

Open Council 28 July 2021

MEETING
28 July 2021 09:30

PUBLISHED
20 July 2021

Meeting of the Council

To be held by teleconference from **09:30** on Wednesday 28 July 2021

Agenda

Sir David Warren
Chair of the Council

Fionnuala Gill
Secretary

- | | | | |
|----------|--|-----------|--------------|
| 1 | Welcome and Chair's opening remarks | NMC/21/61 | 09:30 |
| 2 | Apologies for absence | NMC/21/62 | |
| 3 | Declarations of interest | NMC/21/63 | |
| 4 | Minutes of the previous meeting

Chair of the Council | NMC/21/64 | |
| 5 | Summary of actions

Secretary | NMC/21/65 | |

Matters for discussion

- | | | | |
|----------|---|-----------|--|
| 6 | Executive report including performance and risk report (Q1 April to June 2021)

Chief Executive and Registrar/Executive

<i>Comfort break 10 minutes</i> | NMC/21/66 | 09:35

<i>10:20</i> |
| 7 | Fitness to Practise improvement programme update

Interim Executive Director, Professional Regulation | NMC/21/67 | 10:30-10:55 |
| 8 | Black Lives Matter action plan progress update

Executive Director, People and Organisational Effectiveness | NMC/21/68 | 10:55-11:20 |

9 Questions from observers NMC/21/69 11:20
 Chair (Oral)

Matter for information

10 Chair's action taken since the last meeting NMC/21/70
 Chair
 CLOSE 11:30

Meeting of the Council
Held on 7 July 2021 by videoconference.

Minutes

Council:

Sir David Warren	Chair
Karen Cox	Member
Sir Hugh Bayley	Member
Justine Craig	Member
Claire Johnston	Member
Tracey MacCormack	Associate
Eileen McEaney	Member
Marta Phillips	Member
Derek Pretty	Member
Anna Walker	Member
Ruth Walker	Member
Dr Lynne Wiggins	Member

Partner Members:

Jane Slatter	Chair, Appointments Board
--------------	---------------------------

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
Emma Broadbent	Executive Director, Professional Regulation
Tom Scott	Interim Executive 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
Rob Beaton	Head of Corporate Planning, Performance and Risk (NMC/21/52 only)
Richard Wilkinson	Assistant Director, Finance and Audit (NMC/21/54 only)
Mary Anne Poxton	Head of Governance (NMC/21/53, NMC/21/54, NMC/21/55, NMC/21/56 and NMC/21/57 only)

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

Minutes

NMC/21/47 Welcome and Chair's opening remarks

1. The Chair welcomed all attendees to the virtual Council meeting, including external observers. The Chair introduced himself and said a few words about his previous career, including his work on health sector issues in his capacity as former British Ambassador to Japan. The Chair felt honoured to be part of the NMC's journey, particularly in the current climate, transforming what we do, how we do it and supporting professionals to deliver high quality care for those who need it.
2. The Chair thanked his predecessor, Philip Graf whose legacy he was keen to build on; Karen Cox for her incredible work as Acting Chair and all Council and Executive colleagues for working together to continue to deliver so effectively, despite the challenges presented by the pandemic.
3. The Chair welcomed Jane Slatter, Chair, Appointments Board, who was joining the meeting to present the Board's annual report (NMC/21/57) and congratulated Jane on her recent reappointment as Chair of the Board for a second term.
4. The Council also congratulated Eileen McEneaney on her award of the MBE in the Queen's Birthday Honours, along with all nursing and midwifery professionals and other partners recognised for their contributions to health and social care. All had received a personal letter from the Chair and Chief Executive.

NMC/21/48 Apologies for absence

1. Apologies were received from Sue Whelan Tracy, Council member and Dr Gloria Rowland, Associate.

NMC/21/49 Declarations of interest

1. None.

NMC/21/50 Minutes of the previous meeting

1. The minutes of the meeting on 19 May 2021 were agreed as an accurate record, subject to the following amendment:

NMC/21/38 Review of Investment Policy, paragraph 5b to add at the end of the sentence: "*and the absence of consistent and good quality EDI data from companies in general but particularly from international companies*".

NMC/21/51 Summary of actions

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

NMC/21/52 Executive Report

1. The Chief Executive and Registrar welcomed the Chair to his new role and introduced the report.
2. The Chief Executive confirmed that the Prime Minister’s announcement on lifting the covid-19 restrictions in England on 19 July 2021, did not affect the temporary register. The temporary register remained in place until the Government declared that the emergency was over, and we were working with the Government and four Chief Nursing Officers to ensure that when this happened there would be good notice and, if possible, an appropriate transitional period.
3. In discussion, the following points were noted:
 - a) The Health and Social Care Committee reports on maternity safety in England made several welcome references to our Future Midwife standards. The Committee had made a specific recommendation for the NMC and General Medical Council (GMC) to encourage registrants not to be fearful of speaking up. We had a record of joint work including joint NMC/GMC guidance on the Duty of Candour and Do Not Attempt Cardiopulmonary resuscitation (CPR) notices.
 - b) We were already working collaboratively with the GMC and the Care Quality Commission (CQC) on maternity services and would be sharing data over the summer. With the GMC, we were also piloting some multi-disciplinary work with maternity units in England, focused on professional behaviours, maternity safety and organisational culture.
 - c) We were also engaging with partners in Wales, Scotland, and Northern Ireland to understand how we could work with them on maternity safety within the different frameworks in each country.
 - d) Our pre-registration Future Midwives standards addressed the issues identified in the reports from a midwifery perspective and would make a significant difference if embedded in maternity services across the UK; this required input from all involved in provision of services.
 - e) The continuing restrictions on international applicants travelling to the UK did not affect the grant from the Department of Health and Social Care for increased Objective Structured Clinical Examination (OSCE) provision. The grant was based on increased capacity being available regardless of take up; we were working closely with partners to ensure the best use of that extra capacity.
 - f) The ongoing efforts to engage as many people as possible in the consultation on post-registration standards was commended by the Council. A limited number of responses had been received from those involved in mental health nursing; efforts were being made to encourage responses from this and other areas with a low response.

- g) The explanation of how this work was intended as a 'bridge' to advanced practice on the [website](#) was helpful and worth promoting more widely.
- h) There was recognition that there was not a full understanding of our role as a regulator, even amongst professionals on our register. We were addressing this through our corporate plan commitment: our '*NMC and me*' project involved undertaking research with employers, registrants, students, and the public with a focus on what they thought of our standards of care and oversight of that care, and their feelings coming out of the last year and a half. The results would be used to focus tailored information campaigns to explain our work and plans. A fuller picture of the work would be brought to the Council in the autumn.
- i) Social media stories which caused students and registrants to fear the NMC undermined efforts to promote safe, effective and kind care. Our guidance on using social media encouraged registrants, students, and educators to understand the importance of professionalism. We had worked more closely with students than before during the emergency and longer term, the '*NMC and me*' campaign would help us communicate with them better.

