Open Council 27 January 2021

MEETING
27 January 2021 09:30

PUBLISHED
19 January 2021

Meeting of the Council

To be held by teleconference at 09:30am on Wednesday 27 January 2021

Agenda

Karen Cox
Acting Chair of the Council

Fionnuala Gill
Secretary

1	**Welcome and Acting Chair's opening remarks**	NMC/21/01	**09:30**
2	**Apologies for absence**	NMC/21/02	
3	**Declarations of interest**	NMC/21/03	
4	**Minutes of the previous meeting** Acting Chair of the Council	NMC/21/04	
5	**Summary of actions** Secretary	NMC/21/05	
6	**Executive report** **6.1 Corporate performance report** **6.2 Fitness to Practise Update** **6.3 Corporate risk exposure report** Chief Executive and Registrar/Executive	NMC/21/06	**09:40-10:30**
	Comfort break		*10:30-10:40*

Matters for decision

7	**Post registration standards update** Executive Director, Professional Practice	NMC/21/07	**10:40-11:25**
8	**Risk Management Framework** Executive Director, Resources and Technology Services	NMC/21/08	**11:25-11:45**

	Comfort break		*11:45-11:55*
9	**Selection process: Chair of Council** *(Paper to be published on 22 January 2021)* Secretary	NMC/21/09	**11:55-12:10**
10	**Panel member appointments and reappointments** Executive Director, Professional Regulation	NMC/21/10	**12:10-12:20**
	Matter for discussion		
11	**Learning and thematic review from recent inquiries** Executive Director, Strategy and Insight	NMC/21/11	**12:20-12:40**
	Comfort break		*12:40-12:50*
12	**Workforce report – evaluation of the People Strategy** Executive Director, People and Organisational Effectiveness	NMC/21/12	**12:50-13:10**
13	**Questions from observers** Acting Chair	NMC/21/13 **(Oral)**	**13:10**
	Matters for information		
14	**Appointments Board report** Chair of the Appointments Board	NMC/21/14	
15	**Deputy Chair's actions taken since the last meeting** Acting Chair	NMC/21/15	
	CLOSE		**13:20**

Meeting of the Council
Held on 2 December 2020 by videoconference.

Minutes

Members:

Karen Cox	Deputy 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
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
Karen Lanlehin	Equality, Diversity, and Inclusion Manager *(item 7 only)*
Dr Caroline Kenny	Head of Research and Evidence *(item 7 only)*
Dr David Foster	Independent Chair, Post-registration Steering Group (*for item 8 only*)
Anne Trotter	Assistant Director, Education and Standards (*for item 8 only*)
Darren Shell	Head of Policy and Legislation (*for item 9 only*)

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

Minutes

NMC/20/84 Welcome and Deputy Chair's opening remarks

1. The Deputy Chair welcomed all attendees to the virtual Council meeting, including external observers. The Council welcomed in particular:
   a) the four new Council members, Anna Walker, Lynne Wigens, Sue Whelan Tracy, and Eileen McEneaney who took up office on 1 October 2020;
   b) the new designate member, Justine Craig who will take up office on 1 May 2021;
   c) the two new associates, Tracy MacCormack and Dr Gloria Rowland who will take up office on 1 January 2021;
   d) Clare Strickland, Deputy Director, Professional Regulation who was standing in for Emma Broadbent, Executive Director, Professional Regulation.

2. The Council congratulated Claire Johnston and Rob Parry who had both successfully revalidated.

3. The Council noted with deep sadness that, due to illness, the Chair of the Council, Philip Graf, had decided to step down from his role at the end of the year. The Council expressed its appreciation for the significant contribution Philip had made during his time as Chair, leading the Council with wisdom, insight and humour and his legacy would have a lasting impact.

4. The Chief Executive and Registrar, on behalf of the Executive team and colleagues across the organisation, said how desperately sad everyone was about Philip's ill-health and decision to step down. Philip's personal support to the Chief Executive and Registrar would be greatly missed. He had guided and challenged us to be ambitious for what the NMC could do for nurses, midwives and nursing associates; for colleagues and for the public we serve. Many warm and caring messages had been received from colleagues and stakeholders about Philip, and it was evident how widely admired and respected Philip had been. These were greatly appreciated and were being shared with Philip and his family.

5. The Council and Executive were united in being determined to continue along the excellent path Philip had set for the organisation in striving to be the best we can be. The whole organisation sent their heartfelt wishes to Philip and his family for his recovery.

6. The Council had agreed in a confidential meeting on 1 December 2020 that Karen Cox would continue as Deputy Chair of the Council, until a new Chair was appointed. An open selection process would begin early next year. The Council thanked Professor Cox for all she had done already, and for her willingness to continue serving as Chair.

NMC/20/85 Apologies for absence

1. Apologies were noted for the Chair, Philip Graf, Council member, Sue Whelan Tracy and Executive Director, Professional Regulation, Emma Broadbent.

NMC/20/86 Declarations of interest

1. In relation to **NMC/20/87 Report of the special meeting to appoint a Deputy Chair** Karen Cox declared an interest as the paper was directly relevant to the Deputy Chair position. This was not considered material, as it was for information only.

2. In relation to **NMC/20/89 Fitness to practise caseload** Ruth Walker declared an interest as an employer. This was not considered material.

3. In relation to **NMC/20/91 Update on the review of Post Registration Standards** all registrant members and Geraldine Walters declared an interest. It was noted that Dr David Foster, Chair of the Post Registration Standards Steering Group had stepped down as a Trustee and Council member of the Queen's Nursing Institute. These interests were not considered material such as to require those concerned to withdraw from the discussion.

NMC/20/87 Minutes of the previous meeting

1. The minutes of the meeting on 23 September 2020 were agreed as an accurate record.

2. The Council noted the report of a Special meeting held on 5 October 2020.

NMC/20/88 Summary of actions

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

NMC/20/89 Executive Report

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

2. In discussion, the following points were noted:

a) Dr Bill Kirkup's report: *'The life and death of Elizabeth Dixon: a catalyst for change*' had been published after the Executive report had been finalised. The failings of care documented in the report had a devastating impact on Elizabeth and her family. Mr and Mrs Dixon had to fight for far too long to have their concerns heard and answered. The Chief Executive and Registrar had written to Mr and Mrs Dixon to apologise for the additional pain and distress caused by the way the NMC had handled matters. The report's findings and recommendations were being carefully reviewed; we would ensure this learning was translated into meaningful action in the way we regulate, support and influence kind, effective and safe care for people using health and care services.
b) The public consultation on the continued use of powers in the emergency rules was now underway. The recent public webinar as part of the consultation had been recorded so that it could be viewed online. There had been 105 responses to date. The consultation was open until 15 January 2021 and stakeholders and members of the public were encouraged to respond. A full analysis of the responses would be presented to the Council next year to inform the Council's decision.
c) Following completion of a pilot, it had been agreed that the Careline service for registrants involved in fitness to practise cases would continue. The evaluation report on the Careline pilot would be shared with the Council and had already been shared with other health care regulators. During the pilot, the Careline had provided support to 474 registrants undergoing fitness to practise. The service had been promoted through our Employer Link Service (ELS) and newsletters. This was a companion service to the independent telephone support provided by Victim Support.
d) The Code bite-size animations 'Caring with Confidence' been successful, with almost 250,000 views so far and support from the Royal College of Nursing (RCN) and Queen's Nursing Institute Scotland. There had also been interest from the General Medical Council (GMC) and from the NMC equivalents in Australia and Canada. The Council was pleased that both qualitative and quantitative data was being collected and suggested that there may be other areas where animations could be used in the future, for example clinical supervision or revalidation.
e) The Council welcomed the statements made by the Chief Executive and Registrar on recent health and care reports, including the Care Quality Commission (CQC) report, *'Out of sight – who cares? Restraint, segregation and seclusion review'*.
f) The NMC's information on the website about vaccines was welcome. It was important that any commentary we made was rooted in our regulatory role and evidence and insight gained through our regulatory work. Work was taking place with other regulators to ensure alignment on this for the benefit of both the public and registrants.

g) As part of Disability History Month, positive stories from registrants would be shared, as this was a powerful way to help people understand the experience of others.
h) The collaborative work on maternity safety with the GMC and CQC was welcome, along with the plans to extend this to the devolved administrations.
i) The recent joint letter and statement from the Chief Executive and Registrar and the four Chief Nursing Officers on supporting nursing and midwifery professionals and students during the second phase of the Covid-19 pandemic, was very timely and had been well received by the workforce.
j) The reference to professionals being supported to discuss and raise concerns where appropriate was welcome. Internally within the NMC, colleagues were likewise encouraged to speak up and regular reports were provided to the Audit Committee on any concerns raised. Other routes for sharing concerns and identifying things that ought to be better, were also available including direct contact with the Chief Executive and Registrar.
k) The depth and breadth of work described in the report was impressive despite the pressures and challenging circumstances faced by the organisation.

Performance and financial monitoring report for quarter two (July 2020 to September 2020)

3. The Executive Director, Resources and Technology Services introduced the quarter two report. As indicated in the report, a number of Corporate commitments had been delayed or deferred due to the need to prioritise our response to Covid-19. Although the budget showed an underspend of £6 million to September 2020, this was due to deferred expenditure, such as paused fitness to practise activity during the pandemic. A deficit budget for 2021-2022 was anticipated, as there would be a need to catch up on the deferred activity. Performance against KPIs, other than for fitness to practise, were above target, employee turnover continued to fall and the employee engagement score remained on target.

4. In discussion, the following points were noted:
a) Whilst it was good to see a continued fall in turnover, the number of people leaving within in the first six months appeared high, however, this represented one leaver only; there had been fewer people joining the organisation due to a recruitment pause at the start of the pandemic.
b) The variance in anticipated income from overseas registration fees was noted; if this was to continue there would be a £2 million shortfall in income. This would be offset by the underspend, so was not a major concern at this stage.

c) The information on corporate complaints and feedback received was welcomed. Transparency and openness in this area was important. It was good to see the positive overall feedback. The Council asked that the next update include key themes and actions from the learning points.
d) The reference to limited ability to report on equality, diversity and inclusion data related to the complexity of our systems which made it difficult to extract and analyse the data. The response rate for quality and diversity monitoring information was good at over 90 percent.

Risk report

5. The Executive Director, Resources and Technology Services introduced the corporate risk report; this was a new streamlined format, showing the current risk ratings and key considerations.

6. The following two risks **REG18/02**, the risk that we fail to take appropriate action to address a regulatory concern and **EXP18/01**, risk that we fail to meet external expectations, had been increased to reflect the delays in progressing the fitness to practise caseload.

7. In discussion, the following points were noted:
a) Whilst colleagues in our Employer Link Service (ELS) were unable to visit hospitals and other workplace settings, virtual support had been provided throughout the pandemic. The normal wider engagement had not gone ahead in the same way as before Covid-19, but ELS colleagues had supported employers with referrals in the usual way. There had been a positive impact in terms of helping employers to deal with concerns locally rather than making a referral to the NMC.
b) Although we had not been able to hold face to face hearings, we had mitigated any risks to public protection by prioritising interim orders where appropriate.

Fitness to practise caseload

8. The Deputy Director, Professional Regulation introduced the paper, which set out why the caseload had grown significantly since March 2018 and how we were addressing this.

9. As a result of this, cases have got older and the human impact of that is recognised. We know that for everyone involved in a fitness to practise case, delay is a serious issue, which has the potential to impact on their well-being. We need to:

- Be transparent about the delays and the causes of them;
- Invest in additional resource to bring the caseload size and age back to where we want it to be; and

- Improve our systems and processes, to support our recovery efforts and to support the people involved in the process.

10. The caseload had been increasing prior to the pandemic due to resourcing issues, particularly in screening and case examiners. Measures had been taken to address this, but before the benefits of this had begun to impact, the outbreak of the pandemic had exacerbated the issue.

11. The Deputy Director apologised for an error in the fitness to practise performance dashboard (annexe 3, part C, table A2): data for October 2019 was duplicated for April 2020. The correct data for April 2020 was: Screening 1688; Investigations 1870; Case examiners 540; and Adjudications 382. This reflected the pressure in our screening caseload.

12. At the start of the pandemic, there was a lot of uncertainty. We did not know how our teams, our technology, our legal framework, and the people engaged in the process would be affected. We took the decision that we had to prioritise risk management. Subject to that, we decided that for the good of public health, we would allow our healthcare providers and professionals to focus on responding to the pandemic.

13. As a result, caseloads grew. And even though we resumed casework in July 2020, and physical hearings in September 2020, the caseload has continued to grow because we are not resourced for a caseload of this size.

14. As well as recruiting additional staff, a custom-built resourcing model was being used to help with planning of the recovery, and the resources needed, this would include milestones for measuring progress. There was also a need to work on improvements to support people involved in the process and to make sure hearings were only used to resolve matters where necessary. Many of the issues which had impacted upon us had also been experienced by the other health care regulators, however, the much higher volume of our work, meant that the impact on us was significantly higher. This was an issue for the whole organisation to address and every directorate had a role to play.

15. In discussion, the following points were noted:
a) The importance of taking account of context in fitness to practise was emphasised; the process had been designed and would be implemented from next year.
b) It would be important to ensure there were enough fitness to practise panel members available to manage an increased number of hearings. The Executive confirmed that resources across all areas were being factored in: a recruitment exercise for panel members was already planned for next year.

c) Given that other regulators and the Courts were experiencing similar backlogs, there was likely to be a competition to recruit staff with the right skills and qualities. Whilst there was also likely to be a high number of people searching for work from various industries, such recruits may need additional support to bring them up to speed. There were positive aspects to this, colleagues from other industries were already joining the NMC attracted by what the organisation was doing and how we were doing things. It was important to reflect on the time it would take to build up resource when developing milestones and target timelines.
d) Whilst it would be some time before our fitness to practise case management system would be addressed in the next phases of the Modernisation of Technology Services (MOTS) programme, in the meantime work was ongoing to make improvements to current systems and processes.
e) The detail in the recovery plan would be critical; this needed to be both challenging and realistic. The Council asked that the milestones for improvement be brought back.
f) The increased caseload was not due to an increase in referrals; this had remained relatively consistent over time. The issue was our internal capacity to deal with the caseload. Nevertheless there was more that could be done to reduce the level of inappropriate referrals received from employers on matters that could be dealt with at local level. A refresh of the information for employers and further improvements to the guidance were currently taking place. There was more that could be done both across the organisation and with external partners.
g) Case studies to share learning had been included in the Annual Report as well as on the website during the pandemic. The Council would welcome an annual update on learning from fitness to practise cases.
h) The risks to public confidence and trust resulting from long delays in resolving cases and the significant impact on both the registrants concerned and those who had made referrals, whether employers or family members were a major concern. It must be a top priority to reduce the time taken to resolve cases. This had to be done with realism, but with a sense of urgency given the impact on the registrants concerned, the public and our own colleagues carrying the workload.
i) The Executive confirmed that all staff were being encouraged to feedback ideas and suggestions for how improvements could be made, including possible soft changes that could speed things up. A continuous improvement approach and learning culture was in place where team members were always encouraged to generate improvements.

j) Similarly, we were seeking to learn from others experiencing the same challenges, such as the other health care regulators, courts and others running tribunals. Other approaches which involved thinking outside the box were also being considered, whilst ensuring that what was done was safe, effective, and provided the best support.

16. The Council welcomed the transparency and openness with which the challenges were being addressed; the breadth and depth of questions asked was welcomed by the Executive; this level of scrutiny on such a crucial issue was important.

Action:	**Include key learning themes and actions from corporate complaints in the next Executive Report to Council**
For:	**Executive Director, People and Organisational Effectiveness**
By:	**27 January 2021**
Action:	**Provide the fitness to practise casework recovery plan milestones and timelines for improvement**
For:	**Executive Director, Professional Regulation**
By:	**27 January 2021**
Action	**Provide an annual update on learning from fitness to practise cases**
For	**Executive Director, Professional Regulation**
By	**24 November 2021**

NMC/20/90 Equality, Diversity, and Inclusion update

1. The Executive Director, Strategy and Insight introduced the report.

Internal activities

2. Recruitment of an external expert to provide support for the Executive and Council had not yet been secured, however it was hoped that an appointment would be made soon. The Workforce Race Equality Standard (WRES), Ethnicity, Disability and Gender pay gap data had highlighted key areas of focus; the top priority was to address career progression and career development of Black and minority ethnic staff (BME).

3. In discussion, the following matters were noted:

a) The Executive Director, People and Organisational Effectiveness was developing a People Plan, which would address not just career development and progression but also how we recruit, develop, train, and retain staff. The aim was to bring this to Council in the first quarter of 2021.

b) It was important to offer positive development opportunities to staff and create career opportunities within the NMC where possible. The organisation should be prepared to address any unintended consequences arising from focus on career development, such as the prospect of losing staff. Losing staff was always a risk, however, investing in and developing staff also had significant benefits. A positive experience for staff was to develop new and additional skills and possibly leave the organisation with another set of skills and do even better things elsewhere, if the right opportunity was not available within the organisation. For others, there was not always a need to move up; career progression could involve lateral as well as upwards movement.
c) There was a need to be fair and transparent in how the NMC was addressing career progression. The mentoring programmes was currently only open to BME staff, but the plan was to extend this to all staff.
d) It was pleasing to see positive initiatives such as a staff member shadowing the Chief Executive and Registrar; as part of the mentoring scheme, staff were also shadowing Directors including at Executive Board.
e) It was clear, including from conversations with the diversity networks, that some people in managerial positions were not natural managers and did not have the right skills and experience for managing and developing staff. This would also be addressed as part of the People Plan.
f) Consideration was being given to how the staff survey (Peakon) could be used to keep this high on the agenda and to meet the commitments. The aim was to develop this in a 'you said, we did' way.

Regulatory activities

4. The Executive Director, Strategy and Insight noted that our report *'Ambitious for change: research into NMC processes and people's protected characteristics'* had been published in October 2020. This work, led by Dr Caroline Kenny, Head of Research and Evidence, showed that sometimes people with certain protected characteristics like gender, ethnicity and sexual orientation, had different experiences and outcomes from our processes.

5. More work was underway to understand the reasons behind our findings and take action to address them. One area for further analysis was on the differentials in employers' fitness to practise referrals. We were engaging with NHS England on this work, which would focus on ethnicity and workforce; data would be triangulated and discussed further at an upcoming roundtable event.

6. In discussion, the following points were noted:
a) The Council welcomed the publication of the 'Ambitious for change report' and encouraged the work on more findings when triangulation and further work had been done.

b) Work was planned with employers who had a disproportionate number of referrals to enable them to have sight of the findings coming through and to do some work and forward thinking on this. Part of the role for the NMC was to speak up and promote a positive workplace culture even in situation where some messages were uncomfortable for the NMC and the sector. There was an appetite amongst employers to get this right.

7. The Council welcomed the report and expressed its thanks to the Executive Director, and Karen Lanlehin, Equality, Diversity and Inclusion Manager for all their work in this area.

8. The Council noted that Sarah Daniels, Director of People would be leaving in January 2021 and expressed its particular thanks to Sarah for her work on both this and more widely on the People Strategy over the past three years.

Action:	**Provide the People Plan to the Council**
For:	**Executive Director, People and Organisational Effectiveness**
By:	**19 May 2021**

NMC/20/91 Post-registration standards update

1. The Executive Director, Professional Practice introduced the paper and presentation.

2. The Interim General Counsel noted that public protection was at the heart of our Order and should guide everything we do. The register was the key tool for this and needed to provide public information about the professionals on it in a way that made sense. Our work on setting standards needed to be evidence based and it was important for these to be future proofed. We had a statutory duty to consult and it was important not to make any decisions without hearing the outcomes of that consultation.

3. Dr David Foster, Independent Chair, Post-registration steering group noted the complexity and contentiousness across this work. The Steering group was meeting in early December 2020 to consider the proposed approach further and ensure that the consultation was meaningful.

4. The Assistant Director, Education and Standards added that the pre-consultation engagement had been a very positive experience involving a lot of different people as evidenced in the Pye Tait report. We had listened hard to everything that everyone has told us.

5. In discussion, the following matters were noted:
a) The Council had found it helpful to see the seen the full correspondence with stakeholders and the reports on the pre-consultation engagement.

b) The importance of this work could not be underestimated; increasingly nursing outside the hospital environment would become the predominant mode of care in in the future. The hard work of Dr David Foster and colleagues over the past year was recognised and some of the complexities we had encountered could not have been anticipated.
c) There would be a co-production of the standards of proficiency to ensure that any specific issues for the particular specialities could be addressed. As with the Future Nurse and Future Midwife standards, the standards of proficiency would comprise seven platforms. The programme standards for education providers to follow would be specific and require them to tailor the way a course was delivered to ensure that students could practice those things which were unique to their own speciality.
d) The proposal for the broader new community nursing SQP was to adopt the same model as for the pre-registration nursing standards with a generic model for all four fields of nursing. The Education programme standards would direct education providers and practice partners in how to develop the learning outcomes for the various specialities. It would be for education providers to develop programmes which provided routes for specific specialities. If through the consultation, something was identified that was unique, this would be included.

6. The Deputy Chair thanked everyone involved in this important work, including all those who were engaging with us, staff working on the project and Dr David Foster for his leadership and expertise.

NMC/20/92 Preparation for the end of the EU-UK transition period

1. The Executive Director, Strategy and Insight introduced the report and noted that this reflected the position when the paper was written, but that the situation may change depending on the outcome of the European Union (EU)/UK negotiations.

2. In discussion, the following matters were noted:
a) From 1 January 2021, applicants from the EU would go through the overseas registration route. A surge of applications before 31 December 2020 was not expected, given that the number of EU applications had dropped significantly since the UK decision to leave the EU.
b) The Executive was confident that there was sufficient capacity in the test of competence centres to cope with those who would need to go through this route from January 2021.
c) The current workforce vacancies, particularly in mental health nursing were highlighted; the lack of automatic recognition was likely to exacerbate the situation, albeit that there had already been a downturn in EU applicants.

d) The planned research on education programme standards was welcome. Representatives of the four countries had been consulted on this work and two contracts had just been awarded to external partners to work with us to build an evidence base to look at removing or retaining the current EU requirements within our education standards. The research was expected to conclude in spring 2021. There would be a report back to Council after that, with proposals for consultation on any changes identified by the research. It was difficult to say what areas may attract most interest, but one area might be clinical practice hours and hours in simulation.
e) Questions were raised about whether Universities providing nursing or midwifery education programmes outside the UK could seek NMC approval for such courses and, if so, whether those acquiring qualifications on such courses would be regarded as UK trained applicants to the register. No requests to approve a course outside the UK had been received. However, it would be difficult to quality assure programmes run outside the UK, as we would have no assurance around any practice placements. Most Universities with campuses abroad tended to operate these through agency type arrangements; it was thought that there was only one university currently offering UK degrees for courses run at overseas campuses.

3. The Council expressed its thanks to the Executive Director and Darren Shell, Head of Policy and Legislation.

NMC/20/93 Appointment of Assistant Registrars

1. The Deputy Director, Professional Regulation introduced this item which sought Council's approval for the appointment of three additional Assistant Registrars to act on the Registrar's behalf. Further work was planned in 2021 to review and rationalise the appointment and deployment of Assistant Registrars.

2. In discussion, the following points were noted:
a) The setting up of a Quality of Decision-making team comprising Assistant Registrars would improve consistency. The team had quality assurance management support and quality assurance framework in place to support this, as with all fitness to practise teams.
b) There were two strands of work in progress, one was to separate out the legal advice function and distinguish between decision makers and legal advisors; the other strand of work was to bring the Chief Executive in her capacity as Registrar and the Assistant Registrars closer, through quarterly catch ups and seminars.

3. **Decision: The Council approved the appointment as Assistant Registrars, the members of staff named in paragraph 10 of the paper to act on behalf of the Registrar in relation to the matters set out in paragraph 3 of the paper, in accordance with Article 4 of the Nursing and Midwifery Order 2001 and the Standing Orders**.

NMC/20/94 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/20/95 Audit Committee Report

1. The Council noted the report from the Audit Committee.

NMC/20/96 Investment Committee Report

1. The Council noted the report from the Investment Committee.

NMC/20/97 Council Committee membership and appointments

1. The Council noted the report on Council Committee membership and appointments.

NMC/20/98 Deputy Chair's action taken since the last meeting

1. The Council noted there had been no Deputy Chair's actions taken since the last meeting.

Chair's closing remarks

1. On behalf of the Council, the Chair congratulated Dr Lynne Wigens, for being awarded an OBE for services to nursing.

2. The Chair thanked the Executive, governance team and other colleagues for all the work that had gone into all the papers. The papers presented had been clear with helpful background information as appropriate. The Council had been given assurance on what was going on and what was coming up in the future.

3. The Chair thanked everyone who had joined the meeting for listening.

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

SIGNATURE: .....

DATE: .....

Annexe A

Observers

Crystal Oldman	Chief Executive, The Queen's Nursing Institute
Sue Boran	Director of Nursing Programmes (Innovation), The Queen's Nursing Institute
John Unsworth	Chair, The Queen's Nursing Institute
Steph Lawrence	Executive Director of Nursing and AHP's, Leeds Community Healthcare NHS Trust
Kate Fawcett	Senior Scrutiny Officer, Professional Standards Authority
John Lee	Professional Advisor, Scottish Government
Caroline Black	Policy Officer, Department of Health and Social Care
Jon Stones	Professional Regulation, Department of Health and Social Care
Elaine Trainor	Senior Nurse System Transformation, NHS England/NHS Improvement
Angela Di Nuzzo	Senior Business Manager, MSI Group Ltd
James Penry-Davey	Partner, Capsticks Solicitors LLP
Jenny Wood	Associate, Capsticks Solicitors LLP
Abbie Fordham Barnes	Associate Professor, Birmingham City University
Gail Adams	Head of Professional Services, UNISON
Carmel Lloyd	Head of Education, The Royal College of Midwives
Athmajothi Husson	Nurse educator, NHS trust Quality Assurance Deputy
Lorretta Johnson	Community mental health nurse, CNTW NHS Trust
Rachel Lomax	Advanced Neonatal Nurse Practitioner, Manchester University NHS foundation Trust
Mine Ertanin	Writer/Arts facilitator, Freelance
Amy Finn	Complaints advisor, EE
Paula Keating	Head of Women's and Children's Health, Edge Hill University
Jane Beach	Lead professional officer, Unite
Jordan Keith-hill	Community nurse team leader, Sirona health and care
Peter Bell	Public, Taxpayer
Sian Rocke	Staff Nurse, Public Health England
Helen Davis	Lecturer, Birmingham City University
Mark Millar	Senior Lecturer District and Primary Care Nursing, University of Hertfordshire
Rebekah Matthews	Integrated Pathway Manager, Sheffield NHS
Michele Beute	Director, MB2B Consultants
Yvonne Greig	Senior Lecturer, Midwifery, Edge Hill University
Patricia Hibberd	Quality Assurance Deputy Director, Mott MacDonald
Pamela Page	Quality Assurance Deputy Director, Mott MacDonald
Bernadette Martin	Quality Assurance Deputy Director, Mott MacDonald
Geraldine Nevin	Apprenticeship Lead Associate Professor, Birmingham City University
Lisa Jesson	Quality Enhancement Lead - Nursing and Midwifery, Birmingham City University
Raj Mehar Marykutty Selvaraj	Staff Nurse, NHS
Ricky Parry	Nurse, Plas penmon nursing home

Annexe A

NMC staff observing

Ellie Taylor	Social media officer
Lauren Haslehurst	Head of News
Beth Faircliffe	Event Manager
Ann Brown Aoife	Head of strategic communications
Kennedy	Governance Manager
Jennifer Daniel	Governance Assistant
Joy Isaacs	Business Change Manager
Danya Bradley-Barnes	Executive Assistant, General Counsel's Office
Dalie Mumba	Team Administrator - Communications & Engagement
Steven Wallace	Executive Business Manager
Rob Beaton	Head of Corporate Planning, Performance and Risk
Atif Ahmed	Corporate Performance and Risk Officer
Hannah Mulcahy	Senior planning and risk improvement officer
Veronica Ayitey	Lawyer
Aditi Chowdhary-Gandhi	Education and Standards Manager
Dan Regan	Policy Manager

Press

John Ely	Senior Reporter, RCNi
Gemma Mitchell	Nursing Times
Megan Ford	Nursing Times
Kimberley Hackett	Nursing Standard

Nursing & Midwifery Council

Observer questions – Council meeting 2 December 2020

Question 1 - **Raj Mehar Marykutty Selvaraj, Staff Nurse, NHS**

Dear Sir / madam

As per the criteria set by NMC in 2020, it is compulsory for a candidate to score at least a 6.5 in IELTS (C+ in the OET) in writing and 7 in IELTS (B in the OET) in the remaining sub-tests with an overall 7 score, to be eligible to proceed for the registration. Many overseas nurses are struggling to register the NMC, UK because of minor variations (in comparison with the NMC requirement) in their OET/ IELTS score. Many of them obtained a 7 score in IELTS (B in OET) in 3 sub-tests and a 6.5 (C+ equivalent in OET) in the remainder. Due to COVID-19, they are unable to club their score by re-taking the tests as unavailability of OET test dates/ inability to reach the test centre due to lockdown and social distancing. Nursing and Midwifery Board of Ireland (NMBI) approved the candidates for registration with 6.5 (C+) in any one sub-test and 7 (B) in the rest others, without needing an overall score of 7. If the NMC could modify their criteria at least as per the criteria set by NMBI, it would be easier and a great relief to all those nurses and could proceed for registration without any delay. NMC and Honourable UK Parliament. please listen to all the talented and ambitious angels, who are about to miss their opportunity during this pandemic, after a lot of efforts and financial crisis, due to minor differences in their test scores. Kindly discuss this in this December council meeting.

Response: Deputy Director, Professional Regulation

This question can be answered in two parts. This is our response to the first part, about why we can't accept slightly lower results like the NMBI do.

- Our English language requirements are there to fulfil our statutory obligation of public protection. This includes ensuring peoples' English ability is such that they can practice safely and effectively.
- We regularly review and update the ways in which applicants can meet the requirements.
- The required scores on the IELTS and OET have been set following expert input and have both been reviewed and consulted upon in the last two years. As a result of this review, in 2018 we did change our requirements to allow the slightly lower score of 6.5 in writing only. This was based on the evidence available and though we continue to monitor our requirements, we do not believe there is evidence that this adjusted score should be extended to cover any of the other modules
- We can't comment on the reasons for other regulators' requirements, but when we review our requirements, we will look at what other regulators do, and why.

The second part of the question says that due to Covid-19, applicants haven't been able to re-sit tests and so don't have results that are within six months of each other which means they can't combine their tests – it asks what can we do about that?

- Our evidence base on the effectiveness of the language testing is based on British Council advice. The British Council does not support the combining of test results.

However, after careful consideration of the impact on applicants and the risks to public protection we introduced the six month rule that gives applicants flexibility whilst adhering to the level of safety we expect from anyone on our register.

- All options to extend this further have been considered in light of the COVID-19 emergency but we do not have evidence to support any extension to this six months.
- We have however been working closely with the language test providers and we're pleased to say that since October we accept tests taken through the OET@Home platform. This lets candidates take the OET on their computer at home instead of having to travel to a test centre. It uses the same test material, format, tasks and activities as the test venue centres. This may help address issues caused by Covid-19 that prevent applicants from taking two tests within six months of each other.

Question 2 - Jothi Husson, Nurse, Barts Health NHS Trust

For overseas nurses registration into the register:
Can anyone take CBT test or OSCE without OET/ILETS?

Response: Deputy Director, Professional Regulation

Yes, people can take the test, but when they submit their registration application they will need the evidence that they meet our language requirements.

Our process gives applicants the flexibility to complete their application in whatever order suits them. But please note:

- We understand that language sometimes takes longer to obtain so would encourage applicants to have that secured before starting their application, including before they start their test of competence
- Applicants may also need to follow recruiter or employer processes and often they will require language up front
- And lastly applicants should be mindful of the language requirements for any tier 2 visa application

Nursing & Midwifery Council

Council

Summary of actions

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

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

Minute	Action	Action owner	Report back date	Progress to date
NMC/20/89	**Executive Report** Include key learning themes and actions from corporate complaints in the next Executive Report to Council	**Executive Director, People and Organisational Effectiveness**	**27 January 2021**	Key learning themes and actions from corporate complaints are included in the Quarter 3, Customer Feedback Dashboard in the performance section of the Executive Report on the agenda.
NMC/20/89	**Fitness to practise case work recovery plan** Provide the fitness to practise casework recovery plan milestones and timelines for improvement	**Executive Director, Professional Regulation**	**27 January 2021**	An update is provided in the Executive Report on the agenda. An update on plans for stabilising the caseload along with the required budgets will be provided to the Council in March 2021.
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.
NMC/20/90	**People Plan** Provide the People Plan to the Council	**Executive Director, People and Organisational Effectiveness**	**19 May 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**	Not yet due. As part of annual business planning for 2021–2022 (for year 2 of our 5 year strategy) we will provide a prioritised corporate plan and budget which highlight any areas from our 5 year work programme which have been rescheduled into later years. This will be provided to the Council in March 2021.
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**	Not yet due.

