Open Council 24 March 2021

MEETING
24 March 2021 09:30

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Meeting of the Council

To be held by teleconference at 09:30am on Wednesday 24 March 2021

Agenda

Karen Cox
Acting Chair of the Council

Fionnuala Gill
Secretary

1	**Welcome and Acting Chair's opening remarks**	NMC/21/16	**09:30**
2	**Apologies for absence**	NMC/21/17	
3	**Declarations of interest**	NMC/21/18	
4	**Minutes of the previous meeting** Acting Chair of the Council	NMC/21/19	
5	**Summary of actions** Secretary	NMC/21/20	
6	**Executive report** Chief Executive and Registrar/Executive	NMC/21/21	**09:45**
	Comfort break		***10:45***

Matters for decision

7	**Emergency Rules – consultation outcomes and decision on continuing use of powers** Interim Executive Director, Professional Regulation	NMC/21/22	**11:00**
	Comfort break		***12:00***

8	**Annual Corporate plan and budget 2021-2022** Executive Director, Resources and Technology Services	NMC/21/23	**12:10**
9	**Governance: Council Committee membership 2021-2022 and Council meeting dates 2022-2023** Secretary	NMC/21/24	**13:10**
10	**Panel member reappointments, transfers and extension of terms** Interim Executive Director, Professional Regulation	NMC/21/25	**13:15**
11	**Questions from observers** Acting Chair	NMC/21/26 **(Oral)**	**13:20**

Matters for information

12	**Audit Committee Report** Chair of the Audit Committee	NMC/21/27	
13	**Accommodation Plan** Executive Director, Resources and Technology Services	NMC/21/28	
14	**Deputy Chair's action taken since the last meeting** Acting Chair	NMC/21/29	
	CLOSE		**13:30**

Meeting of the Council
Held on 27 January 2021 by videoconference.

Minutes

Council:

Karen Cox	Acting Chair
Hugh Bayley	Member
Claire Johnston	Member
Eileen McEneaney	Member
Robert Parry	Member
Marta Phillips	Member
Derek Pretty	Member
Anna Walker	Member
Ruth Walker	Member
Sue Whelan Tracy	Member
Dr Lynne Wigens	Member

In attendance:

Justine Craig	Designate Council member (Scotland)
Tracey MacCormack	Associate
Dr Gloria Rowland	Associate

NMC Officers:

Andrea Sutcliffe	Chief Executive and Registrar
Andy Gillies	Executive Director, Resources and Technology Services
Matthew McClelland	Executive Director, Strategy and Insight
Francesca Okosi	Executive Director, People and Organisational Effectiveness
Clare Strickland	Deputy Director, Professional Regulation
Geraldine Walters	Executive Director, Professional Practice
Edward Welsh	Executive Director, Communications and Engagement
Alice Hilken	Interim General Counsel
Fionnuala Gill	Secretary to the Council
Pernilla White	Senior Governance Manager

For Item 7 only

Dr David Foster	Independent Chair, Post-registration Steering Group
Anne Trotter	Assistant Director, Education and Standards

For Item 8 only

Rob Beaton	Head, Corporate Planning, Performance and Risk

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

Minutes

NMC/21/01 Welcome and Acting Chair's opening remarks

1. The Acting Chair welcomed all attendees to the virtual Council meeting, including external observers. The Council welcomed in particular:
   a) the two Associates who took up their roles on 01 January 2021: Tracey MacCormack and Dr Gloria Rowland; and
   b) Clare Strickland, Deputy Director, Professional Regulation, attending in place of Emma Broadbent.

2. Dr Gloria Rowland was congratulated on her award of an MBE in the New Year's Honours.

3. The Acting Chair thanked the Council and the Executive team for all their work over the festive period in responding urgently to the intense pressures on the health and care sector, due to the surge in the pandemic.

4. A Minute's Silence was observed to mark Holocaust Memorial Day.

NMC/21/02 Apologies for absence

1. No apologies were noted.

NMC/21/03 Declarations of interest

1. The following declarations of interest were recorded:

   a) **NMC/21/06: Performance report** Ruth Walker declared an interest in the Fitness to Practise report, as an employer of professionals. This was not considered material.
   b) **NMC/21/07 Post Registration Standards update -** all registrant members, both Associates and Geraldine Walters declared an interest. This was not considered material.
   c) **NMC/21/08 Learning and Thematic Review from recent enquiries** - all registrant members, both Associates and Geraldine Walters declared an interest. In particular in relation to the NHS Tayside inquiry report, it was noted that Rob Parry was a current employee, and Justine Craig a former employee, of NHS Tayside. None of the interests were considered material such as to require the individuals concerned to withdraw from discussion, as they were no more affected than other registrants.

NMC/21/04 Minutes of the previous meeting

1. The minutes of the meeting on 2 December 2020 were agreed as an accurate record.

NMC/21/05 Summary of actions

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

NMC/21/06 Executive Report

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

2. In discussion, the following points were noted:
   a) Sadly, over 100,000 people had now died from Covid-19, including professionals on our register and across the health and care sector working on the frontline. The NMC had done what we could to support as detailed in the report and the Deputy Chair's actions (Item 15). This included taking urgent action to expand the temporary register. Emergency Education standards had also been introduced at the request of the Secretary of State for Health and Social Care. We were keen to protect students' education as much as possible and the emergency standards were facilitative, which meant each country, institution and student could make use of these standards as they wished.
   b) The expansion of the temporary register had been welcomed and had made a significant difference in London. There remained concern about those on the Temporary Register who had yet to be deployed. The Secretary of State's request for assurance from NHS England and Improvement that this was being addressed was welcome. It was appreciated that some of those who had joined the temporary register may be in more vulnerable groups and could not be deployed for Covid-19 related work, however they may now be able to contribute to the vaccination programme.
   c) It would be concerning if nurses working in social care were inappropriately redeployed into the NHS. The welcome appointment of Professor Deborah Sturdy as England's first ever Chief Nurse for adult and social care was likely to assist in ensuring this was not seen as a recourse.
   d) The Chief Executive and Registrar's recent evidence to the Health and Social Care enquiry had effectively highlighted that the key themes identified in both the Ockendon Report and the Cwm Taf Review of Maternity Services were already addressed in our Future Midwife Standards, as well as the importance of collaborative working and the need for regulatory reform.
   e) Following a range of Fitness to Practise referrals related to Continuing Healthcare Assessments, an analysis of patient and family experience referrals had been undertaken and shared with NHS England and others. The findings would be shared more widely, including with the National Forum for CCG nurses. It may be helpful to ensure that Fitness to Practise colleagues dealing with these issues were provided with further information about the Continuing Healthcare Funding assessment complaints process.

f) The correspondence from the NMC to registrants thanking them for their services, had been well received.
g) The extensive work undertaken to prepare for UK's exit from the European Union (EU) had meant that no particular issues were encountered on 1 January 2021. As part of the transition deal, interim arrangements were in place for data exchange pending an adequacy arrangement between the UK and the EU. As UK data protection was based on EU legislation, an adequacy arrangement was expected to be put in place. However, as part of the previous preparatory work for a 'no deal' situation, plans had been made to enter memoranda of understandings in relation to data transfers, should an adequacy arrangement not be reached.
h) The significant drop in professionals from the European Economic Area (EEA) countries seeking to register in the UK had occurred in 2016; since then, numbers had been relatively steady.

Corporate performance report to 31 December 2020

3. The Executive Director, Resources and Technology Services introduced the report. The overall position was similar to that reported in December 2020. Operational performance continued to be affected by Covid-19, as visible in the Fitness to Practise KPIs on imposing interim orders within 28 days and closing cases within 15 months. The budget underspend was mainly deferred expenditure due to slippage in fitness to practise activity. Positively, employee turnover continued to fall.

4. In discussion, the following points were noted:
a) Whilst it was encouraging to see a continued fall in overall turnover, it would be good to have a fuller understanding of whether this was uniform across all directorates or if there were challenges in particular areas and to have numbers as well as percentages. For example, resourcing issues in Fitness to Practise had been part of the increased caseload even before Covid-19 and vacancies had been reported in the Modernisation of Technology programme. There had been a very significant increase in staff, but it would be good to understand if there were still pockets of vacancies which may impact performance. The Council would be provided with additional information, including areas of higher turnover and plans to address this, including how to ensure people were staying with the organisation longer.

b) In relation to the increase in staff numbers, it would be helpful to understand where these were and what difference it was making. If these were not part of the agreed budget, it would be helpful to be provided with the full picture in March 2021. The Executive confirmed that the budgeted complement for the year had been exceeded due to the additional recruitment, mainly within fitness to practise, to help with recovery of the caseload. Some of these were fixed term, agency, or contracted staff, so that numbers could be flexed down in the future. A breakdown of staff numbers would be included in the March 2021 budget proposals.
c) Given that the employee engagement score had remained steady, it would be good to understand what was being done to improve this. The Executive planned to undertake half yearly engagement surveys to enable issues identified to be addressed, based on a 'you said, we did approach'.
d) Inevitably, stakeholder engagement during the year had been focused on Covid-19 matters and our response, rather than the engagement envisaged in corporate plan. However, there had been considerable learning and innovation from virtual engagement, including regular four nation stakeholder engagement. The Chief Executive and Registrar had recently done a virtual visit to Cornwall and was virtually visiting Scotland next week.
e) The inclusion of themes in the corporate complaints report was welcome. The Council would welcome regular information on complaints themes and how these were being addressed so it could see progress over time.
f) In relation to improving our insight from data, it may be helpful to look at the impact of Covid-19 on people entering and leaving the register, particularly those from minority ethnic communities The Executive was considering what further evaluation would be useful and this would include equality, diversity, and inclusion issues.

Fitness to Practise Update

5. The Deputy Director, Professional Regulation introduced the Fitness to Practise update and noted that the case load size and age had continued to grow during the last quarter. There were significant challenges ahead. Given the intense pressures on health and social care professionals in the recent Covid-19 surge, consideration had been given to whether casework should be paused, as had been done at the start of the pandemic in March 2020. It was decided that casework should continue as the organisation was in a different place now and operations could continue across the full range of fitness to practise activity even in lockdown. Professionals had also supported continuation of activity.

6. In discussion, the following points were noted:

a) The comprehensive update was welcome. The commitment and effort being put into the recovery and improvement programme was necessary and important. The Council looked forward to receiving further information in March 2021, including a clear route map with milestones, comprehensive data and refreshed KPIs to enable it to monitor recovery from this position.

b) Although the numbers directly supported by the Public Support Service (PSS) were small, this reflected uptake. All colleagues were expected to offer an appropriate degree of support to those referring, cases, not just the PSS. Additional person-centred measures in place included a relaunch of our standard correspondence which was more tailored and recourse to an external support line. There may be a need to consider if the significant backlog of fitness to practise cases resulted in additional demand for the PSS.

c) The continued emphasis on a person-centred approach to ensure that professionals who had been referred felt supported and the work on mediation were welcomed. It needed to be acknowledged that these approaches could take more time and the commitment to speed and recovery would need to be balanced with the commitment to a values-based fitness to practise approach.

d) Work on employer engagement was ongoing with a launch of a set of employer tools shortly. It was important to help employers ensure they were doing everything they could to support employees before referring them to the NMC.

e) A range of webinars involving frontline professionals sharing their experience with NMC colleagues had helped our understanding of the context in which registrants were currently working, which it was important for us to take into account as part of the casework.

Corporate risk exposure report to 31 December 2020

7. The Council noted the report.

Action:	**Provide:** **i. a breakdown of the turnover rates (by number of people and as a percentage) by key operating area of the organisation, including information about the plans to address this.** **ii. Information about the increase in staff numbers above the complement in the agreed budget 2020-2021**
For:	**Executive Director, People and Organisational Effectiveness/Executive Director, Resources and Technology Services**
By:	**23 March 2021**

Action:	**Provide a clear route map, milestones, and comprehensive data set/KPIs and resources for the Fitness to Practise recovery and improvement plan.**
For:	**Executive Director, Resources and Technology Services/Interim Executive Director, Fitness to Practise**
By:	**23 March 2021**
Action:	**Provide regular updates on corporate complaint themes including how these are being addressed and trends over time.**
For:	**Executive Director, People and Organisational Effectiveness**
By:	**23 March 2021**

NMC/21/07 **Post registration standards update**

1. The Executive Director, Professional Practice introduced this item which sought approval to consult on draft standards.

2. The timing of the consultation had yet to be decided but would not begin before March 2021 and would run for an extended period of 16 weeks. We were mindful of the intense pressures on professionals which may inhibit their ability to engage, whilst also taking into account the impact this would have on implementation of any new standards. The Council would be kept updated. The aim was to present the final draft standards by the end of the year.

3. Dr David Foster, Independent Chair, Post-registration steering group noted the importance for consultation to be as meaningful as possible given the current situation. There was a wish to engage with a wide group of people.

4. In discussion, the following matters were noted:
   a) The proposal to consult at the most appropriate time, as well as the extended consultation period were welcome.
   b) Community nursing would be pivotal to future care. It was right to modernise the standards as quickly as current circumstances allowed but also consider how this would move towards advance practice.
   c) It was important to ensure the questions posed were focused and specific; Council members were welcome to discuss these in more detail with the Executive outside the meeting.
   d) It would be critical to encourage responses from all those with an interest including local authorities, public health policymakers and officers, integrated care partnerships, as well as other health and care professionals, including those working in prisons and with offenders, school nurses, and social care professionals. People who use or people who could speak on behalf of service users should also be engaged with as part of the consultation. Work was ongoing to reach as wide a range of people as possible, including ways to reach people who may be shielding or who were unwell.

e) A lot of debate had already taken place during the process, with clear views about what was not applicable and what was missing in the standards; this would be captured. There was also an evidence base from the four countries.

5. **Decision: The Council agreed to undertake public consultation on:**
   - **the draft Specialist Community Public Health Nursing (SCPHN) standards of proficiency;**
   - **the draft community nursing Specialist Practice Qualification (SPQ) standards of proficiency; and**
   - **the draft standards for post registration programmes.**

6. The Acting Chair thanked everyone involved in this important work.

NMC/21/08 Risk Management Framework

1. The Council considered the proposed updated risk management framework.

2. In discussion, the following points were noted:
   a) The detailed risk management framework had been considered and endorsed by the Audit Committee. The Committee had requested that a more accessible version be produced, and it was good to see this.
   b) The Audit Committee's role was to provide assurance that effective risk management processes were in place; but the Council could also be assured that the Committee would flag any emerging risks if this were not captured in the corporate risk report.
   c) The Council received the corporate risk report quarterly and also undertook an annual review of risk after the annual corporate plan was agreed to ensure that the risk register reflected the key risks to achieving organisational objectives.
   d) There were a number of underlying assurance processes; the Executive Board considered the risk register every month; each directorate had, or would have, local risk registers in place by the end of the year; and regular discussions took place with directorates. Each major programme would have a risk register which would be reviewed regularly by the relevant programme board.

3. **Decision: The Council approved the revised risk management framework as summarised at annexe 1.**

NMC/21/09 Selection process: Chair of Council

1. The Secretary to the Council introduced this paper: sadly, as Philip Graf had stepped down due to illness at the end of 2020, and there was now a need to find a new Chair of Council.

2. Appointments to the Council were made by the Privy Council on the recommendation by the Council; the process was subject to scrutiny by the Professional Standards Authority (PSA). The proposed process was designed to ensure that any appointment was made on merit, through a fair, open, and transparent process, which inspired confidence.

3. The aim was to ensure the process was as open and inclusive as possible and people from diverse backgrounds were encouraged to apply. As part of this, it was proposed that the terms of the appointment would be as flexible as possible, with a time commitment of at least two days a week and a term of office for 3 to 4 years.

4. In discussion, the Council stressed that personal attributes, values and behaviours would be critical, as well as the required competencies in any new Chair. The work done with all Council and Executive colleagues in developing the role and person specification had been inclusive and welcome.

5. **Decision: The Council approved the overall approach to the selection of a new Chair.**

NMC/21/10 Panel member appointments and reappointments

1. The Deputy Director, Professional Regulation introduced this item.

2. The Council was pleased that colleagues had taken up the opportunity to be reappointed for a second term. It was noted that the emergency provisions introduced last year, had allowed further extensions for panel members who were serving as at March 2020.

3. **Decision: The Council accepted the Appointments Board recommendations to:**
   - **reappoint the panel members listed in Annexe 1 for a second four-year term to commence on 20 February 2021 following the completion of their first term of appointment;**
   - **appoint the panel members listed in Annexe 2 to hear registration appeals from 31 March 2021, with such appointment to run concurrently with their appointment to a Practice Committee and to end when their second term of appointment to a Practice Committee ends; and**
   - **transfer two panel members between the Practice Committees as listed in Annexe 3.**

NMC/21/11 Learning and thematic review from recent inquiries

1. The Executive Director, Strategy and Insight introduced this item. In particular the Council's views would be welcome on the question of the future oversight of corporate complaints.

2. In discussion, the following points were noted:

a) The report was a welcome demonstration of how we were learning from these recent reports both in terms of our own role and in sharing this across the sector in an open and transparent manner. This went to the importance of a just, learning culture both for us and for the professionals on our register.
b) It would be helpful to see a report on the themes arising from concerns referred to us and the learning and action taken. The plans for a State of Nursing and Midwifery report would help pull this all together in due course.
c) The NMC had a role in influencing more widely through other mediums and the role of Council members and our associates could assist in this aspect and make a difference for colleagues on the frontline. We should look at imaginative ways of getting these compelling messages across, such as the recent Code animations.
d) The importance of considering context and understanding whether particular types of organisation or practice settings faced particular challenges would be good to understand, for example, mental health settings learning disability settings, rural hospitals.
e) The issues facing maternity services across all four countries were significant and work with other partners, including the Royal Colleges was crucial.
f) It was important to triangulate the learning with our standards and proficiencies and look at how this could help support implementation of the Future Nurse and Future Midwife Standards

Future oversight of corporate complaints

3. The Independent Medicines and Medical Devices Safety report had recommended that a designated, non-executive Board member take responsibility for overseeing complaint handling processes and outcomes to ensure appropriate action is taken. This was understood to also include fitness to practise referrals which would be a significant task and may be a disproportionate responsibility on a single member. The Council agreed that this was a complex and important area; complaints and concerns were a critically important source of information and intelligence. The question of how the Council exercised effective oversight merited further, more detailed discussion and consideration and a separate session should be arranged.

Action:	**Schedule a Seminar session to discuss oversight of complaints.**
For:	**Executive Director, Strategy and Insight / Secretary of the Council**
By:	**23 March 2021**

NMC/21/12 Workforce report – evaluation of the People strategy

1. The Executive Director, People and Organisational Effectiveness introduced the report which summarised the outcomes of the 2017-2020 People Strategy, under the former Director of People and Organisational Development. Notable achievements included the significant reduction in overall turnover, the implementation of a new Human Resources (HR) operating model, development of the new values and behaviours, and the work on employee engagement.

2. There was still much to do. A new People Plan would be developed, with a key priority being to address issues in the Workforce Race Equality Standards (WRES) and the pay gap reports, including around career development and progression, leadership, performance culture and embedding the values and behaviours.

3. In discussion, the following points were noted:
   a) Fully understanding and addressing the causes of the 27 per cent ethnicity pay gap would be important. The majority of colleagues from minority ethnic backgrounds were in more junior grades. A career development scheme was being developed, which would initially target black and minority ethnicity for the first 12-18 months, and an inclusive mentoring scheme was already in place.
   b) It was important to take account of feedback from colleagues' experiences. Themes based on work with the black and minority ethnicity network included the sense that people were promoted to management positions without management skills or training; this had an impact on colleagues. Work on leadership capability and people management was ongoing, to ensure managers had the tools needed to be effective.
   c) All colleagues, internal networks and Council would be involved in the development of the new People Plan. The aim was to have this in place by autumn 2021. It would be important for the Plan to include clear milestones, so that colleagues and the Council could measure and assess progress, recognising that it would take time to make progress.

4. The Council noted the report.

NMC/21/13 Questions from observers

1. The Council noted the written questions submitted by observers and the responses (see Annexe B). These would be published on the website and appended to the minutes for the next meeting.

NMC/21/14 Appointments Board report

1. The Council noted the report from the Appointments Board.

NMC/21/15 Deputy Chair's action taken since the last meeting

1. There had been the following five chair's actions since the last Council meeting on 2 December 2020:
   - to approve an additional cohort of professionals to be admitted to the NMC temporary register, to support the national Covid-19 response (13/2020);
   - to approve additional cohorts of overseas applicants to be admitted to the NMC temporary register, to support the national Covid-19 response (14/2020);
   - to approve immediate reintroduction of Emergency Education Standards E3 and E5.1 (01/2021);
   - to reappoint partner members to the Appointments Board (02/2021); and
   - to approve introduction of additional emergency Education Standards (03/2021).

2. It was noted that whilst the aim was for emergency decisions to be made by the Council as a whole, the urgency to act given the intense pressure on health and social care resulting from the pandemic had meant this was not possible. However, there had been informal discussions with the whole Council prior to the Deputy Chair approving the emergency actions. This was a good governance approach; the Acting Chair and Chief Executive and Registrar were thanked for ensuring this had happened.

Closing remarks

1. The Acting Chair thanked everyone who had joined the meeting for listening. The Executive, Governance team and other colleagues were also thanked for their ongoing hard work and dedication.

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

SIGNATURE: .....

DATE: .....

Annexe A

Observers

Kate Fawcett	Senior Scrutiny Officer, Professional Standards Authority
John Lee	Professional advisor, Scottish Government
Karen Wilson	Director of Nursing, Midwifery and AHPs, NES
Gail Adams	Head of Professional Services, UNISON
Elaine Trainor	Senior Nurse, System Transformation, NHSE/NHSI
Patrick Harrison	Policy Manager, NHS England
Abbie Fordham Barnes	Associate Professor, Birmingham City University
Asmah Bibi	Assistant Lecturer, Birmingham City University
Claire Roberts	Quality Enhancement Lead, Birmingham City University
Lesley Handyside	Adult Nurse Lecturer, Birmingham City University
Nahid Younis	University Nurse Lecturer, Birmingham City University
Irene Zeller	Lecturer, King's College London
Jane Mair	Course Leader MSc ANP & CPD, Robert Gordon University
Alexander Gibson-Macfarlane	Deputy Charge Nurse, NHS Lothian
June Ramsay	Patients flow, Greater Glasgow Clyde
James Penry-Davey	Partner, Capsticks Solicitors LLP
Jenny Wood	Capsticks Solicitors LLP
Rula Paleou	Volunteer, North London Hospice
Shiju Das	Clinical support worker, NHS

NMC staff observing

Charlotte Davies	Senior Communications Advisor
Hannah Mulcahy	Senior planning and risk improvement officer
Kathryn Smith	IT Business Partner
Natalie Brown	Paralegal
Peter Clapp	Governance Manager
Mark Finnigan	Governance Administrator
Rebecca Calver	Communications and Engagement Programme Manager
Roberta Beaton	Head of Corporate Planning, Performance and Risk
Ruth Bass	Panel Secretary
Karen Sellick	Corporate Planning Delivery Manager
Mark Finnigan	Governance Administrator
Wendy Fowler	Nursing Education Adviser
Nathan Parton	Senior Press Officer

Press

Kimberley Hackett	Senior news reporter, Nursing Standard

Annexe B

Observer questions – Council meeting 27 January 2021

Question 1 - Shiju Das, Clinical support worker, NHS

Thank you for giving me a chance for asking questions.

UK is having going through lot of challenges due to COVID19. I'm aware that NMC is going beyond to support our community by making all the effort to maintain nurses in hospitals and care homes. However, I believe some changes could highly increase the number of overseas nurses getting registered, thereby increasing the NHS workforce capacity.

1. In 2018, NMC started accepting the writing score 6.5 or OET C+. However, there are many candidates who has writing score more than 6.5 or C+, but they may have this 6.5 in their reading or listening. For example they get all B or 7 except one module. If you could consider this score (not reducing the overall score or standard), it will be greatly beneficial for the UK healthcare workforce.

2. There are many overseas nurses who are working in NHS and health care as healthcare assistants in the UK for over 10 years. They give direct patient care and make effective communication with patients. In that case, could that be considered for their language requirement? NMC can write to their managers to enquire about their language efficiency, like what NMC has asked for temporary COVID-19 registration.

3. There are many overseas nurses who has UK University degree or masters. They have studied this in English. Would that be considered for overseas nurses' language requirements?

Thank you for answering these questions.

Response: Deputy Director, Professional Regulation

First question:

- We changed the score for writing based on expert advice following our review of the language requirements
- At that time there wasn't the evidence to support changes to reading, listening or speaking elements of the tests.
- We keep our requirements under review.

Second question:

- We recognise that there are a number of overseas-trained nurses supporting the UK workforce as healthcare assistants, and we're very grateful for their support and service.
- The language requirements to join the permanent register are set out in our guidance and ensure that we have consistent, objective, recent and verifiable evidence of a professional's language to be able to provide safe care.

- Our temporary register was set up under the Coronavirus Act and is there to support the emergency only. The Registrar can set the requirements for those who she identifies as being fit, proper and suitably experienced to work in the emergency. That is a risk-based decision, taking account of the public protection risks and the current situation and urgency.
- Given those considerations, it was thought proportionate to accept employers' certification of language to enable some overseas-trained nurses to join the temporary register.

Third question:

- The guidance sets out how we can fairly, consistently and objectively assess applicants' English.
- Due to the varying nature of different settings, qualifications, and the English requirements to be able to take those qualifications, other qualifications don't meet our assessment criteria.
- We keep our requirements under review.

In the answers above, we mention our English language guidance. For ease of reference, you can read this at the website link here: https://www.nmc.org.uk/registration/joining-the-register/english-language-requirements/

Question 2 – Amy Williams, Nursing Student, Wales

Hello

I would like to understand how in this pandemic last year we were deployed into non COVID area placement and remunerated for our duty.

However recent evidence claims how deadly this virus is now that it targets the younger age group. We student nurses are allocated COVID wards on placement and are not being remunerated as the emergency standards in England has implemented.

Please justify this decision making as we Welsh students feel less valued and disposable numbers towards this fight in the pandemic.

Thank you

Response: Executive Directive, Professional Practice

In the first wave of the pandemic, the NMC agreed to introduce emergency measures to provide additional workforce capacity for the health and care system while it was struggling to cope and in need of extra resources. Midwifery and nursing students were enabled to opt-in to contribute to the response to the emergency situation as part of their programmes, and the NMC's normal requirement for those students to have supernumerary status was removed.

These exceptional arrangements were not without risks. Supernumerary status exists to protect students and to protect those receiving care. Disruption of education in this way increases the risk of students failing to complete their learning outcomes on time and qualifying when expected.

Together with the four Chief Nursing Officers, the Council of Deans of Health, Royal Colleges and unions, we reflected upon the use of the emergency education standards in the first wave of the pandemic and their impact on students' education and experience. We unanimously agreed that protecting students' education was the priority, and that we should avoid resorting to students as an additional workforce, if possible

As the pandemic reached its latest phase with the new variant, increasing infections, hospital admissions and deaths, the NHS has once again struggled to cope and sought ways to increase capacity.

This led the Secretary of State for Health and Social Care to ask the NMC to reintroduce the emergency measures to enable final year nursing students to move into extended clinical placements, to enable them to fill workforce gaps, but only where the local NHS requires the students to do this. Consequently we agreed to introduce emergency standards that enabled flexibility for those students. Any decisions around student payment and the implementation of the emergency standards rests with the devolved countries.

This is the reason for the paid placements, and, at the moment, services in Wales, Scotland and Northern Ireland, and about 50 percent% of services in England, are reporting that the workforce can cope without introducing them, and instead they would rather students be able to continue their placements as normal.

The rationale for paid placements is therefore not an acknowledgement of the value of particular students or a recognition of risks, it is about whether the particular service in which they are placed needs to employ them to fill workforce gaps.

In terms of risks to students, universities have the responsibility for overseeing and ensuring student learning and student wellbeing, whether students are paid or not, because being paid, in itself does not reduce the risks. If students feel they are in any way at risk, they should discuss this with their university to agree what options exist for them.

I hope that this has explained the issues but also would re-emphasise that the NMC doesn't have a role in deciding whether the extended placements without supernumerary status should be implemented or not, or under what circumstances students should be paid.

Council

Summary of actions

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

Secretary: Fionnuala Gill
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Summary of outstanding actions arising from the Council meeting on 27 January 2021

Minute	Action	Action owner	Report back date	Progress to date
NMC/21/06	**Executive Report: Turnover and staff numbers** Provide: i. a breakdown of the turnover rates (by number of people and as a percentage) by key operating area of the organisation, including information about the plans to address this. ii. Information about the increase in staff numbers above the complement in the agreed budget 2020-2021	**Executive Director, People and Organisational Effectiveness / Executive Director, Resources and Technology Services**	**23 March 2021**	A detailed breakdown of employee turnover is included as an additional annexe to the Executive Report on the agenda. A schedule of budgeted future employee numbers is included in the Corporate plan and budget paper on the agenda (Annexe 3, Table 3).
NMC/21/06	**Executive Report: Fitness to Practise recovery work** Provide a clear route map, milestones, and comprehensive data set/KPIs and resources for the Fitness to Practise recovery and improvement plan.	**Executive Director, Resources and Technology Services / Interim Executive Director, Fitness to Practise**	**23 March 2021**	This information is provided as part of the Executive report on the agenda.

Minute	Action	Action owner	Report back date	Progress to date
NMC/21/06	**Executive Report: Corporate complaint themes** Provide regular updates on corporate complaint themes including how these are being addressed and trends over time.	**Executive Director, People and Organisational Effectiveness**	**23 March 2021**	Regular updates on corporate complaints themes will be provided, including how these are being addressed in our quarterly Enquiries and Complaints reports to the Executive Board. A summary of this information is provided to the Council in the quarterly Customer Feedback Dashboard.
NMC/21/11	**Learning and thematic review from recent inquiries** Schedule a Seminar session to discuss oversight of complaints.	**Executive Director, Strategy and Insight / Secretary of the Council**	**23 March 2021**	This has been scheduled for the Seminar on 6 July 2021.

Summary of outstanding actions arising from the Council meeting on 2 December 2020

Minute	Action	Action owner	Report back date	Progress to date
NMC/20/89	**Fitness to practise cases** Provide an annual update on learning from fitness to practise cases	**Executive Director, Professional Regulation**	**24 November 2021**	Not yet due.

Summary of outstanding actions arising from the Council meeting on 22 September 2020

Minute	Action	Action owner	Report back date	Progress to date
NMC/20/81	**Impact of Covid-19 on our 2020-2025 Strategy** Ensure that the future discussion with Council on business planning is clear about what matters were being paused or rescheduled.	**Executive Director, Resources and Technology Services**	**2 December 2020/ 24 March 2021**	This is included in the the agenda item on the draft Corporate plan and budget.
NMC/20/22	**Strategy 2020–2025** Schedule a thorough review of progress to achieve the Strategy's ambitions given the impact of the Covid-19 pandemic.	**Director of Strategy and Insight**	**24 March 2021**	As part of the planning process, the Executive reviewed progress towards the strategic deliverables and outcomes in the corporate strategy. During 2020-2021, we have made progress towards the strategy, although some aspects of our plans have been delayed or re-scoped as a result of the pandemic. Looking ahead, the ambitions set out in the strategy remain relevant. We have adjusted our plans and timeframes for delivering the strategic commitments to reflect the impact of Covid-19 and the significant priority that is attached to recovering the fitness to practise caseload.

Summary of outstanding actions arising from the Council meeting on 29 July 2020

Minute	Action	Action owner	Report back date	Progress to date
NMC/20/68	**Emergency rule changes** Bring back the outcome of the consultation and recommendations on the ongoing use of any or all of the permissive powers in the Rules before 31 March 2021. These recommendations may include requesting the Government to change or remove any of the Rules in the future, whether via further rule changes or wider regulatory reform.	**Interim Executive Director, Professional Regulation**	**24 March 2021**	On the agenda.

Summary of outstanding actions arising from the Council meeting on 20 May 2020

Minute	Action	Action owner	Report back date	Progress to date
NMC/20/37	**Employee turnover** Provide data and insight on the reasons for staying at the NMC when available	**Executive Director, People and Organisational Effectiveness**	**2 December 2020 / 29 July 2020 / 27 January 2021 / 24 March 2021**	A review and reset of our employee engagement survey (Peakon) is being undertaken. Gaining insight into the reasons why people stay at NMC will be a success measure for ensuring that we structure our new approach and will be a focus area in our reporting.

Council

Executive report

Action: For discussion.

Issue: The Council is invited to consider the Executive's report on key developments up to February 2021.

Core regulatory function: All regulatory functions.

Strategic priority: All priorities for the strategic period 2020–2021.

Decision required: None.

Annexes: The following annexes are attached to this paper:

- Annexe 1: Fitness to Practise recovery.
- Annexe 2: Exception report on employee turnover.

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

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Context:

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

2 The report consists of three sections:

2.1 This cover report with highlights from the external environment and our strategic engagement work up to February 2021;

2.2 An update on our work around Fitness to Practise recovery (**annexe 1**); and

2.3 An exception report on employee turnover (**annexe 2**).

3 We have structured the following discussion using our 5 strategic themes from our 2020–2025 strategy and significant external updates.

Four country factors:

4 Same in all UK countries.

Discussion

Innovation and improvement

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

Covid-19 pandemic

5 At the end of last year professionals who left the permanent register between March and November became eligible to join the temporary register. We have continued this approach (see item NMC/21/28 on the agenda and specifically Deputy Chair's action 07/2021) and will regularly extend the eligibility to more recent lapsers.

6 We are currently preparing to make those who lapsed between December and February eligible. Temporary registration is open to professionals who left the permanent register after February 2015 and those who have not practised within the last three years will have conditions of practice applied to their temporary registration.

7 As of 18 February 2021, there are 16,077 people on the temporary register.

Education standards: simulation

8 We published a new recovery standard on 18 February 2021, to support the learning of student nurses', after engaging with partners including the Chief Nursing Officers, professional bodies, the Council of Deans and student leaders.

9 Following requests for additional support and flexibility from education institutions, we proposed an additional recovery standard allowing up to 300 clinical practice hours to be replaced by alternative simulated practice learning experiences.

10 Our standards currently require 2300 hours of clinical practice experience and must align with the EU Directive definition that states that clinical practice experience should involve healthy or sick individuals in practice settings.

11 Simulated practice learning is already permitted, provided it aligns with this definition. The new recovery standard is enabled by the UK having now left the EU, and permits additional contemporary forms of simulated practice learning experiences using digital technology, which maybe online or in educational settings such as skill labs.

12 We have committed to monitoring the implementation of the standard, and the Deputy Chair of Council approved the proposal by Chair's action on 16 February 2021 (see item NMC/21/28 on the agenda).

Recognising an unprecedented year

13 We will mark the date that the UK first went into lockdown (23 March 2020) and the date we launched our temporary register (27 March 2020) to recognise the unprecedented challenges that nursing and midwifery professionals and students have faced during the past year and to show our thanks.

14 We will share stories from a range of professionals, a student, and a member of the public and use social media to highlight the kind of challenges they have faced during the past year. We will email the professionals on the permanent and temporary registers.

15 We will also mark the unprecedented year internally, recognising the challenges that our NMC colleagues have faced and new priorities they have taken on.

Fitness to practise – getting the right referrals

16 We are further updating our fitness to practise webpages to make them more accessible. This will make it easier for people to find the information they need, when they need it, and help them understand when we can take forward a concern about one of our professionals and when another organisation would be a better placed to do so. The changes will also help to ensure that we get a more complete and clearer picture of the nature of any concern when people make a referral online including information regarding context if appropriate. This development will also support the improvement and recovery plan for the Fitness to Practise caseload.

Employer resource

17 On 2 February 2021, we published best practice principles for employers to consider when investigating and managing concerns about a nurse, midwife or (in England) nursing associate's practise.

18 We shared the resource with a large number of partner organisations to cascade to members and employers.

Test of Competence

19 We have been working towards implementing the new Test of Competence (ToC) in April 2021. The new ToC will reflect our standards for nurses and midwives.

20 On 17 February 2021, we announced that the new ToC will be launched in August 2021 rather than April 2021 as previously planned. This is because the current wave of the pandemic continues to cause pressure across the health and social care sector and in particular on those working on the front line. We heard feedback from Trusts, employers and others that introducing the new test in April 2021 would have added more pressure.

21 In order to give candidates and employers as much time as possible to become familiar with the new test content we launched a suite of resources, to help candidates prepare for the new test going live in August. This includes the revised programme of engagement to prepare candidates, employers and recruiters for the new ToC.

22 We also published details of the new computer-based test fee structure and our plans to tender for new objective structured clinical examination delivery contracts, to be ready when the current contracts expire in August 2022.

Proactive support

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

Research into our education standards

23 Our research to consider international best practice on nursing and midwifery education continues. We are currently in the first phase of the research, which involves a desk-based research evidence review, including international benchmarking; and engagement with senior stakeholders to understand their views.

24 The second phase of the research will be a survey of professionals, employers, educators, public groups and students. This had been scheduled to take place at the end of January 2021, but due to the current wave of the pandemic and the role many of these groups are playing in tackling it, the survey will now take place at the end of March 2021.

25 Following the completion of the research we will support stakeholder engagement on next steps

Post registration standards consultation

26 We have been continuing our preparation for communications and engagement to support our consultation on the new draft post-registration standards. We have been in contact with steering group member organisations, partners, nursing networks, employers and others in the community nursing and public health sector to establish routes to share the consultation.

27 At the meeting in January 2021, the Council agreed to consult on the draft standards but did not specify a start date bearing in mind the pressures on the service caused by the pandemic at that time. We have since engaged with the members of the Post Registration Standards Steering Group and Chief Nursing Officers and heard concerns about the delay from some. In addition, we have had further representation from the Queen's Nursing Institute, the Royal College of Nursing and others that the standards need further work before they are ready for consultation.

28 Bearing in mind the changing status of the pandemic with the reducing numbers of cases and the concerns about further delay, we plan to formally consult on the draft standards for 16 weeks, beginning after Easter.

29 We recognise there continue to be challenges about the content of the proposed standards. They have been developed after an 18 month programme of work, reviewing the evidence and engaging with professionals through the steering group, working groups, roundtables and webinars. We believe in their current form they provide a good basis for consultation and we welcome the contributions we will receive which will shape the final proposals.

Implementing the future nurse and future midwife standards

30 In April 2021, we will publish two new animations, explaining to patients, people who use services, women and families what to expect from their nurse or midwife. We will publish these on our website and cascade them to stakeholders, including maternity and paternity groups, charities, patients and voluntary sector groups.

31 A discussion with the Midwifery Panel on 8 February 2021 about the interim Ockenden Report published in December 2021, highlighted how embedding the Future Midwife Standards in education and practice would assist, alongside necessary system-wide measures, in addressing the recommendations made. Andrea Sutcliffe will write to Donna Ockenden shortly to explain our thinking. We are working with colleagues to ensure that we consistently set out the important role of our Standards across our midwifery communications and engagement work.

A more visible and informed regulator

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

Four countries engagement

32 We held joint webinars with the Chief Nursing Officers and education partners in England (21 January 2021), Wales (27 January 2021) and Scotland (10 February 2021) to give students the opportunity to ask questions about the emergency standards. The webinars were attended by 993 people and have been rewatched 1,542 times on our Covid-19 webhub.

33 On 17 February 2021. Andrea also attended a virtual visit to the nursing maternity teams at NHS Highland, where she met nurses, midwives, researchers and senior leaders.

34 On 10 March 2021, Andrea hosted a webinar with Professors Fiona McQueen and Jean White CBE, the outgoing chief nursing officers for Scotland and Wales, where we found out more about their careers, perspectives on nursing and midwifery, and their advice for students, nurses and midwives.

35 The England working group held its first meeting in January 2021, identifying its scope and priorities. The working groups for Wales, Scotland and Northern Ireland continue to meet regularly.

36 Lead directors have held meetings with leaders across the four nations, including the Regulation and Quality Improvement Authority (RQIA), the Royal College of Nursing Scotland, and the General Medical Council (GMC) in Northern Ireland, to build relationships with new teams in each of these. This engagement has supported collaborative working on a Memorandum of Understanding with RQIA.

37 On 19 March 2021, the NMC attended a GMC convened meeting with other regulators in Northern Ireland to discuss how we can collaboratively manage system risk across health and social care services in Northern Ireland.

Engaging and empowering

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

38 Following our recently launched new fitness to practise resource for employers in February 2021, Andrea supported a wide-ranging interview with *The Independent.*

39 The piece, published on Monday 15 March 2021, generated much positive reaction and commentary on social media. It focussed on exploring our role and aspirations in improving better, safer care for professionals and people using health and care services along with our ambitions and approaches for influencing and embedding a fair, kind and effective culture through the regulatory work we do.

40 Other key issues included: numbers and quality of referrals from employers and the public that support the improvements we want to see in this area; our person-centered approach in all that we do and our commitment to reducing the fitness to practise caseload.

41 Andrea also highlighted why we welcome regulatory reform and the benefits we think this will bring to fitness to practise processes; as well as our recognition of the pressure on staff to maintain standards, whilst under the extreme pressures of the Covid-19 pandemic.

42 Separately, Monday 15 March also saw publishing of another welcome article in the spring issue of *Midwives Magazine* that focussed on demystifying the role of the NMC for midwives and midwifery students. Alongside comments from Andrea, the piece also included short interviews with our **designate** Council Member and Associates on what attracted them to working with the NMC.

Engagement with UK Parliament

43 We continue to provide political stakeholders across the UK with regular briefings on our response to the Covid-19 pandemic, and to engage with interested committees and parliamentarians in Westminster and the devolved nations.

44 We provided an update to Jeremy Hunt MP, Chair of the Health and Social Care Committee on the launch of our new resource of employers on 29 January 2021.

45 We are developing a response to the Committee's recently launched inquiry into the Department of Health and Social Care's (DHSC's) White Paper on a Health and Care Bill.

Engagement with UK government

46 Andrea met Helen Whately, Minister of State for Social Care on 11 March 2021. As well as discussing the health and social care White Paper, the meeting centered on the NMC's continued work during the Covid-19 pandemic and our regulatory reform ambitions.

47 The White Paper *Integration and Innovation: working together to improve health and social care for all* sets out the DHSC's legislative proposals for a Health and Care Bill. It lays out Government proposals which seek to reduce bureaucracy in the NHS and encourage greater integration. The measures seek to support the Government to meet its manifesto commitments of introducing 50,000 nurses and building 40 new hospitals.

48 The White Paper includes proposals to give the Secretary of State the following powers:

- The power to remove a profession from regulation.
- The power to abolish an individual health and care professional regulator, and to merge regulators.

49 Our initial assessment is that in practice it is unlikely that the NMC itself will face abolition under these proposals. Officials have indicated to the NMC that this is not the government's intention, and the White Paper is explicit about the continued need for regulation of professions including nursing. While midwifery is not mentioned explicitly in the White Paper, the complexity and risks associated with the profession are comparable to those professions that are directly referenced. It seems highly improbable that any government would recommend midwives are removed from professional regulation.

50 Given the size of our register, it also seems doubtful that we would be the receiving regulator of any other professions. However, we will need to monitor the situation carefully and take advantage of any opportunities to engage in discussions that may arise.

51 Any changes in the wider regulatory landscape arising from these proposals would however have clear implications for us. This could include the outcomes of an independent review of regulators, which we understand DHSC may commission to support the development of legislation. The findings of this review could include the NMC within their scope, for example with respect to how we cooperate with other regulators.

52 It is unclear precisely when the Government will bring forward legislation to enact the proposals in the White Paper. However, subject to Parliamentary business, the timeline for the passage of this legislation envisages it being introduced "in the next session of Parliament", which is likely to be Spring 2021, following the Queen's Speech and then taking up to a year to pass.

53 Over the period ahead we will continue to engage closely with DHSC on their plans for bringing forward legislation and on the proposed terms of any independent review.

Public engagement

54 We continue to build the key strands of our approach to public engagement, including coproduction, person-centered regulation and developing policies and principles to support people's involvement.

55 The Public Support Steering Group met on 18 March 2021 to discuss the NMC's work on fitness to practise improvement and midwifery; to shape our developing plans around co-production; and to reflect on the achievements of the group.

56 Alongside the appointed recruitment agency, we will be supporting the recruitment of fitness to practice panel members; with a particular emphasis on encouraging lay applicants from a diverse range of backgrounds, to fulfil our strategic equality, diversity and inclusion commitments. The campaign is due to be launched on 22 March 2021.