4. The Chair noted that the Council had identified the importance of maternity safety issues and would return to this at a future date. On behalf of the Council, the Chair thanked the Executive for all the hard work evident in the report.

Action: Report back on maternity services safety issues including action to address the Health and Social Care Committee report recommendations.

For: Executive Director, Professional Practice / Executive Director Strategy and Insight

By: 24 November 2021

NMC/21/53 Audit Committee Annual Report 2020-2021

- 1. The Audit Committee Chair, introduced the Committee's Annual Report for 2020-2021, noting that it had been an unusual year given the covid-19 pandemic.
- 2. In discussion, the following points were noted:
 - a) The Committee had seen a significant improvement over recent years in how the Executive addressed risks and controls, such that the Committee was now able to take a more strategic approach to oversight and thanked the Chief Executive and Registrar, Executive Director, Resources and Technology Services and Head of Corporate Planning Performance and Risk, in particular.
 - b) The Head of Internal audit's report had identified the need to focus on people management and organisational development and work had begun in this area.

- c) The virtual working environment had brought to the fore the need for a strong focus on cybersecurity risks.
- d) Although most concerns raised under the Whistleblowing policy tended to be related to people management and cultural issues, rather than protected disclosures, they were addressed in accordance with the policy and reviews undertaken. The Audit Committee Chair and Lead member had good oversight including of outcomes and action plans.

3. The Chair of the Committee confirmed that:
 - a) The Committee had scrutinised the Head of Internal Audit’s annual opinion and agreed with the assessment that the governance, internal control, and risk management environment provided adequate assurance.
 - b) The Committee had reviewed and recommended the draft letters of representation to the external auditors and the National Audit Office to the Council for approval.
 - c) The Committee had reviewed and recommended the draft Annual Report and Accounts 2020-2021 and the draft Annual Fitness to Practice Report 2020-2021 to the Council for approval.
4. The Chair noted that the ongoing risks identified would continue to be addressed by the Council.
5. On behalf of Council, the Chair thanked the Audit Committee and Executive for all the work over the past year and noted the importance of ensuring that issues related to risks were reflected in future Council agendas.

NMC/21/54 Draft Annual Report and Accounts 2020-2021

1. The Chief Executive and Registrar introduced the draft annual report and accounts, noting that this was both the Council’s report to Parliament and, as Trustees, to the Charity Commission for England and Wales and the Office of the Scottish Charity Regulator (OSCR).
2. Points highlighted by the Chief Executive and Executive Director, Resources and Technology included the following:
 - a) The report covered key developments in the year from April 2020 to March 2021, the first year of the new strategy for 2020-2025, but we quickly refocused on a new set of priorities to respond to the Covid-19 pandemic.

- b) Responding to the Covid-19 pandemic meant adjusting our strategic plans and putting some activities on hold, while making sure that we continued to deliver our core regulatory duties and regulate effectively. This meant that we did not progress as far or as quickly with some elements of our work as planned. For example, our fitness to practise caseload had been increasing before the pandemic and pausing case work had exacerbated this. There had also been delays and budget overspends within our Modernisation of Technology programme which meant that we had to pause and reset the programme.
- c) Our financial position remained strong, and the Council could be confident the NMC was a going concern, despite the impact of the Covid-19 pandemic.
- d) Investment of £30m had been made during the year in a balanced portfolio of shares designed to protect and increase the value of funds in the long term. These investments would help enable the NMC to keep the annual fee at £120 as long as possible.

3.

In discussion, the following points were noted:

- a) Colleagues' resilience and exemplary response to the Covid-19 pandemic was commended.
- b) Greater communication and trust had been built with the Chief Nursing Officers and other key stakeholders as a result of our response to the pandemic, which had demonstrated our ability to be flexible and responsive.
- c) Our work, including in relation to the temporary register and emergency standards had made a real difference to professionals on the frontline.
- d) The report could benefit from an explanation in the narrative of our five-year strategy and our commitments as the framework used to report on performance.
- e) In relation to regulatory reform, there would be value in being clearer about how we were committed to developing stronger accountability to the public.
- f) The comprehensive nature of the report, which is a result of the complex reporting requirements, made it less accessible. For future years, efforts to minimise repetition across separate sections of the report would be beneficial. A shorter, more accessible version with key messages and outcomes was being produced and would be promoted on social media, on the website and in our newsletters to registrants, students, and employers.
- g) It was pleasing to see the reference to sustainability in the report and the reduction in our carbon footprint. The reference to restricting direct investment in fossil fuel extraction should be clearer, so as not to give a misleading impression.

4. On behalf of the Council, the Chair thanked the external auditors, the NAO, Governance and Resources teams for all their work on the report and accounts and all colleagues for their work over the last year. The Council also commended the incredible contribution made by the professionals we regulate in the face of the most significant health and care challenges in recent history.

5. **Decisions: Council:**
- a) **Confirmed that in its view the NMC is a going concern.**
 - b) **Authorised the Chair to sign the letter of representation to the external auditors.**
 - c) **Authorised the Chair and Chief Executive to sign the letter of representation to the NAO.**
 - d) **Subject to taking account of the comments made, approved the draft Annual Report and Accounts 2020–2021 for submission to Parliament.**

NMC/21/55 Draft Annual Fitness to Practise Report 2020-2021

1. The Interim Executive Director, Professional Regulation introduced the draft Annual Fitness to Practise Report 2020–2021.
2. The last year had been an exceptional year with consequences across the sector. A key consequence for the NMC had been a significant increase in the backlog of Fitness to Practise cases; the backlog had developed prior to the pandemic but had increased due to the decision to close our hearing centres and pausing some investigations so that health and care professionals could concentrate on their response to the pandemic. Addressing this backlog was the overriding priority for 2021-2022.
3. In discussion the following points were noted:
 - a) The work of the public support service (PSS) in helping members of the public and witnesses involved in our cases was critical and should be included in the report including for example the number of people supported and what had been achieved.
 - b) The report could bring out more clearly the three aspects of equality, diversity, and inclusion relating to staff, registrants and the wider public.
 - c) The more detailed information included about the nature of allegations found proved at adjudication was welcome. It was important to feed this information back into the system so that organisations and staff could learn from this. For example, themes such as the prevalence of prescribing and medicine management issues helped alert professionals to the importance of being more careful, open to improvement and more supportive in this area.

d) The Regulatory Intelligence Unit and Employer Link Service were working on ways of ensuring such insights were reported back to employers and action taken.