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.	**Executive Director, Professional Regulation**	**24 March 2021**	Not yet due.

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

Minute	Action	Action owner	Report back date	Progress to date
NMC/20/52	**Black Lives Matter** Provide an evaluation of the impact of the actions taken following the University of Greenwich report (2017).	**Executive Director, Professional Regulation**	**23 September 2020 / 2 December 2020 / 27 January 2021**	An update is included in the fitness to practise strategic direction report, performance section of the Executive Report on the agenda. We are still collecting information on the impact of the actions being rolled out as part of this strategic work.

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

Minute	Action	Action owner	Report back date	Progress to date
NMC/20/36	**Learning from our response to the Covid-19 pandemic** Share learning from utilising new ways of working and how things could change for the future as a result	**Executive Director, Strategy and Insight / Executive Director Resources and Technology Services**	**2 December 2020 / 23 September 2020 / 27 January 2021**	The impact of new ways of working that have been proven in our response to the Covid-19 pandemic is reflected in the updated accommodation plan which will be presented to the Council at a confidential session in February 2021. These will also be reflected in the business case for the future of 23 Portland Place. The business case for the future of 23 Portland Place will be considered by the Council at the same session in February 2021. The new offices in Edinburgh will also carry forward the design philosophy successfully applied at One Westfield Avenue, where we designed the accommodation to be as flexible as possible, which should enable us to respond to a similar future pandemic.

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**	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 January 2021.

Core regulatory function: All regulatory functions.

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

Decision required: None.

Annexes: The following annexes have been attached to this paper:

- Annexe 1: Corporate performance report
- Annexe 2: Fitness to Practise update
- Annexe 3: Corporate risk exposure report

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 December 2020;

2.2 Our quarter three performance report providing status updates against our corporate plan and budget for 2020–2021 up to 31 December 2020 (**annexe 1**);

2.3 An update on our work around fitness to practise casework (**annexe 2**).

2.4 Our corporate risk position for 2020–2021 up to 31 December 2020 (**annexe 3**).

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 Amid soaring numbers of Covid-19 infections and the pressures on services and the workforce, nurses, midwives and nursing associates across the UK are working harder than ever to care for and support people during this pandemic. In January 2021, we took action to help health and social care professionals who are under so much pressure by extending the temporary register.

6 To support the extension of the temporary register we engaged with the chief nursing officers and organisations including professional bodies, trade unions, employers, public-facing organisations, and groups representing overseas-trained nurses on expanding the temporary register.

6.1 We invited an additional two groups of nurses who trained overseas to join the temporary register, enabling them to work as registered nurses (under conditions of practice) while they wait to fully join our register.

6.2 Our approach balances the need to quickly expand the register, providing more support in those areas under the greatest pressure, with assurance that people are fit, proper and suitably experienced to practice in the emergency.

6.3 The first group, invited on 5 January 2021, are those overseas-trained nurses who began the process to register with us before October 2019 and who we have issued with a decision letter.

6.4 The second group are overseas-trained nurses who began the process to register with us after October 2019. We have verified their qualification, confirmed they can practise in their country of training, and that they are eligible to join our register.

6.5 For additional assurance, before issuing invitations to this second group, we asked these professionals' employers to provide certifications around health, character, English language, skills and competence.

7 We also extended the Covid-19 temporary register to those who left the register between 1 March and 30 November 2020.

8 As of 4 January 2021, there were 12,970 nurses and midwives on the temporary register.

9 The Secretary of State for Health and Social Care wrote to the Chief Executive and Registrar on 13 January 2021 to request the reintroduction of emergency education standards to allow third year nursing students to undertake extended clinical placements to assist in the response to the extreme pressures in the NHS caused by the current phase of the pandemic.

10 Following careful consideration and after listening to the views of the UK's Chief Nursing Officers, the Council of Deans of Health, and other partners, we have reviewed the Secretary of State's request and agreed to reintroduce emergency education standards for final year nursing students. This decision was made after discussion by the Council and approved as a Chair's action; further detail is provided at Item 15.

11 Our emergency education standards allow final year nursing students to opt-in to support the response to the pandemic, via extended clinical placement.

12 We have also introduced two additional emergency standards relating to first year nursing and midwifery students and supervision and assessment in practice. This follows feedback from the health and care service and education providers. This decision was also made after discussion by the Council and approved as a Chair's action; further detail is provided at Item 15.

13 The new standards:

13.1 Enable first year nursing and midwifery students to focus on academic and online learning rather than participating in clinical placements while the system is under pressure due to the pandemic.

13.2 Give education institutions and their practice learning partners more flexibility to ensure students get appropriate support and supervision.

14 This package of measures will mean education organisations across all four countries of the UK are being provided with as much flexibility as possible in how they deliver their courses, while also allowing those final year students who want to support the response to the pandemic to be able to do so.

15 As a UK regulator, these emergency standards are available to use in each country but are not mandatory for any individual country, region, institution or student.

16 As nurses, midwives and nursing associates play a vital role in the Covid-19 vaccine roll-out, we have put information onto our website to help those involved in administering vaccines to practise in line with the Code.

17 As we did in March last year, we have published a statement reaffirming our support for those on our register during this difficult time. We acknowledged that the way care is delivered in the current circumstances may have to change for a limited time and that we will always take that into account. We also reinforced how the Code is there to support professionals and how we would expect those on our register to act in line with national protocols when it comes to the Covid-19 vaccine.

18 Before Christmas, we emailed everyone on the main and temporary register to thank them for their extraordinary work in responding to the pandemic.

Review of 7 point nursing plan in England

19 On 10 December 2020, NHS England and Improvement (NHSE/I) published a review of the seven point plan to increase nursing and midwifery capacity during the pandemic which was set out by the Chief Nurse for England in April 2020. The review considered the operational delivery of the plan and the readiness of the professions for future waves. It made 20 recommendations to help improve the response to future waves and to support future pandemic planning.

20 One of the recommendations is that NHSE/I work with the NMC to complete "further analysis of the skills and availability of nurses on the permanent register, but not employed by the NHS, so that informed decisions can be taken as to whether this cohort should be specifically targeted (and, if so, how) in future waves."

21 Both our regulatory reform and insight programmes provide opportunities in the medium term for us to improve the data we collect, analyse and share. As part of that work, we will engage with the Chief Nursing Officers for England, Scotland, Wales & Northern Ireland and other stakeholders to understand the improvements they would like us to make.

22 We continue our very close working with the Chief Nursing Officers and other stakeholders across the UK in the short term to ensure that our regulatory response to the pandemic is aligned to their workforce requirements. Wider learning from the seven point plan has shaped our thinking around extending the temporary register to additional cohorts of overseas-trained nurses. Specifically, undertaking risk assessments, support for black and minority ethnic nurses, promoting full use of existing routes to temporary registration, and encouraging full deployment of people who have already joined the temporary register.

Emergency rules consultation

23 Our consultation on our emergency rules (changes to some fitness to practise and registration processes that were introduced in response to Covid-19) closed on 15 January 2021. We are now analysing the results and will bring these to the Council in March 2021.

Brexit

24 On 31 December 2020 the UK-EU transition period ended. This followed news on the 24 December 2020 that the UK and EU had finalised the terms of a free trade agreement.

25 We have concluded that the agreement should not impact the actions set out in the paper reviewed by Council on 2 December 2020.

26 Among the most important of these are that the majority of EU applications to our register will continue to be processed much as they were prior to the UK's departure. This will continue for the duration of the Government's standstill policy which we have been told will last for up to two years.

27 In addition, any EU applicants who paid their fee to us before 31 December 2020 will be able to continue their application under the previous system. We are also progressing work on our future consideration to change, remove or retain the EU requirements within our education standards starting with a review of the evidence to inform our decisions.

28 Given the UK's departure from the EU, the EU Directive on the recognition of professional qualifications will no longer apply to the UK. We have therefore commissioned new research considering international best practice on nursing and midwifery education, to help us understand whether these new flexibilities mean we could improve our standards.

29 As part of this work, during January 2021 we sought views from senior stakeholders on the workforce benefits and wider impacts that any changes could bring. Our ambition is to ensure that our standards do all they can to support the workforce to provide safe and effective care.

30 We expect to have research findings by the end of March 2021, after which we will work in co-production with stakeholders to develop recommendations for Council.

31 Connected to the free trade agreement, we have also received welcome news that personal data exchanges can continue between UK and EU bodies (including regulators) for up to six months. This should ensure a seamless flow of important information until such time as the EU is able to grant an adequacy decision to the UK.

32 We emailed people on our register from the European Union to reassure them that their registration is not affected by changes to our relationship with the EU and posted a statement on our website. We also emailed our NMC colleagues from the European Union to reassure them of their position and our support for them.

Proactive support

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

Caring with confidence

33 The final animation in our Caring with Confidence series has now been published. Together, the animations have been viewed more than 650,000 times.

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.

New Year's honours

34 The New Year's Honours recognised a high number of nursing and midwifery professionals.

35 In response, we published a statement from Chief Executive and Registrar Andrea Sutcliffe and Deputy Chair Professor Karen Cox. The statement celebrated the contribution of all those recognised, including Dr Gloria Rowland, our recently-appointed Council Associate.

36 Karen Cox, Andrea Sutcliffe and Geraldine Walters also wrote to 44 nursing and midwifery professionals and partners who were awarded honours, thanking them for their contributions.

Four countries engagement

37 In December and January we continued to engage with our partners across all four countries of the UK. This included conversations about extending the temporary register to overseas-trained nurses and the reintroduction of emergency education standards.

38 In December 2020, we met the Nursing and Midwifery Board of Ireland (NMBI) to discuss the provision of care across the border.

39 We agree with the NMBI that Irish and UK nurses looking to provide cross-border care seek to register with both regulators. Under the standstill approach to exiting the European Union, we will accept qualifications recognised under the EU Directive for the next two years.

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.

40 In December 2020, we responded to the Ockendon Report on the emerging findings from the independent review of maternity services at Shrewsbury and Telford Hospital NHS Trust. The second report is expected later in 2021.

41 We also responded to the Care Quality Commission's (CQC's) interim report on the use of 'do not apply cardiopulmonary resuscitation' decisions, having published a joint statement with the General Medical Council on that topic in April 2020.

42 The CQC has now begun to consult on its new strategy. We took part in the pre-consultation engagement, and will feed into the consultation itself.

Engagement with UK Parliament

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

44 As part of series of regular catch ups, Andrea Sutcliffe met with Baroness Watkins of Tavistock in November and January, where topics discussed included our post registration standards, the Cumberlege Review, regulatory reform, and maternity safety.

45 As part of the UK Parliament Health and Social Care Committee (HSCC) inquiry into the Safety of Maternity Standards in England, Andrea Sutcliffe gave oral evidence to the Committee on 19 January 2021, alongside the Chief Executive and Registrar for the General Medical Council.

Engagement with UK government

46 We have been regularly engaging with the Department of Health and Social Care (DHSC) on action we are taking to respond to increasing numbers of Covid-19 cases.

47 On 12 January 2021, Andrea Sutcliffe had an introductory meeting with Michelle Dyson, the recently appointed Director General for Adult Social Care at DHSC.

Public engagement

48 We continue to develop our organisation-wide approach to public engagement. The Council discussed the developing work on public engagement at its seminar on 1 December 2020. The discussion highlighted the need for vibrant public engagement and participation to play a transformational role in the NMC's work, and agreed the importance of embedding this as a way of working across all that we do.

49 Key elements of this programme of work are underway, including a review of engagement forums, a package of policies to help us recruit and support members of the public to work with the NMC, and plans for a programme of activity to increase public understanding of the NMC.

50 The Public Support Steering Group met on 10 December 2020. The group discussed the NMC's current priority areas of work, including the fitness to practise caseload. The group also discussed and advised on the outline plans for steps to recruit and support members of the public to work with the NMC.

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

51 We are working closely with our fellow professional regulators and DHSC on what a future legislative framework could look like and await formal publication of the full DHSC consultation on this issue.

52 Given the UK's departure from the EU, the EU Directive on the recognition of professional qualifications will no longer apply to the UK. (As described at paragraphs 28-31).

Continuing Healthcare Funding

53 Continuing healthcare funding is a process overseen by NHS England and NHS improvement (in England only) whereby some people with long-term complex health needs qualify for NHS funded care.

54 We have completed analysis on fitness to practise referrals related to continuing healthcare (CHC) assessments to understand the patient and family experience. In particular, we looked how we have taken account of concerns raised by members of the public, whether there were risks or concerns about how the CHC system operates, and whether there were considerations for professionals who undertake CHC assessments.

55 We have received 36 referrals related to CHC assessments, of which 16 came from members of the public. The main allegations were patient care, dishonesty, record keeping and communication.

56 The data showed that all 16 referrals from members of the public were made after funding was denied, with referrers stating that they felt ignored during the CHC assessment process and that the process lacked transparency.

57 We have shared our high-level findings with NHS England and are planning to do some further collaboration with them in the coming months. We have also established an internal working group to look at how we will handle these cases and support NMC colleagues through training.

Fit for the future organisation

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

Together in practice

58 Under our Together in Practice banner, coordinating and highlighting our work to promote equality, diversity and inclusion as a regulator and an employer, we:

58.1 Published our pay gap reports after the Council met on 2 December 2020.

58.2 Along with other regulators, we emailed a large sample of our register to invite them to participate in The United Kingdom Research Study into Ethnicity and Covid-19 Outcomes in Healthcare Workers (UK-REACH) study, looking at if, how and why ethnicity affects Covid-19 clinical outcomes in health and care workers. We also shared our Ambitious for Change research with them.

Employee conference

59 Our employee conference will take place virtually on Thursday 4 February 2021. It is entitled ‘Together for better’ and brings colleagues together to reconnect and reflect on our strategy. It also aims to inform colleagues about issues around equality, diversity and inclusion.

60 Our offices will therefore be closed on 4 February 2021. We have informed the professional bodies and unions, and we will publicise it on social media and on the website.

Midwifery implications: 61 There are no differences to the application of this topic for midwifery.

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

Resource implications: 63 No external resources have been used to produce this report.

Equality diversity and inclusion implications: 64 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: 65 Discussed within this paper.

Risk implications: 66 The impact of risks is assessed and rated within our corporate risk register. Discussed within annexe 2 of this report.

Legal implications: 67 None.

Annexe 1

Section 1: Executive Summary

Context

1 Annexe 1 contains a number of different data reports providing updates against our corporate plan, budget and KPIs. Sections are: progress against corporate commitments (section 2), financial monitoring report (section 3), and dashboards reporting against corporate KPIs for 2020–2021 (sections 4 and 5).

2 We provide data reports to the Council and Executive Board with current progress against our strategic KPIs (level one KPI data report). For Executive Board we provide an additional data report containing operational or directorate breakdowns as supplementary context (level two KPI data report). We escalate level two KPIs to the Council when performance at level one varies beyond our expectation (either negatively or positively). There are no escalations this quarter.

3 We previously informed the Council of a number of areas where we have rescheduled activities due to the pandemic. These activities will likely take place in 2021–2022 and have resulted in underspends during 2020-2021. We will present our draft annual corporate plan and budget for 2021-2022 to the Council in March 2021.

4 At annexe 2, we have provided detailed reports about fitness to practise including the fitness to practise caseload, change strategy and KPIs. All fitness to practise information is contained in annexe 2 rather than within annexe 1.

Performance highlights

5 All data is for the period 1 October 2020 to 31 December 2020.

6 The Executive Board would like to draw the attention of Council to areas of performance, which are notable. These are:

Innovation and Improvement

7 **Overseas registration**: Our objective structured clinical examination (OSCE) testing centres remain open and are compliant with Covid-19 safety. There are no plans to close them again for subsequent waves of Covid-19, unless government guidelines change within any of the UK countries.

Professional Regulation KPIs

8 **Fitness to practise case closure KPI**: Conclusion of FtP cases within 15 months continued to trend downwards falling below target in June 2020. We expect this KPI to continue trending downwards due to the cumulative impact of Covid-19. See annexe 2 for more details about the FtP caseload.

9 **Interim orders KPI:** The issuing of interim orders within 28 days of opening a case has remained below target for the majority of the year to date.

10 To mitigate this, we have recruited additional team members to support our performance and case progression. We are in the process of identifying improvements, which we can make to improve our processes and decision-making. We continue to prioritise cases where there is an immediate risk of harm whilst we recover from the initial impact of Covid-19.

11 **Registration KPIs:** The registration KPIs remain above target for Q3 with the exception of our contact centre, which has marginally dipped below target for November and December 2020 (0.8 and 1.4 percent below target). There are several contributory factors, including technical challenges caused by a short delay on the line and calls dropping due to Wi-Fi and VDI connectivity, which combined, have led to these dips. We are mitigating these locally by monitoring our capacity levels, mitigating technical issues raising from working from home, and monitoring colleagues' wellbeing.

12 **Customer Feedback**:

12.1 *Complaints*: Response times remain within target with 91 percent of complaints responded to within 20 working days. The number of complaints marginally decreased this quarter (270 complaints at Q3 compared to 291 at Q2).

12.2 *Enquires*: The number of enquires responded to within 20 days marginally increased to 75 percent compared to 73 percent at Q2. However, responses to MP enquires reduced to 60 percent (compared to 76 percent at Q2) due to the higher complexity of the enquiry.

12.3 *Information requests*: Response times for information request remain on target with 90 percent of requests responded to within statutory timeframes. However, this is a reduction of 4 percent compared to Q2. When we look at the volume of requests, this increased by 14 percent, with 378 requests in Q3 compared to 333 in Q2.

Whilst there has been an increase in requests in Q3, we have not identified any high level themes in these requests.

12.4 *Satisfaction:* 82 percent of customers rated our service as good or very good. This is marginally lower than the 83 percent at Q2.

12.5 The Council requested that we provide more information regarding the themes and actions taken following feedback from customers. We will provide this every six months at quarter two and four.

Proactive support for professionals

13 **Post registrations standards:** We propose to extend the consultation period for the draft standards, and we expect to complete this by quarter two 2021–2022. We will publish the new standards in the second half of 2021–2022. Full details are provided at Agenda item 7.

14 **A dynamic approach to developing professional standards:** We have rescheduled this work into 2021-2022 to allow us to release resources to support other areas such as Brexit and regulatory reform.

More visible and better informed

15 **Stakeholder engagement**: We continue to review our engagement forums and progress work on co-production. We will propose any required changes by quarter four for implementation next year.

16 **Four-country engagement:** We are producing detailed activity plans for 2021-2022 to coordinate this work.

Empowering and engaging

17 **Public engagement:** See cover paper at paragraphs 43-45.

Greater insight and influence

18 **Regulatory reform:** See cover paper at paragraphs 46-49.

19 **EU Exit:** See cover paper at paragraphs 22-27.

Fit for the Future Organisation

Our people

20 **Turnover:**

20.1 Our employee turnover continues to reduce and now stands at 6.2 percent (against our annual target of 15 percent).

20.2 Key drivers for retention are our new values and behaviours, greater flexibility, support for wellbeing, job and financial stability during Covid-19, and our benefits and rewards package.

20.3 Turnover within 6 months of joining the NMC remains below target at 9 percent (against a target of 15 percent).

21 **Establishment:** The number of full time equivalent NMC colleagues is above our planned levels with 1001 NMC colleagues against our target of 981. The reason is primarily due to us recruiting extra people to help us to reduce the FtP caseload.

22 **Employee engagement:** Scores for our most recent employee engagement survey show that our overall engagement score remains at 7.1 out of 10.

23 **Organisational design:**

23.1 We will agree next steps from each of our 7-priority reviews by the end of quarter four and will have completed implementation of our equality, diversity and inclusion (EDI) priority review by the end of February 2021 with the appointment of the Head of EDI and two EDI Managers.

23.2 We are reviewing our organisational design programme, and reassessing the timelines for the directorate reviews which have been delayed due to the impact of Covid-19. Directors will be outlining their plans for the next six months.

23.3 We have now launched the management development programme.

23.4 We submitted the Workforce Race Equality Standard (WRES) data; the next step is to produce an action plan.

24 **People strategy (2017 to 2020):**

24.1 *Pensions:* We completed our consultation with colleagues regarding the closure to future accruals of the defined benefits pension scheme in December 2020. We are now preparing the outcomes and next steps for agreement during quarter four of the financial year.

24.2 *Policies:* We continue to review our HR policies but this work is progressing slower than anticipated due to supporting our Covid-19 recovery.

Replacing core ICT systems

25 Confidential Council is considering the business case for the next phase of the Modernisation of Technology Services programme (MOTS) in January 2021.

Returning to the office

26 We currently have a small number of NMC colleagues working in our offices and hearing spaces. All our sites are fully compliant with Covid-19 safety, and we have conducted extensive risk assessments to ensure that everyone can work safely. We have paused any additional colleagues returning to our offices whilst national lockdowns are in place. See annexe 2 for more information about our coronavirus mitigations.

Accommodation

27 We will continue our legal review of the Edinburgh office lease during quarter four as part of our due diligence. We expect the office move to take place as planned in the first part of 2021–2022.

28 Our revised accommodation plan is due for review by the Council in March 2021.

Financial performance

29 At end of December 2020, our surplus is £10.5m, which is £6.6m above year to date (YTD) budget. As previously reported, this is primarily due to us delaying activities because of the pandemic and therefore spending less. This delayed spend is likely to be carried forward into 2021–2022.

30 This is offset in part by a reduction in income from overseas applications due to the pandemic. Income from registrant fees is broadly in line with our 2020-2021 budget and remains secure. See financial management report at annexe 1, section 3.

Section 2: Progress against our corporate commitments within our 2020-2021 corporate plan

Status at Q3 (up to 31 December 2020)

Overview

The status of our 11 corporate commitments remain unchanged from quarter two (both for current quarter status and for our year-end forecast) with the exception of commitment 4 (a new set of post registration standards) where we have extended the timescales for our consultation.

The main pressure is maintaining core regulatory services during the pandemic (commitment 1). At the time of writing, there was no intention to close our OSCE test centres, stop fitness to practise casework or pause hearings.

	Q3 Status	Year End Forecast
Innovation and Improvement		
Commitment 1. Provide effective regulation of nursing and midwifery professionals across the UK and nursing associates in England. *(An accurate register; robust standards of conduct, behaviour and proficiency; quality assurance of education; responding fairly to concerns*	***Backlogs in fitness to practise casework*** *We have completed modelling work to devise options for fitness to practise casework restoration.*	***Backlogs in fitness to practise casework*** *We will have completed the first stage of detailed planning in Q4. We will begin recruitment for extra posts - this will continue into 2021-2022.*
Commitment 2. Continue to implement our new strategic approach to fitness to practise (FtP) and improve the experience and support for these involved. *(Taking account of context; support for witnesses and members of the public; sign-posting; new approaches and guidance)*	***Progressing with some areas rescheduled into 2021-2022*** *We are making progress with implementing our new approach to context.* *Work is progressing across all areas but at a slower pace.* *See Annexe 3 for details.*	***Some areas rescheduled into 2021-2022*** *We will re-focus this programme so that it supports fitness to practise casework restoration.* *We will have implemented our new approach to context by 1 April 2021.*

	Q3 Status	Year End Forecast
Commitment 3. Deliver the next stage of improvements for registration of overseas applicants. *(Continue to improve support to overseas applicants and those supporting them, and developing our test of competence model).*	***Rescheduled into 2021-22*** *We continue to work towards the revised timescales.*	***Rescheduled into 2021-22*** *Our test of competence due to launch in spring 2021.*
Proactive support for professionals		
Commitment 4. Deliver a new set of ambitious post registration standards of proficiency. *(Co-produce a set of four new standards, and consulting and user testing for launch in autumn 2021).*	***Progressing*** *We continued with our preparation and planning for our consultation in 2021.* *Following extensive engagement with the sector to develop the draft standards, we have aligned the development of associated Specialist Community Public Health Nursing (SCPHN) programme standards with the associated programme standards for Specialist Practitioner Qualifications (SPQ) into a single set of standards for post registration programmes that will promote opportunities for shared learning.*	***Slightly delayed*** *We propose to extend the timescales for the consultation on our draft standards.* *We will complete our consultation by Q2, and will publish new standards later in 2021-2022.* *See Agenda item 7 for further details.*
Commitment 5. New method for ensuring that we take a dynamic approach to developing professional standards. *(Agree our approach for the provision of additional supportive tools, and produce a forward programme for updating our standards).*	***Rescheduled***	***Rescheduled into 2021-2022*** *We diverted the resources for this work to other priority areas such as regulatory reform, Brexit and Covid-19 recovery.*

	Q3 Status	Year End Forecast
More visible and better informed		
Commitment 6. Develop our presence in local areas across the English regions and in Scotland, Wales and Northern Ireland. *(Co-produce a review of our model for our employer link service and produce an implementation plan).*	***Delayed*** *We have reviewed the impact of Covid on our fitness to practise services and have decided that we will delay expansion of the Employer Link Service (ELS) to focus on key activities to restore the fitness to practise backlog.* *Our initial focus will be reducing inappropriate referrals.*	***Delayed*** *The ELS will continue to focus on reducing inappropriate referrals and supporting initiatives to reduce the fitness to practise caseload.* *We will continue to develop options for future proposals to expand the service from 2022-2023.*
Empowering and engaging		
Commitment 7. Formulate and agree an organisation-wide approach that ensures people are at the heart of what we do. *(Establish co-production principles and agree our person centred approach).*	***Progressing*** *We have continued to develop an organisation wide approach to public engagement and on defining our person-centred approach.*	***Rescheduled into 2021-2022*** *We have rescheduled the implementation of our person centred approach and public engagement work into 2021.*
Commitment 8. Develop a more systematic and targeted approach to stakeholder engagement across the four countries of the UK. *(Review our stakeholder relations across the organisation to inform a relationship framework, and develop a programme of targeted stakeholder engagement across all four countries).*	***Progressing*** *We continued to review our engagement forums and co-production principles.* *We continued to develop our 2021-2022 activity plans for four-country engagement.*	***On track*** *We will develop proposals during Q4 based on the outcomes of the review.*

	Q3 Status	Year End Forecast
Greater Insight and influence		
Commitment 9. Work with the Department of Health and Social Care (DHSC) and others on a substantial programme of reform to shape improvements to our legislative framework. (*Shaping the scope of policy, engaging stakeholders and listening to feedback, and supporting the legislative process).*	***Progressing within DHSC timelines*** *We have updated our processes to ensure that applications from people from the European Union comply with post-Brexit regulations.* *We launched our consultation into the future use of emergency powers.* *We commissioned new research to consider international best practice on nursing and midwifery education to assess whether we could improve our standards.*	***Progressed within DHSC timelines*** *We will have reviewed the outcomes from our consultation and progressed work regarding the recognition of professional qualifications now that the EU directive is no longer applicable.*
Commitment 10. We will start to improve the way we use and publish data and insight to add value for our stakeholders and help shape the sector. *Publishing Equality Diversity and Inclusion (EDI) data and analysis, supporting future workforce planning, planning improvements to the information on the state of nursing and midwifery, and reviewing our insights and intelligence capabilities).*	***Progressing*** *We continued to plan the second stage of our EDI research and launched the tender in Q3.* *We also continued scoping for the insight programme; a programme manager took up their role in December 2020 to lead the planning.*	***Slightly delayed*** *We will have completed the planning for our second stage EDI research and expect to evaluate tenders by January 2021.* *We will have progressed the requirements our insight programme further and begin implementing our priority work streams.*

	Q3 Status	Year End Forecast
Fit for future organisation		
Commitment 11. Make sure that we have the right capabilities, processes and resources to fulfil our ambitions for the strategic period ahead.		
A. *People:* *delivering our new organisational design, embedding our new values and behaviours, delivering the next phase of our people plan progression, Learning and Development, and Equality, Diversity and Inclusion (EDI).*	***Some areas rescheduled.*** ***Work progressing with some delays.*** *Work to update our organisational policies has progressed at a slower pace.* *The consultation into the defined benefits pension closed.* *We published our pay gap reports, continued action planning for EDI and launched our leadership development programme.*	***We will refocus the programme for 2021.*** ***A number of key milestones have progressed with some delays during the year.*** *We will have completed our pension consultation, reviewed our future requirements for executive support and started implemented of other OD reviews such as EDI resourcing.*
B. *Technology*: *new technology using Microsoft Dynamics 365, FTP case management, improving the user experience and ensuing our infrastructure is ready for future opportunities, modern dynamic working.*	***On track*** *We completed the 'plan and analyse phase' for the next stage of the programme, and prepared a business case containing detailed plans for the next phase of work.*	***On track*** *We will have agreed our business case for the next phase of the programme in Q4, with implementation happening there after.*
C. *Accommodation*: *workplace safety, office relocation in Edinburgh, planning 23 Portland Place renovation and longer-term accommodation requirements).*	***On track.*** *Our due diligence continued.*	***On track*** *We will be in the final stages of the Edinburgh move.* *We will review and agree our plans for the refurbishment of 23 Portland place during Q4.*

Section 3: Financial monitoring report

Table A: Income and expenditure to 31 December 2020

Nursing and Midwifery Council Financial Monitoring Report						
INCOME & EXPENDITURE (£'m)	**December 2020 Year-to-Date**				**Full Year**	
Income	**Actual**	**Budget**	**Var.**	**Var. (%)**	**Forecast[1]**	**Budget**
Registration fees	63.6	64.3	(0.8)	(1%)	85.7	85.9
Other	2.5	3.6	(1.1)	(31%)	3.6	4.9
Total Income	**66.1**	**68.0**	**(1.9)**	**(3%)**	**89.3**	**90.7**
Expenditure						
Core Business						
Professional Regulation	26.8	31.5	4.7	15%	39.7	42.2
Resources & Technology Services	13.1	13.4	0.3	2%	18.1	18.1
People & Organisational Effectiveness	5.2	5.7	0.5	9%	7.3	7.8
Professional Practice	2.8	3.4	0.5	16%	4.2	4.8
Strategy & Insight	2.9	3.2	0.3	9%	4.3	4.3
Communications & Engagement	1.8	2.3	0.6	24%	2.7	3.1
Directorate - Core Business	52.6	59.5	6.9	12%	76.4	80.3
Corporate						
Depreciation	2.1	1.9	(0.2)	(7%)	3.1	2.7
PSA Fee	1.4	1.4	0.0	0%	1.9	1.9
Apprenticeship Levy	0.1	0.2	0.1	15%	0.2	0.2
Contingency	0.0	0.0	0.0	0%	0.6	5.3
Other	0.0	0.0	0.0	0%	0.0	0.3
Total Corporate	3.6	3.5	(0.1)	(3%)	5.8	10.5
Total Core Business	**56.2**	**63.0**	**6.8**	**11%**	**82.1**	**90.7**
Surplus/(Deficit) excluding Programmes	**9.8**	**5.0**	**2.8**		**7.2**	**0.1**
Programmes & Projects						
Accommodation Project	0.0	1.6	1.6		2.4	3.5
Modernisation of Technology Services	3.1	3.9	0.8	20%	4.1	4.0
FtP Change Strategy	0.4	0.4	0.0	10%	0.5	0.6
People Strategy	0.3	0.3	0.0	0%	0.4	0.4
Insight Plan	0.0	0.1	0.1	67%	0.2	0.3
Improvement in Technology Services	0.2	0.4	0.2	50%	0.3	0.6
Temporary Register	0.0	0.0	0.0	0%	0.0	0.0
Total Programmes/Projects	4.0	6.7	2.7	40%	7.8	9.3
Strategy Implementation Fund	0.0	0.0	0.0	0%	0.0	2.8
Total expenditure including capex	**60.3**	**69.7**	**9.4**	**14%**	**90.0**	**102.7**
Capital Expenditure	3.5	5.6	2.1	37%	6.8	10.7
Total expenditure excluding capex	**56.7**	**64.1**	**7.4**	**11%**	**83.2**	**92.0**
Unrealised Gains/(Losses)	1.1	-	1.1	0%	1.1	-
Net Surplus/(Deficit) excluding capex	**10.5**	**3.9**	**6.6**		**7.2**	**(1.3)**
Free Reserves	**40.0**	**29.4**	**10.6**	**36%**	**34.5**	**19.6**

[1] Forecast represents Dec 2020 YTD actuals plus Q2 forecast for the remainder of the year

Table B: Balance sheet as at 31 December 2020

Balance Sheet (£'m)	Mar-20	Dec-20	Change	Change %
Fixed Assets				
Tangible Assets	26.5	27.8	1.3	5%
Investments	-	21.2	21.2	0%
Total Fixed Assets	**26.5**	**49.0**	**22.5**	**85%**
Current Assets				
Debtors	2.7	1.5	(1.2)	(44%)
Fixed term bank deposits	63.9	64.2	0.3	0%
Cash	33.1	15.4	(17.7)	(53%)
Total Current Assets	**99.7**	**81.1**	**(18.6)**	**(19%)**
Total Assets	**126.3**	**130.2**	**3.9**	**3%**
Liabilities				
Creditors	(54.7)	(55.9)	(1.2)	(2%)
Provisions	(2.5)	(2.5)	(0.1)	(3%)
Total Liabilities	**(57.1)**	**(58.4)**	**(1.3)**	**(2%)**
Net Assets (excluding pension liability)	**69.1**	**71.7**	**2.6**	**4%**
Pension Liability	(11.6)	(3.9)	7.7	67%
Total Net Assets	**57.5**	**67.8**	**10.3**	**18%**

Table C: Cash flow statement to 31 December 2020

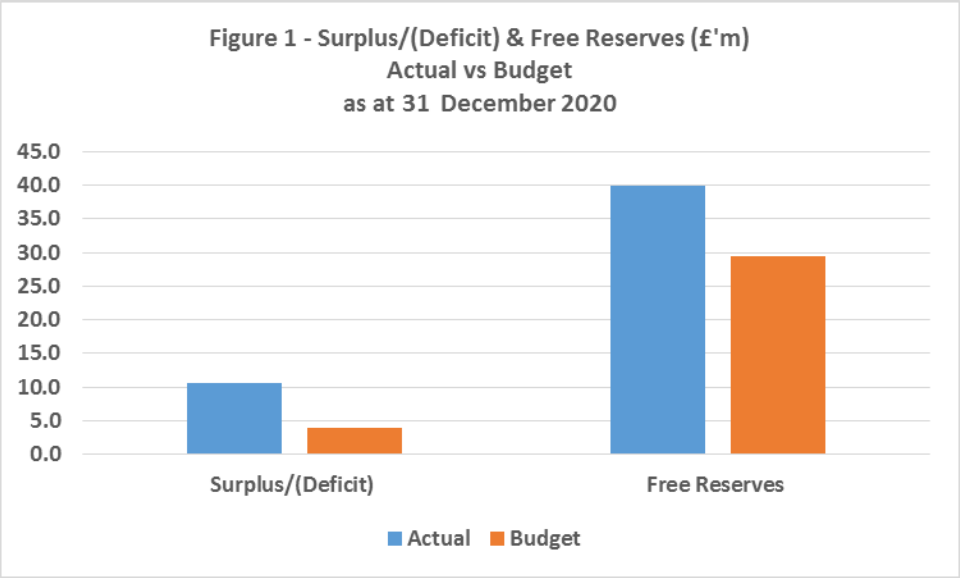
Statement of Cash Flows	Dec-19 (£'m)	Dec-20 (£'m)
Cashflow from operating activities		
Surplus/(Deficit) (YTD)	5.0	10.5
Adjustment for non-cash transactions	1.4	2.1
(Gains)/Losses on Investments	-	(1.1)
Investment/Dividend income	-	-
(Increase)/Decrease in current assets	3.0	1.2
Increase/(Decrease) in liabilities	2.4	1.3
Pension Deficit Payments	(0.9)	(7.8)
Net Cash inflow/(outflow) from operating activities	**10.9**	**6.2**
Cashflow from investing activities		
Capital Expenditure (YTD)	(7.4)	(3.5)
Net Cash inflow/(outflow) from investing activities	**(7.4)**	**(3.5)**
Cashflow from financing activities		
Capital Market Investments	-	(20.0)
Net Cash inflow/(outflow) from financing activities	**-**	**(20.0)**
Cumulative net increase/(decrease) in cash and cash equivalent at month end	**3.5**	**(17.4)**
Cash & Cash Equivalent at the beginning of the year	94.8	97.0
Cash & Cash Equivalent at the end of the month	**98.3**	**79.6**

All figures are subject to rounding

d. Financial commentary

Year To Date (YTD) Financial performance

Summary: At end of December 2020 we have a surplus of £10.5m, £6.6m above YTD budget (Table A and Figure 1). This primarily due to a reduction in our regulatory activities and slippage in spend, offset in part by a reduction in income from overseas applications, both due to the Covid-19 pandemic. Income from registrant fees is broadly in line with budget and remains secure.



