary

People

- By way of update leadership changes reported to Council in November 2019:
    - Emma Willis has now started her role as Head of People-Centred and Specialist Service Delivery, overseeing the public support, high profile, and clinical adviser teams;
    - Sarita Wilson joins us on 10 February 2020 as Head of Screening.

- Our latest Peakon scores have seen an overall improvement in engagement and positive feedback on the new working environment at One Westfield Avenue. We have also seen good results across all areas of the directorate in management support, goal setting, autonomy, and peer relationships. Areas of focus within the directorate are workload, mental health and wellbeing.

- In the last quarter of this year we will be rolling out the new technology to our teams at 2 Stratford Place meaning all employees will be able to work in a more flexible and agile way.

Operating performance

- Performance against the two corporate KPIs was as follows:
    - KPI 4 – interim orders: the month actual for December 2019 was 74 percent and the 12 month rolling average is 81 percent;
    - KPI 5 – cases concluded within 15 months: the month actual for December 2019 was 81 percent and the 12 month rolling average is 83 percent.

- As expected, we saw reduced levels of output across most areas for December 2019; this is a seasonal trend due to fewer working days and increased annual leave amongst teams. In line with our person-centred approach, some teams delayed sending out some notices immediately before Christmas, which has contributed slightly to lower reported outputs.

- Performance of our screening stage remains our biggest operational challenge; the interim order month actual fell in December 2019 and the caseload has continued to increase. As we have previously reported, a number of factors have contributed to this: (1) process changes to improve the quality of decision-making; (2) a 5 percent increase in referrals relative to last year; (3) short-term reduction in the capacity in the decision-making team. Screening management are working closely with the teams to deliver refresher training to screening case officers and legal teams to address the causes of delays in a small number of interim order cases.

- Plans to utilise resource from elsewhere within the directorate to assist with the decision making output has been slightly delayed. We are anticipate that this will be implemented during January 2020.

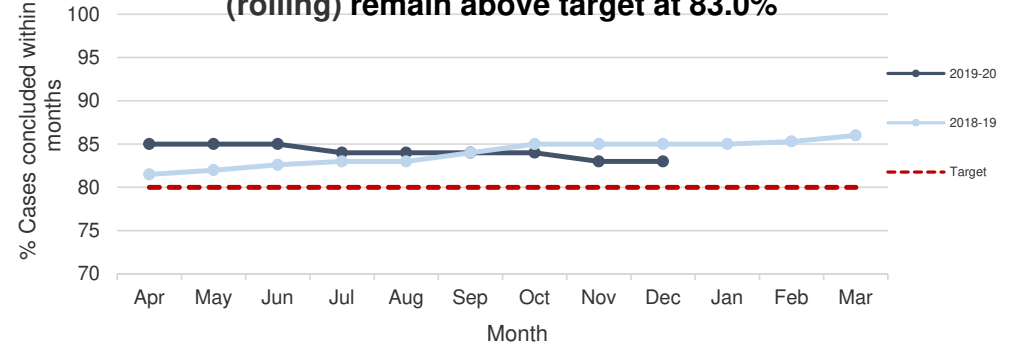- Investigation teams maintained a steady flow of cases in December 2019.

Section 5: Performance against the corporate business plan (at December 2019)
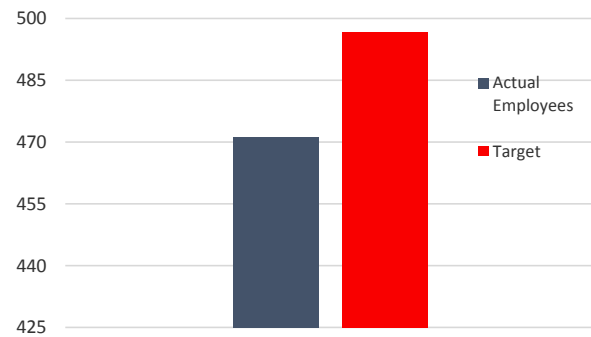## Fitness to Practise - performance metrics

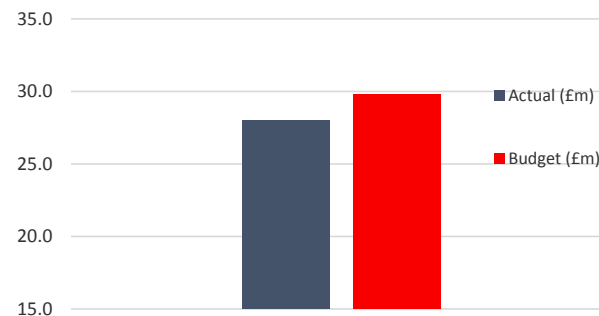### 5.14 KPI 7: Orders within 28 days of opening case (rolling) remain above target at 81.0%
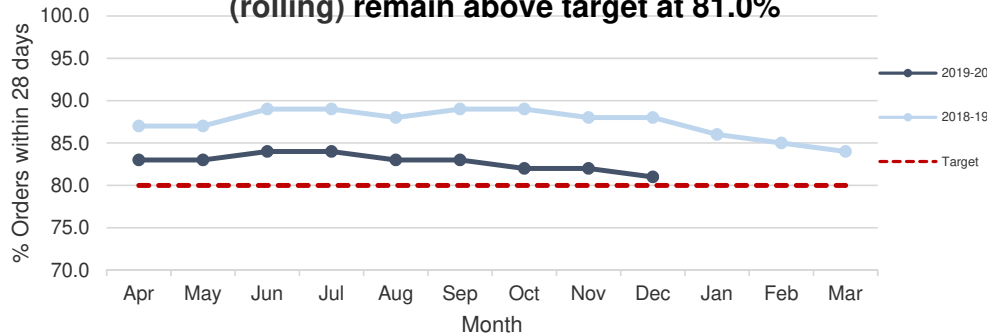
5.15 KPI 8: FtP Cases concluded within 15 months (rolling) remain above target at 83.0%

5.16: FtP FTEs in post (actual vs target)

5.17: FtP BAU Expenditure (YTD actual v budget) (£m)

5.18: 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

Dec 2019 Directorate Engagement Score = 6.7 (Target = 6.4)

FtP Performance Dashboard December 2019 - Final

A1 — Historic Caseload

Bars (Screening, Investigations & Case examiners / Adjudications):
- Actual Mar-15: 3974 / 667
- Actual Mar-16: 3463 / 1040
- Actual Mar-17: 2505 / 986
- Actual Mar-18: 2544 / 517
- Actual Mar-19: 2811 / 322

Legend: Screening, Investigations & Case examiners; Adjudications

A2 — FtP Caseload

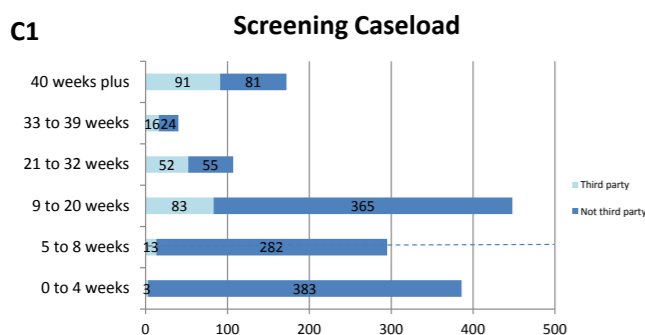|	Screening	Investigations	Case examiners	Adjudications
Apr 2019 Actual	850	1,822	277	329
Apr 2019 Planned	724	1,813	218	382
Aug 2019 Actual	1,068	1,828	283	375
Aug 2019 Planned	724	2,076	237	373
Oct 2019 Actual	1,272	1,824	405	378
Oct 2019 Planned	724	2,047	266	361
Dec 2019 Actual	1,448	1,835	474	368
Dec 2019 Planned	724	2,047	266	406
Mar 2020 Planned	724	1,953	266	427

Legend: Screening; Investigations; Case examiners; Adjudications

A3 — New Referrals

Referrals per month (Nov-17 to Dec-19):
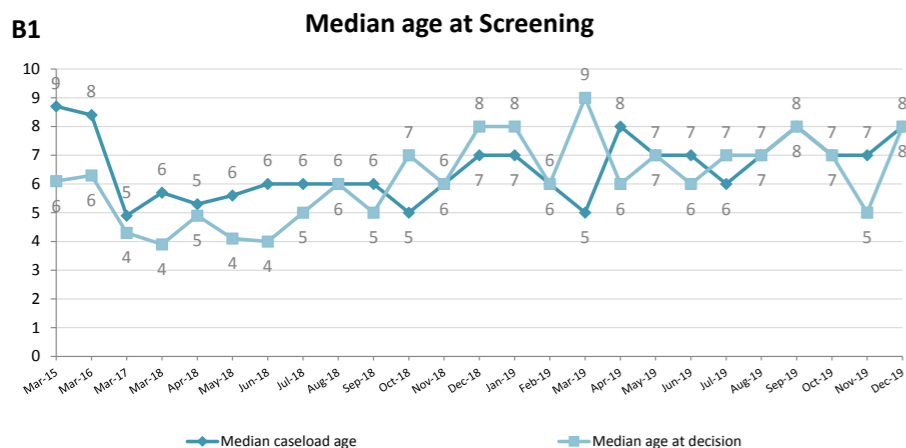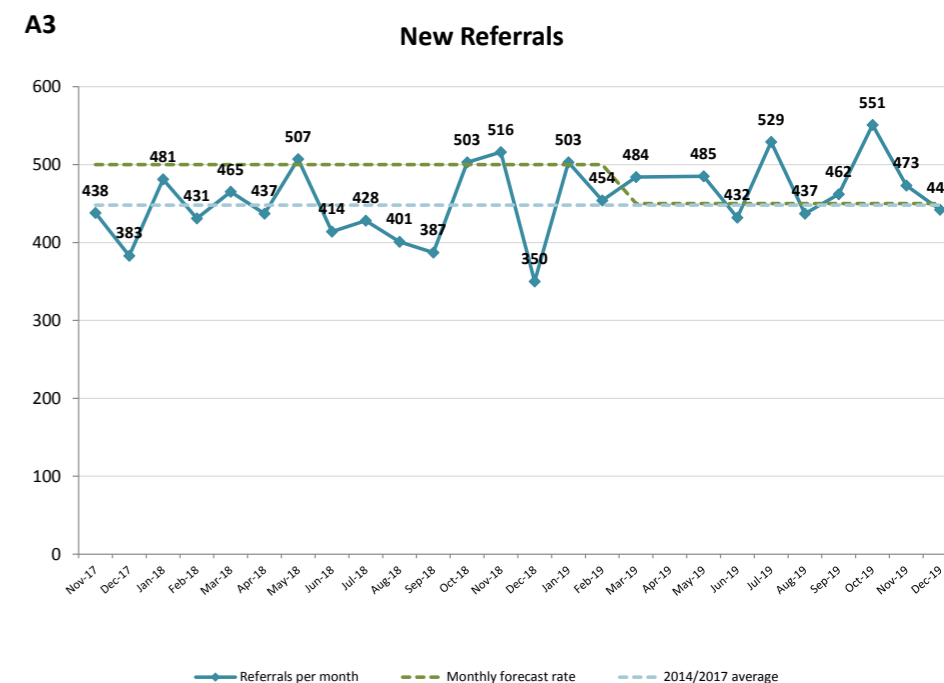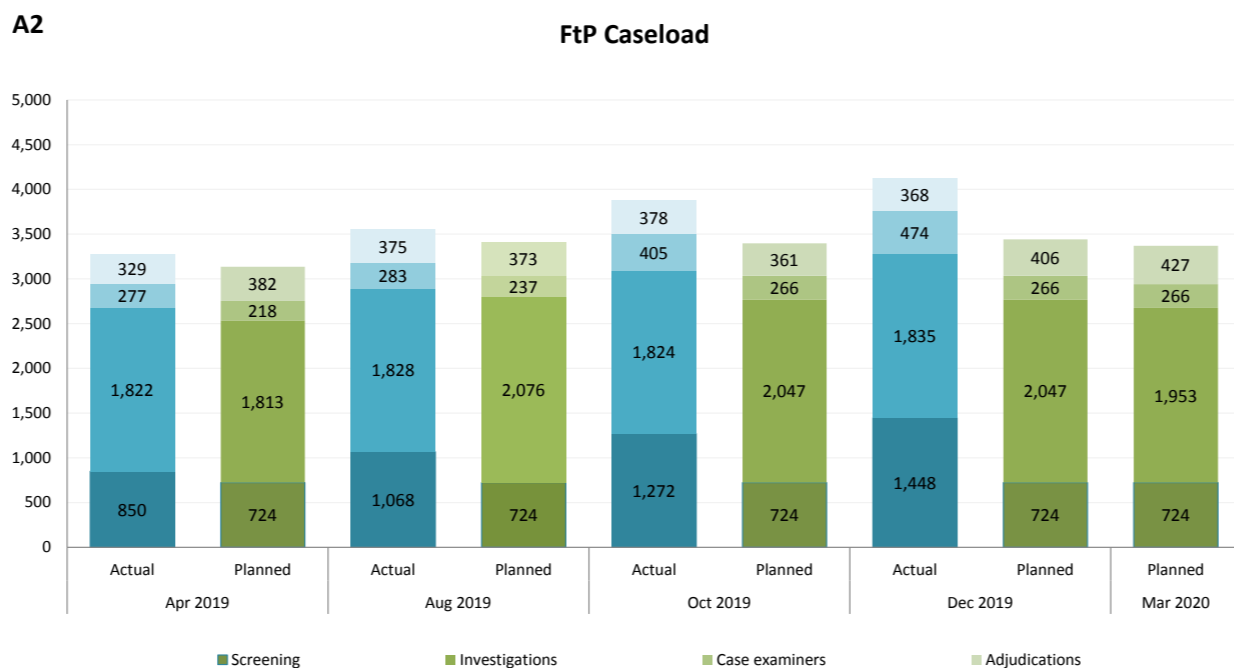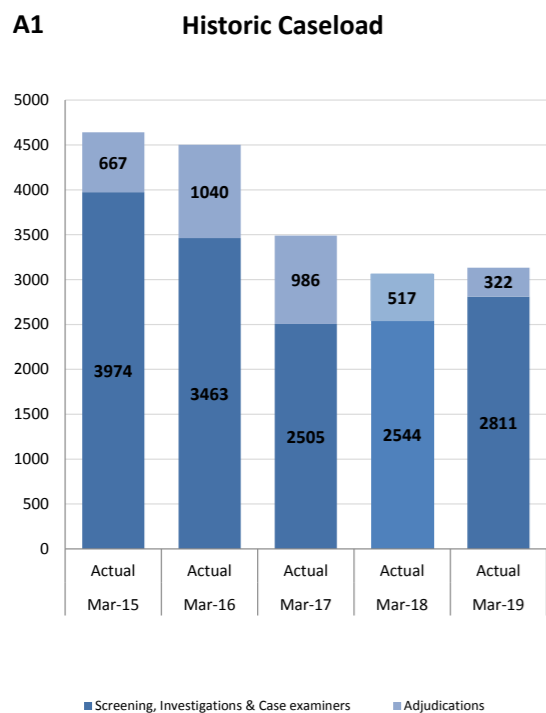438, 383, 481, 431, 465, 437, 507, 414, 428, 401, 387, 503, 516, 350, 503, 454, 484, 485, 432, 529, 437, 462, 551, 473, 442

Legend: Referrals per month; Monthly forecast rate; 2014/2017 average

B1 — Median age at Screening

Legend: Median caseload age; Median age at decision

B2 — Median age at Investigations and Case Examiners

Legend: Median caseload age; Median age at decision

B3 — Median age at Adjudications

Legend: Median caseload age; Median age at decision

C1 — Screening Caseload

	Third party	Not third party
40 weeks plus	91	81
33 to 39 weeks	16	24
21 to 32 weeks	52	55
9 to 20 weeks	83	365
5 to 8 weeks	13	282
0 to 4 weeks	3	383

C2 — Investigations Caseload

	Third party	Not third party
66 weeks plus	226	205
53 to 65 weeks	47	132
40 to 52 weeks	37	222
34 to 39 weeks	12	134
21 to 33 weeks	43	369
9 to 20 weeks	12	313
8 weeks and under	1	82

C3 — Case Examiner Caseload

	Third party	Not third party
66 weeks plus	52	110
53 to 65 weeks	11	81
40 to 52 weeks	8	117
33 to 39 weeks	2	49
33 weeks and under	1	43

C4 — Adjudication Caseload

	Third party	Not third party
152 weeks plus	24	18
104 weeks plus	26	82
66 weeks plus	15	118
53 to 65 weeks	2	46
40 to 52 weeks	2	25
39 weeks and under	0	10

Caseload Movement Summary

Opening caseload 3,879	915 cases received *16 cases reopened*	685 cases closed	4,125 Closing caseload

Section 6: People data

People

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

Target: 20 percent

Result: Exceeding target. Total turnover for December was 15.3 percent against a year-end target of 20 percent.