4. The Council expressed its thanks to all those involved in producing the report.

5. **Decision: Council approved the draft Annual Fitness to Practise Report 2020-2021 for submission to Parliament.**

NMC/21/56 Appointment of panel members

1. The Interim Executive Director, Professional Regulation introduced the report proposing appointment of 82 new Fitness to Practise panel members following a recent recruitment exercise overseen by the Appointments Board.

2. The Chair of the Appointments Board outlined the Board’s oversight and its view that that process had been robust; the Board was satisfied that the candidates could be recommended to the Council.

3. In discussion the following points were noted:
- a) Almost 1,500 applications had been received: it was heartening to see the level of appetite for these roles, particularly from registrants. The number of lay and registrant panel member appointments reflected the current number of vacancies for each.
 - b) The new values-based approach adopted to reflect the organisational values of kindness, fairness and a person-centred approach was welcomed.
 - c) The appointments would result in a modest improvement to the diversity of the panel member pool, increasing from 26 to 40 the number of panel members who described themselves as coming from a diverse background. This was a journey and one of the specific objectives of the Appointments Board.
 - d) Learning from the recruitment campaign would be digested including what aspects to take forward to improve diversity for the future. Factors which affected the diversity of applicants were thought to include the sporadic nature of the work which tended towards registrant applicants who were in more senior roles who had that level of autonomy over their workloads. There were fewer professionals from black and ethnic minority backgrounds in those roles. This was something which would need to be discussed with employers and human resources departments. Suggestions for associate roles and diversity networks who often provided mentoring opportunities for colleagues would be followed up.
 - e) Disaggregated data for the diversity profile by age group would be welcome. The data in annexe 2 of the report would be reviewed for accuracy.

f) Appointment of panel members were made in tranches to ensure both continuity and refreshment of the pool.

4. The Council thanked the Appointments Board and Professional Regulation colleagues for all the hard work on the campaign and the clear focus on taking as inclusive and diverse approach as possible.

5. **Decision: Council approved the appointment of the 82 individuals listed at Annexe 1.**

Action: Provide the disaggregated data for the diversity profile by age group of the new panel members and the corrected data in annexe 2 to the Appointment of panel members paper
For: Interim Executive Director, Professional Regulation
By: 28 July 2021

NMC/21/57 Appointments Board Annual Report 2020-2021

1. The Chair of the Appointments Board introduced the Board's Annual Report 2020-2021 and gave an overview of the past year and priorities for 2021-2022. The Chair expressed her thanks to Professional Regulation colleagues and to the Head of Governance, in particular, for her support to the Board.

2. In discussion the following points were noted:

- a) As well as strong alignment with the values and a person-centred approach, strong analytical skills were a key element of the specification for panel members, and this was tested in the selection process.
- b) The Board's aim was to encourage and develop panel members so that Panel Chairs could be selected internally.
- c) The legislative requirement to have 10 years' experience at the bar or as an advocate/solicitor in Scotland to be become a legal assessor was contained in the Nursing and Midwifery Order 2001. This was a challenge in terms of seeking to address the diversity of the pool.
- d) It was important to ensure that Panel members were kept update on learning and issues arising from court appeals and cases referred by the Professional Standards Authority (PSA), as well as learning from the wider sector. The Executive confirmed that training for Panel members included providing outcomes of High Court cases on for example matters of truth and honesty; and learning from PSA cases.

3. On behalf of the Council, the Chair thanked the Appointments Board Chair and members for all their hard work.

NMC/21/58 A year in the life: Employer Link Service

1. The Executive Director, Strategy and Insight introduced the report and paid tribute to PJ Mansell, Principal Regulation Adviser, on leading the team so well during the previous year.
2. The Employer Link Service (ELS) had been set up in 2016 in response to the Francis' inquiry into Mid Staffordshire NHS Foundation Trust. Initially the team had eight staff, since increased to 12 Advisers to cover the whole of the UK. A new Assistant Director had recently been appointed to transition the team to a new model of work from 2022-2023 and the team would move to the Professional Practice directorate.
3. In discussion, the following points were noted:
 - a) The excellent and responsive service provided by the team was commended by Council colleagues who engaged with the service in their professional roles. These were often complex cases and for employers to have the ability to discuss a case with an Adviser was extremely useful.
 - b) It would have been helpful for the report to have set out how the original business case objectives set in 2015 had been achieved, to help Council consider the proposed future approach. The Executive confirmed that these had been achieved and had judged that now was the right time to learn from achievement to date and set the next objectives for the service.
 - c) A long-term view was important, taking account of our ability to resource this and the need for a balance between upstream work of assisting employers and addressing cases received.
 - d) Engagement at regional level in assessing wider public safety concerns was testament to the work being done, as was the proposed involvement in the future integrated care system planned in England.
 - e) The percentage of engagement by country was slightly higher for England by comparison with the register; the Executive would investigate the reasons for this further.
4. The Council expressed its thanks to the ELS and commended the team's work.

NMC/21/59 Questions from observers

1. The Council noted the two written questions submitted by observers and the responses as set out in Annexe B to the minutes.

NMC/21/60 Deputy Chair's action taken since the last meeting

1. The Council noted the Deputy Chair's action reappointing Jane Slatter as Chair of the Appointments Board for a second term and Rob Allen as a member to the Appointments Board for a second term.

1. Agenda:
2. Apologies
3. Declaratio
4. Minutes of
5. Summary
6. Executive
7. Fitness to
8. Black
9. Questions
10 Chair's

Closing remarks

1. The Chair thanked everyone who had joined the meeting for listening. All colleagues were also thanked for their ongoing hard work and dedication.