Free reserves also remain high at the end of December 2020 (at £40m) relative to the upper end of our target range of £25 million. We expect free reserves to reduce in future as deferred expenditure catches up as part of our recovery and restoration plans and we continue to invest in our IT and buildings infrastructure over the period of our 2020-2025 strategy.

We have reported £1.1m worth of unrealised gains on our £20m investments YTD. A further £10m will be invested in quarter 4. Our forecast assumes that the £1.1m gain remains at the year end, but equity markets continue to be very volatile so the value of the portfolio could fall.

Based on the current rate of spending, we anticipate a £7.2m surplus for the full year. This figure reflects the initial financial impact of the FTP caseload recovery plans. However, the main driver of the surplus for the year is slippage in FTP casework, meaning that expenditure has been deferred, not permanently saved, and this will be reflected in budgeted deficits in future years.

Income

Total YTD income is £66.1m, £1.9m, (3 percent) below budget.

a) **UK registration fee** income was £63.6, (1 percent) below budget.

b) **Other income** was £2.5m, £1.1m, (31 percent) below expectations. This is mainly due to a fall in overseas nurses' applications (likely as a result of travel restrictions) as well being impacted by falls in interest rates reducing bank deposit income.

d. Financial commentary

Expenditure on core business activities

Total spend on core business activities is £52.6m, significantly below budget by £6.9m, (12 percent). All directorates have generated underspends with significant variances reported in:

a) **Professional Regulation:** YTD expenditure is £26.8m, £4.7m (15 percent) below budget. Although there have been some savings through holding hearings virtually, significant extra costs will be incurred as we recover our operations. The underspend is therefore deferred expenditure as a result of an initial pause in our FTP regulatory activities due to the pandemic situation, not a saving.

b) **Professional Practice:** YTD expenditure is £0.5m (16 percent) below budget. Delay of standards evaluation workstreams, reduction in external engagement events due to the ongoing government lockdown guidelines as a result of the current Covid-19 pandemic, the deferral of a large quantity of programme approvals to 2021-2022 and lower staff costs due to vacancies are the main contributors.

c) **Communications & Engagement** – YTD expenditure is £0.6m (24 percent) below budget. Lower staff costs due to vacancies and cancelation of planned events due to the Covid-19 pandemic are the main reasons.

Expenditure on strategic programmes and projects

Total YTD expenditure is £4m, £2.7m (40 percent) below budget. The key variance is the Accommodation project which has underspent on budget by £1.6m which is slippage in the expected timing of the 23 Portland Place refurbishment.

YTD expenditure on the Modernisation of Technology Services (MOTS) programme is £3.1m, £0.8m (20 percent) below budget, due to delays in the recruitment of programme staff, and an underspend on the Plan and Analyse Phase due to a slower start on some tasks.

Risks

Key risks that are likely to have an impact on full year outturn are:

a) **Income** – overseas application fees continue to be difficult to forecast because of the impact of the pandemic.

b) **Professional Regulation –** physical hearings resumed from September, and continue, but we have a significant backlog in fitness to practise work. The Professional Regulation directorate is developing its plans to address the backlog. Whilst costs are still uncertain, this work is very likely to incur cost greater than underspends from slippage, with most costs expected to fall into Year 2 and Year 3 of Strategy.

c) **Slippages** – disruption to our operations due to Covid-19 led to some work and associated costs to be deferred and now likely to be carried forward to the next financial year across all the directorates.

Nursing & Midwifery Council

Annexe 1, section 4

Level 1 data report for the Council

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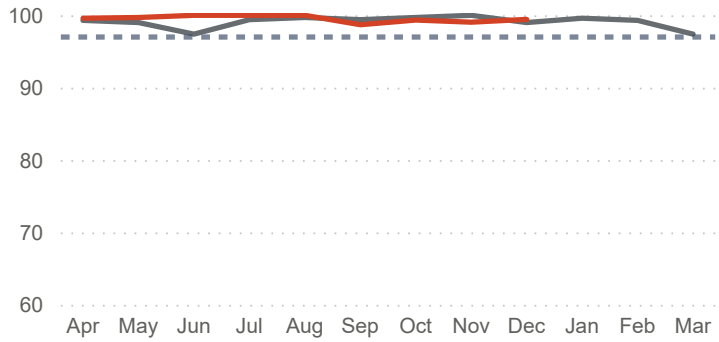
Part D – Our People 6

A. Professional Regulation Dashboard (Registrations)

Financial year: ● Current Year (2020-21) ● Previous Year (2019-20) **Target:** – – – 2020-21

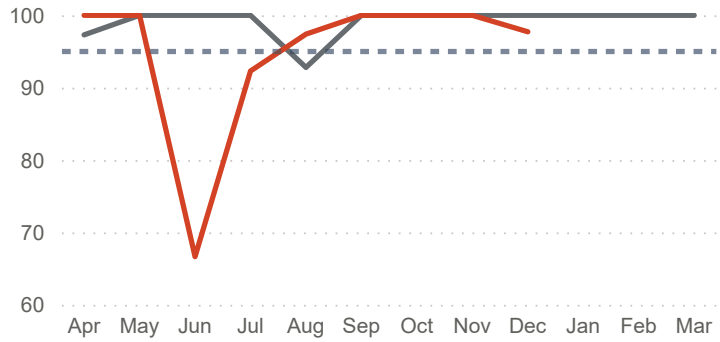
1: UK registration completed with no concern within 1 day (%)

Above target.



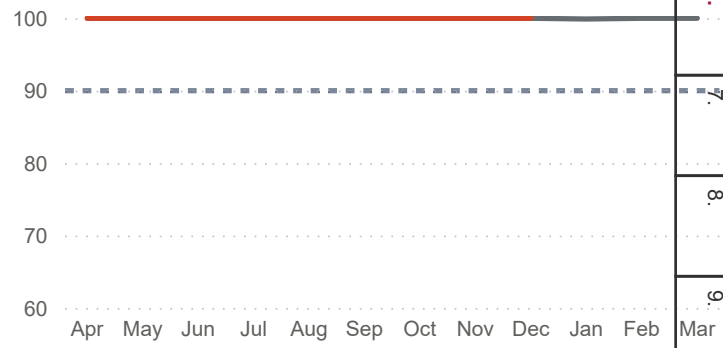
2: UK registration completed within 60 days (%)

Above target.



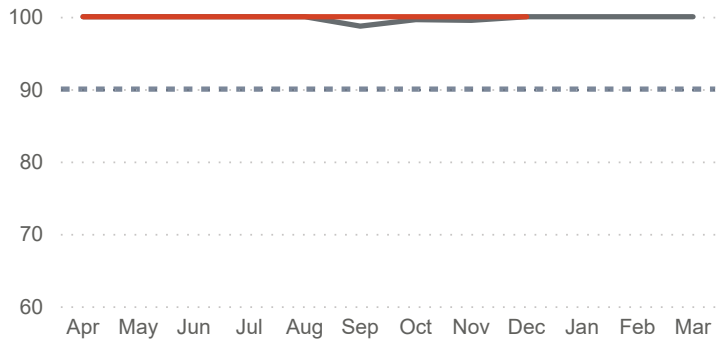
3: Overseas registration assessed within 30 days (%)

On target.



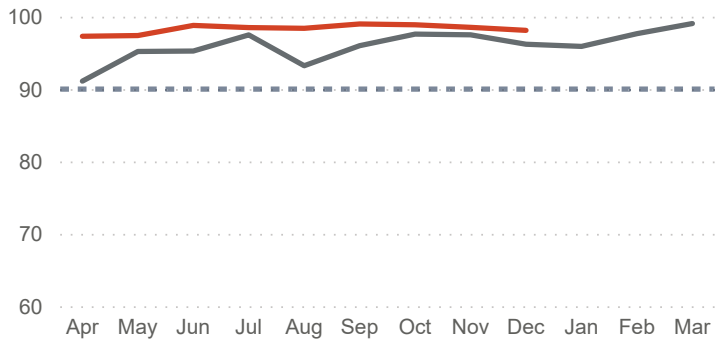
4: EU applications assessed within 30 days (%)

On target.



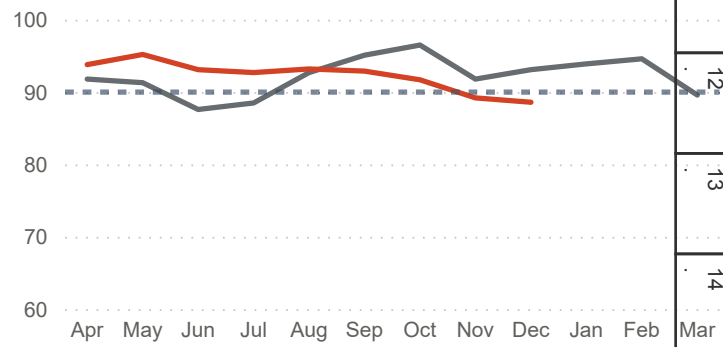
5: Readmission applications completed within 21 days (%)

Above target.



6: Call attempts handled (%)

Below target at Q3.



B. Summary of customer dashboard results for Q1 to Q3 (2020-2021)

Measure	Q1	Q2	Q3
Corporate complaints			
% Complaints responded to in 20 days	93%	▼ 90%	▲ 91%
Learning points identified	186	▼ 106	▼ 91
Total corporate complaints	283	▲ 291	▼ 270
Enquiries			
% Enquiries responded to in 20 days	98%	▼ 73%	▲ 75%
Enquiries responded to in 20 days (absolute)	20/21	11/15	15/20
% MP enquiries responded to in 20 days	50%	▲ 76%	▼ 60%
MP enquiries responded to in 20 days (absolute)	16/32	29/38	9/15
Customer Feedback Surveys			
% rated service as good/ very good	89%	▼ 83%	▼ 82%
Unhappy customers/ issues resolved	5	3	2
Total feedback surveys	677	▲ 1330	▲ 1574
Information requests			
% Responded to on time	95%	▼ 94%	▼ 90%
Total information requests	303	333	378

Customer Feedback Dashboard

1 October 2020 to 31 December 2020

Corporate Complaints

91%
Complaints responded to in 20 days

We have identified 91 learning points which have been shared with teams across the organisation. We have also identified the following learning themes -

Technical issues – Some applicants have experienced delays in joining our register as a result of technical issues with uploading documents. Colleagues from Professional Regulation have been working with Resources and Technology Services to address these issues.

Delays – Referrers in Fitness to Practise cases have advised that they are not always being kept updated with delays and following the re-allocation of cases. Professional Regulation colleagues are working to address the resourcing issues.

Meetings – Some customers have requested virtual or face to face meetings to discuss complex and distressing concerns. We have now drafted guidance to support colleagues arranging these meetings.

Communication – We have identified that some of our template letters require updating. For example, the Case Examiner decision letter is being updated to include a new Case Examiner enquiries email address.

Information requests

90%
responded to on time

Information requests themes

- There has been an increase in requests in Q3 compared to Q2.
- We have had a number of subject access requests with a particularly large volume of information to review/ redact.
- We have not identified any high level themes from information requests for Q3. The requests received were varied.

Our person centred approach

- We continue to work with our customers to ensure that we are focussing our attention on the information they need.
- We also continue to work with case officers in Professional Regulation in cases where information is exempt under statutory legislation but alternative assistance could be offered.

Customer feedback surveys

60%* **(9/15)**
MP enquiries responded to in 20 days

75% (15/20)
Enquiries responded to in 20 days

*Half of the MP enquiries were about complex and ongoing Fitness to Practise cases which we wanted to address fully with our colleagues.

The person I spoke to was amazing, he was so helpful, did not make me feel foolish for not being able to complete the form. Thanks very much.

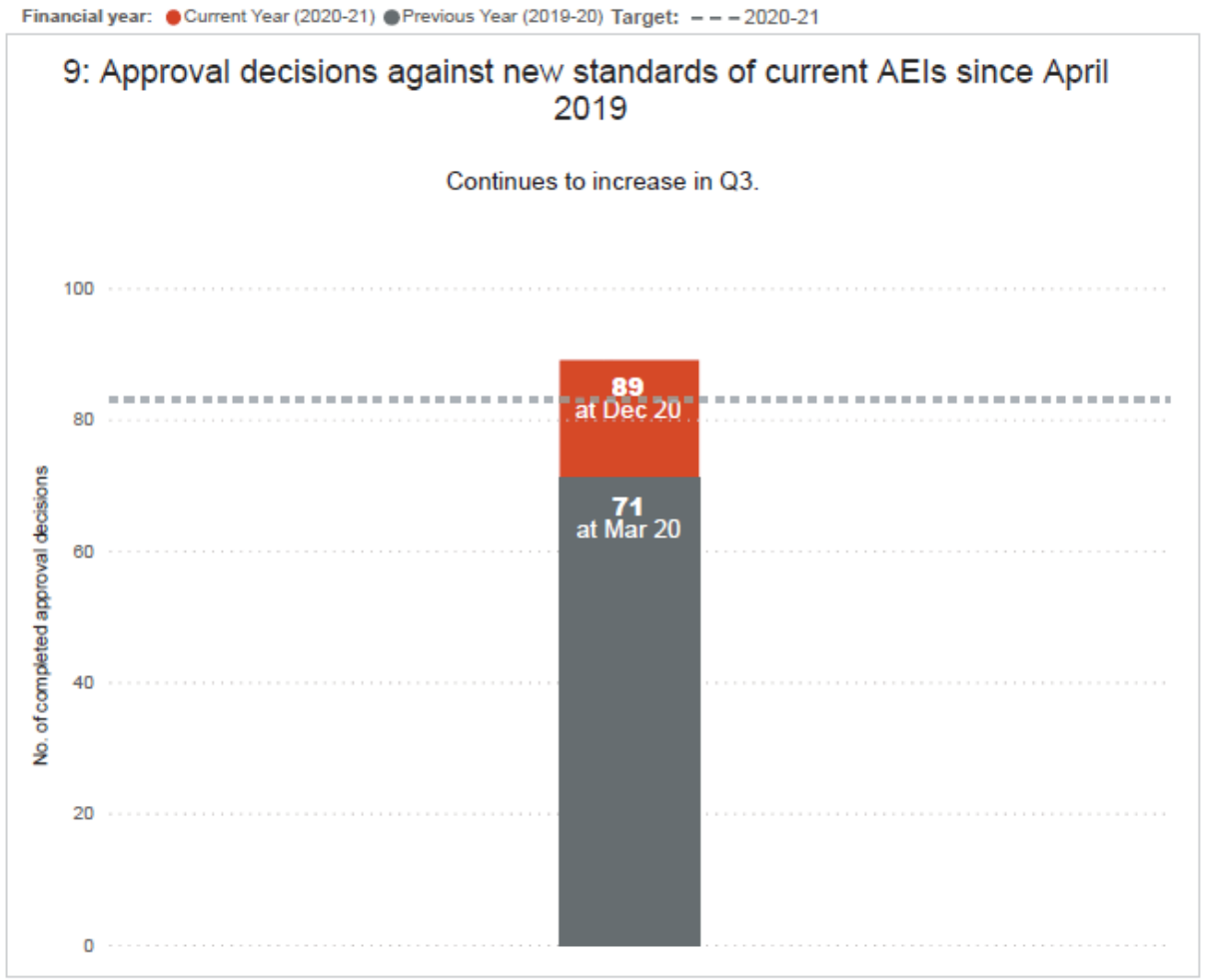
82%
Customers rated our customer service as good or very good.

2
Unhappy customers contacted and resolved their concerns.

Unwilling to help. Really disappointed. They did not know how to help me remove myself from the temporary register.

Following this feedback, our contact centre colleagues have been reminded how registrants can remove themselves from the temporary register.

C. Professional Practice Dashboard

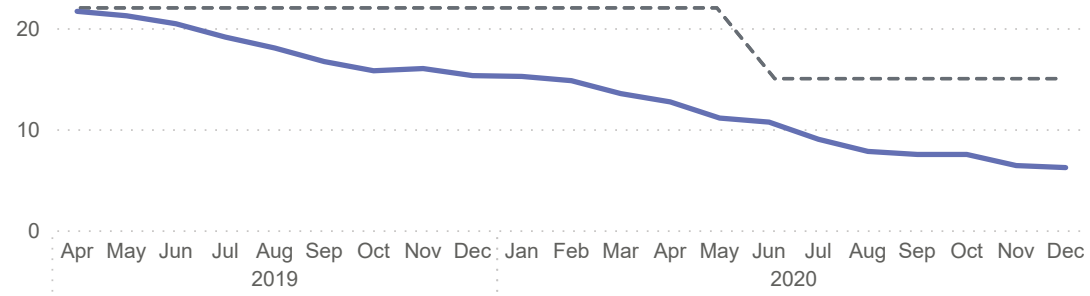


D. Our People Dashboard

Financial year: Current Year (2020-21) Previous Year (2019-20) Long term trend **Target:** 2019-20 2020-21

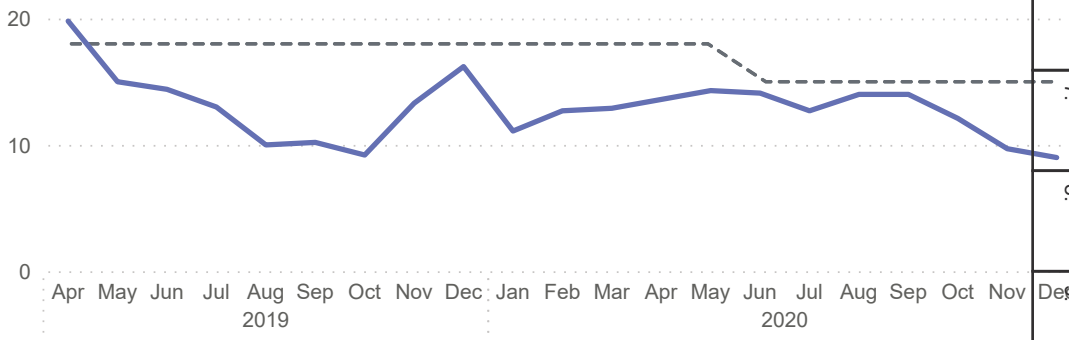
10: Total turnover %

Continues to trend downwards.



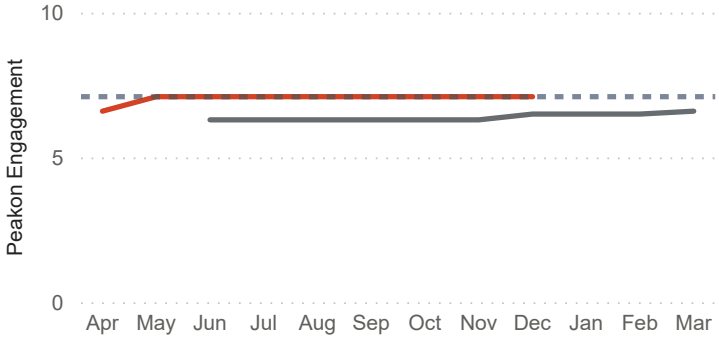
11: Turnover of new starters within 6 months of joining %

Remains below target and trending downwards.



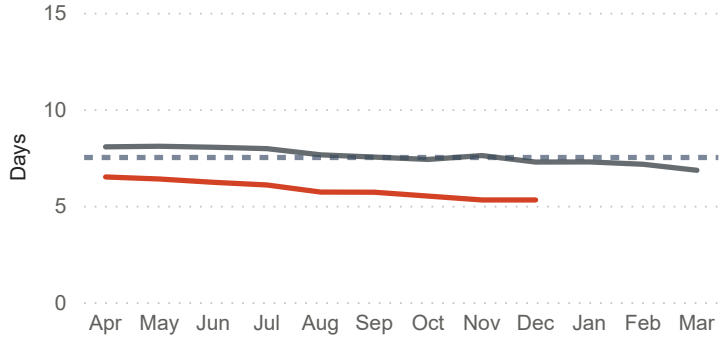
12: Employee engagement score

On target.



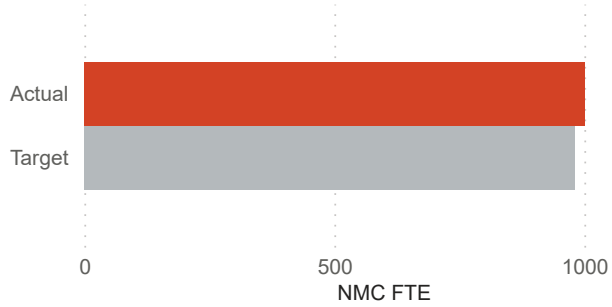
13: Sickness absence average days

Continues to trend downwards.



14: Total FTE

Above establishment primarily due to increased recruitment to support fitness to practise.



Annexe 2 (a)

Update on the fitness to practise caseload

Context: **Current fitness to practise caseload**

1. At the end of December 2020, our caseload was 6,087. There were 2,981 cases at Screening, 2,200 at Investigations, 362 at Case Examiners and 544 at the Adjudication stage. (See fitness to practice dashboard at Annexe 2, Section d).
2. This compares to a total caseload of 5,724 at 30 October 2020, and represents a rise of 6.3 per cent. There were 2,713 cases at Screening, 2,158 at Investigations, 365 at Case Examiners and 488 at the Adjudication stage.
3. Case numbers have continued to rise at the Screening stage and we have started to see an increase in the number of cases at the Adjudication stage. As we move into January, there are encouraging signs that the output within Screening is increasing to a point where we are closer to matching the number of cases we close to the number of cases referred to us.
4. We will begin to mitigate caseload increases at the Adjudication stage by increasing the numbers listed for hearings from February onwards because of increases to capacity within this area.

Discussion: **Impact of delays**

5. As previously reported, the impact of delays within our casework is significant for everyone involved. We have made the following changes to improve the caseload position:

    - Increasing employee levels and piloting new approaches within Screening to reduce the caseload at the beginning of our process.
    - Begun recruitment at all later stages in the process to support progression of cases released from Screening as the screening teams output increases.
    - Increased allocations to our external investigations firms with 82 cases allocated externally in January and plans to send 51 cases in both February and March.

- Improved Case Examiner supervision and support through the appointment of two new managers.

6. The following changes will take effect on 29 January 2021:

    - Launch of new guidance for employers on fitness to practise to support them in managing concerns at a local level to reduce inappropriate referrals
    - Update of our website to present fitness to practise information in a more logical way, helping people understand why we are here and what we can investigate more easily. This will support reductions in inappropriate referrals

Our future plans

7. We will provide our plans for stabilising the caseload along with the required budgets to the Council at its meeting in March 2021.

8. In addition to the actions at paragraphs 5 and 6, we continue to develop a programme of cross-organisational change activity and are mobilising the support and expertise of the corporate leadership team.

9. There are significant areas of improvement we have identified, which will not only address the backlog in fitness to practise over time but will also continue to transform the way in which we regulate, delivering our vision in accordance with our fitness to practise strategy. In reducing the fitness to practise caseload we will continue to implement our person-centred approach and improve our processes.

10. We will progress with the restoration programme as quickly as we can whilst remaining realistic with what we are able to achieve and afford. We have defined the ambition of the programme as follows:

    "The fitness to practise improvement programme will optimise our fitness to practise process.

    The programme will address long-standing issues that inhibit our ability to operate effectively whilst providing a clear governance framework for tactical decisions, which are required to address our current caseload pressures."

    10.1. The programme aims to:

    - Support learning across healthcare settings by enabling people to raise their concerns with the most appropriate organisation and by sharing information on the context of referrals which are made to us.

- Enable colleagues to provide tailored support to our customers delivering better decisions in shorter time frames.
- Deliver rapid advancement in our technological solutions, supporting our teams and stakeholders to engage with us in new ways that support efficient case progression.

11. Council should note that we will merge the remaining elements of the programme to deliver a new strategic approach to fitness to practise into the casework improvement programme. The new programme will build on the work we have delivered to date and ensure that we deliver on our commitment of considering context in our decision-making. In reducing the fitness to practise caseload, we will continue to implement our person-centred approach and improve our processes.

12. We have begun some of the tactical interventions; however, we are still in the process of prioritising all the activity that makes up the programme and agreeing clear milestones and deliverables. Our immediate priorities focus on further changes to support our Screening function, making sure we receive the right referrals, and being able to progress those referrals through the process as effectively as possible.

Recovery during the current Covid peak

13. Since the last meeting of Council, a new wave of Covid infections and hospital admissions has developed with levels of hospital admissions being higher than they were when we paused our casework and hearings activity in March 2020.

14. We have not made any decisions in this wave to pause casework or hearings however Council should be aware that we might see an increased number of organisations / individuals who, quite understandably, would be unable to assist with our fitness to practise enquiries.

15. This could affect case progression in the last quarter of 2020-2021, which makes it even more important to move forward with our programme of change for our fitness to practise work.

Nursing & Midwifery Council

Annexe 2 (b)

Strategic approach for fitness to practise – progress to date at January 2021

Context:

1 Work to develop a new strategic approach for fitness to practise began in July 2017. A programme was formally established in September 2017 to support delivery. In July 2018, Council approved the new strategic approach, which is set out in the document *Ensuring public safety, enabling professionalism: New strategic direction*[1].

2 Since the previous update to Council progress has been made in developing and implementing new ways of working in line with the new approach. However progress has been impacted by our focus on restoring our casework activity during the Covid-19 period. Below is a summary of the current position.

3 The elements of this programme which have not yet been fully embedded, such as delivering a person centred approach and taking account of context, will be merged into our casework improvement programme which will build on the improvements we have made to date.

Four country factors:

4 Not applicable for this paper.

Discussion:

The new strategic approach for fitness to practise

A person centered approach

5 The Public Support Service (PSS) continues to develop and since May 2019 192 meetings have taken place with member of the public referrers at specific parts of the process such as initial investigation or once a case concludes either at Case Examiner or hearing stage.The meetings are an opportunity to better understand someone's concerns, explain our role and remit, ensure that we have all the information we need and signpost to other organisations which may be able to provide further help. Feedback on the meetings has been positive.

[1] https://www.nmc.org.uk/globalassets/sitedocuments/consultations/2018/ftp/ensuringpublicsafety_v6.pdf

6 We began a pilot in December 2019 that provides direct engagement and support to member of the public referrers throughout the fitness to practise process. 100 pilot cases were identified and the pilot concluded at the end of December 2020. We will be analysing the data with a view to making recommendations on how the PSS will operate in the future.

7 We have made website improvements to provide greater clarity about our processes. We have included videos at each stage of the fitness to practise process; developed a suite of easy read documents explaining the process and we have updated information for members of the public regarding our approach to context (see paragraphs 21 to 27 below).

Support helplines

8 Since May 2019, 880 calls were made by member of the public referrers to the independent emotional support helpline we offer in partnership with the General Medical Council (GMC). The helpline provides 24 hour assistance. The service enables people to talk about how they're feeling, either about the ongoing investigation into concerns, or about events that gave rise to these concerns and the impact it's having on them. The service provides help, support and advice.

9 In October 2019, we launched our careline for those on our register who are subject to the fitness to practise process. Independent trained counsellors provide 24 hour practical and emotional support on a confidential basis. There is a 'well online' service which provides online resources and individuals can be referred for counselling sessions when required. Since its launch the careline has received 450 contacts from those on our register. The service is now in its second year and we will continue to monitor usage and consider any feedback. An app has also been developed to allow those on our register to access the service on their mobiles.

Delivering support for members of the public that need additional assistance

10 We are developing a needs assessment process to improve how we identify and make adjustments for individuals from the outset of the fitness to practise process. This involves establishing contact with member of the public referrers at the initial screening stage and assessing their needs. This has enabled colleagues to consider how best to engage with individuals. The next phase is to continue the assessment into the investigation stage and see whether any further adjustments are required as the individual's experience of the fitness to practise process progresses.

11 To further assist with reasonable adjustments, we have introduced a specialist case advisor role to advise on referrals from individuals with particularly complex needs on the type of initial adjustments we should make in early communication, with the aim of enabling and supporting individuals to engage with us further.

12 Our lay advocacy and intermediary service framework aims to meet the needs of members of the public referrers who require specialist support because of for example, mental health difficulties or complex communication needs. We have agreed with the other health and social care regulators to provide one support framework that can be used by multiple regulators. This means that people needing the support will have a choice of providers and there will be consistency across the regulators. The estimated timeframe for the launch of this tender is January 2021.

13 People can find the fitness to practise process stressful and this can be exacerbated by other personal difficulties they may be experiencing. There have sadly been some instances where people have taken their own lives, or reported suicidal intent whilst being involved in our processes. In order to help safeguard people, we have recently developed a protocol for colleagues to follow if they are concerned that someone may be at risk of suicide and self-harm. The protocol sets out how to assess a situation and provides guidance on what action colleagues should take to support and safeguard the person. The protocol also provides guidance on how to continue to support someone following an incident throughout their involvement with our process.