Update on the Public Support Service pathway pilot

57 In early 2020, our Public Support Service (PSS) began a pilot to provide support to members of the public who had made a referral. Through the pilot we were committed to ensuring dedicated public support (including adjustments where required), a focus on ensuring that we had understood the referred concerns correctly and creating the opportunity to share with us any other areas of concern or information relevant to the referral through supported telephone calls with a public support officer. We were keen to track through the pilot whether there was any impact on the screening decision where a member of the public receives dedicated support to engage with us at this part of the process.

58 We undertook to update Council on the pilot outcomes. Our ability to complete a full pilot (of 100 cases) to date has been affected by the pandemic and only 66 cases have so far reached a decision at screening stage. However, we have gained some useful insights, for example, there has been a high level of engagement with the pilot (75 percent); and engagement with the PSS often led to the member of the public providing further information (62 percent), which in some cases had a bearing on the Screening decision as it identified broader and more serious concerns than those initially referred. The progression rate on cases in the pilot so far is 20 percent compared to 15 percent on the previous full year's data for member of the public referrals. There was also very positive feedback on the PSS. We are continuing to take account of the learning as part of our plans for the PSS with a commitment to ensuring early support is offered to those people who most need it.

Wider engagement

59 On 8 February 2021, the General Optical Council announced the appointment of Dr Anne Wright CBE as their new Chair. Anne had previously been an NMC Council member for eight years, stepping down in 2020. We issued a press release congratulating her on her appointment.

60 We continued holding engagement meetings with partners, including leaders at the Royal College of Nursing, Health Education England, the Health and Care Professions Council, and NMC Watch. We have adapted our approach to stakeholder engagement to ensure it has been 'light-touch' where possible in recognition of the high workloads of partner organisations as the pandemic has continued.

Insight and influence

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

Regulatory reform

61 We have continued to engage with DHSC officials on their proposals for regulatory reform. Our latest information from DHSC is that they will launch a consultation on their policy approach for all regulators on regulatory reform at the end of March 2021. Our current expectations are that this will be followed by a consultation on amendments to the General Medical Council's legislation later in the year, followed by a consultation on the NMC's legislation in early 2022. Our priority is to continue to press government to continue with its wider regulatory reform ambitions, as set out in the White Paper, which would allow us to further improve and modernise our approach to regulation.

62 We are also collaborating with colleagues, in particular the General Medical Council, to ensure our approaches are aligned. And we will be responding, once the government timetable for consultation becomes clearer.

Fit for the future organisation

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

Employee conference

63 On 4 February 2021, 844 colleagues attended Together for Better, our virtual employee conference. It gave colleagues the chance to come together to reflect on what we have learned in the last year, and to promote equality, celebrate diversity and tackle discrimination. Sessions included a conversation with a member of the public who spoke about the nurses who cared for her husband on ITU in the first wave of the pandemic; a panel discussion with students and registrants about their work in the last year; and a keynote address from Dame Floella Benjamin. Feedback has been positive.

Midwifery implications	64	There are no differences to the application of this report for midwifery.
Public protection implications:	65	Public protection implications are considered when reviewing performance and the factors behind poor or good performance.
Resource implications:	66	No external resources have been used to produce this report.
Equality diversity and inclusion implications:	67	Equality and diversity issues are taken account of within the work we do. Separate equality impact assessments (EQIA) are produced for all major areas contributing to our strategic objectives. An EQIA for our work regarding Covid-19 is in place.
Stakeholder engagement:	68	Discussed within this paper.
Risk implications:	69	The impact of risks is assessed and rated within our corporate risk register.
Legal implications:	70	None.

Annexe 1 – Fitness to Practise recovery

Purpose

1 To provide an update on our Fitness to Practise (FtP) recovery work. The work aims to address several caseload backlogs that have arisen throughout the FtP process, predominately arising from the impact of Covid-19 on our organisation and the professions we regulate.

2 The Council is invited to consider and comment on the update to the recovery programme.

3 The recovery programme is commitment number one in our corporate plan for 2021-2022, which Council will be asked at agenda item 8, and the corporate plan includes the proposed milestones and KPIs for measuring our progress.

Progress

4 In the past month:

4.1 The FtP Recovery Programme Board has met and agreed its governance arrangements.

4.2 A final Programme Mandate has been circulated to the Programme Board for approval.

4.3 A detailed roadmap of activity, timescales, milestones and results has been set out for the period March to September 2021 – see below for further details.

4.4 Case to Answer decision letters from Case Examiners have been amended to point people towards alternatives to hearings for resolving their cases at the Adjudication stage.

4.5 The refreshed guidance incorporating strengthened clinical practise has been communicated to teams.

4.6 The guidance incorporating context into decision making has been communicated to teams.

4.7 The pilot to consider screening cases with a multi-disciplined team will commence on 26 March 2021.

4.8 The plan to reverse the cost increases experienced in 2020–2021 arising from longer virtual Interim Order and Interim Order Review hearings has enabled Professional Regulation (PR) to reduce its budget by £1.5m in 2021–2022 and £1.8m in 2022–2023.

5 In addition to the original three themes contained within the action plan circulated in February 2021, certain activities under 'Improving efficiency and effectiveness' have been brought together under a separate theme: 'Proportionate decision making', that specifically focuses on reducing the occasions where concerns travel far into the FtP process before a decision of 'no case to answer' or 'no current impairment' is made. An overview of progress within each theme is provided below.

Maximising the deployment of our people resources

6 In conjunction with our People & Organisational Effectiveness (P&OE) and Resources & Technology Services (RTS) colleagues, we have agreed an approach to produce a steady pipeline of appointable candidates for front line and first line management positions within FtP. This should allow FtP to minimise vacancies, with a specific target that no position will be unfilled for more than 1 month and that the average time when a position is vacant will be no more than 2 weeks.

7 The team anticipate, as a result of defining an appropriate and achievable range of case types, that the time from recruitment to effectiveness for new joiners in Screening and Investigations can be shortened from 6–9 months to 6–9 weeks.

Minimising inappropriate referrals

8 We are revising our online referral forms and associated webpages for the public and employers with assistance from our RTS and Communications & Engagement (C&E) colleagues. We are targeting a 5-10 percent reduction in referrals requiring further investigation as a result of these improvements.

Improving efficiency and effectiveness

9 With the support of Professional Practice (PP) and Strategy and Insight (S&I) colleagues, we have accelerated the timescale for trialling the use of multi-disciplinary teams to consider a concern as it is received into screening, to start later this month. This activity aims to swiftly identify cases that are 'no case to answer', promptly refer cases for investigation if appropriate and provide guidance for any further information gathering that may be necessary for other cases, before a final screening decision is possible.

10 We have scrutinised our webforms for raising a concern to ensure that we capture a fuller picture of the nature of concern being raised, including any relevant contextual factors, so that an informed decision can be taken more efficiently.

11 A number of working groups are to be established to tackle specific opportunities:

11.1 Ensuring that the case referral output from investigations is complete, avoids unnecessary data or length, and enables Case Examiner decisions to be made efficiently and effectively.

11.2 Reviewing all points within Screening and Investigations where internal decision-making is referred for a second opinion to ensure this is necessary and proportionate.

11.3 Reviewing our approach to ensuring that investigations fully explore all aspects of a concern raised to us to avoid unnecessary activity.

11.4 Restating our approach to risk and seriousness so that all staff are confident and robust in their considerations.

11.5 Identifying and removing unnecessary duplication, particularly across functional boundaries.

Proportionate decision making

12 We want to reduce the number of cases that progress to Case Examiners or beyond, but should have been closed at Screening. To achieve that, we have launched guidance on taking account of context in decision making, and re-issued guidance on taking account of evidence of strengthened practice.

13 Unfortunately, due to the large existing case numbers already at Investigations there will be a delay before the impact of these changes at Screening can be evaluated. However, the programme will monitor all cases with these closure types at Case Examiners and beyond to iteratively refine and improve our approach.

Programme Mandate

14 The Programme Mandate sets out the strategic objectives, expected costs and benefits for the programme.

15 The programme has a £447,900 budget for 2021–2022 associated with the staffing costs of FtP change specialist staff. The programme expects any further proposed expense to be funded out of efficiency savings across FtP.

16 The programme is targeting the following high-level benefits in 2021–2022:

16.1 A 35 percent improvement in the efficiency of Screening decision making.

16.2 A 20 percent improvement in the efficiency of Investigations decision making.

16.3 A 35 percent improvement in the efficiency of Case Examiner decision making.

16.4 A 10-20 percent reduction in the number of cases that close at Case Examiners or Hearings as ‘no case to answer’ or ‘no current impairment’ by the end of 2021–2022.

Reporting

17 Proposed milestones and KPIs for the programme are included in the draft corporate plan for 2021-2022, at agenda item 8. In addition to a number of indicators of performance indicating improvement, focus is being maintained across a wide spectrum of quality measures to ensure that there is no unintended detrimental impact on quality. In addition, we intend to engage extensively with stakeholders to gauge their experience and perception of our activity and progress.

18 Programme management reporting will be produced monthly with a quarterly update on the dashboard outlined above.

Annexe 2: Exception report on employee turnover

Context

1 This annexe responds to the Council's request for visibility on employee turnover and vacancies.

2 Below, we have provided the turnover trends and data regarding our average time to recruit to vacant posts.

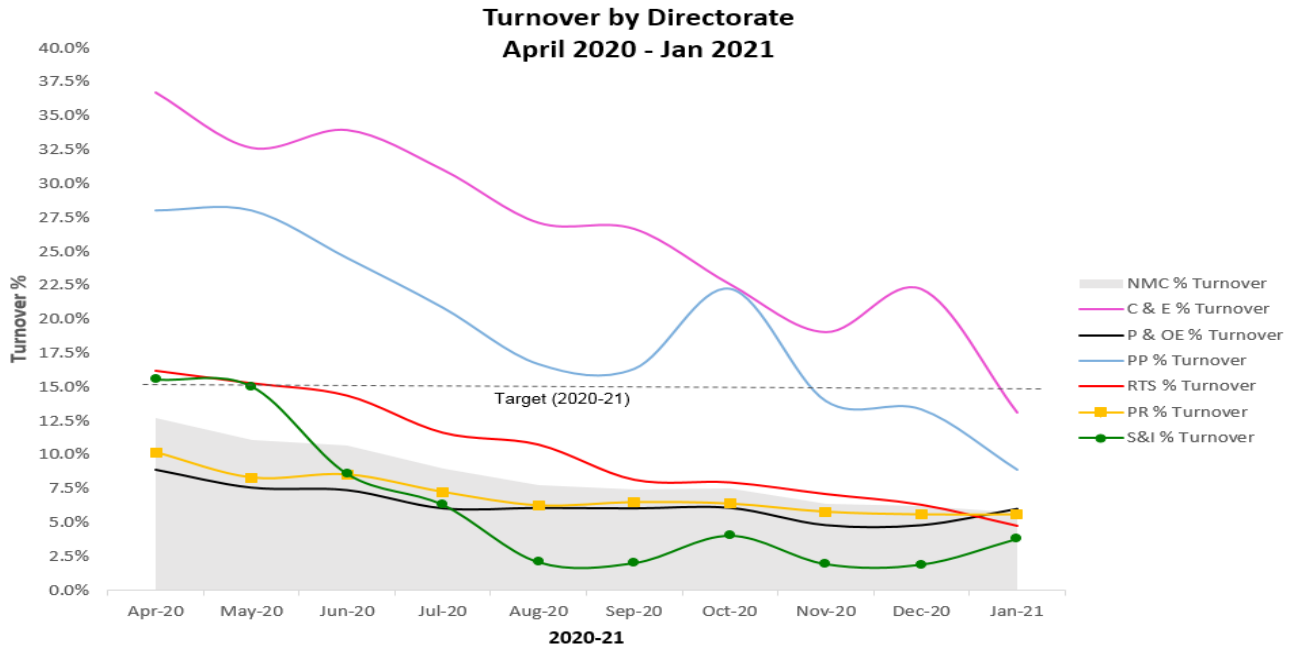
3 We segment our data by directorate rather than by programme. Therefore, it is not currently possible to provide a breakdown of turnover and vacancy information by specific programmes. This is because work is generally delivered by core business teams or by contractors.

4 At January 2021, our all employee turnover was significantly below our target of 15 percent and stands at 5.8 percent. There have been 35 leavers since April 2020, and 285 people have been successfully offered a role (currently 267 joiners).

5 Overall, the Council should feel assured that there are no particular areas of concern to highlight. We will monitor this throughout 2021-2022 in light of our additional recruitment needs within fitness to practise.

Turnover

Figure 1: Turnover by directorate.



6 Our employee turnover has consistently trended down for the past 3 years. When we compare our January 2021 result to the same period in the previous year, turnover has reduced by 9.5 percentage points (Q3 2019-2020 was 15.2 per cent).

7 All directorates are now below our target of 15 percent. Smaller directorates show larger variances in their turnover rates due to having a smaller number of employees, so even a smaller number of leavers impacts their rate (as evidenced on the chart above).

8 A healthy range of turnover is within the region of 8 percent.

A focus on Professional Regulation

9 Professional Regulation directorate has the highest proportion of NMC employees.

10 At January 2021, their directorate turnover rate was 5.6 percent, down from 10.0 percentage points compared to the start of the financial year. This represents 20 leavers since April 2020, 4 of whom left within the first six months of service.

11 We reviewed the turnover data for the last 12 months across Professional Regulation departments. Turnover ranged between 0 percent and 8.7 percent. All below our target of 15 percent. Turnover is highest in Screening (8.7 percent) and Investigations (8.1 percent), two of the teams under significant pressure in relation to current caseloads. We will be monitoring the impact of additional resources and the improvement programme on recruitment and retention to ensure these teams have the support they need.

12 **Figure 2:** Average turnover of Professional Regulation departments for the last 12 months.

Department	Jan 21 HC	Leavers since Jan 2020	Turnover %
Adjudication	68	3	4.3%
Case Examiners	29	1	3.6%
Case Investigations	128	10	8.1%
Case Preparation and Presentation	102	6	6.0%
Executive Team - FTP	13	0	0%
Executive Team Registration	6	0	0%
FtP Legislation & Policy	7	0	0%
International Registration	25	1	3.9%
Planning, Performance & Quality	10	0	0%
Quality of Decision Making	9	0	0%
Registrar and Appeals	9	0	0%
Registration Centre	29	2	6.9%
Screening	25	3	8.7%
Specialist Services	63	3	6.9%
UK Registration	16	0	0%
Professional Regulation	**539**	**29**	**5.6%**

13 Overall headcount in PR has increased by 78 employees since April 2020.

14 As of January 2021 there are 68 employees in Professional Regulation who are on secondment. This represents 10.3 percent of employees working in Professional Regulation.

15 The monthly active vacancy percentage has reduced from 9 percent in April 2020 to 4.2 percent in January 2021.

16 Since April 2020, we have recruited 181 roles to Professional Regulation. Each role took an average of 35 working days to recruit which is a day less than the NMC average for 2020-2021.

17 We are working on a future resourcing plan identifying key succession routes, analysing the most commonly recruited posts, and where candidates are appointed from, so that we can plan for backfill recruitment and identify key skills to recruit to in entry level roles, which will enable employees to develop.

18 Of those who left Professional Regulation in the past 12 months, exit interview information shows that the most commonly cited reasons for leaving were career progression, workload, and structure of the team.

Average time to hire

19 The average time to recruit metric is measured against a benchmark of 35 days from the start of the hiring process. Our year to date average is 36 days which is within range of our benchmark (was 31 days in 2019–2020).

20 This figure has remained within the benchmark in spite of the recruitment freeze in quarter 1 of the year (April to June 2020).

21 The Professional Regulation directorate has filled 181 roles in 2020–2021 with an average time to hire of 35 days.

22 Modernisation of Technology Services (MOTS) programme related roles have a similar time to hire as other roles within the NMC. It should be noted that some IT roles are in the premium recruitment family to ensure we attract the best candidates.

23 Communications and Engagement has the largest variance to benchmark at 51 days.

24 Figure 3: Average time to recruit since April 2020 for all directorates.

Directorate	Budgeted Establishment	YTD Leavers	YTD roles filled	Average time to hire (Days)	Variance to benchmark
Benchmark	-	-	-	35	
NMC Total	**980.8**	**35**	**285**	**36**	**1**
Communications and Engagement	41.0	2	13	52	**17** ↑
People and Organisational Effectiveness	105.8	5	27	31	**-4** ↓
Professional Practice	25.9	2	9	31	**-4** ↓
Professional Regulation	601.3	20	181	35	**0**
Resources and Technology Services	151.3	4	45	41	**6** ↑
Strategy and Insight	55.5	2	10	41	**6** ↑

Council

Emergency Rules – consultation outcomes and decision on continuing use of powers

Action: For decision.

Issue: Seeks Council's agreement to our continuing use of the powers granted under the emergency rules:

- beyond 31 March 2021; and
- once the emergency period has ended.

Core regulatory function: Professional Regulation.

Strategic priority: Strategic aim 1: Improvement and innovation
Strategic aim 6: Fit for the future organisation

Decision required: The Council is asked to agree:

i. to the continued use of the powers granted under The Nursing and Midwifery Council (Emergency Procedures) (Amendment) Rules 2020 Order of Council 2020, as amended by the Nursing and Midwifery Council (Coronavirus) (Amendment) (No.2) Rules Order of Council 2020:
   - beyond 31 March 2021; and
   - once the emergency period has ended (paragraph 48.1).

ii. that we will not use the power to hold hearings without a nurse, midwife or nursing associate panellist being present, outside of a national emergency. This includes virtual hearings and hearings with some or all parties attending a hearings centre. We will use panels of two members rather than three in rare and exceptional circumstances only (paragraphs 48.2 and 48.3).

iii. we will continue to grant extensions to revalidation application dates in exceptional circumstances, usually as a reasonable adjustment, in line with our approach prior to the emergency period and as set out in our 'how to revalidate' guidance (paragraph 53)

iv. our guidance on how we use the powers be amended to reflect the approaches set out in this paper; and that at the end of the emergency period, we review our guidance and clearly explain the continuing use of our emergency powers (paragraph 57).

Annexes: The following annexes are attached to this paper:

- Annexe 1: A public consultation on the continued use of our new powers arising from the coronavirus pandemic.
- Annexe 2: Continued use of new powers arising from the coronavirus pandemic: Consultation Analysis.

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

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Context:

1 On 25 March 2020, the Council approved emergency rules ('the rules') giving us powers to make changes to our operating procedures in fitness to practise and registrations, during the emergency period created by the coronavirus pandemic (**NMC/20/20**). These powers have enabled us to be agile and pragmatic in response to exceptional circumstances.

2 The rules initially contained a 'sunset clause' stating that the provisions would end when the emergency was declared to be over. On 29 July 2020, the Council approved further emergency rules which, amongst other things, removed the sunset clause which means that the rules now have no end date (**NMC/20/68**).

3 We did not undertake a full consultation with our stakeholders at the time the rules were introduced in March 2020 due to the emergency. We committed to holding a full public consultation on the changes brought in by the rules.

4 The Council agreed to review the consultation outcomes on use of the new permissive powers provided for in the rules and reach a decision before 31 March 2021 about the ongoing use of any or all of the powers indefinitely or for any specified purpose or period beyond that date (**NMC/20/77 & 68**).

5 The consultation period ran from 4 November 2020 to 15 January 2021. During that time we completed qualitative research with external stakeholders on our proposals and sought external legal advice on our emergency guidance.

6 We are now recommending that we should continue to use the powers under the rules beyond 31 March 2021 and once the emergency period has ended (see paragraph 57 below).

Four country factors:

7 Our proposals apply across the UK.

Discussion:

Background to our proposals

8 Between 4 November 2020 and 15 January 2021, we carried out a public consultation to seek the views of nursing, midwifery and nursing associate professionals, members of the public and other key stakeholders on the continued use of our powers in the longer term and specifically how we might use these once the emergency period is over (**annexe 1**).

9 There were 160 responses to the online consultation; 148 from individuals, two from employers and ten from organisations: the General Medical Council (GMC), NHS Education for Scotland, Unite, Unison, Royal College of Nursing (RCN), Social Care Wales, Scottish Social Care Council, Professional Standards Authority (PSA), Health Education England and Mencap.

10 Alongside the online consultation, we commissioned an external research company to complete a programme of targeted qualitative research with 25 people and through four focus groups consisting of members of the public from particular social groups, those being the Gypsy Roma Traveller communities, refugee and asylum seekers, people with learning disabilities and autism, carers, LGBT+ groups and minority ethnic groups. The full research report which contains a full breakdown is at **annexe 2.**

11 We are very grateful to everyone who responded to the consultation and participated in the research. On the whole, respondents expressed support for our proposals. The representative bodies supported some of our proposals but not others; more detail is provided in the relevant sections.

12 We recognise that the challenges we have faced in operating during the emergency period are challenges that other regulators have similarly faced. We know that it is important to continue sharing our experiences and learning from each other, and we are committed to doing so.

Legal review of our emergency guidance

13 Following discussion with external stakeholders, we recognised the importance of obtaining an independent view of our approach and we commissioned an external legal review of our emergency guidance, which we intend to share with the representative bodies who attend our external stakeholder forum. The legal review was performed by Rory Dunlop QC, an experienced specialist in healthcare regulatory and public law.

14 He has advised that our emergency guidance fulfils all our legal obligations, including the requirement of procedural fairness. He has suggested some improvements which we might make to the emergency guidance to assist decision makers, whilst making it clear that these are not legally required. We will be implementing these improvements immediately and will revisit the emergency guidance at the end of the emergency period.

15 The following specific issues are addressed in the legal review:

15.1 **Procedural fairness:** Parliament has approved our use of virtual hearings outside of the pandemic. It follows that Parliament recognises that it must be procedurally fair to hold virtual hearings at least in certain cases. Further, a series of recent court judgments have held that virtual hearings are capable of complying with the requirements of procedural fairness. Our emergency guidance is consistent with the principles identified in that case law.

15.2 **Open Justice and right to a fair trial:** By allowing members of the public to observe virtual hearings by either attending one of our hearings centres to watch a live feed or by being given audio access to the hearing, we have satisfied both the open justice principle and a registrants' right to a fair trial under Article 6 of the European Convention on Human Rights. The NMC has a discretion as to whether to provide visual or audio access. We are permitted to weigh in the balance the fact that on the one hand, visual access promotes the principle of open justice and thereby also public confidence in the professions. On the other hand, providing audio-only access reduces the potential risk and/or impact of abuse (recording of proceedings).

15.3 **General Data Protection Regulation (GDPR):** It is lawful to share an aural live transmission of proceedings with members of the public and the NMC has done enough to protect against members of the public recording the proceedings they are listening to online.

15.4 **Article 8 of the European Convention on Human Rights (ECHR) (private and family life):** The NMC should continue to take reasonable measures to ensure the public does not observe private elements of a hearing – i.e. stopping the video feed to the hearing centres and ensuring that those who are listening to audio links have terminated their calls.

15.5 **Public Sector Equality Duty (PSED):** The NMC's Equality Impact Assessments in respect of virtual hearings are careful, thoughtful and well-researched. They provided good evidence of compliance with the PSED. They should be kept updated.

15.6 **Equality Act 2010 – Discrimination:** Under our guidance decision makers can take into account protected characteristics when deciding whether to hold a virtual hearing. Consequently, the emergency guidance does not constitute a 'provision, criterion or practice' which puts any protected category of registrants or witnesses at a particular disadvantage compared with persons who do not share those protected characteristics.

15.7 If our guidance on observing a hearing were construed as an absolute rule that the public may never be permitted online visual access to remote hearings, it would put disabled people at a disadvantage. However, our guidance allows us to make reasonable adjustments if audio-only access is difficult for an observer.

16 The review has suggested that the improvements below could be made to the emergency guidance, which we will be implementing immediately. All our proposals are subject to our reasonable adjustments policy.

16.1 The emergency guidance could make it more explicit that hearings should not be listed remotely if there are no means of ensuring that the registrant and their witnesses would be able to access and effectively use the technology necessary to conduct a remote hearing.

16.2 The emergency guidance could make it more explicit that a relevant consideration when deciding whether or not to hold a hearing virtually is the delay that would be caused if a remote hearing could not be listed. The guidance could invite decision-makers who are choosing between adjournment or a remote hearing to consider (a) how long the proceedings have taken already, (b) how much further delay would be likely, if the hearing were not listed remotely, (c) the general public interest in the expeditious resolution of fitness to practise proceedings and (d) specific reasons why delay might be particularly detrimental to justice.

16.3 If the NMC were to decide (and it has a discretion to do so) to allow more members of the public visual access online to remote hearings, it should make amendments to the Observation Guidance to provide greater protections against abuse, including a requirement that observers provide all contact details and social media identities.

17 We have carefully considered the responses to the consultation and have also taken into account the contents of the legal review of our emergency guidance.

18 In response to the recommendations in the legal review:

18.1 we will be making immediate amendments to the emergency guidance in line with the recommendations of the legal review; and

18.2 we will review the guidance at the end of the emergency period.

Summary of issues arising from the consultation

19 A summary of the issues coming out of the consultation and our recommendations on next steps are set out below.

Holding hearings virtually

20 The change to our rules means that we are able to hold meetings (i.e. hearings on the papers) and hearings with all parties attending by video link or with audio/telephone access. We initially limited the events we dealt with as virtual hearings and later expanded this so that from September 2020, all types of events could be listed as a virtual hearing.

21 The emergency guidance we have published sets out a non-exhaustive list of factors we consider in deciding whether a hearing should be held entirely virtually, or with some or all parties attending a hearings centre. The factors include: the views of the nurse, midwife or nursing associate; whether participants are able to fully participate in a virtual hearing; and the complexity of the hearing.

22 In our consultation we explained that we would like to continue to hold meetings virtually unless there is a good reason not to, and that we would like to continue to hold hearings virtually where it is fair and practical for everyone involved. In the consultation we asked:

Do you think there are any reasons why we shouldn't continue to hold hearings virtually, once the emergency period ends?

23 The majority of people (71 percent) responded that there were no reasons why we should not continue to hold hearings virtually. 25 percent responded that there were reasons why we should not continue. Very few people appear to think we should never hold hearings virtually but both the "yes" and "no" responses went on to say that there are various factors that should be considered when deciding if a virtual hearing is appropriate.

24 Comments from respondents are summarised below:

24.1 Overall there was support for straightforward hearings being held virtually. Some respondents stated that long and complex hearings may not be suitable to be dealt with virtually.

24.2 It is important to make sure that people have access to technology and a suitable home environment/location to join from; to consider whether they require support and whether they are able to engage effectively. Particular groups highlighted difficulties they might face.

24.3 Respondents commented that we should continue to ensure public access to virtual hearings. We note that our emergency guidance includes access to technology and having the ability to engage effectively in the list of factors to consider, but we propose to amend this to make it more explicit that the ability to engage is essential.

24.4 Positive comments around virtual hearings included people feeling more empowered when engaging from their own home, savings in time and costs, improved accessibility for those unable to travel (for physical, financial or care responsibility reasons) and increased engagement from registrants.

24.5 Potential issues included difficulties assessing evidence, communication issues and it feeling impersonal. Some flagged technical issues, the need for prolonged periods of concentration and it being more difficult to understand and absorb information and to support (unrepresented registrants in particular). There were concerns surrounding data protection, prolonged screen use and a perceived negative impact on working relationships between parties and on learning for panellists.

24.6 The representative bodies (RCN, Unite and UNISON) raised similar issues and similar positive factors to those outlined above. They agreed that virtual hearings have a place in our processes, albeit all felt it was too early to judge the remit of this. They felt that registrants should be able to choose if their hearing is held virtually (a point others also raised) and that it is unreasonable they should have persuade us of their doubts on what is a new and relatively untested way of conducting hearings. They also raised the need for further research, review and a strong evidence base to properly consider the use of virtual hearings, particularly given the limited experience we have so far, mainly of complex cases. They also raise the need to assess outcomes, particularly for unrepresented registrants and in relation to protected characteristics and to put in place measures to protect against disadvantage. All urged us to review the use of virtual hearings at a later date after a thorough evaluation, with UNISON suggesting a cross-regulator review to ensure consistency and fairness.

24.7 The PSA raised the need to seek further feedback from those involved (a point others also raised) and regularly review our Observations Guidance, general information and information on available adjustments.

24.8 Our experience of virtual hearings has shown that there are sometimes technical difficulties and a need for more breaks. We are looking at how to reduce the technical issues and how to improve support measures for registrants. Our experience of virtual substantive hearings, such as our final fitness to practise hearings, registration appeals, incorrect or fraudulent entry cases and restoration hearings, is developing and we will need to continue engaging with those involved in our proceedings, including the representative bodies. We will keep our processes under review and update our guidance as advised by Mr Dunlop.

Our proposed approach

25 In the light of the above our proposed approach is that:

25.1 We will continue to hold meetings (i.e. hearings on the papers) virtually unless there is a good reason not to;

25.2 We will continue to hold hearings virtually where it is fair and practical to do so. The emergency guidance sets out a non-exhaustive list of factors to be considered in determining whether a hearing should be held virtually or with some or all parties attending our hearings centre and will be amended in line with recommendations made in the legal review. We will review this again at the end of the emergency period; however we expect the broad principles will continue to apply after the emergency has ended.

26 We also ask the Council to note that:

26.1 As outlined above we will make revisions to our emergency guidance in line with the recommendations in the legal advice (we anticipate we can do this by the end of April 2021). We will review our emergency guidance regularly during the emergency in order to reflect our growing experience and any developments in case law.

26.2 We also plan to review our emergency guidance at the end of the emergency period. The registrant's views on whether a virtual hearing is suitable will remain a relevant, but not the determinative factor. Where there is disagreement this will be decided in accordance with the process set out in our emergency guidance.

26.3 We will engage with our stakeholders in the usual way in order to reflect anything that might change as a result of the emergency being over.

26.4 We will continue to seek feedback from those attending our virtual hearings by way of a survey at the conclusion of a virtual hearing. We will consider this feedback when we review our emergency guidance.

How we allow members of the public to access our hearings

27 Rule 19 of The Nursing and Midwifery Council (Fitness to Practise) Rules 2004 says that our hearings must be open to the public except in certain circumstances, such as when someone's health is being discussed.

28 Our current approach to allowing public access to our hearings is to provide audio access from an observer's own private setting, and to provide visual and audio access at our hearings centre where we can accommodate this. In the consultation we explained our approach and summarised the approaches that other regulators are taking. These range from the less restrictive, that is, allowing visual access from private settings[1], to those such as the Medical Practitioners Tribunal Service (MPTS) who are taking a more restrictive approach in allowing public access only by attendance at their hearings centre. We went on to say that we were considering allowing visual access from a private setting in order to make sure our hearings are as open and transparent as possible.

29 Responses to this question ranged from respondents who felt that the public should not be able to observe hearings, to those who felt that we must offer visual access from private settings.

30 Comments from respondents are summarised below:

30.1 Concerns related to the risk of observers making recordings, broadcasting and/or screenshots being taken, not knowing who was observing and feeling this exposed the registrant and witnesses, potentially making them reluctant to engage. There were also concerns about technical capacity and difficulties in running a hearing virtually. Some respondents noted that there would be a difference between our approach and that of MPTS in that there could be different levels of public access to hearings for nurses and doctors involved in the same incidents.

30.2 At the other end of the spectrum, some respondents said that public scrutiny is essential; observers can be muted and removed from hearings; ease of access for all; and reductions in travel and costs. The need to allow visual access as a reasonable adjustment was also flagged.

30.3 The PSA expressed support for allowing visual access from private settings in order to allow maximum accessibility. Whilst they recognised the concerns surrounding privacy and information security they felt there was now experience in providing public access and that regulators had identified solutions to deal with this.

[1] This is the approach adopted by the following regulators: General Pharmaceutical Council, General Optical Council, General Dental Council and The Health and Care Professions Tribunal Service. It appears from their website that this is also the approach adopted by the Solicitors Disciplinary Tribunal and the Bar Tribunal and Adjudication Service.

30.4 The representative bodies (RCN, Unite and UNISON) felt that public access was best provided by requiring observers to attend at one of our hearings centres in order to protect against the risk of recordings, live transmission and screen shots being taken and witnesses being coached or evidence being shared with them. They felt that allowing access outside of a hearings centre exposed registrants and witnesses to avoidable risk and distress and may make them less willing to participate. They also raised the need for parity with MPTS in our approach and felt that allowing public access at a hearings centre and offering transcripts of proceedings satisfied the need for open justice without exposing registrants and witnesses to risk.

30.5 The breakdown of the results from the online survey are contained in the report. In summary, more supported visual access from a hearings centre and audio access from a private setting than those who did not. Fewer than half of those responding (39 percent) supported visual access from a private setting. However, it is worthy of note that respondents with a disability were much more likely to be in favour both of visual and audio access from a private setting.

31 We need to balance the risks and benefits to all parties in allowing observers access to our hearings. We think we must do more than offer access from our hearings centres in order to allow for open justice. We believe that our protocol around access clearly sets out the expectation of observers and affords control and protection over access. We think that the risk of someone recording a hearing when they are allowed audio access from their own private setting is no greater than it would be when at a hearings centre.

32 We recognise the greater risk to both registrants and witnesses in allowing visual access to individuals in a private setting. The risk of screenshots or video recordings being taken is increased in a private setting and we do not think, at this stage, that we have identified sufficient measures to protect against these risks. We feel that allowing visual access from a private setting may impact on registrants' and witnesses' ability to engage, which could affect the fairness of the proceedings. We are therefore of the view that we should not allow visual access from a private setting other than as a reasonable adjustment. We are also suggesting a minor addition to the protocol, which must be agreed by members of the public accessing our proceedings from their own premises. This addition will set out that other people should only be present with an observer where we have those people's details and they have confirmed with us that they will comply with the protocol.

Our proposed approach

33 Our approach sits in the middle of the approaches taken by other regulators and affords us flexibility in balancing need and risks.

34 We intend to adopt the approach below and as indicated this will be subject to our reasonable adjustments policy.

34.1 We will continue to offer audio-only access to virtual hearings for members of the public with a minor change to the protocol to make it clear that there must only be others present with an observer if we have those people's details and they have confirmed with us that they will comply with the protocol.

34.2 Members of the public wishing to attend our virtual hearings will be able to attend our hearings centre to view the live video stream, with a member of NMC staff present.

34.3 Video access for members of the public from their own premises will be considered when requested as a reasonable adjustment. This will usually be where someone is unable to travel to a hearings centre, audio access on its own would cause them difficulty and the protections outlined in the legal advice, summarised above, are in place.

34.4 We will continue to keep this under review in order to make sure we take on board our own and other regulators' experience, consider any relevant developments and properly balance competing interests.

34.5 We will continue to publish hearing outcomes as usual and the current rights of registrants and (where relevant) members of the public to obtain hearing transcripts will continue to apply.

Constitution of panels

35 The changes to our rules allow us to hold meetings and hearings where we do not have a panel member who is a nurse, midwife or nursing associate, and to have panels of two members rather than three.

36 We recognise that it is important to have the experience of a registrant panel member, and that having three panellists allows for a greater range of views and experience to contribute to the decision making. These provisions make sure that our hearings are fair.

37 We have not needed to use either power during the emergency period. Our approach, as stated in our consultation, is that we do not intend to use our power to have a panel without a nurse, midwife or nursing associate, outside of a national emergency.

38 In relation to our power to have panels of two members rather than three, we considered that there could be very limited circumstances outside the emergency period where we may want to use this power. For example, where a hearing has already started, a non-registrant panel member cannot continue (for example due to illness) and adjourning the hearing would result in substantial delay to the proceedings. In these circumstances, both the NMC and the nurse, midwife or nursing associate would have to agree to proceed with a two-member panel.

39 We therefore consulted on the following questions:-

We don't intend to use our power to have a panel without a nurse, midwife or nursing associate member, outside of a national emergency. Do you agree with this approach?

Please tell us if you think there are any other circumstances where it would be reasonable for us to have a panel without a registrant member.

What do you think the exceptional circumstances should be where we would have a panel with two members?

40 Overall, there was support for our approach with 55 percent of online respondents agreeing with our position not to use our power to have a panel without a nurse, midwife or nursing associate member, outside of a national emergency. 41 percent disagreed with our approach, with respondents typically saying it may be acceptable to have a panel without a registrant member outside a national emergency where finding a replacement would cause severe delay to the hearing, or if the panellist fell ill or became otherwise unavailable once the hearing had started. A more significant number felt we should not use this power even during an emergency. 85 percent of respondents believed that there were no circumstances outside an emergency in which it would be reasonable to have a panel without a registrant member. A minority of 11 percent were of the view that a panel could be convened without a registrant member in exceptional circumstances.

41 In relation to the use of panels with two members rather than three, the majority of respondents did not think it would be fair to proceed with two-member panels, particularly if a registrant member was not in attendance.

Sending notices of our meetings and hearings by email

42 The rules amended the provisions for the service of documents to allow for electronic service to the registrant's nominated e-mail address.

43 Our current approach is to send notices by secure email where we have an approved email address, that being an email address which is recorded on our register or is an address which the nurse, midwife or nursing associate has used to communicate with us in the past or has directly told us about. If we do not have an approved email address, we send notice by recorded delivery to the registered postal address. The secure email system sends us a notification once the email has been opened by the recipient.

44 In the consultation, we asked:

Do you think the NMC should continue to send notices of its hearings and meetings by secure email?

45 The vast majority of respondents agreed that the NMC should continue to send notices by email, once the emergency period ends. Respondents raised concerns around using email instead of post in all cases; difficulties accessing documents through the secure email system; costs implications to the registrant in having to print materials; suggesting the NMC should send everything by email and should follow up an email with a telephone call.

Our proposed approach

46 We consider that the concerns raised can be addressed through safeguards in our process, which we clearly communicate to all concerned. For example, we only use email where we have an approved email address. Where we do not receive notification that the email has been opened by the recipient, we can follow this up with a telephone call. We can provide printed copies of documents where this is requested.

47 Accordingly, we propose to continue to send notices by email where we have an approved email address. If we do not have an approved email address, we will send the notice by recorded delivery. We will continue to offer reasonable adjustments in accordance with our policy.

48 **Recommendations: the Council is invited to agree:**

48.1 **To the continued use of the powers granted under The Nursing and Midwifery Council (Emergency Procedures) (Amendment) Rules 2020 Order of Council 2020, as amended by the Nursing and Midwifery Council (Coronavirus) (Amendment) (No.2) Rules Order of Council 2020:**

- **beyond 31 March 2021; and**
- **once the emergency period has ended.**

48.2 **That we will not use the power to hold hearings without a nurse, midwife or nursing associate panellist being present, outside of a national emergency. This includes virtual hearings and hearings with some or all parties attending a hearings centre.**

48.3 **That we will use panels of two members rather than three in rare and exceptional circumstances only.**

Allowing extensions for revalidation and fee payment

49 The rules allow us to grant an extension of any length of time to nurses, midwives and nursing associates to prepare and submit a revalidation application and pay their annual fee. We have used this power during the emergency period to support nurses, midwives and nursing associates due to revalidate, by extending their revalidation application date by 12 or 24 weeks.

50 Prior to the emergency period, our policy was to grant extensions of up to six weeks in exceptional circumstances, for example as a reasonable adjustment. This is set out in our published guidance on 'how to revalidate'.

51 Beyond 31 March 2021 and once the emergency period has ended, we propose to use our power to grant extensions of time in the same way as we previously granted these. That is, we will grant an extension of time in exceptional circumstances only, usually to make a reasonable adjustment. Revalidation is a key part of the professional lives of nurses, midwives and nursing associates. It helps them to maintain safe and effective practice by supporting them to update their knowledge and develop new skills.

52 A significant majority of respondents agreed with our proposed approach and commented that a limited extension time should be allowed as a reasonable adjustment, to ensure that all nurses, midwives and nursing associates are able to practise safely and effectively and are up to date in their skills and knowledge. Some highlighted the need for a clear policy to make sure this operated in a fair way. A few suggested we offer extensions in broader circumstances and a few felt an extension would never be necessary.

53 **Recommendation: the Council is asked to agree that we continue to grant extensions to revalidation application dates in exceptional circumstances, usually as a reasonable adjustment, in line with our approach prior to the emergency period and as set out in our 'how to revalidate' guidance.**

Other responses

54 In our consultation we left space for people to tell us about anything else they wanted to in relation to whether and how we should use our powers under the rules after the emergency period ends. Some responded to highlight issues in relation to the emergency generally raising concerns about delays in our processes, the need to audit referrals and to suspend registrant's fees. Some commended how regulators have worked well together during this time. Others addressed issues outside of the emergency. Where these responses related to the emergency rules they have been considered alongside the relevant question. The need for regular review of the use of our powers under the rules and further evidence was raised by a number of people but apart from this, no other issues were raised in relation to the emergency rules.

55 An additional point for the Council to note is that the rules also allow us to extend the appointment of any panel member who as of 20 March 2020 was serving a second term. This has helped us during the emergency period as it would have been difficult to recruit and train new panel members. We will not need to use this power after the emergency period and for that reason, we did not consult on this.

Next Steps

56 If the Council agrees with our recommendations, we will review and update our emergency guidance and processes to reflect the recommendations in the legal advice and to explain that our use of our new powers will extend beyond the emergency period. At the end of the emergency period we will review our guidance and will clearly explain how we will use our powers. We will also engage with our external stakeholders about this and seek a legal review of our guidance on how we will operate once the emergency is over.

57 **Recommendation: the Council is asked to agree that our guidance on how we use the powers be amended to reflect the approaches set out in this paper; and that at the end of the emergency period, we review our guidance and clearly explain the continuing use of our emergency powers.**

Public protection implications:

58 The proposals intend to make sure that we continue to deliver our overarching objective to protect the public.

Resource implications:

59 None.

Equality diversity and inclusion implications:

60 We ensured our qualitative research was held with diverse groups and took steps to ensure that people with key protected characteristics relevant to the fitness to practise process participated in the qualitative research. For a full breakdown of the diversity of those who took part, see **annexe 2**.

61 EQIAs were completed in 2020 in relation to virtual hearings and public access to virtual hearings. There were similarities in the protected groups who were identified as potentially being impacted in both. These assessments identified that the relevant protected characteristics which were most likely to be affected by our approach include age, race, disability and those with caring responsibilities or from lower socio economic groups. Both positive and negative impacts for these groups were identified. There were also some potential negative impacts identified in relation to people with certain religious beliefs, people who cannot read and people suffering from domestic violence/coercive control. Individuals may fall into more than one protected group and therefore it was important to consider each individual's needs.

62 Our guidance sets out factors to consider in deciding whether a hearing should be virtual or held at our hearings centres. The guidance and our ability to consider reasonable adjustments both at a virtual hearing and in enabling public access allow us the flexibility to make sure that any potential negative impacts are dealt with and that barriers are removed so that no group is particularly disadvantaged.

Stakeholder engagement:

63 Before and during the consultation period we undertook stakeholder engagement which included virtual briefing events with the public, and focus and discussion groups with the representative bodies.

64 We will continue to engage with external stakeholders and staff on the use of our new powers under the rules, once the emergency period has ended.

Risk implications:

65 We are still developing our experience of conducting virtual substantive hearings. We will need to continue to consult with people who have been involved in virtual substantive hearings about their experiences. We will also need to continually review our guidance in light of our own and other regulators' experience of running virtual hearings, and any other considerations that emerge and adapt our approach as a result.

Legal implications:

66 Our proposals will be delivered within our existing legislative framework and in line with the legal review, which looked at a range of legal implications.

Nursing & Midwifery Council

A public consultation on **the continued use of our new powers arising from the coronavirus pandemic**

Contents

1. About us

Our vision is safe, effective and kind nursing and midwifery that improves everyone's health and wellbeing. As the professional regulator of more than 700,000 nursing and midwifery professionals, we have an important role to play in making this a reality.

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

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

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

Our strategy 2020–2025 outlines our values. Our values underpin everything we do. They shape how we think and act. We are:

- fair
- kind
- collaborative
- ambitious.

We also look to make improvements and be innovative in order to provide better customer service and to maximise the public benefit from what we do.

2. Introduction

The measures introduced in response to the coronavirus pandemic by the government and devolved administrations in March 2020 meant that we could no longer continue to work in the same way. In order to allow us to continue to perform our regulatory functions, including our vital public protection activities, and keep nurses, midwives and nursing associates working at this crucial time, the Department of Health and Social Care (DHSC) introduced some rules[1] ('the rules'). These came into force on 31 March 2020 and gave us powers to make changes to our operating procedures in fitness to practise and registrations.