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

SIGNATURE:

DATE:

Attendees

Observers

Liz Fenton	Deputy Chief Nurse, Health Education England
Lucy Gillespie	John Burdett Fellow, Health Education England
Eileen McKenna	Associate Director, RCN Scotland
Gail Adams	Head of Professional Services, UNISON
Pamela Page	Quality Assurance, Deputy Director, Mott MacDonald
Adeola Adeyeye	Registered Nurse, NHS
Dionne Jordan	Band 5 Paediatric Nurse (Agency), NHS/Reed
Helen Dogo	Specialist Stroke Nurse, Midlands Partnership Foundation Trust
Kelly Steanson	Senior Sister, NHS
Olajumoke Yemitan	Staff Nurse, Croydon Health Services
Peter Bell	Member of public
Varun Prasad Surendra Prasad	Nurse Advisor, The Mid Yorkshire NHS Trust
Jill Dowland	Nurse, Dorset Heath care
Nicole Forbes	Nurse, University hospital Southampton
David Munday	Lead Professional Officer, Unite the Union
James Penry-Davey	Partner, Capsticks Solicitors LLP
Jenny Wood	Associate, Capsticks Solicitors LLP
Elsie Gayle	Chair, NMCWatch

Press

Gemma Mitchell	News editor, Nursing Times
----------------	----------------------------

NMC staff observing

Alex Lusuardi	Senior Research Officer
Natalie Brown	Paralegal
Stephanie North	Senior Governance Manager
Abby Crawford	Equality Diversity and Inclusion Manager
Peter Clapp	Governance Manager
Rebecca Calver	Programme Manager
Phil Roughsedge	Research and Evidence Manager

Observer questions – Council meeting 7 July 2021

Question 1 – Peter Bell, Member of the public

In the Draft Annual Report and Accounts 2020-2021 (NMC/21/54, Annexe 1, Schedule 1, Table 5) there is a line Stock Market Investments which shows the value of the long-term investments as £30million in each of the years 1, 2 3, and 4.

My understanding was that the £30 million of registrants' fees that the NMC has decided to invest on the stock market for growth had been invested to return a positive capital return each year (according to the investment policy). Is it the intention of the Council to extract the gains above £30 million in both income and capital returns and to spend those returns in each current year, or is it intended to reinvest the positive returns back in the stock market?

Response: Executive Director, Resources and Technology Services

Dear Mr Bell, thank you for submitting the above question.

The £30 million investment fund aims to make a return of 3 percent over CPI inflation, but we intend that gains will be left in the portfolio for the short to medium term. Therefore we have not budgeted for investment gains over the period to 31 March 2024. However, in the longer term, post five years, we may use the gains from the portfolio to fund expenditure and help keep the registrants' fee at £120.

Question 2 - Elsie Gayle, Midwife, Honorary Fellow University of Wolverhampton

What steps other than signposting to the CIC counselling service are the NMC council doing to ensure safeguarding for all affected by FTP investigations?

Response: Interim Executive Director, Professional Regulation

Dear Ms Gayle, thank you for submitting the above question.

We have an organisational wide safeguarding policy and associated E- learning for our staff. This includes information about relevant considerations when engaging with all people through our work, with specific case studies both for colleagues in our call centre and colleagues working across the fitness to practise process. There are specific actions to take where we identify safeguarding concerns/risk of harm and ultimately this includes making a safeguarding referral, liaising with other relevant organisations as applicable (including local healthcare providers and safeguarding teams) and making immediate welfare reports where we consider this necessary.

We also have a suite of duty of care procedures and a Public Support Service which is about ensuring support to those people who face challenges and those who without support may be subject to safeguarding concerns.

Our strategic approach is to ensure through the fitness to practise process, an experience that is less likely to trigger safeguarding concerns.

Council

Summary of actions

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

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

Summary of outstanding actions arising from the Council meeting on 7 July 2021

Minute	Action	Action owner	Report back date	Progress to date
NMC/21/52	<p>Executive Report – Health and Social Care Committee Report</p> <p>Report back on maternity services safety issues including action to address the Health and Social Care Committee report recommendations.</p>	<p>Executive Director, Professional Practice / Executive Director Strategy and Insight</p>	<p>24 November 2021</p>	<p>Not yet due.</p>
NMC/21/56	<p>Appointment of panel members</p> <p>Provide the disaggregated data for the diversity profile by age group of the new panel members and the corrected data in annexe 2 to the Appointment of panel members' paper.</p>	<p>Interim Executive Director, Professional Regulation</p>	<p>28 July 2021</p>	<p>Corrected data and the disaggregated data from the search consultants are attached at annexe 1.</p>

Summary of outstanding actions arising from the Council meeting on 19 May 2021

Minute	Action	Action owner	Report back date	Progress to date
NMC/21/36	<p>Education Emergency and Recovery Standards</p> <p>Bring back the recovery standards enabling AElS to replace up to 300 hours of practice learning with alternative methods of simulated practice learning across the programme (RN5 and RN5.1) for review in 6 months' time</p>	Executive Director, Professional Practice	24 November 2021	Not yet due.
NMC/21/38	<p>Review of Investment Policy</p> <p>Review the position relating to investing in companies profiting from opioid dependency</p>	Executive Director, Resources and Technology Services	29 September 2021	Not yet due.
NMC/21/41	<p>Professional Standards Authority annual performance review 2019-2020</p> <p>Provide an update on the Executive Board's discussion of the action plan as part of the Executive report to the Council in July</p>	Executive Director, People and Organisational Effectiveness	28 July 2021	<p>The Executive Board has not yet considered the action plan, but will do so in early August 2021.</p> <p>The outcome will be reported to the Council at its September meeting and the Chief Executive apologises for not meeting this original deadline.</p>

Summary of outstanding actions arising from the Council meeting on 24 March 2021

Minute	Action	Action owner	Report back date	Progress to date
NMC/21/22	<p>Emergency Rules – consultation outcomes and decision on continuing use of powers</p> <p>Report back on the review of the guidance post emergency.</p>	Interim Executive Director, Professional Regulation	29 September 2021	Not yet due.
NMC/21/23	<p>Annual Corporate plan and budget 2021-2022</p> <p>Provide clarity about the benefits to be realised, including staff resources, when bringing the updated budget back for approval in 2021-2022.</p>	Chief Executive and Registrar/Executive	29 September 2021	Not yet due.

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	<p>Fitness to practise cases</p> <p>Provide an annual update on learning from fitness to practise cases</p>	Executive Director, Professional Regulation	24 November 2021	Not yet due.