Commentary: The number of people leaving the organisation continues to reduce. We have achieved a 0.5 percentage point reduction since October 2019 and a 7.4 percentage point decrease compared to December 2018. This is the lowest turnover the NMC has seen since the launch of the People Strategy.

80 colleagues have left the organisation since April 2019, an average of 9 employees per month. This is compared to 124 for the same period last year, (an average of 14 employees per month). If our trend continues we forecast a turnover of 13 percent by March 2020.

Exit interview insights: As a result of continued engagement with colleagues and managers, the current uptake of exit interviews is 58 percent. The reasons cited for leaving fall into the following themes:

- **Role** (21.6 percent/ 11 employees) – Employees who have been in their respective roles for an average of 4 years and felt they needed a new challenge.
- **Work related** (17.6 percent/ 9 employees) – Issues around workload and feeling undervalued in their role.
- **Career Progression** (15.7 percent/ 8 employees) – Represents a number of employees who have been in their respective roles for over 4 years and reported that they had no opportunities for career progression and/or promotion.

Grading and Pay:
Since the start of the grading and pay consultation, no employee has cited pay and benefits as their main reason for leaving the organisation, compared to 25 percent in August 2019. We saw a marginal increase in leavers (0.2 percent) following receipt of the back-pay in October 2019, however this has been recovered in December (this reporting period).

FtP Move:
We continue to monitor this as an exit reason. As reported previously, only 3 employees had given this reason prior to the change in accommodation. Since the accommodation move in September 2019, no leavers have cited the FtP move as a reason.

Defined Benefit (DB) Scheme consultation:
We understand that DB members are unhappy with the up and coming consultation to discuss closure of the scheme to future accrual. We will continue to monitor leaver

trends for this reason.

Two employees who are in the Defined Benefits Pension scheme (DB), are due to leave the organisation in January 2020. However, as the DB Pension Scheme consultation has not yet commenced, their reasons for leaving are not deemed to be related to the scheme, but we intend to investigate further in their exit interviews.

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

Target: 18 percent

Result: Exceeding target. Turnover for employees leaving within 6 months of joining the NMC in December was 16.2 percent against a year-end target of 20 percent.

Commentary: Turnover within probation for December increased by 7 percentage points since October 2019. This was due to 3 employees leaving, 2 due to performance management and 1 resignation.

When compared to the same period last year, we achieved a reduction of 6 percentage points. If the current trend continues we forecast 6 month turnover to reduce to 10 percent by March 2020.

Evaluation of our Employee Conference
We hosted all NMC employees at a conference on 6 November and had 815 attendees. The focus of the day was on our 2020–2025 strategy: what is it, what does it mean to the people we regulate and the people we serve, and how do we deliver it (our values and behaviours)?

One third of attendees responded to the survey that we shared after the conference. 83 percent of those agreed that the conference was enjoyable; and 75 percent agreed that it was useful. The conference has been a key element to engaging colleagues on our future strategy and has been a stepping stone to further engagement on our future values and behaviours.

**Next steps**: Ongoing work includes:

- Our employee engagement survey results in December show an increase in engagement of 0.2 points to a score of 6.5. Our next survey will take place in February 2020.

- Values and Behaviours – collaborative work with our colleagues continues on the development of our new values and behaviours.

- Employee benefits – we have now commenced the review of employee benefits.

- DB Pension Scheme consultation is scheduled to begin in April 2020 (TBC) and we will be carefully monitoring this as a risk to our retention.

Section 6: People (at December 2019)
### Corporate metrics

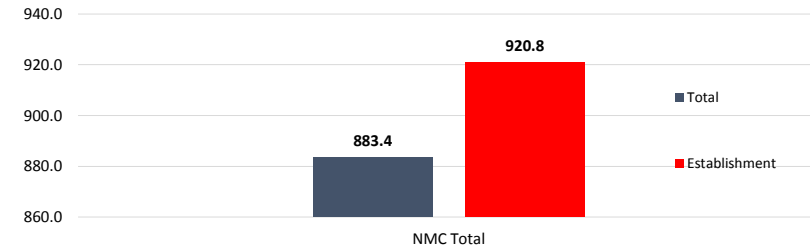### 6.01: All employee turnover (rolling) has continued to decrease and is currently 15.3% for 2019-2020

Legend: 2019-20, 2018-19, Target
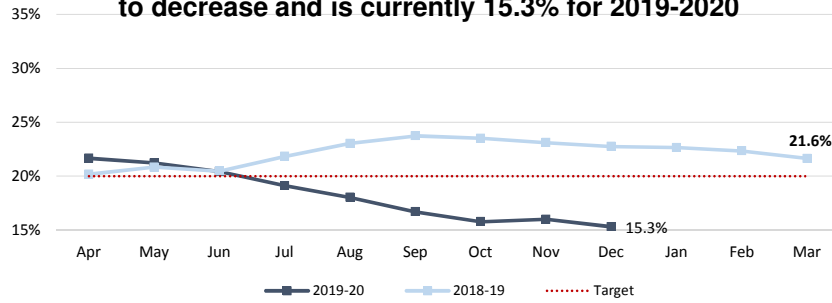
6.02: Turnover of new joiners leaving within 6 months now stands at 16.2%. This is an increase since October 2019

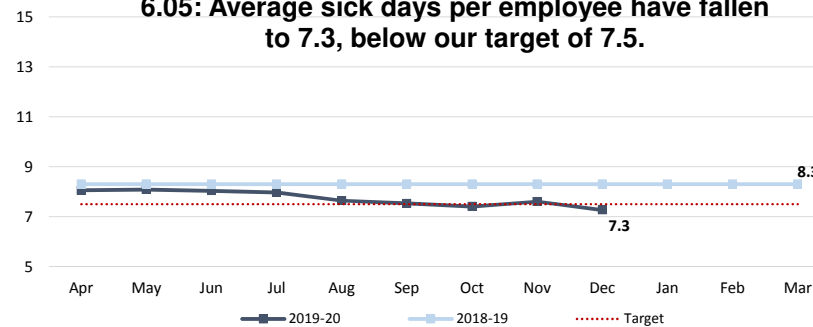Legend: All Turnover (2019-2020), First 6 Month Turnover, Target - turnover within 6 months
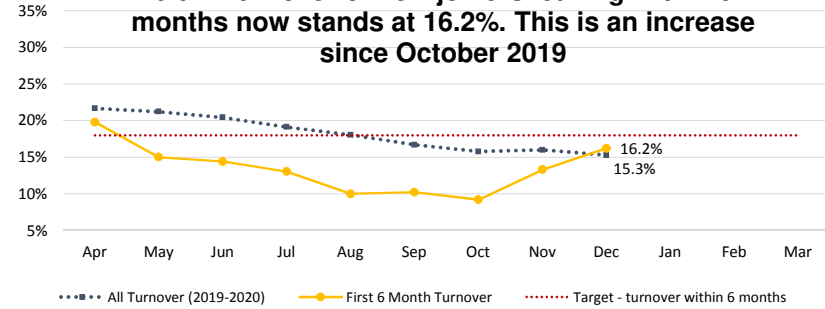
6.03: In total, there were 17 leavers in November and December 2019, compared to 19 in the equivalent period last year
(Actual per month)

Legend: 2019-2020, 2018-2019
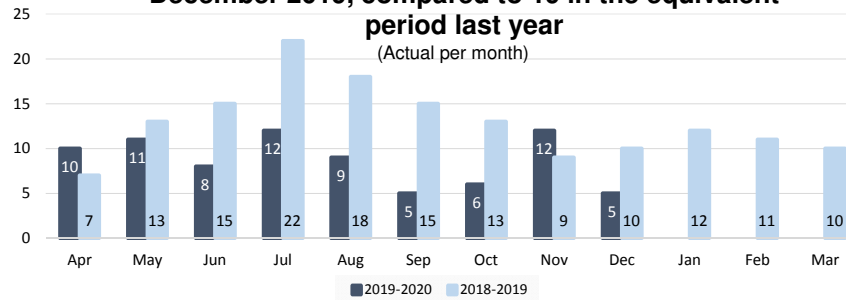
6.04: Average total FTE stands at 883 - compared to our budgeted figure of 921

Legend: Total, Establishment

6.05: Average sick days per employee have fallen to 7.3, below our target of 7.5.

Legend: 2019-20, 2018-19, Target

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6.06 NMC FTE by directorate

- Education and Standards
- External Affairs
- Fitness to Practise
- Office of the Chair and Chief Executive
- People and Organisational Development
- Registration and Revalidation
- Resources & TBI

Pie chart values: 23.7, 33.0, 143.9, 471.2, 154.8, 31.6, 25.2
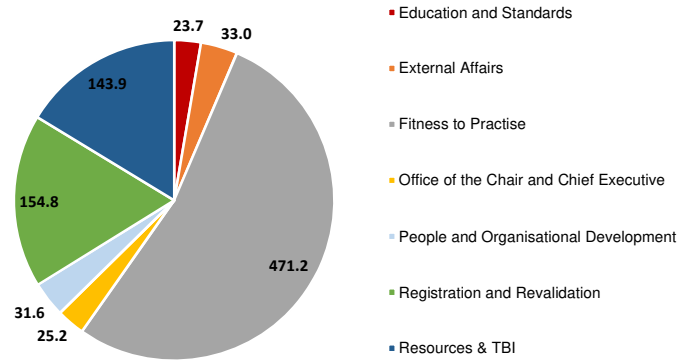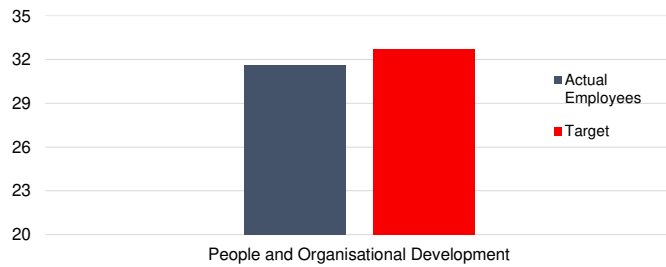
6.07 Corporate risk (at 31 December 19)

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

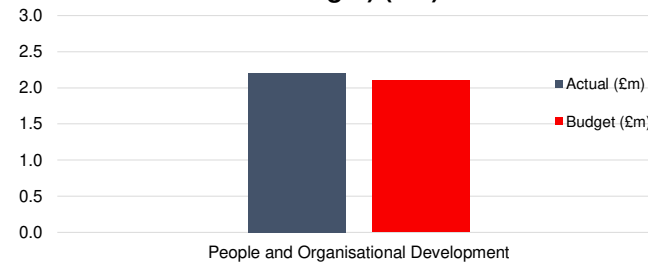**Dec 2019 Organisational Engagement Score = 6.5 (Target = 6.4)**

Directorate Metrics

6.08 POD FTEs in post (actual vs target)

- Actual Employees
- Target

People and Organisational Development

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

- Actual (£m)
- Budget (£m)

People and Organisational Development

Dec 2019 Directorate Engagement Score = 5.6 (Target = 6.4)

57

Section 7: Resources & Technology KPIs (at December 2019)
Performance metrics - TBI

7.01: Network security: Threats blocked (%) remain stable at 100.0%

7.02: NMC website / NMC online downtime (Working hours/ out of hours) remain above target
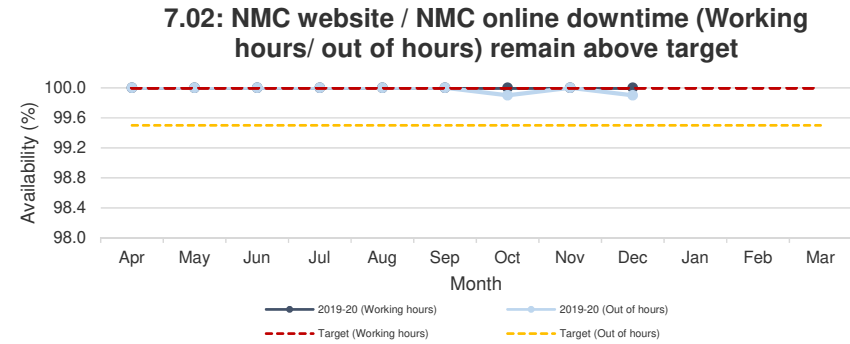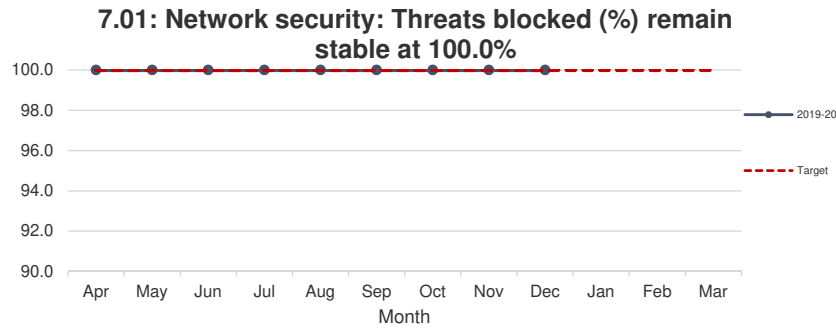
7.03: Corporate risk (at 31 December 19)