Due to the circumstances in which the changes were introduced, we were unable to undertake a full consultation with our stakeholders. We did however discuss the changes with the DHSC, our public support steering group and relevant trade union and representative bodies. We've also held regular meetings with the trade unions and representative bodies to discuss the impact of the changes to our operating procedures, and how our powers are working in practice.

The rules initially contained a 'sunset clause' stating that the provisions would come to an end when the emergency was declared to be over. DHSC later amended the rules because of the uncertainty surrounding the pandemic and the risk of further 'waves'. These amendments[2] came into effect on 31 August 2020 and the sunset clause was removed, which means that the rules now have no end date.

At our open Council session in July 2020, we committed to holding a full public consultation by 31 March 2021 on the changes brought in by the rules and the continued use of our powers. We also agreed not to use these powers beyond the end of March 2021 in a non-emergency period, without undertaking this consultation.

The consultation is set to run from 4 November 2020 to 15 January 2021. We will then analyse the responses and prepare a report for our Council to consider at their meeting on 24 March 2021, along with any other relevant information and evidence. Our Council will decide whether and how we should use our powers arising from the coronavirus pandemic beyond 31 March 2021, after any emergency period ends.

In the event that the emergency period lasts beyond the end of March 2021, we'll continue to use our powers under the rules. We'll take on board any feedback we receive as part of this consultation and may change our processes where appropriate.

The consultation does not cover the temporary registration processes for nurses, midwives and nursing associates. This is because these processes are covered by the Coronavirus Act 2020, and not by the new rules and these changes are not permanent as the temporary register will close when the emergency is declared to be over.[3]

[1] The Nursing and Midwifery Council (Emergency Procedures) (Amendment) Rules 2020 Order of Council 2020

[2] The Nursing and Midwifery Council (Coronavirus) (Amendment) (No. 2) Rules Order of Council 2020

[3] The Coronavirus Act 2020 inserted a new provision into The Nursing and Midwifery Order 2001 in the form of article 9A, which covers our temporary registration process.

3. Background

The rules that were introduced on 31 March 2020 made changes in relation to two main areas of our work:

i. Fitness to practise (FtP) processes and registration appeals
ii. Revalidation and fee payment

The FtP process and registration appeal changes enabled:

- Hearings and meetings to take place fully by video-conference, audio-link and telephone, rather than face-to-face
- Service of notices of hearing by email rather than post
- The Council to extend the appointment of any panel member who as of the 3 March 2020 was serving a second term (as many of our panel members would have come to the end of their second term and it would have been difficult to recruit and train new panel members during the emergency)
- The reduction of the quorum of an FtP panel event to two and the waiver of the requirement for one FtP panel member to be a registrant (this was important as we were aware of the potential need to free up colleagues on our register from panel duties to prioritise their work in the health and care system)

The revalidation and fee payment changes were as follows:

- Powers to consider an extension of any length of time for revalidation
- Powers to extend the time for nurses, midwives and nursing associates to pay their annual fee

FtP processes and registration appeals

Virtual meetings and hearings

The measures put in place in response to the coronavirus pandemic by the government and devolved administrations meant that we couldn't continue to hold meetings and hearings in the same way. Before the emergency period, meeting panels would meet face-to-face (no one else attends meetings; the panel make their decision on the papers). Hearings could be held with individuals attending by video-link or telephone, but we hadn't previously had hearings with all parties attending virtually.

The changes to our rules have allowed us to continue holding meetings and hearings to consider concerns raised about nurses, midwives or nursing associates, and make sure that safe and effective care is provided to the public. We've also been able to allow nurses, midwives and nursing associates who had restrictions on their practice to return to work as soon as possible, where they were able to demonstrate safe practice.

We initially limited virtual meetings and hearings to matters with an immediate risk to the public. That is, applications and reviews of interim orders, and substantive order reviews[4]. As we've gained experience of running virtual events, we have expanded these to include all types of fitness to practise and registration events.[5] We started to hold Covid secure face-to-face hearings at our hearing centres from 14 September 2020 (although some parties may still attend virtually). We published guidance setting out a non-exhaustive list of factors we'd consider in deciding whether a hearing should be held entirely virtually, or with some or all parties attending a hearings centre.

The PSA have also issued guidance on the use of fitness to practise hearings during the pandemic.

Public access to hearings

Rule 19 of The Nursing and Midwifery Council (Fitness to Practise) Rules 2004 says that our hearings must be open to the public except in certain circumstances, such as when someone's health is being discussed. When we started holding virtual hearings in March 2020, we did not allow observers to attend these hearings because the rules amended Rule 19, so it didn't apply to hearings conducted by audio or video conferencing. This meant that we could focus on making sure that all parties to the virtual hearing could participate in the proceedings. We continued to make sure that our processes were transparent during this time by making transcripts of the hearings available, and by continuing to publish panel decisions and reasons.

Rule 19 came back into use on 31 August 2020 with the changes that DHSC made to the rules. This meant that virtual hearings and hearings with some or all parties attending a hearing centre, had to be open to the public (except in certain circumstances as outlined above). Our capacity to allow observers at our hearing centres has however been limited by the need for social distancing. We have limited the number of observers at our virtual hearings in order to make sure that our hearings run smoothly. We currently offer audio access to our hearings. Observers can also view events on a screen at a hearings centre where we have capacity to facilitate this. We made this decision to balance allowing public access to our hearings with concerns that were raised about protecting participants from the risk that observers could record or take screenshots of the proceedings.

The section of our website on 'hearings' provides information on how members of the public can observe a virtual hearing. We clearly set out that observers mustn't take digital recordings, photos or screenshots of the hearing and observers must agree to this when asking to observe a hearing. Observers shouldn't communicate with any of the parties during the hearing, or the panel could exclude them.

A number of regulators have taken a different approach and allow observers attending virtually to view a video stream of the proceedings from their own premises.[6] At least one regulator has decided to set up a viewing gallery at their hearings centre to allow observers

[4] The glossary explains what interim orders and substantive order reviews are.

[5] These events include substantive meetings and hearings (including resuming hearings), incorrect entry or fraudulent entry cases, registration appeals, restoration hearings and administrative meetings and hearings which assist in taking a case forward to its substantive outcome.

[6] This is the approach adopted by the following regulators: General Pharmaceutical Council, General Optical Council, General Dental Council, The Health and Care Professions Tribunal Service and Social Work England. It appears from their website that this is also the approach adopted by the Solicitors Disciplinary Tribunal and the Bar Tribunal and Adjudication Service

to view virtual hearings on a screen there.[7] Going forward, we're considering whether to adopt a similar approach and allow remote visual access from observers' own premises in addition to observers being able to attend our hearing centres and view proceedings on a screen. This is to make sure that our hearings are as open and transparent as possible, in light of our objective to act in the public interest.

Constitution and appointment of panel members

As we've discussed with the relevant representative bodies and trade unions, we don't think there are circumstances outside of the emergency period in which we would use the power to hold a panel event with only two panellists or where we don't have a panel member who is a nurse, midwife or nursing associate.

We recognise the importance of having the experience of a registrant panel member and that having three panellists allows for a greater range of views and experience to contribute to decision making. We think these provisions make sure that our meetings and hearings are fair and there are probably very limited circumstances in which we could justify relaxing these rules outside an emergency when the availability of panel members is not impacted.

The power to extend the appointment of any panel member serving a second term has helped us during the emergency period. It would have been difficult to recruit and train new panel members during that time and this could have led to a shortage of panel members. Our use of this power was limited to the emergency period and we won't need to use it outside the emergency. We are therefore not asking a question in relation to this power.

Sending notices of our events

We send notices to the nurse, midwife or nursing associate so they know when their hearing will be held or, if the case is progressing to a meeting, the date that their case will be considered on or after. Where we have an approved email address for them we will send notice by secure email. An approved email address is one which is recorded on our register or is an address which the nurse, midwife or nursing associate has used to communicate with us in the past, told us about in the course of previous correspondence or provided to us over the phone in response to a request for updated contact details. If a third party such as an employer provides us with an email address we won't treat this as an approved email address until the nurse, midwife or nursing associate confirms it is correct. If we don't have an approved email address we'll send the notice by recorded delivery to the address which is on our register, as we used to before the rule change.

[7] Medical Practitioners Tribunal Service

Revalidation and fee payment

Our powers under the rules allow us to grant an extension of any length of time to nurses, midwives and nursing associates, to prepare and submit a revalidation application and pay their annual fee. Prior to this change, we could grant a revalidation extension of up to three months. This new power has allowed us to support our nurses, midwives and nursing associates to carry on working as registered professionals where they, and those supporting their applications, need more time to meet our renewal requirements because they have been impacted by the coronavirus emergency.

Revalidation is a key part of the professional lives of nurses, midwives and nursing associates: it helps them to maintain safe and effective practice by supporting them to update their knowledge and develop new skills. We also know that most of our nurses, midwives and nursing associates want to revalidate and submit their application on time. Going forward, we would therefore like to use this power only in limited circumstances in a non-emergency period.

Our experience of using our powers under the rules

Our experience and knowledge of virtual hearings is developing. We're continuing to review the changes to our processes so that we can continue to improve the way we work. We're engaging in ongoing conversations with the relevant representative bodies and trade unions. We've also sought feedback from those who have participated in virtual hearings. This has all helped us to update and improve our guidance and processes and make sure that our virtual hearings are as effective as possible.

We have gathered some data for virtual interim order application hearings held in April and May and compared this to interim order application hearings held in January and February (which were held at a hearings centre, although some registrants may have attended virtually). We did this to try and get a sense of how virtual hearings compared to face-to-face hearings in relation to a number of factors. The data tables are contained in annexe 1.

Comparing the tables for physical hearings against virtual hearings we can see that:

- There were a very similar number of hearings held over the two periods,
- There was no notable difference in the number of adjournments being granted,
- There was no difference in the likelihood that an interim order would be granted,
- There was a slight reduction in interim conditions of practice orders being granted and a slight increase in interim suspension orders being granted in the virtual hearings sample,
- There was no clear indication that it was more likely a nurse, midwife or nursing associate would be represented at either type of hearing, and so other variables seem to be the reason for the change in levels here,

Between 23 March 2020 and 16 October 2020 we held 1832 virtual hearings and meetings. 1368 of the 1832 were hearings. During this time we have seen real benefits in conducting our meetings and hearings virtually. We would like to continue holding all meetings virtually,

unless there is a good reason for us not to do so. Holding hearings virtually, or with some or all parties attending our hearings centre, has allowed for more flexibility and means we are not just holding hearings in the capital cities of the four countries of the UK. There are a number of advantages to all parties in not needing to travel or stay away from home, saving travelling time and associated travel and accommodation costs.

Experiences of other parties

We know that there are a number of differing views about virtual hearings. For some people, holding hearings virtually helps them to engage with the process and NMC colleagues involved in our hearings have reported an increased level of participation from registrants[8]. In line with our strategy, we want to use new ways of working where they bring real benefits both to us and those involved in our processes.

We understand that not everyone shares this view and it's important that we take all opinions and experiences into account so that we can decide whether and how we might use our powers once the emergency period has come to an end.

We also know that not everyone feels comfortable using video conferencing technology, may not have access to it, or may require the support that can be offered by physically attending a hearings centre. Our representative bodies have commented that we need to consider data security and therefore this needs to be balanced against the requirement to hold our hearings in public.

8 Our systems do not capture the data on registrant attendance.

4. How to respond to the consultation

You can respond via the following link: **www.nmc.org.uk/covid19-rules-consultation**

If you can't submit your response using the online survey, please

contact us at **consultations@nmc-uk.org** for an alternative format.

You can also use this email address if you have any questions.

All consultation questions are optional except for the 'About you' questions. This shows us if we have engaged with a diverse and broad range of people. Responses on behalf of organisations will be analysed separately from responses from individuals, so it's important that we know which capacity you are responding in.

If you're responding on behalf of an organisation we'll ask for your name and the organisation's name. However, you have the option to remain anonymous if you wish.

If you're responding as an individual we won't ask for your name. Therefore you won't be able to change your responses after you have submitted them. We also won't be able to provide a record of your responses.

The consultation will run from 4 November 2020 until 15 January 2021. Any responses received after this time won't be included in the analysis of the consultation responses.

5. Questions

This section contains the questions we're asking in this consultation.

Our experience and knowledge of using our powers under the rules during the emergency period continues to develop. We're now considering whether and how we may want to use these powers once the emergency period ends, in a way that aligns with our strategic aims and our values of being kind, fair, collaborative and ambitious.

The responses we receive to these questions will inform our thinking and help our Council to make a decision about whether and how we should continue to use these powers in a non-emergency period.

The responses we receive may also inform how we are using our powers during the emergency period, and whether we need to make any changes to our current processes.

Fitness to practise and registration appeal and hearings

We'd like to continue holding hearings virtually once the emergency period ends, so long as we can do so in a way which is practical and fair for everyone involved

1. **Do you think there are any reasons why we shouldn't continue to hold hearings virtually, once the emergency period ends?**

   Yes / No / Don't know

   Please explain your answer.

Public Access

Our rules say that our hearings must be open to the public except in certain circumstances, such as when someone's health is being discussed. Our current approach to virtual hearings is to allow observers to have audio access from their own private setting. We don't currently allow observers to have remote visual access to our virtual hearings. If observers want to view a virtual hearing, they can attend our hearings centre and we will display the virtual hearing on a screen where we have capacity to do so.

2. **How do you think that members of the public should have access to our virtual hearings?**

   Please explain the reasons for your answer.

Constitution of panels

The changes to our rules allow us to hold meetings and hearings where:

- we do not have a panel member who is a nurse, midwife or nursing associate
- we have panels of two panel members rather than three

We don't intend to use our power to have a panel without a nurse, midwife or nursing associate member, outside of a national emergency.

3 (a). Do you agree with this approach?

Yes / No / Don't know

3(b). Please tell us if you think there are any other circumstances where it would be reasonable for us to have a panel without a registrant member.

We would use our power to have a panel of two members (ie one lay member and one nurse, midwife or nursing associate) in exceptional circumstances only. Our current approach where a panel has started hearing a matter and one panel member is unable to continue (for example, due to illness or incapacity), is to carry on with the hearing with a new panel member. We intend to continue with our current approach, however we are interested in hearing your views as to whether there are circumstances where we could have panels with two members.

3(c). What do you think the exceptional circumstances should be where we would have a panel with two members?

Sending notices of meetings and hearings

The changes to our rules allow us to send notices of our hearings and meeting by email.

4. Do you think we should continue to send notices of our hearings and meetings by secure email?

Yes / No / Don't know

Please explain the reasons for your answer.

Revalidation and fee payment

We only grant revalidation and fee payment extensions in limited circumstances. This may be, for example, where there has been an unforeseen event such as illness or a recent bereavement that has prevented a nurse, midwife or nurses associate from completing their revalidation application or paying their fee on time.

5. Do you think we should continue to grant revalidation and fee payment extensions in limited circumstances such as those outlined above?

Yes / No / Don't know

Please explain the reasons for your answer.

6. If there is anything else you would like to comment on in relation to whether and how we should use our powers under the rules after the emergency period ends, please do so here.

Have your say at www.nmc.org.uk/covid19-rules-consultation

6. About You

If you are responding in this section, **this** is how we will use the data you provide.

1. **Are you responding as an individual or on behalf of an organisation (select only one)**

   - Individual (go to Responding as an individual section)
   - Organisation (go to Responding as an organisation section)
   - Other (please give details)

Responding as an organisation

2. **Does your organisation officially represent the views of nurses, midwives or nursing associates and/or the public that share any of the following protected characteristics? (select all that apply)**

   - Older (e.g. 65 years and over)
   - Younger (e.g. under 18 years of age)
   - Disabled (including mental health)
   - Ethnic minorities
   - Gender-based difference
   - Lesbian, Gay and/or Bisexual
   - Trans/gender diversity
   - Pregnancy/maternity
   - Religion or belief

3. **Please select the options that best describes the type of organisation you are representing (select all that apply)**

   a. Government department or public body
   b. Local authority
   c. Regulatory body
   d. Professional organisation or trade union
   e. Employer of nurses, midwives and/or nursing associates
   f. Agency for nurses, midwives and/or nursing associates
   g. Education provider
   h. Consumer or patient organisation
   i. Other (give details)

4. **Does your organisation represent/work any of the countries/regions below (select all that apply)**

- England
- Wales
- Scotland
- Northern Ireland
- UK wide
- EEA
- Outside EEA

5. **Please tell us the name of your organisation**

Responding as an individual

6. **Which of the following best describes you?**

- Nurse (including nurse SCPHN)
- Midwife (including midwife SCPHN)
- Nurse and midwife (including nurse and midwife SCPHN)
- Nursing associate
- Student of any of the above professions
- Retired from any of the above professions
- Other health and care professional
- Member of the public
- Representative of an advocacy group/organisation (go to question 3)
- Educator
- Employer
- Researcher
- Other (give details)
- Prefer not to say

7. **What is your country of residence (select one option only)**

- England
- Northern Ireland
- Scotland
- Wales
- EEA/EU
- Outside of the EEA/EU
- Prefer not to say

8. Do you work in the same country where you live?

- Yes
- No

8.1 [If no], please tell us which country you work in (select one option only)

- England
- Northern Ireland
- Scotland
- Wales
- EEA/EU
- Outside of the EEA/EU
- Prefer not to say

Diversity monitoring

Please complete this survey about your background

We are committed to treating everyone fairly and meeting our legal responsibilities under the Equality Act 2010 and related legislation. We will use this information to better understand if we are engaging with a diverse and broad range of people. In this section we ask for information about your background. Specifically, we use this information when we analyse responses to make sure we understand the impact of our proposals on diverse groups. Although we will use this information in the analysis of the consultation response, we will not publish this information linked to your individual feedback.

Giving us this information is optional and will be anonymised in publication/reports.

About you

9. What is your age?

- Age under 20
- Age between 21 – 30
- Age between 31 – 40
- Age between 41 – 50
- Age between 51 – 55
- Age between 56 – 60
- Age between 61 – 65
- Age between 66 – 70
- Age between 71 – 75
- Age above 75
- Prefer not to say

10. Do you have caring responsibilities? Please tick all that apply.

- None
- Primary carer of a child or children (under 18 years)
- Primary carer of disabled child or children
- Primary carer of disabled adult (18 years and over)
- Primary carer of adult (18 years and over)
- Primary carer of older person or people (65 years and over)
- Secondary carer
- Prefer not to say
- Other (please specify)

The Equality Act 2010 defines a person as disabled if they have a physical or mental impairment, which has a substantial and long-term (i.e. has lasted or is expected to last at least 12 months) adverse effect on the person's ability to carry out normal day-to-day activities.

11. Do you have a disability?

- Yes
- No
- Prefer not to say

11.1 If you answered yes to the question above – please tell us if any of the below apply to you.

- Blind or sight loss
- Deaf or hearing loss
- Mobility
- Manual dexterity
- Learning disability
- Mental health concern
- Speech impairment
- Cognitive disability
- Other impairment - e.g. epilepsy, cardiovascular conditions, asthma, cancer, facial disfigurement, sickle cell anaemia, or progressive conditions such as motor neurone disease.
- Prefer not to say
- Other (please specify)

12. What is your ethnic group?

Please select only one option.

A: White

- British, English, Northern Irish, Scottish or Welsh
- Irish
- Gypsy or traveller
- Any other white background, please specify

B: Mixed or multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed or multiple ethnic background, please specify

C: Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Filipina/Filipino
- Any other Asian background, please specify

D: Black, African, Caribbean or black British

- Caribbean
- African
- Any other black, African, or Caribbean background, please specify

E: Other ethnic group

- Arab
- Any other ethnic group, please specify

F: Prefer not to say

13. What is your gender?

- A woman
- A man
- Other or self-describe
- Prefer not to say

14. Does your gender identity match your sex as registered at birth (or within 6 weeks)?

- Yes
- No
- Prefer not to say

15. How would you describe your national identity? Tick all that apply.

- British
- English
- Irish
- Northern Irish
- Scottish
- Welsh
- Other (please specify
- Prefer not to say

16. What is your religion or belief?

- No religion
- Christian
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Prefer not to say
- Any other religion please describe

17. Which of the following options best describes your sexual orientation?

- Bisexual
- Gay or lesbian
- Heterosexual or straight
- Prefer not to say
- Other (please specify)

7. What we'll do next

Our consultation will close on 15 January 2021. We'll then consider the responses and decide what action is appropriate. We'll draft a Consultation report, which will address the themes raised and any key points, and a paper for our Council to consider when deciding on the use of our new rules outside of an emergency.

We do not know what the situation will be in and beyond March 2021. We may still be in an emergency situation and need to continue to use all our powers whilst the emergency remains. Whilst our plan is that our Council will consider the outcome of the consultation alongside other relevant information at their meeting on 24 March 2021, we recognise that the emergency and surrounding circumstances may cause a delay to when Council is able to consider the use of the rules outside of an emergency.

We have carried out an equality impact assessment ('EQIA') and data protection impact assessment ('DPIA') on the changes brought in by the new powers. We know these can affect people in different ways and we want to make sure we have as much information as possible so that we can see how using these powers affects particular groups – both where this makes engagement easier and where it makes it harder. We will use the information provided in the consultation to input into our EQIA and DPIA and to inform our continued use of the powers both during and outside of the emergency period.

8. Glossary

Council
The Council is our governing body. It sets our strategic direction, takes key decisions and makes sure we fulfil our duty to protect the public.

Evidence
The panel will hear evidence from witnesses who attend the hearing and will also read documents. This is part of the evidence it will consider. The nurse, midwife or nursing associate may choose to bring witnesses with them to support their case. The nurse, midwife or nursing associate may also give evidence to the panel themselves.

Fitness to practise
Having the skills, knowledge, good health and good character to work as a nurse, midwife or nursing associate safely and effectively.

Fitness to Practise Committee
At the stage where a case has been referred for a hearing or meeting any case which needs to go to a fitness to practise panel will be considered by the Fitness to Practise Committee.

Fitness to Practise panel
This includes our Fitness to Practise Committee and our Investigating Committee. Both are made up of independent people who are appointed to be panel members on the respective committees.

Hearing: when the Fitness to Practise Committee panel meets to hear a disputed case about a nurse, midwife or nursing associate's fitness to practise. The hearing is made up of three stages: the facts stage, the impairment stage, and the sanction stage. The panel needs to make a fully reasoned decision at each stage. The nurse, midwife or nursing associate has a right to attend. Our case is explained by a case presenter, and the panel has a legal assessor to help them with points of law.

Impairment
We say that someone is impaired if we don't believe they are currently fit to practise. There are different categories under which we can find someone to be impaired, such as misconduct, lack of competence or health.

Interim order
If we think a nurse, midwife or nursing associate is a risk to the public, or themselves, during our investigation we will ask for an interim order. A panel can decide to temporarily restrict a nurse, midwife or nursing associate's practice, by applying for an interim conditions of practice order. Or if they think the risk is serious, they will stop them from practising until the investigation finishes. This is known as an interim suspension order.

Investigating Committee
At the initial stages of a referral before a case has been referred for a hearing or meeting any case which needs to go to a fitness to practise panel will be considered by the Investigating Committee.

Meeting
When a panel decides a case in private using the documents in the case.

The nurse, midwife or nursing associate doesn't attend but can send us submissions in advance. We will always publish the outcome on our website. Unless the case involved the nurse, midwife or nursing associate's health, we will normally publish the panel's reasons too.

Notice of meeting or hearing
We send notices to our registrants so they know when their hearing will be held or, if the case is progressing to a meeting, the date that their case will be considered on or after

Panel member
Panel members are independent people who are appointed as the decision makers at our meetings and hearings.

Preliminary meeting
A meeting in front of a panel member who has been appointed as Chair at which they can make decisions on how a case should proceed.

Registration appeal panels
The panel members appointed to our Registrations Appeal panel consider appeals made by people who we have not allowed to go on our register.

Registrant
A nurse, midwife or nursing associate who's registered with us.

Revalidation
The process all nurses, midwives and nursing associates need to follow to maintain their registration with us.

Sanction
A restriction a panel puts on someone's registration. This could be a caution, conditions of practice, suspension or striking off order.

Substantive order review
If a panel suspends a nurse, midwife or nursing associate, or puts restrictions on their practice, this will be for a set amount of time. Before this time is up a new panel must decide if the nurse, midwife or nursing associate has addressed their failings. They can decide to let the nurse, midwife or nursing associate return to practice, or extend or increase the sanction.

Suspension order
A panel may decide the best way to protect the public is to stop the nurse, midwife or nursing associate from practising for a period of time (up to 12 months). Before the time is up we may review the order to see whether it needs to continue.

Virtual meeting and hearings
An event where all parties attend by telephone, audio link or by video conferencing facilities.

Witness
Someone who gives written or oral evidence on a matter within their knowledge.

9. Annexe

Annexe 1

Data tables on virtual and physical hearings covering January and February for physical hearings and April and May for virtual hearings.

Hearing Outcomes	Physical Hearings	% of Total	Virtual Hearings	% of Total
IO Imposed	72	80	63	78
IO Not Necessary	11	12	13	16
Adjourned	6	7	3	4
Blank	1	1	2	2
Grand Total	**90**		**81**	

Figure 1: IO hearing outcomes for physical and virtual hearings

Hearing Outcomes	Physical Hearings	% of Total	Virtual Hearings	% of Total
Interim conditions of practice order	44	49	33	41
Interim Suspension Order	28	31	30	37
Interim order not necessary	11	12	13	16
Adjourned	6	7	3	4
Blank	1	1	2	2
Grand Total	**90**		**81**	

Figure 2: IO Hearing Outcomes for Physical and Virtual Hearings

Month	Total	Representation	Total	% of Total
January	44	Represented	28	64
		Not Represented	16	36
February	46	Represented	24	52
		Not Represented	22	48
April	44	Represented	31	70
		Not Represented	13	30
May	43	Represented	24	56
		Not Represented	19	44

Figure 3: IO hearings by registrant representation for January and February and April and May 2020.

Physical Hearings | Virtual Hearings

Pye Tait Consulting

Nursing & Midwifery Council

Continued use of new powers arising from the coronavirus pandemic

Consultation Analysis

February 2021

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Contents

1. Introduction

1.1 Background and context

1.1.1 About the NMC

The Nursing and Midwifery Council (NMC) regulates nurses, midwives, and nursing associates in England, Wales, Scotland, and Northern Ireland.

Its core roles are to:

- maintain the register of nurses and midwives who meet the requirements for registration in the UK, and nursing associates who meet the requirements for registration in England;
- set the requirements of the professional education that supports people to develop the knowledge, skills and behaviours required for entry to, or annotation on, the register;
- shape the practice of the professionals on the register by developing and promoting standards including the NMC's Code, and promotion of lifelong learning through revalidation; and
- investigate and, if needed, take action where serious concerns are raised about a nurse, midwife, or nursing associate's fitness to practise.

1.1.2 The Covid-19 pandemic

Measures introduced by the government and devolved administrations in March 2020 in response to the coronavirus pandemic meant that the NMC could no longer continue to work in the same way. To make sure that the NMC could continue to perform its regulatory functions, including vital public protection activities, and to keep nurses, midwives, and nursing associates working at this crucial time, the Department of Health and Social Care (DHSC) introduced some rules ("the rules").[1] These came into force on 31 March 2020, giving the NMC powers to make changes to its operating procedures with respect to fitness to practise (FtP) and registrations.

The rules that were introduced on 31 March 2020 made changes in relation to two main areas of the NMC's work:

- Fitness to practise processes and registration appeals
- Revalidation and fee payment

[1] NMC (Emergency Procedures) (Amendment) Rules 2020 Order of Council 2020

The FtP process and registration appeal changes enabled:

- hearings and meetings to take place fully by video-conference, audio-link and telephone, rather than face-to-face
- service of notices of hearing by email rather than post
- the Council to extend the appointment of any panel member who as of the 3 March 2020 was serving a second term (as many panel members would have come to the end of their second term and it would have been difficult to recruit and train new panel members during the emergency)
- the reduction of the quorum of an FtP panel event to two and the waiver of the requirement for one FtP panel member to be a registrant (this was important as the NMC was aware of the potential need to free up colleagues on the register from panel duties to prioritise their work in the health and care system).

The revalidation and fee payment changes were as follows:

- Powers to consider an extension of any length of time for revalidation; and
- Powers to extend the time for nurses, midwives, and nursing associates to pay their annual fee.

Due to the circumstances in which the changes were introduced, the NMC was unable to undertake a full consultation with stakeholders. It did, however, discuss the changes with the DHSC, its public support steering group, and relevant trade union and representative bodies. The NMC has also held regular meetings with the trade unions and representative bodies to discuss the impact of the changes on its operating procedures, and how its powers are working in practice.

The rules initially contained a "sunset clause" stating that the provisions would come to an end when the emergency was declared to be over. The DHSC later amended the rules because of the uncertainty surrounding the pandemic and the risk of further "waves". These amendments came into effect on 31 August 2020 and the sunset clause was removed. This means that the rules now have no prescribed end date.[2]

1.1.3 Consulting on emergency powers

At an open Council session in July 2020, the NMC committed to holding a full public consultation by 31 March 2021 on the changes brought in by the rules and the continued use of the emergency powers. At that time, the NMC also agreed not to use these powers beyond the end of March 2021 in a non-emergency period, without having first consulted stakeholders.

[2] NMC (Coronavirus) (Amendment) (No. 2) Rules Order of Council 2020

To that end, the NMC launched a consultation in the autumn of 2020. Between 4 November 2020 and 15 January 2021, a consultation on the continued use of the NMC's new powers was open to responses from both individuals – including professionals and members of the public – and stakeholder organisations including trade unions and representative bodies.

The NMC commissioned Pye Tait Consulting, an independent research agency, to undertake an analysis of the responses received to the online responses to this consultation, including the freeform responses received.

In addition to the online consultation, Pye Tait Consulting was commissioned to undertake qualitative fieldwork with "seldom heard" members of the public, undertaking focus groups and depth interviews with individuals using health and social care services to understand how the new powers could be used in the future and to understand their considerations / needs, and the implications of any changes being made.

This report presents the findings from the two activities organised for the consultation, and a summary may be found in Chapter 8.

1.2 Methodology

There were two main strands to the consultation.

Firstly, the NMC designed and hosted an online consultation which ran from 4 November 2020 until 15 January 2021. This consultation was open to responses from individuals including members of the public and nursing professionals, and stakeholder organisations including trade unions and representative bodies. An easy-read version and Welsh language equivalent version of the consultation were also available. A copy of the survey can be found in Appendix B.

Note: Some charts in this report may not total 100% due to rounding.

Secondly, the NMC commissioned Pye Tait Consulting to undertake qualitative research with members of the public from the following social groups:

- Gypsy Roma Traveller communities
- Refugee and asylum seekers
- People with learning disabilities and autism
- Carers
- LGBT+ groups
- Minority ethnic groups

A series of focus groups and in-depth interviews were undertaken over the course of December 2020 and January 2021. Pye Tait Consulting recruited participants and ran these groups and interviews. The topic guide and discussion guide used in the research were co-designed in partnership by Pye Tait and the NMC and questions cover the same topics within the online consultation.

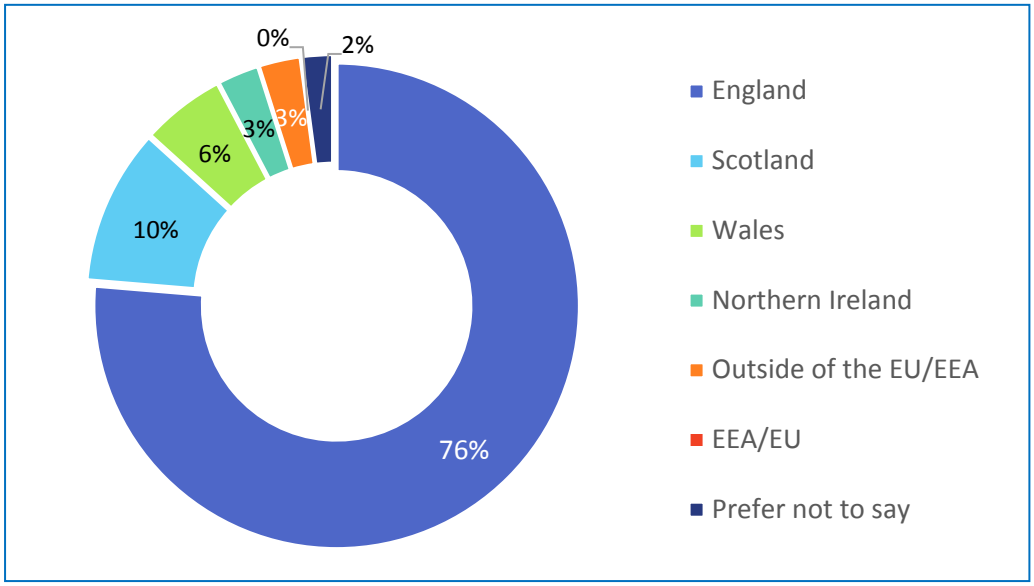
1.3 Respondent overview

1.3.1 Online consultation respondent profile

In total, 151 responses were received to the online consultation, of which four (3%) are from organisations and the others from individuals. In addition, nine freeform responses were received offline, of which eight were from organisations, and one from an individual.

Individual respondents to the online consultation are based across the four nations of the UK, with three quarters living in England (76%), and smaller proportions in Scotland (10%), Wales (6%), and Northern Ireland (3%). A small minority of survey respondents are based outside of the EU/EEA (3%).

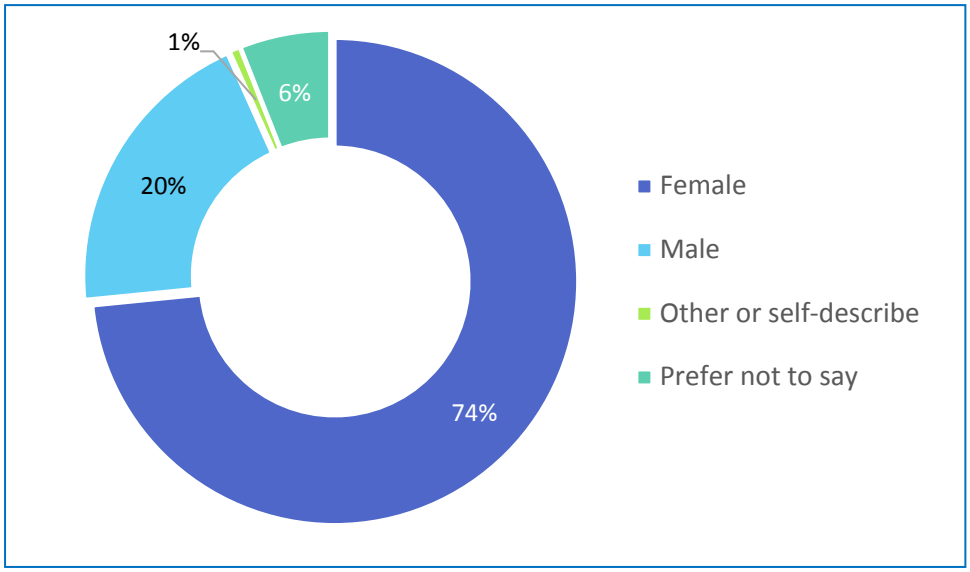
Figure 1 Respondent profile by nation



Base: 144 respondents. Source: NMC consultation, January 2021.

The majority of respondents to the online consultation are women (74%) while men account for a fifth (20%) of all respondents. A minority (7%) prefer not to state their gender, or identified as neither man nor woman.

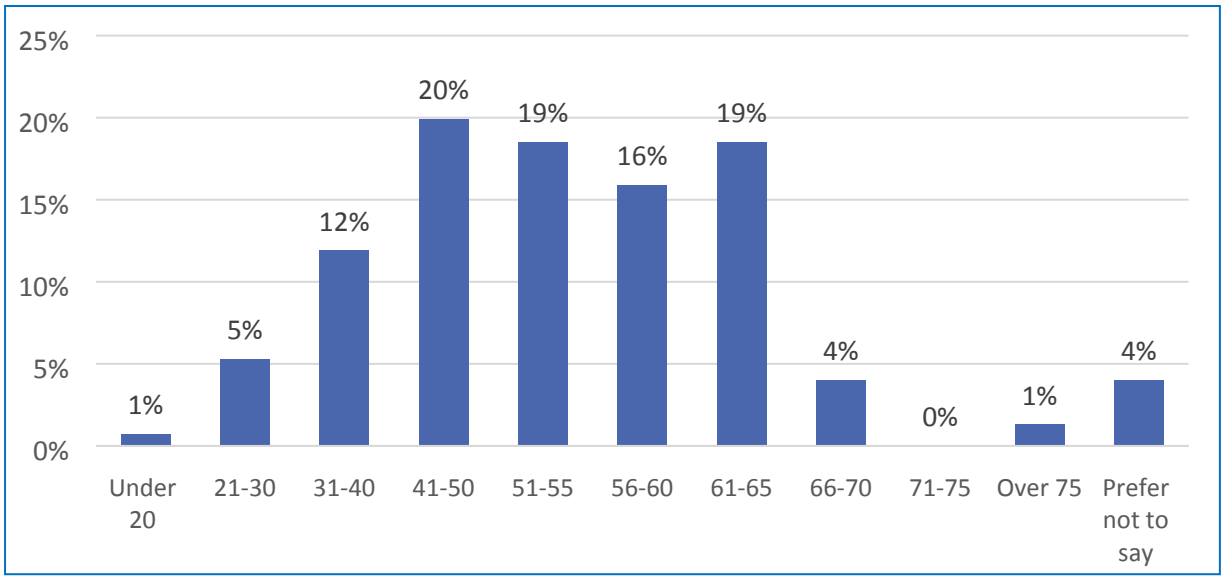
Figure 2 Respondent profile by gender



Base: 151 respondents. Source: NMC consultation, January 2021.

A fifth of all individual respondents to the online consultation are aged between 41 and 50 (20%) while a minority are aged between 21 and 30 (5%). Those aged between 51 and 55 and 61 and 65 comprise over a third (37%) of all respondents.

Figure 3 Respondent profile by age



Base: 151 respondents. Source: NMC consultation, January 2021.

1.3.2 Qualitative research profile

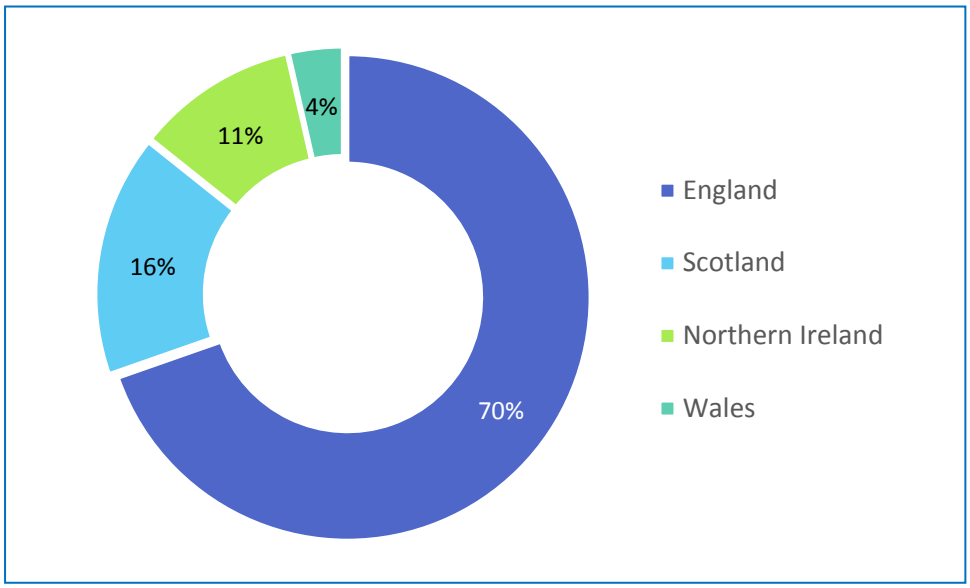
A total of four focus groups and 25 in-depth interviews were undertaken, involving a total of some 56 additional responses. The following numbers of responses were received per social group.

Table 1 Respondent profile of qualitative research by social group

Group	No. of respondents
Gypsy Roma Traveller communities	9
Refugee and asylum seekers	10
People with learning disabilities and autism	6
Carers	6
LGBT+ groups	11
Minority ethnic groups	14

Participants in the qualitative research were from across all four nations of the UK, with most living in England (70%) and one in six being based in Scotland (16%).

Figure 4 Qualitative research respondent profile by nation



Base: 56 respondents. Source: Pye Tait Consulting, 2021.

Greater detail on the profile of respondents to the online consultation, and the breakdown of respondents in the focus groups and depth interviews, can be found in Appendix A.

2. Fitness to Practise (FtP) processes and registration appeals

2.1 Overview

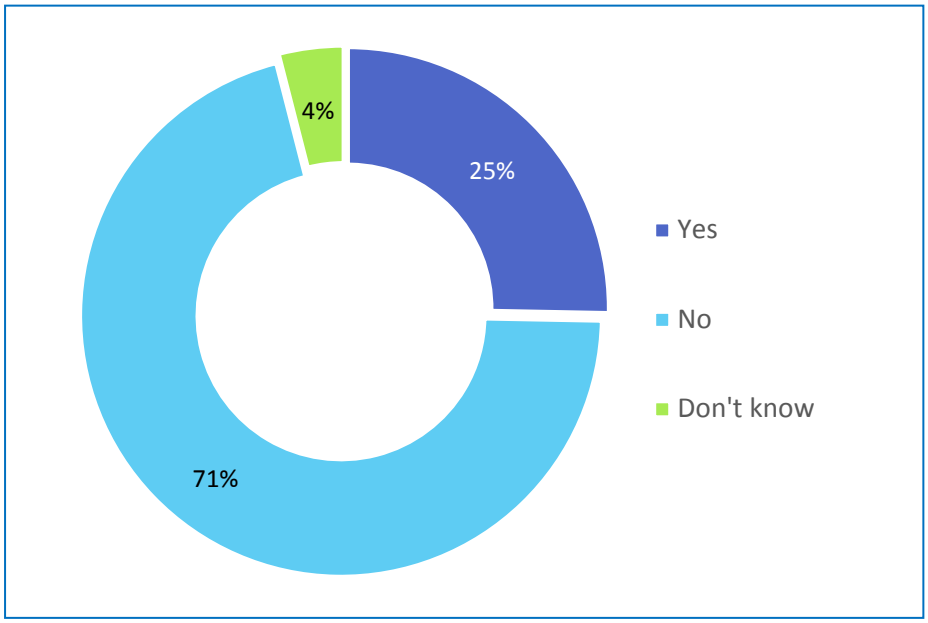
The measures put in place in response to the coronavirus pandemic by the government and devolved administrations meant that the NMC could not continue to hold meetings and hearings in the same way. However, the rule changes allowed the NMC to continue holding meetings and hearings to consider concerns raised about nurses, midwives, or nursing associates.

Before the emergency period, meeting panels met face-to-face. Hearings could be held in which individuals attended by video-link or telephone, but the NMC had not previously had hearings with all parties attending virtually. Fitness to practise (FtP) and registration appeals and hearings took place face-to-face at one of four hearing venues (one in each nation) and hearings were usually held in public, which meant that anyone could attend including members of the public (subject to the capacity of hearing rooms). Since then, most hearings and all meetings have taken place by videoconference, audio-link and telephone.

2.2 Key findings

The consultation asked respondents to consider whether these changes – introduced as a result of the pandemic – should be retained, to what extent, and the considerations and implications of any changes.

Figure 5 Do you think there are any reasons why the NMC should not continue to hold hearings virtually, once the emergency period ends?



Base: 150 respondents. Source: NMC consultation, January 2021.

The majority of respondents to the online consultation (71%) do not think there are any reasons why the NMC should not continue to hold hearings virtually once the emergency period ends. Reasons cited for this include:

- Virtual hearings and meetings reduce travel and accommodation costs and as well as saving on the time travelling to and from the venue.

> *"Hearings are costly and time consuming where panel members need to travel and be accommodated for attending meetings which could as easily be undertaken virtually."*

- Virtual hearings are more accessible to people who would normally struggle to travel to a venue.

- Increased levels of registrant engagement, feeling more empowered to attend from a private setting.