Panel Member appointments selection process: Equality diversity and inclusion statistics

Overall pool - Registrant and Lay Panel Members

	% candidates (applications)	% candidates (test stage)	% candidates (interview stage)	Recommended for appointment
Gender	74.79% (1059/1416) identify as female 24.15% (342/1416) identify as male 1.06% (15/1416) prefer not to say*	72.54% (420/579) identify as female 26.77% (155/579) identify as male 0.69% (4/579) prefer not to say*	69.57% (96/138) identify as female 29.71% (41/138) identify as male 0.72% (1/138) prefer not to say	67.07% (55/82) identify as female 31.71% (26/82) identify as male 1.22% (1/82) prefer not to say
Ethnicity	19.21% (272/1416) indicated that they are from a black, Asian and minority ethnic background	17.10% (99/579) indicated that they are from a black, Asian and minority ethnic background	13.04% (18/138) indicated that they are from a black, Asian and minority ethnic background	17.08% (14/82) indicated that they are from a black, Asian and minority ethnic background
Disability	7.42% (105/1416) identify as having a disability	7.60% (44/579) identify as having a disability	11.59% (16/138) identify as having a disability	12.20% (10/82) identify as having a disability

Percentages provided to two decimal places where possible

* denotes previous error in the data, details set out in schedule of amendments below

1. Agenda: Welcome
2. Apologies for
3. Declarations of
4. Minutes of the
5. Summary of actions
6. Executive report
7. Fitness to Practise
8. Black Lives Matter
9. Questions from
10 Chair's action

	% candidates (applications)	% candidates (test stage)	% candidates (interview stage)	Recommended for appointment
Sexual orientation	6.07% (86/1416) described their sexual orientation as gay, bisexual or other. 5.58% (79/1416) prefer not to say	6.21% (36/579) described their sexual orientation as gay, bisexual or other.* 5.70% (33/579) prefer not to say	7.23% (10/138) described their sexual orientation gay, bisexual or other. 5.07% (7/138) prefer not to say	3.66% (3/82) described their sexual orientation as gay, bisexual or other. 2.44% (2/82) prefer not to say
Age	1.48% (21) are 16-24 9.32% (132) are 25-34 17.44% (247) are 35-44 29.24% (414) are 45-54 34.75% (492) are 55-64 6.21% (88) are 65+ 1.55% (22) prefer not to say	0.35% (2) are 16-24 7.77% (45) are 25-34 17.27% (100) are 35-44 30.57% (177) are 45-54 35.92% (208) are 55-64* 6.91% (40) are 65+ 1.21% (7) prefer not to say	0% (0) are 16-24 7.25% (10) are 25-34 18.84% (26) are 35-44 29.71% (41) are 45-54 36.96% (51) are 55-64 5.80% (8) are 65+ 1.45% (2) prefer not to say	0% (0) are 16-24 6.10% (5) are 25-34 18.29% (15) are 35-44 39.02% (32) are 45-54 30.49% (25) are 55-64 6.10% (5) are 65+ 0% (0) prefer not to say
Four country breakdown	84.04% (1190) England 3.39% (48) NI 6.36% (90) Scotland 5.72% (81) Wales 0.49% (7) Other/ Not known	84.46% (489) England 3.80% (22) NI 6.74% (39) Scotland 4.49% (26) Wales 0.51% (3) Other / Not known	86.96% (120) England 5.07% (7) NI 4.35% (6) Scotland 3.62% (5) Wales (0) Other / Not known	84.15% (69) England 7.32% (6) NI 3.66% (3) Scotland 4.87% (4) Wales (0) Other / Not known

Lay / Registrant Panel Member data - comparison with UK population, source 2011 census data, and our register as at 31 March 2021.

	Registrant candidates recommended for appointment	% of our register (as at March 2021)	Lay candidates recommended for appointment	% UK population
Gender	82.35% (14/17) identify as female 17.65% (3/17) identify as male	89.24% identify as female 10.75% identify as male <0.1% prefer not to say	63.08% (41/65) identify as female 35.38% (23/65) identify as male 1.54% (1/65) prefer not to say	50.9% are women 49.1% are men
Ethnicity	23.52% (4/17) indicated that they are from a black, Asian and minority ethnic background	21.67% indicated that they are from a black, Asian and minority ethnic background	15.38% (10/65) indicated that they are from a black, Asian and minority ethnic background	14% are from a black, Asian and minority ethnic background
Disability	11.76% (2/17) identify as having a disability	3.6% identify as having a disability	12.31% (8/65) identify as having a disability	17.9% identify as having a disability

1. Agenda: Welcome
2. Apologies for
3. Declarations of
4. Minutes of the
5. Summary of actions
6. Executive report
7. Fitness to Practise
8. Black Lives Matter
9. Questions from
10 Chair's action

	Registrant candidates recommended for appointment	% of our register (as at March 2021)	Lay candidates recommended for appointment	% UK population
Age	0% (0) are 16-24 11.76% (2) are 25-34 17.65% (3) are 35-44 29.41% (5) are 45-54 35.29% (6) are 55-64 5.88% (1) are 65+ 0% (0) prefer not to say	3% are 25 and below 23% are 25-34 23% are 35-44 27% are 45-54 21% are 55-64 3% are 65+	0% (0) are 16-24 4.62% (3) are 25-34 18.46% (12) are 35-44 41.54% (27) are 45-54 29.23% (19) are 55-64 6.15% (4) are 65+ 0% (0) prefer not to say	13% are 15-24 14% are 25-34 14% are 35-44 13% are 45-54 12% are 55-64 16% are 65+

Schedule of amendments from version presented at Council meeting on 7 July 2021

1. All percentages have been changed to two decimal places to avoid rounding errors.
2. **Gender: all applications** – prefer not to say, percentage amended from 2% to 1.06%, number amended from 12 to 15.
3. **Gender: test stage** – prefer not to say, percentage amended from 2% to 0.69%, number amended from 9 to 4.
4. **Sexual orientation: test stage** - described their sexual orientation as gay, bisexual or other, percentage amended from 18% to 6.21%. Number - no change.
5. **Age: test stage** – are 55-64, percentage amended from 6.9% to 35.92%. Number - no change.
6. **Four country breakdown: all stages** - Other / Not known data added for completeness.
7. **Gender: % of our register** - <0.1% prefer not to say added for completeness.
8. **Age: % of our register and % UK population** – groupings amended to align with recommended for appointment data groupings.

Data broken down by age group and ethnicity

Registrant Member (17)

Age group	British	African	Black African and White	Other Mixed Background
25-34	2	-	-	-
35-44	2	1	-	-
45-54	3	1	-	1
55-64	5	-	1	-
65 +	1	-	-	-

Lay Member (65)

Age Group	British	Pakistani	Indian	African	Irish	Caribbean	Black African & White	Asian & White	Any other White background	Any other Asian background	Other Mixed Background
25-34	2	1	-	-	-	-	-	-	-	-	-
35-44	9	-	1	1	-	-	-	-	-	-	1
45-54	21	-	-	1	2	1	-	1	-	1	-
55-64	16	-	1	-	1	-	-	1	-	-	-
65 +	2	-	-	-	-	-	-	-	2	-	-

1. Agenda: Welcome
2. Apologies for
3. Declarations of
4. Minutes of the
5. Summary of actions
6. Executive report
7. Fitness to Practise
8. Black Lives Matter
9. Questions from
10 Chair's action

Council

Executive report

Action: For discussion.