14 Training has been introduced to assist colleagues' understanding of special needs. Awareness e-learning modules have been introduced covering autism, deafness, visual impairment, learning difficulties and mental wellbeing. A disability and reasonable adjustment workbook will be introduced in early 2021.

Support for NMC colleagues

15 Supporting individuals requiring additional assistance can be challenging. Peer to peer support training for colleagues has taken place which aims to develop a team of self-supporting peers. The training enabled colleagues to identify and calibrate the type of material and situations that affect them the most, support colleagues during and after a difficult experience and knowing when to request support for themselves.

Prioritising local action

16 This work focuses on referrals from both employers and members of the public.

17 The aim of the work with employers is to support them in their role in the fitness to practise process; identifyng the type of cases that are suitable for local resolution, in contrast to those that might require regulatory action; and to improve the quality of referrals made to us to enable better outcomes in line with our policy principles. New guidance titled 'Managing concerns, a resource for employers' will be launched in January 2021 following collaboration with employers from across the four UK nations.

18 Both the Ambitious for Change research and the 2017 work we commissioned from the University of Greenwich found that employers disproportionately refer professionals who are Black, Mixed or Other ethnicity while members of the public and people who use services disproportionately refer White professionals. Cases referred by members of the public or people who use services and those involving those on our register who are White are more likely to be closed at Screening, suggesting these are inappropriate referrals. The Greenwich research helped to shape our new fitness to practise strategic direction. The work reported here is helping to address the issue of disproportionate referrals, for example our work with employers at paragraph 17.

19 But we still need to further understand the reasons for disproportionate referrals and outcomes. We are commissioning in-depth qualitative work to understand this and to also look at what can be done to address it. This work will be completed by summer 2021 and will determine further actions we should take.

20 We are working with the WRES team in NHSE/NHSI and colleagues in the devolved administrations to triangulate our findings with available information about the employers' workforce. We will organise a roundtable with employers and other key stakeholders to discuss these findings early in the coming financial year, though this timing might change given the current pressures of the pandemic.

Taking account of context

21 This work focuses on the development of a framework to help capture evidence about the context in which patient safety incidents occur, and how to assess the information as part of our investigative process.

22 We already take account of context, however this work aims to introduce a more systematic, consistent and methodical way of doing so. In July 2020, Professional Regulation colleagues completed e-learning which provided baseline knowledge on context. To accompany this, a 'psychology of context' module provided more detailed information about particular contextual factors.

23 Between July and September 2020, a series of 'exploring context' workshops took place. Over 300 colleagues in Professional Regulation attended workshops to discuss and think through how the approach could be applied, what needed to change, what were the challenges and how to overcome them. The workshops were also delivered to colleagues in the Employer Link Service, the Regulatory Intelligence Unit, with the representative bodies and the panel member forum.

External engagement on context

24 We met with the GMC who are at the stage of exploring the science behind context and welcomed us sharing our work with them.

25 We gave presentations to the PSS steering group; the patient experience network (which covers 400 members of trusts including acute, mental health, community and ambulance trusts); the Heads of patient experience and complaints in Wales and the Lead Midwives for Education Strategic Reference Group. These opportunities have enabled us to promote and develop the approach.

26 In February 2021, revised employer and member of the public referral forms will be introduced that will request information on context. This information will be taken into account as part of our investigative process.

27 Panel member training on context will commence in February and run will until end of March 2021.

Enabling remediation

28 Enabling remediation was rolled out in December 2019. The focus is on cases where regulatory concerns are capable of remediation. Suitable remediation pathways are suggested to the nurse, midwife or nursing associate to consider and discuss with their representative body and/or employer. The remediation pathway would demonstrate that the nurse, midwife or nursing associate had taken steps to satisfactorily address the concern.

29 In June 2020 we published additional Covid-19 tailored guidance on remediation to allow for some flexibility for those on our register during the pandemic.

30 Since roll out, a total of 300 possible remediable cases have been identified. Out of these, so far 29 have closed at Screening and nine at Case Examiner stage. Most of the rest of these cases are still open due to our pause in casework. We will continue to monitor progress of these cases and as part of our casework improvement we will continue to focus on remediation.

Making best use of hearings

31 The aim of this work is to hold hearings only when required to resolve outstanding areas of dispute.

32 New processes to embed this way of working were rolled out in June 2019. A six month review showed that the training and feedback to case presenters and panel members was having a positive effect on the quality of hearing and meeting decisions.

33 Further updates to the meeting criteria were delayed until August 2020 due to Covid-19. The updates include clarity on what constitutes a 'material dispute' and emphasises the similarities between meetings and hearings. We are continuing to monitor the impact on hearing activity.

Midwifery implications: 34 No differences to the application of this topic for midwifery.

Public protection implications: 35 Our new approach to fitness to practise will help us to protect the public in a fairer, more effective, proportionate and consistent way. It enables us to deliver the best decision, to enable better, safer care for people in the future at the earliest opportunity.

Resource implications: 36 A budget for the new approach to fitness to practise was approved by Council in March 2019 and includes the appointment of business change managers to lead and support new ways of working.

Equality and diversity implications: 37 Our latest NMC EDI research report was published in October 2020. This analysis gives us a useful baseline from which we can now measure progress.

38 The work detailed in this report includes commitments to equality and diversity. On the online referral forms, employers are asked to confirm that a referral is made without bias. This information will assist with the further qualitative EDI research which will explore why certain groups are referred in higher proportions by employers than members of the public and the independent case review of interim orders in fitness to practise.

39 The employer resource sets out the principles of good local investigation and promotes a just culture. The resource forms part of our 'Together in Practice' initiative with the aim of understanding and addressing inequality and discrimination, and celebrating the contribution of diverse professionals and colleagues.

40 The context forms and commitments include questions about culture, discrimination and health.

41 Now that some of the new ways of working have been operating for some time, we are in a positon to assess a larger data set to understand the impact of our approach on all the protected groups.

Stakeholder engagement:

42 Targeted and continual effective communication and engagement are critical to the success of the new approach for fitness to practise. A communications and engagement plan has been prepared with colleagues in the Communication and Engagement directorate for each new area of work.

Risk Implications:

43 The main risk to successfully implementing the strategy is the necessary cultural shift in the mindset of our people and external stakeholders. We are planning activities to embed change with colleagues and ongoing engagement with stakeholders will assist.

Legal implications:

44 The strategic policy principles and guidance for decision-makers comply with our legal obligations.

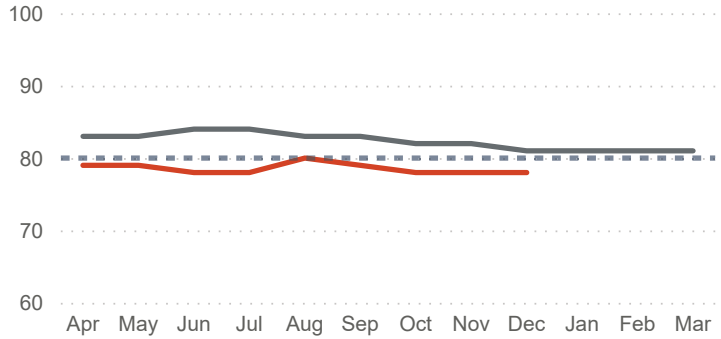
2c Professional Regulation Dashboard (Fitness to Practise)

Financial year: Current Year (2020-21) Previous Year (2019-20) Long-term trend **Target:** – – – 2020-21

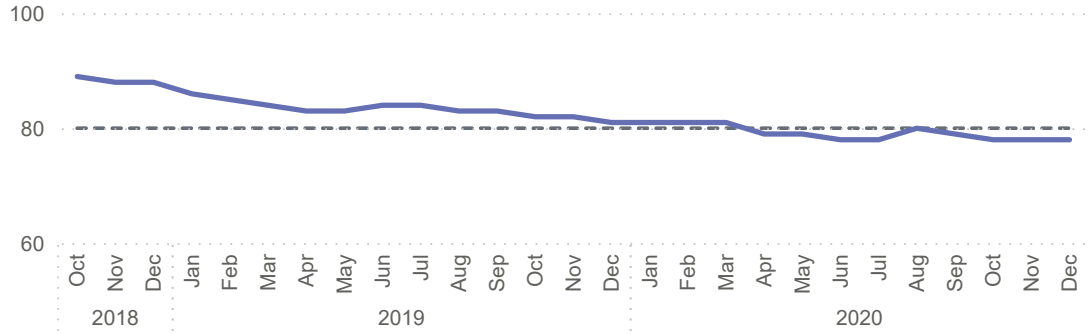
7: Interim Orders issued within 28 days of opening case (12 months rolling average (%))

Average trend remains below target since April 2020.

By financial year



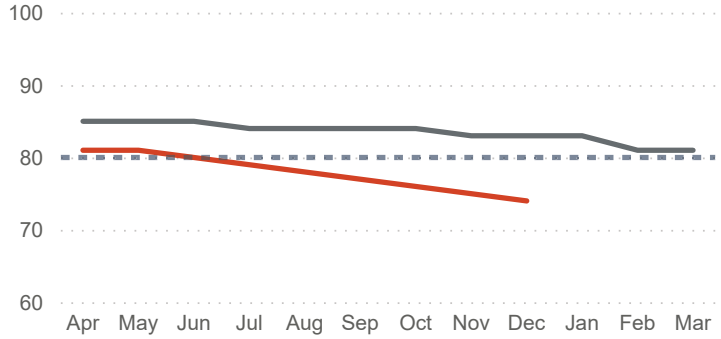
Long-term trend



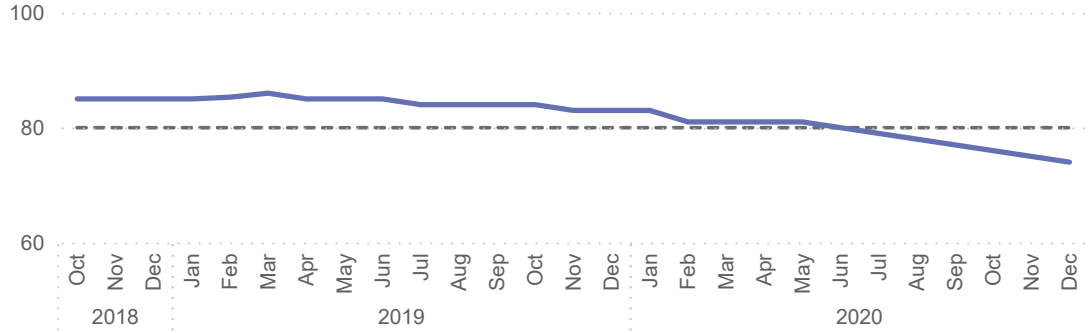
8: Cases concluded within 15 months of opening (12 month rolling average (%))

Below target and trending downwards.

By financial year



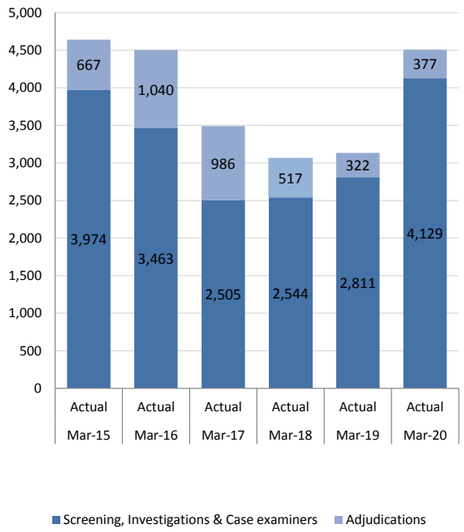
Long-term trend



FtP Performance Dashboard December 2020 - Draft

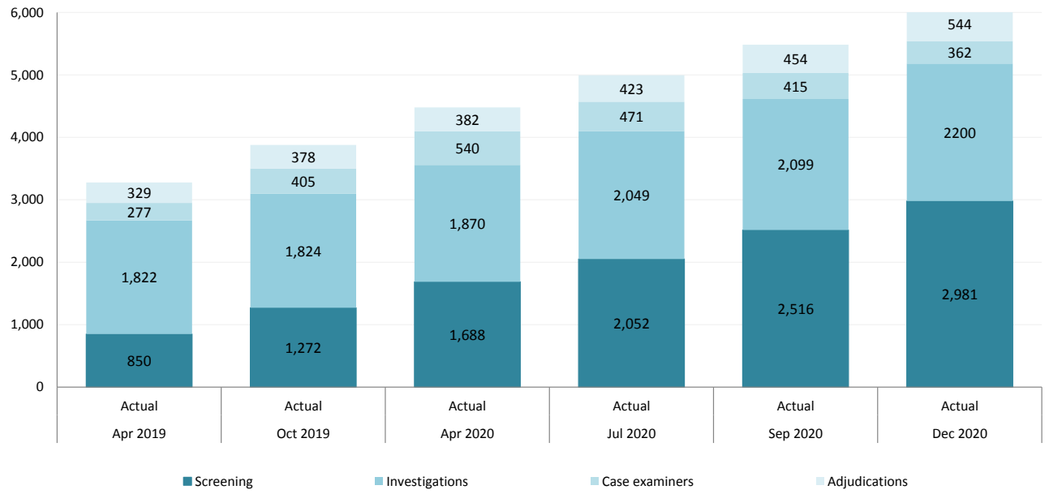
A1

Historic Caseload



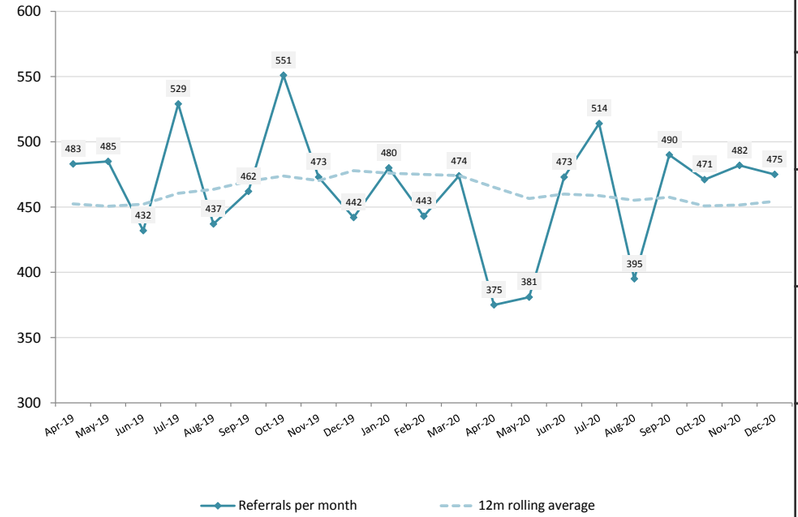
A2

FtP Caseload



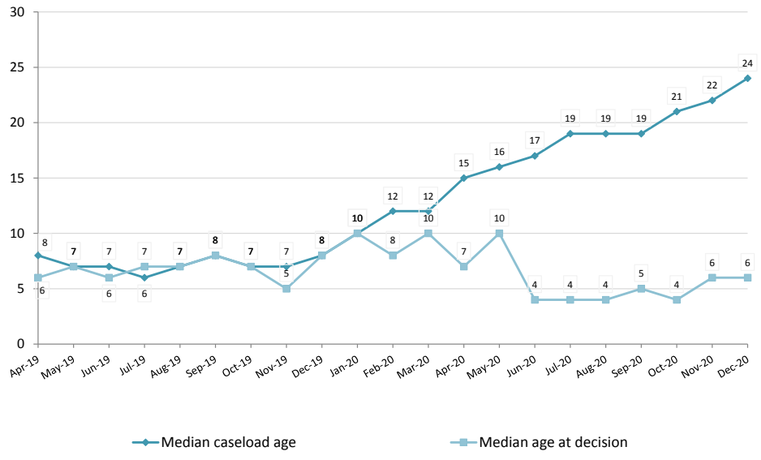
A3

New Referrals



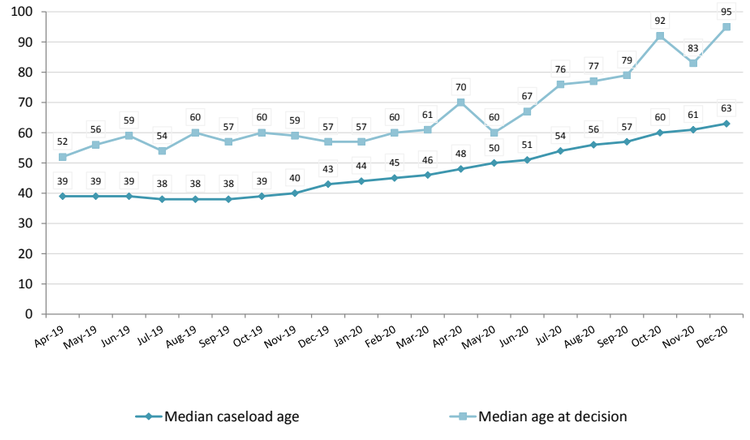
B1

Median age at Screening



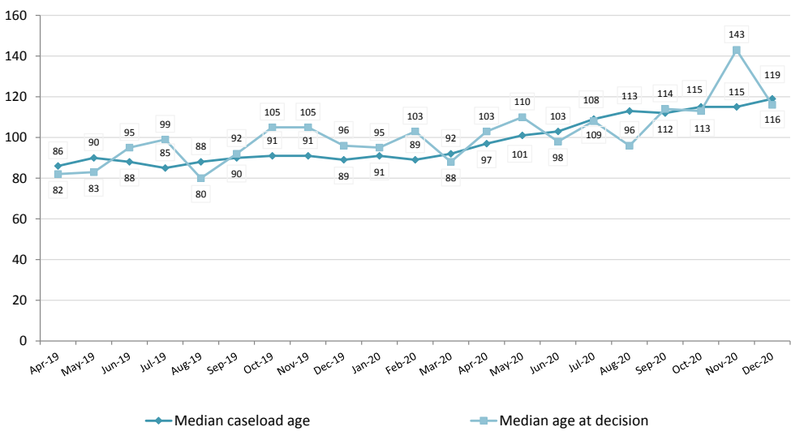
B2

Median age at Investigations and Case Examiners



B3

Median age at Adjudications



Caseload Movement Summary

Opening caseload 5,930	475 cases received	318 cases closed	6,087 Closing caseload

Corporate risk exposure

Context:

1 The Executive Board is responsible for ensuring that corporate risks are identified and evaluated, that appropriate measures are put in place to mitigate risk, and that progress is monitored and reported on.

2 The corporate risk register is our main assurance document which captures in our corporate risks and their mitigations and controls.

3 The Executive Board last reviewed the corporate risk register and the risk exposure report on 12 January 2021. The risk exposure report highlights the key issues impacting each corporate risk right now.

4 The corporate risk register will next be provided to the Council at quarter four.

Discussion: **Corporate risk exposure**

5 There are five red risks that we continue to monitor on our corporate risk register. These are:

- Exit and recovery from Covid-19 (EXT20/02)
- Replacing legacy ICT (INF18/02)
- People (PEO18/01)

Two risks related to restoring fitness to practise caseload:

- Failure to take appropriate action to address a regulatory concern (REG18/02)
- Failure to meet external expectations affecting stakeholders' trust in our ability to regulate (EXP18/01).

6 Detailed issues at quarter three are:

Increasing ⬆ Reducing ⬇
No change ⬌

Corporate risk (2020-2021)	Current Risk Assessment Score			Risk exposure considerations at January 2021	Discussion points / actions
	L	I	I X L		
REG18/02 Risk that we fail to take appropriate action to address a regulatory concern	4	5	20 ⬌	COVID 19: • There is a new strain of coronavirus, which is more transmissible. Increased restrictions are now in place across the UK with new lockdowns in all four countries. This affects our ability to conduct physical hearings for fitness to practise cases, and may affect our stakeholders' availability to be involved in fitness to practise casework. • At the time of writing, there are no plans to pause fitness to practise casework. We will continue to take account of coronavirus within the context of fitness to practise referrals. • Government guidelines allow us to continue physical hearings as our buildings are compliant with COVID safety regulations. The majority of hearings which were planned for January 2021 will take place virtually. We have a small number of high profile hearings scheduled for February 2021 that may need to take place face to face. We are reviewing how best to conduct these. Where a physical hearing needs to happen, we will attempt to take a blended approach to enable participants to join remotely where feasible. • The changing landscape of the pandemic continues to put pressure on our resources as we continually monitor, review and adapt to the latest advice. • The pandemic continues to affect our fitness to practise caseload, with the total case numbers still rising. Fitness to practise caseload: • The high fitness to practise caseload is likely to result in delays to fitness to practise outcomes, which could have a negative impact on those involved. We do not believe there is an increased risk of taking incorrect decisions because of the high volume of cases, but there is potential for operational capacity pressures and delays whilst we implement plans to clear the backlog. We are mitigating this through our fitness to practise casework restoration programme. • Continued social distancing means that the number of physical hearings for 2020-2021 will be significantly reduced. We are mitigating this through virtual hearings, our fitness to practise casework restoration programme and regular monitoring. Other: • We use intelligence data to identify, monitor and take action on high-risk regulatory concerns.	**Actions:** **In place:** • The hearings team are reviewing our schedule of hearings and moving as many as possible to virtual hearings. We are doing this on a case-by-case basis and using the additional criteria which we have developed to assess the suitability for a hearing to happen virtually. • We will continue to monitor the situation over the coming months and take a blended approach where appropriate. • We continue to engage with and risk assess the implications for NMC colleagues attending offices to support physical hearings. **Pending**: Detailed planning regarding our fitness to practise casework restoration programme is happening. Decisions regarding the pace of recovery, investment costs and major milestones for 2021-2022 will happen by quarter one. Recruitment has begun for additional posts to tackle immediate pressures to stabilise the caseload.

Corporate risk (2020-2021)	Current Risk Assessment Score			Risk exposure considerations at January 2021	Discussion points / actions
	L	I	I X L		
INF18/02 Risk that ICT failure impedes our ability to deliver effective and robust services for stakeholders or value for money	4	5	20 ⟷	• The 'plan and analyse' phase for our modernisation of technology services programme (MOTS) is now complete - we will review the next phase business case and update this corporate risk accordingly. • We have started recruitment of a senior product owner for MOTS. • Work to procure a managed IT service provider is on track for April 2021. • Further investment in information and communications technology (ICT) is a priority area for 2021–2022.	**Pending actions**: The Council will consider the business case for the next phase of the MOTS at the Confidential Council meeting in January 2021. We will update this corporate risk (as required) following this. We are reviewing proposals for further investment in ICT as part of business planning. We expect confirmation of key priorities and investment costs by March 2021 (as part of annual business planning).
EXT20/02 Risk that coronavirus (Covid-19) means that we are unable to effectively regulate our professions or protect the public or protect NMC colleagues	4	4	16 ⟷	**Considerations:** • Coronavirus is spreading fast amongst the UK population because of the new strain. This means that there are higher numbers of people infected, which is putting pressure on the capacity of health and social services. • Increased restrictions are in place across the four countries of the UK – there are new national lockdowns with stricter rules (stay at home orders) which are likely to last into February 2021. • As the pandemic continues to intensify, there are pressures to provide greater flexibility within our regulation to ease the pressures on the UK workforce. In particular extending the temporary register and providing flexibility in our education standards. We have expanded the temporary register to allow new groups to join and reintroduced our emergency education standards for third year nursing students. • The national vaccination programme has begun. There is pressure to expand the workforce to support the roll out of the vaccine and to mitigate the pressures on health and social care services. • More people are ill or affected by the consequences of coronavirus. This means reduced capacity, pressure on services and a reduced wellbeing of our colleagues. For the wider sector, this will increase pressure on services with higher sickness absence, more people having to isolate, deaths and potential burnout. • School closures are in place until February, which means that parents have increased caring duties affecting their capacity to work. • Government guidelines allow our objective structured clinical examination (OSCE) test centres to remain open and universities have confirmed that they will continue to operate. We will not close OSCE test centres and will run physical hearings as described above whilst government guidelines permit this. We continue to keep this under review. • Risks remain regarding the cumulative impact of the pandemic on our fitness to practise service. Specifically our ability to progress fitness to practise cases, our stakeholders' having the capacity to engage with us on regulatory issues, and our ability to hold hearings.	**Completed actions:** • We have expanded the temporary register to include applications from registrants who have lapsed between March and November 2020 and overseas-trained nurses. • We have reintroduced our emergency education standards with two additional emergency standards relating to first year nursing and midwifery students and supervision and assessment in practice. • We continue to engage closely with Chief Nursing Officers and sector stakeholders about workforce capacity and deployment from the temporary register. • We re-issued a joint statement on 13 January 2021 with statutory regulators of health and social care professionals regarding how we will regulate during the pandemic (taking content into account for fitness to practise cases and issuing specific guidance for professionals). • We have issued guidance about vaccination on our website (for registrants receiving and administering the vaccine). Professionals are referred to the Code for guidance. • Those involved in the vaccination programme will be educated, trained and supervised to administer the vaccines in line with the national protocol and as part of their practice learning experience, which is in line with our standards for education.

Corporate risk (2020-2021)	Current Risk Assessment Score			Risk exposure considerations at January 2021	Discussion points / actions
	L	I	I X L		
				Although we are mitigating this, the caseload has continued to grow and is likely to lead to delays for those affected by fitness to practise cases. We are mitigating this through the fitness to practise casework restoration programme. • Managing the rapidly changing landscape of the pandemic continues to put pressure on us to take immediate action - externally to support the national health and social care response (such as further expansion of the temporary register), and internally to support NMC colleagues. **Mitigations:** • We manage the rapidly changing picture through a weekly cycle of Executive Board meetings so that decisions can be taken at pace. The Executive are supported by silver command, a team of senior leaders who meet weekly and who can be convened at any time to implement key decisions. • We have expanded the criteria for who can join our temporary register. This is supported by regular stakeholder engagement regarding deployment from the temporary register. • We continue our close collaboration with key sector leaders (such as CNOs) who we consult with on key decisions, and work together to collectively understand the pressures on the UK workforce and wider health and care sector. • Our offices and hearing spaces remain COVID secure and in line with governance guidelines. We have enhanced personal protective equipment where needed. • We have a low number of NMC colleagues attending our offices and hearing spaces (only those supporting face-to-face services and those who cannot work effectively at home). Colleagues who are required to work on site have had a full risk assessments and HR provide regular support. All shielding colleagues are currently working from home. • We complete further risk assessments as required and are contacting people regarding any changes to scheduled hearings. • We continue to communicate regularly with NMC colleagues to provide support about working at home effectively, the impact of restrictions on our services, and to share our latest position about how long we expect colleagues to work at home (aligned with government guidelines). We continue to make plans to return colleagues in the medium to long term. • Remote recruitment and induction are in place.	• We released a statement about "What do the latest Covid-19 restrictions mean for the NMC?" confirming fitness to practise casework and OSCE testing will continue. • We have contacted NMC colleagues working in OSCE centres ensure that they have the right support. • We have issued advice to managers about supporting colleagues with extra caring duties whilst schools remain closed (including flexing hours, using paid leave and accessing unpaid leave). We are also supporting colleagues to access key worker school places where appropriate. • We have briefed managers about how best to support NMC colleagues, including having discussions regarding wellbeing. • We have re-prioritised workload as required, and keep this under continual review.

Corporate risk (2020-2021)	Current Risk Assessment Score			Risk exposure considerations at January 2021	Discussion points / actions
	L	I	I X L		
EXP18/01 Risk that we fail to meet external expectations affecting stakeholders' trust in our ability to regulate	4	4	16 ⟷	• We are experiencing additional workload within engagement and communications to manage coronavirus. Pressures are reviewed at Executive Board (where appropriate) to ensure that we are balancing demands on stakeholders as well as demands on internal colleagues. • There is potential for increased dissatisfaction and complaints due to delays in fitness to practise outcomes because of the high caseload. We will mitigate this through the fitness to practise restoration programme, external communications and local resource planning. • There is a risk of diverging stakeholder views during the co-production of standards (e.g. post registration standards development). We manage this through working groups and consultations. • There is pressure to respond proactively to high profile reports and reviews (such as the Oaklandon review of maternity services or the Elizabeth Dixon report during Q3). We manage this through sector monitoring and planning. We use intelligence to identify, monitor and take action on high-risk regulatory concerns. • There is a risk of competing demands on stakeholders to engage, consult with and co-produce with us (with some particular pressure points for Q4 (Jan – Mar 2021)). We will mitigate this with the Executive Board to balance and prioritise competing demands.	**Actions in place:** Corporate performance reporting for Executive Board includes a new 1-page overview of planned external communications activity for the quarter ahead. This provides an opportunity to review competing demands (in place from January 2021). **Pending actions:** Detailed planning regarding our fitness to practise casework restoration programme is happening. Decisions regarding the pace of recovery, investment costs and major milestones for 2021-2022 will happen in quarter 4. Recruitment has begun for additional posts to begin tackling immediate pressures and we are considering additional investment to manage dissatisfaction in the short to medium term.
PEO18/01 Risk that we fail to recruit and retain an adequately skilled and engaged workforce	4	4	16 ⟷	COVID-19: • The new strain of coronavirus is spreading across the UK population. This means that it is highly likely that we will experience reduced capacity because of NMC colleagues becoming ill, having to self-isolate, managing additional caring responsibilities and dealing with personal losses. • We are aware that the wellbeing and morale of colleagues may be affected. We have already implemented a range of interventions to support colleagues and will keep this under review (for example, the Employee Assistance Programme, line manager support, mental health first aiders, Thrive wellbeing app). • There are a significant number of additional demands on the HR team to support colleagues and provide targeted advice to managers. We continue to keep workload under review and will re-prioritise as required. • We continue to review the impact of working from home on colleagues. • We continue to provide regular targeted communications to NMC colleagues. Other: • We have experienced increased sickness for various reasons in some key areas of the organisation which is putting pressure on capacity. We are mitigating this on a case by case basis where pressure exists.	See risk EXT20/02 regarding coronavirus. **Pending actions**: HR will review proposed workforce plans (including scheduling recruitment).

Corporate risk (2020-2021)	Current Risk Assessment Score			Risk exposure considerations at January 2021	Discussion points / actions
	L	I	I X L		
				• There is large demand on our resourcing team to recruit more people for fitness to practise casework restoration. • Interim arrangements in place for the NMC chair whilst we recruit a new chair. This follows the departure of Philip Graf in December 2020. • Annual business planning will review workforce needs and recruitment scheduling.	
REG18/01 Risk that we fail to maintain an accurate register of people who meet our standards	3	5	15 ⟷	• There are no plans to close OCSE testing or stop fitness to practise casework. • We have expanded who can join the temporary register with appropriate conditions to ensure standards. • We will continue to monitor deployment from the temporary register and closely work with Chief Nursing Officers and other sector stakeholders to support the workforce.	No additional actions required to those in place
STR20/02 Risk that we fail to develop a strategy for 2020-25 which is achievable and underpinned by appropriate implementation plans	3	4	12 ⟷	• We need to ensure that our plans for next year and the remainder of our strategy are affordable and achievable. There are pressures within our plans, which we need to resolve over the coming months. We will mitigate this through the next stage of planning and prioritisation with senior leaders during January and February 2021. We will present our initial results from planning to the Council in the Seminar meeting in January 2021. • Investment in fitness to practise casework restoration and infrastructure may mean that we need to scale back our 2025 ambitions. We will undertake an analysis of our options to ensure that we understand the full impact of any choices we make.	**Pending actions**: Analysis to understand the strategic impact of plans for 2021-2022 on the wider strategy.