Around one in four survey respondents who answered 'no' to this question, however, have reservations and noted these in the open comments sections. These concerns are centred around people's access to the internet and/or suitable technological devices, whether registrants are/can be still provided with support if conducted virtually, and if people would be given a choice between face-to-face and virtual hearings, and if some hearings "can be held the normal way" too. Some also noted that the public should still be able to access virtual hearings.

> *"We feel that virtual hearings should continue to be an option for regulators so long as the needs of participants can be met, and the circumstances of the case make it suitable for a virtual hearing. However, there may be some circumstances in which a remote hearing is not appropriate at all, for example if an individual cannot access a computer or internet."*

A quarter of respondents to the online consultation (25%) raise concerns by answering 'yes' to this question, and these concerns tend to focus on issues around what they see as "fairness" and access to internet and devices, while some respondents also disagree with the principle of virtual hearing altogether stating that face-to-face enables clearer communication. Similar to the caveats raised by those answering 'no', a number of respondents answering 'yes' also state that the NMC should give registrants and witnesses the option to choose which method (face-to-face, or virtual) works best for them.

In the focus groups and depth interviews, the majority of respondents see the advantages of holding hearings virtually (for the same reasons outlined above), but only a few go so far as to state this would be their preferred method. More are concerned about being able to convey their point via a screen and "being able to read body language".

Wider considerations were picked up in both the online consultation and the focus groups and in-depth interviews, and these include:

- A sizeable minority of respondents commenting think that individuals should be provided with the option to attend face to face or virtually to ensure "fairness".

> *"The NMC should really give people the option. If someone feels more comfortable doing it at home virtually, then those people should, and those who would rather do it face-to-face or cannot work computers should be able to attend face-to-face."*

- Some people may find virtual meetings and hearings less intimidating than face-to-face meetings and hearings. People may feel more comfortable in the space of their own home than at a venue.

> *"Going to a new unfamiliar place might make me feel anxious. I would feel anxious being scrutinized face-to-face too."*

- Non-verbal communication/body language is lost during virtual conversations and thus forming opinions/impressions of people over a computer/phone screen is more difficult, especially for people with a learning disability or autism.

- Some believe that immediate support (legal support or emotional support from family/friends) will be provided to the registrant if held face-to-face. It is generally thought that this will not be the same if held virtually and the registrant could be left at home alone without any support.

- Long and complex hearings with numerous witnesses should be held face-to-face, while more straightforward hearings could continue to be held virtually.

> *"In my experience virtual hearings work well when the matters are not complex. I feel that in circumstances where matters are more complex, virtual hearings are less satisfactory for many reasons."*

- People may feel that they cannot get their point across well over a computer screen compared to in person.

> *"The environment is different which I think impacts the psychological effect. Maybe people won't take it as seriously if it's held online. People's mentality will change. Physically, if you are there, you're more involved in the environment. You feel more present."*

- Sustained concentration and screen time may impact on individuals' health.

- Rural locations often suffer from poor internet connection.

- Not everyone is "tech-savvy" and may not be comfortable using online platforms thus inducing stress and confusion for that participant. Linked to this, some respondents noted they had experienced technical difficulties accessing hearings and suggest these are resolved in advance.

- Relationship-building and rapport between panellists are more difficult to create virtually.

- Unrepresented registrants may be more adversely impacted by the switch to virtual.

- There is not yet enough evidence been gathered to be able to make an informed decision as to whether meetings and hearings should continue virtually after the emergency period ends, and these respondents suggest further research is undertaken to understand the benefits and drawbacks of this approach in greater detail.

"Outcomes of substantive hearings are unknown as a limited number have taken place and these have tended to be less complicated cases. Research should be commissioned to look at the longer-term use of virtual hearings."

2.3 Findings by respondent sub-group

Gender: Around one in five female respondents to the online consultation (19%) think there are reasons why the NMC should not continue to hold hearings virtually once the emergency period ends, in contrast to just under half of male respondents (43%).

Organisations: Several organisations note that, while virtual hearings have been necessary during lockdown, there is insufficient evidence as to the benefits and drawbacks of holding hearings virtually and recommend that a review/research is undertaken in this regard in the short to mid-term. Several also note that it is important to make sure that the public can readily access hearings, and that this is provided in a fair and equal manner for all, with some raising specific concerns about digital poverty.

Disability: Two in five respondents to the online consultation who are disabled (as defined by The 2010 Equality Act) (38%) do think there are reasons why the NMC should not continue to hold hearings virtually once the emergency period ends compared to one in four non-disabled respondents (24%).

"If an independent party deems a virtual hearing not appropriate for a registrant, for reasons relating to a protected characteristic, for example if a person has a disability which would impact their ability to engage via virtual means, it should be the NMC's responsibility to hold a physical hearing where required. On the whole, except for specific reasons, virtual hearings should continue."

Sexual orientation: Just under half of gay and lesbian respondents do not think there are reasons not to hold hearings virtually after the pandemic ends (46%) (cautionary note: small sample size) compared with three quarters of heterosexual respondents (75%).

2.3.1 Qualitative research

Respondents with learning disabilities and autism believe that holding hearings virtually after the pandemic ends is a good idea because they will not be expected to travel to their nearest hearing venue and may feel more comfortable at home. However, there were concerns that emotions could get lost if held virtually.

Additionally, whether hearings continue to be held virtually or face-to-face, respondents with learning disabilities and autism said they would need an advocate with them for support.

Some refugee and asylum seeker respondents also felt that they would need support from an advocate and/or translator if they were required to give evidence as a witness or complainant, either face-to-face or virtually.

"If I needed anything in advance to be able to attend a hearing or give evidence, I would expect the NMC to let me know in advance and arrange anything like a translator as it removes the stress from me."

One respondent from the Roma Gypsy and Traveller community stated that continuing to hold hearings virtually after the emergency periods end would be a disadvantage to people in their community. They explained that many Roma Gypsies and Travellers have reduced access to the internet, and many do not have laptops, and further that many are illiterate or have limited literacy and therefore would have difficulty accessing online platforms or reading online instructions.

> "Doing things virtually does exclude a large percentage of people from my community. It can be difficult for someone who is literate and knows how to use a laptop, let alone for people who've never used them."

Carers welcome the idea that virtual hearings may continue after the pandemic period ends as reducing travel times and costs would be a benefit. However, some carers of children with severe learning disabilities and autism asserted that in order to participate virtually or listen to the hearing they would still need to arrange care for their child similar to if they had to physically attend.

> *"I can't do any calls with my son at home so accessing anything for me with him at home would be a big no."*

3. Public access to hearings

3.1 Overview

Rule 19 of The Nursing and Midwifery Council (Fitness to Practise) Rules 2004 says that hearings must be open to the public except in certain circumstances, such as when someone's health is being discussed. When the NMC started holding virtual hearings in March 2020, it did not allow observers to attend these hearings because the rules amended Rule 19 so that it did not apply to hearings conducted by audio or video conferencing. This meant that the NMC could focus on making sure that all parties to the virtual hearing could participate in the proceedings. The NMC continued to make sure that its processes were transparent during this time by making transcripts of the hearings available, and by continuing to publish panel decisions and reasons.

Rule 19 came back into use on 31 August 2020 with the changes that the DHSC made to the rules. This meant that virtual hearings, and hearings with some or all parties attending a hearing centre, had to be open to the public (except in certain circumstances as outlined above). The NMC's capacity to allow observers at hearing centres has, however, been limited by the need for social distancing, and so the NMC limited the number of observers at virtual hearings in order to make sure that they ran safely and smoothly. The NMC currently offers audio access to hearings. Observers can also view events on a screen at a hearings centre where the NMC has capacity to facilitate this.

The NMC made this decision to balance allowing public access to its hearings with concerns about protecting participants from the risk that observers could record or take screenshots of the proceedings. The NMC is now considering whether to allow remote visual access from observers' own premises in addition to observers being able to attend these hearing centres and view proceedings on a screen. This is to make sure that hearings are as open and transparent as possible, in light of the objective to act in the public interest.

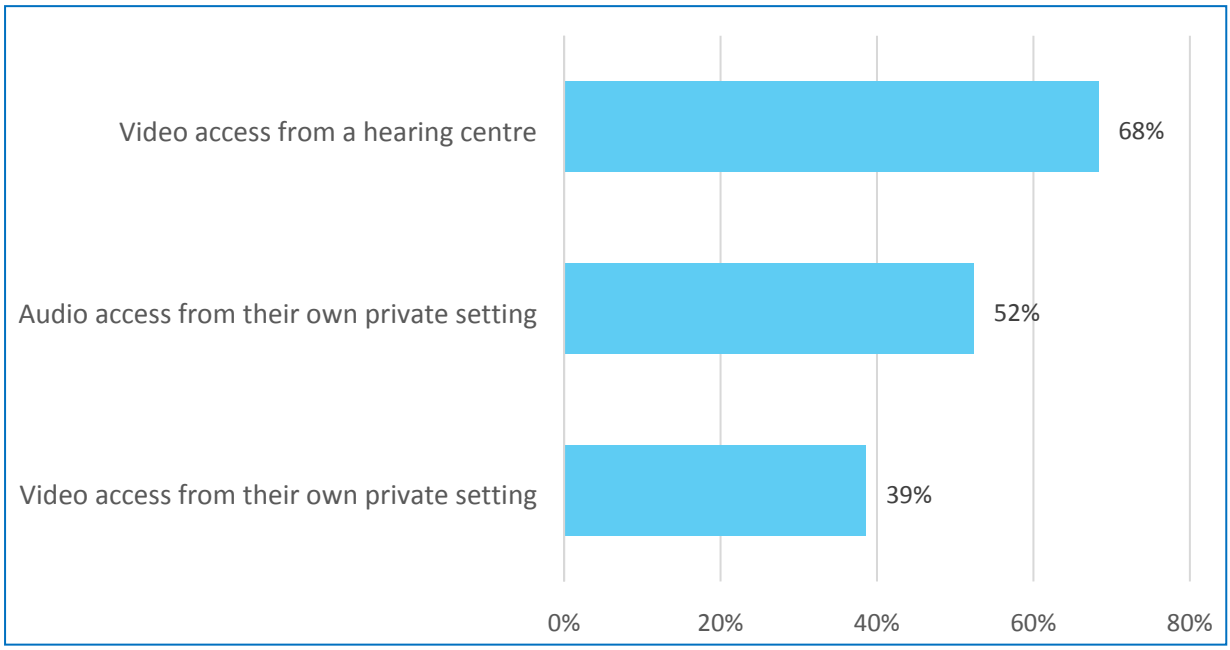
3.2 Key findings

To that end, the consultation asked how members of the public should have access to virtual hearings.

Around half of respondents to the online consultation provide comment on the importance of transparency during these proceedings and believe that it is right to promote public access to NMC's hearings and meetings. Over two thirds of respondents to the online consultation believe that the public should have video access from a hearing centre (68%).

> *"This option would be the most secure from unauthorised recordings and provide most safeguards for any confidentiality issues which might arise. The other options would create technical problems regarding capacity."*

Figure 6 How do you think that members of the public should have access to our virtual hearings?



Base: 145 respondents (multiple options could be selected). Source: NMC consultation, January 2021.

Audio access is deemed more appropriate than audio and video, with just over half agreeing the public should be granted audio access to hearings from their own private setting (52%), while a slightly lower proportion believe the public should be granted video access from their own private setting (39%). Reasons provided included:

- Public access to hearings is important because it promotes openness and transparency.

  "Public scrutiny of process is essential."

- Audio access is generally considered appropriate for members of the public as it is easier to manage and access. It is also thought that audio protects an individual's identity more so than video access, especially if the video is viewed from a private setting.

  "Audio access should be enough for them to be able to follow proceedings whilst still protecting the identity of the people involved to at least some extent."

Five survey respondents and a large majority of respondents from the focus groups and depth interviews raise concerns and do not think it is "fair" that members of the public can be granted access by video, claiming the hearings should remain private to protect the registrant and witnesses.

The majority of the survey respondents are concerned about who is able to listen to hearings and meetings via telephone or video, citing data and privacy reasons. Other concerns focus on whether it is appropriate for a member of the public to be able to access such information in an unauthorised setting (although no-one could define what substantive difference "authorisation of a setting" made).

One in six survey respondents (16%) chose all three options provided stating that the public should be offered numerous ways of accessing the hearings in order to ensure transparency of procedures.

In summary, the following key themes and considerations are noted by respondents in relation to public access to hearings:

- There are concerns from a large number of respondents regarding privacy and members of the public making unauthorised recordings from their private setting either dialling in via telephone or if members of the public were granted video access.

- Just over half of respondents feel that if members of the public are able to hear proceedings then it is "fair" that they are able to see it too, however, others acknowledge that members of the public do not need to take part and therefore audio access should be adequate.

- Many respondents question the need for public access and are against public access all together, and/or think public access should be limited. However, as stipulated in Rule 19, hearing must be made accessible to the public in some form (except in certain circumstances). Respondents typically note that uncontrolled public access may cause distress for the registrant and any potential witnesses, and may impact on the latter's willingness to participate.

  "I wouldn't want random strangers being able to listen. You cannot understand their actions. People won't want to open up if they know people are listening on a telephone."

- The majority of concerned respondents to the online consultation are apprehensive about who can gain access to a hearing or meeting from an unauthorised location and what the listener may do with the information heard (or seen if given video access).

  "Providing the general public access outside of a hearing centre means that information could be recorded or filmed. This is not allowed during in-person hearings and is something that should be protected against if hearings remain online."

- Concerns are raised by a minority that some individuals may lack the technological capacity to be able to access hearings from their own private setting, either by audio or video.

- Audio-only access may pose difficulties for those with hearing impairments and those who rely on lip reading. Two organisations state that transcripts could be provided to address this.

  "What about people who are deaf? [Audio only] could infringe on their right to that hearing - that's against the Equalities Act."

Some organisations suggest that the NMC carries out an equalities impact assessment to ensure its method is inclusive. Others suggest that alternative virtual platforms are used.

3.3 Findings by respondent sub-group

Nation: England, Scotland, and Wales show little deviation from the overall response. However, three quarters of respondents from Northern Ireland (75%) agree that video access should be provided to a private setting (cautionary note: small sample size).

Gender: Male survey respondents do not appear to feel strongly about the three options for members of the public accessing hearings, with approximately 60% of male respondents thinking that each access option is appropriate. This contrasts with female respondents, a third of whom think video access from a private setting should be granted (34%), while video access from a hearing centre is most preferable to women (68%) closely followed by audio access from a private setting (52%).

Individuals vs organisations: Organisations – both those responding offline and those responding directly to the online consultation – generally agree that video access to hearings from a private setting is inappropriate for privacy reasons, but suggest that video access in a controlled setting is a suitable alternative.

Disability: Over half of survey respondents with a disability (56%) believe that video access from a private setting should be granted to members of the public, while two thirds believe that audio access from a private setting (69%), compared to around a third (37%) and a half (51%) of non-disabled survey respondents, respectively.

Sexual orientation: Over two thirds of heterosexual survey respondents believe video access from a hearing centre is the most appropriate option for members of the public to access hearings (70%), whereas gay or lesbian survey respondents are more in favour of video access from a private setting (69%).

People with learning disabilities and autism note that they would find it helpful if they could see as well as hear what was taking place during the hearing.

> *"People have similar sounding voices [which] can get quite confusing if you can only hear."*

One respondent from a minority ethnic background comments that audio-only access from a private setting may reduce unconscious bias taking place as members of the public will not be able to see skin colour or what the person is wearing. However, they are aware that unconscious bias can also take place if a registrant or witness has an accent.

> *"They might see a person of colour and assume that they did something wrong as a nurse, midwife or nursing associate because they can't read English properly. However unconscious bias can also occur if they hear an accent when someone speaks or if they see a 'non-British' sounding name written down or on a screen."*

4. Constitution of panels

4.1 Overview

Panel members are independent people who are appointed to make decisions at the NMC's meetings and hearings. The Panel usually comprises three people. One of those people will be a nurse, a midwife, or a nursing associate. Due to the Coronavirus pandemic, the changes to the rules have allowed the NMC to hold meetings and hearings where there is not a panel member who is a nurse, midwife or nursing associate.

In its consultation documentation, the NMC recognises the importance of having the experience of a registrant panel member and that having three panellists allows for a greater range of views and experience to contribute to decision making.

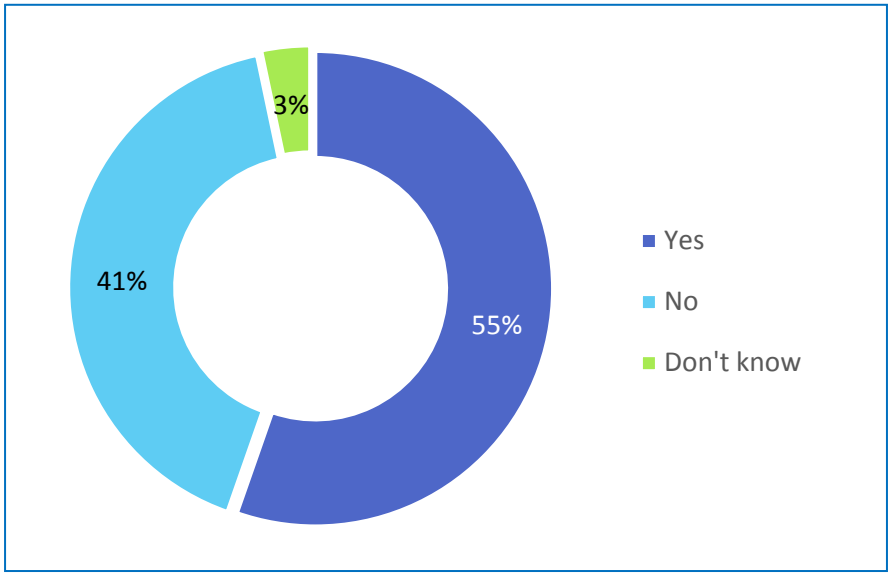
4.2 Key findings

To gather views from wider stakeholders in this regard, respondents were asked whether they agree with the NMC's proposed approach, i.e. not to use its powers to have a panel without a nurse, midwife, or nursing associate outside of a national emergency.

Just over half of respondents to the online consultation (55%) agree with this proposed approach. The main reason cited for this is that the registrant panel member has a professional and clinical understanding of the job and responsibilities of the nurse, midwife, or nursing associate at the hearing, and so is an important part of the panel.

"Registrant panel members provide an important perspective to proceedings."

Figure 7 Do you agree with this approach? (with respect to panel make-up)



Base: 150 respondents. Source: NMC consultation, January 2021.

However, a sizeable minority (41%) disagree with this proposed approach. Typically, respondents claim it may be acceptable to have a panel without a registrant member outside of a national or local emergency, if finding a replacement panel member were to cause a severe delay to the hearing, or if a panellist were to fall ill or become otherwise unavailable once hearing proceedings had begun. Some also disagreed with this approach as they believe the panel should contain a registrant, even in a national emergency.

Respondents to the online consultation were also asked for their thoughts on whether there might be other circumstances (outside an emergency) in which it would be reasonable to run a panel without a registrant member.

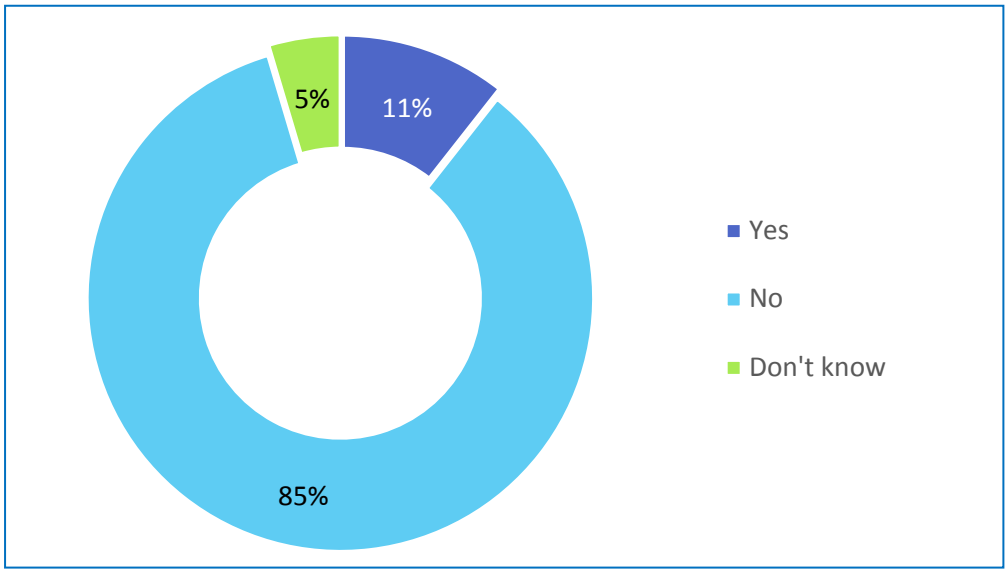
The vast majority of respondents to the online consultation (85%) believe there are no circumstances in which this would be appropriate, with respondents understanding that nurses, midwives, and nursing associates are busy working during the pandemic, however, they could not envisage any other circumstances in which there should not be a registrant panel member.

Meanwhile, a minority (11%) believe there are circumstances where it might be reasonable to run a panel without a registrant member. Illness and family bereavement are cited as "acceptable" examples of exceptional circumstances whereby a registrant panel member may not be able to attend a hearing, and most participants in the focus groups and depth interviews agree with this viewpoint. This same cohort of respondents note it may be "acceptable" to have a panel without a registrant member in the case of a national or local emergency, but that, if possible, a replacement should be found and/or the hearing adjourned until a registrant is available.

> *"Where it would mean an unreasonable delay in the hearing. However, I don't think it should continue without a registered member under any circumstances."*

> *"The missing panel member must be replaced like with like, so a registrant is not replaced with a lay panellist. If recruitment is appropriate, then it should always be possible to find a registrant. There should always be three panellists.*

Figure 8 Do you think there are any other circumstances where it would be reasonable for the NMC to have a panel without a registrant member?



Base: 151 respondents. Source: NMC consultation, January 2021.

A small minority also think it would be acceptable to run a hearing with only two panel members if a panel member fell ill or suffered a family bereavement during the hearing rather than find a replacement panel member. However, it was noted that if there were two panel members, one of those should be a registrant to ensure there is someone with relative experience of the registrant in question.

Generally, the majority of respondents do not think it would be "fair" to run a panel with only two panel members, especially if a registrant panel member is not in attendance. Around half of all respondents to the online consultation do not think that it is "fair" to have a panel with only two members, claiming that a panel should have an odd number to give a clear decision and to give greater discussion and diversity of opinion. Depending on the severity of the hearing, respondents note that hearings should be rearranged for a time when three panel members can attend.

> *"Emergency care should take priority over having to sit on a panel. If there's a possibility for it to be rescheduled with a third person it should, or it could proceed with just two. That should be the choice of the person defending themselves."*

There is stronger weight of feeling among members of the public participating in depth interviews and focus groups, with the large majority agreeing with the NMC's proposed approach on both counts, i.e. that a panel should only run with a nurse, midwife, or nursing associate present, and that a panel should comprise three members, arguing that this would give greater diversity of views, and a "casting vote" across the panel.

> *"If a nurse or midwife [or nursing associate] is there, they'd have more insight having worked in a hospital and health environment and can give an informed opinion based on lived experience. If the case absolutely needs that opinion, it shouldn't run without the nurse/midwife [or nursing associate]."*

4.3 Findings by respondent sub-group

Nation: Survey respondents from all four nations agree with NMC's approach to not run a panel without a nurse, midwife, or nursing associate outside of a national emergency, except Northern Ireland where three of the five respondents (60%) do not agree with this approach (caution: small sample size). All nations feel strongly that there are not any circumstances where it would be reasonable for the NMC to run a panel without a registrant member.

Individuals vs organisations: All four organisations responding to the online survey agree with the NMC's approach not to run a panel without a nurse, midwife of nursing associate outside of national emergency with no organisation disagreeing (caution: small sample size). This is in contrast to 55% of individuals who agree with NMC's suggested approach. The vast majority of responses received offline from organisations agree that the NMC should take all reasonable steps to ensure panels include a registrant member, and more than two panel members.

Disability: A quarter of those respondents with a disability (25%) believe there are other circumstances where it would be reasonable to have a panel without a registrant member, compared to a small minority of those with no disability stating likewise (7%).

The majority of respondents who are asylum seekers and refugees do not think it would be appropriate to run a panel with only two panel members, especially if neither is a registrant member, however, one respondent comments otherwise, claiming a registrant panel member may judge more harshly than a lay panel member.

Some respondents from the Gypsy Roma and Traveller communities do not think a hearing should take place without a registrant panel member. One respondent notes that the registrant panel member might "stand up for other medical professionals" and a panel with only two lay members would be acceptable.

People with learning disabilities and autism are generally in favour of always having three panel members. One respondent notes that the fewer people autistic people have to deal with at a hearing or a meeting would be better. An organisation representing this group comments that for cases involving individuals with learning disabilities and autism, the panel should include experts in this regard.

> *"The more people I'm introduced to, the more I have to try to process that, so having fewer people is preferable. The downside would be less input if you've got fewer people and decision-making would be better with more."*

5. Sending notices of meetings and hearings

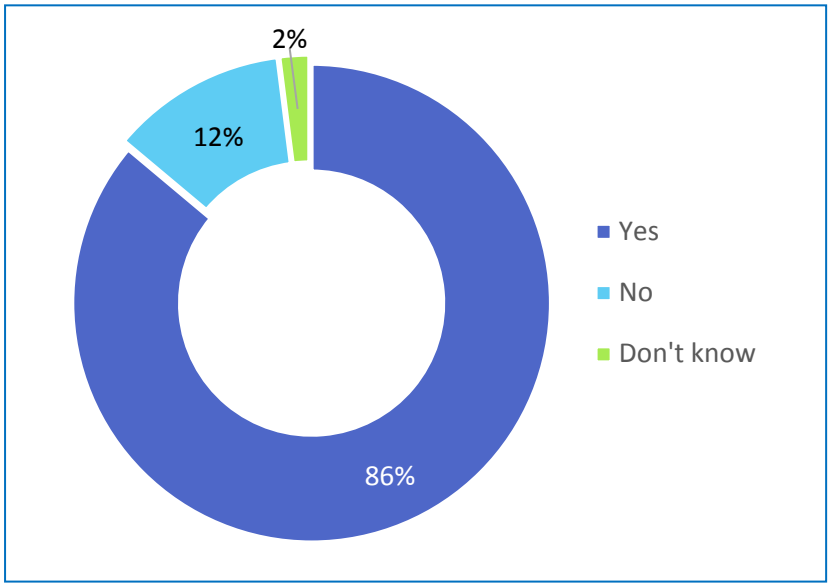
5.1 Overview

When the NMC wanted to notify someone of a meeting or hearing before the Covid pandemic, they usually sent them a notice by recorded delivery to that person's home address via post. Because of the Coronavirus pandemic, the changes to the rules now allow the NMC to send notices of hearing and meetings by email.

5.2 Key findings

Respondents were asked whether the NMC should continue to send notices of its hearings and meetings by secure email, once the emergency period ends. The vast majority of respondents to the online consultation (86%) agree this should continue, while a small minority (12%) disagree with this approach.

Figure 9 Do you think the NMC should continue to send notices of its hearings and meetings by secure email?



Base: 151 respondents. Source: NMC consultation, January 2021.

Respondents in favour of continuing to send notices of hearings and meetings by email typically argue that this is a more efficient and cost-effective method than sending letters. Other reasons also raised include:

- Most people are moving to paperless ways of working and communicating and most respondents regularly check their emails.

- Due to the Coronavirus pandemic, some people have been receiving their post late and therefore an email would be quicker, more efficient and reduce costs of postage.

> *"I've had terrible experience with post […] with Covid-19 we still see delays with the post service even after lockdown."*

Survey respondents who agree and disagree used the open comments section to elaborate on their answers. A number of respondents highlight that email should be used if there is guarantee that everyone has an email address that is checked regularly and that the NMC receives notification that the individuals have read the email.

Those who disagree with the continued practice of sending emails rather than letter note that not everyone has an email address. There are additional, wider concerns raised around access to technology, regarding the possible need to print or photocopy information which would be at the expense of the registrant or witness.

> *"Registrants can't necessarily print documents off either due to not having facilities to do so or money to pay for photocopying pages. Hard copies should always be sent out in addition to electronic."*

A number of wider considerations, via the survey and focus groups and depth interviews, were also raised in regard to the way in which the NMC communicates when sending notices of hearings and meetings. Such points include:

- Many respondents note that receiving a letter and email will be good practice in case one of the options goes missing or is lost.

> *"A belt and braces approach of post and email should continue to be utilised. Not everyone has access to an email, not everyone checks their emails regularly, and we all know emails can go into a spam or junk folders that are rarely checked."*

- Just under half of respondents are in favour of a telephone call to follow up a letter and/or an email to ensure they have received the invite and can ask questions if needed. Receiving a text message reminder is also favoured by a small minority of respondents.

- A small number of respondents state that the NMC should take into consideration the fact that some people may need an easy read version of the text. Some people may need the information in another language if their level of English is not comprehensive.

> *"I would need all the information in the letter or email to be in easy read."*

- All communication should avoid jargon and include all information that the invitee requires such as transport links and what, if anything, they need to bring with them.

> *"I would need contact information in case I need to speak to someone about it, and an understanding of why I'm being called and what is expected of me."*

5.3 Findings by respondent sub-group

Nation: All survey respondents based in Wales agree with the continued use of secure email to notify people of hearings and meetings. One in five survey respondents based in Northern Ireland (20%) do not agree with secure email (Cautionary note: small sample sizes).

Individual's background: Professionals (88%) and members of the public (90%) both strongly feel that secure email is the best way of sending notices of hearings and meetings.

Gender: The majority of women (90%) believe that the NMC should continue sending notices via secure email. A smaller proportion of men feel likewise, with just under three quarters of male respondents agreeing in this regard (73%) and the remainder disagreeing (27%).

Disability: There is broad consensus among survey respondents with a disability (94%) that sending secure emails should continue, with the remaining 6% unsure in this regard. Respondents without a disability agree to a slightly lesser extent that the NMC should continue sending notices via secure email (87%).

Respondents to the focus groups and depth interviews with a learning disability and autism in particular noted they would need the email or letter to be in easy read format with clear instructions. One respondent stated that a phone call to their advocate would be better.

> *"A phone call [to my advocate] would be better so she can explain it to me and come with me to help. I know her and she knows me."*

Respondents from the LGBT+ community stated that the NMC would need to be mindful of which pronouns are used when communicating with people via email or letter.

> *"The NMC should ask something along the lines of 'please let us know of preferable pronouns'. That is really important."*

Some respondents from the Gypsy Roma and Traveller community note they would prefer a letter rather than an email. This is because some community members either do not check their emails regularly or do not have an email address at all. Some respondents said that a text message would be best for them.

> *"At least if it's on my phone I can ask someone what it is and what it means."*

Another respondent stated that a phone call or sending WhatsApp voice notes would work better for Gypsy Roma and Traveller community members who are illiterate.

> *"WhatsApp is popular as a lot of people in our community are illiterate, so they send voice notes. They are embarrassed that they cannot read so this gets around this barrier. Using visuals to explain things with less text will also be helpful."*

Respondents from a minority ethnic background, and asylum seekers and refugees, state that notices sent by the NMC should be offered in another language for those who need it, as the notice will contain important information that the individual needs to clearly understand.

> *"If you could have it translated to your native language that would be great so you can understand – it's very important to be able to understand what the letter contains."*

One respondent who is a carer said that an email or phone call would be better as their child often opens letters. Another carer noted that an email and back-up letter would be appreciated as they are likely to need reminding.

"I think for a lot of family carers do need both, just because some families are not in great situations."

6. Revalidation and fee payment

6.1 Overview

Nurses, midwives, and nursing associates have to go through a process called revalidation to maintain their registration with the NMC. This ensures that they are fit to practise and have the correct skills, knowledge, good health, and character to work safely and effectively. Registrants also have to pay fees every year to the NMC.

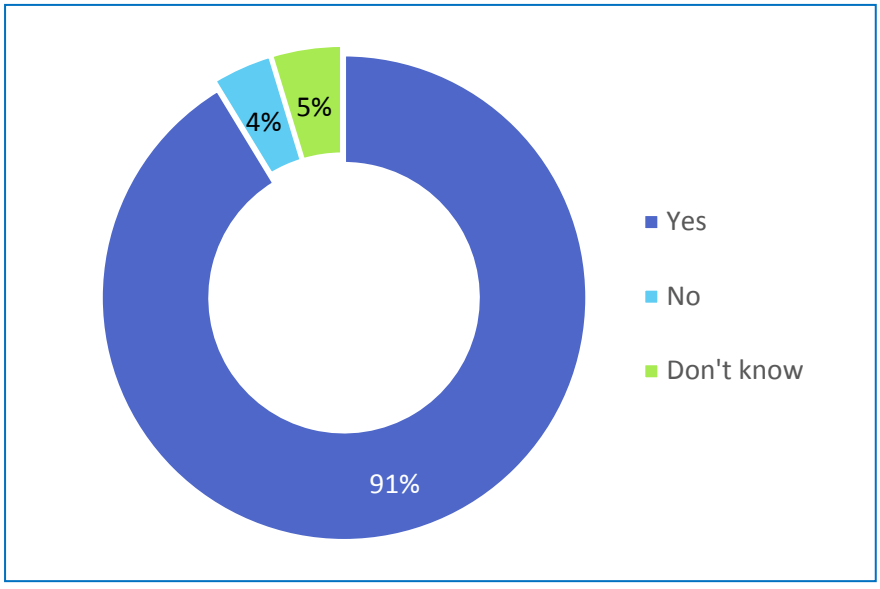
Before the Covid-19 pandemic, the NMC gave nurses, midwives, or nursing associates experiencing exceptional circumstances (for example, illness, bereavement, etc.) an extra three months to submit their revalidation application and pay their fees. Because of the Coronavirus pandemic, some nurses, midwives, and nursing associates are busier than usual working in the hospitals and so to support these workers, the changes to the rules granted the NMC powers to:

- Consider an extension of any length of time for revalidation; and
- Extend the time for nurses, midwives, and nursing associates to pay their annual fee.

6.2 Key findings

Respondents to the consultation were asked whether the NMC should continue to grant revalidation and fee payment extension in limited circumstances (such as illness or bereavement). The vast majority of respondents (91%) agree with this proposal.

Figure 10 Do you think the NMC should continue to grant revalidation and fee payment extensions in limited circumstances such as those outlined above?



Base: 150 respondents. Source: NMC consultation, January 2021.

"This promotes care and understanding towards registrants."

Only a small minority disagree (4%) while the remaining 5% of respondents are unsure.

"The revalidation period is long enough, and registrants have plenty of time to plan. The usual 3-month extension is long enough."

Of the small minority who do disagree, few expanded in the open comments section that extensions should be granted in wider circumstances.

"[The NMC] should broaden your approach to what circumstances you will class as appropriate."

The large majority of respondents who believe that extensions should continue to be granted in limited circumstances, justify their answer by noting that:

- This extension provided by the NMC has been a "fair" and reasonable adjustment for the nurses, midwives, and nursing associates who have been working during the Coronavirus pandemic and demonstrates compassion and understanding for professionals who have worked through an extraordinary and stressful period.

  "It is not easy for working nurses and midwives at the moment. Add in something like bereavement or illness, [and that] can make it especially hard to find a person to have [a] revalidation discussion with."

- A set/limited amount of time should be provided for extension to ensure all professionals are fit to practise and up-to-date in their skills and knowledge.

  "Yes, but stick to limited [extension] - do not expand."

Other themes emerging centre on the timescale of any extension:

- A small number of respondents feel that an extension of up to three to six months would be more appropriate as they are concerned that the extension could be put further back meaning that payments and revalidation applications may build up creating more stress for the nurse, midwife, or nursing associate.

- Many respondents (from the depth interviews and focus groups particularly) are concerned that a nurse, midwife, or nursing associate could be practising when they are not actually fit to practise because they have been granted an extension to submit their revalidation application. The nurse, midwife, or nursing associate may make a mistake by accident and therefore some respondents believe an extension should be capped or reviewed monthly on a case-by-case basis.

  "The initial three months is good, but if they're still struggling to complete, they should be able to apply for an extra two weeks or a month. If they are seriously ill or going through a bad personal situation, they should of course be given an extension, but it should have a cap."

- A small minority of respondents comment that extensions should be granted on an individual, case-by-case basis.

6.3 Findings by respondent sub-group

Nation: Survey respondents from across all four nations strongly feel that the NMC should continue to grant revalidation and fee payment extensions in limited circumstances. The only UK nation which any respondents disagreeing in this regard is England (4%), while a quarter of survey respondents based outside of the UK disagreed that the NMC should continue to grant extensions in limited circumstances (25%).

Individual's background: Both professionals (94%) and members of the public (97%) are also highly in favour of the NMC continuing to grant revalidation and fee payment extensions in limited circumstances.

> *"The NMC represents a caring profession and it needs to be able to show some compassion when the nurses they represent have one of life's challenging events happen to them. Nobody plans these and most nurses know that revalidating is easier to do then a back to nursing course so I would like to think it would not be abused by the majority."*

Disability: A slightly smaller proportion of respondents with a disability (88%) agree that the NMC should grant extensions in limited circumstances, compared to 94% of those with no disability. One in eight respondents with a disability (13%) were unsure whether extensions should be granted in limited circumstances or not.

Respondents who are carers agree that extensions should be granted in limited circumstances only and that three to six months is an acceptable amount of time.

> *"Bereavement and illness would be obvious limited circumstances. About three months I'd personally feel comfortable with, six months or beyond you're increasing risks."*

7. Other comments

While not directly linked to any of the specific rule changes, respondents noted additional, broader points for consideration by the NMC as it reviews the use of its new powers arising from the pandemic.

- A small number of respondents believe it to be "unfair" for nurses, midwives, and nursing associates to pay fees this year due to the coronavirus pandemic because of the stress and pressure they have worked through.

  "I'm wholeheartedly in favour of nurses, midwives, and nursing associates not paying fees to do their job, especially after this awful year."

- Taking into consideration the multiple lockdowns and the varying strains of the virus, a small number of respondents comment that the NMC should continue to review the use of the Emergency Powers as it is unclear when the pandemic will end.

  "I think that the Emergency Powers should be continuously reviewed depending on the circumstances of the pandemic because no one really knows what sort of normalcy there will be. Reviewing the Emergency Powers would be the best option."

- Respondents from the LGBT+ community emphasised the importance of panel members and others involved in the processes of meetings and hearings to use the correct pronouns during the hearing. If an individual's gender or pronouns are used incorrectly then this can be degrading and humiliating for that person.

  "These sorts of things are from the 'straight world' and may not be trans-friendly or non-binary friendly. If someone wants to be referred to as 'they' or 'them', the panel members need to know that information beforehand. I don't think a lot of people think about that or the impact that it has to the individual if used incorrectly."

A small number of additional comments, not directly linked to the topic of the consultation itself, were also received.

8. Summary

This report has presented the findings emerging from an analysis of the responses received to the NMC's consultation on the continued use of its new powers arising from the coronavirus pandemic. The key themes arising from the consultation are summarised herein.

8.1 Fitness to practise processes and registration appeals

The majority of respondents to the online consultation (71%) do not think there are any reasons why the NMC should not continue to hold hearings virtually once the emergency period ends as this will save on time and costs and make hearings more accessible.

Concerns are raised around individual's access to technology/devices, and a minority suggest that a mix of online and face-to-face hearings could be used in the future, at the choice of individuals.

Other points raised focus on the extent to which individuals can/do engage virtually compared to in person, whether support can/is provided in either setting, individual's ability to communicate fully via a virtual medium, and issues around those with slow/no internet access.

8.2 Public access to hearings

Over two thirds of respondents to the online consultation believe that the public should have video access from a hearing centre (68%). Audio access is deemed more appropriate than audio and video, with just over half agreeing the public should be granted audio access to hearings from their own private setting (52%), while a slightly lower proportion believe the public should be granted video access from their own private setting (39%).

Access to hearings in general is considered appropriate for openness and transparency reasons. Audio access is generally considered more appropriate than video – unless this is in a managed/controlled setting – with respondents raising concerns around privacy, although a minority note that audio-only access may have accessibility implications.

8.3 Constitution of panels

Just over half of respondents to the online consultation (55%) agree with the NMC's proposed approach not to use its powers to have a panel without a nurse, midwife, or nursing associate outside of a national emergency. The main reason cited for this is that the registrant panel member has a professional and clinical understanding of the job and responsibilities of the nurse, midwife, or nursing associate at the hearing, and so is an important part of the panel. However, a sizeable minority (41%) disagree with this proposed approach. Typically, respondents claim it may be acceptable to have a panel without a registrant member outside of a national or local emergency, if finding a replacement panel member were to cause a severe delay to the hearing, while some state hearings should not occur without a registrant at all.

The vast majority of respondents to the online consultation (85%) believe there are no circumstances (outside an emergency) in which it would be reasonable to run a panel without a

registrant member. Illness and family bereavement are cited as "acceptable" examples of exceptional circumstances, but most respondents state that they could not envisage any other circumstances in which there should not be a registrant panel member.

Generally, the majority of respondents do not think it would be "fair" to run a panel with only two panel members, especially if a registrant panel member is not in attendance. Around half of all respondents to the online consultation do not think that it is "fair" to have a panel with only two members, claiming that a panel should have an odd number to give a clear decision. Depending on the severity of the hearing, respondents note that hearings should be rearranged for a time when three panel members can attend. There is even stronger weight of feeling in this regard from participants in the depth interviews and focus groups.

8.4 Sending notices of meetings and hearings

The vast majority of respondents to the online consultation (86%) agree that the NMC should continue to send notices of its hearings and meetings by secure email, once the emergency period ends. Respondents typically argue that continuing to send notices of hearings and meetings by email is a more efficient and cost-effective method than sending letters.

Those who disagree with the continued practice of sending emails rather than letter note that not everyone has an email address, or that email addresses may be out of date. Many participants in the depth interviews and focus groups note that receiving a letter and email (or follow-up telephone call and email) would be good practice in case one of the options goes missing or is lost.

8.5 Revalidation and fee payment

The vast majority of respondents to the online consultation (91%) agree that the NMC should continue to grant revalidation and fee payment extension in limited circumstances (such as illness or bereavement). Respondents typically note that this extension provided by the NMC has been a "fair" and reasonable adjustment, and note that a set/limited amount of time should be provided for extension to ensure all professionals are fit to practise and up-to-date in their skills and knowledge

A small number of respondents feel that an extension of up to three to six months would be more appropriate. Many participants (in the depth interviews and focus groups particularly) are concerned that a nurse, midwife, or nursing associate could be practising when they are not actually fit to practise because they have been granted an extension to submit their revalidation application.

8.6 Next steps

The findings from this consultation will provide an evidence base for the NMC to make informed decisions as to how it continues to use its powers. The NMC's Council will decide whether and how it should use the powers arising from the coronavirus pandemic beyond 31 March 2021, after any emergency period ends. In the event that the emergency period lasts beyond the end of March 2021, the NMC will continue to use its powers under the current rules, and will take on board any feedback it receives as part of this consultation and may change its processes where appropriate.