Issue: The Council is invited to consider the Executive's report on key developments during 2020-2021 up to July 2021.

Core regulatory function: All regulatory functions.

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

Decision required: None.

Annexes: The following annexes are attached to this paper:

- Annexe 1: Progress against our 2021-2022 corporate plan and budget
- Annexe 2: 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.

Author: Roberta Beaton
Phone: 020 7681 5243
roberta.beaton@nmc-uk.org

Author: Andy Gillies
Phone: 020 7681 5641
andy.gillies@nmc-uk.org

- 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 report with highlights from the external environment and our strategic engagement work up to July 2021;
 - 2.2 Our quarter one corporate performance report providing status updates against our corporate plan and budget for 2021–2022 up to 30 June 2021 (**annexe 1**); and
 - 2.3 Our corporate risk position for 2021–2022 up to 30 June 2021 (**annexe 2**).
 - 3 We have structured the following discussion using our 5 strategic themes from our 2020–2025 strategy and significant external updates.
 - 4 We have redesigned our corporate performance report at **annexe 1**. The purpose was to reinstate traffic light assessments and make the report easier to read.
 - 5 We have removed any detailed discussion regarding fitness to practise and our recovery work from this report into NMC/21/67 item 7 (Fitness to Practise improvement programme update) on the agenda to support the Council to have a holistic discussion of the issues under a single agenda item.

Four country factors: 6 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

- 7 The number of people on the temporary register continued to decrease slightly in June 2021, from 15,136 on 31 May 2021 to 14,901 on 30 June 2021.

- 8 Government announcements about lifting Covid-19 restrictions in England did not include the ending of the emergency period. We are engaging with the Department of Health and Social Care (DHSC) on timings for the closure of the temporary register (which would happen once the emergency period is declared over). There is no indication that this is imminent, however there is no guarantee that a decision will not be made quickly at some point.
- 9 We are exploring a survey of those on the temporary register to understand their future intentions.

Increasing the objective structure clinical examinations for overseas nurses and midwives

- 10 We have received funding from DHSC to increase objective structured clinical examination (OSCE) capacity. We have held our first governance meeting with DHSC to finalise how we will monitor and report on the requirements of the funding. Our test delivery partners are making good progress towards implementing the additional capacity. We are in the process of training new assessment team members.

Revalidation

- 11 We published support materials for nursing associates, who will be revalidating for the first time from November 2021. We have sent them dedicated support emails and will hold a webinar for them in August 2021.
- 12 We have merged all our revalidation support materials on our website in one location, and made information more accessible for people with disabilities.

Proactive support

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

Post registration standards consultation

- 13 We will be closing the extended 16 week post registration consultation on 2 August 2021. Throughout this period we have been promoting the consultation and encouraging stakeholders to respond.

1. Agenda:
2. Apologies
3. Declaratio
4. Minutes of
5. Summary
6. Executive
7. Fitness to
8. Black
9. Questions
10 Chair's

- 14 On 2 July 2021 we held two post registration standards steering group (PRSSG) meetings to provide an update on the consultation activity. In addition, we presented the proposed arrangements for the post consultation assimilation activity that will begin in September 2021, following receipt of the independent analysis. The PRSSG were invited to send in nominations to the specific assimilation groups to ensure that our commitment to co-production continues.

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.

- 15 We are continuing to hold registrant webinars for NMC colleagues to share the work of the professionals on our register and to increase our knowledge and understanding of the different settings they work in and their varied roles. In July 2021, we focused on the Covid-19 vaccine programme and heard from temporary registrant Lucy Freestone, clinical assessor for the programme in London and Christopher McParland, clinical research nurse based in Glasgow who has been working in support of the development of the vaccine. The session provided a fascinating insight and we were very grateful to Lucy and Chris for their engaging presentations.

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.

“NMC and Me” campaigns

- 16 Since the end of the second Covid-19 wave, we have again picked up our focus on creating a stronger, ‘One NMC’ voice to explain what we do and who we are. We are doing this by weaving a simple story about our role through all of our communications and engagement activity.
- 17 Building on this proactive and programmed work, we are developing discrete information campaigns for registrants, students and the public. Called NMC & Me, this work is one of the 10 priorities we have committed to in the 2021-2022 corporate plan.

- 18 We have just appointed a research company to carry out quantitative and qualitative research over the summer. This insight will be used to refresh our visual identity, which will strengthen our 'One NMC' voice and making it more accessible and inclusive. It will also help us design the campaigns to explain who we are, what we do, what we stand for and where we are heading over the next two to three years.

Public engagement

- 19 Following a review of our engagement forums and approach to co-production, we are developing a new public engagement forum to inform the NMC's work.
- 20 On 14 and 20 July 2021 we hosted two online scoping sessions to bring members of the public together to find out more about the NMC and the opportunities for them to shape and influence our work in the future. The events were part of our early steps in building a network of members of the public who understand the role and functions of the NMC and want to work with us to improve what we do. They were also an opportunity for us to meet individuals who wish to be members of a more formal forum, which will focus on the strategic aims of the organisation.
- 21 There was significant interest, and we met with around 30 diverse members of the public from across the UK. We will be following up with all those who took part over the coming month.
- 22 The Council will have a further discussion about public engagement in September 2021.

Engagement with UK government

- 23 On Tuesday 6 July 2021, the Secretary of State introduced the Health and Care Bill to Parliament. The stated aims of the Bill are to better integrate the health and care systems to ensure more joined up care, remove bureaucracy and improve accountability in the NHS in England. The Bill also contains clauses on reviewing regulators and professions, applicable to all four nations, but is separate from the UK government proposals to change the legislation on how we regulate (regulatory reform).

Engagement with new Royal College of Nursing (RCN) leadership

- 24 The RCN announced its new President, Dr Denise Chaffer and the resignation of Dame Donna Kinnair as Chief Executive and General Secretary.

1. Agenda:
2. Apologies
3. Declaratio
4. Minutes of
5. Summary
6. Executive
7. Fitness to
8. Black
9. Questions
10 Chair's

- 25 Our Chief Executive and Chair wrote to Dame Donna to thank her for her collaborative approach to working with the NMC during her time at the RCN and to Dr. Chaffer with congratulations.

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

- 26 The DHSC confirmed that it is exploring protected titles as part of a wider review of the regulatory system for health professionals. DHSC committed to collaborate with the NMC and the office of the Chief Nursing Officer for England, Ruth May. This is very welcome and reflects the issues we highlighted in our response to the government’s regulatory reform proposals that we need to have the right protected titles and enforcement powers across the four nations so we can take effective action to protect the public and maintain confidence in the professions.
- 27 On 14 July 2021, we held a joint event with the General Medical Council (GMC) for peers in the House of Lords on regulatory reform, to discuss the proposed changes we want to see.