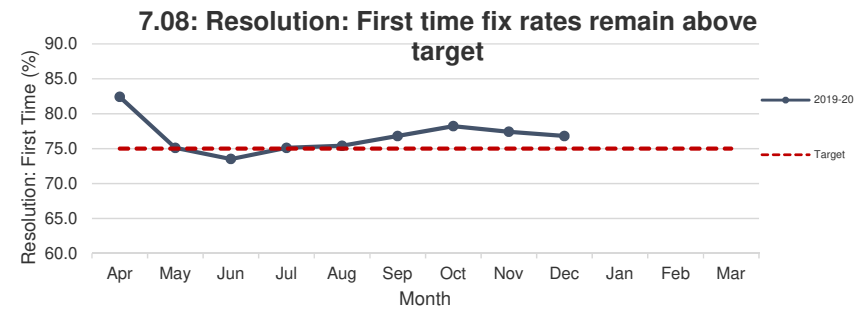| COM18/01: Risk that we fail to prevent a significant data loss or we experience an information security breach				
Likelihood	Impact	L X I	Trend	Response
3	3	9	Stable	Treat

7.04: Corporate risk (at 31 December 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
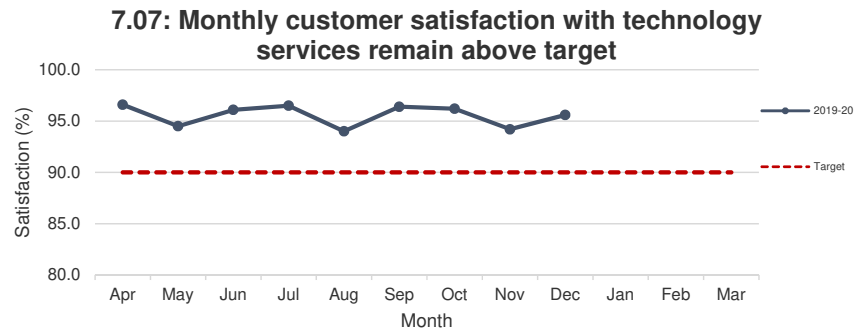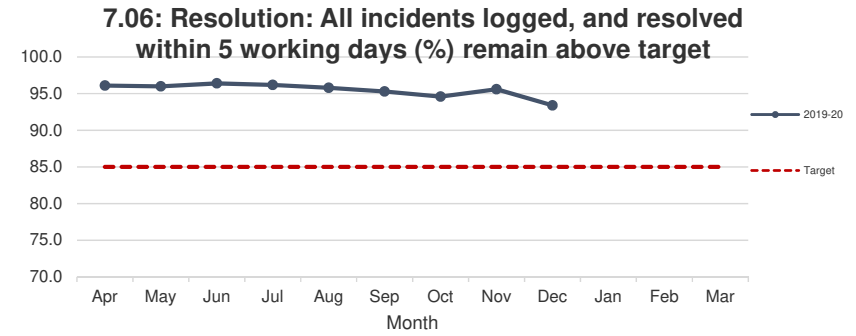
7.05: Incident reports for all Priority 1 (P1) failures produced and distributed within 3 working days (%) remain stable

7.06: Resolution: All incidents logged, and resolved within 5 working days (%) remain above target

7.07: Monthly customer satisfaction with technology services remain above target

7.08: Resolution: First time fix rates remain above target

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

Performance metrics - Resources

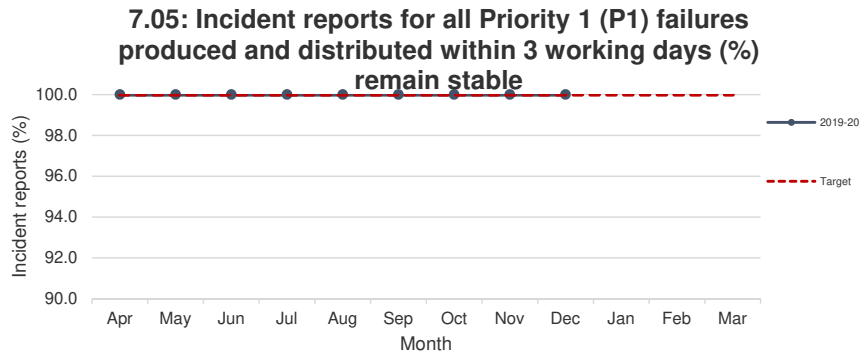### 7.09: YTD Oversight of contracts by Procurement team has risen and is above target for the year

Spend under contract %

- 2018-19 Full Year
- 2019-20 (YTD Average)
- 2019-20 Target
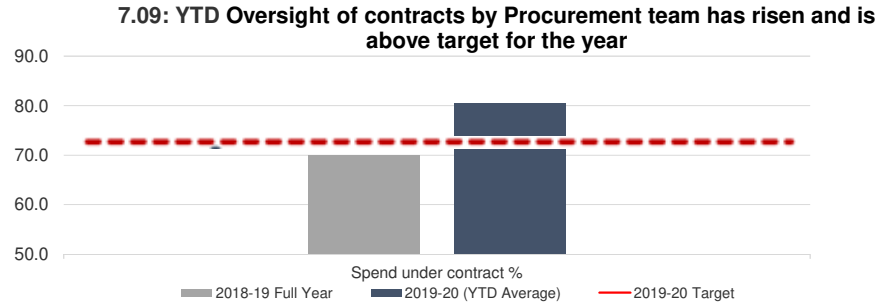
Status Commentary:
This measure is focused on understanding the level of oversight that the corporate procurement team provides over our spend. This is not a measure of procurement compliance.

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.

7.10: Corporate risk (at 31 December 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

Dec 2019 Directorate Engagement Score = 5.9 (Target = 6.4)

Directorate Metrics

7.11: Resources FTEs in post (actual vs target)

- Actual Employees
- Target
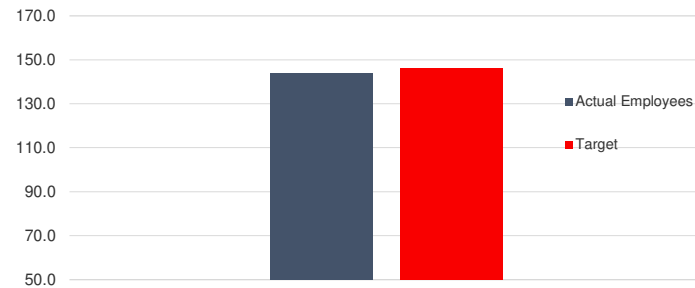
7.12: Resources BAU Expenditure (YTD Actual v Budget) (£m)

- Actual (£m)
- Budget (£m)

Section 8: External Affairs

KPIs

Background

This is the third 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 59.6 percent at the end of quarter 3 (up from quarter 2).
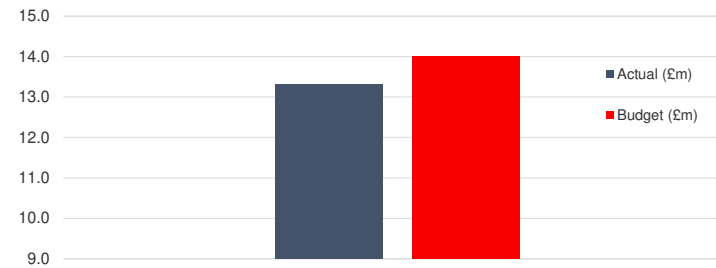- Mass emails had an average click per email open rate of 37.4 percent at the end of quarter 3 (up from quarter 2).

Commentary: Despite reductions in some communications activity in the run up to the general election, we recorded an 8.8 percent increase in the number of emails opened and a 24 percent increase in the click to open rate (CTOR).

This increase followed specific improvements that we adopted to enhance the quality of our outputs, aimed at increasing engagement. We also sent a number of important emails for overseas registration and to lapsed registrants which had significant engagement.

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 1.9 percent against a target of 1.5 percent (up from quarter 2).
- LinkedIn engagement is 4.1 percent against a target of 4 percent (up from quarter 2).

Commentary: This quarter we have seen a 0.7 percent increase in our Twitter engagement rate. The main factor for the uplift was the Always Caring, Always Nursing campaign. While many different communication disciplines were essential to its success, social media was the main means of engagement.

The proactive campaign, shaped by research, was sustained over 100 days, culminating in our most popular ever Tweet on 23 December 2019 which received 761 retweets and 1,404 likes on Twitter. The engagement rate for this Tweet

alone was 4 percent and was seen 110,269 times.

Sentiment analysis on our campaign hashtag, #PrideinNursing, tells us that 91.2 percent of coverage was positive, 7.4 percent was neutral and 1.3 percent was negative.

We continue to see a steady increase in our Twitter followers with 3,822 new accounts (4.5 percent increase) following @nmcnews this quarter.

We have also seen a 1.0 percent increase in LinkedIn engagement, again as a result of the Always Caring, Always Nursing campaign.

6,197 new accounts followed NMC on LinkedIn this quarter. This was a 14.8 percent increase and follows the same positive trajectory we have seen over the last three quarters.

Press office

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

Result: A sample of our media coverage showed that 69 percent was of positive sentiment during this quarter (289 out of 1,361 pieces of coverage evaluated).

Commentary: Compared to the previous quarter (July to September), the share of positive content increased by 8 percentage points – rising from 61 percent to 69 percent.

We achieved 1,361 mentions in the press, compared to 989 during the previous quarter.

We are currently in the process of scoping out a new service to analyse all mentions and provide a range of other metrics.

Internal communications

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

Result: 6.9

Commentary: We took the opportunity of the return of the Peakon Survey in December 2019 to revise the question about internal communications to make it more specific to this activity. We scored 6.9 out of 10 in response to: "Internal communications at the NMC keeps me up to date with things I need to know".

Events

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

Result: 80 percent of respondents agree that our events have met their stated objective.

KPIs

> **Commentary**: We are still exceeding our agreed KPI however we have seen a two percent decrease since last quarter which we continue to monitor.

Stakeholder engagement

> **Commentary**: In order to determine the level of trust our senior partners and stakeholders have in us as an organisation and what we do, we will be carrying out an annual perceptions audit in the Spring. This follows on from the one we undertook in January 2019. We are in the early stages of scoping the audit, working with colleagues across the organisation to align questions specific to strategic work streams.

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 has now taken 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 in December 2019, our planned fieldwork with parliamentarians in Westminster was delayed. The fieldwork is now due to begin in early January and we will receive the results from this survey in mid-March 2019.

Section 8: External Affairs KPIs (at December 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 . Both have risen above their respective targets in Q3
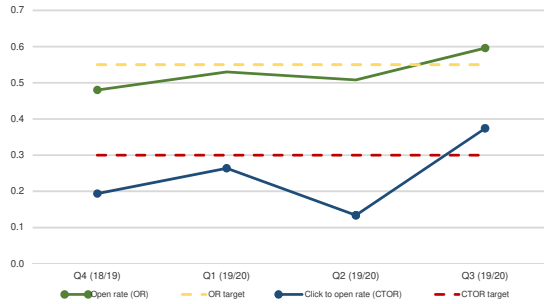

8.01 & 8.02 - Registrant Emails

	Quarter 4 (18/19)	Quarter 1 (19/20)	Quarter 2 (19/20)		Quarter 3 (19/20)
			Registrant emails		
Emails sent	2,153,116	874,939	1,628,651	▼	1,518,179
Unique opens	921,468	330,336	607,043	▼	588,173
Open rate (1)	48.0%	53.0%	50.8%	▲	59.6%
Click to open rate (2)	19.4%	26.4%	13.4%	▲	37.4%

(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 have continued to rise in Q3
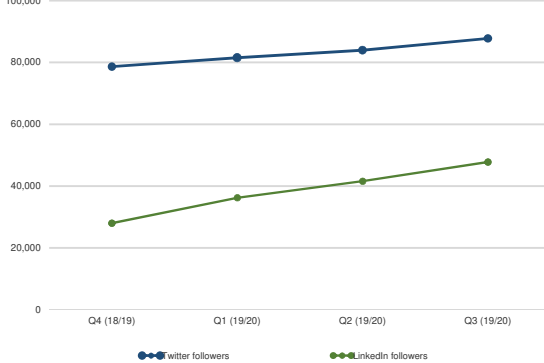
8.03 and 8.04: Engagement with Twitter posts (target rate of 1.5 percent) and LinkedIn posts (target rate of 4 percent) have increased above their respective targets in Q3 following two quarters below

- Launch of Nursing Associates
- Arrival of new CEO
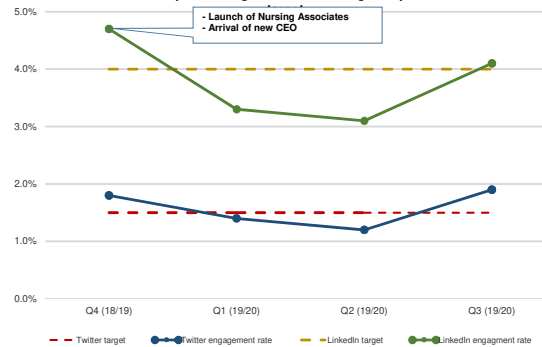
8.03 & 8.04 - Social media

	Quarter 4 (18-19)	Quarter 1 (19-20)	Quarter 2 (19-20)		Quarter 3 (19-20)
			Twitter		
Twiter followers	78,664	81,531	83,964	▲	87,786
Number of Twitter posts	320	596	448	▼	394
Impressions (3)	2,224,933	2,609,203	2,028,649	▲	2,978,351
Engagements (4)	47,314	46,144	34,233	▲	78,528
Twitter engagement rate (5)	1.8%	1.4%	1.2%	▲	1.9%
			LinkedIn		
LinkedIn Followers	28,023	36,251	41,606	▲	47,803
Number of social media posts	90	92	91	▲	93
Impressions (3)	330,561	355,143	268,418	▲	325,123
Engagements (4)	31,630	11,511	17,156	▲	27,190
LinkedIn engagement rate	4.7%	3.3%	3.1%	▲	4.1%
		Referrals to our website from all social media channels			
	35,242	29,200	39,824	▲	41,367

(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

8.05 Percentage of media coverage in the quarter achieving positive sentiment (%) has risen above our target of 65% at Q3

Legend: Positive sentiment — Target
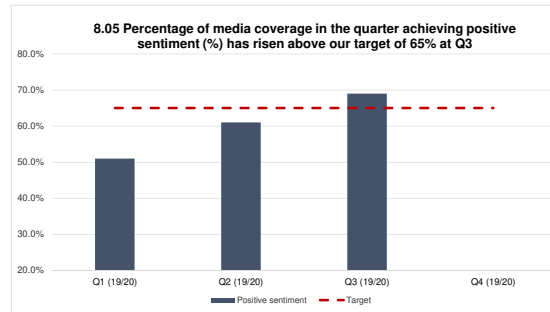
Directorate metrics

8.06 Corporate risk (at 31 December 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 December 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

8.08 EA FTEs in post (actual vs target)

Legend: Actual Employees, Target
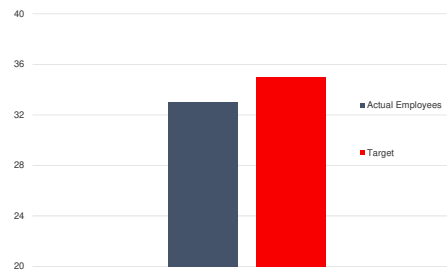
8.09 EA BAU Expenditure (YTD Actual v Budget) (£m)
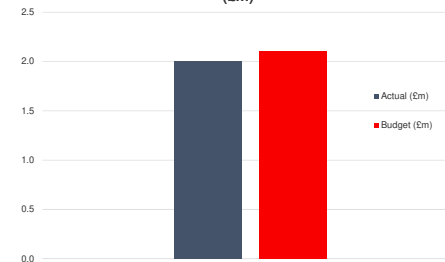
Legend: Actual (£m), Budget (£m)

Dec 2019 Directorate Engagement Score = 6.7 (Target = 6.4)

65

NMC corporate risk report

Corporate Risk Register at 31 December 2019

Current risk position

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

2   We have added an overview of risk register (as a heat map) to this annexe for consideration. We propose that this is a simplified way to communicate our corporate risk position.