Appendix A: Detailed respondent profile

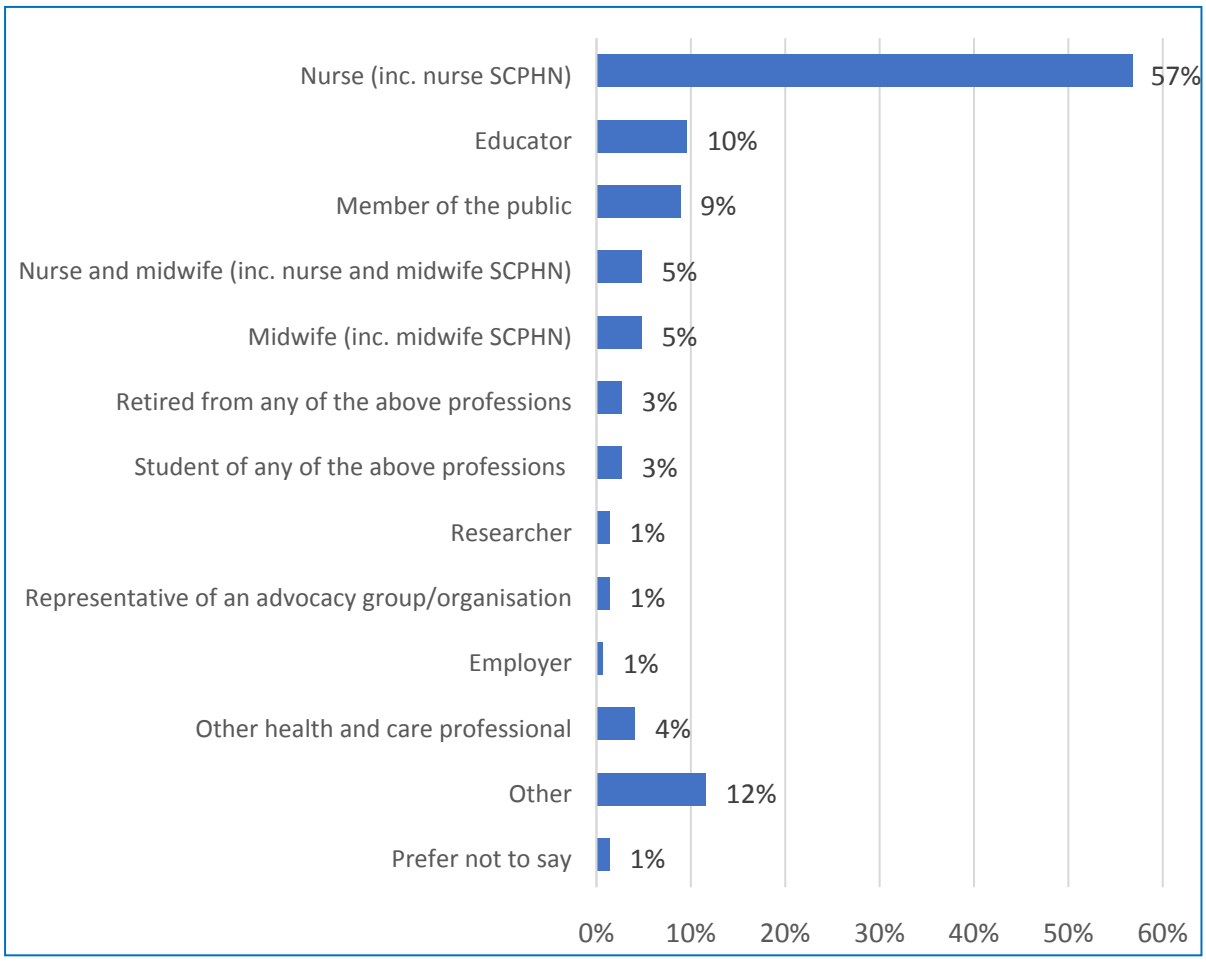
An overview of the respondent profile was provided in section 1.3. This Appendix provides a more detailed overview of the profile of respondents participating in this consultation.

Online consultation: Individuals

Over half of all survey respondents are nurses (including nurse SCPHN) (56%), some 9% are members of the public and classify themselves as 8% are educators. Some 5% of survey respondents are midwives (including midwife SCPHN), a similar proportion are nurse and midwives (including nurse and midwife SCPHN), and 4% are other health and care professionals. Most 'other' respondents (11% of those responding) note they are panel members, or are retired nurses or midwives.

The majority of respondents (91%) work in the same country where they live. Those who do not live and work across the border between England and Scotland.

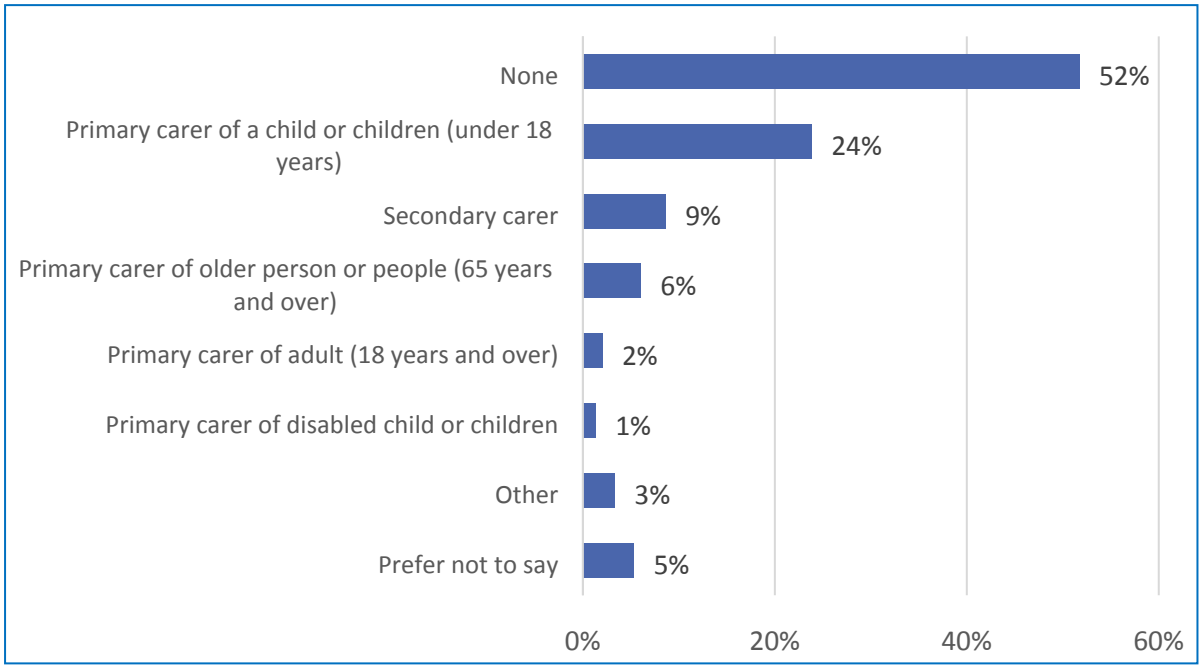
Figure 11 Respondent profile by role



Base: 146 respondents (multiple responses permitted). Source: NMC consultation, January 2021.

Most survey respondents have no caring duties (52%), while a third have primary care duties e.g., caring for a child or children under 18 years or caring for someone above the age of 65 years (33%). Some 9% of survey respondents have secondary care duties.

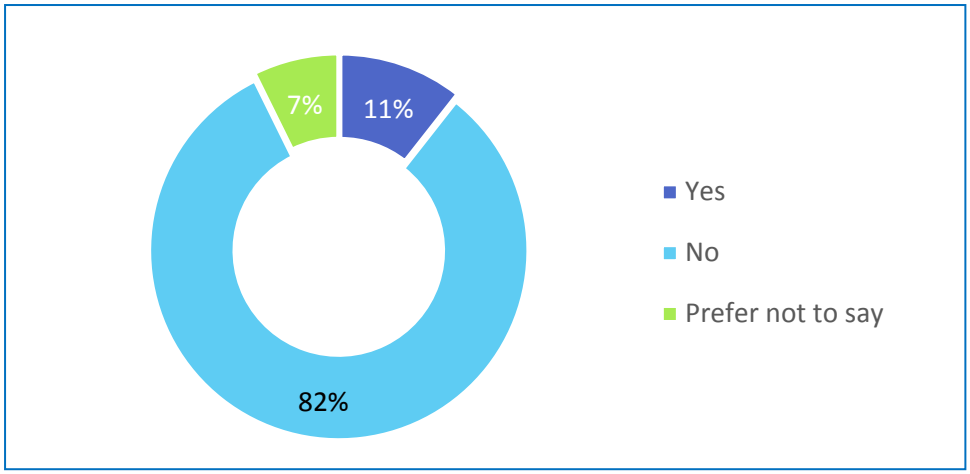
Figure 12 Respondent profile by caring responsibilities



Base: 151 respondents (multiple responses permitted). Source: NMC consultation, January 2021.

The majority of survey respondents state that they do not have a disability (82%). Of those 11% of respondents with a disability, 38% are deaf or have hearing loss, 25% have a mental health concern, and 25% have mobility issues.

Figure 13 Respondent profile by disability

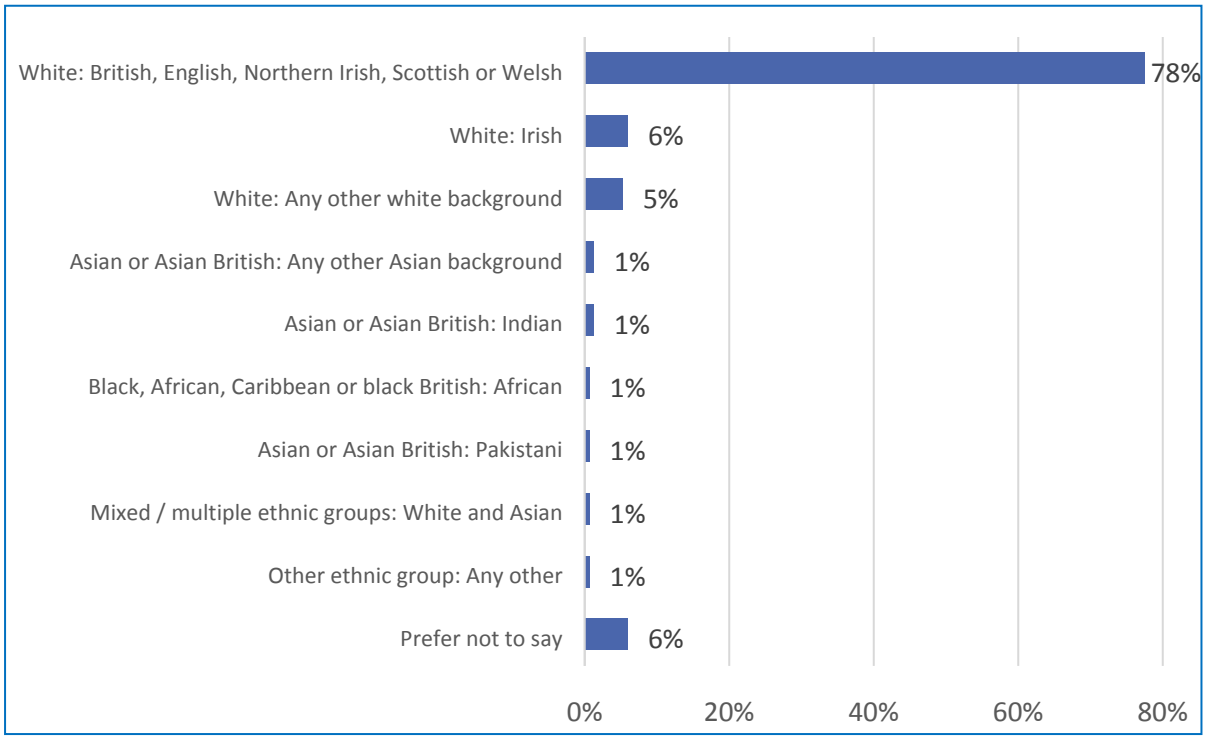


Base: 151 respondents. Source: NMC consultation, January 2021.

The majority of survey respondents are White British, English, Northern Irish, Scottish or Welsh (78%), with a minority stating they are White: Irish (6%) or any other white background (5%), and small minorities from other ethnic backgrounds. The qualitative research (focus groups and depths interviews) specifically sought to gain views from groups under-represented in the online consultation.

Two thirds of respondents describe themselves as British (68%), while 11% describe themselves as English, 8% as Scottish, 5% as Welsh, 1% as Northern Irish, and 3% as Irish.

Figure 14 Respondent profile by ethnicity



Base: 151 respondents. Source: NMC consultation, January 2021.

Three quarters of survey respondents describe themselves as heterosexual (76%), while 8% describe themselves as gay or lesbian, and 2% as bisexual. Some 13% prefer not to state their sexual orientation or do not identify with the options provided.

Over half of respondents describe themselves as Christian (52%), while a third state they have no religion or belief (34%). A very small number of respondents are Buddhist (1%), Jewish (1%), Muslim (1%), while one in ten (10%) prefer not to state their religion or belief.

Online consultation: Organisations

The four organisations responding to the online consultation are:

- General Medical Council
- Locala Community Partnerships
- NHS Education for Scotland
- University Hospitals Derby and Burton

Two of the four organisations taking part in the online survey officially represent the views of nurses, midwives, or nursing associates, and/or the public that share the following protected characteristics:

- Older (e.g. 65 years and over)
- Younger (e.g. under 18 years of age)
- Disabled (including mental health)
- Ethnic minorities
- Gender-based difference
- Lesbian, Gay and/or Bisexual
- Trans/gender diversity
- Pregnancy/maternity
- Religion or belief

Of the four responding organisations, one describes itself as a regulatory body, two as employers of nurses, midwives, and/or nursing associates, and one as being a national education organisation.

Two of the four responding organisations represent/work across the UK, while two do so in England, and one in Scotland.

The eight organisations responding to the consultation offline are:

- Health Education England
- Mencap
- Professional Standards Authority
- Royal College of Nursing
- Scottish Social Services Council
- Social Care Wales
- UNISON
- Unite

Qualitative research: Focus groups and depth interviews

In total, four focus groups were held with members of the public, each with a specific social group. One focus group was held with individuals from the Gypsy Roma Traveller community, one with refugees and asylum seekers, one with people with learning disabilities or autism, and one with individuals from minority ethnic groups.

A breakdown of participants in the depth interviews and focus groups is shown in the table.

Table 2 Respondent profile of qualitative research by social group

Group	No. of interviewees	No. of focus group participants	Total
Gypsy Roma Traveller communities	1	8	9
Refugee and asylum seekers	-	10	10
People with learning disabilities and autism	2	4	6
Carers	6	-	6
LGBT+ groups	11	-	11
Minority ethnic groups	5	9	14

Appendix B: Consultation questions

A public consultation on the use of our new powers arising from the coronavirus pandemic after the emergency period ends

Introduction

This survey asks for your views on the use of our emergency powers, which were introduced in response to the coronavirus pandemic in March 2020. At that time, the Department of Health and Social Care (DHSC) introduced some rules and gave us powers to make changes to our operating procedures in fitness to practise and registrations.

At our open Council session in July 2020, we committed to holding a full public consultation by 31 March 2021 on the changes brought in by the rules and the continued use of our powers. We also agreed not to use these powers beyond the end of March 2021 in a non-emergency period, without undertaking this consultation.

All responses to this survey are anonymous and you don't need to provide any personal information. We will ensure that all feedback we publish is fully anonymised so that no-one is identifiable.

If you can't submit your response using the online survey, please contact us at consultations@nmc-uk.org for an alternative format. You can also use this email address if you have any questions.

All consultation questions are optional except for the 'About you' questions. This shows us if we have engaged with a diverse and broad range of people. Responses on behalf of organisations will be analysed separately from responses from individuals, so it's important that we know which capacity you are responding in.

If you're responding on behalf of an organisation we'll ask for your name and the organisation's name. However, you have the option to remain anonymous if you wish.

The consultation will run from **4 November 2020 until 15 January 2021.**

Any responses received after this time won't be included in the analysis of the consultation responses.

The consultation

Fitness to practise and registration appeals and hearings

We'd like to continue holding hearings virtually once the emergency period ends, so long as we can do so in a way which is practical and fair for everyone involved.

Q1. Do you think there are any reasons why we shouldn't continue to hold hearings virtually, once the emergency period ends?

- Yes
- No
- Don't know

Please explain your answer here:

Public access

Our rules say that our hearings must be open to the public except in certain circumstances, such as when someone's health is being discussed. Our current approach to virtual hearings is to allow observers to have audio access from their own private setting. We don't currently allow observers to have remote visual access to our virtual hearings. If observers want to view a virtual hearing, they can attend our hearings centre and we will display the virtual hearing on a screen where we have capacity to do so.

Q2. How do you think that members of the public should have access to our virtual hearings? (Please select as many as apply)

- Audio access from their own private setting
- Video access from their own private setting
- Video access from a hearing centre

Please explain the reasons for your answer:

Constitution of panels

- The changes to our rules allow us to hold meetings and hearings where:
- we do not have a panel member who is a nurse, midwife or nursing associate
- we have panels of two panel members rather than three.

We don't intend use our power to have a panel without a nurse, midwife or nursing associate member, outside of a national emergency.

Q3a. Do you agree with this approach?

- Yes
- No
- Don't know

Q3b. Do you think there are any other circumstances where it would be reasonable for us to have a panel without a registrant member?

We would use our power to have a panel of two members (i.e. one lay member and one nurse, midwife or nursing associate) in exceptional circumstances only. Our current approach where a panel has started hearing a matter and one panel member is unable to continue (for example, due to illness or incapacity), is to carry on with the hearing with a new panel member. We intend to continue with our current approach, however we are interested in hearing your views as to whether there are circumstances where we could have panels with two members.

- Yes
- No
- Don't know

Q3c. What do you think the exceptional circumstances should be where we would have a panel with two members?

Sending notices of meetings and hearings

The changes to our rules allow us to send notices of our hearings and meetings by email.

Q4. Do you think we should continue to send notices of our hearings and meetings by secure email?

- Yes
- No

- Don't know

Please explain the reasons for your answer:

Revalidation and fee payment

We only grant revalidation and fee payment extensions in limited circumstances. This may be, for example, where there has been an unforeseen event such as illness or a recent bereavement that has prevented a nurse, midwife or nurse associate from completing their revalidation application or paying their fee on time.

Q5. Do you think we should continue to grant revalidation and fee payment extensions in limited circumstances such as those outlined above?

- Yes
- No
- Don't know

Please explain the reasons for your answer:

Q6. If there is anything else you would like to comment on in relation to whether and how we should use our powers under the rules after the emergency period ends, please do so here.

About you

If you are responding in this section, this is how we will use the data you provide.

Q1. Are you responding as an individual or on behalf of an organisation? (Select only one)

- Individual
- Organisation
- Other

If other, please give details:

Responding as an individual

Q2. Which of the following best describes you?:

- Nurse (including nurse SCPHN)
- Midwife (including midwife SCPHN)
- Nurse and midwife (including nurse and midwife SCPHN)
- Nursing associate
- Student of any of the above professions
- Retired from any of the above professions
- Other health and care professional
- Member of the public
- Representative of an advocacy group/organisation
- Educator
- Employer
- Researcher
- Prefer not to say
- Other

If other, please give details:

Q3. What is your country of residence? (Select one option only)

- England
- Northern Ireland
- Scotland
- Wales
- EEA/EU
- Outside of the EU/EEA
- Prefer not to say

Q4. Do you work in the same country where you live?

- Yes
- No
- Not applicable/Not working

Q4b. If no, please tell us which country you work in: (Select one option only)

- England
- Northern Ireland
- Scotland
- Wales
- EEA/EU
- Outside of the EU/EEA
- Prefer not to say

Responding as an organisation

Q2. Does your organisation officially represent the views of nurses, midwives or nursing associates and/or the public that share any of the following protected characteristics? (Select all that apply)

- Older (e.g. 65 years and over)
- Younger (e.g. under 18 years of age)
- Disabled (including mental health)
- Ethnic minorities
- Gender-based difference
- Lesbian, Gay and/or Bisexual
- Trans/gender diversity
- Pregnancy/maternity
- Religion or belief

Q3. Please select the options that best describe the type of organisation you are representing: (Select all that apply)

- Government department or public body
- Local authority
- Regulatory body
- Professional organisation or trade union
- Employer of nurses, midwives and/or nursing associates
- Agency for nurses, midwives and/or nursing associates
- Education provider
- Consumer or patient organisation

- Charity/voluntary sector
- Other, please give details:

Q4. Does your organisation represent/work in any of the countries/regions below: (Select all that apply)

- England
- Wales
- Scotland
- Northern Ireland
- UK wide
- EEA
- Outside EEA

Q5. Please tell us the name of your organisation:

Q6. Please tell us your name:

Q7. Please tell us your job title:

Q8. Would you be happy for your comments to be attributed to your organisation in reporting?

- Yes, I am happy for my comments to be attributed to my organisation.
- No, please keep my responses anonymous.
- Other

If other, please specify:

Diversity monitoring

Please complete this survey about your background.

We are committed to treating everyone fairly and meeting our legal responsibilities under the Equality Act 2010 and related legislation. We will use this information to better understand if we are engaging with a diverse and broad range of people. In this section we ask for information about your background. Specifically, we use this information when we analyse responses to make sure we understand the impact of our proposals on diverse groups. Although we will use this information in the analysis of the consultation response, we will not publish this information linked to your individual feedback.

Giving us this information is optional and will be anonymised in publication/reports.

Q1. What is your age?

- Age under 20
- Age between 21–30
- Age between 31–40
- Age between 41–50
- Age between 51–55
- Age between 56–60
- Age between 61–65
- Age between 66–70
- Age between 71–75
- Age above 75
- Prefer not to say

Q2. Do you have caring responsibilities? (Please select all that apply)

- None
- Primary carer of a child or children (under 18 years)
- Primary carer of disabled child or children
- Primary carer of disabled adult (18 years and over)
- Primary carer of adult (18 years and over)
- Primary carer of older person or people (65 years and over)
- Secondary carer
- Prefer not to say
- Other

If other, please specify:

The Equality Act 2010 defines a person as disabled if they have a physical or mental impairment, which has a substantial and long-term (i.e. has lasted or is expected to last at least 12 months) adverse effect on the person's ability to carry out normal day-to-day activities.

Q3. Do you have a disability?

- Yes
- No
- Prefer not to say

Q3b. If you answered yes to the question above - please tell us if any of the below apply to you:

- Blind or sight loss
- Deaf or hearing loss
- Mobility
- Manual dexterity
- Learning disability
- Mental health concern
- Speech impairment
- Cognitive disability
- Other impairment - e.g. epilepsy, cardiovascular conditions, asthma, cancer, facial disfigurement, sickle cell anaemia, or progressive conditions such as motor neurone disease
- Prefer not to say

If other, please specify below:

Q4. What is your ethnic group? (Please select only one option)

- White: British, English, Northern Irish, Scottish or Welsh
- White: Irish
- White: Gypsy or Irish traveller
- White: Any other white background
- Mixed or multiple ethnic groups: White and black Caribbean
- Mixed or multiple ethnic groups: White and black African
- Mixed or multiple ethnic groups: White and Asian
- Mixed or multiple ethnic groups: Any other mixed or multiple ethnic background
- Asian or Asian British: Indian
- Asian or Asian British: Pakistani
- Asian or Asian British: Bangladeshi

- Asian or Asian British: Chinese
- Asian or Asian British: Filipina/Filipino
- Asian or Asian British: Any other Asian background
- Black, African, Caribbean or black British: Caribbean
- Black, African, Caribbean or black British: African
- Black, African, Caribbean or black British: Any other black, African, or Caribbean background
- Other ethnic group: Arab
- Other ethnic group: Any other ethnic group
- Prefer not to say

Q5. What is your gender?

- A woman
- A man
- Other, or self-describe
- Prefer not to say

If other or self-describe, please specify:

Q6. Does your gender identity match your sex as registered at birth (or within 6 weeks)?

- Yes
- No
- Prefer not to say

Q7. How would you describe your national identity? (Please tick all that apply)

- British
- English
- Irish
- Northern Irish
- Scottish
- Welsh
- Other
- Prefer not to say

If other, please specify below:

Q8. What is your religion or belief?

- No religion
- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion
- Prefer not to say

If any other religion, please describe:

Q9. Which of the following options best describes your sexual orientation?

- Bisexual
- Gay or lesbian
- Heterosexual or straight
- Prefer not to say
- Other

If other, please specify:

This completes the consultation. Please click on the 'Submit' button (or tick icon) to submit your responses.

Nursing & Midwifery Council

Council

Annual Corporate plan and budget 2021-2022

Action: For decision.

Issue: Seeks the Council's approval for the corporate plan and corporate key performance indicators (KPIs) for 2021–2022, and for the budget for 2021–2022. This is in the context of the five year strategy for 2020–2025 and indicative budgets to 2023–2024.

Core regulatory function: All regulatory functions.

Strategic priority: All strategic priorities for 2020–2025.

Decision required: The Council is recommended to approve:

- the corporate plan for 2021–2022 (paragraph 21.1.1);
- the KPIs and targets for 2021–2022 (paragraph 21.2);
- that the values for the lower and upper limits of the target range of free reserves remain at £0 and £25 million respectively, and the value for the minimum cash and investments balance remains at £20 million (paragraph 31);
- that the annual registration fee for all registrants should remain at the current level of £120 (paragraph 38);
- that the cost of living award should be 1.0 percent for all employees, with additional adjustments made to bring employees towards the middle pay level of their grade. These increases add up to about 1.6 percent of the pay bill and will be paid with effect from 1 April 2021 (paragraph 433);
- the budget for 2021–2022 as set out in table 1 below, and note that this will be subject to further approval in September 2021 when an updated budget will be presented to Council (paragraph 600).

The Council is recommended to note:

- the planned contracts and commitments with a lifetime value of over £0.5 million (paragraph 65).

Annexes: The following annexes are attached to this paper:

- Annexe 1: Draft corporate plan for 2021–2022
- Annexe 2: Draft KPIs for 2021–2022
- Annexe 3: Draft budget for 2021–2022, indicative budgets for 2022–2024

- Annexe 4: Proposals for target lower and upper limits of free reserves, and minimum cash and investments balance
- Annexe 5: Contracts over £0.5 million expected to be signed in 2021–2022

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 We prepare our corporate plan each year in the context of our longer term strategy and the developing external environment. The corporate plan sets out our key priorities for the year, including our key performance indicators (KPIs).

2 The budget allocates the resources required to deliver the corporate plan. The budgets for the two succeeding years are indicative, and subject to re-approval by the Council before the start of each financial year.

3 We have a financial strategy that sets the financial parameters within which we operate. The current financial strategy was approved by the Council in March 2020. It set key constraints on budgets, in particular that the lower and upper limits of the target range of free reserves are £0 and £25 million respectively, and the value for the minimum cash and investments balance is £20 million. This is re-examined as part of this paper.

4 2021–2022 is the second year of our five year strategy for 2020–2025. The first year of the strategy, 2020–2021, has been substantially affected by Covid-19. As we have reported to the Council during the year, much of our corporate plan for 2020–2021 had to be deferred in order to refocus our resources on responding to Covid-19, and then recovering from the impact of it.

5 The financial impact of Covid-19 is that we have underspent our budget and recorded a surplus for 2020–2021, because fitness to practise (FtP) cases and other activities could not be progressed, but we expect to incur deficits in 2021–2022 and 2022–2023 as we recover the fitness to practise caseload and progress our other key projects.

6 Our FtP recovery programme is underway and the caseload has been stabilised. However, the resources needed to bring the caseload back down to target levels have not yet been fully determined, so the cost of fitness to practise over the next three years is still uncertain. The whole of the Executive team is focussed on ensuring that these costs are only those needed for efficient and effective delivery.

7 There is also a greater than usual level of uncertainty over our income, with some indicators pointing to rising number of registrants while others suggesting a decline, which make predictions difficult.

8 Because of the financial uncertainty over our fitness to practise costs and our income, the budget for 2021–2022 will be subject to review and re-approval by the Council at the September 2021 meeting.

9 Subject to the annual audit and the accounting revaluation of our pension scheme (see paragraph 55 below), at the end of March 2021 we expect to have total reserves of around £67 million, free reserves of £39 million and aggregate investments and cash of £94 million.

Four country factors:

10 Not applicable for this paper.

Discussion

Corporate plan and KPIs for 2021–2022

11 The draft corporate plan for 2021–2022 is at **annexe 1**.

12 In January 2021, we provided the Council with our quarter three results. These highlighted our year to date progress and areas which had been slowed or deferred during 2020–2021 due to the coronavirus pandemic. We have used this intelligence to frame our commitments and budget for the year ahead.

13 The cornerstone of next year's plan will be our recovery programme to reduce our fitness to practise caseload in the short term and to implement improvements which will make sure that we are more efficient in the longer term.

14 Our commitments are a mixture of continuing work which is already in-flight but was slowed due to the pandemic, deferred work, and some new areas of focus for the year ahead. The Executive Board has reviewed the overall plans and made sure that we have scheduled activities so that the plan and budget are both achievable and affordable.

15 Our 10 corporate commitments for 2021–2022 are:

15.1 Implementing our fitness to practise restoration programme (this was started in Q4 2020–2021 and will run for up to two years).

15.2 Launching our new test of competence (this was deferred from 2020–2021 due to the pandemic).

15.3 Completing our post registration standards.

15.4 Confirming our minimum requirements for the recognition of professional qualifications for nurses and midwives from the EU following the removal of the EU minimum education standards after the UK left the EU (a new multi-year project).

15.5 Building trust in professional regulation (a new multi-year project).

15.6 Continuing regulatory reform (an in-flight multi-year programme).

15.7 Improving our data and insights (which was largely deferred from 2020–2021 and will be a multi-year programme).

15.8 Delivering the next phase of our organisational design and people plan (which had some delays in 2020–2021 and is an in-flight multi-year programme).

15.9 Continuing improvements to our information technology to deliver safe, secure and reliable infrastructure (which had some delays in 2020–2021 and is an in-flight multi-year programme).

15.10 Continuing to deliver fit for purpose workspaces for our colleagues (which had some delays in 2020–2021 and is an in-flight multi-year programme).

16 Each commitment is discussed in more detail at **annexe 1** and **annexe 2**.

Measuring our corporate plan and budget

17 In September 2020, the Council agreed two levels of corporate reporting:

17.1 **Level 1** data is deemed strategically important and reported to the Council and Executive Board (e.g. financial monitoring, milestones for corporate commitments, key performance indicators, risks).

17.2 **Level 2** provides additional detail such as directorate breakdowns and supplementary information that supports level 1. This is provided to the Executive Board and is only escalated to the Council if level 1 data is outside of our target range.

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

19 The proposed measures and targets for 2021–2022 are at **annexe 2**.

20 Key changes for 2021–2022 are:

20.1 Updated milestones for 2021–2022 for each corporate commitment.

20.2 Additional KPIs to track our fitness to practise recovery programme. These will formalise key elements of the FtP dashboard, adding in additional KPIs regarding the quality of decision making.

20.3 A formal target for customer satisfaction (set at 85 percent).

20.4 A new KPI for approval decisions for midwifery programmes delivered by Approved Education Institutions (AEIs) against our new midwifery standards. We will close the equivalent nursing KPI now that it has been achieved.

20.5 Streamlined measurement reflecting our influencing and engagement work.

20.6 New measurement at level 2 to measure our work around insight and influence (covering employer link service, regulatory insight, policy).

20.7 A new target for employee turnover, stretching the target from 15 percent to 10 percent.

20.8 A new target for employee engagement, increasing our target to a score of 7.5 out of 10.

20.9 Vacancy data for key areas where we are undertaking targeted recruitment.

20.10 Additional contextual data at level 2 data regarding volumes of registration applications, readmissions, contact centre calls and emails, enquiries and complaints, and turnover to supplement percentages.

20.11 New measures covering procurement and financial reporting.

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

21.1 **the corporate plan for 2021–2022 at annexe 1;**

21.2 **the KPIs and targets for 2021–2022 at annexe 2.**

Budgets for 2021–2024

Budget overview

22 The proposed budget for 2021–2022 and the two following years is set out at table 1 below and in more detail, including budgeted employee numbers, at **annexe 3**. The budget is designed to deliver the corporate plan and the KPIs.

23 The key assumptions, risks and uncertainties within the budget are summarised in paragraphs 32 to 58.

24 The budgets show large deficits in 2021–2022 and 2022–2023, with a return to break even in 2023–2024. They show a reduction in our free reserves from the forecast £39 million at 1 April 2021 to £9 million at 31 March 2024. Those outcomes would be within the constraints set by our financial strategy and, at 31 March 2024, we would still expect to have £61 million in combined cash plus investments. However, this would be a significant shift in our financial position, so we need to proceed with caution, particularly while the cost of recovering the FtP caseload is uncertain. We will present an updated budget to Council for approval in September 2021, when we will have more certainty over the costs.

25 Much of the reduction in free reserves follows from the planned investment in our IT systems and buildings, via the Modernisation of Technology Services (MOTS) programme and the refurbishment of 23 Portland Place. Although the budgets show the expected cost of the MOTS programme and the 23 Portland Place refurbishment over the three year period, the Council has only authorised funds for the next stage of each programme, taking us to December 2021 and quarter 2 of 2022–2023 respectively.

26 The financial cost of Covid-19 for the NMC approximates to the deficits expected in 2021–2022 and 2022–2023, net of the surplus in 2020–2021. This is a net total of £7.7 million.

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

27 Our reserves policy, which is included within the financial strategy, is to maintain free reserves within a target range, and to set a minimum level for the aggregate forecast cash and investments balance in the course of the coming year. The target range of free reserves and the minimum cash and investments balance are reviewed at least annually by the Council.

28 The target minimum level of free reserves is set so as to ensure our sustainability, taking account of the security of our income stream, our cash and investment balances, and an assessment of the potential financial impact of risks faced by the NMC. The target maximum level of free reserves is set so as to ensure our resources are applied effectively, balancing the interests of registrants who finance us through the fees that they pay, and the public who benefit from our work.

29 The purpose of the minimum level for the aggregate forecast cash and investments balance is to ensure liquidity without the need for borrowing facilities.

30 **Annexe 4** sets out the Executive's annual review of the target range of free reserves, the minimum cash and investments balance, and the rationale for the recommendation to keep those limits unchanged.

31 **Recommendation: Council is recommended to approve that the values for the lower and upper limits of the target range of free reserves remain at £0 and £25 million respectively, and the value for the minimum cash and investments balance remains at £20 million.**

Annual registration fee

32 In accordance with our financial strategy, the Council reviews the registration fee each year as part of the budget setting process. The review uses the future year indicative budgets to identify when fee increases are necessary and plan for them so as to minimise the impact on registrants. Our financial strategy commits us to retaining the fee at its current level for as long as possible.

33 The fee is our only regular source of income – we do not receive government funding for our core work. The fee also keeps us independent so we can protect the public by supporting our professionals – in normal times and during this emergency. During the past year, many individual registrants and some organisations have suggested we should waive or reduce our fee as a means of showing support to the nurses, midwives and nursing associates who have continued to work in such difficult circumstances. We understand why people make that suggestion, but we could not afford to waive or reduce the fee, even for a short period.

34 Our fees were last increased in February 2015. Based on the Bank of England inflation calculator, prices have increased by about 13 percent since then. This means that if our annual registrant fee had increased by inflation, it would now be £136 and our total fee income about £11 million higher in 2020–2021.

35 Our financial strategy aims to ensure that the fee is affordable by nurses, midwives and nursing associates while at the same time providing sufficient funding to enable us to operate effectively as their regulator. Provided registrant numbers remain stable and inflation remains low, we aim to maintain the registration fee at the current £120 level for as long as possible. We aim to do this by generating cost savings through investment in new systems and continuous improvement of our processes, and through our investment policy, which aims to earn an above-inflation rate of return on our investable cash balances. We also ensure that we recover costs from the Department for Health and Social Care (DHSC) that should not fall on our registrants, for instance the setting up the emergency temporary register during 2020.

36 As already set out above, there is significant uncertainty around registrant numbers in the future. We have assumed that numbers increase by about one percent a year, but there is a risk that the numbers of nurses, midwives and nursing associates on our register are flat or drop. If the numbers on our register were to fall significantly, and despite taking all appropriate steps to increase our efficiency, we might then need to initiate a consultation on increasing our registration fee.

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

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

Employee pay award

39 Detailed consideration of the annual pay review has been carried out by the Executive Board. This has been reviewed and agreed by the Remuneration Committee. It took into account the current rate of inflation, with CPI at 0.9 percent in the year to January 2021, expectations around the future rate of inflation, as well as benchmarking against current market conditions in both the private and not-for-profit sectors.

40 The Executive Board recommended and the Remuneration Committee agreed that a 1.0 percent flat inflationary increase is right in the context of the level of inflation.

41 As also agreed by Remuneration Committee, and in line with the pay strategy agreed by the Council two years ago, we are proposing additional increases to employees in the same role since March 2019 in grades 1 to 7 to bring them to the middle pay level of their grade. Additional increases will also be made to all other eligible employees who are below the middle of their grade using the table shown below. Note these increases will be capped to avoid “leapfrogging”.

Position to Middle %	Additional %
<95%	1.0%
95%-100%	0.5%
>100%	0.0%

42 Together these awards will add about 1.6 percent to the pay bill. Overall we believe this to be reasonable in the context of benchmarks. These indicate that pay awards in the private sector and regulators as a whole are expected to be around 1.8 percent to 2 percent whilst significant parts of the public sector are subject to a pay freeze.

43 **Recommendation: The Council is recommended to approve what Remuneration Committee has agreed, that the cost of living award should be 1.0 percent for all employees, with additional adjustments made to bring employees towards the middle pay level of their grade. These increases add up to about 1.6 percent of the pay bill and will be paid with effect from 1 April 2021.**

Income

44 Total income in 2021–2022 is budgeted at £93 million, a £2 million increase compared to our forecast income of £91 million in 2020–2021.

45 For financial planning purposes, this reflects an assumed 1 percent increase in the number of nurses, midwives and nursing associates on the register. As noted at paragraph 7, there are considerable uncertainties around the numbers of professionals who may be considering leaving the register and joining it, so our income budget for the coming year is more than usually uncertain.

46 The budget for 2021–2022 and the indicative budgets for the following two years assume the annual registration fee remains at £120.

47 Details of investment income assumptions are detailed below.

48 The Council is asked to note that we are in discussion with the DHSC and NHS England and NHS Improvement to support the increase in registration and testing (the 'OSCE') capacity needed to meet the demands of higher levels of international recruitment now underway. This may take the form of a grant payable to the NMC to secure the provision of additional OSCE capacity and reduced timelines for approvals. However, this has not yet been finalised and is not included in the income and expenditure plans presented to the Council in these papers. The Council will be kept informed of progress.

Non-pay inflation

49 Pay and pay-related costs account for about half of our overall budget. For non-pay costs, contractual price increases have been built in where needed. Elsewhere an inflation assumption of 2.0 percent has been used on 75 percent of our non-pay expenditure. This is in line with the Bank of England's target and forecast rate of inflation but provides, overall, an incentive to procure at lower than inflation where possible.

Contingency

50 For the past two years, we have maintained a central contingency of 3.3 percent (£2.6 million last year) of Directorate Core Business. This has not been needed due to the underspends that have arisen, and has, therefore, itself contributed to the overall underspend. Given the optimism bias that tends to be built into individual Directorate delivery plans and hence budgets, we have reduced the contingency by half in 2021–2022 and later years to 1.6 percent or £1.5 million. This will be used to enable us to respond to significant unforeseen and unplanned events, for example further impacts of Covid-19.

51 Whilst we face greater uncertainties to income and spend than last year, the Executive feels comfortable with this lower contingency given that wider controls and mechanisms to manage spend also exist. For instance, where appropriate, we will seek funds from DHSC if we are commissioned to carry out additional, novel work regarding Covid-19 or other matters. We will be coming to the Council in September 2021 with further assessment of resources needed to bring the fitness to practise caseload back to target. Any new expenditure will be subject to a business case and signed off by the Executive Board, or the Council if appropriate, before funds are released.

Efficiency

52 We have a responsibility to the nurses, midwives and nursing associates who fund us to make the best possible use of their money.

53 We continue to build in significant levels of cash releasing efficiency savings into budgets, building on those already achieved in earlier years. These include, for instance, savings due to fewer full hearings due to changes to FtP processes, and reduced costs due to changes to make our processes more paperless. Our updated Accommodation Plan (being made available separately) identifies the potential benefits from changes in working patterns following the Covid-19 pandemic, and seeks to realise them by reducing our requirement for rented office space.

54 But if we are to continue to achieve the aim set out in our financial strategy, to maintain the registration fee at £120 for as long as possible, we must continue to look hard at how to make our operations more efficient. Our plans to do this include current work to streamline fitness to practise processes, without impacting their integrity or our person-centred approach. Our investment in technology has the scope to drive savings through more efficient processes in both regulatory and support services areas. We are also reviewing corporate functions, both central and within operational directorates, to ensure they are proportionate and effective. In the medium term, regulatory reform will enable us to improve the efficiency and effectiveness of our processes.

Pension costs and liabilities

55 As agreed by the Council in May 2020, we have increased the maximum employer contributions under our Defined Contribution pension scheme with effect from 1 April 2021. The minimum employee contribution remains at 1 percent of salary. The NMC's employer contribution is 8 percent if employees contribute the minimum 1 percent, and the NMC will now match additional employee contributions up to a maximum employer contribution of 14 percent of salary. The introduction of the option of salary sacrifice also offers the opportunity to our employees to make their pension contributions even more cost effective.

56 The costs and liabilities of our Defined Benefit (DB) pension scheme remain an area of significant uncertainty. In particular:

56.1 Following the consultation on the future accrual of benefits under the DB pension scheme, the Council is considering options alongside this paper. In line with the Executive's proposal to close the scheme to future accrual, we have assumed future savings in DB pension costs. But until the Council has taken a decision those savings are a risk in the budget.

56.2 The valuation of the DB scheme deficit will be subject to the outcome of the next triennial review as at 31 March 2022. We continue to work towards eliminating the deficit by 2026 through funding the scheme on the basis agreed with the trustees during 2020–2021. We made a one-off additional contribution of £6.3 million in October 2020 and will continue additional payments totalling around £1.8 million a year to address the deficit until the results of next triennial review are agreed. The scheme is also still subject to the annual accounting valuation at the end of each year. Whilst this impacts on our free reserves from year to year it does not affect our cash position.

Investment income

57 We have forecast investment income on the basis of interest paid on cash deposits earning 0.5 percent a year and dividend income on stock market investments of £30 million of 1.7 percent, which is the current estimate by our investment managers. Our overall long term target level of return for our £30 million investment portfolio is CPI inflation plus 3 percent including dividend income and net of management fees.

58 We have not assumed any capital growth or loss from our stock market investments since this is likely to be more volatile, and we expect to reinvest gains within the portfolio rather than use them to fund expenditure. We have also not budgeted for investment management fees, which will be paid out of the returns on the portfolio. The investment in stock markets is to protect and enhance the real terms value of that element of our cash over the medium to long term, but it does introduce an element of risk since the capital value of the investments will fluctuate from year to year.

Budget summary

59 Our overall budget summary, reflecting these key assumptions, is shown in table 1 below. More detail is at **annexe 3**, including a high level cash flow forecast.

60 **Recommendation: Council is recommended to approve the budget for 2021–2022 as set out in table 1 below, and note that this will be subject to further approval in September 2021 when an updated budget will be presented to Council.**

Table 1: 2021 – 2024 budget summary

Strategy Year (£m)	Forecast 2020 – 21 Year 1	Budget 2021 - 22 Year 2	Budget 2022 – 23 Year 3	Budget 2023 – 24 Year 4
Income	91	93	94	95
Core business cost	80	100	100	94
Programmes	6	11	10	17
Less capital	(4)	(9)	(9)	(16)
Surplus/(deficit)	**9**	**(9)**	**(7)**	**0**
Free reserves	**39**	**26**	**17**	**9**

Planned contracts and financial commitments over £0.5 million

61 In accordance with our financial regulations, where a programme or project has a lifetime value greater than £2 million or has a significant impact on registrants or the public, a business case will be brought to the Council for approval before initiation.

62 This paper also provides details of new or revised contracts or other financial commitments with an estimated lifetime value greater than £0.5 million including VAT that we expect to enter into during the coming year.

63 As set out in the Financial Regulations, contracts that are included on this list that have an expected lifetime value of less than £2 million including VAT may be approved by the Chief Executive and Registrar. Contracts that have an expected lifetime value greater than £2m, and any contract with an expected value greater than £0.5 million that was not included on the list, will require the approval of the Council.

64 All identified contracts and commitments expected to be entered in 2021–2022 that exceed £0.5 million are listed at **annexe 5**. These contracts and commitments are across all areas of the business and will support a mixture of 'core business' activities and priority programmes, such as MOTS.

65 **Recommendation: Council is recommended to note the planned contracts and commitments with a lifetime value of over £0.5 million set out at annexe 5**.

Public protection implications:

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

Resource implications:

67 Covered in the body of the paper.

Equality and diversity implications:

68 Our plans and budgets underpin and take forward our commitment to equality and diversity. This applies to our own people, those people on our register and others we engage with.

69 In particular, through our People Programme, we will make sure that our people have the right skills, tools, and processes essential to deliver successfully our strategy by 2025. Our focus for 2021–2022 is to make sure that all colleagues have equal opportunities to develop their skills and careers, to develop a pay progression model, and progress work to embed equality, diversity and inclusion in everything we do. Following the publication of the Ambitious for Change research in October 2020, we are progressing the second phase of this work to understand why certain groups of professionals receive different outcomes in some of our processes, what impacts these have on the professionals involved and what we can do, with others, to address these differences.