Education standards research

- 28 Now that the UK has left the EU, we are exploring whether the requirements of the EU directive need to remain embedded within our education programme standards for pre-registration nursing and midwifery. To do this we commissioned two pieces of research, one to identify any relevant research evidence nationally and internationally, and another explore stakeholder views, using interviews and an online survey.
- 29 We presented the findings from both elements of the research to our stakeholder reference group on 15 July 2021. We expect to publish the reports in September 2021 for Council to decide on next steps. Any changes to the standards will be coproduced and subject to a full consultation.

Midwifery implications

- 30 There are no differences to the application of this report for midwifery.

Public protection implications:

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

Resource implications:	32	No external resources have been used to produce this report.
Equality diversity and inclusion implications:	33	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:	34	Discussed within this paper.
Risk implications:	35	The impact of risks is assessed and rated within our corporate risk register.
Legal implications:	36	None.

Performance against our corporate plan for 2021-2022

1. Overview

- a. To make the report easier to read, we have reinstated traffic light assessments against our corporate commitments and key performance indicators (KPIs). We removed traffic lights in 2020–2021 due to the uncertainties and pressures of Covid-19 on our corporate plan as almost all would have been assessed as red, which would have reduced their effectiveness as an aide for the Council’s oversight. We would welcome the Council’s views on the presentation of the data, in particular the threshold for the ratings which will inform the Executive Board’s further development of the report.
- b. We have grouped information by our strategic themes from our 2020–2025 strategy so that we can present our annual corporate commitments and KPIs together and take a holistic view of the data.
- c. We have reported by exception where performance is significantly below or above our expectations or updates are noteworthy.
- d. We have reduced duplication across the report.



1. Agenda: Welcome
2. Apologies for
3. Declarations of
4. Minutes of the
5. Summary of actions
6. Executive report
7. Fitness to Practise
8. Black Lives Matter
9. Questions from
10 Chair's action

2. Progress against our ten corporate commitments for 2021-2022


Commitment	Q1 status	Year end forecast
Commitment 1: Fitness to Practise improvement programme	Amber	Green
Commitment 2 New international test of competence	Green	Green
Commitment 3 Post-registration standards	Green	Amber
Commitment 4 Research regarding potential new pre-registration standards	Green	Green
Commitment 5 Build people's trust in nursing and midwifery professional regulation through better understanding.	Amber	Amber
Commitment 6 Remove legal barriers that limit improvements in the way we regulate (regulatory reform)	Amber	Amber
Commitment 7 Get smarter at using our data, insight and influence	Amber	Green
Commitment 8 Improve the way our organisation is structured, and develop our people	Amber	Amber
Commitment 9 Upgrade our digital tools and systems	Amber	Green
Commitment 10 Create workspaces that support wellbeing and collaboration between those working remotely or in the office.	Green	Green


3. Detailed progress against our corporate commitments and KPIs by strategic theme

3.1. Innovation and Improvement


3.1.1. Corporate commitments contributing towards Innovation and Improvement	Q1 status	Year end forecast	Exception Comments
 <p>Commitment 1: Reduce the fitness to practise caseload and improve how we handle people's concerns about nursing and midwifery professionals</p>	Amber	Green	Discussed in detail at NMC/21/67, Item 7 on the agenda. We are reporting 'Amber' for Q1 as there were some delays during the quarter when implementing some individual elements of the programme. During Q2 we expect to accelerate the outcomes from the improvements being delivered.
 <p>Commitment 2: Update the test that international nurses and midwives take to join our register</p>	Green	Green	We will launch our new test of competence on 2 August 2021.

3.1.2. KPIs contributing towards Innovation and Improvement	Target	April	May	June	Exception Comments
Fitness to Practise					
Percentage of Interim orders imposed within 28 days of opening the case (month actual – new measure – was 12 month rolling)	80%	92.3%	92%	84.2%	As previously reported, we are forecasting that our fitness to practise KPI for cases concluded within 15 months to be below target throughout 2021-2022 whilst we restore the caseload to optimum levels. New measures have been included to show levels of cases with 'no case to answer' or 'no current impairment'. We have provided all data charts and detailed discussion at NMC/21/67, Item 7 to allow the Council to have a full discussion within a single agenda item.
Percentage of fitness to practise cases concluded within 15 months of being opened (month actual – new measure – was 12 month rolling)	80%	65.6%	65.3%	64.3	
Percentage of fitness to practise cases at Case Examiners with decisions to close with 'no case to answer' or 'no current impairment' (new)	Monitor	60%	63.2%	45.4%	
Percentage of cases at Hearings with decisions to close with 'no case to answer' or 'no current impairment' (new)	Monitor	19.4%	25%	15.9%	



 KPIs contributing towards Innovation and Improvement (continued)	Target	April	May	June	Exception comments
Registrations					
Percentage of UK initial registration applications with no concerns completed within 1 day	97%	99.6%	100%	100%	<p>UK initial registration applications completed where concerns are raised within 60 days</p> <p>Analysis: During Q1 we received 81 applications where concerns were raised and completed 72 of those within 60 days, a quarter average of 89 per cent (amber).</p> <p>The issues identified in the cases outside of 60 days required us to undertake in-depth investigations into the concerns, ranging from serious criminal convictions, through to delays in Universities completing their own internal “conduct” investigations into student behaviour and needing to secure additional evidence from HM Courts service and the police.</p> <p>We have quality reviewed these cases, and we are satisfied they were progressed in a timely manner by our case investigators. In all cases delays occurred due to waiting for third party provision of evidence.</p> <p>Actions: We will mitigate this by increasing our regular and routine case reviews. We will also ensure that we proactively contact third parties to remind them to complete our request for information as a matter of urgency. In appropriate cases, where information for decision makers is substantial, but still incomplete, we will make an early submission to decision makers to test if a safe decision might still be possible.</p>
Percentage of UK initial registration applications where concerns were raised completed within 60 days	95%	85.7%	88%	85%	
Percentage of overseas registrations overseas applications assessed within 30 days	90%	100%	100%	90.5%	
Percentage of EU applications assessed within 30 days	90%	96.1%	100%	99.2%	
Percentage of Readmissions applications completed within 21 days	90%	99%	99.6%	98.8%	