Corporate risk (2020-2021)	Current Risk Assessment Score			Risk exposure considerations at January 2021	Discussion points / actions
	L	I	I X L		
FIN20/01 Risk of short term capital loss in stock market investments due to volatility within the market or that we invest in companies that don't align with our values	3	3	9 ⟷	(Last discussed by the Investment Committee 23 October 2020) Key areas of risk are: • That we fail to achieve the targeted total net return of CPI plus 3% over the long term if investments lose value due to a downturn in the stock market (e.g. economic crash, competition within the market, mismanagement, and financial insolvency) • There is a short term capital loss beyond our risk appetite (as set out in the investment policy) of a 20% fall (c£6m) due to stock market investment value on any given anniversary as a result of volatility within the market (e.g. economic crash, Covid-19 impacts, mismanagement • The is reduced trust in NMC due to poor returns on investment and/or failure to comply with our ethical investment policy or with legal or Charity Commission constraints We monitored investment via our corporate financial management report and through our fund management company Sarasin's.	**Completed actions:** We have updated the corporate risk register to reflect Investment Committee's discussion (adding causations and mitigations). **Assurance if our investments fluctuate**: Our fund management company provides monthly monitoring reports regarding our investment fund performance. They also provide alerts to the Assistant Director of Finance and Audit and Executive Director of Resources and Technology Services if funds fluctuate significantly. If funds fluctuate 10 per cent or more the Chair of the investment committee and Chief Executive and Registrar would be alerted.
EXT18/01 Risk that we may lack the right capacity and capability to influence and respond to changes in the external environment	3	3	9 ⟷	• We have implemented the immediate operational implications of Brexit for EU applicants now that the transition period has ended (31 December 2020). • Some uncertainty regarding the timing for regulatory reform remains. We are managing this through our Regulatory Reform programme. However, there are significant opportunities we can gain from this work. • Consultation into the future use of emergency powers closes on 15 January 2021. • We continue to respond to investigations into the safety of a number of maternity units.	**In place**: In the previous quarter: • We issued a statement on our website to reassure potential EU applicants that our processes remain open to them with some changes to the process. For those already on our register we confirmed that there is no change to their status. • We also contacted overseas applicants who have started their application advising them if they wanted to process their application under the previous EU process that they needed to start their application and pay their assessment fee before 31 December 2020.
COM18/02 Risk that we fail to comply with legal or compliance requirements	3	3	9 ⟷	No new issues to report to EB / Council	No additional actions required to those in place

Corporate risk (2020-2021)	Current Risk Assessment Score			Risk exposure considerations at January 2021	Discussion points / actions
	L	I	I X L		
REG19/03 Failure to ensure that educational standards are fit for purpose (including processes to ensure compliance with standards are being met)	2	4	8 ⟷	COVID: • As the pandemic continues, pressure remains to provide flexibility within our education standards. On 14 January we reintroduced our emergency education standards which enable final year nursing students to opt-in to support the response to the Covid-19 pandemic, via extended clinical placement. We also introduced two additional emergency standards relating to first year nursing and midwifery students and supervision and assessment in practice. This follows feedback from the health and care service and education providers. The emergency standards will enable the following: 1. **For nursing students in their final year**: Where these standards are adopted locally, students can opt in to a paid clinical placement while the standards are in place. Universities will need to work with students to make sure they've met all necessary requirements and learning outcomes to join the NMC register. 2. **For nursing and midwifery students in their first year**: While the preference is for first year students to continue with their practice placements, this may not be possible in some regions of the UK. The NMC has therefore reinstated the emergency standard which enables first year nursing and midwifery students to focus on academic and online learning rather than participating in clinical placements while the system is under pressure due to the pandemic. 3. **For all other undergraduate nursing and midwifery students and post-graduate diploma/masters students**: This group will continue with their studies as planned and the emergency education standards allowing extended clinical placements will not apply to these programmes. These students on placements will continue to have supernumerary status. As a UK regulator, these emergency standards are available to use in each country but are not mandatory for any individual country, region, institution or student. Brexit: • Implications remain regarding the removal of the EU directive because of Brexit. Specifically, whether education and approved education institutions (AEIs) can implement changes in time for the 2021 intake. We are mitigating this through targeted work on education standards as part of our regulatory reform programme.	**Completed actions:** • We have reintroduced our emergency education standards with two additional emergency standards relating to first year nursing and midwifery students and supervision and assessment in practice. **Pending actions**: we will continue to progress work regarding the recognition of professional qualifications now that the EU directive is no longer applicable

Risk Escalations from directorates, Corporate Change and PMO, Corporate risk and performance team	None
Proposed new corporate risks	None

Council

Post registration standards update

Action: For decision.

Issue: The purpose of this paper is to provide an update on the post registration standards review, and request permission to proceed to public consultation.

Core regulatory function: Professional Practice.

Strategic priority: Strategic aim 1: Improvement and innovation
Strategic aim 2: Proactive support for our professions
Strategic aim 4: Engaging and empowering the public, professionals and partners.

Decision required: The Council is recommended to: agree to undertake public consultation on

- the draft Specialist Community Public Health Nursing (SCPHN) standards of proficiency (paragraph 27.1);
- the draft community nursing Specialist Practice Qualification (SPQ) standards of proficiency (paragraph 27.2); and
- the draft standards for post registration programmes (paragraph 27.3).

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 Throughout 2020, the Council has received regular updates on the progress of the work to review our post registration standards. The resulting input and guidance has enabled us to progress this final phase of our education change programme, which began in 2016.

2 The focus of this work has been the co-production of ambitious new outcome focused post registration standards for Specialist Community Public Health Nursing (SCPHN) and Specialist Practice Qualification (SPQ) annotations. This work has been designed to form a bridge to our 2020-2025 strategy's commitment to explore whether regulation of advanced practice is needed.

3 This purpose of this paper is to update the Council on the development of the draft standards, to present the recommendations reached by the Post Registration Steering Group (PRSSG) at its meeting on 8 and 9 December 2020. The Executive concurs with the Group's position and now seeks Council approval to consult on the draft post registration standards.

Four country factors:

4 Our current SCPHN and SPQ standards apply UK wide. Four nation representation at all levels of the project has been secured to support the co-production of new standards. This includes four country representation on the PRSSG and across all other engagement activity and standards discussion groups.

5 Our draft standards have been informed by the four UK countries public health, primary and community nursing strategy and policy positions.

6 The four UK Chief Nursing Officers (CNOs) are closely connected to this work and recognise the need for work to be done now on these post registration standards as a bridge to any future work on advanced practice.

Discussion

Update on the development of SCPHN standards of proficiency

7 From the outset of this project and in agreement with the PRSSG we have committed to co-produce new draft standards of proficiency for health visiting (HV), school nursing (SN) and occupational health nursing (OH) fields of SCPHN practice.

8 This work has been led by independent chairs for HV, OHN and SN, together with key groups of external stakeholders, who have actively participated in shaping the new draft SCPHN proficiency standards.

9 These draft proficiencies specify the knowledge, skills and behaviours that registered nurses and midwives require to support and care for people, communities and populations across the life course in specialist community public health nursing roles. They reflect what the public can expect HVs, OHNs and SNs to know and be able to do in order to lead, collaborate and promote health and wellbeing, and to protect and prevent ill health of people, communities and populations.

9.1 The draft standards consist of:

9.2 **Core standards of proficiency** that apply to **all** fields of SCPHN practice – health visitors, occupational health nurses and school nurses, and are grouped under six spheres and;

9.3 **SCPHN field specific standards of proficiency** that apply to **each of the following** fields of SCPHN practice: health visitors, occupational health nurses and school nurses, and are grouped under four of the six spheres

10 Throughout our pre-consultation engagement there has largely been consensus in relation to the direction of travel and the proposed format, structure and content for the draft standards of proficiency.

11 There is no consensus on the issue of prescribing, and whether or not an independent/ supplementary prescribing qualification (V300) should be included within all SCPHN programmes. We therefore intend to consult on whether all SCPHN post-registration programmes should have a prescribing module built into them.

12 The PRSSG discussed the draft SCPHN standards at their December 2020 meetings on 8 and 9 December and recommended to proceed to public consultation. The Executive concurs with this position and recommends that we progress to public consultation to enable wider discussion and engagement to take place on the draft standards.

Update on SPQ core standards of proficiency

13 At the start of the project, the PRSSG was unable to reach consensus on whether we should develop standards for any new community SPQ's. Council previously discussed and agreed that we should scope out the content for a 'single' new community SPQ to determine whether regulation is justified.

14 We appointed an independent chair for SPQ standards development and convened subject matter experts to consider the direction of travel for a new community nursing SPQ and co-produce new draft standards.

15 The draft standards set out to build on the structure and format of the Future Nurse standards of proficiency. The rationale for this was to allow a direct comparison between pre-registration nursing proficiencies and those proposed at post registration level, to demonstrate a higher level of knowledge and skills.

16 Our stated aim at the outset was to identify standards that are core to all fields of community nursing SPQ practice, and to incorporate any bespoke standards for individual fields of community nursing practice.

17 Over the course of our pre-consultation engagement, very few field specific standards have been identified by stakeholders that are bespoke, with the proposed content of the high level regulatory standards being considered by stakeholders to be relevant to all fields of community nursing practice. However, it was emphasised that for different fields, there was a need to ensure that there is a bespoke approach toward the way standards are taught, applied and contextualised.

18 Following extensive pre-consultation engagement it became apparent that there were concerns in relation to the perceived loss of the field specific SPQ annotations. This led to a new proposal to the PRSSG.

19 At meetings on 8 and 9 December 2020, the PRSSG took time to discuss the new SPQ proposal, which was to retain all of the existing annotations and the addition of one more annotation of community specialist practitioner with no field of practice specified. This new proposal intends to accommodate the range of roles in health and social care in the community which exist now, and others which may be developed in the future.

20 Several members of PRSSG continue to seek clarity on the new proposed SPQ qualification. In particular concerns were expressed by the Royal College of Nursing (RCN), The Queen's Nursing Institute (QNI) and Community Practitioners and Health Visitors Association (CPHVA) about whether one set of standards can be applied to the different fields of community nursing SPQ practice, and also concerns about the purpose of the proposed new community SPQ with no field of practice specified and how this might work in practice.

21 The independent Chair of PRSSG, Dr David Foster OBE, sought and obtained a position of all the PRSSG membership regarding their recommendation on readiness for public consultation. Notwithstanding some remaining concerns about the timing of the consultation, the majority view was to recommend to proceed and we concur with this position. Proceeding to public consultation will enable wider discussion and engagement to take place on the draft standards.

Update on the development of draft standards for post registration programmes

22 The programme standards are those standards which specify to education providers how specific programmes should be taught. An independent chair was appointed and a group convened to consider post registration programme standards for SCPHN and SPQ. The development of these programme standards will follow the same layout and format to our existing programme standards published in 2018 and 2019.

23 The intention is to present one post registration programme standards document that will include: common draft standards that apply to both SCPHN and SPQ programmes, bespoke draft standards that only apply to SCPHN programmes, and bespoke draft standards that only apply to SPQ programmes.

24 Overall and throughout our pre-consultation engagement the feedback and consensus on the direction of travel and the proposed format, structure and content for the draft programme standards has been generally positive. There is a desire from some stakeholders to incorporate more input/process standards, for example, specifying programme length, and the duration of a period of consolidated practice for SPQs.

25 This is not in keeping with our design principles, which commit us to being outcome focused, to allow education providers and their practice learning partners to be flexible, creative and innovative when developing curricula that meet our standards. However we have committed to testing these alternative views as part of the consultation process.

26 The PRSSG discussed the draft programme standards at its December 2020 meetings and recommended to proceed to public consultation. The Executive concurs with the PRSSG's position as this will enable wider discussion and engagement to take place on these draft programme standards.

Recommendation

27 **The Council is recommended to: agree to undertake public consultation on:**

27.1 **the draft Specialist Community Public Health Nursing (SCPHN) standards of proficiency;**

27.2 **the draft community nursing Specialist Practice Qualification (SPQ) standards of proficiency; and**

27.3 **the draft standards for post registration programmes.**

Next Steps

28 Should Council agree to the recommendation to proceed to a full consultation we would finalise our consultation preparation for the launch date. This includes finalising the introductory consultation document, the consultation questions and support our appointed external consultation organisation, Pye Tait, in their preparations for hosting the consultation survey and planning for the qualitative focus groups and telephone interviews with members of the public.

29 In addition, PRSSG asked us to reflect further on the start date and duration of the public consultation in view of the ongoing challenges and priorities that our public and professional audiences and stakeholders are facing in the early months of 2021.

30 Originally we had planned to launch the consultation in early February 2021. Instead and in view of recent pressures on health and care sectors, its workforce and on increasing government pandemic restrictions we are proposing that the consultation is delayed until 9 March 2021 at the earliest with the possibility of extending the consultation period from 12 weeks to 16 weeks.

31 The PRSSG were supportive of the prospect of extending the consultation to 16 weeks. They reiterated the pressures that community and primary health and care services were facing now and throughout the winter months. We confirmed that any decision on the timing of the consultation launch would take the impact of the ongoing pandemic into account.

32 Depending on the date of the consultation launch we will consider whether a 12 weeks or 16 weeks consultation is needed. We are keeping this under review and will update Council on the timing of the launch date and the related decision on the duration of this important consultation in due course.

33 It is also important for the Council to note that the Department of Health and Social Care (DHSC) may launch its public consultation on regulatory reform early in 2021. The date for this consultation has yet to be confirmed and may also be subject to delays. There is a risk that the consultations will overlap and the roll out and outcome of the DHSC regulatory reform consultation may have an impact on our post registration work. We are building this aspect into our communication and engagement plans and will monitor carefully, and report any impacts as part of our consultation midpoint update to the Council.

Midwifery implications:

34 Midwives are eligible to undertake programmes that lead to proficiency and registration on the SCPHN part of the register.

35 Several members of the PRSSG are midwives, including the independent chair and the CEO of the Royal College of Midwives (RCM) and have contributed to the discussion and recommendation.

Public protection implications:

36 It is important that our role in regulation beyond initial registration takes account of the future public health requirements of individuals and populations and the increasingly complex needs of people across the changing landscape of health and care delivery.

37 Our existing post registration standards are out of date therefore it is necessary to proceed to a full public consultation in order to be in a position to complete this important and ambitious work. The outputs of the public consultation and the independent analysis of the consultation findings will enable further refinement to all three sets of post registration standards that will enhance public protection and clarify the benefits to the public through new and updated standards.

38 To justify regulation of post registration community SPQ standards they must align with our overarching objective of public protection. We must identify new draft standards that clearly articulate higher knowledge and skill that surpass pre registration for SCPHN practice and the fields of community nursing practice that we currently annotate and for new and emerging roles we see in the community today.

Resource implications:

39 The independent consultation activity and user testing will be carried out by the two appointed independent research companies.

40 The cost of reviewing our existing post registration standards are covered by the education programme budget that has been agreed.

Equality diversity and inclusion implications:

41 Understanding the wider determinants of health and tackling health inequalities wherever they may occur within communities and populations are integral to both SCPHN and SPQ practice and we have taken every opportunity to directly express the knowledge, skills and attributes that these professionals will need to achieve.

42 In keeping with previously published education and training standards the draft post registration programme standards emphasise the need for inclusive approaches for those nurses and midwives seeking to undertake SCPHN and SPQ programmes.

43 Our equality impact assessment document is a live document and is reviewed and updated regularly to guide the project deliverables in ensuring that our commitment to equality, diversity and inclusion is embedded into all aspects of this project including consultation planning.

Stakeholder engagement:

44 The Council previously received (2 December 2020) an overview of the extensive pre consultation campaign of virtual external engagement including the reports we have published on activity and themes arising from the pre consultation engagement.

45 We have written to PRSSG, the independent Chairs and their standards discussion groups and the wider post registration community of interest to update them on the outcome of the December PRSSG meetings. We have committed to updating them following the 27 January 2021 Council meeting.

46 Should the Council agree to the recommendation, we will finalise the communication and engagement plan for the consultation period.

Risk implications:

47 There is a risk that our decisions on the future of our existing standards do not meet the needs of all four nations and this will lead to an increase in divergence in how our standards are utilised. This continues to be mitigated by ensuring ongoing dialogue engagement and participation with the four country Chief Nursing Officers and regional leads together with the dynamic co-production ways of working within the PRSSG and standards discussion groups.

48 There a risk that the continuing pandemic and roll out of the national vaccine programme may impact on the milestones and timeline for the project. This risk and the mitigation has been in place throughout the pandemic and is being closely monitored. We will work with our stakeholders on any changes to the project's delivery and will be guided by expert public health advice, while having regard to the health and wellbeing of our professions involved in this project and those of our staff.

Legal implications:

49 The SCPHN part of the register is for registered nurses or midwives with an additional qualification as a health visitor (RHV), school nurse (RSN), occupational health nurse (ROHN) and family health nurse (RFHN). Legislative change would be required to amend the parts of the NMC's register or the protected title, if this was deemed necessary.

50 SPQs are recordable qualifications that meet our standards but do not lead to admission to a part of the register. They indicate a qualification or competence in a particular field or level of practice. We may establish standards of education and training for recordable qualifications and may approve a programme of education or qualification, but are not required to set standards or approve programmes or qualifications.

51 In developing standards we have to act within a set of public law principles and must fulfil our Public Sector Equality Duty under the Equality Act 2010 and relevant legislation in Northern Ireland.

52 In all circumstances the NMC must act fairly and reasonably in the discharge of its functions and powers. This includes a duty to engage and consult widely when reviewing or amending our standards (Articles 3(5) and 3(14). We also have a duty to act fairly and reasonably and includes, but is not limited to, an obligation to give those affected by any proposed change an opportunity to consider, and make submissions on the change.

Nursing & Midwifery Council

Council

Risk management framework

Action: For decision.

Issue: Provides the draft corporate risk management framework for approval by the Council.

Core regulatory function: All regulatory functions.

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

Decision required: The Council is asked, subject to any comments, to approve the revised risk management framework as summarised at annexe 1 (paragraph 19).

Annexes: The following annexe is attached to this paper:

- Annexe 1: Draft Risk Management Framework (summary framework).

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 is responsible for approving the risk management framework and setting the risk appetite. Approval of the risk management framework is reserved to Council under the Scheme of Delegation (paragraph 3.11).

2 We use risk management to help us understand, evaluate and take proactive action on potential risks. This helps to increase the probability of success and reduce the likelihood of failure when delivering our strategy and corporate plan.

3 Risk management provides a consistent framework of evaluation, monitoring and continuous improvement to help us safeguard against things going wrong.

4 We should not view risk management as a barrier to delivering our services or our strategy for 2020-2025. It is a tool for success which facilitates evidence-based decision making, prioritisation and resource allocation.

5 As part of our risk management improvement work which we started in 2019, we have updated the framework and provided some additional tools for colleagues.

6 This paper presents a summary of the risk management framework for agreement by the Council. This summary is aimed at all NMC colleagues providing a simple overview of our risk management process and sign posting to our detailed risk management framework.

7 A detailed framework accompanies this summary, and is intended for colleagues with specific responsibilities for managing risk. The risk framework provides a single point of reference for all our risk management procedures and technical advice to apply our procedures internally. The Council has been provided the full framework as background reading.

8 When developing the framework we consulted with a wide range of colleagues from across NMC to ensure the framework was accurate, practical and contained the key guidance to support effective risk management.

9 The detailed framework was reviewed by the Executive Board in September 2020 and by the Audit Committee in November 2020, who were content to recommend this to the Council but asked that it be provided in a more accessible format.

Four country factors:

10 Not applicable for this paper.

Discussion:

11 Our risk management framework was last updated 2016.

12 We have updated our framework so that it aligns better with our strategy for 2020–2025 and our updated values and behaviours launched in March 2020.

13 The main principles and roles and responsibilities remain largely unchanged. In some areas we have provided more detail when compared to the 2016 version of the framework.

14 Our last internal audit of risk maturity in 2020 concluded that we can be reasonably assured that our risk management is effective. Many of the processes needed for good risk management are in use and working well. Therefore, improvements within this updated framework are aimed at further driving best practice and improving consistency rather than fixing major gaps.

15 Key changes of note are:

15.1 A description of how risk management contributes towards our values and behaviors.

15.2 A refreshed procedure and clear reporting requirements.

15.3 Detailed descriptions of roles and responsibilities which are aligned to our corporate decision making structure.

15.4 Updated scoring for likelihood and impact.

15.5 Clarity about how to escalate a risk.

15.6 An overview of how we manage corporate programme and project risks.

15.7 A tool for the Council and senior leaders to apply risk appetite.

15.8 A refreshed tone of voice.

16 Once approved, the updated framework completes an outstanding action from our 2020 risk maturity audit to update our framework.

17 We will implement this framework across NMC through internal communications, directorate briefings and corporately offered training.

18 We recognise that colleagues are likely to want to ‘dip into’ specific risk management topics rather than reading the framework in its entirety. To support this, we will provide a series of short ‘how to’ guides on specific topics (for example, how to write a risk register, how to escalate a risk, how to run a risk spotting workshop etc.) Development has begun and will be completed by May 2021.

19 **Recommendation: Subject to any comments, the Council is asked to approve the revised risk management framework as summarised at annexe 1.**

Midwifery implications:

19 This paper does not have any specific midwifery implications.

Public protection implications:

20 Public protection is a key driver of the risks identified. Risks being well managed is inherent to ensuring effective public protection.

Resource implications:

21 None. Risk management is a corporate requirement and is resourced from within core business budgets.

Equality diversity and inclusion implications:

22 None.

Stakeholder engagement:

23 None.

Risk implications:

24 Corporate risks are monitored using the corporate risk register, which is referred to within the draft framework at annexe 1 and within our full risk management framework referred to within this paper.

25 The main risk is our ability to implement the framework and educate colleagues so that they follow the correct procedures.

26 Key mitigations and assurances are:

26.1 Our last risk management maturity audit in April 2020 determined that our risk management processes are already adequate.

26.2 The principles within the framework are not fundamentally different from the previous version, meaning that much of the messaging should be familiar and does not require significant change. The majority of the required procedures are already in place and embedded (especially for corporate and directorate risk). The main gap is risk escalation which is mitigated through corporate oversight.

26.3 The corporate risk and performance team continue to provide oversight for corporate risk management, with targeted support and advice provided to the Executive Board and directorate management teams.

26.4 The corporate change and portfolio management team provide oversight of risks resulting from corporate change projects and programmes. Risk management processes are already embedded within our programme and project management frameworks, and programme and project boards review risk on a monthly basis.

26.5 Our risk education programme will offer regular corporate training from January 2021. We already provide bespoke training sessions for teams when requested, and will supplement this with corporate training on applying risk management.

26.6 When rolling out the new framework, we will carefully schedule any risk education so that it does not put additional pressures on front line services, who are already busy.

Legal implications:

27 Legal risk is covered on a corporate risk register. Our corporate risk framework is support by other statutory legal and compliance frameworks, for example data protection, freedom of information and health and safety, equality etc.

Nursing & Midwifery Council

Corporate Risk Framework – Summary

Version date	13 January 2020
Release date	TBC (expected February 2021)
Review date	February 2023 (review every two years)
Linked documents	This document should be updated when changes are made to the full version of the corporate risk framework
Owner	Corporate Risk and Performance team
Author(s)	Roberta Beaton, Head of Corporate Planning, Performance and Risk

1. Introduction

1.1. This is a summary version of our corporate risk management framework. This document is for all colleagues to give you an overview of how risk management works.

1.2. If you have a designated role within our risk management framework (such as a risk owner), please also review the full risk management framework and accompanying annexes and 'how to' guides.

2. How risk management supports our values

3. What is a risk?

3.1. A risk is something that if it happened, it would have a negative impact your objectives, services or projects you are working on. This in turn could affect how we carry out our role as a regulator and as a service provider. A risk is a possible hazard, threat or barrier, which has not happened yet.

3.2. Risks can also be positive and present an opportunity that we may wish to take.

3.3. Issues are different from risks because they are events, which have already happened and that we did not plan for. They need you to take immediate action to minimise the negative impact or to take the opportunity. They may be a risk that has happened on your risk register, or something that you did not foresee.

3.4. We should identify both risks and opportunities and manage them in a controlled and planned way.

Types of risk

3.5. Corporate risks are high impact risks, which could potentially affect our ability to regulate effectively or stop us successfully delivering our 2020-2025 strategy (often 'show-stoppers'). They are cross cutting and linked to our core services or strategy.

3.6. Directorate risks are significant risks that could potentially affect a directorate's ability to deliver their business plan. These are high impact risks, which affect functions or services within the directorate. They may be corporately significant as they are cross cutting, or limited to just that directorate.

3.7. Programme, project and team risks are risks related to a discrete piece of work or specific function.

4. What is a risk management?

4.1. Risk management is a process with set of tools and guidance that helps us to manage risks in a consistent way. We have a full framework you can reference for more information.

4.2. We use risk management to help us understand, evaluate and take proactive action to avoid, minimise or accept risks. The purpose is to increase the probability of success and reduce the likelihood of failure.

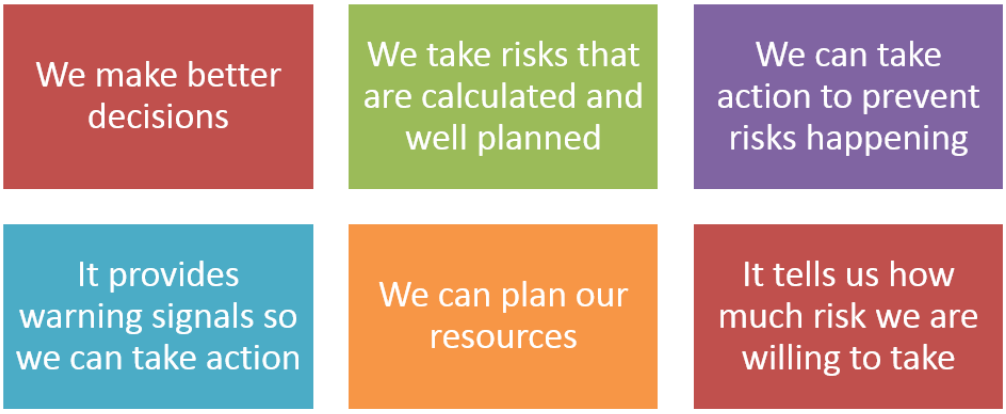
4.3. Risk management happens at every level of NMC; across operational teams and directorates', within projects and programmes, and within our corporate governance structure.

4.4. There is risk in everything that we do, whether we are delivering our regulatory duties, piloting new ways of working, or making significant changes to our infrastructure. Risk management helps us to manage these risks so that we have 'no' or 'very few surprises' when delivering our work. This helps us to focus on the most important activities and avoid wasting resources.

4.5. We should not see risk management as a barrier to delivery, but as a tool for success, which supports decision-making, prioritisation and resource allocation.

4.6. Risks that we take should be intentional and based on evidence to understand the potential opportunities, costs, and consequences or benefits for the public, registrants, people who use our services, partners, and our colleagues.

5. The benefits of risk management are:



6. Risk appetite

6.1. Risk appetite is the amount of risk we are willing to accept to achieve our objectives.

6.2. The Council sets our risk appetite against four broad categories of risk using risk appetite classifications. You can find these within our organisational risk appetite statement. Each risk on the corporate risk register has an agreed risk appetite, which helps everyone to know how much risk we are willing to take.

6.3. See section 7 of our risk management framework for more information.

7. Roles and responsibilities

7.1. Clear roles and responsibilities are the corner stone of our risk management framework.

All NMC colleagues

7.2. Everyone is responsible for taking due care to avoid unnecessary risk. We have a number of controls that help us to make sure that our processes are safe, compliant and provide a good customer service. Everyone is responsible for working within our standard operating procedures, organisational policies, and following guidance about how to do their work.

7.3. Please remain vigilant, and if you see a potential risk or opportunity then discuss this with your line manager.

Core roles and responsibilities

7.4. There are core roles in place for Council, the Executive Board, risk owners, senior leaders, and managers for risk management. People with core roles have responsibility for identifying, evaluating and managing risks (and opportunities) within their area of responsibility.

7.5. Core roles are:

Figure 1 Corporate roles and responsibilities

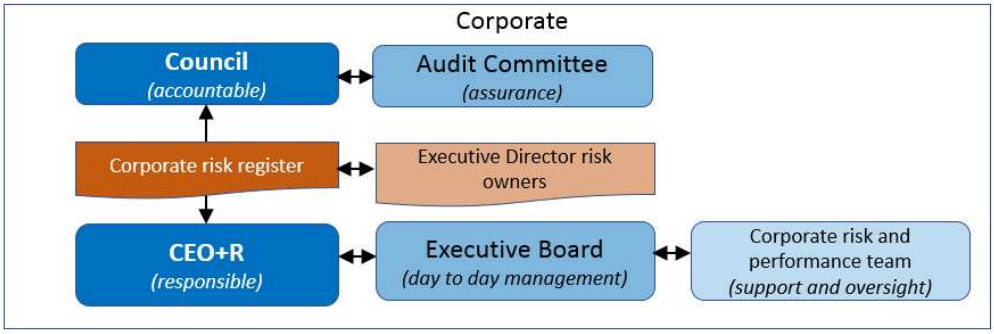
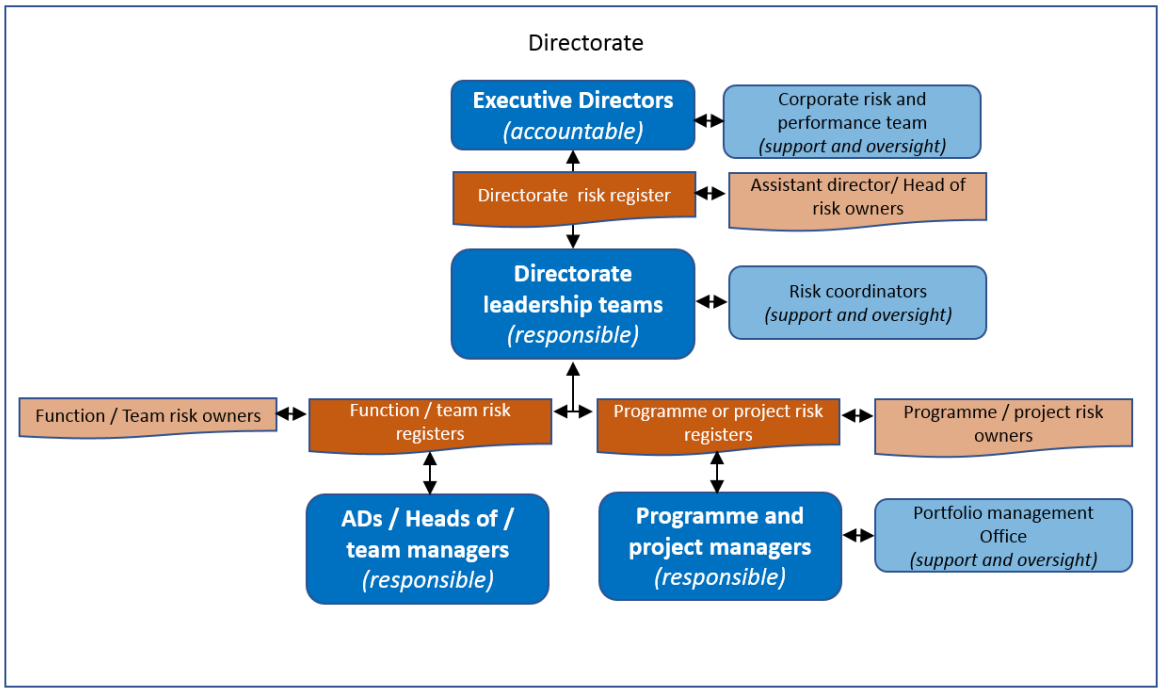


Figure 2 Directorate roles and responsibilities



7.6. There are risk owners at all levels. They are responsible for day-to-day management of an assigned risk, and understand why a risk is in place and what the key issues are. They make sure that a risk is being managed properly (i.e. it has the correct controls, mitigations, and resources in place) and that we monitor the risk to understand whether it is getting better, worse or is has stayed the same. They make sure mitigations happen but do not own all the mitigation themselves.

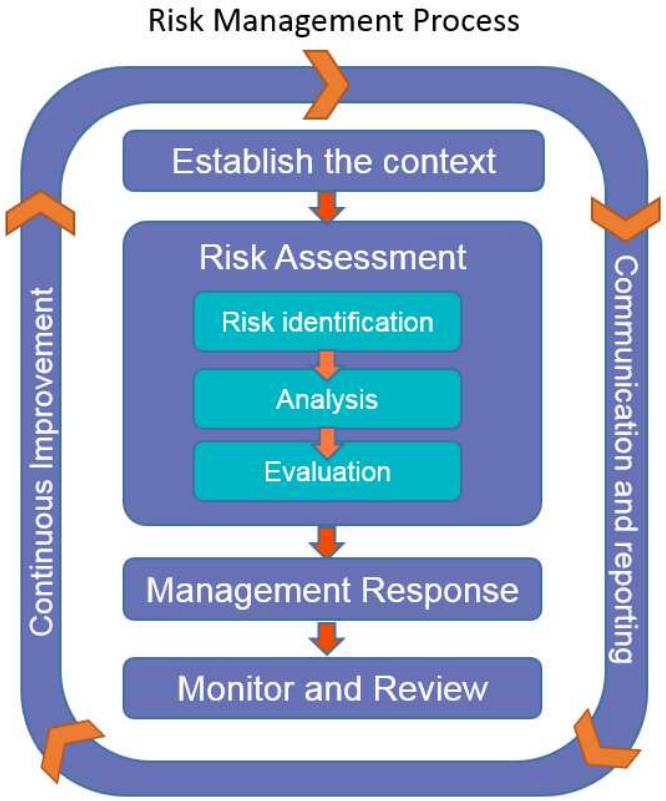
7.7. You can find detailed descriptions of our roles and responsibilities for risk management at annexe 1 of our risk management framework.