3   The Executive most recently reviewed the risk register in January 2020. Our overall risk exposure remains unchanged with two of our nine corporate risks rated as red (Risk INF18/02 [Stability of ICT] and PEO18/01 [NMC workforce]).

4   No risks have been escalated to the corporate risk register this year.

5   Items of note are:

5.1   **Stability of IT infrastructure (INF18/02):** This risk remains unchanged since we last reported to the Council in November 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.

5.2   The Council has considered key milestones and risks associated with delivery of our Modernisation of Technology Services (MOTS) programme. In November 2019, Council agreed additional investment which will enable us to focus on launching the replacement for our registration system (Wiser) by the end of this financial year. Work to replace our FtP Case Management System will happen from 2020–2021.

5.3   Although the programme has experienced slippages, we still expect the original benefits to be realised which will contribute towards a reduction in several corporate risks. This will happen later than anticipated, meaning that we need to tolerate risks at their current level in the short to medium term. At this point we do not feel that the risk exposure has increased any further and remains stable. We continue to manage the interdependencies carefully.

5.4   A progress report on MOTS is included on the agenda for this meeting and Council will receive the next MOTS progress report in March 2020.

5.5   **NMC workforce (PEO18/01):** Our workforce risk continues to be an area of focus. Employee turnover continues to reduce, but until we have agreed our strategic plans for the future (to be presented to Council in March) it is

prudent to remain cautious. We need to examine the capacity and capabilities needed to deliver our plans, and remain focused on maintaining colleague engagement.

5.6   Our aim is to make NMC a great place to work so that we can attract and retain the best talent. By ensuring that we have the skills and capacity to deliver our strategic plans, this will contribute to a reduction in our workforce risk exposure. Specifically we will:

- Review the outcomes from our 'Life at the NMC' survey conducted during 2019, and put in place an action plan to respond to employee feedback;

- Start phase 2 of the review of our employee benefits and rewards;

- Agree and embed our new values and behaviours which are aligned to our strategy for 2020–2025;

- Introduce the Workforce Race Equality Standard (WRES) from 2020;

- Undertake strategy implementation planning which will consider prioritisation and workforce capacity and capability.

5.7   In the meantime, the Executive will continue to monitor this risk carefully.

5.8   **Legal and compliance risk (COM18/02):** This risk remains unchanged, but we have included an additional causation relating to unfairness or harm caused as a result of unfair outcomes or avoidable delays. This is to ensure that we remain focused on preventing unfairness, discrimination or harm as a result of an action we take and aligns with our values and our aim to become a more compassionate regulator.

5.9   **Responding to the external environment (EXT18/01):**

- **Industrial action, including strike action:** As discussed in the main report, industrial action is planned or has taken place across a number of areas in the United Kingdom. The potential impact on health and care provision could include increased demand for services, standards being compromised, or FTP cases being triggered.

- We issued a statement on 26 November 2019 to confirm that nurses, midwifes and nursing associates have the right to strike, and to inform the public that the standards of 'The Code' still apply.

- As the independent professional regulator our role is to remain neutral. We continue to engage with key stakeholders across the UK (such as chief nursing officers and union representatives) about the situation.

- We will closely monitor the situation via our external networks and report the current status to the Council as part of our future risk reports. At this time, we do not believe that the overall risk exposure for EXT18/01 has increased as a result of the action, and are content that the risk register sufficiently captures these events within its broader causations (*'Significant [environmental] changes are not*

anticipated and our response is reactive or unplanned').

- **Brexit:** Following the outcome of the general election on 12 December 2019, we are now making preparations for the UK's exit from the European Union on 31 January 2020. We have plans ready to be implemented for both a deal and no deal scenario. We continue to provide key information for overseas registrants on the current known position via our website.

5.10 **New strategy for 2020–2025 (STR19/01):** This risk remains unchanged. The progress in developing the strategy will be reviewed by the Council in January with final agreement on the 2020–2025 strategy and corporate plan in March 2020.

Corporate risk appetite

6 Each risk on the corporate risk register has an assigned risk appetite using HM Treasury classification definitions. These have been added to the top of the corporate risk register for easy review.

7 We are developing a statement to summarise our overall organisational risk appetite, which we will ask Council to discuss and agree alongside Council's annual review of risk in May 2020.

NMC corporate risk overview at 31 December 2019

A 5×5 risk matrix with Impact (vertical axis) and Likelihood (horizontal axis).

Impact (vertical axis, bottom to top):
- 1 (Insignificant)
- 2 (Minor)
- 3 (Moderate)
- 4 (Major)
- 5 (Critical)

Likelihood (horizontal axis, left to right):
- 1 (Remote)
- 2 (Unlikely)
- 3 (Possible)
- 4 (Probable)
- 5 (Highly probable)

Grid cell values (Impact row × Likelihood column):

	1 (Remote)	2 (Unlikely)	3 (Possible)	4 (Probable)	5 (Highly probable)
5 (Critical)	5	10	15	20	25
4 (Major)	4	8		16	20
3 (Moderate)	3	6		12	15
2 (Minor)	2	4	6	8	10
1 (Insignificant)	1	2	3	4	5

Cell 10 (Impact 5, Likelihood 2): **REG18/02** Fail to take appropriate action to address regulatory concern

Cell 15 (Impact 5, Likelihood 3): **REG18/01** Fail to maintain an accurate register

Cell 20 (Impact 5, Likelihood 4): **INF18/02** ICT failure impedes effective and robust service delivery

Cell 8 (Impact 4, Likelihood 2): **REG19/03** Fail to ensure that educational standards are fit for purpose and processes to ensure compliance are being met

Cell (Impact 4, Likelihood 3): **INF18/01** Fail to recover from infrastructure incidents; **EXP18/01** Fail to meet expectations; **STR19/01** Strategy failure

Cell 16 (Impact 4, Likelihood 4): **PEO18/01** Fail to recruit and retain adequate workforce

Cell (Impact 3, Likelihood 3): **COM18/01** Fail to prevent data loss or cyber breach; **COM18/02** Legal or compliance failure; **EXT18/01** Fail to respond to external environment

Corporate risk register for 2019-20 (up to 31 December 2019)

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

Risk Ref. Number	Risk Description	Contributing Factors / Causation	Inherent Risk (without controls)			Mitigations and Controls (In place)	Current Rating (with controls)			Planned Mitigations and Controls	Target Rating (after planned actions are delivered)			Executive Lead (responsible for assuring risk treatment)
			L	I	L X I		L	I	L X I		L	I	L X I	
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	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 (January 2020) - Continuing to develop case management functionality for our Appeals team (RAST). - Regular iterations of existing product continue to deliver enhancements to performance. A second major release expected August 2020. e. Overseas review during 2019-20. e. Introduction of test of competence against Future Nurse standards (Summer 2020)	2	5	10	Director, Registrations and Revalidation

Risk Response: Tolerate

Trend: Stable

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 Aug 2020 once these systems have bedded in.

Risk Ref. Number	Risk Description	Contributing Factors / Causation	Inherent Risk (without controls)			Mitigations and Controls (In place)	Current Rating (with controls)			Planned Mitigations and Controls	Target Rating (after planned actions are delivered)			Executive Lead (responsible for assuring risk treatment)
			L	I	L X I		L	I	L X I		L	I	L X I	
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 people using services, patients, families and parents (from October 2019) (Launched December 2019)	2	5	10 **Risk Response:** Tolerate **Trend:** Stable	a. 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 **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.	Director, Fitness to Practise
REG19/03	Failure to ensure that educational standards are fit for purpose, and processes to ensure compliance with standards are 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 Delivery 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 **Comments:** Risk added on to register in May 2019 and accepted by Council in July 2019	a. Education programme which will deliver new standards for midwives (Jan 2020) a Implementing a rolling programme of 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

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			L	I	L X I		L	I	L X I		L	I	L X I	
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. 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, Introduction of Managed Service Providers (MSP) and Applicant Tracker System (ATS) to drive up recruitment 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) a-d. 'Life at the NMC' survey to understand the current state and inform the future culture of the organisation.	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 2020) a-d Launch values-based recruitment and appraisal system. (Q1 2020-21) a-d., Launch of 'Life at the NMC' survey to understand the current state and inform the future culture of the organisation. a-d. Outcomes from the survey and actions plans due by March 2020. 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. (Sep 2020) a-c. Programme of career pathways initiated. (March 2020) a, b, g. Succession planning for critical leadership roles. a-d. EDI Action Plan to introduce Workforce Race Equality (WRES) standard. (Aug 2020) a-d. Wellbeing plans to meet the standards of an external benchmark (March 2021) a-i. Modernisation of HR IT systems (being planned for new strategy period - dates TBC)	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 - Won't have the right premises to support business operation 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. c. 23 Portland Place maintenance programme. d. Lease end events in Edinburgh (April 2021).	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. 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. Training exercises have commenced and are due for completion by March 2020. b. IT infrastructure disaster recovery test will now take place in February 2020 (last test was May 2019). Business continuity plans will be updated following test. (see risk INF18/02) . c. Options for our longer accommodation strategy to be considered by the Council in November 2019. Council approved outlined business case for our accommodation strategy. This will proceed to full business case to be presented to Council in March 2020.	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

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			L	I	L X I		L	I	L X I		L	I	L X I	
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 - 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 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	a. MOTS programme will deliver core systems replacement for Wiser 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) iv) Regular security testing	2	3	6	Director, Resources and TBI
						Risk Response: Treat **Trend:** Stable					**Date change expected:** Sept 2020 Likelihood reduces after delivery of ICT infrastructure improvements				
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 - Breach of individual legal rights 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. d. Unfairness or harm to registrants, applicants, referrers, witnesses, members of the public or employees as a result of unfair outcomes or avoidable delays	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 uncontrolled spend, implementation of e-sourcing portal, implementation of 'supplier assurance' portal and central contract management database. a-b. Centralised corporate legal services team to advise on achieving legal compliance and support the business if breaches occur. Plus: - Implementation of the outcomes from the legal services phase 2 review which focused on areas of highest risk during 2019. - Legal knowledge management system in place to identify changes in law and assess impact. - Legal support for all corporate programmes to improve legal awareness and compliance. a, d. 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. a, b, d. 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. d. Improved support for witnesses, public support service including emotional support and careline. a. Reasonable adjustments policy launched Q3 2019-20.	3	3	9	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	General Counsel
						Risk Response: Treat **Trend:** Stable					**Date change expected:** N/a **Comments:** Maintain controls and monitor outcomes for any changes.				

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			L	I	L X I		L	I	L X I		L	I	L X I	
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. a-g. Clearer internal roles and responsibilities regarding procedures for managing external stakeholders, including devising a new strategic approach to managing stakeholder relations. 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), and regular communications with the business to enable them to communicate effectively. g. Strategy development process for 2020-2025 launched in April 2019, including consultation and engagement activities on strategic themes with key stakeholders.	3	3	9 **Risk Response:** Treat **Trend:** Stable	a, b, e, f, g. Next perceptions audit will take place following the launch of our new corporate strategy to determine confidence and trust in the organisation (April 2020). f. Delivery of strategic communication and engagement programme and implementation of capability plans to build skills and knowledge - Monitoring and improvements will be delivered on an ongoing basis. g. New Strategy for 2020-2025 has been developed during 2019 with specific focus on co-production and consultation with key stakeholders. - Corporate planning will run until March 2020 - 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 (Person Centred Approach) 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. - 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

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			L	I	L X I		L	I	L X I		L	I	L X I	
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 stability 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 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 of our IT network. b-c Network penetration test carried out in Q3 2019-2020. 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) a-b. Subject to Council's approval of detailed plans and budgets (anticipated July 2020), MOTS programme will deliver new CMS in 2020-21.	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 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. 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, d. Directorate led thematic workshops to test themes and consider implementation planning. CEO led workshop on organisational capabilities we need to develop. 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. e. Strategy Investment Fund developed as part of 5 year budgeting which is aligned with implementation planning to enable us to consider changes required and prioritise where we need to invest additional resources.	3	4	12 **Risk Response:** Treat **Trend:** N/A **Comments:** New risk proposed from September 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) d, e. Implementation planning process until March 2020 to develop the corporate plan and ensure that strategic priorities are appropriately resourced. 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

Council

Modernisation of Technology Services (MOTS) Programme progress report

Action:	For discussion.
Issue:	To update the Council on the progress of the MOTS Programme.
Core regulatory function:	Supporting functions.
Strategic priority:	Strategic priority 1: Effective regulation. Strategic priority 4: An effective organisation.
Decision required:	None.
Annexes:	The following annexe is attached to this paper: • Annexe 1: MOTS Programme road map.
Further information:	If you require clarification about any point in the paper or would like further information please contact the author or the director named below. Author: Zohir Uddin Director: Andy Gillies Phone: 020 7681 5207 Phone: 020 7681 5641 Zohir.uddin@nmc-uk.org Andrew.gillies@nmc-uk.org

Context: 1 This paper summarises for the Council's open meeting the progress report on the Modernisation of Technology Services programme (MOTS) which was presented to Council's confidential session on 26 November 2019. The paper presented in November was confidential because of commercially sensitive contractual matters, which have been excluded from this paper. This paper includes updates on progress since the November 2019 meeting of Council where relevant.

2 The paper recommended, and Council approved

    2.1. a revised budget for the completion of the new registration system, phase 1 of the Education Quality Assurance IT system, and systems for the Registration Appeals Support Team (RAST), Individual data Requests (IDR) and complaints – an additional £2.39m for a new total budget of £8.93m.

    2.2. a revised timetable, with go live of the new register by February 2020, and completion of Education QA IT phase 1 by March 2020.

    2.3. delegated authority to the Chair to award new contracts to complete this work, consistent with this agreed plan.

Discussion: **Background**

3 The business case for the MOTS Programme was approved by the Council in confidential session in July 2018. The business case recognised that there had been sustained underinvestment in IT over many years, and that our reliance on bespoke legacy systems developed by small suppliers presented a substantial business continuity risk.

4 The programme objectives were to replace the NMC's legacy systems for the Register (Wiser) and FTP case management (CMS) with new solutions built on Microsoft Dynamics 365 (MD365). The Education Quality Assurance (QA) IT system was not originally in scope in the July 2018 business case.

5 The timeline in the July 2018 business case, targeted delivery of the new registration system by July 2019 and delivery of the new case management system by 31 March 2020.

6 The budget in the July 2018 business case was a net total of £4.86m.

7 The main expected benefits of the programme were:

    7.1 Improved stability, reliability and security, and therefore

reduced operational risks.

7.2 Access to a broader pool of suppliers for maintenance and development.

7.3 Reduced costs of maintenance and better value for money.

7.4 Better adaptability.

7.5 Improved service to registrants through a single view of the registrant.

7.6 More efficient internal processes through automation.

8 The programme will also give us a single data source for registrants, for employers, and for approved education institutions, so will improve the accessibility and reliability of our data and our efficiency.

9 The corporate budget for 2019-2020 presented to Council in March 2019 included £4.10m for the MOTS programme in 2019–2020. Together with the actual spend in 2018–2019 of £2.43m, this represented a new total budget of £6.53m.