Stakeholder engagement:

70 The business plan and budget reflect the five year strategy published in 2020 which was the subject of wide stakeholder consultation. They have also been informed by on-going discussions with stakeholders.

Risk implications:

71 Risk has been considered as part of the business planning, budgeting and strategy review process both at individual directorate and corporate level. The Executive considers that the plans set out do not increase our levels of risk overall, and reflect key steps to reduce risk as set out in the risk register included as part of the Executive Report. Examples include:

71.1 Implementation of the fitness to practise recovery programme, to help address the risk that we fail to take appropriate action to address a regulatory concern;

71.2 Our investment in the MOTS programme and full implementation of our new registration platform will help address the risk that we fail to maintain an accurate register of people who meet our standards and the risk that we fail to prevent a significant data loss or we experience a major information security breach;

71.3 Our investment in the People Strategy, in a cost of living pay rise and the continuing changes to grading and pay, help address the risk that we fail to recruit and retain an adequately skilled and engaged workforce.

72 Areas where risk increases come from our ambition to improve, reflected in our new strategy. In particular:

72.1 we risk trying to deliver too much too quickly and failing to deliver effectively as a result and/or underspending significantly. To counter this, we have prioritised our plans so that the corporate plan for 2021–2022 focuses on delivering what is already in train along with scoping some areas for future years.

72.2 We are planning significant investment in technology and our estate, both of which will provide major benefits for our registrants and other stakeholders for many years beyond 2025. We have in place robust programme and project management arrangements to manage the delivery and financial risks around these.

Legal implications: 73 None.

Draft NMC corporate plan for 2021-2022

1. Foreword

2021-2022 is the second year of the NMC strategy for 2020-2025. That strategy launched in April 2020 as the first wave of the global pandemic intensified, set out clearly our purpose to ***regulate*** well; work in ***support*** of the public, the professionals on our register and our partners; and use our regulatory insight to ***influence*** health and social care policy. We set out an ambitious programme of work to deliver our purpose and improve our organisation.

The last year has seen us achieve a great deal and we are proud of so many successes including launching and maintaining the temporary register to increase workforce capacity in the crisis; introducing emergency and recovery education standards to support students and educators; working remotely to continue our services including the contact centre and establishing virtual hearings in fitness to practise.

To do all this we've been agile and responsive working collaboratively with our professionals and partners to agree what needed to be done, find solutions and implement them. We are extremely grateful to everyone who has worked with us over this pandemic-affected year, we couldn't have done it without you.

Our greatest thanks are reserved for the nurses, midwives, nursing associates and nursing and midwifery students. As leaders, newly qualified professionals, experienced practitioners, returners to the temporary register or students, this last year has been challenging personally and professionally. They have given so much and some have lost so much. Their dedication and commitment inspire us all at the NMC to do the best we can to promote and support the high professional standards that protect the public.

Many of our achievements in the last year did not feature in our new strategy. While our purpose to regulate, support and influence and our new values to be fair, kind, ambitious and collaborative guided everything we did, some of the specific initiatives we'd planned for the year could not proceed as we originally envisaged. The pandemic also affected our work, contributing, for example to a backlog in our fitness to practise cases. These factors will have a significant impact on our priorities for the year ahead.

The future is also uncertain – the vaccine programme is a fantastic success and brings real hope of recovery from Covid19 but what twists and turns will there be along the way? We can see the pressures on the workforce. The consequences of Brexit are yet to be fully realised. The Government's White Paper '*Integration and innovation: working together to improve health and social care for all*' brings the promise of long-awaited regulatory reform but the timetable and specific proposals for us are as yet unclear.

We have a good basis to build from but with the delays to our strategic programmes, operational pressures and an uncertain environment, this is not a time for us to be complacent. Our corporate priorities for the year ahead set out in this plan reflect our ambition to continue to develop.

The Fitness to Practise recovery is vitally important, and we have plans to resolve the backlog through investment and improvement. But that won't be our only priority. For example, we will complete our work on post-registration standards so we can move in subsequent years of the strategy to considering advanced nurse practice and the review of the Code. And we will continue to focus on making the NMC a truly great place to work by continuing to transform our support for colleagues; improve IT systems and kit; and reimagine how we work at home and in our offices.

There's a lot for us to do, no doubt. We've just come through the toughest of years when we've also had personal as well as professional trials and tribulations to cope with. There's been a lot of change – including the sad and unexpected departure of our Chair Philip Graf and the welcome arrival of four new Council members.

But despite all this, we've made a difference. Our teams are talented and dedicated and we are continuing to recruit enthusiastic, expert new colleagues. We have embraced new ways of working and we are determined to succeed.

I am extremely grateful to my colleagues across the organisation, the senior team and Council for everything they have done in 2020-2021. I know that working collaboratively together, being fair and kind we will realise the ambitions we have set out in this plan for 2021-2022.

Andrea Sutcliffe
Chief Executive and Registrar

2. Who we are

We are the independent regulator for nurses and midwives in the UK, and nursing associates in England. We hold a register of almost 725,000 nursing and midwifery professionals.

3. What we do

Our vision is safe, effective, and kind nursing and midwifery that improves everyone's health and wellbeing. As the professional regulator of almost 725,000 nursing and midwifery professionals, we have an important role to play in making this a reality.

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

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

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

4. Our values

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

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

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

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

5. Our strategy

2021–2022 marks the second year of our five year strategy to 2025. You can read our full strategy on our website.

Figure 1 provides an overview of our role, strategic themes and values.

6. Context for the year ahead

Recovering from the coronavirus pandemic

We played a crucial role in supporting the health and social care sector to increase the workforce by establishing a Covid-19 temporary register. We invited nurses and midwives who had left our permanent register after March 2015. We also invited specific groups of overseas-trained professionals who had not yet joined the permanent register. There are 16,077 nurses and midwives registered on the temporary register at 28 February 2021.

The consequence of the pandemic was that we had to rapidly adapt to home working, pause our fitness to practise casework except for the highest risk cases, and make adaptations in our onsite working practices. This meant that our fitness to practise caseload rose significantly and we had to re-plan work which we had intended to deliver in the first year of our strategy.

With the success of the vaccination programme and the easing of restrictions, we will concentrate our effort in three areas during 2021–2022. These are:

1. Maintaining our temporary register for as long as required
2. Bringing colleagues back into the office whilst maintaining the positive advantages of remote working
3. Reducing the fitness to practise caseload

Reducing our fitness to practise caseload

We start 2021-2022 with a very high fitness to practise caseload. This is due to a combination of factors that have affected us over the last year, rather than an increase in referrals.

The caseload was beginning to increase towards the end of 2019-2020. This was partly due to the impact of new, person-centred ways of working arising from our new, strategic approach to fitness to practise which were taking longer, and partly due to vacancies in key teams, such as screening and investigations. Recruitment plans to address the increased case volumes had been established but the onset of the pandemic initially curtailed these plans.

At the start of the national emergency for the pandemic, our immediate priority was to avoid any negative impact on frontline health and care provision. For fitness to practise cases, we decided to:

- Prioritise activity for the immediate management of risks to the public, concentrating on interim orders, interim order reviews and substantive orders, and the extension of interim orders through the courts where necessary. To do this we created the facility to undertake virtual hearings.

- Prioritised the progression of cases where the outcome of the investigation indicated that it was likely to close at the Case Examiner stage. This enabled

nurses and midwives to help with the pandemic response without the concern of an open fitness to practise referral.

- Suspend other fitness to practise casework where there was no immediate risk to the public so as not to divert front line health and care professionals from the response to the pandemic.

As a result, case numbers continued to increase in our screening and investigations teams. Fewer Case Examiner decisions to refer a case for a hearing meant there was no immediate increase in cases requiring adjudication.

After the first lockdown was lifted, casework resumed on 20 July 2020 and Covid-secure physical hearings resumed on 14 September 2020.

The impact is that we now have an excessively high caseload. We know that delays in casework have a significant negative impact on everyone involved in our processes, especially members of the public and registrants who are waiting for their cases to move forward.

Reducing our fitness to practise caseload will be the corner stone of our 2021–2022 corporate plan. We will commit extra resources to reduce the caseload in the short term, and improve how we work to make sure that the caseload doesn't increase unduly in the future.

Making progress with our strategic ambitions

Although recovering from the coronavirus pandemic and reducing our fitness to practise caseload will be high priorities for the year ahead, we are clear that our strategic ambitions remain intact. Making progress with our strategic ambitions by improving the way we regulate, enhancing our support for the professionals on our register, the public and our partners as well as strengthening our influence by using our regulatory insights wisely will continue to shape our work in the year ahead. We may not have made the progress we would have liked in the first year of our strategy and some completion dates will be delayed, but our experience of the pandemic has reinforced our resolve to deliver on the ambitious plans we originally set out.

7. NMC Corporate Plan 2021-2022

Innovation and improvement	Proactive support for professionals	More visible and better informed	Empowering and Engaging	Greater insight and influence
Commitment 1: Reduce the fitness to practise caseload and make sustainable improvements to the way we regulate	**Commitment 3**: Deliver a new set of ambitious post-registration standards focusing on community nursing practice	*None for 2021-2022*	**Commitment 5**: Build trust in professional regulation	**Commitment 6**: Deliver a substantial programme of regulatory reform to shape improvements to our legislative framework
Commitment 2: Deliver the new test of competence for overseas applicants	**Commitment 4**: Determine whether we should propose changes to our programme standards for pre-registration education in the UK			**Commitment 7**: Improve our data and insights

Fit for the future

Commitment 8: Deliver the next phase of our organisational design and people plan to support us to deliver our strategy

Commitment 9: Improve our IT to deliver a safe, secure, and reliable ICT infrastructure that supports new ways of working

Commitment 10: Deliver fit-for-purpose workspaces for our colleagues at 23 Portland Place and in Edinburgh

Our values

Fair | Kind | Ambitious | Collaborative

7. Our corporate commitments for 2021–2022

Our core purpose is to regulate nurses and midwives across the UK and nursing associates in England.

We do this by:

- Maintaining an accurate and transparent register of midwives, nurses and nursing associates
- Maintaining the temporary register for Covid-19 as long as required to support the pandemic
- Setting robust professional and educational standards
- Quality assuring nursing and midwifery education
- Responding fairly to concerns about midwives, nurses and nursing associates

The following corporate commitments support our core purpose and will deliver improvements that will strengthen our role to regulate, support, and influence.

We have presented each corporate commitment under our strategic themes for 2020–2025.

Innovation and improvement

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

Commitment 1: Reduce the fitness to practise caseload and make sustainable improvements to the way we regulate

Owner: Executive Director of Professional Regulation

Our focus for 2021-2022

Addressing the backlog of fitness to practise cases is essential if we are to carry out our regulatory duties with the confidence of members of the public, the people on our register and the wider health and social care sector. We will commit additional resources to our fitness to practise recovery programme so that we significantly reduce the fitness to practise caseload in the short to medium term and deliver significant improvements across our processes for the future. This work will be underpinned by a detailed improvement programme plan with engagement from across the organisation.

This is a new programme for 2021-2022.

Commitment 2: Deliver our new test of competence for overseas applicants

Owner: Executive Director of Professional Regulation and Assistant Director, Registration & Revalidation

Our focus for 2021-2022

In August 2021 we will launch the new test which reflects our new innovative standards for nursing and midwifery.

We recognise that preparation for the test is key to a candidate's success. We had planned for the new test to launch in summer 2020, but Covid-19 significantly affected candidates' capacity to focus on preparing for the changes so we decided to postpone the implementation until 2021. We will engage with the sector to prepare them before the launch.

This is a rescheduled commitment from 2020-2021.

Proactive support for professionals

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

Commitment 3: Deliver a new set of ambitious post-registration standards focusing on community nursing practice

Owner: Executive Director of Professional Practice

Our focus for 2021-2022

Last year we spoke to stakeholders about what's important for the new post registration standards of proficiency. This year we will proceed with a full public consultation on the new draft standards during 2021 with an aim to publish the new standards in 2022. The proposed standards include:

- Standards of proficiency for specialist community public health nursing (SCPHN)
- Standards of proficiency for community specialist practice qualifications (SPQs)
- Associated standards for post-registration programmes

This is a continuing multi-year project

Commitment 4: Using evidence and research, determine whether we should propose changes to our programme standards for pre-registration education in the UK

Owner: Executive Director of Professional Practice

Our focus for 2021-2022

Following the UK's departure from the EU in 2020, the EU Directive 'on the mutual recognition of professional qualifications' no longer applies, so we will review evidence to determine whether we should propose changes to the minimum standards for education and training of nurses responsible for general care, and midwives.

If we do propose changes, we will support our approved education providers to implement new programme standards by September 2023 at the latest.

This is a new multi-year project.

More visible and better informed

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

Guided by the review undertaken in 2020 of the employer liaison service, we will develop a new approach for our outreach service ready for implementation in 2022-2023. This will feature as a commitment from the third year of our strategy.

Empowering and Engaging

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

Commitment 5: Build trust in professional regulation

Owner: Executive Director of Communications and Engagement

Our focus for 2021-2022

We want to support professionals, students, stakeholders and the public to understand, remember, and associate with our purpose, our values and our remit. They'll know what we do (and what we don't do) and where we are going, so we can better collaborate with them on the things that matter to them

This is a new project.

In addition, we will embed stakeholder and public engagement across the organisation, building and maintaining strong external relationships and working in partnership with our stakeholders, professionals and the public. This will include proactive, early engagement with people on key issues and challenges, working in co-production to resolve and address them.

We will put organisation-wide ways of working in place, which will better embed our person-centred approach and co-production principles. We will consistently consider and reflect four nation differences in our approaches to engagement.

Greater insight and influence

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

Commitment 6: Deliver a substantial programme of regulatory reform to shape improvements to our legislative framework

Owner: Executive Director of Strategy and Insight

Our focus for 2021-2022

We will continue our work with the Department of Health and Social Care and other regulators to shape improvements to our legislative framework. We will develop our policy so that we can influence the content of the legislation and be ready to consult on our proposed rules in 2022 (timescales subject to the wider DHSC timetable).

This is a continuing multi-year project.

Commitment 7: Improve our data and insights

Owner: Executive Director of Strategy and Insight

Our focus for 2021-2022

We want to advance our learning from data, insights, and research to improve what we do now and in the future. This year we will put in place the foundations to improve our data and insights, and we will build relationships so that we can work collaboratively to share our insights for the benefit of the wider health and social care system. This work was originally planned this work for 2020-2021 but was rescheduled.

This is a continuing multi-year project.

Fit for the future organisation

Our strategic aims have significant implications for how we operate as an organisation. We need to make sure we have the right capabilities, processes, and resources to fulfil our ambitions for the strategic period ahead.

Commitment 8: Deliver the next phase of our organisational design and people plan to support us to deliver our strategy

Owner: Executive Director of People and Organisational Effectiveness

Our focus for 2021-2022

We want to make sure we are organised in a more efficient and effective way to deliver our corporate strategy. As well as improving our organisational capability, structure, and processes, we will develop our plan to maximise individual potential and organisational performance, with people and the employee experience at the heart of this work. We want to become a more inclusive employer in which all our colleagues can develop, progress and contribute to their full potential.

This is a continuing multi-year project.

Commitment 9: Improve our IT to deliver a safe, secure, and reliable ICT infrastructure that supports new ways of working

Owner: Executive Director of Resources and Technology Services

Our focus for 2021-2022

We will continue our programme to modernise the systems that support our regulatory work, which will enable us to provide better customer service, and allow us to store and use our data to provide insights.

We will also continue our investment to improve our technology services and our infrastructure so that our colleagues have the tools they need to work efficiently both now and in the future.

This is a continuing multi-year project.

Commitment 10: Deliver fit-for-purpose workspaces for our colleagues at 23 Portland Place and in Edinburgh

Owner: Executive Director of Resources and Technology Services

Our focus for 2021-2022

We will continue to deliver our accommodation plans, which will provide modern working environments that support collaboration, new ways of working, and take account of the lessons we've learned from the success of home working during the coronavirus pandemic.

This is a continuing multi-year project.

Measuring our corporate plan: milestones and KPIs

Context

This document summarises how we will measure our corporate plan for 2021–2022. The Council and Executive Board receive a performance report at least every quarter. We have organised this report by our strategic themes to demonstrate the link back to our 2020-2025 strategy and corporate plan.

Definitions for reporting level:

- Level 1: Strategic measures that we report to both the Council and Executive Board.
- Level 2: Supplementary data containing operational breakdowns or contextual information, which we report to the Executive Board only (but escalate to the Council when outside performance ranges).

Strategic theme 1: Innovation and Improvement

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

Level	KPIs or milestones for 'Innovation and Improvement'	31 Dec 20 result	2021-22 target	Status compared to Y1
Commitment 1: Reduce the fitness to practise caseload and make sustainable improvements to the way we regulate				
L1	**Fitness to practise (ftp) recovery and improvement programme (milestones from our action plan)** **Maximising deployment of people resources** a. Periodic recruitment activity for key roles (quarterly cycle) b. Increased effectiveness of new joiners in screening and investigations c. Flexible resource allocation across ftp functions d. Complete a review of all non-core activity to determine opportunities to streamline e. Introduce team multi-skilling to enable individuals to work across functional boundaries **Maximising inappropriate referrals** f. Amend and improve our website about when and how to raise a concern g. Amend our referral forms h. Provide better support and advice to those who phone us to discuss potentially raising a concern i. Introduce our initial assessment / an organisational enquiries hub (and consider alternative approaches before March 2022)	N/a	a. Q1 b. Q1 c. Q1 d. Q1 e. Q2 f. Q1 g. Q1 h. Q1 i. Q2	New milestones for 2021-2022

Level	KPIs or milestones for 'Innovation and Improvement'	31 Dec 20 result	2021-22 target	Status compared to Y1
	j. Increased focus of the employer link service (ELS) to reduce unnecessary referrals and enable local resolution where appropriate (launched from Feb 2021) **Improving the efficiency and effectiveness** k. Pilot enhanced scrutiny of screening referrals on receipt (launch pilot in March 2021) l. Remove the non-statutory barrier between Screening and Investigations to enable cases to flow better, and progress to investigations when they are ready m. Introduce new guidance for Consensual Panel Determination n. Review our Screening guidance o. Improve the efficiency of Adjudications p. Review our management information to establish a detailed understanding of our current caseload, and identify and analyse whether cases have flowed to the end of the process when an early resolution may have been possible. q. Deliver IT improvements to provide our teams with more effective systems support and guidance addressing known inefficiencies and knowledge gaps to enable greater efficiency in their work r. Communications: A review of our correspondence will ensure that our cases commence clearly and without an inference of wrong doing and that our correspondence contains the appropriate level of detail for the audience.		j. Throughout year k. Monitor and review l. Q2 m. Q1 n. Q1 o. From Q1 p. Q1 q. From Q1 r. From Q2	

Level	KPIs or milestones for 'Innovation and Improvement'	31 Dec 20 result	2021-22 target	Status compared to Y1
	s. Case management: reduce identified duplication and rework across the process, enabling more effective and efficient use of case officer time in all teams. t. Early Case Input for cases likely to go to a hearing – involving case presentation staff to provide an early view on the case to reduced/avoid remedial investigation work **Proportionate decision making** u. Strengthening practice: ensuring that the evidence of remediation has appropriate weight in each stage of decision making to enable cases to be concluded at the earliest possible stage. v. Taking account of context: implementing our new framework.		s. From Q1 t. From Q3 u. Q1 v. Q1	
KPIs measuring commitment 1				
L1	**Interim Orders** Percentage of Interim orders imposed within 28 days of opening the case (12-month rolling actual)	82.0%	80%	No change
L1	**Cases concluded** Percentage of FtP cases concluded within 15 months of being opened (12-month rolling actual) Replace with decisions KPI below *Note: Due to the backlog we are unlikely to meet this target during 2021-2022 but aim to recover it in the future.*	74.0%	80%	No change

Level	KPIs or milestones for 'Innovation and Improvement'	31 Dec 20 result	2021-22 target	Status compared to Y1
L1	**Decisions to close with 'no case to answer' or 'no current impairment'** (quarter actual) • Percentage of cases at Case Examiners • Percentage of cases at Hearings	N/a	TBC TBC	New
L1	**Fitness to practise dashboard** Number of new referrals (monthly actual)	475	Monitor only	No change
L1	Number of cases by stage for the of fitness to practise historic caseload (number of cases each year for the years prior)	4506	N/a	No change
L1	Total number of fitness to practise caseload (quarter actual by stage)	6087	N/a	No change
L1	Caseload Movement Summary (quarter actual) • Total of open cases (start total) • Total of received cases • Total cases closed • Total cases remaining ([open plus received minus closed])	See Q3 Exec Report (Jan 21)	*By Q4 2021-2022 we predict that the caseload will reduce from 6000 to approximately 4800.*	N/a
L1	Average age by stage (caseload / decision) (quarter actual) • Median age at screening • Median age at Investigations and Case Examiners • Median age at Adjudications	See Q3 Exec Report (Jan 21)	Monitor only	No change

Level	KPIs or milestones for 'Innovation and Improvement'	31 Dec 20 result	2021-22 target	Status compared to Y1
L1	**Cost per decision made (productivity)** (6 monthly) Metrics to chart the collective impact of the programme on our cost base against the backdrop of a significant backlog.	N/a	Monitor only	New
L1	**Case quality (impact)** (6 monthly) We will monitor a broad spectrum of qualitative measures including quality of decision making scores, Rule 7a applications, Case Examiner case returns, against trend analysis to ensure that there is no unexpected negative impact on quality arising from the programme.	N/a	Monitor only	New
Commitment 2: Deliver our new test of competence for overseas applicants				
L1	**Milestones to deliver our new test of competence** • Publish a series of resources to help stakeholders prepare for the new test of competence, including extensive stakeholder engagement • Introduce the new test of competence to reflect our new standards of nursing and midwifery	N/a	Quarter 1 August 2021	New milestones for 2021-2022 Deferred
KPIs for this strategic theme				
L1 L2	**UK initial registration applications completed with no concern within 1 day** (monthly actual) • Percentage • Volume	99.4%	97%	Volume added for the L2 report
L1 L2	**UK initial registration applications completed with concern within 60 days** • Percentage • Volume	99.7%	95%	Volume added for the L2 report

Level	KPIs or milestones for 'Innovation and Improvement'	31 Dec 20 result	2021-22 target	Status compared to Y1
L1 L2	**Overseas registrations overseas applications assessed within 30 days** (month actual) • Percentage • Volume	100%	90%	Volume added for the L2 report
L1 L2	**Percentage of EU applications assessed within 30 days** (*Residual measure to track applications being processed 1 January 2021 EU*) (monthly actual) • Percentage • Volume	100%	90%	Volume added for the L2 report
L1 L2	**Readmissions** applications completed within 21 days (monthly actual) • Percentage • Volume	98.1%	90%	Volume added for the L2 report
L1 L2 L2	**Contact centre** • Percentage of call attempts handled (monthly actual) • Number of calls answered (monthly actual) • Number of Emails handled (monthly actual)	88.6%	90%	Volume added for the L2 report
L1 L1	**Customer satisfaction** highly satisfied/satisfied with the service received (quarter actual) • Percentage • Number of surveys completed	82.0% 1574	85.0% Monitor levels	New target
L1 L2	**Customer complaints** responded to in 20 working days (quarter actual) • Percentage • Volume	91.0% 270	90.0% Monitor levels	No change

Strategic theme 2: Proactive support for professionals

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

Level	KPIs or milestones for 'Proactive support for professionals'	31 Dec 20 result	2021-22 target	Status compared to Y1
Commitment 3: Deliver a new set of ambitious post-registration standards focusing on community nursing practice				
L1	**Milestones measuring our post-registration standards project** a. We will run a four month consultation on the proposed new post registration standards of proficiency, amend the standards in the light of feedback received and seek Council approval for the final version b. Begin preparation for launching the new standards in 2022	N/a	a. By Q3 b. From Q4	New milestones for 2021-2022
Commitment 4: Using evidence and research, determine whether we should propose changes to our programme standards for pre-registration education in the UK				
	Milestones measuring our post-EU work a. Review the evidence from the independent review and seek Council's approval to change the programme standards for nursing and midwifery, and where necessary amend the programme standards for nursing associates b. Develop evidence based outcome focused programme standards in co-production with key stakeholders that enable students to demonstrate safe and effective training at the point of registration c. Consult on the proposed amended standards.	N/a	a. Q3 b. From Q3 c. From Q4	New milestones for 2021-2022
KPIs for this strategic theme				
L1	Approval decisions against the new standards of all 83 current AEIs and their programmes by 2020-2021 *(Note: the target is met and will be replaced with the KPI below)*	83	83	Remove

Level	KPIs or milestones for 'Proactive support for professionals'	31 Dec 20 result	2021-22 target	Status compared to Y1
L1	Number of approval decisions against all 55 current AEIs running midwifery programmes seeking to be re-approved by September 2022 (quarter actual)	N/a	55 (by Sept 22)	New

Strategic theme 3: More visible and better informed

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

Level	KPI or Milestones for 'More visible and better informed'	31 Dec 20 result	2021-22 target	Status compared to Y1
KPIs for this strategic theme				
L2	**Employer Referral Rate** (Measure TBC) As part of our work to support Professional Regulation we will develop and baseline appropriate performance indicators and targets for further reducing inappropriate referrals from employers. Reported bi-annually.	N/a	TBC	New
L2	**Employer Link Advice Line** Percentage satisfaction with Advice Line (showing high or very high satisfaction with support provided or strongly feel that it helped them understand how to manage concerns. Reported bi-annually)	N/a	95%	New
L2	**Employer Link Learning sessions** Percentage of respondents who felt that their understating of the topic had improved (Reported bi-annually)	N/a	85%	New
L2	**Media sentiment** Positive sentiment from media coverage (quarterly sampling of media coverage)	76.0%	65.0%	May be subject to change with a new supplier
Milestones				
	None	-	-	-

Strategic theme 4: Empowering and Engaging

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

Level	KPI or milestones for 'Empowering and Engaging'	31 Dec 20 result	2021-22 target	Status compared to Y1
Commitment 5: Build trust in professional regulation				
L1	**Milestones for our 'NMC and You' project** a. Carry out research that provides insight into our key audiences (the public, professionals, employers, students, and stakeholders) and how they relate to our values, our purpose, and us. b. We'll deliver a more accessible and inclusive identity – one that aligns with our values and is anchored in insight gained from our research c. Using the insight and inclusive identity, we'll deliver evidence-based information campaigns that build our audiences' understanding of how we support safe, kind and effective care for people	N/a	a. Q2 b. Q3 c. Q3-Q4	New milestones for 2021-2022
KPIs for this strategic theme				
L1	Audience perceptions audit (every 2 years – next audit due in 2021) • Public • Registrants • Student *Note: this measure will track the impact of our strategy at key points between 2020-2025 – it track progress across strategic themes)*	N/a	Benchmark	Last measured in 2019
L1	Parliamentary stakeholder audit (annual actual) • Percentage awareness of NMC • Percentage perception of NMCs effectiveness	N/a	Benchmark	No change

L2	**Evaluation of engagement forums -** qualitatively measured through feedback from stakeholders/ attendees and in successful outcomes/ outputs	N/a	TBC	New

Strategic theme 5: Greater insight and influence

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

Level	KPI or milestones for 'Greater insight and influence'	31 Dec 20 result	2021-22 target	Status compared to Y1
Commitment 6: Deliver a substantial programme of regulatory reform to shape improvements to our legislative framework				
L1	**Milestones for our regulatory reform programme** a. Work with DHSC to correct errors in the EU exit legislation b. Work with Department of Health and Social Care (DHSC) to deliver international registrations section 60. c. Respond to the DHSC consultation on the principles of regulatory reform. d. Develop draft model rules to inform the consultation on our legislation 2022. e. Prepare for the consultation on our new legislation in 2022.	N/a	a. Q1 b. Q3 c. Q1 d. Q3 e. Q4	New milestones for 2021-2022
Commitment 7: Improve our data and insights				
L1	**Milestones for our insight programme** a. Initiate our corporate insight programme. b. Undertake a review of our internal insight capability. c. Implement comprehensive coded settings for data. d. Progress our plans for an authoritative annual report on the state of our professions. e. Deliver phase 2 of our work on people with protected characteristics to inform action to address inequalities.	N/a	a. Q1 b. Q2 c. TBC d. Q1-4 e. Q2	New milestones for 2021-2022

Level	KPI or milestones for 'Greater insight and influence'	31 Dec 20 result	2021-22 target	Status compared to Y1
	f. Progress collaborative work with the General Medical Council and Care Quality Commission on maternity safety in England.		f. Q1-4	
	KPIs for this strategic theme			
L2	**Information sharing by Regulatory Intelligence Unit (RIU)** Percentage of information shared with other regulators, bodies and agencies within 5 working days (Reported bi-annually)	N/a	90%	New
L2	**Whistleblowing** Percentage of whistleblowing disclosures assessed against criteria within 2 working days (Reported bi-annually)	N/a	90%	New
L2	**Internal customer satisfaction with policy, Research, and RIU** Percentage of internal partners satisfied or very satisfied with work completed (Reported bi-annually)	N/a	90%	New

Fit for the future organisation

Our strategic aims have significant implications for how we operate as an organisation. We need to make sure we have the right capabilities, processes, and resources to fulfil our ambitions for the strategic period ahead.

Level	KPI or milestones for 'Fit for the future'	31 Dec 20 result	2021-22 target	Status compared to Y1
Commitment 8: Deliver the next phase of our organisational design and people plan to support us to deliver our strategy				
L1	**Milestones for our organisational design (OD) and people plan work** **Organisational design:** a. Implement the outcomes of our priority reviews. b. Obtain expertise to partner with the organisation to develop operating vision for the NMC c. Begin implementing directorate reviews **People plan:** d. Plan and develop our new people plan e. Design a career progression scheme f. Refresh our equality, diversity and inclusion strategy and integrate this across everything we do		a. Q1 b. Q1 c. Q2-Q4 d. Q1-Q2 e. Q1 f. Q2	New milestones for 2021-2022
KPIs measuring commitment 8				
L1 L1 L2 L2 L2	**Employee turnover** (monthly actual) • Percentage of all NMC turnover *(8 percent is considered healthy)* • Percentage of new starters leaving within 6 months of joining • Total number of leavers • Number of new starters leaving within 6 months of joining • Exit interview topics	6.2% 9.0% 14 in Q3 2 in Q3 N/a	10% 10% Monitor volumes	New target - was 15%

Level	KPI or milestones for 'Fit for the future'	31 Dec 20 result	2021-22 target	Status compared to Y1
L1 L2	**Full time equivalent (FTE) for NMC employees** (quarter actual) • Overall FTE • Number of FTE by directorate	See Q3 report	Monitor	No change
L1 L2	**Employee Engagement Score (out of 10)** (quarter actual – when surveys take place) • Overall engagement score • Score by directorate	7.1	7.5	New target – was 7.1
L1	**Average number of days of sickness absence per person** (monthly actual)	5.3 days	6.5 days	New target – was 7.5
L2	**Vacancies** Percentage of vacancies filled within fitness to practise *Focused on FTP as this is where exceptional levels of recruiting is happening*	N/a	Monitor only	New measure
L1	**Equality, diversity and inclusion** To follow by Q2	N/a	TBC	New
L1	**Internal communications** Employee perception of internal communications effectiveness (Peakon results – score out of 10) (quarter actual – when surveys take place)	7.5 at Q2	7	No change
Commitment 9: Improve our IT to deliver a safe, secure, and reliable ICT infrastructure that supports new ways of working.				
	Milestones for our IT improvement and modernising our technology services programmes a. Move remaining day to day registration processes off our legacy system onto Microsoft Dynamics 365 b. Improve our network performance and upgrade to the latest Windows operating system	N/a	a. Q3 b. Q4	New milestones for 2021-2022

Level	KPI or milestones for 'Fit for the future'	31 Dec 20 result	2021-22 target	Status compared to Y1
	c. Ensure that our video conferencing facilities enable us to work flexibly when we colleagues return to the office and upgrade core business systems such as secure file transfer and documents retention systems d. Plan how we'll deliver a new case management system to support improved fitness to practise processes		c. Q2 d. Starting Q4	
KPIs measuring commitment 9				
L2	**Network Security** (quarter actual) Percentage of threats blocked	100%	100%	No change
L2	**Percentage of service availability for NMC website and NMC online** (quarter actual) • During working hours • Out of hours *(Excludes planned down time for maintenance)*	100% 100%	100% 100%	No change
Commitment 10: Deliver fit-for-purpose workspaces for our colleagues				
	Milestones measuring our accommodation programme a. Move our Edinburgh colleagues into new modern offices b. Ensure a continued safe return to the office environment following the pandemic c. Plan for the redevelopment of 23 Portland Place	N/a	a. Q2 b. Q3 c. Q4	New milestones for 2021-2022
KPIs measuring commitment 9				
L2	**Environmental measure** – to be agreed in Q1	N/a		New

Cross cutting measures that are relevant to all areas

Level	KPI which are cross cutting	31 Dec 20 result	2021-22 target	Status compared to Y1
L1 L2	**Information requests responded to within their statutory timeframes** (quarter actual) • Percentage • Volume	90% 378	90% Monitor	No change Volume added for the L2 report
L1 L2	**Enquiries responded to in 20 days** (quarter actual) **MPs enquires responded to** • Percentage • Volume	60%	90% Monitor	No change
L1 L2	**Cross organisational enquires responded to** • Percentage • Volume	75%	90% Monitor	Volume added for the L2 report
L1	**Financial monitoring – variance against budget** (month actual) • By directorate • By programme • Balance sheet • Investments	See Q3 results	See budget	No change
L2	**Timeliness of financial reporting** • Flash accounts delivered within five working days of quarter end (month actual) • Annual statutory accounts are delivered on time (annual actual)	100% On time	100% On time	No change
L2	**Timeliness of payments: percentage of invoices paid on time (within 30 days)** (quarter actual)	87%	90.0%	New measure

Level	KPI which are cross cutting	31 Dec 20 result	2021-22 target	Status compared to Y1
L2	**Procurement** • Percentage of spend under contract (quarter actual) • Percentage of spend with suppliers which are under single tender actions (reported annually) • Number of tenders which are under single tender actions (reported annually)	N/a	75.0% Reduce Reduce	New measures

This document was last updated on 15 March 2021.

Nursing & Midwifery Council

Table 1 Income & expenditure (£m) By Strategy Year	Forecast 2020 - 21 Year 1	Budget 2021 - 22 Year 2	Budget 2022 - 23 Year 3	Budget 2023 - 24 Year 4
Income				
Registration fees	86.8	87.9	88.8	89.9
Other	3.8	5.2	5.1	5.1
Total Income	**90.6**	**93.1**	**93.9**	**94.9**
Expenditure				
Core business				
Professional Regulation	38.5	47.7	47.0	40.7
Resources & Technology Services	17.9	19.6	18.9	17.9
People & Organisational Effectiveness	7.3	8.2	7.8	7.6
Professional Practice	4.0	6.0	4.8	4.2
Strategy & Insight	3.8	4.9	5.0	5.0
Communications & Engagement	2.6	3.1	3.1	3.1
Directorate - Core Business Expenditure	74.2	89.5	86.7	78.5
Corporate				
Depreciation	3.0	5.2	6.9	7.5
PSA Fee	1.9	2.0	2.0	2.0
Reward Reserve (including Pay Review)	0.8	0.7	1.2	2.0
Apprenticeship Levy	0.2	0.3	0.3	0.2
Contingency	-	1.5	1.4	1.3
Other	-	0.7	1.3	1.9
Total Corporate Expenditure	5.9	10.3	13.1	15.0
Total Core Business	**80.1**	**99.8**	**99.8**	**93.5**
Programmes & Projects including capital expenditure (see table 2)	**6.0**	**11.2**	**10.1**	**16.7**
Subtotal including capital expenditure	**86.1**	**111.0**	**109.8**	**110.2**
Capital Expenditure	4.2	8.6	8.5	15.6
Subtotal excluding capital expenditure	**81.9**	**102.4**	**101.4**	**94.6**
Unrealised Gains/(Losses)	0.4	-	-	-
Net Surplus/(Deficit) excluding capital expenditure	**9.1**	**(9.3)**	**(7.5)**	**0.3**
Total Reserves	**66.6**	**57.2**	**49.8**	**50.1**
Free Reserves	**38.8**	**26.1**	**17.0**	**9.2**

Table 2: Programmes & projects (£m) By Strategy Year	Forecast 2020 - 21 Year 1	Budget 2021 - 22 Year 2	Budget 2022 - 23 Year 3	Budget 2023 - 24 Year 4
Accommodation Programme – Edinburgh Office	0.4	3.0	-	-
Accommodation Programme - 23 Portland Place	-	0.3	1.6	10.0
Modernisation of Technology Services (MoTS)	3.9	4.6	6.0	5.5
FtP Change Strategy	0.5	0.4	0.4	0.4
People Plan 2021+	0.4	0.1	0.1	0.0
Data, Information & Analytics	0.1	0.4	0.3	-
IT Infrastructure Project	0.3	1.2	0.5	-
Website Redevelopment Programme	-	-	0.4	0.5
Regulatory Reform	0.4	0.9	0.6	0.2
Insight Programme	-	0.3	0.1	-
Programmes & projects including capital expenditure	**6.0**	**11.2**	**10.1**	**16.7**

Table 3: Budgeted full time equivalent employees (FTE) By Strategy Year	Forecast 2020 - 21 Year 1	Budget 2021 - 22 Year 2	Budget 2022 - 23 Year 3	Budget 2023 - 24 Year 4
Professional Regulation	613.9	708.7	678.7	621.7
Resources & Technology Services	165.3	180.7	167.7	165.7
People & Organisational Effectiveness	100.6	103.7	95.7	95.7
Professional Practice	25.8	35.0	32.0	32.0
Strategy & Insight	63.0	84.0	81.0	76.0
Communications & Engagement	44.2	40.6	44.8	44.8
Total budgeted FTE employees*	**1,012.8**	**1,152.7**	**1,099.9**	**1,035.9**

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

Table 4 Forecast cashflow (£m) By Strategy Year	31 March 2021 Year 1	31 March 2022 Year 2	31 March 2023 Year 3	31 March 2024 Year 4
Cashflow from operating activities				
Surplus/(deficit)	9.1	(9.3)	(7.5)	0.3
Adjustment for non-cash transactions	3.0	5.2	6.9	7.5
Unrealised (Gains)/Losses from Stock Market Investments	(0.4)			
Interest/Dividend income from Stock Market Investments	(0.2)	(0.5)	(0.5)	(0.5)
(Increase)/decrease in current assets	(0.1)	(0.1)	(0.1)	(0.1)
Increase/(decrease) in liabilities	(3.2)	0.2	0.4	0.4
Pension deficit payments	(7.7)	(1.9)	(1.9)	(0.1)
Net cash inflow/(outflow) from operating activities	**0.6**	**(6.4)**	**(2.8)**	**7.5**
Cashflow from investing activities				
Capital expenditure	**(4.2)**	**(8.6)**	**(8.5)**	**(15.6)**
Cashflow from financing activities				
Stock Market Investments	(30.0)	-	-	-
Interest/Dividend income from Stock Market Investments	0.6	0.5	0.5	0.5
Net cash inflow/(outflow) from financing activities	**(29.4)**	**0.5**	**0.5**	**0.5**
Net increase/(decrease) in cash & cash equivalent for the year	**(33.0)**	**(14.5)**	**(10.8)**	**(7.6)**
Cash & fixed term deposits at beginning of year	96.9	63.9	49.5	38.7
Cash & cash equivalent at end of year	**63.9**	**49.5**	**38.7**	**31.1**

Table 5 Forecast Balance Sheet (£m) By Strategy Year	31 March 2021 Year 1	31 March 2022 Year 2	31 March 2023 Year 3	31 March 2024 Year 4
Non-current assets				
Tangible Assets	27.7	31.1	32.8	40.9
Stock Market Investments	30.0	30.0	30.0	30.0
Total non-current assets	**57.7**	**61.1**	**62.8**	**70.9**
Current Assets				
Cash	63.9	49.5	38.7	31.1
Debtors	2.8	2.9	3.0	3.0
Total current Assets	**66.7**	**52.4**	**41.7**	**34.2**
Total Assets	**124.4**	**113.5**	**104.5**	**105.1**
Liabilities				
Deferred Income	(43.5)	(43.5)	(43.6)	(43.8)
Other creditors, accruals, provisions	(10.5)	(10.7)	(10.9)	(11.2)
Total Liabilities	**(54.0)**	**(54.2)**	**(54.6)**	**(55.0)**
Net Assets excluding pension liability	**70.5**	**59.3**	**49.9**	**50.1**
Pension Liability	(3.9)	(2.1)	(0.1)	-
Net Assets, Total Reserves	**66.6**	**57.2**	**49.8**	**50.1**
Free Reserves	**38.8**	**26.1**	**17.0**	**9.2**

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

1. Our reserves policy, contained within the financial strategy approved by Council in March 2020, is to maintain free reserves within a target range, and to set a minimum level for the aggregate forecast cash and investments balance in the course of the coming financial year. The target range of free reserves and the minimum cash and investments balance will be reviewed at least annually by the Council.

2. The target minimum level of free reserves will be set so as to ensure our sustainability, taking account of the security of our income stream, our cash and investment balances, and an assessment of the potential financial impact of risks faced by the NMC. The target maximum level of free reserves will be set so as to ensure our resources are applied effectively, balancing the interests of registrants who finance us through the fees that they pay, and the public who benefit from our work.

3. The purpose of the minimum level for the aggregate forecast cash and investments balance is to ensure liquidity[1] without the need for borrowing facilities.

4. This paper proposes the target range of free reserves and the minimum cash and investments balances for the financial year 2021–2022.

5. Because our registrants are required by law to pay our registration fees in order to practise, and they are required to pay their fees in advance, we have a highly secure income stream and we hold large cash balances, over and above our free reserves. Therefore our need for free reserves is much lower than many other charities.

Current reserves position

6. At 31 March 2020, our free reserves were £31 million, and our aggregate balance of cash and investments was £97 million. Subject to the revaluation of our defined benefit pension scheme (see also paragraph 18 below), we forecast that our free reserves at 31 March 2021 will be approximately £39 million. Our forecast aggregate balance of cash and investments at 31 March 2021 is expected to be £94 million.

7. In addition to the free reserves, our cash and investments balance at 31 March 2020 included fees paid in advance of £43.8 million. Our forecast balance of fees paid in advance at 31 March 2021 is £43.5 million. Fees paid in advance is our largest single source of cash. The balance of fees paid in advance would decline if more nurses and midwives switched from annual payment to quarterly direct debit. Since quarterly direct debit was introduced in 2016, the proportion of registrants paying by quarterly direct debit has increased to just over 20 percent, but the rate of switching has slowed in the past year to less than 1 percent.

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

8. Our pension deficit, £11.6 million at 31 March 2020, is a form of long term financing, which also has the effect of increasing our cash and investment balances relative to our free reserves (see also paragraph 18 below).

9. This means that zero free reserves, which is the lower end of our target range, implies a cash and investments balance of around £55 million.

10. Apart from a peak in September, registrants pay their fees relatively evenly through the year, so there are no major troughs in our monthly cash flow.

11. The following table shows how our free reserves at 31 March 2020 reconciles to our cash balance at 31 March 2020, and what our expected cash balance would be if free reserves fell to zero, the lower limit in our reserves policy.

	At 31 March 2020 £m	If free reserves were £0 £m
Total reserves Accumulated net total of all surpluses and deficits since NMC began	**57.5**	**~ 40**
Less: fixed assets	26.5	~ 40
Total reserves less fixed assets = available free reserves Calculation of free reserves is total reserves less the value that is tied up in buildings, equipment etc and so is not held in net liquid assets	**31.0**	**0**
Add: registrants' fees received in advance (valued conservatively in the illustration of the cash balance when free reserves are zero)	43.8	~ 35
Add: pension deficit	11.6	~ 15
Add: other net working capital balances This is the net value of trade creditors, accruals and provisions, less debtors. Working capital balances are a form of financing. For a given level of reserves, the more net creditors we have, the more cash we will have	10.6	~ 5
Cash + investments	**97.0**	**55**

Proposed target range of free reserves for 2021–2022

12. The target range of free reserves was set at zero to £25 million in March 2020. We have reviewed the target range and do not propose any change for 2021–2022.