8. Risk management process

8.1. Our risk management process provides a simple approach to consider risk.

8.2. Risk management should happen on a regular basis. This is particularly important when you are planning your work, producing business cases, planning your projects and doing your annual business planning.

8.3. *Figure 3* Risk management process



- **Stage 1 Establish the context:** confirm your objectives and clarify key internal and external drivers.
- **Stage 2 Undertake a risk assessment**: consider whether there are potential risks or opportunities, which could affect you successfully delivering your objectives (identify, analysis, evaluation).
- **Stage 3 Management response**: decide what action you will take (mitigations, controls and contingency plans will you put in place). Record this on your register and assign risk owners.
- **Stage 4 Monitor and review**: put in place monitoring and regularly review your risk.
- **Stage 5 A continuous cycle of communication, reporting and improvement**: keep stakeholders informed through communication and reporting. Learn from risk events and near misses – use this to improve our processes

9. Risk escalation

9.1. We escalate significant or urgent risks to the next level of authority for consideration, evaluation or risk treatment (including allocating resources where required) when the risk level increases.

9.2. Risk escalation is an important tool to support risk owners with managing risks that may be getting worse. A risk owner will send a risk to the next level of authority so that they can make decisions about risk treatment and provide resources as required.

9.3. You can find more information about risk escalation within our risk management framework at section 10.

10. Risk governance and monitoring

10.1. We produce a number of risk governance and monitoring reports. You can find more details within our risk management framework at section 9.

10.2. **Core requirements are:**

- A corporate risk register (maintained by the corporate risk and performance team).
- A risk register for each directorate.
- A risk register for each corporate project and programme.
- Team or function risk registers (recommended).
- An annual assessment of risk management and internal control for each directorate.
- Comprehensive risk reviews when requested.

11. Support

- Corporate risk and performance team
- Corporate change and portfolio management office
- AD, Finance and Audit

Nursing & Midwifery Council

Council

Panel member appointments and reappointments

Action: For decision.

Issue: The Council is invited to consider panel member reappointments, appointments to hear registration appeals 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 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.(paragraph 5);
- 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 (paragraph 9);
- transfer two panel members between the Practice Committees as listed in Annexe 3 (paragraph 12) .

Annexes: The following annexes are attached to this paper:

- Annexe 1: Panel members to be reappointed for a second term of appointment;
- Annexe 2: Panel members to be appointed to hear registration appeals;
- 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 December 2020 meeting, the Appointments Board considered:

1.1 the reappointment of 52 panel members for a second four year term of appointment (47 Fitness to Practise Committee panel members and 5 Investigating Committee panel members);

1.2 the appointment of 55 candidates to hear registration appeals; and

1.3 the transfer of one panel member to the Investigating Committee and one to 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 52 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 52 individuals continued to meet the standards of the performance framework and should be recommended to the Council for reappointment for a second four year term.

5 **Recommendation: The Council is invited to accept the recommendation of the Appointments Board to reappoint the 52 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.**

Appointment to hear registration appeals

6 At its meeting in September 2020, the Board agreed to extend the remit of the Investigating Committee members to hear registration appeals and to consider the recommendation to Council of named individuals to hear registration appeals at its December 2020 meeting.

7 Following the September 2020 meeting, we contacted the Investigating Committee members and asked if they would be willing to hear registration appeals. 55 members (out of 63) confirmed they wanted to be considered.

8 At its December 2020 meeting the Board reviewed the performance data of the 55 members and concluded that they continued to meet the standards of the performance framework and should be recommended to the Council for appointment to hear registration appeals.

9 **Recommendation: The Council is invited to accept the recommendation of the Appointments Board to appoint the 55 panel members listed in Annexe 2 to hear registration appeals, with such appointment to run concurrently with their appointment to the Practice Committees and to end when their second term of appointment to a Practice Committee ends.**

Transfer between committees

10 Due to changes in their other professional commitments, two panel members requested to be transferred between the Practice Committees.

11 The Board reviewed the member's performance data and concluded that they continued to meet the standards of the performance framework and agreed to recommend their transfer requests.

12 **Recommendation: The Council is invited to accept the recommendation of the Appointments Board to transfer the two panel members between the Practice Committees as listed in Annexe 3.**

Midwifery Implications

13 None arising from this paper.

Public protection implications:

14 Panel members are required to make decisions at Practice Committee events that protect the public.

15 Panel members hear registration appeals to ensure people are correctly admitted to the register and therefore eligible to provide nursing and midwifery care to the public.

Resource implications:

16 None identified. Costs associated with panel members are included in existing budgets.

Equality and diversity implications:	17	Appointing existing panel members to a second term or to hear registration appeals 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:	18	None.
Risk implications:	19	Failure to appoint sufficient panel members and panel chairs will prevent the NMC from sustaining current and future hearings activity. The proposals in this paper mitigate that risk.
Legal implications:	20	Rule 6(1) of the Nursing and Midwifery Council (Practice Committees) (Constitution) Rules 2008 provides that the members of each Practice Committee shall be appointed by the Council. Rules 6(7) provides that a person appointed as a member of a Practice Committee may be reappointed for a second term. Under Rule 6(8), no person may serve more than two terms of appointment as a member of a Practice Committee.
	21	Rule 25(1) of the Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules 2004 provides that registration appeals shall be considered by Appeal Panels appointed by the Council for that purpose.

Nursing & Midwifery Council

Panel members to be appointed to a second term of appointment

Full name	Panel	Start of second term of appointment	End of second term of appointment
1. Alison Lyon	Fitness to Practise Committee	20/02/2021	19/02/2025
2. Amy Rebecca Noakes	Fitness to Practise Committee	20/02/2021	19/02/2025
3. Anne Brown	Investigating Committee	20/02/2021	19/02/2025
4. Anne Phillimore	Fitness to Practise Committee	20/02/2021	19/02/2025
5. Anthony Griffin	Fitness to Practise Committee	20/02/2021	19/02/2025
6. Anthony Kanutin	Fitness to Practise Committee	20/02/2021	19/02/2025
7. Avril O'Meara	Fitness to Practise Committee	20/02/2021	19/02/2025
8. Bernadette Bridget Nipper	Fitness to Practise Committee	20/02/2021	19/02/2025
9. Carol Porteous	Fitness to Practise Committee	20/02/2021	19/02/2025
10. Catrin Davies	Fitness to Practise Committee	20/02/2021	19/02/2025
11. Chris Thornton	Fitness to Practise Committee	20/02/2021	19/02/2025
12. Christine Moody	Fitness to Practise Committee	20/02/2021	19/02/2025
13. Clive Chalk	Fitness to Practise Committee	20/02/2021	19/02/2025
14. David Boyd	Fitness to Practise Committee	20/02/2021	19/02/2025
15. David Crompton	Fitness to Practise Committee	20/02/2021	19/02/2025
16. David Evans	Fitness to Practise Committee	20/02/2021	19/02/2025
17. Debbie Hill	Fitness to Practise Committee	20/02/2021	19/02/2025
18. Deborah Jones	Fitness to Practise Committee	20/02/2021	19/02/2025
19. Diane Meikle	Investigating Committee	20/02/2021	19/02/2025
20. Esther Joan Craddock	Fitness to Practise Committee	20/02/2021	19/02/2025
21. Geoffrey Baines	Fitness to Practise Committee	20/02/2021	19/02/2025
22. Gill Mullen	Fitness to Practise Committee	20/02/2021	19/02/2025
23. Gregory Hammond	Fitness to Practise Committee	20/02/2021	19/02/2025
24. Ian Michael Dawes	Fitness to Practise Committee	20/02/2021	19/02/2025
25. James Hurden	Fitness to Practise Committee	20/02/2021	19/02/2025
26. Jane Louise Jones	Fitness to Practise Committee	20/02/2021	19/02/2025
27. Jillian Claire Rashid	Fitness to Practise Committee	20/02/2021	19/02/2025
28. John Anthony Penhale	Fitness to Practise Committee	20/02/2021	19/02/2025
29. John Hamilton	Fitness to Practise Committee	20/02/2021	19/02/2025
30. John Roger Vellacott	Fitness to Practise Committee	20/02/2021	19/02/2025
31. Jonathan Clifford Coombes	Fitness to Practise Committee	20/02/2021	19/02/2025

32. Katharine Jane Martyn	Fitness to Practise Committee	20/02/2021	19/02/2025
33. Laura Wallbank	Fitness to Practise Committee	20/02/2021	19/02/2025
34. Linda Redford	Investigating Committee	20/02/2021	19/02/2025
35. Louise Suzanne Poley	Fitness to Practise Committee	20/02/2021	19/02/2025
36. Mark Welford Gibson	Fitness to Practise Committee	20/02/2021	19/02/2025
37. Melissa D'Mello	Fitness to Practise Committee	20/02/2021	19/02/2025
38. Nicola Jackson	Fitness to Practise Committee	20/02/2021	19/02/2025
39. Paul Leighton	Fitness to Practise Committee	20/02/2021	19/02/2025
40. Peter Swain	Fitness to Practise Committee	20/02/2021	19/02/2025
41. Peter Wrench	Fitness to Practise Committee	20/02/2021	19/02/2025
42. Rachel Louise Jokhi	Fitness to Practise Committee	20/02/2021	19/02/2025
43. Rama Krishnan	Investigating Committee	20/02/2021	19/02/2025
44. Raymond Marley	Fitness to Practise Committee	20/02/2021	19/02/2025
45. Richard Goodenough-Bayly	Fitness to Practise Committee	20/02/2021	19/02/2025
46. Richardo Childs	Fitness to Practise Committee	20/02/2021	19/02/2025
47. Sarah Jane Penelope Fleming	Fitness to Practise Committee	20/02/2021	19/02/2025
48. Seamus Magee	Fitness to Practise Committee	20/02/2021	19/02/2025
49. Sophie Lomas	Fitness to Practise Committee	20/02/2021	19/02/2025
50. Sue Heads	Investigating Committee	20/02/2021	19/02/2025
51. Susan Ellerby	Fitness to Practise Committee	20/02/2021	19/02/2025
52. Susan Thomas	Fitness to Practise Committee	20/02/2021	19/02/2025

Nursing & Midwifery Council

Panel members to be appointed to hear registration appeals

Full name
1. Aileen Cherry
2. Alison Fisher
3. Alister Stuart Campbell
4. Andrew Skelton
5. Anne Brown
6. Carol Jackson
7. Christopher John Taylor
8. Cindy Leslie
9. Diane Meikle
10. Eileen Carr
11. Eleanor Harding
12. Elizabeth Anne Williamson
13. Elizabeth Mary Maxey
14. Gillian Fleming
15. Godfried Attafua
16. Hayley Ball
17. Heather Mary Moulder
18. Howard Freeman
19. Ingrid Lee
20. Iwan Dowie
21. Jacqueline Jamieson Nicholson
22. Jane Mary Hughes
23. Jill Elizabeth Robinson
24. Judith Ailsa Ebbrell
25. Kiran Gill
26. Libhin Bromley
27. Lynn Alexandra Bayes
28. Mahjabeen Agha
29. Mandy Renton
30. Maria Elizabeth Delauney
31. Maureen Ann Gunn
32. Michael Robert McCulley
33. Miriam Karp
34. Moriam Bartlett
35. Nariane Emma Chantler

36. Naseem Malik
37. Navneet Sher
38. Nicola Bowes
39. Nigel Bremner
40. Peter Cadman
41. Petra Leseberg
42. Rama Krishnan
43. Richard James Carnell
44. Robert Collinson
45. Sally Allbeury
46. Sally Pezaro
47. Sarah Elizabeth Hewetson-Grubb
48. Sarah Louise Boynton
49. Sarah Tozzi
50. Sue Heads
51. Sue Stone
52. Tom Hayhoe
53. Wendy Teresa West
54. Winfilda Ngoshi
55. Yvonne Margaret Wilkinson

Nursing & Midwifery Council

Panel members to be transferred between the practice committees

Full name
1. Linda Redford
2. Anne Maria Asher

Nursing & Midwifery Council

Council

Learning and thematic review from recent inquiries

Action:	For discussion.
Issue:	To update Council on the themes identified from internal analysis of recent inquiries and investigations, and to invite feedback on the ongoing and planned work to address these themes.
Core regulatory function:	All regulatory functions.
Strategic priority:	Strategic aim 2: Proactive support for our professions. Strategic aim 3: More visible and informed. Strategic aim 5: Insight and influence. Strategic aim 6: Fit for the future organisation.
Decision required:	None.
Annexes:	The following annexe is attached to this paper: • Annexe 1: Table of the themes and implications of recent inquiries
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 Within the last 12 months there have been several reports into large-scale failures in care and associated recommendations for improvement for partners in the health and social care system. While each investigation examines a separate issue, there have been common themes raised in each of the inquiries that illustrate systems and environments where failings are more likely to occur.

2 We have analysed these themes and this paper highlights the work we have already carried out in response, as well as further ideas we may wish to explore.

Four country factors:

3 Many of these inquiries are focused on England with the exception of the Independent Inquiry into Tayside and the Review of Muckamore Abbey Hospital. Despite this, many of the themes identified are applicable across the four countries and build on previous reports, for example, the Review of Maternity Services at Cwm Taf in 2019 and the Morecambe Bay Investigation in 2015.

4 Our specialist four country working groups will act as forums to discuss country-specific concerns, and regular engagement with the Chief Nursing and Midwifery Officers provides an avenue to discuss relevant themes.

Discussion :

5 The following high-profile inquiries into failings in care were published in the last year:

5.1 'Report of the Independent Inquiry into the Issues raised by Paterson';

5.2 'Trust and Respect: Final Report of the Independent Inquiry into Mental Health Services in Tayside';

5.3 'A Review of Leadership and Governance at Muckamore Abbey Hospital';

5.4 'First Do No Harm: The report of the Independent Medicines and Medical Devices Safety Review'; and

5.5 'The Life and Death of Elizabeth Dixon: A Catalyst for Change'.

6 Our analysis of these inquiries has highlighted that, despite issues occurring in different environments, there are underlying themes impacting patient safety and care. These include:

6.1 Persistent cultures of denial and blame;

6.2 Fear of speaking up or raising concerns among professionals;

6.3 Subgroups of professionals more concerned with maintaining the status quo than addressing concerns;

6.4 Lack of clear leadership and governance;

6.5 Poor communication and working relationships among multidisciplinary teams;

6.6 Lack of regulatory alignment and data sharing among regulators and more widely across the health and social care system;

6.7 Clinical isolation leading to divergence from mainstream best practice; and

6.8 Failure to listen to concerns, and to prioritise the voices of people who use services as partners in care.

7 Annexe 1 presents further detail on the findings and implications of these investigations.

Actions already taken

Fitness to practise

8 There have been significant changes in our approach to fitness to practise, designed to foster a professional culture that prioritises openness and learning in the interest of safety. We are looking more broadly at the context in which events occur, and will share information about this with others in the system. We are providing training and support for colleagues to understand these contextual factors more clearly and to enable a consistent approach where concerns are raised.

9 As well as supporting professionals, we have developed the Public Support Service to provide better support for people who use services and members of the public who have raised concerns about professionals on our register.

Professional standards

10 The Code and standards provide the platform for safe and effective practice and aim to foster good workplace cultures. In particular they highlight the importance of multi-disciplinary team working. Our standards also emphasise providing and promoting person-centred care that is sensitive to and reflective of the unique needs of individuals from diverse backgrounds and cultures.

Working with employers

11 We have established an NMC Patient Safety lead embedded in the Employer Link Service (ELS). The ELS supports employers to take effective local action to respond to concerns, with the aim of reducing unnecessary referrals and dealing with issues swiftly and fairly. We have produced an update employer resource, which sign posts to relevant guidance and resources, to support employers in taking a 'just culture' approach to managing concerns locally.

12 We are also seeking to update our public messaging around speaking up to align with other organisations, for example the National Guardian's Office in England, and ensure there is a more consistent and supportive approach for people who speak up about concerns in health and social care. We have responded to the consultation on whistleblowing standards in Scotland and plan to engage with the new Independent National Whistleblowing Officer in Scotland before they commence their functions on 1 April 2021.

Regulatory reform programme

13 In our regulatory reform programme we are developing model Rules with other regulators to develop greater consistency in how we approach fitness to practise cases, and share information with one another to improve safety.

Future work to address these issues

Working in partnership

14 Alongside the General Medical Council (GMC) and Care Quality Commission (CQC) we have established a Maternity Services Safety Collaborative Group to address common concerns and provide oversight of a number of joint initiatives:

14.1 improving our shared understanding of risk related to maternity services;

14.2 testing collaborative ways of working and generating learning that can be shared; and

14.3 enabling long-term improvements in regulatory collaboration that can help drive improvements in maternity safety.

15 Key to this is the establishment of a data-sharing platform between the regulators to establish a common understanding of risk and facilitate the identification of specific areas for regulatory interventions. This group builds on initial regulatory alignment work in response to the Paterson Inquiry and we are using this as a pilot to develop a model for future collaboration.

16 In addition to collaboration with the GMC and CQC, we are working with the other regulatory bodies through a sub-group of the Chief Executives of Regulatory Bodies (CEORB) on culture and environments, which will include speaking up, the role of the professional and the role of the provider in creating a supportive environment.

Managing ongoing risks

17 It is important to note that this paper only covers our learning from published inquiry reports. Both the Muckamore Abbey Hospital review and the Ockenden review cover organisations where there are ongoing fitness to practise and/or education risks. These ongoing risks are managed through the Intelligence Coordination Group (ICG), a cross-organisational working group and management of these risks is reported separately.

Next Steps

Improving our learning

18 We are establishing an organisation-wide internal learning group responsible for recording, sharing and embedding learning from inquiries and investigations. The group will initially focus on the recommendations from the Dixon review and the emerging findings and recommendations of the independent investigation into maternity services at Shrewsbury and Telford (Ockenden review). Areas we will explore are:

18.1 How we can use the review of the Code and the evaluation of our standards signalled in our 2020-2025 strategy to enable us to hold individuals to account more effectively for their contributions to failures identified in larger inquires; in particular, how the Code and standards can support people to take appropriate actions when faced with clinical error.

18.2 The policy and legal implications of halting fitness to practise cases to facilitate the investigation of wider systemic failures.

18.3 How we can contribute to recommendations for the wider system identified by both reviews.

19 All this work will feed into the existing Maternity Safety work programme and alongside other regulators, we will be meeting with Department of Health and Social Care (DHSC) in early 2021 to discuss further opportunities for collaboration as well as considering potential joint responses with the GMC.

Learning from the Medicines and Medical Devices review (IMMDS)

20 The review found that routes for people who use health and social care services to raise concerns about their care are complex and often ineffective. In light of that, one of the 'actions for improvement' recommended in the review is that:

'All organisations who take complaints from the public should designate a non-executive member of the board to oversee the complaint - handling processes and outcomes, and ensure that appropriate action is taken'.

21 We have considered very carefully whether we should apply this learning within the NMC, in respect of both our corporate complaints and our fitness to practise processes. We understand and support the intention behind the proposed action. In our view, it is important that the whole Council continues to exercise oversight of corporate complaints and fitness to practise. We believe it would be a disproportionate responsibility for a single Council member and would risk confusing executive and non-executive responsibilities. Subject to the Council's views, we propose that oversight of corporate complaints and fitness to practise should continue to be exercised by the whole Council.

22 We recognise that it is essential that the Council receives the information it requires in order to exercise its responsibilities effectively and to hold the executive to account. The Council discusses regular reports on learning from corporate complaints and on fitness to practice performance at its open meetings. The Council also discusses a report on high public interest fitness to practise cases at its confidential meetings. Outcomes of assurance mechanisms, including internal audit, quality assurance reviews, and serious incident reports are discussed at meetings of the Audit Committee. We would welcome a discussion with the Council on opportunities to improve the information we provide.

Discussion

23 The Council is invited to:

23.1 confirm our proposal that oversight of corporate complaints and fitness to practise should continue to be exercised by the whole Council; and

23.2 discuss opportunities to improve the information provided to the Council on corporate complaints and fitness to practise.

Sharing our learning more widely

24 We use the learning from reports and inquiries to inform:

24.1 Changes to the way we regulate;

24.2 Support we provide for registrants and the public;

24.3 Issues we seek to influence and collaborate with others on.

25 Nevertheless, a number of the themes arising from the reviews discussed in this report and relating to the culture of health and social care recur over a number of years. In future, as we develop our approach to insight, we plan to publish a report on the state of nursing and midwifery education and practice, which could serve as a useful vehicle for influencing and effecting positive change in the sector.

26 As we are unlikely to publish the first version of that report before 2022, we are exploring whether there are other ways of using our learning to influence positive working cultures in the interim. We would welcome an initial discussion with the Council on whether and how we should do this.

Discussion

27 The Council is invited to discuss opportunities to use our learning to influence positive working cultures.

Midwifery implications:

28 Many of these issues have arisen in maternity services and their findings are likely to have significant implications for the midwifery profession.

Public protection implications:

29 Each of these investigations identifies significant failures in public protection. Our responses will focus on reducing the risk to the public and building trust in the professions.

Resource implications:

30 None at present but as work progresses, this may result in new associated work streams and the need for additional capacity. This will need to be assessed and prioritised in line with our corporate priorities.

Equality diversity and inclusion implications:

31 We know there are significant inequalities in the delivery of health care and that there are particular professional groups who are more likely to experience or witness bullying and harassment, including student midwives and gynecology trainees.

32 In order to promote open and learning cultures we will continue to promote the importance of equal opportunities for all professionals to speak up. We will also continue to assess the impact on specific groups of any changes we introduce.

Stakeholder engagement:

33 We have worked closely with other healthcare professional and system regulators as we have developed our collaborative approach. We will continue that approach as the work develops.

Risk implications:

34 Nurses, midwives and nursing associates are often at the forefront of these inquiries due to the nature of their roles and number of professionals in these groups. There is a significant risk to public safety and to trust in the profession if we do note keep track of these inquiries and related recommendations and ensure we have thorough and widespread external monitoring and careful internal governance in place to embed learning.

35 In order to meet standard two and four of the Professional Standards Authority's 'Standards of Good Regulation' we are required to evidence our learning from investigations and inquiries and how we enable a learning culture that embeds learning across the organisation.

Legal implications:

36 We need to ensure we take into account any implications of the Data Protection Act 2018 when considering external collaborative arrangements.

Inquiries and Investigations Table

Inquiry	Themes	Relevant Recommendations	Potential Implications	Actions we have already taken
A Review of Leadership and Governance at Muckamore Abbey Hospital (MAH) (Northern Ireland).	Failure to raise concerns and identify wider patterns in the context of care to improve the experience of people using services. Lack of accountability within the governance and leadership team. Failure to take responsibility at multiple levels for poor care, resulting in the issue being passed from one level to the next without resolution. Poor working culture and multidisciplinary relationships.	Department of Health in Northern Ireland to consider extending the remit of the Regulation and Quality Improvement Authority to align with the CQC in regulating and inspecting hospitals. Belfast Trust to consider to immediately implementing disciplinary action, where appropriate on suspended staff. This will include referrals to the professional regulators and systems regulators; and Belfast Trust to put in place mechanisms at MAH to ensure that patients and their families can be supported to raise concerns.	Implications for how we share information and work with system in Northern Ireland if the remit of the Regulation and Quality Improvement Authorities remit is extended to be more in line with the CQC. This may increase the number of referrals we receive in Northern Ireland, in particular, from employers. This may influence the number of public referrals we receive, increase need of our public support service or require changes to the way complaints are shared across the system.	This is being monitored through the Intelligence Coordination Group (ICG).
Trust and Respect: Final Report of the Independent Inquiry into Mental Health Services in Tayside (Scotland).	Overall, a breakdown in trust and loss of respect led to poor culture and patient outcomes at Tayside. This prevailing theme of poor culture is a primary feature in many failings in care such as Gosport, Morecambe Bay and Paterson. This is important for our ability as a professional regulator to influence positive cultures and mitigate barriers that our professionals face in their implementation.	Recommendations were primarily for the providers of services and the trust. There were no recommendations of direct implication to the NMC. .	These types of concerns can have significant impact on public trust in our professions which impacts significantly on capacity for public protection. In line with our ambitions to support and influence, it is important that we influence positive cultures and promote learning and speaking up to prevent issues from happening again.	We are addressing poor cultures through our work promoting just culture and through our collaborative work with other regulators.

Inquiry	Themes	Relevant Recommendations	Potential Implications	Actions we have already taken
First Do No Harm: The report of the Independent Medicines and Medical Devices Safety Review (England). (However, the panel did hear from women across the four countries).	Failure to listen to concerns and to include people using services as a partner in their own care. Failures in informed consent. Lack of transparency regarding conflicts of interest. Disproportionate impacts on certain groups (female) with protected characteristics. Many concerns were dismissed as 'women's issues.' Diffuse complaints process that makes it difficult to know where to raise concerns for people who use services.	Appointment of a Patient Safety Commissioner. Would be an independent public leader with a statutory responsibility. The Commissioner would champion the value of listening to patients and promoting users' perspectives in seeking improvements to patient safety around the use of medicines and medical devices. Transparency of payments made to clinicians needs to improve. The GMC register should be expanded to include a list of financial and non-pecuniary interests as well as clinical interests and accredited specialism. There are also relevant suggested actions for improvement including: Any public body that takes complaints from the public should appoint a non-executive member of the board to oversee the complaints handling process.	Implications for the regulatory landscape, and how this role would differ from existing roles such as the Health and Social Care Select Committee (HSCSC), or the Ombudsman. Also implications for how this role would require evidence of system accountability, how we would share data, and how our autonomy, especially in fitness to practise would be preserved. The professionals on our register may also have conflicts of interest, especially in sectors of more independent practice. Requires consideration of whether we take a more explicit position on conflict of interest. We have considered this recommendation very carefully in regards to both our corporate and fitness to practise processes. Our view is that the whole Council should continue to provide oversight. It is felt implementing this recommendation would place a disproportionate level of responsibility on one member of Council and may confuse executive and non-executive responsibilities.	We are working with colleagues in professional practice to explore conflict of interest and whether this is something we need to respond to. This is unlikely to come up as much for the professionals on our register- they do not have the same conflicts with prescribing and receiving incentives from pharmaceutical companies. However, possible for nurse prescribers and in cosmetics. It is likely that a more local solution will be required whereby employers hold the register of conflicts of interest.

Inquiry	Themes	Relevant Recommendations	Potential Implications	Actions we have already taken
Report of the Independent Inquiry into the Issues raised by Paterson (England).	Failure to share information across the system to identify concerns. Very few instances of concerns being raised by other professionals or patients. Poor working relationships that pointed to a culture of bullying. Instances of concern being overlooked when it was felt the professional involved would be difficult to replace.	The Government should ensure that the current system of regulation and the collaboration of the regulators services patient safety as the top priority, given the ineffectiveness of the system identified in this inquiry. The government should, as a matter of urgency, reform the current regulation of indemnity products for healthcare professionals, in light of the serious shortcomings identified by the Inquiry, and introduce a nationwide safety net to ensure patients are not disadvantaged.	Implications for how we collaborate as regulators, including how we share information, identify emerging concerns and how the intersections of the public and private sectors can be strengthened. There is a risk that regulated indemnity products may increase barriers for certain groups making it more difficult to secure coverage and therefore making them unable to practice.	We held a regulatory alignment workshop with the CQC, GMC and PSA and identified information sharing as a key part of what we do to take this work forward. This has developed into a maternity safety collaboration programme of work. While this is not directly related to Paterson, the maternity safety work will form a pilot to develop a platform for regulatory collaboration in response to inquires to be taken forward in other areas. The PSA have agreed to do a piece of analysis and mapping work as a part of this that will look at consistency in the fitness to practise process within and between regulators. We are supporting this through the PSA Policy and Research Forum.

Inquiry	Themes	Relevant Recommendations	Potential Implications	Actions we have already taken
The Life and Death of Elizabeth Dixon: A Catalyst for Change (England).	Failure to listen to concerns raised by the families using services. Culture of denial and blame, where there was a lack of an open and honest assessment of mistakes. Failure to follow clinical guidelines and national safety protocols. Failure to recognise deterioration and raise concerns. Lack of clinical experience leading to clinical error. Poor leadership and governance.	Training in clinical error, reactions to error and responding with honesty, investigation and learning should become part of the core curriculum for clinicians. Although it is true that curricula are already crowded with essential technical and scientific knowledge, it cannot be the case that no room can be found for training in the third leading cause of death in western health systems. Clinical error, openly disclosed, investigated and learned from, must not be subject to blame. Conversely, there should be zero tolerance of cover up, deception and fabrication in any health care setting, not least in the aftermath of error. Professional regulatory and criminal justice systems should contain an inbuilt 'stop' mechanism to be activated when an investigation reveals evidence of systematic or organisational failures and which will trigger an appropriate investigation into those wider systemic failures. Other recommendations not aimed at the NMC but with relevance: There should be a clear mechanism to hold individuals to account for giving false information or concealing information relating to public services, and for failing to assist investigations. The Public Authority (Accountability) Bill drawn up in the aftermath of the Hillsborough Independent Panel and Inquests sets out a commendable framework to put this is legislation. It should be re-examined.	We need to discuss whether there is anything from an education and standards or quality assurance perspective in terms of having training in clinical error as part of curriculum. Part of the criticism we received from Morecambe Bay was the length of the Fitness to Practise (FtP) process. We need to carefully consider whether an 'inbuilt stop mechanism' is something we would like to consider and what legislative mechanisms we would need in place to do this. Is there a different way this should be considered that would allow a mechanism of information sharing to better allow parallel FtP and systemic investigations? This requires consideration of extending the length of the FtP process when we know the negative impact this can have on those moving through the process.	Have met with the GMC and a joint response is being considered as a part of the Maternity Safety Oversight Group.
Upcoming Inquiries				
Independent investigation into maternity services at East Kent (England).		Not yet published.	Likely to have significant implications relating to maternity safety and care.	Not yet known.

Inquiry	Themes	Relevant Recommendations	Potential Implications	Actions we have already taken
Independent investigation into maternity services at Shrewsbury & Telford (England).	Failure to listen to the preferences and concerns of women and families. Prioritisation of low rates of caesarean section even if not indicated by clinical presentation. Poor working relationships among multidisciplinary team members. Failure to recognise deterioration, refer to other professionals and raise concerns. Mismanagement of internal auscultation and interpretation of CTG tapes.	First of two reports published 10 December 2021. Full report expected in late 2021.	Likely to have significant implications relating to maternity safety and care.	Initial recommendations are for Trusts and employers but we will be exploring how we can contribute to these. Our Future Midwife standards were published in November 2019. All Approved Education Institutions will have implemented this standards based education by 2022. Implementation of these standards and embedding them into current practice will be key in addressing these issues.
Independent Review of Liverpool Community Health Services (England).		Not yet published.	Implications for community and mental health services.	Not yet known.

Nursing & Midwifery Council

Council

Workforce report – evaluation of the People Strategy

Action:	For discussion.
Issue:	In October 2017, the Council approved the NMC's first ever People Strategy for the period 2017-2020. This paper is an update on the initiatives set out in the People Strategy, outcomes and learning and includes an update on routine activity for 2019-2020.
Core regulatory function:	Supporting functions.
Strategic priority:	Strategic aim 6: Fit for the future organisation.
Decision required:	None.
Annexes:	None.
Further information:	If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

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Context: 1 In October 2017, the Council approved the NMC's first ever People Strategy for the period 2017-2020. This paper is an update on the initiatives set out in the People Strategy, outcomes and learning.

Four country factors: 2 The People Strategy 2017-2020 applies to NMC colleagues in all four countries.

Discussion:

Context and purpose

3 The People Strategy 2017-2020 set out our commitment to invest in our people and become an organisation colleagues are proud to work for.

4 It was set against the context of the NMC Strategy 2015-2020 and was written to support the vision to become a dynamic and leading healthcare regulator enabled by modern technology (this later became our Modernisation of Technology Services programme (MOTS).

5 The Council has overseen the implementation of the People Strategy and has remained committed to investing in the People Strategy. The Council has both challenged and supported the Executive to deliver. It is worth noting that during the People Strategy's timeline there has been a significant turnover at Executive level.

Development of the Directorate since 2017

6 The People and Organisational Development directorate was created in November 2017 to deliver the People Strategy. One key role, the Assistant Director post, was only filled in May 2019.

7 The People Strategy identified Equality, Diversity and Inclusion (EDI) as an internal priority for the NMC for the first time. In 2017 this was a Human Resources (HR) led initiative. We appointed our first internal EDI specialist in April 2018.

8 In 2017 recruitment was not a separate function and that meant delivery and efficiency was poor. In the first year the newly established department secured savings of £250k by changing our advertising policy and practices and engaging with LinkedIn.