10 The exception report presented to Council in May 2019 sought formal explicit authorisation for the new total MOTS programme budget of £6.53m that had been included within the corporate budget in March, and revised the delivery date of the new registration system from July 2019 to November 2019. The May 2019 exception report also confirmed the expansion of the scope of the programme, to include the Education QA IT system, and case management systems for the Registration Appeals Support Team (RAST) and complaints management.

11 By September 2019, it was clear that the November 2019 milestone for delivery of the new registration system and the March 2020 milestone for delivery of the new case management system were not achievable. The milestones were flagged as at risk in the Executive Report to the October 2019 Council meeting.

12 A new Programme Manager took up post in August 2019 and has focussed on:

12.1 Maintaining momentum, including the key release on 7 October 2019 of the new online system for international applicants.

12.2 Establishing proper programme governance to enable control and prioritisation.

12.3 Establishing our position and progress to date.

12.4 Agreeing the priorities for the remainder of this financial year.

12.5 Planning and budgeting the work for the remainder of the financial year in collaboration with internal stakeholders and our external suppliers.

13 In November 2019, the Council agreed revised timelines and budgets for the completion of the new registration system. We will bring a further progress report, scheduled for March 2020, to seek approval for the continuation of work on the new FTP case management system and other proposals linked to the delivery of our new strategy, and the cost of that work.

Progress to date

14 Despite the issues described in this paper, the programme has made good progress in the 18 months since approval of the original business case in July 2018:

14.1 The first key milestone, establishing the register for Nursing Associates on Microsoft Dynamics 365, was achieved in January 2019, successfully integrating the updated NMC Online application with MD365. This was a high profile delivery and provided the technology foundations and methodology for the future decommissioning of all Registration and Revalidation business processes from the legacy IT onto the new platform.

14.2 We have implemented more than half of the technical and functional requirements to build the new register in MD365.

14.3 A new payments solution provider was appointed in September 2019 to deliver improved Direct Debit (DD) services and enable DD processing to take place outside of Wiser.

14.4 In October 2019, we launched our new online system for overseas applicants, supporting the new overseas application process, and enabling significant streamlining of the process.

14.5 Phase 1 of the Education QA IT project is expected to complete in March 2020 and will provide an external portal for Education Institutions to upload their evidence for programme approval, for QA visitors to carry out programme approval and will replace our Approved Education Database.

14.6 We have also made progress on case management systems for RAST and complaints management. These were not in the original scope of the project, but the new systems will deliver significant benefits in both areas, replacing legacy systems, and they will serve as a proof of concept for the FTP case

management system.

Changes in scope

15   The Education QA IT system and the case management systems for RAST, IDR, and complaints were not in scope in the original July 2018 business case. They were brought into scope in the May 2019 exception report.

16   As explained in more detail at paragraph 39 below, the original business case envisaged an "out of the box" / minimum viable product approach, with reduced customisation, so as to achieve the replacement of the core systems within a short timescale and low cost. But in many cases processes have been enhanced.

Benefits

17   The programme will still deliver the originally envisaged benefits set out in paragraph 7, and the programme is now an essential part of our work in delivering a fit for the future organisation for the 2020–2025 strategy.

18   The enhancements in functionality are delivering some significant new benefits. In particular, the new readmission process means that nurses and midwives who drop off the register for administrative errors such as missed payments, and would previously have been unable to practise for a matter of weeks, are now back on the register and able to practise again within hours.

19   However, the slippage in the timetable means that other benefits will now be realised later than expected, including the benefits of improved stability, reduced risk and reduced maintenance costs through removal of our dependence on legacy systems.

Review of priorities

20   The priorities for the next phase of work on the programme have been discussed between the programme team and the managers responsible for the relevant services, and collectively at the MOTS Programme Board and at Executive Board.

21   Some work was done on the design of the new FTP case management system in MD365 in June 2019, but was then paused because of the move to One Westfield Avenue. As noted above, the original target to complete the MD365 case management system by March 2020 is not achievable. But the delay presents us with the opportunity to take into account the changes in the FTP operating model implemented as part of the FTP strategy. We completed the discovery work to scope the FTP case management project between November 2019 and January 2020.

22   The Executive's priority is the delivery of the new registration

system. Except for the discovery work described in the previous paragraph, work on the new FTP case management system remains on pause to enable our suppliers and our project team to focus on the new registration system. Education will be paused after the completion of Phase 1. RAST, IDR and complaints will be paused after completion of the next releases.

23   We have prepared a detailed plan and budget for the completion of the registration system, Education Phase 1, RAST, IDR and complaints, which was approved by Council in November 2019.

24   In March 2020, we will bring to Council an outline business case and a high level budget. On the basis of the outline business case, we intend to ask for Council's approval to tender for the supplier(s) for the next phase of MOTS. Following the procurement, we will present detailed plans, budgets and timelines to Council in July 2020. These papers are likely to be taken in the confidential session of Council because of commercial sensitivity.

25   Following replacement of the FTP case management system, our next priorities will be phase 2 of the Education QA IT project, and then the HR and Finance systems and a CRM system for stakeholder management. The work on those systems will extend through 2020–2021 and into 2021–2022.

26   Education Phase 2 is a key priority because our plan to move to a risk based system of quality assurance of education institutions depends on it. We will consider whether we can deliver Education Phase 2 alongside the FTP case management system, or closely afterwards.

27   We will also move into a cycle of ongoing development and upgrades of our core systems, so as to avoid returning to the position in 2018, where we had out of date, unsupported legacy systems requiring total replacement.

Revised budget and timeline for completion of the new register

Budget

28   As noted above, the exception report presented to Council in May 2019 increased the programme budget to £6.53m.

29   The programme has been reviewed by the new Programme Manager with input from the business and suppliers. The review has led to a new programme road map (**Annexe 1**) and major milestones (set out in paragraph 35 below) to achieving our priority objective to transition the register from Wiser on to MD365.

30   The budget is summarised in the tables below.

Table 1: History of total MOTS programme budget

	2018-19 £m	2019-20 £m	2020-21 £m	Total £m
July 2018 Original Business Case	2.63	2.23		4.86
May 2019 Exception Report	2.43	4.10		6.53
November 2019 Progress Report	2.43	5.52	0.98	8.93
Difference Jul 2018 to Nov 2019	(0.20)	1.87		1.67
Difference May 2019 to Nov 2019	0.00	1.42	0.98	2.39

Table 2: New proposed programme budget by project

	Spend to date £m	Future spend £m	Lifetime £m
Wiser Replacement	3.16	2.16	5.32
Overseas	1.38	0.27	1.65
Education QA IT system	0.33	0.40	0.73
Registration & Revalidation Case Mgmt (IDR, RAST and E&C)	0.14	0.19	0.33
Regulatory Intelligence Unit	0.01	0.06	0.07
FTP Case Mgmt (scoping only)	0.02	0.08	0.10
Other projects	0.10	0.00	0.10
Total cost by project	5.14	3.16	8.29
Contingency	0.00	0.63	0.63
Total cost incl contingency	5.14	3.79	8.93

Note that the cost of work on FTP Case Management in table 2 is scoping work. The cost of building the new system is not yet included in the budget, as explained in paragraphs 33 and 34.

31   As set out in the table, our actual spend on the programme up to the end of September 2019 is £5.14m. The estimated future budget requirement of £3.79m covers completion of:

31.1   the new registration system.

31.2   Education QA IT system phase 1.

31.3   RAST and Complaints case management release.

31.4   Regulatory Intelligence Unit (RIU) case management release.

32   The new total budget including those elements is £8.93m, which is £2.39m higher than the £6.53m set in the May 2019 exception report. Of the £3.79m future costs, we estimate that £2.81m will be incurred in 2019–2020 and £0.98m will be incurred in 2020–2021.

33   However, note that the future budget of £3.79m and the revised

total of £8.93m does not include the work that will be required to complete the FTP case management system, because the detailed planning work required to produce sufficiently reliable estimates has not yet been done.

34   As described in paragraph 24, our next progress report in March will include an outline business case and high level costs for all the work on the programme planned for 2020–2021. That will include the FTP case management system, Education phase 2, Registration and Revalidation priorities and other projects.

Timeline

35   In the July 2018 business case, the new register was expected to be live in June 2019. That date was revised to November 2019 in the May 2019 exception report. We now expect the new MD365 register to go live in February 2020, and the registration system to transition from Wiser to MD365 in stages over the subsequent months, as follows:

35.1   Milestone 1 (target February 2020): MD365 is the primary source of record for internal users. MD365 becomes the starting point in place of Wiser for data.

35.2   Milestone 2 (target July 2020): all Registrations operations are carried out with no requirement to access Wiser. At this point, Registrations will have completed the transition onto MD365.

35.3   Milestone 3 (target date TBC): FTP operations have transitioned onto MD365, and the FTP team no longer requires daily access to Wiser to perform its operations.

35.4   Milestone 4 (target date TBC): all operational dependency on Wiser has been removed and historic data has been migrated onto MD365 or archived, so decommissioning of Wiser can start.

35.5   Milestone 5 (target date TBC): Wiser decommissioning is complete.

35.6   The target dates for milestones 3, 4 and 5 will be set in July, following our detailed planning of the work on the FTP case management system.

36   In the May 2019 exception report, the Education QA IT solution was brought into scope with a target completion date of May 2019. We now expect to go live with the Approved Programme Database in March, and to release the other parts of the solution in stages over the period to July 2020, so as to minimise conflict with the Education directorate's peak period for approvals.

Analysis of the causes of the overrun on cost and time

37   The £4.86m budget within the July 2018 business case did not include any amounts for the Education QA IT system, or the case management systems for RAST, IDR and complaints management, which were not in the original scope. Those items were brought into scope in May 2019, although no budget was added for Education QA IT.

38   Additional scope items represent £1m of the overrun against the original budget, and £0.8m of the overrun against the budget as revised in May 2019.

39   Both the original MOTS business case and the increased budget approved in May 2019 anticipated direct replacement of core system functionality (from Wiser to MD365), with only a minimal amount of new process design activity. In fact a significant portion of work package activities have been for newly designed processes. Although this has improved processes, it has led to delays and extra supplier costs.

40   Our budgeting and our recording of actual costs was insufficiently detailed, which limited our ability to challenge estimates and billing for individual pieces of work, and meant that we did not identify early enough that the net underspend included significant overspends on some lines, offset by slippage on other lines.

41   The budget and timelines within the original business case included contingency of only 12 percent. An appropriate contingency would have been between 15 and 20 percent. The understatement of contingency in the original budget represents between £0.13m and £0.35m of the overspend against the original budget.

Programme governance

42   Since July 2019, the MOTS programme board has met monthly. The programme board is chaired by the Director of Resources and TBI and includes the Programme Manager, the senior users from Registration and Revalidation, Fitness to Practise and Education, as well as the senior internal suppliers from the IT and Business Analysis teams, and the finance business partner.

43   The individual projects that make up the MOTS programme have project boards chaired by the Directors with ownership of the relevant areas of the business.

44   The programme board is supported by the Technical Design Group (TDG) and is being operated in line with our Corporate standards for programme management. The TDG will manage and implement consistent design principles for data applications and technology across the NMC.

45   The Programme Manager is now the main channel for liaison with the external suppliers, and the only channel for commissioning work from the external suppliers.

46   Updates on the programme are reported to the Executive Board. The programme board and the Executive Board have approved this progress report.

Lessons learned

47   We expect our management of the programme and control of costs to improve through:

47.1   Clear overall programme level governance, that is aligned to our corporate PMO standards, and therefore prioritisation with senior business customers.

47.2   More realistic and detailed planning and cost estimating, including more realistic contingency planning, enabling us to hold suppliers more accountable, based on experience developed through the delivery.

47.3   Better financial management, with the budget recorded in detail, workstream by workstream and stage by stage, and actual spend matched to the workstreams and stages, so that we are better able to analyse the net position between overspends, slippage, scope changes etc.

47.4   Clearer accountability. The choice to fund the Education QA IT programme during 2018–2019 from the Education programme budget, rather than the MOTS programme budget, did not make clear the full cost of the systems development work. We will ensure better matching of budgets and costs for better transparency and accountability.

47.5   Better change control i.e. controlling expansion of scope and work commissioned even in an agile delivery environment in line with our corporate PMO standards.

47.6   Better ability to challenge suppliers based on our increased experience.

47.7   Ensuring that sufficiently skilled in house resources are deployed including the Programme Manager and project managers from our central Corporate PMO team, as well as the Technical Design Group.

47.8   We intend to build our own in house capacity for MD365 development, to reduce our reliance on external suppliers in future, and save costs.

48   We are also liaising with the General Dental Council and other

organisations that have implemented MD365 to get the benefit of their experience.

49   We will commission an independent review of the programme, either from our internal auditors or other independent experts, to identify further learnings to apply to the next phases of the programme. We propose that the review will take place in Q1 or Q2 of 2020–2021.

50   It was agreed at the November 2019 meeting that the Audit Committee will take responsibility for seeking assurance on behalf of the Council that the programme governance was working as it should and that effective controls were in place. Reports on progress of the programme will continue to be provided to the Council.

Four country factors   51   Not applicable.

Public Protection   52   Stable IT infrastructure is crucial to the NMC's successful operation – in particular, our capacity to provide a live, up-to-date Register and the risk to public safety if this were not the case.

Resource implications: 53   See paragraphs 28 to 34.

Equality and diversity implications: 54   None.

Stakeholder engagement: 55   Not applicable.

Risk implications: 56   The actions described in this paper are intended to mitigate the known risks around the NMC's IT infrastructure, principally corporate risk INF18/02.

Legal implications: 57   None in this paper.

Introduction of D365 – Roadmap

Council

Review of Post Registration Standards

Action: For decision.

Issue: To update the Council on the work of the Post registration Standards Steering Group and review of existing Post Registration Standards.

Core regulatory function: Education Standards

Strategic priority: Strategic priority 1: Effective regulation.

Decision required: The Council is recommended to approve:

- the development of new standards of proficiency for health visiting, school nursing and occupational health nursing fields of Specialist Community Public Health Nursing (SCPHN) practice and associated programme standards (paragraph 21.1).

- giving formal notice that signals our intention to withdraw the current (SCPHN) qualification standards no later than 2023 (paragraph 21.2).

- an initial phase of work to scope standards of proficiency content of a proposed new Specialist Practice Qualification (SPQ) for community nursing practice, accompanied by associated programme standards (paragraph 29.1).

- giving formal notice that signals our intention to withdraw the current nine SPQ qualification standards no later than 2023 (paragraph 29.2).