13. We will be significantly above the upper limit of the target range at 31 March 2020. But we are forecasting deficits in 2021–2022 and 2022–2023 as we recover the fitness to practise caseload to target levels, and we have a major programme of investment to deliver the organisational strategy. So we expect free reserves will reduce to around £9 million over the next three years.

14. As the table shows, because of the financing effect of registrants paying in advance and the defined benefit pension scheme deficit, zero free reserves will still normally represent a cash and investments balance of around £55 million. Taken together with the security of our income stream, that gives assurance that for us, a zero lower limit of the target range of free reserves is compatible with financial security and sustainability.

Proposed minimum level for cash plus investments for 2021–2022

15. Because our zero lower limit of the target range of free reserves is premised upon the financing effect of registrants paying in advance and the defined benefit pension scheme deficit, we also set a minimum level of forecast cash plus investments, to provide further assurance of liquidity over the longer term. The minimum level of forecast cash plus investments was set at £20 million in March 2020.

16. The extent to which our cash and investment balances exceed our free reserves balance is dependent on the proportion of registrants paying by quarterly direct debit and the level of the pension deficit.

17. As at December 2020, 21 percent of registrants pay quarterly. Although that percentage had previously been rising by about 5 percent each year, in the past year it has risen by less than 1 percent. Therefore we are confident that fees paid in advance will continue to have a financing effect of at least £35 million over the remainder of the strategy period.

18. The pension deficit is a form of long term financing for the NMC. We have a Recovery Plan in place under which we currently pay an additional £1.8 million a year into the pension scheme, which is intended to clear the deficit by 2026. In the longer term, as the pension deficit is cleared, whether by actuarial gains and/or by the NMC making further cash contributions, our cash balance relative to our free reserves balance will fall, but in the short to medium term, the pension deficit will still have a financing effect.

19. Therefore we see no significant risk that the zero lower limit of free reserves would not ensure sufficient liquidity, and no reason to increase the minimum level of aggregate forecast cash and investments. We recommend it should stay at £20 million for 2021–2022.

Spend category	Retender / new requirement	Lead directorate	Description	Incumbent supplier/s?	Contract duration	Forecast date to Council	Comments
Professional services and human resources category	Retender, but new approach	Professional Regulation	Medical services framework	Lot 1) toxicology testing services - DNA Worldwide Lot 2) medical examiners – UKIM, Somek Lot 3) expert witness services – none long term contracted	4 years	May 2021	For our own purposes and on behalf of other regulators, we are creating a framework agreement that will allow us (and others) to access various medical services required as part of the fitness to practise process. The framework will comprise three 'lots', each having up to three suppliers available under each.
	Contract extension	People and Organisational Effectiveness	Recruitment services managed service provider	Hays Recruitment	Up to 2 years	July 2021	In November 2019, the Council approved the award of contract for recruitment services to Hays Recruitment. The Council approved the initial 2 year contract term, and requested that a paper be brought to Council before approving the extension options provided for in the contract (up to 2 years).

Spend category	Retender / new requirement	Lead directorate	Description	Incumbent supplier/s?	Contract duration	Forecast date to Council	Comments
	Retender	People and Organisational Effectiveness	Defined contribution scheme for NMC employees	Peoples Pension	TBC. A long contract term would be appropriate as employees will not want to move schemes frequently	TBC (to Remuneration Committee)	Peoples Pension has been the provider of our defined contribution pension scheme since inception in 2013, so it is appropriate to review the service, which may lead to a retender. The review of the service and, if applicable, the retender, would be overseen by the Remuneration Committee.
	Retender	Resources and Technology Services	Provision of external audit services.	HaysMcintyre	4 years	July 2021	Although the value of this contract will be below £0.5m, appointment of external auditors requires approval from the Council.
Property and estates category	New contract	Resources and Technology Services	Contractor to fit-out new Edinburgh office	None	1.5 years including warranty period	March 2021 (to Accommodation Committee)	

Spend category	Retender / new requirement	Lead directorate	Description	Incumbent supplier/s?	Contract duration	Forecast date to Council	Comments
	New contracts	Resources and Technology Services	Architects and designers for the refurbishment of 23 Portland Place	None	5 years including warranty period	Various, Q3 2021-2022 onwards (to Accommodation Committee)	The feasibility, design and planning phase of the project will require several new contracts to be tendered, varying in value. These include: 1. Architect and design services 2. M&E design consultant 3. Project management & associated services 4. Structural engineer design services 5. Acoustic specialist services 6. Public health design services 7. Specialist property legal advice services The project will be overseen by the Accommodation Committee.
Specialist regulatory services	Retender	Professional Regulation	Concessions for OSCE test of competence test centres	Northampton University Oxford Brookes University Ulster University	5 years	November 2021	We currently work with 3 universities who operate test centres on our behalf. These are contracted on a concessions basis, i.e. the sole income they receive is from the fees paid by those taking the tests. We are retendering these contracts and subject to receiving sufficient compliant and acceptable bids, may award up to 5 contracts.

Spend category	Retender / new requirement	Lead directorate	Description	Incumbent supplier/s?	Contract duration	Forecast date to Council	Comments
Information technology category	Retender	Professional Regulation	Modernisation of Technology Services programme (MOTS) implementation services New delivery partner/s for next phase of MOTS	Fortesium Bramblehub (Cloudsource)	TBC	March 2022	Towards the end of the current phase of MOTS (phase 2a), we will look to procure delivery partners for the next phase. Procurement plan is to be defined, but is forecast to take place in 2021-2022.

Nursing & Midwifery Council

Council

Governance: Council Committee membership 2021-2022 and Council meeting dates 2022-2023

Action: For decision.

Issue: Confirms Council Committee membership for 2021-2022 and other appointments and proposes Council meeting dates for 2022-2023.

Core regulatory function: All regulatory functions.

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

Decision required: The Council is asked to confirm the Council meeting dates for 2022-2023 as set out at Annexe 2 (paragraph 19).

Annexe: The following annexes are attached to this paper:

- Annexe 1: Council Committee appointments 2021–2022.
- Annexe 2: Council meeting dates for 2022–2023.

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

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Context:

1 Under Article 3(12) of the Nursing and Midwifery Order 2002 (as amended), the Council may establish discretionary Committees in connection with the discharge of its functions and delegate any of its functions to them.

2 The Council's Standing Orders (paragraph 4.2.4) authorise the Chair of the Council to make appointments to Council Committees. The Chair also determines Vice-Chair and other Council appointments.

3 After discussions with Council members, the Acting Chair has confirmed appointments for 2021-2022 in relation to:

3.1 Vice-Chairs.

3.2 Committee membership.

4 In addition, for completeness and transparency, we have included:

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

4.2 Appointments Board membership – this is composed entirely of non-Council (partner) members.

4.3 NMC and associated employers Defined Benefit Pension Scheme: NMC Employer nominated Trustees.

5 All Committee memberships and Council appointments are set out at **Annexe 1**.

Proposed Council meeting dates 2022-2023

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

Four country factors:

7 Four country considerations are one of the factors taken into account in balancing roles across the Council (see paragraph 10.5 below).

Discussion:

Vice Chair appointments

8 The Council currently has an Acting Chair, Karen Cox (registrant member) and two Vice Chairs, Rob Parry (registrant member); and Derek Pretty (lay member). The Vice Chairs are responsible, amongst other things, for conducting the annual appraisal of the Acting Chair and presiding at any meeting should the Chair or Acting Chair need to withdraw or be unexpectedly absent.

9 The Acting Chair has asked Derek Pretty and Rob Parry to continue as Vice Chairs (in the case of Rob Parry, until he demits office on 30 April 2021).

Remuneration, Audit, Investment and Accommodation Committees

10 In November 2015 (NMC/15/61c), the Council agreed the following principles to inform Council Committee appointments:

10.1 Committee appointments should be informed by an agreed skills matrix and aim to optimise individual member skills, experience, interests and expertise.

10.2 Committee members should be appointed for a specified term of office, usually two to three years.

10.3 Committee membership should be reviewed annually and refreshed regularly, whilst also maintaining appropriate continuity and avoiding unnecessary disruption.

10.4 Where possible Committee appointments should aim to distribute responsibilities evenly amongst members, in any given year and over terms of office, and to spread the opportunities to chair Committees.

10.5 Committee appointments should seek to balance factors including diversity, registrant and lay members and four country representation, where possible.

11 The Remuneration, Audit, Investment and Accommodation Committees are discretionary Committees of the Council. Taking account of the above factors and discussions with the Committee Chairs, the Acting Chair of the Council has confirmed continued membership of the Remuneration, Audit, Investment and Accommodation Committees.

Appointments Board

12 The Appointments Board is a discretionary Committee established by the Council to ensure appropriate separation of responsibilities between the Council and the appointments and oversight of Fitness to Practise panel Chairs and members and Legal Assessors. For this reason, it is comprised entirely of non-Council members, recruited through an open and competitive recruitment and selection process.

13 The Board's' membership is set out at **Annexe 1** for completeness and transparency.

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

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

General Nursing Council for England and Wales Trust: NMC Trustee

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

Proposed Council meeting dates 2022–2023

16 Council meeting dates for 2021-2022 were approved in May 2021.

17 Proposed Council meeting dates for **2022–2023** are at **Annexe 2**.

18 Council is asked to note the following:

18.1 The dates at **Annexe 2** follow Council's usual pattern of seminars scheduled on a Tuesday of every month, followed by an Open and Confidential meeting on the next day (Wednesday) of every other month (January, March, May, July, September, and November).

18.2 In addition, an additional seminar/confidential or open meeting is proposed at the end of July to reduce the gap between the early July and September Council meetings.

18.3 It is envisaged that the September 2022 Council meeting be held in Wales but this will be confirmed in due course.

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

19 **Recommendation: The Council is asked to confirm the Council meeting dates for 2022-2023 as set out at Annexe 2.**

Midwifery implications

20 None.

Public protection implications:

21 None.

Resource implications:	22	There are no resource implications arising from this paper.
Equality and diversity implications:	23	Equality and diversity impacts and the NMC's obligations under the Equality Act 2010 are taken into account in Council appointments.
Stakeholder engagement:	24	None.
Risk implications:	25	Regular review of Council roles and Committee appointments are consistent with good governance and mitigate against any governance risks.
Legal Implications	26	The proposals in this paper are compliant with the Nursing and Midwifery Order 2001 and the Council's Standing Orders and Scheme of Delegation.

Council Committee membership and appointments 2021-2022

Deputy (Acting) Chair	
Karen Cox (registrant member)	From 1 April 2021 *Deputy Chair (Acting Chair) since October 2020*
Vice Chairs	
Rob Parry (registrant member)	Until 30 April 2021 *Vice Chair since October 2020*
Derek Pretty (lay member)	From 1 April 2021 *Vice Chair since October 2020*

Remuneration Committee	**Term**
The remit of the Remuneration Committee is to ensure that there are appropriate systems in place for remuneration and succession planning at the NMC.	
Ruth Walker (Chair) (registrant member)	1 April 2021 to 31 March 2022 *Committee Chair since 1 October 2020* *Committee member since 1 April 2020*
Hugh Bayley (lay member)	1 April 2021 to 31 March 2022 *Committee member since April 2018*
Lynne Wigens (registrant member)	1 April 2021 to 31 March 2022 *Committee member since 1 October 2020*
Anna Walker (lay member)	1 April 2021 to 31 March 2022 *Committee member since 1 October 2020*

Audit Committee	Term
The remit of the Audit Committee is to support the Council and management by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of financial statements and the annual report.	
Marta Phillips (Chair) (lay member)	1 April 2021 to 31 March 2022 *Independent Chair 1 June 2016 to 30 April 2017* *Council member Chair from 1 May 2017*
Derek Pretty (lay member)	1 April 2021 to 31 March 2022 *Committee member since 1 January 2017*
Robert Parry (registrant member)	1 April 2021 to 30 April 2021 *Committee member since 1 January 2016*
Eileen McEneaney (registrant member)	1 April 2021 to 31 March 2022 *Committee member since 1 October 2020*
Sue Whelan Tracy (lay member)	1 April 2021 to 31 March 2022 *Committee member since 1 October 2020*

Accommodation Committee	Term
The remit of the Accommodation Committee is to oversee implementation of the Accommodation Strategy, including any proposed refurbishment of 23 Portland Place, within the financial and other parameters set by the Council.	
Derek Pretty (Chair) (lay member)	1 April 2021 to 31 March 2022 *Chair since 1 January 2021* *Committee member since 1 May 2020*
Robert Parry (registrant member)	1 April 2021 to 30 April 2021 *Committee member since 1 May 2020*
Anna Walker (lay member)	1 April 2021 to 31 March 2022 *Committee member since 1 October 2020*
Lynne Wigens (registrant member)	1 April 2021 to 31 March 2022 *Committee member since 1 October 2020*

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

For information

Appointments Board **All non-council (Partner) members**	**Term**
The remit of the Appointments Board is to assist the Council in connection with the exercise of any function or process relating to the appointment of Panel Members and Legal Assessors to the Practice Committees (the Investigating Committee and the Fitness to Practise Committee) and the appointment of Registration Appeal Panel Members to the Registration Appeals Panel.	
Jane Slatter (Chair)	6 August 2018 to 5 August 2021
Frederick Psyk	1 September 2019 to 31 August 2022 *(second term)* *Board member since 1 September 2016*
Angie Loveless	1 March 2021 to 29 February 2024 *(second term)* *Board member since 1 March 2018*
Clare Salters	1 March 2021 to 29 February 2024 *(second term)* *Board member since 1 March 2018*
Robert Allan	1 October 2018 to 30 September 2021

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

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

Nursing & Midwifery Council

Proposed Council Meeting Dates

April 2022 to March 2023

Bank Holidays 2022:
15 April (UK wide); 18 April (England, Wales & Northern Ireland); 2 May (UK wide); 2 & 3 June (UK wide); 12 July (Northern Ireland); 1 August (Scotland); 29 August (England, Wales & Northern Ireland); 30 November (Scotland); 26 & 27 December (UK wide)

Bank Holidays 2023:
2 January (UK wide); 3 January (Scotland); 17 March (Northern Ireland)

Please note: Council Seminar start times & Open meeting finish times may vary

Month	Date	Meeting/Event	Time
April 2022	Tuesday 26 April	Council Seminar	10:00 – 16:00
May 2022	Tuesday 17 May	Council Seminar & Confidential meeting	10:00 – 17:30
	Wednesday 18 May	Council Open Meeting	09:30 – 14:00
June 2022	Tuesday 7 June	Council Seminar/or Awayday	10:00 – 16:00
July 2022	Tuesday 5 July	Council Seminar & Confidential meeting	10:00 – 17:30
	Wednesday 6 July	Council Open Meeting	09:30 – 14:00
	Wednesday 27 July	Council Seminar and/or Confidential and /or Open meeting	09:30 – 16:00
September 2022	Monday 26 September	Travel to Wales Provisional	
	Tuesday 27 September **(Provisional: to take place in Wales)**	Council visits, stakeholder engagement, Dinner	All day
	Wednesday 28 September **(Provisional: to take place in Wales)**	Council Open & Confidential Meeting	09:30 – 16:00

October 2022	Tuesday 18 October	Council Seminar	10:00 – 16:00
November 2022	Tuesday 22 November	Council Seminar & Confidential meeting	10:00 –17:30
	Wednesday 23 November	Council Open Meeting	09:30 – 14:00
January 2023	Tuesday 24 January	Council Seminar & Confidential meeting	10:00 – 17:30
	Wednesday 25 January	Council Open Meeting	09:30 – 14:00
February 2023	Tuesday 28 February	Council Seminar	10:00 – 16:00
March 2023	Tuesday 28 March	Council Seminar & Confidential meeting	10:00 – 17:30
	Wednesday 29 March	Council Open Meeting	09:30 – 14:00

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

Nursing & Midwifery Council

Council

Panel member reappointments, transfers and extension of terms

Action: For decision.

Issue: The Council is invited to consider panel member reappointments, extension of panel members' terms of appointment and Practice Committee transfer requests.

Core regulatory function: Professional Regulation.

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

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

- reappoint the 48 panel members listed in Annexe 1 for a further four year term to commence following the completion of their first term of appointment on 14 June 2021 (paragraph 5);
- extend the terms of appointment of the 18 Investigating Committee Chairs listed at Annexe 2 for a further 12 months to 31 March 2022 (paragraph 10);
- transfer the panel members listed in Annexe 3 from the Fitness to Practise Committee to the Investigating Committee (paragraph 13).

Annexes: The following annexes are attached to this paper:

- Annexe 1: Panel members to be reappointed for a second term of appointment;
- Annexe 2: Investigating Committee Chairs whose terms of appointment are to be extended;
- Annexe 3: Panel members to be transferred between the Practice Committees.

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 March 2021 meeting, the Appointments Board considered:

1.1 the reappointment of 48 panel members for a second four year term of appointment;

1.2 the extension of the second term of appointment of 18 Investigating Committee Chairs for a further 12 months to support the delivery of the FtP improvement programme; and

1.3 the transfer of eight panel members to the Investigating Committee from the Fitness to Practise Committee.

Four country factors:

2 Not applicable for this paper.

Discussion:

Reappointment of panel members for a second term

3 The Appointments Board assessed the eligibility of 48 individuals for reappointment to the Practice Committees using the panel member performance framework which looks at:

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

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

3.3 the attendance and completion of training.

4 The Board agreed that the 48 individuals continued to meet the standards of the performance framework and should be recommended to the Council for reappointment for a further four year term to commence following completion of their first term of appointment on 14 June 2021.

5 **Recommendation: The Council is invited to accept the recommendation of the Appointments Board to reappoint the 48 panel members listed in Annexe 1 for a further four year term to commence following the completion of their first term of appointment on 14 June 2021.**

Extension of Investigating Committee Chairs' terms of appointment

6 In March 2020 the Council was granted emergency powers in response to the Covid-19 pandemic. This included the power to extend the terms of appointment of current panel members.

7 This power was exercised by the Council and a cohort of 19 Investigating Committee Chairs had their second terms of appointment extended by 12 months to March 2021. This was to ensure we maintained enough capacity in the Investigating Committee to undertake our public protection critical hearings, including interim order applications. One of the Chairs has since resigned to become the Chair of the Professional Standards Authority.

8 Over the course of the year we have continued to adapt and improve our processes to hear interim order applications remotely using video links. Despite these improvements we have been unable to achieve the same levels of efficiency as we had with hearings that were held in person. This is due to two main factors:

8.1 Virtual hearings take longer than physical hearings, leading to the number of cases per agenda being reduced. This is caused by common delays such as connectivity problems, technical faults and the inability for parties to confer quickly.

8.2 The interim order case load is increasing. This is due to the suspension of some casework last year at the height of the pandemic, the suspension of substantive hearings activity last spring and summer, and the limited hearings capacity arising from non-substantive hearings taking longer than when done in person.

9 All of the 18 remaining Chairs, who previously had their terms extended to March 2021, are exceeding the requirements of the performance framework. To ensure we continue to undertake our public protection critical hearings, pending the completion of panel member and Chair recruitment this year, it is necessary for the cohort of 18 Chairs listed in Annexe 2 to have their second term of appointment extended for a further 12 months.

10 **Recommendation: The Council is invited to accept the recommendation of the Appointments Board that the term of appointment of the 18 Investigating Committee Chairs listed at Annexe 2 be extended by a further 12 months to 31 March 2022.**

Transfer between committees

11 Due to changes in their other professional commitments, eight panel members have requested to be transferred to the Investigating Committee from the Fitness to Practice Committees.

12 The Appointments Board reviewed the eight panel member's performance data and concluded they continued to meet the standards of the performance framework. The Board agreed to recommend their transfer requests.

13 **Recommendation: The Council is invited to accept the recommendation of the Appointments Board to transfer the eight panel members listed in Annexe 3 from the Fitness to Practise Committee to the Investigating Committee.**

Next Steps

14 We have recently appointed Gatenby Sanderson to work with us to deliver a selection and appointment campaign for lay and registrant panel members, including Nursing Associates.

15 Applications for the roles will open on Monday 22 March 2021 and we are planning on bringing a diverse list of appointable candidates to the Appointments Board at its June 2021 meeting.

Midwifery Implications 16 None arising from this paper.

Public protection implications: 17 Panel members are required to make decisions at Practice Committee events that protect the public.

Resource implications: 18 None identified. Costs associated with panel members are included in existing budgets.

Equality and diversity implications: 19 Appointing existing members to a second term and extending the terms of existing members will leave the current overall diversity of the practice committees unchanged, maintaining the improvements to diversity that were achieved in the 2018 recruitment campaign.

Stakeholder engagement: 20 None.

Risk implications: 21 If we do not reappoint and extend the members as requested in paragraphs 5 and 10 there is a risk that we will have insufficient panel members in the Practice Committees to undertake planned hearings activity prior to the completion of the 2021 panel member recruitment campaign.

Legal implications:

22 The recommendation to further extend the terms of appointment of 18 Investigating Committee Chairs is permitted under Rule 6(8A) of the Nursing and Midwifery Council (Practice Committees) (Constitution) Rules 2008, which provides that, "*The Council may extend the term of office of any member of a Practice Committee, who as of 3rd March 2020 was serving a second term, for such a period as it considers appropriate*."

Panel members to be reappointed for a second term of appointment

	Full name	Committee	Second term of appointment start date	Second term of appointment end date
1.	Adebiyi Ashaye	Fitness to Practice Committee	15/06/2021	14/06/2025
2.	Adrian Smith	Fitness to Practice Committee	15/06/2021	14/06/2025
3.	Adrian Ward	Fitness to Practice Committee	15/06/2021	14/06/2025
4.	Alex Forsyth	Fitness to Practice Committee	15/06/2021	14/06/2025
5.	Alexandra Ingram	Fitness to Practice Committee	15/06/2021	14/06/2025
6.	Alexandra Patricia Hawkins-Drew	Fitness to Practice Committee	15/06/2021	14/06/2025
7.	Alice Robertson Rickard	Fitness to Practice Committee	15/06/2021	14/06/2025
8.	Allwin Jay Mercer	Fitness to Practice Committee	15/06/2021	14/06/2025
9.	Andrew Quested Harvey	Fitness to Practice Committee	15/06/2021	14/06/2025
10.	Angela Clare O'Brien	Fitness to Practice Committee	15/06/2021	14/06/2025
11.	Anna Francine Ferguson	Fitness to Practice Committee	15/06/2021	14/06/2025
12.	Anne Susan Grauberg	Fitness to Practice Committee	15/06/2021	14/06/2025
13.	Anthony Mole	Fitness to Practice Committee	15/06/2021	14/06/2025
14.	Bill Matthews	Fitness to Practice Committee	15/06/2021	14/06/2025
15.	Carole Panteli	Investigating Committee	15/06/2021	14/06/2025
16.	Carolyn Jenkinson	Fitness to Practice Committee	15/06/2021	14/06/2025
17.	Carolyn Tetlow	Fitness to Practice Committee	15/06/2021	14/06/2025
18.	Catherine Ann Cooper	Fitness to Practice Committee	15/06/2021	14/06/2025
19.	Claire Corrigan	Fitness to Practice Committee	15/06/2021	14/06/2025
20.	Colin Sturgeon	Fitness to Practice Committee	15/06/2021	14/06/2025
21.	Darren Robert Shenton	Fitness to Practice Committee	15/06/2021	14/06/2025
22.	Deborah Hall	Fitness to Practice Committee	15/06/2021	14/06/2025
23.	Dorothy Joan Keates	Fitness to Practice Committee	15/06/2021	14/06/2025
24.	Elaine Karen Biscoe	Fitness to Practice Committee	15/06/2021	14/06/2025
25.	Georgina Foster	Fitness to Practice Committee	15/06/2021	14/06/2025
26.	Gillian Seager	Fitness to Practice Committee	15/06/2021	14/06/2025
27.	Hannah Harvey	Fitness to Practice Committee	15/06/2021	14/06/2025
28.	Janis Fowler	Fitness to Practice Committee	15/06/2021	14/06/2025
29.	Jill Wells	Fitness to Practice Committee	15/06/2021	14/06/2025
30.	Jocelyn Griffith	Fitness to Practice Committee	15/06/2021	14/06/2025
31.	Judith Faulds Bayly	Fitness to Practice Committee	15/06/2021	14/06/2025

32.	June Robertson	Fitness to Practice Committee	15/06/2021	14/06/2025
33.	Kathryn Elizabeth Smith	Fitness to Practice Committee	15/06/2021	14/06/2025
34.	Lorraine Shaw	Fitness to Practice Committee	15/06/2021	14/06/2025
35.	Louise Fox	Fitness to Practice Committee	15/06/2021	14/06/2025
36.	Martin Dennis Bryceland	Fitness to Practice Committee	15/06/2021	14/06/2025
37.	Maureen Ann Gunn	Investigating Committee and Registration Appeals Committee	15/06/2021	14/06/2025
38.	Michael Glickman	Fitness to Practice Committee	15/06/2021	14/06/2025
39.	Natasha Duke	Fitness to Practice Committee	15/06/2021	14/06/2025
40.	Pamela Kay Campbell	Fitness to Practice Committee	15/06/2021	14/06/2025
41.	Paul Evans	Fitness to Practice Committee	15/06/2021	14/06/2025
42.	Philip John Sayce	Fitness to Practice Committee	15/06/2021	14/06/2025
43.	Robert Cawley	Fitness to Practice Committee	15/06/2021	14/06/2025
44.	Sadia Zouq	Fitness to Practice Committee	15/06/2021	14/06/2025
45.	Sarah Tozzi	Investigating Committee and Registration Appeals Committee	15/06/2021	14/06/2025
46.	Shorai Dzirambe	Fitness to Practice Committee	15/06/2021	14/06/2025
47.	Sophie Lauren Kane	Fitness to Practice Committee	15/06/2021	14/06/2025
48.	Sue Davie	Fitness to Practice Committee	15/06/2021	14/06/2025

Investigating Committee chair's terms of appointment to be extended

	Full name	**End of Term Date**
1.	Andrew Skelton	31/03/2022
2.	Cindy Leslie	31/03/2022
3.	Eileen Carr	31/03/2022
4.	Gillian Fleming	31/03/2022
5.	Howard Freeman	31/03/2022
6.	Ian Comfort	31/03/2022
7.	Joan Tiplady	31/03/2022
8.	Libhin Bromley	31/03/2022
9.	Mandy Renton	31/03/2022
10.	Maria Elizabeth Delauney	31/03/2022
11.	Miriam Karp	31/03/2022
12.	Moriam Bartlett	31/03/2022
13.	Nigel Bremner	31/03/2022
14.	Peter Cadman	31/03/2022
15.	Robert Collinson	31/03/2022
16.	Stuart Turnock	31/03/2022
17.	Tom Hayhoe	31/03/2022
18.	Valerie Paterson	31/03/2022

Panel members to be transferred from the Fitness to Practice Committee to the Investigating Committee

	Full name
1.	Amy Rebecca Noakes
2.	Barbara Stuart
3.	Carolyn Jenkinson
5.	Geoffrey Baines
6.	Jill Wells
7.	John Hamilton
8.	Rachel Louise Hopper

Council

Audit Committee Report

Action:	For information.
Issue:	Reports on the work of the Audit Committee.
Core regulatory function:	Supporting functions.
Strategic priority:	Strategic aim 6: Fit for the future organisation.
Decision required:	None.
Annexes:	None.
Further information:	If you require clarification about any point in the paper or would like further information please contact the author named below.

Secretary: Fionnuala Gill
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Chair: Marta Phillips

Context:

1 Reports on the last meeting of the Audit Committee held on 24 February 2021. Key Issues considered by the Committee included:

1.1 Progress on the Internal Audit work plan, reviews completed in the last quarter.

1.2 Approval of the internal audit work plan for 2021-2022.

1.3 Progress on the Risk Improvement plan with a particular focus on the work undertaken to develop risk assurance.

1.4 Review of the plans for the external audit for 2020-2021.

1.5 Arrangements for procurement of Internal and External Auditors.

1.6 Standing reports on whistleblowing, serious event reviews and single tender actions.

Four country factors:

2 None directly arising from this report.

Discussion:

Internal Audit work plan 2020-2021

1 The Committee reviewed progress against the Internal Audit work plan for 2020-2021, with delivery progressing largely in line with the plan. The Committee considered three internal audit reports:

1.1 **Professional Regulation**, which had an opinion of reasonable assurance. The Committee noted the need to ensure that consistent naming conventions and automated KPI reporting systems are established ahead of the Fitness to Practise (FtP) phase of the Modernisation of Technology Services (MOTs) Programme.

1.2 **Financial modelling for business case "Accommodation Strategy – 23 Portland Place"**, which had an opinion of substantial assurance. The Committee congratulated the Resources team on the quality of their work.

1.3 **Budget Planning and Management – Part 2: Fitness to Practise**, which had an opinion of reasonable assurance. The Committee noted there was one high priority action, namely a need to provide an assessment of whether costs incurred are reasonable for the activity levels delivered. It was noted that such considerations do take place, but needed to be developed further, with a particular focus on how the findings are reported effectively.

2 The Committee continues to monitor progress on clearing Internal Audit recommendations. There were 13 actions to be carried forward for follow up, including one high priority action. It was noted that action updates showed clear engagement and progress towards completion.

Internal Audit Work plan 2021-2022

3 The Committee reviewed the proposed internal audit work plan for 2021-2022, and was satisfied that the plan provided appropriate coverage, taking into account organisational priorities and key risk areas. It was noted that the work auditing education standards was in development and would focus on the emergency standards developed in response to Covid-19.

Risk Management Update

4 The Committee considered the regular update on risk management, which included an update on work undertaken as part of the risk management improvement plan, including reviewing directorate risk registers and risk education for colleagues across the NMC. In particular, the Committee considered findings from work on risk assurance:

a) Mapping our controls for Corporate risk REG 18/01 (risk that we fail to maintain an accurate register of people who meet our standards); and
b) Spotlight on the second line of defence for risk REG 18/01.

5 The Committee was pleased to note that this work had identified that significant failure was unlikely to take place and that the controls were appropriately reflected on risk registers. The Committee noted the importance of ensuring resources used to control a risk are proportionate and avoid duplication or gaps. This work will be undertaken as part of the next steps of the project, along with work planned to assess the effectiveness of controls. A roadmap will be shared with the Committee in June 2021.

Anti-fraud, bribery and corruption 2020-2021

6 The Committee was pleased to note that no instances of fraud, bribery or corruption had been detected so far in 2020-2021 and that there had been no reported incidents of offences under the Modern Slavery Act 2015 in the NMC's supply chain. An updated Modern Slavery Statement will be reviewed by the Committee in Q1 of 2021-2022.

External Audit and NAO plans for the audit of accounts for the year ending 31 March 2021

7 The Committee considered and approved the plans by Haysmacintyre and the National Audit Office (NAO) for the audit of accounts for year ending 31 March 2021. The Committee was given assurance that all aspects of the audit could be undertaken remotely.

8 As in previous years, the plan is for the Annual Reports and Accounts to be laid in Parliament ahead of the summer recess. In line with this timeline, the Committee will review the Annual Reports and Accounts in June 2021 ahead of Council considering them at the July 2021 Open meeting.

Serious event reviews and data breaches report

9 The Committee considered the report on serious event reviews (SERs) and data breaches for the period 1 July 2020 to 30 September 2020 and the learning and actions that arose from them.

10 The Committee encouraged the Executive to continue to focus on ensuring timely investigation of serious events and on work to address recurring issues such as such as information breaches.

11 The Committee asked for assurance that incidents that were not classed as serious were being overseen appropriately and any learning captured and shared appropriately.

12 The Committee was advised that the SER working group is looking at how to simplify the categorisation of incidents and events and will bring this back as part of a wider update on its work in April 2021, including work undertaken to strengthen an open reporting culture.

Single tender actions

13 The Committee considered a report on single tender actions (STAs) and the STAs actions log for the period September 2020 to February 2021. The Committee noted that there had been 13 STAs in the financial year to date, which was two fewer than over the same period in 2019-2020, and a continuation of the good progress made over the last few years.

Whistleblowing

14 The Committee reviewed the standing report on the use of the NMC's internal whistleblowing policy and was advised that no whistleblowing concerns had been raised since the last meeting.

Processes for appointment of Internal Auditors and External Auditors

15 The Committee considered and agreed the process for the appointment of the internal auditors.

16 The appointment of external auditors is reserved for the Council. The Committee reviewed the proposed process and along with minor developments to the process, it was agreed that a specification should be developed. Following consideration by the Committee in April 2021, the tender process and specification will be considered by the Council in May 2021.

Midwifery implications:	17	No midwifery implications arising directly from this report.
Public protection implications:	18	No public protection issues arising directly from this report.
Resource implications:	19	No resource implications arising directly from this report.
Equality and diversity implications:	20	No direct equality and diversity implications resulting from this report.
Stakeholder engagement:	21	None.
Risk implications:	22	No risk implications arising directly from this report.
Legal implications:	23	None identified.

Item 13
NMC/21/28
24 March 2021

Council

Accommodation Plan

Action: For information.

Issue: Provides the Accommodation Plan, which was approved by the Council at its confidential meeting on 23 February 2021, for openness and transparency purposes.

Core regulatory function: Supporting functions.

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

Decision required: None.

Annexes: The following annexe is attached to this paper:

- Annexe 1: Accommodation plan.

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

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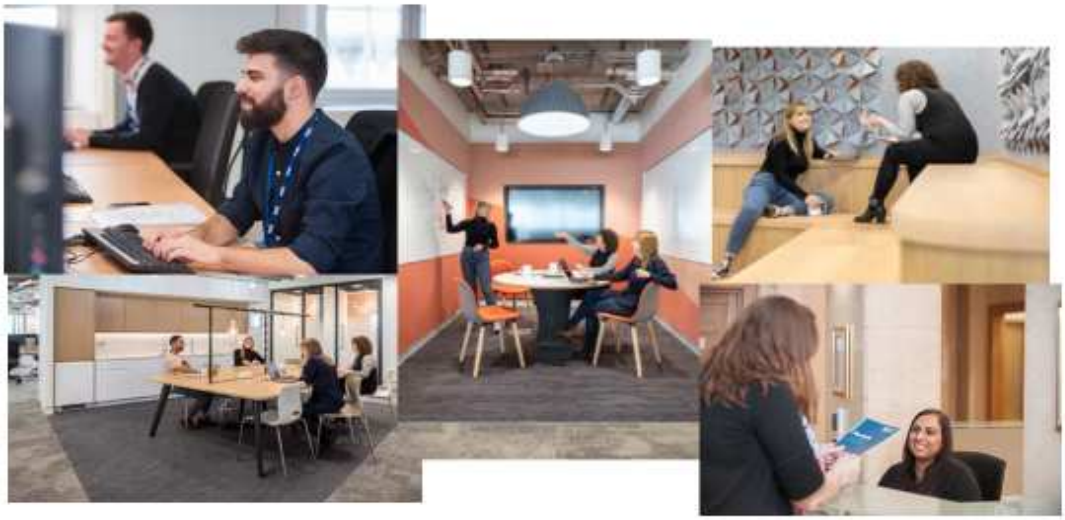
Item 13: **Annexe 1**
NMC/21/28
24 March 2021

Nursing & Midwifery Council Accommodation Plan

Updated January 2021



Revision	Comment	Date	Revised by
v2.1	Council approval	March 2020	David Power
v3.1	For EB approval	November 2020	Andy Gillies & David Power
v3.2a	Changes as requested by EB and Accommodation Committee	January 2021	Andy Gillies & David Power

Contents

Introduction

This document sets out our strategic plan for managing our accommodation. It supports our new overall strategy for the period 2020-2025, though the accommodation plan must also look beyond that period to give value to the organisation and our stakeholders over the very long term.

The accommodation plan is a key part of our plans to build a fit for the future organisation and make the NMC a great place to work. We want to be an employer of choice, providing attractive, healthy, safe and secure office spaces where our colleagues can work productively and collaboratively, as well as enabling colleagues to work from home and on the move.

Our office spaces, meeting rooms and hearings rooms need to be appropriately located for our work with the public, educators, the professions and our partner organisations, and create a welcoming and hospitable environment for all our visitors and our colleagues.

It also outlines the future of 23 Portland Place, and our other buildings: 2 Stratford, One Westfield Avenue and Edinburgh; and our serviced office space in Cardiff and Belfast.

This plan can be used as a basis to engage, support, advise and respond to the needs of internal and external stakeholders of the organisation. It also recognises that the organisation is going through a period of change which will affect the future footprint and its use of space.

The plan was first approved by Council in March 2020, and prepared in the months leading up to that. From late March, during the Covid-19 pandemic, we have worked almost entirely from home, and have proved our ability to deliver many of our functions successfully while working in this way. We restarted 'in person' hearings from September 2020 and, subject to government guidance applicable at the time, we plan to review the return to our offices across the rest of our functions from March 2021.

Our experience during the Covid-19 pandemic has demonstrated the potential benefits for the organisation and individual colleagues of increased working from home, and we have therefore updated our accommodation plan to ensure that we realise those benefits. However, it is clear that permanent working from home can have significant disbenefits for some of our functions and some of our colleagues. For example, we have found that virtual hearings take longer than in person

hearings. Many of our colleagues have found permanent working from home isolating, or difficult to manage together with caring responsibilities.

Our accommodation and our strategic themes

The NMC *Strategy 2020-2025* sets out five strategic themes to guide the NMC in our purpose of promoting and upholding high professional standards in nursing and midwifery – protecting the public and inspiring public confidence. They are:

- **Improvement and innovation** - doing our day job well, providing better customer service, taking every opportunity to increase the public benefit from what we do.
- **Proactive support -** for our professions to uphold our standards today and tomorrow, anticipating and shaping future nursing and midwifery practice
- **Visible and better informed -** in closer contact with our professions, their employers and their educators so that we regulate with a deeper understanding of the learning and care environment in each country of the UK
- **Engaging and empowering** public, professionals and partners **-** able to understand and shape our work **-** promoting a person centred approach in what we do and deepening the wider understanding of our and our professions' roles.
- **Insight and influence -** driving improvement in what we do and how we influence the wider sector, acting responsibly and collaboratively as part of the wider health and care system

To deliver on these themes, we need accommodation that provides colleagues with a healthy, safe and secure environment where they can work efficiently and productively. We need hearings rooms in all four countries of the UK that help to support the public, registrants and witnesses through the fitness to practise process. We need spaces where we can welcome the public and collaborate with the professions and our partners. Our accommodation needs to be adaptable to future changes in demand for our services and the way in which they are delivered, and changes in technology and working patterns. It needs to be affordable within our financial strategy, cost effective, environmentally sustainable and appropriate to our role as a public body funded by the fees of nurses, midwives and nursing associates.

The best use of our accommodation, together with the best use of our technology will provide us with an effective organisation.

Our existing accommodation

We are a UK-wide regulator with a presence in each of the four countries – England, Scotland, Wales and Northern Ireland. Our existing accommodation is described below.

Our accommodation occupies a total of approximately 71,000 square feet (net), excluding serviced office space. (This is a reduction of approximately 20% of floor space following the lease end events of two buildings that we occupied until the end of 2019).

Building	Desks	Capacity (7:10 ratio)	Hearing Rooms	Lease end
23 Portland Place, London W1B 1PZ	336	480	-	11 October 2933
17th floor, One Westfield Avenue, London E20 1HZ	250	358	-	6 February 2029
2 Stratford Place, London E20 1EJ	54	77	14	21 July 2024
Clarendon House, 114-116 George Street, Edinburgh EH2 4LH	36	52	4	24 April 2021
Temple Court, 13A Cathedral Road, Cardiff CF11 9HA	No perm staff		1	31 October 2021
Forsyth House, Cromac Square, Belfast BT2 8LA	No perm staff		1	31 July 2021
Totals	**676**	**967**	**20**	

23 Portland Place (23PP) has been the home of the NMC and its predecessor bodies since 1934. It is held on a 999 year lease at a peppercorn rent of £250 a year. It is used as office space and is also the base for the Executive Board and Council. (23,223 sqft)

One Westfield Avenue (OWA) is a new purpose built office block in the International Quarter in Stratford, East London. We took a 10 year lease of the 17th floor in 2019, replacing our previous central London offices in Holborn, where the leases were ending. OWA has been fitted out as modern, flexible space to promote agile and collaborative working. (21,744 sqft)

2 Stratford Place (2SP) is our main venue for fitness to practise hearings in England and consists of 14 hearing rooms and 54 desk spaces for the teams that support the associated adjudication process. Our lease expires in July 2024. (17,352 sqft)

Clarendon House in Edinburgh is held on a lease expiring in April 2021 and is used for our fitness to practise hearings in Scotland. It has four hearing rooms and 36 desk spaces over two floors. (8,879sqft)

For our fitness to practise hearings in Wales and Northern Ireland, we have serviced office accommodation in Cardiff and Belfast. We have no colleagues permanently based at either hearing venue.

Agile working

In 2017 we introduced an agile working policy, which encourages colleagues to work from home for part of their week, where appropriate and compatible with the needs of service delivery. During 2019-2020 we have provided most colleagues with laptops to further enable agile working, and to free colleagues from their desks.

Agile working benefits our colleagues by supporting healthy work-life balance, and benefits the organisation by enabling flexible and efficient use of our office space, and promoting collaboration among teams and across the organisation. Colleagues no longer need a 'desk' to work from, especially with the introduction of laptops. Our new offices at One Westfield Avenue were designed in close consultation with our colleagues about how they wanted to use their space, and the types of workstations, and meeting and collaboration spaces that would make for a great working environment. The new space and agile working has been welcomed by colleagues at One Westfield Avenue, and we want to achieve the same benefits in all our locations.

In the table above, the capacity of our estate with 676 desks to house a headcount of 967 colleagues is based on a 7:10 desk:person ratio, which is typical for a successful implementation of agile working. Agile working enabled us to reduce our space requirement when we relocated from central London to One Westfield Avenue, contributing to an annual saving on rent and service charges of c£1m.

The Covid-19 lockdown in 2020 seems likely to lead to a step change in working patterns for office based jobs, with possibly significant impacts on the employment market and the commercial property market. Media reports and the residential property market indicate that people are expecting to work from home more in future. Increased working from home provides the opportunity for people to reduce the time and money they spend on commuting, and achieve a better work/life balance. Companies may also benefit from reduced premises costs. Some companies are reported to be disposing of offices[1], and city centre commercial rents appear to be falling[2] at least over the short term.

[1] https://www.bbc.co.uk/news/business-53968213; https://www.businessinsider.com/deloitte-offices-covid-work-from-home-remote-working-2020-10?r=US&IR=T
[2] https://www.standard.co.uk/business/office-rents-forecast-to-fall-in-central-london-a4556156.html

Although it is too soon to be sure of the extent of the increase in working from home over the long term, it could be beneficial to both the NMC corporately, and NMC colleagues individually. For the NMC, the benefit could be realised through a reduction in our rented space in London when the lease on 2 Stratford Place expires in 2024. 2 Stratford Place costs us around £1 million a year in rent, rates, service charge and utilities. Supporting and encouraging working from home also widens the pool of talent we can recruit from, beyond the catchment area of commutable distance to our offices.

After the end of the Covid-19 pandemic, we will therefore encourage increased working from home, and explore the changes to technology, working patterns and contractual employment terms that will be needed to make increased working from home beneficial for both the NMC and our colleagues.

It is also recognised that working from home presents challenges to some colleagues in terms of their well-being and home environment. We undertake Display Screen Equipment (DSE) risk assessments for all colleagues, which highlight any needs that the home workplace may have, and we have introduced an Amazon Business account, where colleagues can 'call-off' a selection of IT equipment and furniture for delivery to their homes, as required. Within the DSE risk assessment we also enquire about well-being and the work itself, for example: pace, workload task and content. This may indicate that working from home is not suitable for some colleagues and they may benefit from continuing to work more regularly from an office.

The change in working patterns – a blended approach to work, its subsequent requirement for floor space and future support for colleagues will be explored and developed. We will use the proposed 23 Portland Place project as a driver to explore these elements, as part of our continued engagement with colleagues.

In our options appraisal for 23 Portland Place (see page 12 below) we will include options that increase the net usable area, and which could enable the space be used as hearings rooms, so that hearings could be transferred from 2 Stratford Place to 23 Portland Place after 2024.

The design and layout of the new office will also change as there will be more project/collaboration areas. A blended approach to work with good wi-fi, increased audio-visual accessibility for meetings and a revised office design are key elements in the office of the future.

The future

How many people do we need to accommodate?