9 One of the aims of the People Strategy was to modernise the HR offering. Policies and practices had fallen out of date and some cases were no longer compliant with employment law and the Data Protection Act (now General Data Protection Regulation (GDPR)). This resulted in a full audit of employment law and HR practice in 2017, followed by a year of urgent actions in 2018. The introduction of the HR Business Partnering model to the organisation was delayed until this work was completed. This model has now been introduced and has been embedded into the NMC and is supporting managers to manage performance.

10 A dedicated HR Services team was created to begin data capture, analysis and provide the first people dashboards to the organisation to improve the quality of decision making. The delays in the MOTs programme impacted on HR and meant that some of our ambitions to improve efficiencies have not been delivered due to the largely manual and out of date systems we still have today.

11 The Learning and Development department delivered the Leadership Development Programme in 2017-2018. The success of the programme meant that the department expanded its remit to Learning and Organisational Development in November 2018. With hindsight this larger mandate has proved challenging. We have now recruited an Organisational Development specialist to lead the department.

Projects and Initiatives

12 The People Strategy was ambitious. It contained 92 initiatives, made up of 66 project lines within the original scope and 27 initiatives added during the timeline (up to and including April 2020).

13 The People Strategy has successfully delivered 84 of 92 (91 percent) project initiatives. 16 of those projects were delivered with partial benefits realised.

14 Additional projects that were outside of original scope included the organisational re-design and creation of new values and behaviours, which became a project in its own right. The new values and behaviours were agreed by Council in March 2020 and we are developing a suite of support for managers to embed them.

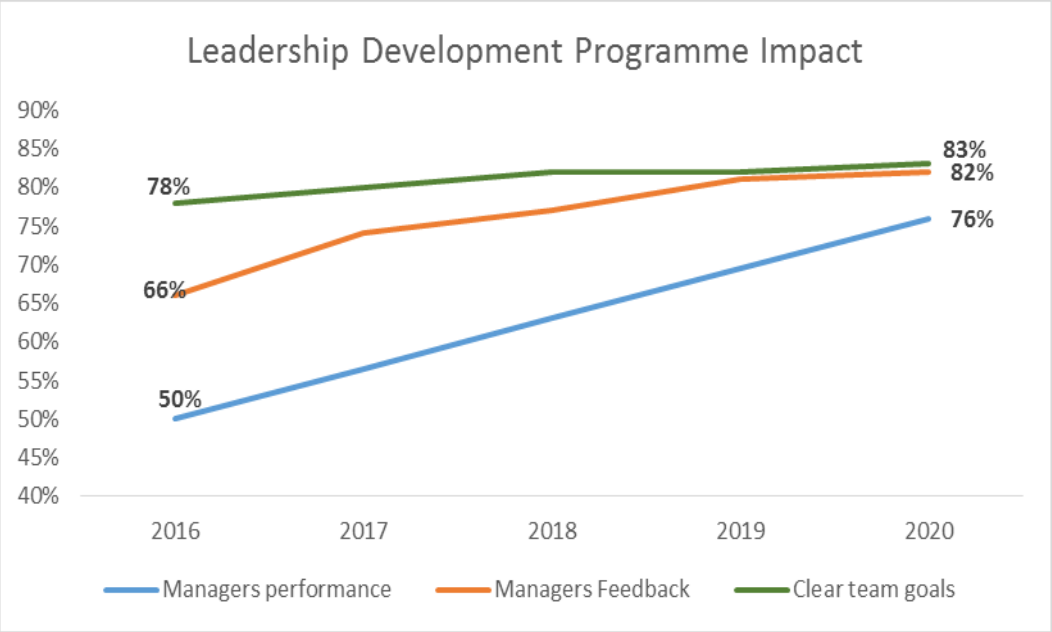
People Strategy Outcomes

15 One of the key initiatives of the People Strategy was the Leadership Development Programme which was delivered in 2017 and 2018. Different methods of evaluation of the course as noted in the graph below, includes:

15.1 employee engagement survey results, which saw an increase in satisfaction with managers' performance from 50 percent in 2017 to 76 percent. An increase of 26 percentage points.

15.2 confidence of managers to give feedback and this improved by 16 percentage points.

15.3 the explanation of team goals, which has consistently improved year on year and achieved an overall improvement of 5 percent in the period.



16 Key performance measures for the People Strategy were measured by:

16.1 overall turnover (decrease of 15.3 percentage points);

16.2 turnover in probation (decrease of 11 percentage points);

16.3 sickness absence (decrease of 1.1 percentage points); and

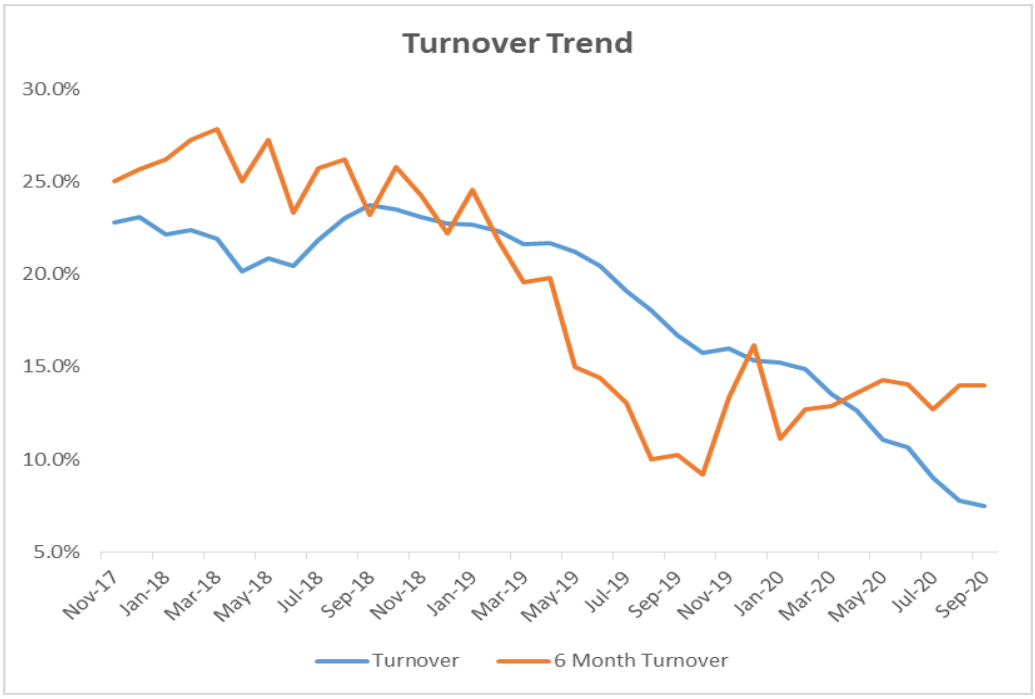
16.4 overall engagement (increase of 16 percentage points).

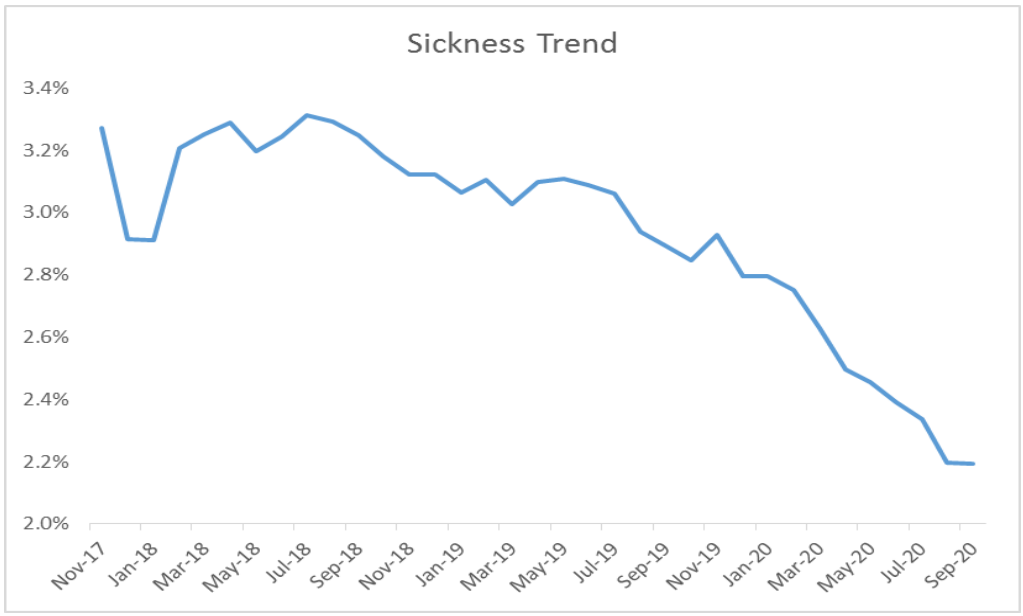
17 The key performance measures delivered a net promoter score, which measures how satisfied your workforce is with its employer from a -35 to a +11 an increase of 43 points. This is the first ever positive net promoter score for the NMC.

18 The net promoter score is supported by the engagement survey question "would you recommend the NMC as an employer?" which has gone up by 18 percent.

19 Overall turnover results are supported by the engagement survey statement “I would still like to be working for the NMC in 2 years’ time” with an increase to that question of 18 percent.

20 Perhaps the most notable is the result for “the senior leadership are taking the NMC in the right direction” which has seen a 30 percentage point increase in agreeing with that statement.





KPI	Nov 2017	Sept 2020	Difference
Peakon overall score	5.6	7.1	**+1.6**
Peakon Net Promoter Score	-35	+8	**+43**
Working at NMC in 2 years	51%	69%	**+18%**
Senior leadership direction	43%	73%	**+30%**

21 Our pay review work has resulted in the reduction of equal pay claims and all decisions are reviewed in light of our commitment to reducing our gender, ethnicity and disability pay gaps, where found. Our disability pay gap is actually a positive pay gap, meaning that disabled people employed by the organisation are paid slightly more than their non-disabled colleagues. However, this figure is being treated with caution due to possible under reporting.

	Gender	Ethnicity	Disability
Mean pay gap	3.4%	28.7%	-2.6%
Median pay gap	9.0%	27.1%	-10.5%

22 Another more intangible result has been the development of a culture of trust with the employee forum which has been fostered by the People and Organisational Development team. Other networks have also flourished across the NMC including the BMe (race and culture), Workaround (disability) and LGBT+ forums. The People and Organisational Development team could not have achieved what they did without the help of these networks. We give thanks to them and wish to particularly note that:

22.1 With the collaboration of the Workaround network we have become a disability confident employer and are continuing to improve our rating.

22.2 With the collaboration of the BMe network we have signed up to the Workplace Race Equality Standards and submitted our first data in 2020. We are also collectively working on a plan of learning via the launch of our Inclusive Mentoring programme.

22.3 With the collaboration of the LGBT+ network we improved our Stonewall (an organisation which campaigns for the equality of lesbian, gay, bi and trans people across Britain) rating from 357th place to 106th place, a rise of 251 positions.

22.4 Plans for the future are housed with our new EDI department, which reports into the new People and Organisational Effectiveness directorate.

23 These achievements are set against a backdrop of business as usual activity and continuous improvement of the department.

Projects delayed or outstanding

24 Despite the overall success of the People Strategy there have been project delays. The following outlines the key deliverables which did not get achieved in the timeline:

24.1 The Defined Benefit (DB) pension scheme review including consultation on the closure to future accrual. This consultation was delayed from April to October (due to Covid-19). The consultation closed on 11 December 2020.

24.2 The Defined Contribution (DC) pension scheme review was de-prioritised to ensure that the DB scheme consultation was completed first.

24.3 Policies and practices review: the initial review to update all policies for reasons of legal compliance was completed in 2017. The latest review was commissioned to ensure that the policies meet the expectations of the modern workforce and our new tone of voice. This work has been delayed due to Covid-19 and the final batch in this sequence will be completed by April 2021.

24.4 Pay review and well defined job descriptions: the aim of the project was to move from the NMC's 2013 model of pay to a modern fair market value for the job. We have achieved this and in many cases moved many people who were working for us in April 2019 to the middle of their pay bands. Moving everyone to the middle of their pay bands was not affordable, so Council focused on improving our entry grades first. This year we will conclude that piece of work.

24.5 Career pathways: much of this work is captured by 'pay progression', but career pathways in the traditional sense of career development was significantly behind schedule and was then de-prioritised due to capacity during the organisational response to Covid-19. This is a regret. However, whilst plans to review careers in light of the new corporate strategy and organisational design is the correct course of action, the work on career pathways and career development will be decoupled from the work on pay progression.

24.6 Wellbeing: we have made a great start by promoting healthy lifestyles, increasing opportunities to work flexibly and reducing our sickness absence by 1.1 percent across the period. We have also introduced and trained over 80 Mental Health First Aiders to the organisation. Our policies and practices are improving, but feedback from colleagues is that more can be done, especially since colleagues are working at home due to the Covid-19 lockdown and they tell us they are struggling to cope with their environments and isolation.

Next steps: 2021-2025 People Plan

25 In 2021, we will begin work to develop the new NMC People Plan which will be aligned to the 2020-2025 Corporate Strategy. The new plan will seek to build a workforce of the future which can respond to external drivers such as the emerging post Covid-19 working environment, the implications of Regulatory Reform, increasing digitisation and artificial intelligence, and the employment market post-Brexit.

26 The 2021 People Plan will seek to build upon the achievements of the 2017 People Strategy, including the ongoing reduction in attrition rates and increased employee engagement. It will also address a number of areas requiring further development and improvement including:

26.1 Embedding our values and behaviours in all our people processes.

26.2 Creating a more fair and inclusive work place.

26.3 Recognising and rewarding a high performance culture.

26.4 Establishing career pathways and talent development.

26.5 Strengthening leadership and people management capabilities.

Midwifery implications:

27 This paper is not applicable for midwifery because it relates to internal colleague matters.

Public protection implications:

28 None.

Resource implications:

29 The total cost of the People Strategy has been an actual spend of £1.5m against a budget of £1.8m (2017-2020). Under spend has been due to activities that have been deferred and which will be reviewed as part of the new NMC People Plan.

Equality diversity and inclusion implications:	30	All projects and policy developments within the People Strategy have been subject to an Equality Impact Assessment before taking action.
Stakeholder engagement:	31	None.
Risk implications:	32	Throughout the People Strategy timeline we have monitored the following risks and their associated outcomes:
		32.1 People and Organisational Development team capacity and capability throughout the programme could result in a failure to deliver, resulting in a loss of trust, engagement and motivation of existing colleagues.
		32.2 Failure to improve the NMC's trust and confidence as an employer would create a risk of failure to attract and retain talent.
		32.3 Failure to improve our ability to be an employer of choice, particularly in improvements to becoming an open and inclusive employer, would stop us achieving our aspirations of a more diverse workforce and would reduce the trust and confidence of registrants and the communities we serve.
	33	The progress described in this paper provides mitigation against these listed risks by working towards becoming an employer of choice that has the trust and confidence of its colleagues, registrants and the public.
Legal implications:	34	All actions in this paper have complied with employment legislation in the relevant four countries.

Nursing & Midwifery Council

Council

Appointments Board report

Action: For noting.

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

Core regulatory function: Supporting functions.

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

Decision required: None.

Annexes: None.

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

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Chair of Appointments Board:
Jane Slatter

Context:

1 Reports on the meeting of the Appointments Board held on 16 December 2020.

2 The Acting Chair of Council has approved the recommendations of the Chair of the Board regarding the reappointment of two members of the Committee whose first terms are due to end in February 2021. The Acting Chair's Action is presented elsewhere on the agenda.

Four country factors:

3 Not applicable for this paper.

Discussion

Panel member appointments and reappointments

4 The Board considered a paper on panel member reappointments; the appointment of panel members to hear registration appeals; and transfers between the Fitness to Practise and Investigating Committees.

5 The Board was assured that its recommendations will ensure sufficient capacity to manage hearings and recover from the impact of the Covid-19 pandemic. The recommendations are the subject of a separate paper elsewhere on the agenda.

Approval of training programme 2021-2022

6 The Board approved the proposed panel member training programme for 2021–2022. The programme will ensure that panel members have the necessary skills and knowledge to make robust, considered and proportionate decisions, while maintaining an emphasis on our values and behaviours. Additional training in response to any learning trends identified from review mechanisms and panel member feedback will also be offered in-year.

7 Panel member training will be increasingly offered virtually, including pre-recorded training in the form of webinars. The Board is supportive of this approach, given the potential benefits of easier engagement and cost savings on travel and accommodation.

8 The Board asked that more detailed information be brought back to its next meeting on how the Executive intends to monitor and report on the training programme, including panel member engagement with online learning and ensuring any issues identified through case reviews are not repeated.

Panel member selection 2021: assessment methodology

9 The Board approved the assessment methodology for use in the 2021 panel member selection campaign, due to begin later in the year. An independent company had developed the methodology in conjunction with the Executive in response to a tender requirement specification. The Chair of the Board had participated in the Panel which had selected the supplier.

10 The Board was pleased to note that the approach achieved an appropriate balance of testing values and competency. The Board was satisfied with the accessibility of the assessment process to encourage a diverse set of applicants and the steps taken to ensure no adverse impacts on any groups at all stages of the assessment process. The emphasis on consistency of assessment and candidate feedback was welcomed.

11 The full selection and appointment process will be brought to the Board for approval in March 2021, including the attraction and advertising strategy, and candidate materials.

Diversity of panel members

12 The Board considered a paper which set out practice committee membership diversity since 2012-2013 and projected to 2023. The Board had requested this paper at its September 2020 meeting.

13 The Board considered that the data presented was helpful but too high level. Further detail will be provided to the Board at its next meeting, including showing the Investigating Committee and Fitness to Practise Committee statistics separately, and including baseline comparative populations.

14 When it has the more detailed data, the Board will consider any additional actions needed to achieve a more diverse panel membership (see paragraph 26).

Panel Member Services Agreement

15 The Board agreed its approach to carrying out a light touch review of the Panel Member Services Agreement (PMSA).

16 Board members will individually review an aspect of the PMSA each month, categorising the level of any risk or weakness identified. Board members' comments will be collated by the Executive and used to inform the structure of a full review programme, ensuring that the most serious issues will be reviewed first.

Panel member complaints – new standing item

17 The Board considered a status report on complaints against panel members. This was a new standing item requested by the Board to provide additional assurance and oversight of any current issues and any impact on capacity.

18 The Executive agreed to carry out an audit to ensure there were no unreported panel member referrals in the system.

Corporate update

19 The Board receives regular corporate updates to ensure its work is aligned with the wider strategic intent of the organisation, and to consider any possible implications for the Board's remit.

20 The update at this meeting included the response to the Covid-19 pandemic, fitness to practise performance and the 'Ambitious for Change' report.

21 The Board noted the impact of the Covid-19 pandemic on the fitness to practise caseload and queried the potential impact on panel member numbers and the upcoming recruitment. The Board was assured that further information will be provided at its March 2021 meeting, once forecasting model testing has been completed.

Midwifery implications:

22 No implications for midwifery arising directly from this paper.

Public protection implications:

23 The assurance provided by the Appointments Board to Council on the appointment of Panel members, Registration Appeals Panel members and Legal Assessors contributes to public protection.

24 It is important that panel members have the necessary training to maintain the skills and knowledge to make proportionate and appropriate decisions.

Resource implications:

25 No resource implications arising directly from this report. Costs associated with selection and training of panel members are included in operational budgets.

Equality diversity and inclusion implications:

26 The Board's objective is a diverse practice committee membership which is reflective of the register for registrant panel members and the UK population for lay panel members.

Stakeholder engagement:	27	No stakeholder engagement implications arising directly from this report.
Risk implications:	28	The panel member training programme for 2021-2022 has been designed to address potential risks around the quality of decisions made by panels and the way in which we support people through the fitness to practise process.
	29	The Board is taking a risk-based approach to its review of the Panel Member Services Agreement.
Legal implications:	30	No legal implications arising directly from this paper.

Council

Chair's actions taken since the last meeting of the Council

Action:	For information.
Issue:	Reports actions taken by the Acting Chair of the Council since 2 December 2020 under delegated powers in accordance with Standing Orders. There have been the following five Chair's actions: • to approve for an additional cohort of professionals to be admitted to the NMC temporary register, to support the national Covid-19 response (13/2020); • to approve for additional cohorts of overseas applicants to be admitted to the NMC temporary register, to support the national Covid-19 response (14/2020); • to approve the immediate reintroduction of Emergency Standards E3 and E5.1 (01/2021); • to reappoint partner members to the Appointments Board (02/2021); and • to approve the introduction of additional emergency education standards (03/2021).
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 13/2020 – Approval for an additional cohort of professionals to be admitted to the NMC temporary register, to support the national Covid-19 response. • Annexe 2: Chair's action 14/2020 - Approval for additional cohorts of overseas applicants to be admitted to the NMC temporary register, to support the national Covid-19 response. • Annexe 3: Chair's action 01/2021 – Approval of the immediate reintroduction of Emergency Standards E3 and E5.1. • Annexe 4: Chair's action 02/2021 – Reappointment of partner members to the Appointments Board. • Annexe 5: Chair's action 03/2021 – Approval of the introduction of additional emergency education standards.

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13/2020

Deputy Chair's Action

Under NMC Standing Orders, the Deputy Chair of the Council has power to authorise action on minor, non-contentious or urgent or other 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 Deputy 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 Deputy Chair's action must set out full details of the action that the Deputy Chair is requested to authorise on behalf of the Council.

Requested by:	**Date:**
Emma Broadbent, Executive Director of Professional Regulation	15 December 2020

Approval for an additional cohort of professionals to be admitted to the NMC temporary register, to support the national Covid-19 response.

Purpose
Seeks approval to add a new cohort to the Temporary Register – former registrants who left the register between March and November 2020.

Background
In March 2020, the Council agreed measures to enable the NMC to respond appropriately and proportionately to the unprecedented challenges in the UK health and care system arising from the Covid-19 emergency. This included setting up a temporary register and permitting certain cohorts of people temporary registration.

The following process for adding new cohorts to the Temporary Register was agreed by the Council on 25 March 2020 **(NMC/20/34)**:

> The Council agreed to authorise the Chief Executive and Registrar, or in her absence, a nominated Assistant Registrar, with the agreement of the Chair, or in his absence, the Vice-Chairs, 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, or the Vice-Chairs, 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.

As agreed by the Council earlier this year, three cohorts of people are currently permitted to apply to join our temporary register:

- Nurses and midwives who left our permanent register between 1 March 2017 and 29 February 2020

- Overseas candidates who had completed all parts of their NMC registration process except their OSCE
- Nurses and midwives who left our permanent register between 1 March 2015 and 28 February 2017.

No additional cohorts have been permitted to join the temporary register, though the Executive has kept this under review as the pandemic has unfolded.

The Executive now recommends adding a new cohort: those who left the register between March and November 2020, meet the relevant criteria and want to re-join to help the emergency (see supporting paper at **Annexe 1)**. The paper sets out our considerations in light of the current Covid-19 national situation and in particular, the Covid-19 vaccination programme. This has been scrutinised and agreed by the Executive Board. It agreed that we should support and encourage those who have left the permanent register to apply for readmission, and that a new cohort of people could be admitted to the temporary register, as above.

Council consultation
The Council has not been consulted on this proposal but will be informed within 24 hours as required by the Council decision.

The Deputy Chair is asked to give approval for people who left the register between March and November 2020 to be admitted to the temporary register, without any conditions of practice.

Deputy Chair's permission given to attach electronic signature due to Covid-19 emergency in the UK

Signed 
Karen Cox (Deputy Chair)

Date 15 December 2020

Deputy Chair's Action

Under NMC Standing Orders, the Deputy Chair of the Council has power to authorise action on minor, non-contentious or urgent or other 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 Deputy 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 Deputy Chair's action must set out full details of the action that the Deputy Chair is requested to authorise on behalf of the Council.

Requested by:	**Date:**
Chief Executive and Registrar	30 December 2020

Approval for additional cohorts of overseas applicants to be admitted to the NMC temporary register, to support the national Covid-19 response.

The Department of Health and Social Care (DHSC) wrote on 29 December 2020 to ask the NMC to consider adding overseas nurses who are already in the UK and ready to sit their Objective Structured Clinical Examination (OSCE) to the temporary register ahead of the current Covid-19 surge. The DHSC recognises that, unlike in March 2020, the OSCE centres remain open and is keen to work with us to enable both temporary registration and the continued flow of applicants through the OSCE. The request has the support of the four Chief Nursing Officers.

Given the urgent additional workforce capacity to deal with the immense pressures in the sector arising from the new highly transmissible variant of Covid-19, we need to do what we can to assist, whilst at the same time protecting the public through having appropriate assurance that anyone added to the Temporary Register is fit, proper and suitably experienced to work in the emergency and therefore safe to practise.

After considering available options the Executive recommends making Temporary Registration available to two further cohorts as follows:

Cohort 5: Overseas applicants who have an NMC decision letter advising that they are ready to take the OSCE

These are applicants (who applied under our previous overseas process) who we have already assessed their qualification, language, health and character and have confirmed that they are able to take the OSCE. This provides an appropriate level of assurance that this group are fit, proper and suitably experienced to work in the emergency.

Individuals within this group will be invited to join the Temporary Register and it will be for each individual to decide whether they wish to do so (opt-in).

Cohort 6: Overseas applicants (current process) who have submitted complete applications but have not yet been assessed

These applicants may be at various stages of the process; we will have received but not yet assessed language, health and character evidence and some form of supporting declaration (10,553). Some may have also taken one or both parts of the test of competence and are awaiting assessment. For these individuals, we would share the eligibility criteria with employers and ask them to identify those they wish to include on the temporary register and provide appropriate certification as below before inviting individuals in this group to join the temporary register.The employer certification would involve confirmation of the applicant's:

- ability to communicate in English across the four domains that are tested
- areas of clinical skill and experience or OSCE ready
- health and character allow them to practise safely and effectively.

In the light of employer confirmation, these individuals would be invited to join the Temporary Register.

For both the above groups, we would seek to complete permanent registration of those ready to do so rather than including them on the temporary register. In conjunction with the test centres we would also seek to identify anyone who may have taken an OSCE and had such a serious fail that the test centre would consider inclusion on the temporary register to raise a public protection risk.

It is not proposed to include midwives in either of the above groups.

Conditions of Practice
Both above cohorts would be subject to conditions of practice as below:

- *You must work as a registered nurse or midwife in an employed capacity for a health or social care employer.*
- *You should always work under the direction of an NMC registered nurse, midwife or other registered healthcare professional who is not on a temporary register.*

In the interests of transparency, the introductory text to the conditions of practice for cohort 6 will explain that they have been registered on the basis of certification by their employer.

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 these proposals on 30 December 2020 and were satisfied that the right balance had been struck in terms of managing the risks, whilst providing additional workforce capacity.

The Deputy Chair is asked to agree that individuals in the above two eligible groups be added to the Temporary Register, subject to the conditions indicated.

Deputy Chair's permission given to attach electronic signature due to Covid-19 emergency in the UK

Signed:  Karen Cox (Deputy Chair)

Date: 30 12 2020

Deputy Chair's Action

Under NMC Standing Orders, the Deputy Chair of the Council has power to authorise action on minor, non-contentious or urgent or other 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 Deputy 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 Deputy Chair's action must set out full details of the action that the Deputy Chair is requested to authorise on behalf of the Council.

Requested by:	**Date:**
Geraldine Walters, Executive Director of Professional Practice	08 January 2021

Approval for the immediate reintroduction of Emergency Standards E3 and E5.1

Purpose
Seeks approval to reintroduce:

- Emergency Standard E3 - Students in the first year of pre-registration undergraduate who continue with their nursing and midwifery programme may spend 100 percent of their programme in theory/academic learning; and
- Emergency Standard E5.1 - Exceptionally, the same person may fulfil the role of practice supervisor and practice assessor during this emergency period. The assessment is to be conducted by a registered nurse, midwife or nursing associate with suitable equivalent qualifications for the programme the student is undertaking, and who is not on a temporary register.

Background
As outlined in the supporting paper at **Annexe 1**, in March 2020, in consultation with the Chief Nursing Officers, Chief Midwifery Officers, Council of Deans of Health, Royal Colleges and Representative Bodies we published a set of Emergency Education Standards in response to the Covid-19 pandemic based on the demand on the health and care sectors. It was agreed that the temporary register would not be open to students. These standards enabled:

- Students in the final six months of their final year to complete their programmes in clinical placements
- Students in their second year or first six months of their final year to spend up to 80 percent of that period in clinical placement
- First year students to complete their first year through theoretical learning.

On 30 September 2020 these emergency standards were removed and replaced with a set of recovery standards designed to try and normalise student education.

More recently a new strain of Covid-19 has further increased demand on the health and care sectors, resulting in workforce pressures. Options to expand the workforce are therefore being reviewed and the role of students is again being considered.

Proposal
We consider the immediate reintroduction of two emergency standards to be an appropriate response.

Some AEIs in England have raised concerns as a result of Trusts requesting that first year students are removed from practice. It is therefore proposed to reintroduce the previous emergency standard E3.

Key stakeholders including the Council of Deans of Health, have also identified where a change in standard relating to supervision and assessment would be helpful to relieve pressure on the workforce. It is therefore proposed to also reintroduce emergency standard E5.1.

The Deputy Chair is asked to give approval for the immediate reintroduction of Emergency Standards E3 and E5.1.

The Council will be informed as soon as approval is given by the Deputy Chair.

Deputy Chair's permission given to attach electronic signature due to Covid-19 emergency in the UK

Signed 

Karen Cox (Deputy Chair)

Date 08 January 2021

Council

Covid-19 – Emergency and Recovery Standards

Action: For decision.

Issue: Council is invited to agree the measures set out below which will allow us 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: The Council is recommended to approve:

- The reintroduction of Emergency Standard E3 (paragraph 7).
- The reintroduction of Emergency Standard E5.1 (paragraph 12).

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

Author: Dr Alexander Rhys
Alexander.Rhys@nmc-uk.org

Director: Prof Geraldine Walters CBE
Geraldine.Walters@nmc-uk.org

Context:

1 In March 2020, in consultation with the Chief Nursing Officers, Chief Midwifery Officers, Council of Deans of Health, Royal Colleges and Representative Bodies we published a set of Emergency Education Standards in response to the Covid-19 pandemic based on the demand on the health and care sectors. It was agreed that the temporary register would not be open to students. These standards enabled:

1.1 Students in the final six months of their final year to complete their programmes in clinical placements

1.2 Students in their second year or first six months of their final year to spend up to 80 percent of that period in clinical placement

1.3 First year students to complete their first year through theoretical learning.

2 On 30 September 2020, these emergency standards were removed and replaced with a set of recovery standards designed to try and normalise student education.

3 More recently a new strain of Covid-19 has further increased demand on the health and care sectors, resulting in workforce pressures. Options to expand the workforce are therefore being reviewed and the role of students is again being considered.

Four country factors:

4 The proposed changes to our education standards would apply in the same way across the UK. As the emergency and recovery standards are optional these could be implemented in each country dependent on local need.

Discussion:

5 Consultation with the Chief Nursing Officers, Chief Midwifery Officers, Council of Deans of Health, Royal Colleges and Representative Bodies in recent months has indicated that returning to the previous emergency standards is not a popular option at this time. The rationale for this view is a desire to normalise student education as far as possible to ensure the registered nursing and midwifery pipelines are not interrupted. However, pressure is building in the system and therefore we consider a reintroduction of two emergency standards to be an appropriate response.

6 Some Approved Education Institutions (AEIs) in England have raised concerns as a result of Trusts requesting that first year students are removed from practice. It is therefore proposed to reintroduce the previous emergency standard E3 **"*Students in the first year of pre-registration undergraduate who continue with their nursing and midwifery programme may spend 100 percent of their programme in theory/academic learning*"** be reintroduced where necessary to support these students. This then allows students in their second and third years to be prioritised for placements and support them in graduating when expected. These students would then need to rebalance their programmes in subsequent years. As the emergency standard is optional, where first years can continue their placements as normal then this would be supported.

7 **Recommendation: Council is recommended to approve the re-introduction of Emergency Standard E3.**

8 Key stakeholders including the Council of Deans of Health, have also identified where a change in standard relating to supervision and assessment would be helpful to relieve pressure on the workforce.

9 It is therefore proposed to also reintroduce emergency standard E5.1: ***Exceptionally, the same person may fulfil the role of practice supervisor and practice assessor during this emergency period. The assessment is to be conducted by a registered nurse, midwife or nursing associate with suitable equivalent qualifications for the programme the student is undertaking, and who is not on a temporary register."***

10 The re-introduction of this standard as a recovery standard could increase flexibility for AEIs and their practice learning partners (PLPs) during this time where there are workforce constraints, and there might not be sufficient staffing to fulfil both roles.