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	The NMC register is made up of four distinct parts for each of the professions we regulate: registered nurses, midwives, nursing associates and Specialist Community Public Health Nurses (SCPHNs). Each of these are protected titles as set out in The Nurses and Midwives (Parts of and Entries in the Register) Order of Council 2004.
	2	Though the first three professions can directly enter their parts of the register once they have met the NMC's requirements, the SCPHN part of the register is only available to those already on the register, holding effective registration as either a nurse or a midwife.
	3	A nurse, midwife or SCPHN may also complete additional qualifications, which may be recorded as annotations against their name on the NMC register, and which are relevant to their registration. These include prescribing, teaching and Specialist Practice Qualifications (SPQs), for those who have completed a post-registration qualification in an NMC specialist field of practice.
	4	Since 2016 and in line with our 2015–2020 Strategy commitments we have successfully published our new standards of proficiency at pre-registration levels, new education and training standards and post-registration prescribing standards.
	5	We are now in the final phase and are reviewing the nature and role of our existing post registration standards. This remaining commitment seeks to address several long-standing issues relating to SPQs annotations and SCPHN registration.
	6	In May 2019, the Council discussed the findings of the post registration standards independent evaluation and how these findings will help inform the future direction of our role in regulation beyond initial registration.
	7	In November 2019, we convened the inaugural UK wide post registration standards steering group (PRSSG) chaired by Dr David Foster OBE to reach consensus on the way forward and co-produce future standards in this area.
Four country factors:	8	Our current SCPHN and SPQ standards apply UK wide. All four UK countries are prioritising and have published their public health, and community nursing strategy and policy contexts. Although there is no unified definition of community and public health nursing, the policy focus is generally to increase the level of support and care provided in or close to home, and on wider country-specific community and population health needs.
	9	Commissioning and/or uptake of these programmes has changed and there are four country differences in the way in which standards are being used. Equally there are varied and alternative approaches

to education and training that have been implemented, for example non NMC approved post registration masters' level programmes.

10   During October 2019, we held early discussions with the four UK Chief Nursing Officers (CNOs) and/or their teams to test their perspectives on potential scenarios and ways forward for our post registration SPQ and SCPHN standards in the short to medium term.

Discussion and options appraisal:

Drivers for change

11   The primary purpose of the NMC register is to enable the public to see who is and who is not qualified and fit to practise within a specific role. This is one of the main ways in which regulators meet their overarching responsibility to protect the public. In exercising this function, the PSA's *Right-touch reform* report recommends a proportionate and cost-effective approach: registers and annotations should only be used where there is a clear benefit for public protection.[1]

12   We need to act now to address the shortfalls in our increasingly ageing standards and reset our role in preparing registrants for these particular specialist roles.

13   External policy drivers which impact on this work are the:

13.1   strategic importance of care closer to home, and the UK wide strategic intentions to further improve primary and community care services;

13.2   creation of ambitious targets that seek to improve individual, local and population public health, and;

13.3   intention to increase the provision of care at home to people who are more acutely ill and to those with complex co-morbidities.

14   In addition, we need to ensure that our education and standards activity meets our new strategic aspiration to be proactive in shaping practice for the benefit of people.

Future standards for Specialist Community Public Health Nursing

15   It would require legislative change to affect any significant changes to the SCPHN part of the register or the current protected title.

16   As long as this part of the register remains open, we are required to have relevant published standards. The SCPHN standards have not been updated since 2004, when the SCHPN part of the register was

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[1] PSA (2017) *Right-touch reform* (p.173)

created. The current standards must therefore be updated without delay.

17   There are five identified fields of practice within the SCPHN part of the register. Occupational Health Nursing, Health Visiting, School Nursing, Family Health Nursing, and Public Health Nursing.

18   A review of the registrant numbers and course activity within these five fields reveals that Family Health Nursing and Public Health Nursing are effectively no longer in use. We are therefore able to take a risk based decision not to incorporate these categories in our discussions about future SCPHN standards due to a lack of demand.

19   The PRSSG debated what the nature and format of any renewed SCPHN standards should be, which would serve as a bridge until any future legislative changes to this part of the register could be achieved. The options were:

    19.1   A. Develop a set a generic SCPHN standards of proficiency that applies to all fields of SCPHN practice, with core and field specific skills annexes; or

    19.2   B. Develop bespoke standards of proficiency for health visiting, school nursing and occupational health nursing.

20   The PRSSG discussed this at their second meeting on 8 January 2020 and there was a consensus of support for Option B, the development of new bespoke standards for health visiting, school nursing and occupational health nursing, There was however a commitment to identify and develop core standards of proficiency that are common across all three fields of SCPHN practice.

21   **Recommendation: The Council is recommended to approve the:**

    21.1   **development of new bespoke standards of proficiency for the health visiting, school nursing and occupational health nursing fields of SCPHN practice, and associated programme standards.**

    21.2   **giving formal notice that signals our intention to withdraw the current SCPHN qualification standards no later than 2023.**

    The Future of standards for Specialist practice qualifications

22   The PRSSG also debated the overall shape of future SPQ standards of proficiency. The standards for SPQ programmes were developed in 1994 and last published in 2001, and are therefore also out of date. The options are:

    22.1   Give a notice period of two years after which all nine community and non-community SPQ standards will be

withdrawn and will not be replaced; or

22.2 Give a notice period of two years after which all community and non-community SPQ standards will be withdrawn, and replace only community based SPQ's with a new community focused SPQ standard for all fields of community nursing practice (adult, children, learning disabilities and mental health nursing), in line with the approach taken to the new pre-registration nursing standards ("Future Nurse") in 2018.

23 The PRSSG debated these options at its first and second meetings. Although the value in continuing to develop community SPQs was recognised by many, some members challenged the need for regulation in this area and requested further evidence to inform their decision. In November 2019, PRSSG were asked to submit their own sources of evidence, and in addition, a literature search was undertaken. The findings were presented at the second meeting on 8 January 2020.

24 Research evidence for or against the benefit of regulatory standards in this area of practice is limited. The group were presented with a range of sources of evidence from a health and care context as well as wider professional sectors outside health. Evidence submitted by PRSSG members was also taken into account.

25 There was recognition that today's community nurses lead and shape care provision; that many work autonomously at an advanced level, and there are few mechanisms other than regulatory threshold standards, which would assure consistency of practice.

26 Many believe that there is a need to develop standards now that would be helpful in creating a bridge to the future, and that an absence of consistent standards would be unhelpful and may affect quality. PRSSG discussed the need to move forward, and agreed that continuing with the status quo was untenable.

27 There was not total consensus regarding this approach. It was therefore agreed that we should begin to seek views, scope and develop a plan for what the content of any future standards in this domain should be, and present these back to PRSSG for review.

28 This decision will enable us to move forwards and address the outdated SPQ standards. This approach will enable us to progress beyond the status quo as we look forward towards the 2020–2025 strategy with a positive plan in place now that can seek to shape practice by developing standards that can be the building blocks in our future exploration of whether to regulate advanced practice.

29 **Recommendation: The Council is recommended to approve:**

29.1 **an initial phase of work to scope standards of proficiency**

content of a proposed new Specialist Practice Qualification (SPQ) for community nursing practice, accompanied by associated programme standards.

29.2 **giving formal notice that signals our intention to withdraw the current nine SPQ qualification standards no later than 2023.**

Next Steps

30 We will convene subject matter expert groups who will begin to work with us to identify core and specific proficiency content for each of the three SCPHN fields and SPQ community nursing.

31 These decisions enable us to develop and finalise a provisional timeline for delivery for both SCPHN and SPQ standards. We will update the Council on the timeline in due course. It is expected that development of either the three or four (including community nursing) sets of new standards, with associated programme standards, would be completed and ready for Council approval between Summer and Autumn 2021.

Public protection implications:	32	It is important that our role in regulation beyond initial registration takes account of the future public health requirements of individuals and populations and the increasingly complex needs of people across the changing landscape of health and care delivery.
Resource implications:	33	The cost of reviewing our existing post registration standards are covered by the education programme budget that was agreed as part of the overall education programme budget.
Equality and diversity implications:	34	An equality impact assessment has been undertaken as part of our education change programme. This will develop further now the agreed direction of travel is confirmed.
Stakeholder engagement:	35	The post registration standards steering group is made up of key strategic stakeholders and the specialist fields of practice from across the UK who have now met on two occasions.
	36	We have set up a virtual post registration standards community of interest group where other individuals and organisations can receive information about this work.
	37	Early engagement with a small advocacy group roundtable was held on 7 January 2020 to hear their views on these standards and their benefits. This was an excellent meeting and their insights were invaluable. There was an overwhelmingly positive view that continuing to set standards in these areas was important for the care

of people and their health and wellbeing when receiving care at home or closer to home. Everyone expressed a desire to continue to work with us on this project.

Risk implications:	38	There is a risk that these older, process driven post-registration standards are no longer based on best practice evidence or meet the needs of people, employers or educators. Although many educators exceed our standards it is important that we decide on our future role in setting standards after initial registration that support better and safer care for people.
	39	There is a risk that our decisions on the future of our existing standards do not meet the needs of all four countries and this will lead to an increase in divergence in how our standards are utilised. This has been mitigated by ensuring ongoing engagement and participation with the four country CNO offices and regional leads together with the dynamic co-production ways of working within the PRSSG.
	40	These issues stem from a number of decisions made during the formation of the NMC in 2001, and over the following decade, which have together created a degree of confusion and complexity around how the NMC register is structured and annotated. This complexity is at odds with the fundamental purpose of the register, which is to enable the public to see clearly and simply who is and who is not qualified and fit to practise within a specific role that we set standards for.
Legal implications:	41	SPQs are recordable qualifications that meet our standards but do not lead to admission to a part of the register. They indicate a qualification or competence in a particular field or level of practice. We may establish standards of education and training for recordable qualifications and may approve a programme of education or qualification but are not required to set standards or approve programmes or qualifications.
	42	The SCPHN part of the register is for registered nurses or midwives with an additional qualification as a health visitor (RHV), school nurse (RSN), occupational health nurse (ROHN), family health nurse (RFHN) or public health nurse (RPHN). Legislative change would be required to amend the parts of the NMC's register or the protected titles, if this was deemed necessary.
	43	In all circumstances the NMC must act fairly and reasonably in the discharge of its functions and powers. This will include the duty to act fairly and reasonably and includes, but is not limited to, an obligation to give those affected by any proposed change an opportunity to consider, and make submissions on the change.

Council

Safeguarding and Protecting People policy review

Action: For decision.

Issue: To note the first annual review undertaken on our safeguarding and protecting people policy and to also approve updates to our policy.

Core regulatory function: All regulatory functions.

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

Decision required: The Council is recommended to:

- Note the implementation of the policy so far and approve updates to the policy (paragraph 30.1)

- Note actions that will be undertaken by 31 March 2020 (paragraph 30.2).

Annexes: The following annexe is attached to this paper:

- Annexe 1: Safeguarding and Protecting People policy.

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   As a healthcare regulator and registered charity, we take our safeguarding responsibilities very seriously. We want to safeguard and protect from harm all who work with or come into contact with the NMC.

2   It is important that we have an effective policy in place that sets our responsibilities out clearly and the actions we will take if a safeguarding issue is raised. NMC colleagues, contractors, partners, professionals on our register and members of the public should be able to easily access guidance on how to promptly respond to, refer or report safeguarding concerns.

3   The nature of the NMC's regulatory role means that we are unlikely to be handling large numbers of safeguarding concerns; we do not provide direct health or care services and are less likely to be directly approached with a concern. We may not be able to address every concern that we identify and in those cases, we would refer the concern to another more appropriate organisation. However, we must always fulfil our duty of recognising concerns and ensuring the right action is taken to protect people from harm and that concerns are referred to the appropriate body.

4   In November 2018, the Council approved our new Safeguarding and Protecting People policy, which was developed in line with guidance from the Charity Commission and the Office of the Scottish Charity Regulator.

5   A policy implementation plan was put into place in January 2019.

6   One year on, this paper sets out our progress and also shares updates to the policy made as a result of our annual policy review.

7   The Council's responsibilities as set out in the policy are:

7.1   Ensuring that there is a clear and up-to-date policy in place governing the NMC's approach to protecting people from harm and for assuring itself that effective operational processes are in place.

7.2   Ensuring a safe environment and culture for all.

7.3   Regularly reviewing the policy and monitoring its impact.

Four country factors: 8   The policy reflects our UK-wide remit by taking into account charities guidance from England and Scotland and the different legislative and policy frameworks relating to safeguarding across the UK.

Discussion: **Implementing the policy**

9   In reviewing the policy, colleagues from teams across the NMC have been consulted for feedback on how well it has been implemented and their experiences with any safeguarding concerns in the workplace.

Processes and guidance

10   The Director of Registration and Revalidation was appointed as the NMC's safeguarding lead in March 2019. Internal processes and guidance have been put in place, setting out responsibilities, what to look out for, the processes for dealing with concerns and also reporting requirements. The guidance references other relevant NMC policies such as our whistleblowing policy and data sharing policy which may apply in certain situations.

11   Our Regulatory Intelligence Unit (RIU) plays a key role. It makes referrals to appropriate external organisations and is also responsible for logging concerns, even if they were dealt with locally and no external referral was required. Our internal guidance explains when teams should contact the RIU and what information is required.

12   The policy and guidance are published on our internal website, available to all employees. These have also been communicated via internal communication channels such as a managers' briefing email and on Workplace.

13   The policy is available on the NMC website, demonstrating our commitment to safeguarding. The webpage contains useful links to other organisations.

Process and guidance improvements

14   Feedback on applying the policy and guidance has highlighted that further clarity is required around what to do and what to report with regard to concerns relating to NMC employees. We are currently reviewing processes and guidance in this area.

15   There is ongoing work to refresh the organisation's values and behaviours and also to review some existing policies around people, such as our social media policy. These will take the safeguarding policy into account and reflect our commitment to safeguarding.

16   We have been increasingly contracting other organisations to help us deliver services to support people, for example the FtP Careline to support professionals on our register who are going through the FtP process. We need to ensure our safeguarding expectations are reflected in their contracts with us, and also need to clarify responsibilities for our contract managers. Our safeguarding

guidance will be updated to reflect this.

Awareness of the policy

17   Two types of training, based on our policy, were rolled out in 2019 to raise awareness of safeguarding, why it is important and also our NMC processes. We launched an e-learning course in July 2019. All employees and panel members were encouraged to complete it and so far, 164 employees and 147 panel members have done so.

18   A member of the Social Care Institute for Excellence also delivered full day training sessions for key teams and managers during October to December 2019. So far employees mostly from Fitness to Practise (including the Public Support Service and Regulatory Intelligence Unit) and Registration and Revalidation (including the Contact Centre and Enquiries and Complaints team) have attended.

19   We are now evaluating the training feedback and attendance, to help us shape the next round of sessions. Based on take-up so far plus feedback on general awareness of the policy and guidance, more communication is needed to promote the training and policy. We will launch a fresh round of communication by the end of March 2020.

20   We have also identified that we need to ensure employees who are our mental health first aiders know what to do with regard to safeguarding.

Safe working practices

21   We undertook an audit to determine which NMC roles require specific safeguarding checks. The Executive Board agreed the roles in September 2019. It also agreed a revised safe recruitment approach for the NMC and an ex-offenders policy. Our approach is to promote equality of opportunity for all, to achieve the right mix of talent, skills and potential and we welcome applications from a wide range of candidates.

22   Disclosure and Barring Service (DBS) checks and a Fit and Proper Person Test (FPPT) are now applied in new recruitment campaigns for the roles that require these additional checks. An external provider undertakes these checks for us (PeopleCheck). There are no roles in Scotland that require additional checks so Disclosure Scotland checks have not been applied.

23   With regard to colleagues already in these identified roles, our HR team is currently consulting with them to advise of the change being applied to their role, what this means for them and to determine whether any action is required for the individual, which we would address in a supportive way.