At March 2020, our headcount was 850. We have grown to just under 1000 by December 2020, mainly in responding to Covid-19, though many of those new posts are fixed term, and should not be needed after we have recovered our fitness to practise caseload and other work that has had to be postponed during Covid-19. In the longer term, we also expect to reduce the number of people we need as a benefit of systems and process efficiencies. In the short term, before Covid-19, we were therefore approaching our capacity – and colleagues were already reporting a consistent shortage of meeting space in 23 Portland Place. But taking on new office space to cover that short term peak would be disproportionately expensive, so we need to manage within our existing estate in the short term.

Our existing accommodation was planned on the basis of a 7:10 desk:person ratio, as set out above. A 7:10 ratio is consistent with an average of four days a week in the office, one day a week working from home. An average of three days a week in the office implies a required 5:10 desk:person ratio, and an average of two and a half days a week in the office implies a desk: person ratio of around 4:10. This demonstrates a potential reduction of between 25 and 40 percent in the space we will need as a consequence of increased working from home.

Where do we need to be?

We are a UK-wide regulator, and we need to have strong links with all four countries of the UK, and to understand the national and regional health frameworks. We have an office in Edinburgh, and we have considered whether we should also open offices in Wales and Northern Ireland, and the English regions.

But a wider network of national and regional offices would add to our costs, and would not in itself ensure that we are genuinely accessible. In 2019, we designated a director to lead on engagement with senior stakeholders in each of the four countries, supported by a project team. We are developing and expanding our employer link service, widening its focus beyond fitness to practice. Many of our employer link service colleagues are home based, in the regions. We will continue with this approach to ensuring that we are accessible, and we do not intend to open new regional offices.

London is the largest market for the professional and technical employees we need to attract. It is where many of our partner organisations are based and together with the surrounding regions are where many of our registrants live and work. It has good public transport links to the rest of the UK. The downside of being located in

London is the high cost of property. But we have already mitigated that by moving nearly half of our colleagues to Stratford, and our headquarters building in central London is held on a 999 year lease at rent of just £250 a year. Therefore our main offices will continue to be in London.

What sort of office space do we need?

To recruit and retain committed people, we need to provide an attractive, modern office environment, which supports a culture of openness and collaboration – similar to the space we have co-created with our colleagues at One Westfield Avenue. We need meeting space for colleagues to engage and collaborate, internally and with our partners and the public. We need IT and audio-visual facilities to support remote working and video conferencing, including blended meetings where some colleagues are in the office and others are working from home.

The space needs to be flexible, to cater for different uses now and in the future. For example, we need to be able to convert hearings space to office space or vice versa, to cater for possible changes in demand for hearings. Our leases for our premises other than 23 Portland Place need to give us flexibility to scale our operations and costs if needed.

How many hearings rooms will we need?

Our strategic direction for fitness to practise, launched in 2018, should lead over time to a reduction in the number of hearings we hold. We are encouraging issues to be dealt with by employers where appropriate, rather than referred to us. In cases of poor practice or a clinical error, we take account of the context, and whether the registrant poses an ongoing risk to public safety. Those cases and others can sometimes be resolved without the need for a public hearing, for example where the facts are agreed on all sides.

We will continue to hold hearings for registrants living in Scotland, Wales and Northern Ireland in our Edinburgh, Cardiff and Belfast premises respectively, and we use our Edinburgh and Cardiff hearings rooms for registrants in the north and west of England where possible and where the registrant agrees.

Standards and compliance

We will continue to engage with all parts of the organisation with regards to the design and layout of any new or changes to the existing accommodation, taking into account the corporate style to ensure a consistency across the Estate. The accommodation will comply with the Building Regulations which includes disability access as well as planning and other approvals, where required. We will also

engage with the Equality, Diversity and Inclusion team and produce an Equality Impact Assessment (EQIA) for any significant changes.

Environmental impact and corporate social responsibility

Our strategy for 2020-2025 includes a commitment to corporate social responsibility, and the sustainability of our estate and how we operate within the wider environment is a vital part of that. We minimise our environmental impact and support sustainability in a number of practical ways including:

- any new building is assessed for sustainability, which may include environmental, social and economic sustainability performance and the use of a grading system, for example 'BREAAM Very Good' or above.
- the waste that we produce is 'zero to landfill'
- electricity that we use is from renewable sources
- the provision of cycling and shower facilities
- supporting local residents and companies by attending police ward and tenant meeting panels
- removing plastic bottles from our vending machines
- using plant based take away and other containers in our food provision, instead of plastic or waxed cardboard
- where we replace lighting, using LED and energy efficient fittings.

Immediate Future

The most immediate and future Estate requirement relate to our office in Edinburgh and at 23 Portland Place, London.

Edinburgh

The leases on our office and hearing rooms in Edinburgh end on 24 April 2021. The Landlord intends to redevelop the whole building, so will not offer a new lease, and has issued a notice to quit. We started engagement and local property searches within the current property market in the spring of 2020 and are proceeding with the due diligence of the most favourable building in central Edinburgh.

The new accommodation will need to be flexible, not only for NMC operational needs, but with an eye on possible changes in our regulatory responsibilities, whether as a result of regulatory reform or further political change. There are approximately 40 colleagues in Edinburgh plus four hearings rooms, so increased working from home post Covid-19 is not likely to lead to a significant reduction in the

total floorspace required. In addition, feedback from colleagues is that the current c9,000 square foot space is cramped, and under our organisational strategy for 2020-2025, we plan to increase the use of the space for stakeholder engagement. Therefore, the properties we shortlisted were in the range 10,000 to 11,000 square feet, and the proposed new property is c11,000 square feet.

We will seek flexibility within the lease provision including a review of the term, lease breaks and/or clauses to allow us to sub-let part of the space and novate the lease to another health or other regulatory body

23 Portland Place

23 Portland Place is our headquarters building, and is the only building that the NMC occupies in its entirety. It is held on a 999 year lease, which started in October 1934, with a fixed peppercorn rent of £250 per annum.

The lease contains a number of restrictions, including that it is used solely by the NMC. The Landlord has indicated that they may allow us to sub-let part of the building to another medical or regulatory body, subject to local planning laws, but that any form of letting or sub-letting would result in the requirement for us to pay full market rent. While the building is not listed, it is within a conservation area surrounded by listed buildings.

Therefore 23 Portland Place has some, but not all of the characteristics of a freehold:

- It is effectively rent free forever
- We are responsible for all repairs and maintenance
- We have the ability to redevelop the interior

However:

- We cannot generate any income from it - we are unable to sublet without triggering full market rent payable to the Landlord
- We cannot sell the leasehold. The Landlord may be willing to offer us an amount to buy us out of the lease, but that would not be an open market transaction, so it may be more difficult for us to achieve full value

A business case will be presented to Council in 2020-2021, alongside this updated accommodation plan with a number of options with regards to the refurbishment of the building, as well as other options including relocation.

As discussed on pages 7-8 above, we expect a significant increase in working from home to continue after the Covid-19 pandemic, and we want to encourage that. We see a potential benefit for the NMC in increased working from home, in a reduction in our rented space in London when the lease on 2 Stratford Place expires in 2024. In

our options appraisal for 23 Portland Place we have included options that will also increase the net usable area, which could enable the space to be used as hearings rooms, so that hearings could be transferred from 2 Stratford Place to 23 Portland Place after 2024.

The business case follows a survey of the mechanical and electrical (M&E) infrastructure and plant that supports the building. The survey showed that a significant amount of machinery and associated services had or would soon reach the end of its working life. The air conditioning and fresh air mix system is the most pressing area for replacement, as some parts of it are over 30 years old.

A full refurbishment would not only cover the replacement of the main plant and M&E services but also include creating a more modern space and working environment. This would typically include break out areas, 'pod' meeting rooms and collaboration space, with lessons learnt from the recent successful engagement and fit-out of One Westfield Avenue.

As noted in the survey, the provision of good, planned preventative maintenance and the enhanced maintenance programme we have undertaken in the past three years has extended the life of the building systems. However, there is always the possibility of failure when systems are beyond their normal lifecycle, and this needs to be addressed.

Flexibility

2 Stratford Place

When this plan was first published in March 2019, we noted that there may be an opportunity to convert hearing rooms at 2 Stratford Place into office space, if the numbers of fitness to practise hearings reduce through the implementation of our Fitness to Practise strategy. The increase in the caseload while we paused investigations during the Covid-19 lockdown makes that less likely, at least in the short/medium term, as we will need to hold increased numbers of hearings for a period to clear the backlog.

The lease is due to end in July 2024. As noted above, our options appraisal for 23 Portland Place will include options that enable the space to be used as hearings rooms, so that hearings could be transferred from 2 Stratford Place to 23 Portland Place after 2024. That may enable us not to renew the lease on 2 Stratford Place, and either not replace it at all, or replace it with a smaller space.

Cardiff & Belfast (serviced office spaces)

The purpose of these locations is for fitness to practise hearings only. There are no colleagues permanently based there.

We plan to maintain use of these spaces, due to our function as a UK regulator and the requirement that we provide hearings space across the four countries.

The use of serviced office space for hearings in Cardiff and Belfast provides us with flexibility. This saves paying lease costs including rent, service and business rate charges with a long term liability. The cost and use of these facilities will be regularly reviewed.

Summary of next steps

Property	Status	Next steps
23 Portland Place, London W1B 1PZ	Requires replacement of M&E infrastructure and plant, and refurbishment	Business case reviewing high level options to Council in February 2021
Clarendon House, George Street, Edinburgh EH2 4LH	Lease ends April 2021	Due diligence on the lease of the most favourable building underway.
2 Stratford Place, London E20 1EJ	Lease ends July 2024	Executive will review options in 2022-2023
One Westfield Avenue, Stratford E20 1HZ	Held on lease until 2029. No planned change during period of this plan	N/A
Cardiff	Serviced office accommodation held under short term service agreements. Good market exists for suitable replacement or expansion, if needed	Maintain presence; Executive keeping required scale under review
Belfast		

Council

Deputy Chair's actions taken since the last meeting of the Council

Action:	For information.
Issue:	Reports action taken by the Deputy Chair of the Council since 27 January 2021 under delegated powers in accordance with Standing Orders. There have been the following three Chair's actions: • to approve two new recovery standards to mitigate the impact of reduced practice learning opportunities due to the ongoing pandemic (05/2021); • to reappoint partner members to the Investment Committee (06/2021); and • to approve a rolling approach to the NMC Temporary Register, to support the national Covid-19 response (07/2021).
Core regulatory function:	Supporting functions.
Strategic priority:	Strategic aim 6: Fit for the future organisation.
Decision required:	None.
Annexe:	The following annexes are attached to this report: • Annexe 1: Chair's action 05/2021 – Approval of two new recovery standards to mitigate the impact of reduced practice learning opportunities due to the ongoing pandemic. • Annexe 2: Chair's action 06/2021 – Reappointment of partner members to the Investment Committee. • Annexe 3: Chair's action 07/2021 – Approval of a rolling approach to the NMC Temporary Register, to support the national Covid-19 response.
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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Nursing & Midwifery Council

Chair's Action

Under NMC Standing Orders, the Chair of the Council has power to authorise action on minor, non-contentious or urgent matters falling under the authority of the Council (Scheme of Delegation, paragraph 4.6). Such actions shall be recorded in writing and passed to the Secretary who maintains a record of all authorisations made under this paragraph. The Chair is required to report in writing, for information, to each Council meeting the authorisations which have been made since the preceding Council meeting.

Each Chair's action must set out full details of the action that the Chair is requested to authorise on behalf of the Council.

Requested by:	**Date: 16 February 2021**
Professor Geraldine Walters Director of Professional Practice	

Recovery Education Standards

Two new recovery standards which are being proposed to mitigate the impact of reduced practice learning opportunities due to the ongoing pandemic.

Due to the ongoing pandemic the capacity and variation of practice learning experiences has been reduced, which could stall the progression of nursing students achieving the required standards of proficiency and qualifying in a timely manner. The proposed recovery standards will provide flexibility for Approved Education Institutions (AEIs) to enable student nurses to continue to learn and progress using alternative approaches to practice learning when placement allocations to health and care provider practice placement learning environments are constrained or not possible.

Council members met to discuss the proposed new standards as set out in the paper and annexes attached on 11 February 2021. Council members were supportive of the introduction of these recovery standards.

The Acting Chair is asked to approve the adoption of the proposed recovery standards.

Deputy Chair's permission given to attached electronic signature due to Covid-19 emergency in the UK

Signed  Karen Cox (Deputy Chair)

Date 16 February 2021

Council

Covid-19: proposal to adopt two additional recovery standards to support learning in practice

Action: For decision.

Issue: Council is asked to discuss the measures set out below, which will allow us to continue to respond appropriately and proportionately to the unprecedented challenges in the UK health and care system due to the Covid-19 emergency.

Core regulatory function: Professional Practice.

Strategic priority: Strategic aim 2: Proactive support for our professions
Strategic aim 4: Engaging and empowering the public, professionals and partners

Decision required: Subject to the Council's discussion and support, the Acting Chair will be asked to approve adoption of two new recovery standards (see **annexe 1**). This will provide flexibility for Approved Education Institutions (AEIs) to enable student nurses to continue to learn and progress using alternative approaches to practice learning when placement allocations to health and care provider practice placement learning environments are constrained or not possible (paragraph 30).

Annexes: The following annexes are attached to this paper:

- Annexe 1: New proposed recovery standards
- Annexe 2: Supporting information

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 Throughout the Covid-19 pandemic we have worked closely with senior stakeholders across the UK to see what we can do to support the workforce, while striving to support the progression of students' education and training.

2 The emergence of the new strain of covid-19 has led to overwhelming workforce pressures, impacting on health and care services.

3 Inevitably this has had a significant impact on students' learning opportunities in practice. In particular, this has affected the breadth of learning opportunities across diverse services and settings that student nurses need to meet their outcomes.

4 Feedback from AEIs across the UK indicates that some students are not able to go into practice, that pre-registration nursing placement capacity is constrained, and / or student placement learning experiences do not provide the breadth of learning opportunities to meet our standards of proficiency.

5 The Council recently agreed to the reintroduction of emergency standards that allow non-supernumerary placements for final year undergraduate pre-registration nursing students following a request from the Secretary of State of Health and Social Care. These emergency standards are time limited and we will move to withdraw them as soon as appropriate to do so.

6 To reduce the pressure on placements, we have also introduced additional emergency standards to allow flexibility around supervision and assessment, and to allow removal of first year students from practice placement learning into theoretical learning where there is not the capacity for adequate supervision.

7 This paper outlines the need for two new recovery standards that will support flexible solutions for student nurses' practice learning.

Four country factors:

8 We continue to work closely with the four Chief Nursing Officers (CNOs), Chief Midwifery Officers (CMidOs) and their educational leads, the Council of Deans of Health (CoDH), and wider professional bodies and trade unions on students' well-being and their learning and progression during the pandemic.

9 The four nations are continually monitoring the situation and are making decisions on what is needed to support their respective workforce and students at this time. Our emergency and recovery standards offer flexibility to enable all four UK nations to make timely decisions that work for them and the situations they face.

Discussion: **On-going challenges**

10 There are significant challenges for students undertaking pre-registration nursing programmes at this time. This is in addition to the previous disruption to students' education and training during the first wave of the pandemic, which affected the distribution of learning in theory and learning required by our standards. These include:

10.1 A reduction in practice learning capacity

10.2 Reconfiguration of services, which has reduced the capacity and range of practice learning experiences for nursing students in particular

10.3 Supervision and assessment in practice becoming increasingly challenging, due to staff shortages, which is affecting the ability to provide supervision and assessment that meets our standards

10.4 The demand for placements being greater than usual. Students need to rebalance hours from the first wave of the pandemic, and the intake of new students in September 2020 was higher than in previous years, and;

10.5 Students classified as vulnerable or who are having to self-isolate, are missing planned practice learning time and experiences.

11 Although some of these issues also apply to student midwives, their potential to continue to learn in practice is being managed differently. The issues above therefore are more acute in relation to student nurses.

Pre-registration standards and EU legislation

12 Our existing pre registration standards for nursing and midwifery state the number of theory and practice (clinical) hours to be achieved to meet our standards and programme outcomes. Previous and current emergency standards have provided flexibility on when these hours can be achieved as long as the appropriate hours for each are met before seeking entry to the register.

13 Our education and training standards embed the legislative requirements of the EU Directive on the Recognition of Professional Requirements (the 'EU Directive'). Currently our standards are constrained by the EU's historical and their limited definition of 'clinical training'. This limited definition has and continues to minimise and prevent wider use of contemporary learning, teaching and assessment approaches to practice learning.

Evidence review

14 Given the current pressures on placements, we have expedited our work to review the opportunities to change our standards now that we are no longer bound by the EU directives. We have commissioned two independent research organisations to report on quantitative and qualitative evidence that can inform any future changes we want to make to our pre-registration programme standards.

15 Although these evidence reviews are being conducted at pace, placement provision for pre-registration nursing programmes, is now becoming increasingly difficult, as described above.

16 Consequently we are being asked by AEIs to consider allowing the use of alternative approaches to practice learning in which to demonstrate outcomes, including the use of simulation, virtual and digital learning and other contemporary approaches as a matter of urgency.

Proposal for two additional recovery standards

17 The requirements within the EU Directive for general care nurses does not use the word simulation at any time and compliance only applies to the UK adult field of nursing practice. Neither does it refer to the other three fields of pre-registration nursing that are identified on our register (Mental Health Nursing, Children's' Nursing and Learning Disabilities Nursing).

18 This legislative framework was published in the 1970's and describes clinical training (which we refer to as practice learning) as follows: '*Clinical training is that part of nurse training in which trainee nurses learn, as part of a team and in direct contact with a healthy or sick individual and/or community…, within health institutes or in the community*.….'.

19 Leaving the EU has removed the need for full compliance with the Directive in our standards for education and training.

20 Broadening the definition of practice learning and what constitutes practice learning and hours will enable AEIs to provide alternative ways to deliver practice learning.

21 The recovery standards proposed offer an opportunity to support the achievement of a limited number of practice learning outcomes and hours, using digital, virtual and simulated approaches.

22 The proposal would be to instate the principles stated within the 2010 pre-registration nursing education standards, which allowed up to 300 hours of clinical practice to be achieved through simulation (though please see further comment on this at paragraph 41). The rationale for this standard was supported by an earlier 12 month NMC pilot study that we undertook in conjunction with the CoDH. We have used the findings of this study to inform our proposal.

23 This study recruited 17 higher education institutions that formed 13 pilot sites from across the UK that reflected all fields of nursing practice and represented the full range of resources for using simulation to support learning in practice. This study built on an earlier review that looked at proposals for ensuring better competence in practice, in recognition that some poor practice learning settings exist.

24 The study examined five main principles: ensuring partnerships for learning, managing practice-focused learning, ensuring fitness for practice, a positive student experience and enhancing quality.

25 The findings were strongly positive, but it also became evident that it was difficult to separate theory from practice in terms of what was learned, as it is the integration of both that is important. Key findings reported that simulated learning:

25.1 helps students to achieve clinical learning outcomes.

25.2 provides students with learning opportunities which are not possible in the clinical setting.

25.3 helps to increase students' confidence in approaching clinical situations.

26 The recovery standards proposed would therefore provide additional flexibility and permission at this time for individual AEIs to determine which proficiencies, communication and relationship management skills, and nursing procedures best lend themselves to alternative practice learning approaches.

27 In order to monitor and mitigate any risks, AEIs would be expected to report via a dedicated Covid-19 exceptional reporting process, as to how the recovery standards are being used, and for which cohorts and year groups.

28 Student nurses will continue be supported to learn and engage in practice learning throughout the pandemic, but this additional flexibility may provide further opportunities to enable students to progress and graduate within the timeframe originally anticipated.

29 The proposed wording of the recovery standards is shown in annexe 1. Annexe 2 shows the supporting information for AEIs. The recovery standards are not mandatory, and can be implemented or not to suit local circumstances.

30 **Subject to the Council's discussion and support, the Acting Chair will be asked to approve adoption of two new recovery standards (see annexe 1). This will provide flexibility for AEIs to enable student nurses to continue to learn and progress using alternative approaches to practice learning when placement allocations to health and care provider practice placement learning environments are constrained or not possible.**

Next Steps

31 Should the Council support adoption of these two additional recovery standards this decision will be communicated to AEIs and key stakeholders.

32 We will publish an updated recovery standards document and associated frequently asked questions, to ensure that student nurses and educators are informed and supported.

33 We will confirm the arrangements and reporting necessary for assurance and ongoing monitoring of our programmes and standards as part of our Quality Assurance (QA) framework and processes.

Outcome of Council discussions

34 Council welcomed the opportunity to review the paper and following an extensive discussion the view was that since there is not an extensive evidence base, and the evidence available relates to only 300 hours of simulation, the proposal of up to 300 practice learning hours to potentially be replaced by alternative approaches was prudent at this time. However, they agreed that this should be reviewed after 3-4months once some information on implementation was available.

Midwifery implications:

35 The proposed new recovery standards do not apply to midwifery programmes at this time, as there is a consensus UK wide view that student midwives education and training should continue in line with existing midwifery standards and current arrangements.

Public protection implications:

36 Although we are making changes to our standards to allow for more flexibility of the delivery of theory and practice education and training during the pandemic, the proposed changes still require that future nurses must meet all of the standards of proficiency necessary for safe and effective professional practice.

Resource implications:

37 The cost will be met by the existing professional practice budget.

Equality diversity and inclusion implications:

38 We have previously reported to the Council on the disproportionate impact of Covid-19 on black, Asian and minority ethnic groups. It is the responsibility of individual AEIs to manage risks to students at this time in both academic and practice learning environments. We will continue to monitor this area in line with our QA framework.

39 The adoption of these additional recovery standards offers an opportunity for the continuation of learning when students, including those in specific risk categories, are unable to go into practice learning environments.

40 We will continue to support the UK REACH study investigating if, how, and why ethnicity affects Covid-19 clinical outcomes for those working in health and social care.

Stakeholder engagement:

41 Article 3(14) of the Nursing and Midwifery Order 2001 ("the Order") requires us to consult with representatives of any group we consider appropriate before establishing new standards. Given the unprecedented and extreme circumstances of the current situation, we have not been able to consult widely, however we have engaged with key stakeholders and representative bodies including the four CNOs, the Council of Deans of Health, Royal Colleges and representative bodies and will communicate more widely once Council have made its decision.

42 The stakeholders listed above that we have engaged with to date have been supportive. Most notably, the CNO's have asked us to explore increasing the number of practice learning hours that can be replaced by simulation.

Risk implications:

43 Any change in standards creates a theoretical risk that future nurses may enter the NMC register without the required knowledge and skills for safe and effective practice. It is the AEIs' responsibility to provide assurance that students are fit for registration, and this remains the case. AEIs must continue to provide assurance that students have progressed and met all standards of proficiency necessary for safe and effective practice to be able to join our register.

44 AEIs are accountable for managing the student journey. They must ensure that any alternative approach to practice learning enables student nurses to be appropriately supervised and assessed to meet those standards of proficiency that have been achieved in this way.

45 Limiting the number of hours of learning in simulated, virtual, digital or other contemporary approaches that may be counted towards

learning and achievement in practice to 300 is a prudent approach and ensures that at least 2000 hours will still be achieved in practice settings and in direct contact with people and patients. However, the CNO's also suggested that there was a risk that limiting the hours to 300 may constitute a risk of providing insufficient flexibility. This will be further explored in the update at the Council discussion on 11 February 2021.

46 There is a risk that introducing these recovery standards now will be perceived as pre-empting the outcome of the independent evidence review. However, our standards have consistently recognised the equal importance of theory and practice learning. We are also making use of earlier NMC evidence to support a proportionate approach during these unprecedented times. These are recovery standards only, which will be withdrawn when appropriate.

47 Leaving the EU means that our future nurses will no longer be able to routinely apply for registration in EU countries through automatic recognition routes and will need to meet the registration requirements in any EU country where they wish to practice.

48 There is a small risk that the use of simulation, digital, virtual or other approaches to practice learning for up to 300 hours may be questioned as part of an application process to join another EU country register, especially for adult nurses seeking registration as general care nurses. It is important to understand that the three years, 4600 hours *and* all our standards and programme outcomes still have to be met for UK registration. Registered nurses' qualifications and transcripts of training will reflect this. Equally other EU regulators are likely to be challenged with the same issues as a result of the global pandemic.

Legal implications:

49 The legal basis for setting our education standards is contained in article 15(1) of the Nursing and Midwifery Order 2001, which requires the Council to establish standards for education and training necessary to achieve the standards of proficiency. It is under this provision that programme standards are established.

50 Prior to leaving the EU on 31 December 2020, our programme standards for pre-registration nursing in the adult field had to comply with the EU Directive on the Recognition of Professional Qualifications. Following the UK's departure from the EU, the standards for nursing and midwifery education are no longer required to comply with this Directive. Therefore the change that is being proposed would not risk challenge from the EU.

51 Due to the emergency nature of the situation we have been unable to consult as widely as we would normally do, but have considered the relevant and best evidence we have. The standard is based on the evidence that informed our 2010 standards and the evidence

gathered at that time. Additionally, although limited our recent interim report on the research on simulation highlights positive experiences of students and the impact on their confidence, although the evidence is very limited in relation to impact on patient outcome and replacement of practice learning hours. We have also sought to mitigate risks by including an additional safeguard of AEI reporting. As this is an emergency standard, AEIs may choose not to adopt it.

Annexe 1
11 February 2021- updated post Council 15 February 2021

The proposed recovery standards to support practice learning:

- Part 1: Proposed draft recovery standards
- Part 2: The standards superseded and the EU directive

Part 1: PROPOSAL: adoption of two new recovery standards.

Proposed new draft recovery standards:

This recovery standard applies to situations where direct contact with healthy or ill people and communities in audited practice learning placements is constrained due to the pandemic, or not possible for nursing students.

RN5 AEIs and their practice learning partners must ensure virtual and simulation-based learning opportunities are used effectively and proportionately to support learning and assessment in practice to meet specifically identified standards of proficiency, associated skills and nursing procedures, and pre-registration nursing programme outcomes for the intended year of study.

Where there is insufficient direct contact with healthy or ill people and communities in audited practice learning placements available for students to meet learning outcomes, alternative learning opportunities that use simulation, virtual and digital learning and other contemporary approaches can be used. These approaches may replace direct contact in practice for up to a maximum of 300 hours (eight weeks) of the overall 2300 practice learning hours.

The final practice learning assessment necessary for award and eligibility to register should take place in an audited practice placement setting and meet the standards for student supervision and assessment (2018).

RN5.1 Appropriate student supervision of the use of simulation, virtual and digital learning and other contemporary approaches to practice learning (for example, peer learning, actors; high and low fidelity including manikins; and virtual and online practice learning training programmes involving authentic case studies, reflection and interaction with people) and appropriate student assessment of learning outcomes achieved during simulated or digital learning must be in place in order to meet the standards for student supervision and assessment (2018).

Part 2: Specific NMC standards that have been superseded

Standards for pre-registration nursing programmes (2018)

Section 3 Practice learning
3.4 ensure technology enhanced and simulation-based learning opportunities are used effectively and proportionately to support learning and assessment and pre-registration nursing programmes leading to registration in the adult field of practice comply with Article 31(5) of Directive 2005/36/EC (See below)

Standards for pre registration nursing education (2010)

5.2.4 AEIs must ensure that no more than 300 hours of the 2,300 hours of practice are used for clinical training in a simulated practice learning environment. This environment must support the development of direct care skills, and be audited by the AEI before it is used

Directive 2005/36/EC minimum requirements for general care (adult nurses), Article 31 - training of nurses responsible for general care

31(5) Clinical training is that part of nurse training in which trainee nurses learn, as part of a team and in direct contact with a healthy or sick individual and/or community, to organise, dispense and evaluate the required comprehensive nursing care, on the basis of the knowledge, skills and competences which they have acquired. The trainee nurse shall learn not only how to work in a team, but also how to lead a team and organise overall nursing care, including health education for individuals and small groups, within health institutes or in the community.

This training shall take place in hospitals and other health institutions and in the community, under the responsibility of nursing teachers, in cooperation with and assisted by other qualified nurses. Other qualified personnel may also take part in the teaching process.

Trainee nurses shall participate in the activities of the department in question insofar as those activities are appropriate to their training, enabling them to learn to assume the responsibilities involved in nursing care.

Supporting information for the implementation of the recovery standards for practice learning

The purpose of this recovery standard is to enable AEIs to maintain the practice learning experience to recover any deficit or gaps in practice learning caused by the impact of the pandemic.

Practice learning in direct contact with healthy or ill people and communities in audited practice learning placements is considered optimal. Where this is constrained due to the pandemic, or not possible for nursing students, these recovery standards could be used, with the aim to use simulated practice learning with healthy or ill people where possible.

1. The recovery standards will be in place until such time Council agree to withdraw them.

2. AEIs can choose whether or not to implement these recovery standards, and if implemented, how this is done. They should engage directly with students to explain and agree the rationale for their decision.

3. If AEIs choose to implement these recovery standards they will be required to exceptionally report the changes made to the programme providing evidence of how supervision and assessment has been met in-line with our standards for student supervision and assessment. We will be asking for detail of how alternative approaches to practice learning have been implemented through a new Covid-19 exceptional reporting form.

4. The number of direct contact practice hours that can be replaced using alternative methods is up to 300 of the 2300 practice learning hours, over the duration of the programme.

5. For final year students, the final practice learning assessment necessary for award and eligibility to register should take place in an audited practice placement setting and must meet the standards for student supervision and assessment (2018).

6. The length of the final placement is not specified, provided that the required number of hours in practice and learning outcomes have been met.

7. Alternative contemporary approaches to practice learning and assessment could be delivered through the use of simulation, virtually and digitally, and include: peer learning; actors; high and low fidelity including manikins/environments; and virtual and online practice learning training programmes involving authentic case studies, reflection and interaction with people.

8. The quality of the learning experience must enable students to meet practice

learning outcomes and competence.

9. Through the implementation of alternative methods for practice learning consideration should be given to involving and learning with other health care professionals.

10. The standards for student supervision and assessment will apply to all alternative approaches of programme delivery to ensure the identified standards of proficiency, associated skills and nursing procedures, and pre-registration nursing programme outcomes for the intended year of study are met.

11. Appropriate supervision in line with the practice learning outcomes should be in place for all simulated or on-line practice learning opportunities, which can be carried out in a synchronous or asynchronous way.

12. Whilst the emergency standards remain live, E5.1 will apply to support supervision and assessment.

13. In keeping with recovery standard R1 all practice simulated environments must be made safe in accordance with the Covid-19 guidelines for social distancing.

14. The opportunity to evaluate the simulated learning experience should be given to students.

06/2021

Deputy (Acting) Chair's Action

Under NMC Standing Orders, the Acting Chair of the Council has power to authorise action on minor, non-contentious or urgent matters falling under the authority of the Council (Scheme of Delegation, paragraph 4.6). Such actions shall be recorded in writing and passed to the Secretary who maintains a record of all authorisations made under this paragraph. The Acting Chair is required to report in writing, for information, to each Council meeting the authorisations which have been made since the preceding Council meeting.

Each action must set out full details of the action that the Acting Chair is requested to authorise on behalf of the Council.

Requested by:	**Date:**
Secretary to the Council	24 February 2021

Reappointments to the Investment Committee

The Acting Chair is asked to reappoint the following as Partner members of the Investment Committee for a second term from 15 April 2021 to 14 April 2024 in accordance with Standing Orders (paragraph 4.2):

- Thomasina Findlay
- Nicholas McLeod-Clarke

The basis for the recommendations is set out in the supporting paper at **Annexe 1**.

Acting Chair's permission given to attach electronic signature due to Covid-19 emergency in the UK

Signed 

Karen Cox (Acting Chair)

Date 3 March 2021

Reappointments to the Investment Committee

Action: For decision

Issue: Reappointment of Independent members of the Investment Committee

Core regulatory function: Supporting functions

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

Decision required: The Acting Chair is asked to reappoint Thomasina Findlay and Nicholas McLeod-Clarke as Partner members of the Investment Committee from 15 April 2021 to 14 April 2024.

Annexes: The following annexes are attached to this paper:

- Annexe 1: Biographies.
- Annexe 2: Reappointment application and Committee Chair recommendation Thomasina Findlay.
- Annexe 3: Reappointment form and Committee Chair recommendation Nicholas Mcleod-Clarke.

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 Council established the Investment Committee as a discretionary Committee to oversee implementation of the Council's investment strategy, determine the allocation and movement of funds in accordance with the investment strategy, and monitor the Council's investment portfolio.

2 In accordance with NMC Standing Orders, the Board comprises a Chair and at least three Council members, including at least one lay and one registrant member. The Board currently has a full complement of Council members.

3 The Committee may, with the consent of the Acting Chair of the Council, also co-opt or appoint suitably qualified independent members with extensive investment expertise. Independent members act as full members of the Committee, whilst recognising that that they are not Council members or trustees. In 2019, the Chair of Council appointed two independent (Partner) members to the Investment Committee following an open and competitive selection process.

Four country factors:

4 Selection processes for independent Investment Committee members are open to applicants from all four UK countries.

Discussion

5 The appointment of Partner members to Discretionary Committees of the Council is governed by the NMC Standing Orders.

6 Under paragraph 4.2.7 of the NMC Standing Orders, the duration of the term of office is determined by the Chair of the Council and in the case of a Partner Member (which includes an independent member of the Investment Committee) the term may not exceed three years from the date of appointment, renewable once.

7 Thomasina Findley and Nicholas McLeod-Clarke were appointed as independent members of the Investment Committee for two years from 15 April 2019. The first terms of both end on 14 April 2021. Both are eligible for reappointment. Biographies for are attached at **annexe 1**.

8 Both members have indicated their willingness to be reappointed and the Chair of the Committee is recommending their reappointment (see **annexes 2 & 3**).

9 The Secretary to the Committee has received updated declaration of interests forms and the due diligence checks undertaken at the time of their original appointment have been refreshed, with no issues identified.

10 The normative principle adopted by the Council is that appointments should be for a period of 3 years. On this basis, both reappointments

would be effective from 15 April 2021 to 14 April 2024.

11 Recommendation: The Chair is asked to reappoint Thomasina Findlay and Nicholas McLeod-Clarke as independent members of the Investment Committee, as recommended by the Chair of the Committee, for the period 15 April 2021 to 14 April 2024.

Next Steps

12 Subject to approval, formal reappointment letters will be sent to Thomasina Findlay and Nicholas McLeod-Clarke. This Acting Chair's action will be reported to the next Open Council meeting (24 March 2021).

Midwifery implications: 13 Not applicable.

Public protection implications: 14 Not applicable.

Resource implications: 15 Allowances and expenses for partner members are provided for within the Governance budget.

Equality diversity and inclusion implications: 16 Equality, diversity and inclusion are a key element of all selection processes for appointment of Council and Partner members.

Stakeholder engagement: 17 Not applicable.

Risk implications: 18 None.

Legal implications: 19 This reappointment process is compliant with the requirements of paragraph 4.2 of the Council's Standing Orders governing the appointment of Partner members to Discretionary Committees of the Council.

Annexe 1: Biographies - Investment Committee Independent members

Nick McLeod-Clarke

Nick is a highly regarded investment manager whose investing career spanned over three decades. He was a UK Equity specialist and was latterly head of both the Investment Trust and Charities businesses at BlackRock where he worked for over 17 years until his departure in March 2018. This business role encompassed responsibility for relationships and business development, which combines well with his long, hands-on portfolio management experience.

Thomasina Findlay

Thomasina is currently an investment consultant, with Portfolio Review Services, a small specialist charity investment consultancy firm which works with charities to review their investment arrangements. Previously, she was Charities Client Director at BlackRock (2003-2014). She had responsibility for setting and reviewing long-term strategy and asset allocation, advising on underlying investment products and options and the ongoing reporting requirements for around 45 charities. Amongst other things, she launched the first passive Global Equity fund which excluded Tobacco.

07/2021

Deputy (Acting) Chair's Action

Under NMC Standing Orders, the Acting Chair of the Council has power to authorise action on minor, non-contentious or urgent matters falling under the authority of the Council (Scheme of Delegation, paragraph 4.6). Such actions shall be recorded in writing and passed to the Secretary who maintains a record of all authorisations made under this paragraph. The Acting Chair is required to report in writing, for information, to each Council meeting the authorisations which have been made since the preceding Council meeting.

Each Chair's action must set out full details of the action that the Acting Chair is requested to authorise on behalf of the Council.

Requested by:	**Date:**
Matthew McClelland Executive Director, Strategy and Insight	08 03 2021

Approval for a rolling approach to the NMC Temporary Register, to support the national Covid-19 response

Temporary registration is open, amongst others, to those who voluntarily left the register without any concerns within the last three years. In March 2020, the Council had agreed that this would apply to those whose registration had lapsed on 29 February 2020 (NMC/2020/34).

In December 2020, the Council agreed to extend the cut-off date to 30 November 2020 (Deputy Chair's Action 13/2020, NMC/2021/16).

This means that those nurses. whose registration has lapsed after 30 November 2020 are not eligible to join the temporary register and must apply for readmission to the permanent Register.

Given the ongoing Covid-19 pandemic and need for extra workforce capacity (particularly given the speed of the vaccine roll-out), we propose we continually increase this pool of recent lapsers. Additionally, it is likely this group may be most in demand by employers as they will have up to date skills. Many of this group may also have been contacted directly by recent employers familiar with and in need of their skill set.

Whilst ideally, we would want to encourage them to return to the permanent register, given the need for expanded workforce capacity, this should not prevent their eligibility for the temporary register. The Executive recommended the following approach for a rolling register approach to the temporary register with this cohort. A supporting paper is at Annexe 1.

A rolling register

On a quarterly basis, make recent (ie, within the last three months) register leavers eligible to join the temporary register. They will not be proactively invited, but should those individuals then apply via our website, this can be completed quickly as an automated process.

As this group would have recent practice experience, this group would not be subject to any conditions of practice.

Maintaining other cohorts with temporary registration
There will now be individuals who, with the passage of time since they joined the temporary register, left our permanent register between three to five years ago. As such, if they have not been deployed (and thus do not have recent practice experience), we suggest we apply conditions to their practice. This is in line with our approach to newcomers to temporary registration who have left the register over three years ago,

There will also be individuals who with the passage of time since they joined the temporary register, left our permanent register over five years ago. These individuals therefore lack recent practice and under our usual five year policy we would require them to take a Return to Practice course or Test of Competence before returning to practice.

Within this group, those individuals who have been deployed do have recent practice (with conditions imposed) by virtue of that deployment. The Executive considered removing those individuals who are not deployed but do not consider this appropriate when nursing shortages are still bring reported.

Governance
The Council agreed on 25 March 2020 (NMC/20/20) that the Chief Executive and Registrar, with the agreement of the Chair, be authorised to add any additional groups of suitable people to the Temporary Register, in line with the principles set out in the Covid-19 emergency temporary registration policy and to take any other action necessary to implement these emergency decisions and principles. Whenever time allows, the Chair should consult Council members before signalling agreement to a proposal from the Chief Executive and Registrar, and in all circumstances the Chief Executive and Registrar shall inform Council members of all emergency decisions and policies within 24 hours of being made.

Council members discussed the above proposals on 23 February 2021 and were satisfied that the right balance had been struck in terms of managing the risks, whilst providing additional workforce capacity.

The Acting Chair is asked to approve a rolling approach to the Temporary Register and maintaining the cohorts with temporary registration in the manner indicated above.

Acting Chair's permission given to attach electronic signature due to Covid-19 emergency in the UK

Signed: 

(Acting Chair)

Date: 8 March 2021

Nursing & Midwifery Council

Council

Maintaining the temporary register

Action: For decision.

Issue: To set out our approach to maintaining the temporary register.

Core regulatory function: Professional Regulation.

Strategic priority: Strategic aim 2: Proactive support for our professions.

Decision required: The Acting Chair is asked to approve a rolling approach to the NMC Temporary Register, to support the national Covid-19 response (paragraph 14).

Annexes: None.

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

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Context:

1 One of the key ways we have contributed to the Covid-19 pandemic effort has been to support the nursing and midwifery workforce by working with the government to allow temporary registration for the duration of the emergency.

2 The amended Article 9A of the Order[1] gives the Registrar the power to identify groups who she deems fit, proper, and suitably experienced to join the emergency temporary register.

3 In March 2020, we chose to exercise these powers for the following groups (the latter two with conditions):

3.1 those who voluntarily left the register without any concerns within the last three years (with a current cut-off date of November 2020 so anyone whose registration has lapsed **after** this date must apply for readmission to the permanent Register);

3.2 overseas-trained nurses and midwives ready to sit their objective structured clinical examination (OSCE); and

3.3 those who voluntarily left our register without any concerns four to five years ago (also with a current cut-off date of November 2020).

4 In December 2020, we also responded to a request from the Department of Health and Social Care (DHSC) to allow temporary registration for additional overseas-trained nurses in light of the worsening pandemic. Earlier that month we identified as eligible (a) those who began their registration applications before October 2019 and who have a valid decision letter, and (b) those who started their registration with us after October 2019 and from whom we have received a registration application and all relevant supporting declarations. Both groups can only practice with conditions and for the latter group a senior NMC registrant must certify that they meet our standards.

5 Our rationale for accepting those groups as eligible for temporary registration has been predicated on a balancing of the following (fluctuating) factors:

5.1 the public protection risks of unsuitable people being allowed to practice on the temporary register.

5.2 the public protection risks of insufficient nurses available

[1] As amended by The Nursing and Midwifery Council (Emergency Procedures) (Amendment) Rules 2020 Order of Council 2020

during the pandemic.

5.3 the urgency of the external situation (worsening of the pandemic).

6 We are now considering our approach to maintaining the register with those cohorts set out above.

Four country factors:

7 Not applicable for this paper.

Discussion:

Maintenance of the register

8 Cohort (3.1) currently has a 'cut off' date of 30 November 2020. We initially took the decision to have a static date range for those who lapsed in the last three years, (or four or five years ago) for ease of communications and processing, but this of course means that those who lapsed most recently are not eligible.

9 We propose we continually increase this pool of recent lapsers by removing a cut-off date (currently after which lapsers must instead apply for readmission). We would check the eligibility of those who have recently lapsed on a quarterly basis. This will mean we do not have a situation where there are barriers to very recent lapsers joining the temporary register at a time when their skills may be needed.

10 In practical terms it will mean if any of these people deemed eligible then apply to join the temporary register via our website, this can be completed quickly as an automated process.

11 Within group (3.1) there will be individuals who with the passage of time since they joined the temporary register, left our permanent register between three to five years ago. As such, if they have not been deployed, we apply conditions to their practice (as we do for cohort (3.3)).

12 Within group (3.3) there will be individuals who with the passage of time since they joined the temporary register, left our permanent register over five years ago. These individuals therefore lack recent practice and under our usual five-year policy we would require them to take a Return to Practice course or Test of Competence before returning to practice.

13 Within this group, those individuals who have been deployed do have recent practice (with conditions imposed) by virtue of that deployment. We have considered removing those individuals who are not deployed but think this would create the wrong impression

when many nursing shortages are still bring reported.

14 Recommendation: The Acting Chair is asked to approve a rolling approach to the NMC Temporary Register, to support the national Covid-19 response.

Midwifery implications:

15 Midwives have been included in most of the groups identified to date. They are not included in the December 2020 overseas cohort as the reported gaps are for nurses supporting hospital intensive care units.

Public protection implications:

16 We believe that these criteria strike the right balance between protecting the public by only allowing temporary registration (with conditions as required) for groups identified as competent to practise, with protecting the public by reducing the current pressure on the nursing and midwifery workforce.

Resource implications:

17 This work is being carried out within existing resource.

Equality diversity and inclusion implications:

18 We recognise that the effects of Covid-19 are more serious for certain groups (older people, people from ethnic minority backgrounds) and therefore individuals from these groups may have reservations about returning to practice. In addition, individuals with caring responsibilities may also be concerned about practising. To help mitigate this, temporary registration will remain voluntary.

19 We will continue to collect demographic details from temporary registrants and contribute to the wider Covid-19 Equality Impact Assessment (EQIA).

Stakeholder engagement:

20 Stakeholder engagement is as discussed above.

Risk implications:

21 The public protection risks are discussed above.

Legal implications:

22 Our powers to grant temporary registration are set out in the amended Article 9A of the Nursing and Midwifery Order 2001.[2]

[2] As amended by The Nursing and Midwifery Council (Emergency Procedures) (Amendment) Rules 2020 Order of Council 2020