11 The decision to reintroduce this standard as part of the recovery standards would need to balance the risks of having the same person fulfil both roles, against the potential of AEIs and PLPs not being able to provide the appropriate supervision and assessment for students with the ongoing capacity constraints. Where some Trusts are now making decisions to potentially remove students on that balance it is therefore proposed to reintroduce that standard.

12 **Recommendation: Council is recommended to re-introduce emergency standard E5.1**

Next Steps

13 Following Council's agreement these changes will be communicated to AEIs and the sector. Ongoing compliance with our standards will be monitored through our quality assurance processes.

14 Where the emergency standards were previously introduced AEIs had to be submit a report outlining how they implemented the standards. These were then reviewed by our service delivery partner Mott MacDonald, any identified issues were then followed up. Subsequently all AEIs were found to have met the emergency standards.

Midwifery implications: 15 The proposed changes would equally apply to midwifery programmes.

Public protection implications: 16 Although we are making changes to our standards to allow for more flexibility, the changes that we propose will still ensure all learning outcomes are met in a safe and effective way.

Resource implications: 17 None.

Equality diversity and inclusion implications: 18 We recognise, that the effects of Covid-19 are more serious for certain groups and therefore individuals from these groups may have reservations about undertaking placement during this time. AEIs are carrying out appropriate risk assessments for their students, and taking appropriate steps to support them.

Stakeholder engagement: 19 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.

Risk implications: 20 The risks associated with these proposals and our proposed are set out in the separate sections in this paper above.

Legal implications: 21 The legal basis for setting our education standards is contained in article 15(1) of the Order which requires council to establish standards for education and training necessary to achieve the standards of proficiency.

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:**
Secretary to the Council	8 January 2021

Reappointments to the Appointments Board

The Acting Chair is asked to reappoint the following as partner members of the Appointments Board from 1 March 2021 to 29 February 2024 in accordance with Standing Orders:

Angie Loveless
Clare Salters

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 10 January 2021

Reappointments to the Appointments Board

Action: For decision

Issue: Reappointments to the Appointments Board

Core regulatory function: Supporting functions

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

Decision required: The Acting Chair is asked to reappoint Angie Loveless and Clare Salters as partner members of the Appointments Board from 1 March 2021 to 29 February 2024.

Annexes: The following annexes are attached to this paper:

- Annexe 1: Biographies for Angie Loveless and Clare Salters
- Annexe 2: Completed reappointment applications forms for Angie Loveless and Clare Salters
- Annexe 3: Completed reappointment recommendation forms for Angie Loveless and Clare Salters

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

Author: Mary Anne Poxton
Phone: 020 7681 5440
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Director: Fionnuala Gill
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Context:

1 The Council established the Appointments Board as a discretionary Committee to assist the Council with the exercise of any function or process relating to the appointment of Fitness to Practise Panel Members and Legal Assessors. In May 2020 the Council extended the remit of the Appointments Board to include oversight of arrangements relating to the appointment of Registration Appeals Panel Members.

2 In accordance with NMC Standing Orders, the Board comprises a Chair and four members, all of whom are lay, partner members. The Board currently has a full complement of members.

3 The first terms of office of two Board members, Angie Loveless and Clare Salters, end on 28 February 2021. They will have each served one three year term and will be eligible for reappointment for a further term of up to three years. Biographies for both are attached as **annexe 1**.

4 Both members have indicated their willingness to be reappointed (see **annexe 2**), and the Chair of the Board is recommending their reappointment (see **annexe 3**).

5 The Secretary to the Board has received updated declaration of interests forms from both members and the due diligence checks undertaken at the time of their original appointment have been refreshed, with no issues being identified.

Four country factors:

6 All selection processes for Appointments Board members are open to applicants from all four UK countries.

Discussion

7 The appointment of partner members to Discretionary Committees of the Council is governed by the NMC Standing Orders.

8 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 a member of the Appointments Board) the term may not exceed three years from the date of appointment, renewable once. 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 1 March 2021 to 29 February 2024.

9 Recommendation: The Chair is asked to reappoint Angie Loveless and Clare Salters as partner members of the Appointments Board, as recommended by the Chair of Board, for the period 1 March 2021 to 29 February 2024.

Next Steps

10 Subject to approval, formal reappointment letters will be sent to Angie Loveless and Clare Salters and this Acting Chair's action will be reported to the next Council meeting (in January 2021).

Midwifery implications: 11 Not applicable as all Appointments Board members are lay.

Public protection implications: 12 The assurance provided by the Appointments Board to Council on the appointment of Panel members, Registration Appeals Panel members and Legal Assessors contributes to public protection.

Resource implications: 13 Allowances and expenses for partner members are provided for within the Governance budget.

Equality diversity and inclusion implications: 14 The next round of recruitment to the Board, scheduled for 2022, will focus on increasing the diversity of the Board's membership.

Stakeholder engagement: 15 Not applicable.

Risk implications: 16 None.

Legal implications: 17 This reappointment process is compliant with the requirements of paragraph 427 of NMC Standing Orders on the appointment of partner members to Discretionary Committees of the Council.

Chair's Action

Under NMC Standing Orders, the Acting Chair of the Council has power to authorise action on minor, non-contentious or urgent or other 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:**
Geraldine Walters, Executive Director Professional Practice	13 January 2021

Approval to introduce additional emergency education standards

Purpose
Seeks approval to introduce additional emergency education standards as described in in the supporting paper, **annexe 1**. This request was made in a letter dated 13 January 2021 from the Secretary of State (**annexe 2**).

Background
In March 2020, in consultation with the Chief Nursing Officers, Chief Midwifery Officers, Council of Deans of Health, Royal Colleges and Representative Bodies we published a set of Emergency Education Standards in response to the Covid-19 pandemic based on the demand on the health and care sectors. On 30 September 2020 these emergency standards were removed and replaced with a set of recovery standards designed to try and normalise student education.

More recently a new strain of Covid-19 has further increased demand on the health and care sectors, resulting in workforce pressures. Options to expand the workforce are therefore being reviewed and the role of students is again being considered.

Council members discussed possible options at an emergency session held on 12 January 2021 and was supportive of introducing appropriate emergency standards.

We consider the immediate introduction of additional emergency education standards with the mitigations, as set out in the supporting paper, to be an appropriate response.

The Acting Chair is asked to give approval as follows:

- **the immediate introduction of the emergency education standards described in annexe 1 of the supporting paper to enable pre-registration nursing students in their third/final year (not including those undertaking a two year post graduate diploma programme) to undertake extended clinical placements to support the healthcare workforce during this time of intense pressure.**

- **That the mitigations and actions required of other bodies be clearly articulated in a letter of response from the NMC to the Secretary of State.**
- **That the need for the emergency standards be reviewed in collaboration with stakeholders in three months' time.**

The Council will be informed as soon as approval is given by the Acting Chair.

Acting Chair's permission given to attach electronic signature due to Covid-19 emergency in the UK

Signed 
Karen Cox (Acting Chair)

Date 13 January 2021

Council

Covid-19 – Re-introduction of the Emergency Standards Update

Action: For decision.

Issue: Council is invited to agree the measures set out below which will allow us 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: The Council is recommended to reinstate the emergency standards as described in Annexe 1, to allow third/final year nursing students to undertake extended clinical placements to support the health and care workforce during this time of intense pressure (paragraph 19.1).

The mitigations and actions required of other bodies should be clearly articulated in a letter of response from the NMC to the Secretary of State (paragraph 19.2).

The need for the emergency standards to be reviewed in collaboration with stakeholders in three months' time (paragraph 19.3).

Annexes: The following annexe is attached to this paper:

- Annexe 1: Summary of proposed emergency standards and identified risks and mitigations.

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

Author: Dr Alexander Rhys
Alexander.Rhys@nmc-uk.org

Director: Prof Geraldine Walters CBE
Geraldine.Walters@nmc-uk.org

Context:

1 With the ongoing COVID-19 pandemic and new strain resulting in overwhelming workforce pressures, options to expand the workforce are being urgently reviewed and the role of students is again being considered.

2 On 13 January 2021, we received a formal request from the Secretary of State, asking for the introduction of emergency standards which enable all final year nursing students to undertake extended clinical placements "full time", which would be remunerated. The request did not include first and second years nursing students, midwifery students or post-graduate students.

3 This paper presents the recommendation to Council on the introduction of new emergency standards in line with the Secretary of State's request, and highlights the risks and mitigations with this proposal.

4 While the consequences and risks of deployment of students are acknowledged, given the pressures on the system, the NHS in England believe this to be a necessary and appropriate strategy, but are keen to ensure that risks are mitigated.

5 Council is therefore being asked to agree to implement the revised set of emergency standards in response to this request.

Four country factors:

6 To date, this request has only been made by the NHS in England. The proposed changes to our education standards would apply in the same way across the UK. As the emergency and recovery standards are optional these could be implemented in each country dependent on local need.

Discussion:

7 Annexe 1 summarises the emergency standards which would need to be implemented to allow these changes to happen.

8 The introduction of the emergency standards for final year nursing students only, in response to the request by the Secretary of State, will mean that:

8.1 Second year nursing students and second and third year midwifery students will continue with their studies and practice placements, retaining supernumerary status, in line with our recovery standards.

8.2 Students on a two year post-graduate diploma programme will continue with their studies and practice placements, retaining supernumerary status, in line with our recovery standards.

9 The risks associated with our proposed response to the Secretary of State's request are set out below. It should be noted that the risks of implementing the emergency education standards proposed are greater than when a similar decision was taken in March 2020. This is broadly because the majority of students who are potentially affected by these changes will already have had some level of disruption to their learning as a result of the pandemic.

10 The statutory objectives of the NMC are to protect, promote and maintain the health, safety and wellbeing of the public; promote and maintain public confidence in the professions that we regulate; and to promote and maintain proper professional standards and conduct for the nursing and midwifery professions.

11 It is important that we ensure the public are protected as the result of changes in our standards. We must ensure the standards of education and training are such that they enable educators to ensure students are able to meet the standards necessary for safe and effective practice to be able to join our register. The health and wellbeing of students is an important part of the learning process and is reflected in our education and training standards. It is within these parameters, that we can set emergency standards which have been approved by the Council. However, we are not responsible for the implementation of any emergency standards or deciding whether or not students on placement should be paid. The responsibility for ensuring that the benefits of the proposed emergency standards are realised rests with governments, employers, commissioners of education and educators.

12 The NMC is not responsible for ensuring nursing or midwifery staffing levels, or that there are sufficient numbers of people within the nursing and midwifery workforce. Under our Order we are required to co-operate with employers, educators, regulators and governments so far as is appropriate and reasonably practicable. There is an expectation that we should manage our operations efficiently to facilitate a pipeline of new registrants available to health and social care services. However, this does not take precedence over our responsibility to assure that new registrants are capable of safe and effective practice.

13 The NMC Council has previously agreed to re-introduce the emergency standard which enables first year nursing and midwifery students to undertake 100 percent theoretical learning. This was in response to a number of Trusts withdrawing placements for first years because they were concerned about their ability to provide adequate supervision and support.

14 We continue to work closely with the four countries, the Council of Deans of Health, Royal Colleges and representative bodies to review arrangements for second year students. Where any further changes to standards are identified these will be presented to the Council for approval.

Risks and mitigations

15 When the emergency standards were first introduced, this enabled over 35,000 students to move into clinical practice as part of their programmes to support the workforce. However a number of students decided to opt-out of the emergency arrangements due to the need to shield, self-isolate or personal choice. This resulted in over 1,100 students in England needing to continue their programmes beyond their expected completion dates to meet their learning outcomes. This therefore generated potential equity issues between those students who were able to undertake the paid placements and those who were not.

15.1 **Mitigation**: It is important that this remains an opt-in process and third year students are able to choose whether they wish to undertake an extended placement. The relevant body in each of the four countries (where these standards are adopted) will need to produce guidance for students and Approved Education Institutions (AEIs) which would cover the impact on students. This would need to outline any arrangements for student funding, in particular where students may continue their studies beyond their expected completion date. Where possible students who opt-out may be able to undertake other components of their programme. However, in some circumstances students may need to suspend their programme following their AEI's local processes.

16 When the previous emergency standards were introduced, and in particular due to the removal of the requirement for supernumerary status the four country governments made a policy decision to remunerate these students. In order to implement this policy, job descriptions were created for students undertaking the extended clinical placements. This led to different perceptions between employers regarding the status of the students and the degree of influence and oversight of the student which should be retained by the AEIs. For example, there were some reports of students being viewed as qualified employees due to their remuneration, which created a potential safety risk, in addition to students not being fully supported to meet their learning outcomes.

16.1 **Mitigation:** The NMC would formally request that clear guidance is provided by all relevant bodies in any of our four UK countries responsible for implementing this change, about the role and utilisation of students and the professional accountability of the Directors of Nursing and registrants working with students. It is proposed that the Chief Executive and Registrar also write to the Chief Executives of the NHS Confederation, NHS Providers and NHS Employers, and the system regulators, to set out the changes to the arrangements and make clear the implications for them. We would also write to AEIs to remind them of their obligation to continue to support students as normal, in line with our standards.

17 The situation in relation to the students and their educational experience is different at this point, from the position in March 2020. Final year students will have previously been studying under the emergency standards in their second year, which enabled them to spend up to 80 percent of that time in an extended clinical placement during the period of time that the standards were in place. These students will therefore need to re-balance their programmes in particular focusing on theoretical learning as a result in order to complete their programmes and join our register. Moving these students into clinical practice may then compromise further their ability to complete their theoretical components and their programmes as expected.

17.1 **Mitigation:** The NMC will request more detailed information from AEIs to quantify what impact this further period of clinical placement may have on the expected date of qualification of these students. AEIs will need to map their students' hours and learning outcomes to ensure that they have met the requirements to join the NMC register at the time they expect to. We will monitor compliance of this through our education quality assurance activity. Where students may need to extend their programmes as a result, each country will need to produce clear guidance on the arrangements for those students, in particular around student funding. We will review our quality assurance processes to ensure that issues that emerged during the first wave of the pandemic are specifically explored.

18 To date, this request has been made by the NHS in England only. Should the emergency standards be re-introduced, then each country would need to liaise with their AEIs regarding whether they are adopted dependent on need. Where some countries may adopt the emergency standards and remunerate their students, others may not. Whilst the remuneration of students is not a policy decision for the NMC to make this may result in a perceived lack of parity for students across the four countries. Second year students, midwifery students and post-graduate students may also feel aggrieved because on this occasion paid placements are not being offered to them.

18.1 **Mitigation:** The NMC should seek assurance that the NHS in England is engaging with the devolved administrations to explain the rationale for this request and seek their support for us to implement the changes necessary. The Chief Nursing Officer in England has met with her counterparts in Northern Ireland, Scotland and Wales and we are assured that they understand the rationale, do not want to stand in the way of the proposed action, but are likely to take different approaches themselves. In relation to second year students, midwifery students and post-graduate students, we have not been requested to change any standards but will continue to work with stakeholders, including the Chief Nursing Officers, Chief Midwifery Officers and DHSC to keep this situation under close review.

19 **Recommendations:**

19.1 **The Council is recommended to reinstate the emergency standards as described in Annexe 1, to enable pre-registration nursing students in their third/final year (not including those undertaking a two year post-graduate diploma programme) to undertake extended clinical placements to support the healthcare workforce during this time of intense pressure.**

19.2 **The mitigations and actions required of other bodies should be clearly articulated in a letter of response from the NMC to the Secretary of State.**

19.3 **The need for the emergency standards to be reviewed in collaboration with stakeholders in three months' time.**

Next Steps

20 Following Council's agreement, these changes will be communicated to AEIs and the sector. We will develop a joint statement with our partners, setting out our approach to the emergency standards.

21 The joint statement will be supplemented with published updated emergency standards, a press release and frequently asked questions, to ensure that students are properly supported.

22 We will engage closely with the four countries, as well as the Council of Deans of Health, Royal Colleges and representative bodies and student leaders. Additionally, we will communicate this decision to our wider group of partners.

23 Ongoing compliance with our standards will be monitored through our quality assurance processes.

24 Where the emergency standards were previously introduced, AEIs were asked to submit a report outlining how they implemented the standards. These were then reviewed by our service delivery partner Mott MacDonald, any identified issues were then followed up.

Midwifery implications:

25 We recognise the significant pressures facing maternity services at the moment. During the first wave of the pandemic, many registered midwives told us that extended placements without supernumerary status were not appropriate for midwifery.

26 The advice we've received from the NHS, supported by the Royal College of Midwives and the Chief Midwifery Officer in England, is that reintroducing emergency standards now and adding further, increased disruption to midwifery education is not needed. As a result, the Secretary of State for Health and Social Care has not asked us to change the standards for midwifery students. This means that the proposed changes would not apply to midwifery programmes. This will enable midwifery students to continue with their studies and remain supernumerary.

Public protection implications:

27 Although we are making changes to our standards to allow for more flexibility, we will monitor the impact of these changes via our quality assurance processes to ensure that all learning outcomes are met in a safe and effective way and that any risks are identified and mitigated.

Resource implications:

28 None.

Equality diversity and inclusion implications:

29 Throughout the pandemic we have been deeply concerned by reports that morbidity and mortality rates from Covid-19 have been higher in ethnic minority groups. We are mindful that there will be a significant proportion of students who will be from black, Asian and minority ethnic backgrounds and therefore individuals from these groups may have reservations about undertaking placement during this time. It is therefore crucial that partners across the health and social care system take full responsibility for protecting these students from any additional risks they may face. AEIs and their practice learning partners will continue to be responsible for carrying out appropriate risk assessments for their students, and taking steps to support them.

30 The NMC 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:

31 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 a number of key stakeholders and representative bodies including the Chief Nursing Officer, Council of Deans of Health, Royal Colleges and representative bodies.

32 Where the emergency standards were previously introduced, a joint statement was produced to signal the consent of each body to the approach. This model will be replicated in this case with either a dedicated meeting set up, or done through correspondence. We also remain in regular contact with these stakeholders.

Risk implications:

33 The risks associated with these proposals and our proposed are set out in the separate sections in this paper above.

Legal implications:

34 The legal basis for setting our education standards is contained in article 15(1) of the Order which requires council to establish standards for education and training necessary to achieve the standards of proficiency.

Annexe 1

Summary of proposed emergency standards and identified risks and mitigations

The table below outlines the original emergency standards, our current emergency and recovery standards, and recommendations for the re-introduction of revised arrangements alongside a summary of key risks and mitigations. EN signifies that these emergency standards would only apply to nursing programmes and not midwifery programmes.

Previous Emergency Standard	Current Emergency/ Recovery Standard	Recommended Council Decision	Risks	Mitigations/Actions
Applied to students in the final six months of their pre-registration undergraduate and post graduate nursing and midwifery programmes (the new emergency standards would only apply to nursing programmes)				
E1 Students in the final six months of their pre-registration undergraduate or post-graduate nursing or midwifery programmes may complete their programmes in clinical placements, whilst ensuring all learning outcomes are met.	N/A – standard withdrawn 30 September 2020	Council is recommended to instate a revised emergency standard E1 as EN1. EN1 Students in the final year of their undergraduate pre-registration nursing programmes may undertake up to 100 percent of their programmes in clinical placements whilst this emergency	1. One of the key risks from the previous implementation of the emergency standards were students being treated as employees rather than remunerated students being supported to meet their learning outcomes whilst in clinical practice. This also has patient safety implications. 2. A number of students decided to opt-out of the emergency arrangements due to the need to shield, self-isolate or personal choice. This resulted in potential equity issues between those able to undertake paid placements and those who couldn't.	1. The NMC would formally request that clear guidance is provided to all relevant bodies in any of our four UK countries responsible for implementing this change, about the role and utilisation of students and the professional accountability of the Directors of Nursing and registrants working with students. We would also write to AEIs to remind them of their obligation to continue to support students as normal, in line with our standards. AEIs will need to work with their students to identify how students can raise concerns if they feel they are not being

Previous Emergency Standard	Current Emergency/ Recovery Standard	Recommended Council Decision	Risks	Mitigations/Actions
		standard is in effect. All learning outcomes must be met to complete the programme. [This will not apply for those in their final year of a two year post graduate diploma programme]	3. Current final year students will have been under the previous emergency standards which saw them spend up to 80 percent of their second year in clinical practice. These students will therefore be in the process of rebalancing their theoretical learning. Moving back into clinical practice may result in them not being able to meet all their learning outcomes and graduate when expected resulting in delays to them joining the registered workforce. 4. Implementation of the previous arrangements were administratively complex for the sector, and took approximately six-eight weeks to implement. This resulted in over 1,000 students needing to extend their programmes beyond their expected completion dates to meet their learning outcomes. 5. Adoption of the emergency standards is optional, and will be dependent on local need. Each of the devolved nations	treated or supported appropriately. 2. Each country's government will need to make local decisions on the remuneration of students under these standards. As the regulator we are not involved in those discussions or decisions. 3. AEIs will need to map their students' hours and learning outcomes to ensure that they have met the requirements to join the NMC register. We will monitor compliance of this through our education quality assurance activity. Where students may need to extend their programmes as a result each country will need to produce clear guidance on the arrangements for those students. 4. Where students may need to extend their programmes as a result each country will need to produce clear guidance on the arrangements for those students. 5. Each country will need to decide how these emergency arrangements are
E1.1 Students must not have spent more than two thirds of the 4600 programme hours on practice placement.	N/A – standard withdrawn 30 September 2020	Council is recommended to reinstate emergency standard E1.1 as EN1.1.		
E1.2 Students finishing their programme in placements under standard E1 will be provided with protected learning time.	N/A – standard withdrawn 30 September 2020	Council is recommended to reinstate a revised emergency standard E1.2 as EN1.2. EN1.2 Students in placements under standard EN1 will be provided with protected learning		

Previous Emergency Standard	Current Emergency/ Recovery Standard	Recommended Council Decision	Risks	Mitigations/Actions
		time.	will make their own policy decisions around remuneration of students and their may be a perceived lack of equity between students in each of the nations.	implemented, including any policy around remuneration of students. As the regulator we are not involved in those discussions or decisions. These will then need to be clearly communicated to students.
Applied to second year students, third and/or final year students on their first six months of study and first year post-graduate students of nursing and midwifery programmes				
E2 Second year students, third and/or final year students on their first six months of study and first year post-graduate students may spend no more than 80 percent of their hours in clinical placements and 20 percent of their hours in theoretical learning.	N/A – standard withdrawn 30 September 2020		.	.
E2.1 Students continuing their programme in placements under standard E2 will be provided with protected learning time.	N/A – standard withdrawn 30 September 2020			

Previous Emergency Standard	Current Emergency/ Recovery Standard	Recommended Council Decision	Risks	Mitigations/Actions
Applied to first year students in their pre-registration undergraduate nursing and midwifery programmes				
E3 Students in the first year of pre-registration undergraduate who continue with their nursing and midwifery programme may spend 100 percent of their programme in theory/academic learning.	An updated E3 was reintroduced 8 January 2021: E3 Students in the first year of pre-registration undergraduate who continue with their nursing and midwifery programme may spend 100 percent of their year in theory/academic learning.			
Applied to all programmes				
E4 Ensure placement allocations take account of current, relevant public health guidelines with due regard to the health and wellbeing of individual students.	R1 Ensure placement allocations take account of current, relevant public health guidelines with due regard to the health and wellbeing of individual students			

Previous Emergency Standard	Current Emergency/ Recovery Standard	Recommended Council Decision	Risks	Mitigations/Actions
E5 All students will receive support, supervision and assessments in line with the Standards for Student Supervision and Assessment (SSSA, 2018).	R2 All students will receive support, supervision and assessments in line with the Standards for Student Supervision and Assessment (SSSA, 2018).			
E5.1 Exceptionally, the same person may fulfil the role of practice supervisor and practice assessor during this emergency period. The assessment to be conducted by a registered nurse, midwife or nursing associate with suitable equivalent qualifications for the programme the student is undertaking, and who is not on a temporary register.	E5.1 was re-introduced 8 January 2021 E5.1 Exceptionally, the same person may fulfil the role of practice supervisor and practice assessor during this emergency period. The assessment to be conducted by a registered nurse, midwife or nursing associate with suitable equivalent qualifications for the programme the student is undertaking, and who is not on a temporary register.			

Previous Emergency Standard	Current Emergency/ Recovery Standard	Recommended Council Decision	Risks	Mitigations/Actions
E6 Theoretical instruction can be replaced with distance learning, where appropriate to support student learning, which meet the required theoretical hours and learning outcomes.	R3 Theoretical instruction can be replaced with *blended* learning, where appropriate to support student learning, which meet the required theoretical hours and learning outcomes.			
E7 Where students currently have 12 weeks to meet any outstanding outcomes, under these exceptional circumstances there will be an unlimited period for these to be met.	R4 Where students currently have 12 weeks to meet any outstanding outcomes, under these exceptional circumstances there will be an unlimited period for these to be met.			

Department of Health & Social Care

From the Rt Hon Matt Hancock MP
Secretary of State for Health and Social Care

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Andrea Sutcliffe CBE
Chief Executive and Registrar
Nursing and Midwifery Council
23 Portland Pl,
Marylebone,
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13 January 2021

Dear Andrea,

Nursing students in England

As you are aware, Sir Simon Stevens, has asked for my agreement to introduce emergency measures similar to those implemented in the first wave of the pandemic, and to ask nursing students to take paid clinical placements on the NHS frontline in England. Sir Simon's request to me is in direct response to the four UK Chief Medical Officers' statement that the United Kingdom should be placed on level five alert. This means that there is a material risk of the NHS in several areas being overwhelmed over the next 21 days unless action is taken.

For this reason, we have introduced a national lockdown which is designed to reduce infection rates across the country but alongside that, we also have a duty to ensure that our NHS can provide the best possible care to patients.

As a nation, we are already indebted to nursing students for the extraordinary contribution they made to that collective effort last year and once again, together with the NHS, I am asking them to join their colleagues in the fight against the pandemic. We need the support of the Nursing and Midwifery Council to take this necessary step and I once again ask you and your Council to put in place NMC emergency standards as quickly as possible to enable those nursing students who wish to make an even more vital contribution to tackling the pandemic to opt into paid clinical placements.

However, unlike in Wave 1, NHS England and Improvement has asked that the emergency standards are put in place to enable all current third year students to enter paid placements in the NHS on a full-time basis, and that years one and two remain in their education programmes in clinical placements and undertaking academic learning, as planned.

In reaching this decision, both Simon and I are very conscious of the impact that this will have on the training of our future nurses, and there will be a need to review this decision in 12 weeks. I can assure you that my Department, the Chief Nursing Officer for England, and Health Education England are already working closely with Universities to minimise that impact and to put in place measures to ensure the future graduation of the nursing students as soon as possible once the current emergency subsides. We will work with Universities, Student Bodies and the Department for Education to ensure that no student who steps up into a front-line placement is adversely impacted in the longer term. I have specifically asked my officials to consider what risk assessments are required regarding the protection for all students, in particular those students from Black and Minority Ethnic backgrounds.

I have also asked Health Education England to work with all concerned to ensure that as students take up paid placements, they have the right support and supervision to ensure that their health and their wellbeing is a priority.
I am grateful to your Council for its recent decision to allow the temporary emergency registration of overseas nurses who are already in the country, allowing them to make use of their full set of skills. This is an important part of a wide-ranging set of measures to maximise at speed the number of staff available to respond the unprecedented pressures the service is experiencing as a result of the new variant of the virus.

In addition, the NMC has provided invaluable assistance to the service by placing many retired nurses on the temporary register, and many are now providing vital support, whether on the wards or in the national effort to ensure the rapid roll out of the vaccine. To ensure that this resource is maximised I have asked Simon and the NHS Chief People Officer for assurance that the NHS has taken every possible step to make best use of those returners who stepped forward to help during the first wave. However even with an increased contribution from this group, I am satisfied that the urgent deployment of nursing students is necessary to respond to the extraordinary pressures that the service is now facing.

I would therefore be grateful if your Council could agree the measures needed to enable students to join their colleagues as soon as possible.

Yours ever,

MATT HANCOCK

Nursing & Midwifery Council

Rt Hon Matt Hancock MP
Secretary of State for Health and Social Care

14 January 2021

Dear Secretary of State

Emergency arrangements for enabling nursing students to move into extended clinical placements

Thank you for your letter of 13 January 2021 asking the Nursing and Midwifery Council (NMC) to reintroduce emergency standards for final year nursing students.

Since the initial use of emergency standards during the first wave of the pandemic, we have sought to normalise education for student nurses and midwives to ensure their learning experience is a positive one and to protect the future supply of professionals onto the NMC register. In September, we removed our emergency standards and replaced them with recovery standards which provided Approved Educational Institutions (AEIs) with flexibilities to help sustain student learning.

However, as you set out in your letter the country is now facing an emergency situation carrying an extremely high risk of insufficient nurses to meet the demands being placed on the health and care system.

In these circumstances, we have given your request careful consideration, and agreed to reinstate emergency standards to facilitate final year nursing students supporting the health and social care workforce. This letter explains the changes we have made, along with our assessment of wider actions that will be needed to support student learning and welfare over this time.

Emergency standards for final year nursing students

While these emergency standards remain in place, they will enable all final year nursing students to choose to undertake extended clinical placements for up to 100 per cent of their programme. After full discussion with Council, our Deputy Chair has also removed requirements for final year students covered by the emergency standards to be supernumerary. None of these changes will apply to midwifery students.

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While these changes have been requested by the NHS in England, the emergency standards are available to use in each of the four UK countries we regulate. We are however aware that the devolved nations may not wish to take make use of the standards at this point. They are not mandatory for any country, region, institution or student.

I welcome your commitments to minimising the impact of these measures on the training of our future nurses and ensuring that no student who takes up a front-line placement experiences longer-term adverse impacts. I also welcome your recognition of the need to protect student health and safety and take specific account of the additional risks Black, Asian and minority ethnic students may face.

Students are the future of the nursing profession, and the NMC remains committed to ensuring they are supported to complete their studies and join the registered workforce. I know that ensuring a sustained future supply of nurses is a personal priority for you, and this depends on current students being able to compete their training.

Measures to support student learning and welfare and patient safety

Introduction of these emergency measures is not without risk. The NMC sets standards of education and training to enable student nurses to meet the standards of proficiency necessary for safe and effective practice to join our register. Final year students will only be able to enter professional practice if they finish their studies and join our register. Our standards for education and training ensure that students themselves are safe in practice, and the supervision of students in clinical placement supports their learning but is also critical to the safety of the people receiving care from students.

Government, educators and education commissioners must therefore act with local employers to mitigate the risks of making changes to student education. These new standards should therefore be accompanied by wider measures to support students to continue and complete their learning and to protect students' health and safety. Our assessment of the key mitigating measures required is set out below:

- As you have acknowledged, final year students must be able to choose whether or not to move into clinical placement.
- The relevant body in each of the four UK's countries should produce guidance for students and approved education institutions (AEIs), for use by AEIs adopting these emergency standards.
- AEIs must retain control and oversight of students and of where they are placed. This is to ensure learning outcomes are met and students on extended placements are supported to complete their programmes.
- Students who are remunerated by employers must still be treated as students, with guidance setting out the professional accountability of the Directors of Nursing and registrants working with students. Employers will need to recognise the limits of the students' abilities, competence and confidence.
- Students must continue to be supported, supervised and assessed in line with our education and training standards.
- Universities will need to map their students' hours and learning outcomes to ensure students will have met the requirements to join the NMC register.

- Guidance will need to set out how students who need to continue studies beyond their expected completion date will be supported academically and financially.
- Partners from across the health and social care system must take full responsibility for protecting Black, Asian and minority ethnic students from any additional risks they may face during clinical placements, including ensuring appropriate PPE for all students and undertaking appropriate risk assessments.

NMC's role in ensuring students remain supported

Where the emergency provisions are applied, the NMC will request detailed information from universities to quantify the impacts of clinical placements on student qualification dates. We will also write to all AEIs and their practice learning partners to set out their continued responsibilities to students, in particular to retaining oversight of students on clinical placement, continuing to support student learning, carrying out appropriate risk assessments for students and taking wider steps to support students. We will monitor compliance of this through our education quality assurance process.

Conclusion

The NMC remains mindful of the enormous pressures the current emergency situation is causing for the health and social care workforce as well as for people who use health and care services. As you note, we have already taken wider action over this emergency period. Our temporary register has been in place since March 2020, and I am glad you are seeking assurances that everything possible is being done to make best use of those returners. We continue to work with all four UK countries to promote the deployment of temporary registrants who have not yet been contacted.

We have recently invited those who left the permanent register between March and November 2020 to join our temporary register and are also currently inviting additional groups of overseas trained nurses to join. We remain committed to doing all we can to support health and social care services to respond to the pandemic, while ensuring we continue to fulfil our core regulatory role to protect the public.

With thanks for your continuing support for our work.

Yours sincerely

Andrea Sutcliffe CBE
Chief Executive and Registrar