24   Council and Committee members are subject to checks including against the statutory and Charity Commission disqualification, an

FPPT and we apply DBS checks on a case by case basis.

Concerns raised

25   Three concerns were identified during 2019 as at 30 November 2019 (two in Screening and one in Enquiries and Complaints). These were addressed by the local team without an external referral being made and were not submitted to the RIU for logging. The learning indicates a lack of awareness amongst employees in reporting information to the RIU.

26   This reinforces the need for renewed communication to employees and also to encourage further take-up of our training.

Reporting

27   As a charity, we must report serious incidents, including those of a safeguarding nature, to the Charity Commission and the Office of the Scottish Charity Regulator. The Secretary to the Council will facilitate this and ensure the Council is informed first. We did not report any safeguarding incidents during 2019, but we recognise a need to improve our internal reporting processes so that teams are clear about this requirement and teams proactively escalate information to the Secretary. As mentioned above, the concerns identified during 2019 were held by the local team and not logged centrally. We provided an annual update on safeguarding within our statutory Annual Report and Accounts 2018–2019.

28   In conclusion, we have made good progress in establishing processes and raising awareness, but there is more to do to embed a safeguarding ethos within the NMC. We are continuing to fine tune the guidance, will hold further training sessions and refresh our communication through corporate channels and managers.

Updating the policy and next steps

29   **Annexe 1** sets out suggested changes to strengthen the policy. These reflect current best practice and legal definitions. Other minor updates reflect the arrangements we have put in place since the last policy review in 2018.

30   **Recommendation: The Council is recommended to:**

30.1   **Note the implementation of the policy so far and approve updates to the policy.**

30.2   **Note actions that will be taken by 31 March 2020:**

30.2.1   **Agreeing our approach to concerns involving NMC colleagues.**

30.2.2   **Ensuring reviews of existing policies around**

		people, such as our social media policy, take account of our safeguarding commitment.
	30.2.3	**Ensuring contractual documents set out our safeguarding requirements for contractors.**
	30.2.4	**Completing an Equality Impact Assessment.**
	30.2.5	**Updating and sharing our internal guidance.**
	30.2.6	**Launching a fresh round of corporate communications to increase awareness and uptake of training.**
	30.2.7	**Ensuring all of our mental health first aiders are aware of the policy and undertake safeguarding training.**

Public protection implications: 31 The Council's overarching statutory duty to protect the public is reflected in the policy.

Resource implications: 32 None.

Equality and diversity implications: 33 We are signed up to the Ask Listen Do campaign led by NHS England, to make giving feedback, concerns and complaints about education, health and social care easier for children, young people and adults with a learning disability, autism or both, their families and carers. We have an action plan and one of our commitments is about safeguarding. Our employees need to know how to recognise a safeguarding concern and how to act.

34 An Equality Impact Assessment will be completed. In our policy we state that we give equal priority to keeping all children and adults at risk safe from harm.

Stakeholder engagement: 35 None.

Risk implications: 36 Failing to fulfill safeguarding responsibilities may run the risk of harm to someone.

Legal implications: 37 Failure to protect people and to manage safeguarding responsibilities effectively runs the serious risk that the NMC could be perceived to be acting improperly, rendering its actions and decisions vulnerable to legal challenge. A failure by the NMC to take reasonable steps to safeguard people would amount to a governance issue and could result in the Charity Commission taking

enforcement action against the NMC.

Nursing and Midwifery Council

Policy on Safeguarding and Protecting People

Title	Safeguarding and Protecting People Policy
Summary	This policy applies to all who work for or with the NMC, including Council, Committee and Panel members, staff and contractors
Approval	Approved by the Council in November 2018
Policy Owner	~~Secretary to the Council~~ Safeguarding lead – Director of Registration and Revalidation
Review date	January 2020

Introduction

1   The NMC is the independent regulator for nurses and midwives in the UK and nursing associates in England. It is established and governed by the Nursing and Midwifery Order 2001 (as amended) (the Order). The NMC is also a registered charity.

2   The NMC's overarching statutory duty is to protect the public and, as part of that, to promote and maintain:

   2.1   the health, safety and wellbeing of the public;

   2.2   public confidence in the professions we regulate; and

   2.3   professional standards and conduct for nurses, nursing associates and midwives.

3   The NMC's three core values are:

   3.1   People – we believe they matter.

   3.2   Fairness – we are consistent and act with integrity.

   3.3   Transparency – we are open and honest.

Purpose of this policy

4   As a regulator and a registered charity we recognise the fundamental importance of having an effective policy in place that safeguards and takes reasonable steps to protect from harm all who come into contact with us. Safeguarding responsibilities are also our duty as a registered charity and we have developed this policy in line with guidance provided by the Charity Commission (CC) and the Office of the Scottish Charity Regulator (OSCR). This policy seeks to reflect other good practice guidance including, for example, the Charity Governance Code and the Charity Ethical Principles (by the National Council for Voluntary Organisations' (NCVO)). In particular, the fourth principle 'Right to be safe' is reflected in this policy.

5   This policy covers safeguarding children and adults at risk ~~vulnerable~~ adults and also protecting from harm all those who may come into contact with us, in a way which is proportionate to our statutory responsibilities and charitable objectives. This includes staff, contractors, partners, professionals on our register ~~registrants~~, ~~patients~~ people and members of the public.

6   We will give equal priority to keeping all children and adults at risk safe regardless of their age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation and we recognise that some children and adults at risk are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues.

> **Commented [JC1]:** The term Vulnerable Adults is no longer used.

67   This policy sets out:

    6.17.1 the responsibilities of Council members, as trustees of the charity, for taking reasonable steps in protecting people from harm.

    6.27.2 the key principles that all who work for, or with us, must comply with.

78   This policy is underpinned by operational guidance on safeguarding for staff (including contractors, such as panel members or others who might work with us in a paid or unpaid capacity) who may become aware of a safeguarding issue that needs to be reported. This includes staff who carry out investigations into fitness to practise or registration issues and all staff who have direct contact with professionals on our register or members of the public, by phone or in person.

89   It is also underpinned by our Human Resources (HR), digital, and health and safety policies and processes and reflected in our policies governing how we engage with those who come into contact with us.

Our approach to safeguarding and protecting people

910   Although we do not provide direct health or care services, we exist to protect the public by enabling better and safer care and keep people safe. protect the public.

1011 The Council is committed to taking reasonable and proportionate steps to protect people who come into contact with the NMC from harm. This includes all who benefit from the work of the NMC, our staff and those who work for and with us.

1112 The Council is also committed to fulfilling its specific responsibilities to have in place appropriate measures to safeguard children and adults at risk.

    The Council is responsible for:

    11.112.1   Ensuring that there is a clear and up-to-date policy in place based on statutory and good practice guidance governing our approach to protecting people from harm and for assuring itself that effective operational processes are in place.

    11.212.2   Ensuring a safe environment for all and a culture where protecting people from harm is central.

> **Commented [JC2]:** Amended in line with the Charity Commission's guidance on Trustee responsibilities

    12.3   Regularly reviewing the policy and practice and monitoring the impact.

    12.4   Taking responsibility for putting things right and dealing with an incident responsibly should something happen or go wrong.

    11.312.5   Acting with reasonable skill and care, and in the best interest of the NMC, exercising sound judgement and avoiding exposing the NMC or the public to undue risk.

The Executive is responsible for:

11.412.6   Ensuring this policy is underpinned by effective operational guidance and processes which encompass:

11.4.112.6.1   Clear lines of accountability within the NMC for safeguarding, including designation of a safeguarding lead.

11.4.212.6.2   Training for all staff, appropriate to their role and continuing professional development, so that staff are competent in identifying and addressing concerns. ~~to undertake their roles and responsibilities~~.

11.4.312.6.3   Safe working practices, including appropriate recruitment, vetting and barring procedures.

11.4.412.6.4   Robust referral, reporting and escalation processes, working with relevant organisations across the UK as appropriate ~~that complement statutory local safeguarding bodies across the UK~~.

11.4.512.6.5   Effective inter-agency working, including effective information sharing.

Everyone who works for, or with us, is expected to:

11.512.7   Understand and be familiar with this policy and know how to recognise, respond to, report and record a safeguarding concern or any concern regarding harm to others.

What is safeguarding?

1213 Safeguarding means protecting people from harm including physical, emotional, sexual and financial harm and neglect.

1314 **Safeguarding children means to:**

13.114.1   protect children from abuse and maltreatment.

13.214.2   prevent harm to children's health or development.

13.314.3   ensure children grow up with the provision of safe and effective care.

13.414.4   take action to enable all children and young people to have the best outcomes.

1415 **Safeguarding adults at risk** is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where

appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action[1] means protecting their right to live in safety and free from abuse and neglect.

1516 Adults at risk means anyone aged 18 or over in England, Wales and Northern Ireland, or, age 16 or over in Scotland who:

> 15.116.1 has needs for care and support (whether or not the local authority is meeting any of those needs);

> 15.216.2 is experiencing, or is at risk of, abuse or neglect; and

> 15.316.3 as a result of those care and support needs, is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

1617 An adult at risk of abuse may:

> 16.117.1 have an illness affecting their mental or physical health.

> 16.217.2 have a learning disability.

> 16.317.3 suffer from drug or alcohol problems.

> 16.417.4 be frail.

Statutory framework

1718 The NMC operates across all four countries of the UK. There are some differences in adult safeguarding legislation, policy and practice in England, Northern Ireland, Scotland and Wales.

1819 We will ensure that we maintain an up-to-date understanding of the legislative and public policy requirements in each country and that our operational guidance and processes meet the specific requirements in each of the four countries.

Safeguarding and the NMC

1920 Safeguarding concerns may arise as a result of:

> 19.120.1 a direct disclosure.

> 19.220.2 an allegation, concern or complaint reported by another person.

> 19.320.3 an observation.

> 19.420.4 an incident.

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[1] Care Act Statutory Guidance England

20/21 The NMC may also be targeted by those who want to gain access to children and adults at risk and we are committed to ensuring that we mitigate this through robust HR policies and recruitment processes.

21/22 We have a duty to make sure that:

22.1 alleged safeguarding concerns are dealt with promptly, appropriately and reported in a secure and responsible way to all relevant agencies.

21.1/22.2 steps are taken to escalate or alert those able to protect children and adults at risk from harm and minimise risk of abuse.

21.2/22.3 appropriate and proportionate measures are in place to protect from harm all those who work for, or with us, or come into contact with us.

Support and training

22/23 It is important that we all understand safeguarding, and know what to do should safeguarding concerns arise.

23/24 Support includes:

23.1/24.1 Safeguarding induction and training for all staff appropriate to their role, including information on types of abuse and neglect; how to spot abuse; how to respond to concerns; and who to report concerns to.

23.2/24.2 Embedding safeguarding in the NMC's culture so that it is safe for anyone affected to come forward and report incidents and concerns with the assurance that they will be handled sensitively and properly.

23.3/24.3 Guidance for dealing with safeguarding concerns, including:

23.3.1/24.3.1 identification and management of risk;

23.3.2/24.3.2 management of reports of incidents, allegations and risk and recording and retention requirements;

23.3.3/24.3.3 reporting requirements to the relevant authorities such as the police, social services and the CC and OSCR; and

23.3.4/24.3.4 making changes to reduce the risk of any further incidents.

23.4/24.4 Advice if a member of staff is accused of abuse.

24.5 Guidance when dealing with wider welfare concerns and when to liaise with the Public Support Service (PSS) within the Fitness to Practise directorate.

2425 We also have systems in place for:

24.125.1 ensuring Council, partner members and key staff are not subject to any CC disqualifications.

24.225.2 the safe recruitment and selection of staff, including reviewing whether any posts should have a basic Disclosure and Barring Services (DBS) checks or a criminal record check from Disclosure Scotland for particular roles.

24.325.3 dealing with allegations or concerns relating to staff, including clear lines of accountability, systems of reporting and actions to be taken. The following policies are already in place:

24.3.125.3.1 Codes of Conduct for Council and Committee partner members and Fitness to Practise panel members.

24.3.225.3.2 Dignity at work policy.

24.3.325.3.3 Grievance policy.

24.3.425.3.4 Health and safety policy.

24.3.525.3.5 Digital policy.

24.3.625.3.6 Data protection policy (including confidentiality policy).

24.3.725.3.7 Corporate complaints policy.

24.3.825.3.8 Equality, diversity and inclusion framework.

24.3.925.3.9 Disciplinary policy.

24.3.1025.3.10 Anti-fraud, bribery and corruption policy.

24.425.4 investigating and learning from any safeguarding incidents or 'near miss' events through our serious incident reporting event review policy and process, and if necessary making changes to the operational guidance for staff.

24.525.5 Whistleblowing:

24.5.125.5.1 Our whistleblowing policy for those who wish to raise any concerns about the NMC is available on the **iNet** and the **NMC website**.

25.5.2 Our policy for those who wish to raise concerns to the NMC in its capacity as a prescribed person (whistleblowing to us about others) is set out on the **NMC website**.

Raising concerns and reporting requirements

25~~26~~ We are committed to ensuring we manage safeguarding risks and serious incidents that have resulted in or risk significant harm to people who come into contact with us adequately and report any failures to do so promptly.

26~~27~~ Any serious safeguarding incidents, complaints, allegations or events involving a child or an adult at risk or that are likely to have a significant impact on the NMC will be reported as appropriate to:

26.1~~27.1~~   the police, or local safeguarding body if appropriate;

26.2~~27.2~~   the CC and the OSCR;

26.3~~27.3~~   the Privy Council.

27~~28~~ ~~Such events will also be reported publicly in~~ We will include information on the number and nature of serious incidents, including safeguarding, in our statutory annual report and accounts.

Sharing information, confidentiality and mental capacity

28~~29~~ Safeguarding children, young people and adults at risk is a shared responsibility, with the need for effective joint working between agencies and professionals that have different roles and expertise.

29~~30~~ Liaison and working with other agencies is also important, to prevent individuals who actively target organisations in order to abuse children and adults at risk from doing so. This may include sharing information or making referrals to social services or other relevant agencies.

30~~31~~ In sharing information, we will ensure that we do so in compliance with our Data Protection Policy, General Data Protection Regulations (GDPR) and any relevant legislation.

Publication and review

~~31~~ This policy will be published on our website; reviewed by the Council annually; and the impact monitored regularly. We will also review it following any serious incident, to ensure it remains fit for purpose.

Nursing & Midwifery Council

Council

Panel Chair and member appointments and reappointments

Action: For decision.

Issue: To consider the recommendations of the Appointments Board for the appointment and transfer of panel Chairs and panel members.

Core regulatory function: Fitness to Practise.

Strategic priority: Strategic priority 1: Effective regulation.

Decision required: The Council is invited to accept the recommendations of the Appointments Board to:

- Reappoint and transfer the individuals listed at **Annexe 1** as panel members of the Fitness to Practise and Investigating Committees (paragraph 8).

- Appoint the individual listed at **Annexe 1** as a panel member of the Investigating Committee (paragraph 12).

- Appoint and transfer the individuals listed at **Annexe 2** as panel Chairs of the Fitness to Practise and Investigating Committees (paragraph 19).

Annexes: The following annexes are attached to this paper:

- Annexe 1: List of panel members recommended for appointment and reappointment.

- Annexe 2: List of panel members recommended for appointment as panel Chairs.

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 At its December 2019 meeting, the Appointments Board considered:

    1.1 the reappointment of 51 panel members to a second four year term of appointment, including the transfer of one member from the Fitness to Practise Committee (FtPC) to the Investigating Committee (IC);

    1.2 the appointment of one candidate to the IC as a registrant panel member for an initial term of four years;

    1.3 the appointment of 31 existing panel members as Chairs, with 14 of the members to be transferred from the FtPC to the IC.

Discussion: **Reappointment of panel members**

2 The Appointments Board assessed the eligibility of 51 individuals for reappointment using the panel member performance framework which looks at:

    2.1 learning points arising from High Court appeals, the Professional Standards Authority, and our own Decision Review Group;

    2.2 the outcomes of our peer review system and substantiated concerns raised by parties to our events; and

    2.3 the attendance and completion of training.

3 The Board agreed that:

    3.1 45 individuals continued to meet the standards of the performance framework and should be recommended to the Council for appointment for a further four year term;

    3.2 five individuals who did not have a completed peer review at the time of the Appointments Board meeting, would be recommended for reappointment on the condition a review was completed by 31 December 2019; and

    3.3 one individual who had not been able to have a peer review completed due to long term illness would be considered for reappointment at a later date.

4 Of the five individuals who did not have a peer review:

    4.1 three met this condition by the deadline;

    4.2 one member did not fulfill the condition having not engaged

with the reappointment process; and

4.3   one member resigned.

5   This brings the total number of members being recommended for reappointment to 48.

6   As part of the reappointment process one member also asked to be transferred to the IC. The Board considered that this would have no adverse effect on the operation of the practice committees and agreed to the request.

7   In June 2019, we introduced a five year disqualification period for former NMC employees wishing to be panel members. One panel member we are recommending for reappointment was employed by the NMC as Head of Midwifery until June 2010. They left the NMC's employment more than 5 years before their initial appointment as a panel member and more than 9 years before the start of their proposed second term of office.

8   **Recommendation**: **The Council is invited to accept the Appointments Board's recommendation to reappoint and transfer the individuals listed at Annexe 1 as panel members of the Fitness to Practise and Investigating Committees.**

Appointment of a panel member to the Investigating Committee

9   At its meeting in November 2018, the Appointments Board considered the results of the 2018 panel member selection and appointment campaign and took the decision to defer consideration of one candidate for 12 months.

10   Prior to the Board's meeting in December 2019 we contacted the candidate to confirm if they still wished to seek appointment as a panel member. They confirmed that they wished to proceed with their application and that there had been no material change in circumstances since November 2018 which would affect their suitability for appointment and revisited our due diligence searches.

11   The Board considered this information at their meeting in December 2019 and recommended the candidate for appointment as a member of the IC.

12   **Recommendation: The Council is invited to accept the Appointments Board's recommendation to appoint the individual listed at Annexe 1 as a panel member of the Investigating Committee.**

Appointment of panel Chairs

13   Between September and October 2019, we undertook a selection exercise for Chairs from amongst current panel members. We assessed the candidate's leadership, decision making and behaviours using set criteria approved by the Board.

14   47 candidates were tested in a two stage process:

    14.1   Two group-based scenario activities in an assessment centre environment; and

    14.2   Post assessment centre reflective questionnaire.

15   31 of the candidates met the assessment benchmarks set by the Board.

16   The Board reviewed the selection process and the assessment scores of the candidates at their meeting in December 2019. The Board considered that the process had been robust and run according to the criteria and methodology it had approved at its September 2019 meeting.

17   The Board recommended the appointment of the 31 successful individuals as panel Chairs to Council.

18   In addition, the Board recommended the transfer of 14 of the 31 successful individuals to the IC to ensure the committee has sufficient Chairs to meet forecast hearings activity.

19   **Recommendation: The Council is invited to accept the Appointments Board's recommendation to appoint and transfer the individuals listed at Annexe 2 as panel Chairs of the Fitness to Practise and Investigating Committees.**

Public protection implications: 20   Panel members are required to make decisions at practice committee events that protect the public.

Resource implications: 21   The appointment and reappointment of panel members is covered within existing budgets.

Equality and diversity implications: 22   The proposed appointments and transfers do not materially affect the overall diversity makeup of the panel member pool. EDI information on FTP panel members is published as part of our annual Equality Diversity and Inclusion Report available on the website.

23 Through the Chair selection and appointment process we have identified that we are unable to track diversity impacts via panel role type (Chair, registrant and lay members) using current processes. We are designing a new approach that will enable us to better monitor diversity impacts of our recommendations.

Stakeholder engagement: 24 None.

Risk implications: 25 Failure to appoint sufficient panel members and panel Chairs will prevent the NMC from sustaining current and future hearings activity. The proposals in this paper mitigate that risk.

Legal implications: 26 Rule 6(1) of the Rules grants Council the power to appoint people as panel members of the FtPC and IC. No person can serve more than two terms.

27 Rule 7(1) of the Nursing and Midwifery Council (Midwifery and Practice Committees) (Constitution) Rules 2008 (the Rules) grants Council the power to appoint panel members as Chairs of the FtPC and IC.

Nursing &
Midwifery
Council

List of panel members recommended for reappointment and appointment

Number	Full name	Action required	First or second term	Start of term	End of term
1	Pauleen Pratt	Re-appoint to the Fitness to Practise Committee	Second	29 January 2020	28 January 2024
2	Christine Callender	Re-appoint to the Fitness to Practise Committee	Second	29 January 2020	28 January 2024
3	Claire Louise Clarke	Re-appoint to the Fitness to Practise Committee	Second	29 January 2020	28 January 2024
4	Florence Mildred Mitchell	Re-appoint to the Fitness to Practise Committee	Second	29 January 2020	28 January 2024
5	Frances Christina McKenzie	Re-appoint to the Fitness to Practise Committee	Second	29 January 2020	28 January 2024
6	Frances Mary Clarke	Re-appoint to the Fitness to Practise Committee	Second	29 January 2020	28 January 2024
7	Georgina Anne Witherow	Re-appoint to the Fitness to Practise Committee	Second	29 January 2020	28 January 2024
8	Helen Louise Eatherton	Re-appoint to the Fitness to Practise Committee	Second	29 January 2020	28 January 2024
9	Iwan Dowie	Re-appoint to the Fitness to Practise Committee	Second	29 January 2020	28 January 2024
10	Jacqueline Jamieson Nicholson	Re-appoint to the Fitness to Practise Committee	Second	29 January 2020	28 January 2024
11	Jodie Lynne Banner	Re-appoint to the Fitness to Practise Committee	Second	29 January 2020	28 January 2024
12	John Patrick McGrath	Re-appoint to the Fitness to Practise Committee	Second	29 January 2020	28 January 2024
13	Julia Louisa Thompson	Re-appoint to the Fitness to Practise Committee	Second	29 January 2020	28 January 2024
14	Kim Annette Bezzant	Re-appoint to the Fitness to Practise Committee	Second	29 January 2020	28 January 2024
15	Laura Kate Mary Scott	Re-appoint to the Fitness to Practise Committee	Second	29 January 2020	28 January 2024
16	Linda Jane Tapson	Re-appoint to the Fitness to Practise Committee	Second	29 January 2020	28 January 2024
17	Lisa Camille Lezama	Re-appoint to the Fitness to Practise Committee	Second	29 January 2020	28 January 2024

Number	Full name	Action required	First or second term	Start of term	End of term
18	Lorna Janet Taylor	Re-appoint to the Fitness to Practise Committee	Second	29 January 2020	28 January 2024
19	Manjit Darby	Re-appoint to the Fitness to Practise Committee	Second	29 January 2020	28 January 2024
20	Marian Therese Robertson	Re-appoint to the Fitness to Practise Committee	Second	29 January 2020	28 January 2024
21	Mary Jane Scattergood	Re-appoint to the Fitness to Practise Committee	Second	29 January 2020	28 January 2024
22	Michael Duque	Re-appoint to the Fitness to Practise Committee	Second	29 January 2020	28 January 2024
23	Michael Gerard Murphy	Re-appoint to the Fitness to Practise Committee	Second	29 January 2020	28 January 2024
24	Rachel Louise Hopper	Re-appoint to the Fitness to Practise Committee	Second	29 January 2020	28 January 2024
25	Richard Brian Lyne	Re-appoint to the Fitness to Practise Committee	Second	29 January 2020	28 January 2024
26	Susan Anne Jones	Re-appoint to the Fitness to Practise Committee	Second	29 January 2020	28 January 2024
27	Susan Janet Tokley	Re-appoint to the Fitness to Practise Committee	Second	29 January 2020	28 January 2024
28	Beth Margaret Maryon	Re-appoint to the Fitness to Practise Committee	Second	24 March 2020	23 March 2024
29	Catherine Rona Askey	Re-appoint to the Fitness to Practise Committee	Second	24 March 2020	23 March 2024
30	Claire Pringle Matthews	Re-appoint to the Fitness to Practise Committee	Second	24 March 2020	23 March 2024
31	Donna Mary Hart	Re-appoint to the Fitness to Practise Committee	Second	24 March 2020	23 March 2024
32	Emily Victoria Fraser-Mackenzie	Re-appoint to the Fitness to Practise Committee	Second	24 March 2020	23 March 2024
33	Heather Mary Moulder	Re-appoint to the Fitness to Practise Committee	Second	24 March 2020	23 March 2024
34	Jacqueline Patricia Lambert	Re-appoint to the Fitness to Practise Committee	Second	24 March 2020	23 March 2024
35	Julie Clennell	Re-appoint to the Fitness to Practise Committee	Second	24 March 2020	23 March 2024

Number	Full name	Action required	First or second term	Start of term	End of term
36	Linda Annette Pascall	Re-appoint to the Fitness to Practise Committee	Second	24 March 2020	23 March 2024
37	Lisa Barradale Maria Punter	Re-appoint to the Fitness to Practise Committee	Second	24 March 2020	23 March 2024
38	Marcia Levene Smikle	Re-appoint to the Fitness to Practise Committee	Second	24 March 2020	23 March 2024
39	Margaret Ann Rogan	Re-appoint to the Fitness to Practise Committee	Second	24 March 2020	23 March 2024
40	Mary Theresa Emily Hattie	Re-appoint to the Fitness to Practise Committee	Second	24 March 2020	23 March 2024
41	Pauline Alexandrine Esson	Re-appoint to the Fitness to Practise Committee	Second	24 March 2020	23 March 2024
42	Sally Ann Underwood	Re-appoint to the Fitness to Practise Committee	Second	24 March 2020	23 March 2024
43	Sandra Lamb	Re-appoint to the Fitness to Practise Committee	Second	24 March 2020	23 March 2024
44	Susan Mary Field	Re-appoint to the Fitness to Practise Committee	Second	24 March 2020	23 March 2024
45	Terry Frances Shipperley	Re-appoint to the Fitness to Practise Committee	Second	24 March 2020	23 March 2024
46	Tracey Jayne Elizabeth Jary	Re-appoint to the Fitness to Practise Committee	Second	24 March 2020	23 March 2024
47	Yvonne O'Connor	Re-appoint to the Fitness to Practise Committee	Second	24 March 2020	23 March 2024
48	Alister Stuart Campbell	Re-appoint and transfer to the Investigating Committee	Second	24 March 2020	23 March 2024
49	Sally Pezaro	Appoint to the Investigating Committee	First	29 January 2020	28 January 2024

List of panel members recommended for appointment as Chairs

Number	Name of panel member	Action requested	Effective from	End of term
1	Diane Meikle*	Appoint as a Chair and transfer to the Investigating Committee	23 March 2020	19 February 2021
2	Linda Redford*	Appoint as a Chair and transfer to the Investigating Committee	23 March 2020	19 February 2021
3	Rama Krishnan*	Appoint as a Chair and transfer to the Investigating Committee	23 March 2020	19 February 2021
4	Sue Heads*	Appoint as a Chair and transfer to the Investigating Committee	23 March 2020	19 February 2021
5	Carole Panteli*	Appoint as a Chair and transfer to the Investigating Committee	23 March 2020	14 June 2021
6	Sarah Tozzi*	Appoint as a Chair and transfer to the Investigating Committee	23 March 2020	14 June 2021
7	Ingrid Lee*	Appoint as a Chair and transfer to the Investigating Committee	23 March 2020	27 November 2022
8	Jill Robinson*	Appoint as a Chair and transfer to the Investigating Committee	23 March 2020	27 November 2022
9	Mahjabeen Agha*	Appoint as a Chair and transfer to the Investigating Committee	23 March 2020	27 November 2022
10	Michael McCulley*	Appoint as a Chair and transfer to the Investigating Committee	23 March 2020	27 November 2022
11	Petra Leseberg*	Appoint as a Chair and transfer to the Investigating Committee	23 March 2020	27 November 2022
12	Iwan Dowie**	Appoint as a Chair and transfer to the Investigating Committee	23 March 2020	28 January 2024
13	Jacqueline Nicholson**	Appoint as a Chair and transfer to the Investigating Committee	23 March 2020	28 January 2024
14	Heather Moulder**	Appoint as a Chair and transfer to the Investigating Committee	23 March 2020	23 March 2024
15	Avril O'Meara	Appoint as a Chair to the Fitness to Practise Committee	23 March 2020	19 February 2021
16	David Evans	Appoint as a Chair to the Fitness to Practise Committee	23 March 2020	19 February 2021
17	Gregory Hammond	Appoint as a Chair to the Fitness to Practise Committee	23 March 2020	19 February 2021
18	Peter Swain	Appoint as a Chair to the Fitness to Practise Committee	23 March 2020	19 February 2021
19	Richardo Childs	Appoint as a Chair to the Fitness to Practise Committee	23 March 2020	19 February 2021
20	Darren Shenton	Appoint as a Chair to the Fitness to Practise Committee	23 March 2020	14 June 2021
21	Louise Fox	Appoint as a Chair to the Fitness to Practise Committee	23 March 2020	14 June 2021

Number	Name of panel member	Action requested	Effective from	End of term
22	Bryan Hume	Appoint as a Chair to the Fitness to Practise Committee	23 March 2020	27 November 2022
23	Dale Simon	Appoint as a Chair to the Fitness to Practise Committee	23 March 2020	27 November 2022
24	Derek McFaull	Appoint as a Chair to the Fitness to Practise Committee	23 March 2020	27 November 2022
25	Rachel Ellis	Appoint as a Chair to the Fitness to Practise Committee	23 March 2020	27 November 2022
26	Suzy Ashworth	Appoint as a Chair to the Fitness to Practise Committee	23 March 2020	27 November 2022
27	Frances Christina McKenzie**	Appoint as a Chair to the Fitness to Practise Committee	23 March 2020	28 January 2024
28	Mary Hattie**	Appoint as a Chair to the Fitness to Practise Committee	23 March 2020	23 March 2024
29	Yvonne O'Connor**	Appoint as a Chair to the Fitness to Practise Committee	23 March 2020	23 March 2024
30	Elizabeth Maxey	Appoint as a Chair to the Investigating Committee	23 March 2020	27 November 2022
31	Judith Ebbrell	Appoint as a Chair to the Investigating Committee	23 March 2020	27 November 2022

* Transfer of members to the Investigating Committee will only take effect when the panel member has completed the hearings of which they are seized.

** End of term dates for panel members 12, 13, 14, 27, 28 and 29 are conditional on the Council's decision on reappointment.