 KPIs contributing towards Innovation and Improvement (continued)	Target	April	May	June	Exception comments
Contact Centre					
Percentage of call attempts handled	90%	78%	65.5%	76.3%	<p>Call handling has been behind target for eight consecutive months since November 2020. The Q1 average was 73 per cent.</p> <p>Analysis: As previously reported:</p> <ol style="list-style-type: none"> 1. We have experienced a significant increase in call volumes – a 33 per cent increase on same period last year. 2. We have also experienced increased handing times due to more complex queries and technology and resource challenges as a result of working from home (call lengths have increased from five minutes pre pandemic, to six and half minutes on average). <p>This has affected our assumptions for contact centre resourcing. For every 5 contact centre employees we had pre pandemic, we now need 6.5 if we are to maintain our 90% service level at normal volumes, plus additional 5 full time equivalent (FTE) colleagues to address the increases in call volumes.</p> <p>Actions: To mitigate this we are working with registration teams to understand the call drivers, have put remedial actions in place, and we have brought forward our peak seasonal recruitment (go live 1 July 2021). This should allow us to move towards the 90% target through July and beyond, with the full benefit realised once temporary staff gain more experience.</p>
Number of calls answered	N/a	13,992	14,353	18,304	
Number of emails handled	N/a	4,205	4,576	4,397	

1. Agenda: Welcome
2. Apologies for
3. Declaration s of
4. Minutes of the
5. Summary of actions
6. Executive report
7. Fitness to Practise
8. Black Lives Matter
9. Questions from
10 Chair's action


 KPIs contributing towards Innovation and Improvement (continued)	Target	Quarter Actual	Exception Comments
Customer enquiries, complaints and feedback			
Percentage of complaints handled within 20 working days	90%	94%	Analysis: <ul style="list-style-type: none"> There has been a 63 per cent increase in complaints compared to last year (460 complaints compared to 283 in the same period last year). Complaint themes were related to: <ul style="list-style-type: none"> Registrations (260 complaints) – some overseas applicants are unhappy about the assessment timeframe. We have held a workshop to explore how we can improve the way that we respond to concerns. COVID-19 and the registration fee (17 complaints) – people on our register unhappy to pay their fee during COVID. We have responded to concerns on our FAQ pages. Timeliness (16 complaints) - delays and a lack of regular updates about fitness to practise referrals. We are working with fitness to practise teams to improve communications. Technical issues (12 complaints) – technical issues with revalidation and registration payments. We are working to resolve these issues and apologised to the customers. There has been a 34 per cent increase in information requests compared to last year (406 information requests compared to 303 in the same period last year). There has been an increase in subject access requests (SARs) which are time consuming and often complex. Although responses to enquiries are both below target, small volumes of enquiries have a significant impact on the overall percentage. <ul style="list-style-type: none"> 3 out of 9 MP enquires were outside of 20 days 2 out of 12 other enquires were outside of 20 days
Number of complaints handled	N/a	460	
Percentage of information requests responded to within their statutory timeframes	90%	82%	
Number of information requests handled	N/a	406	
Percentage of MP enquiries responded to in 20 days	90%	67%	
Percentage of enquiries responded to in 20 days	90%	86%	
Percentage of customers highly satisfied/satisfied with the service received	85%	84%	
Number of feedback surveys completed	N/a	1237	


3.2. Proactive support for professionals

3.2.1. Corporate commitments contributing towards proactive support for professionals	Q1 Status	Year end forecast	Exception comments
 <p>Commitment 3: Deliver new education standards that build on ambitions for community and public health nursing in the UK.</p>	Green	Amber	<p>Our 16 week consultation launched on 8 April 2021 and will close on 2 August 2021. We continue to promote the importance of this consultation, and encourage people and professionals to respond to ensure that we receive a wide range of views. We will do some further promotion in the final weeks.</p> <p>We are in the process of finalising the governance arrangements for the post consultation phase. The consultation findings and independent analysis will determine the volume of changes and refinements that are required.</p> <p>Our amber forecast reflects pressure on the timescales for seeking Council approval in December 2021 if there are large volumes of changes required.</p>
 <p>Commitment 4: Use evidence and research to decide whether to propose changes to our programme standards for pre-registration education.</p>	Green	Green	<p>Our independent review is complete. We discussed the outcomes with our stakeholder reference group on 15 July and the Council at its July seminar. The Council will be asked to approve our proposals in September 2021.</p>


 3.2.2. KPIs contributing towards proactive support for professionals	Target	Quarter Actual	YE Forecast	Exception Comments
Education Approvals				
Number of approval decisions against all 55 current AEIs running midwifery programmes seeking to be re-approved by September 2022 (target: 55 by September 2022)	55 (by Sept 2022)	29	N/a	N/a.


3.3. Empowering and engaging

3.3.1. Corporate commitments contributing towards empowering and engaging	Q1 status	Year end forecast	Exception Comments
 <p>Commitment 5: Build people's trust in nursing and midwifery professional regulation through better understanding.</p>	Amber	Amber	<p>A key aspect of this commitment is to undertake research to understand how our key audiences perceive us, and how much they understand about the regulation of nursing and midwifery professionals. We will use the outcomes of this research to develop tailored information campaigns, to improve our website, and to develop a new 'look and feel' (visual identity) for the NMC that aligns to our values.</p> <p>We have appointed a supplier to conduct this research but we have experienced delays in the procurement which have affected overall timelines. We expect to finish the research by Q3 instead of Q1.</p> <p>Delays in the research means that we are forecasting amber for the end of the year because we are unlikely to deliver all three planned information campaigns within 2021-2022.</p> <p><i>(Key audiences are: the public, professionals, students, stakeholders, and politicians).</i></p>

 3.3.2. KPIs contributing towards empowering and engaging	Target	Quarter Actual	YE Forecast	Exception Comments
Parliamentary stakeholder audit: Percentage awareness of NMC	N/a	Due Q2	N/a	2021-2022 results will provide the benchmark for future years.
Parliamentary stakeholder audit: Percentage perception of NMCs effectiveness	N/a	Due Q2	N/a	


3.4. Insight and Influence



3.4.1. Corporate commitments for 2021-2022 contributing towards insight and influence	Q1 status	Year end forecast	Exception Comments
 <p>Commitment 6: Work with the Government to remove legal barriers that limit improvements in the way we regulate, so we can deliver better, safer regulation for the public.</p>	Amber	Amber	<p>Progress:</p> <ul style="list-style-type: none"> A small technical change was made to the Nursing and Midwifery Order 2001 to correct an error made within the EU-Exit legislation. This came into force 20 May 2021. On 15 June 2021 we submitted our response to the Department of Health and Social Care's (DHSC) consultation on the principles of regulatory reform. We have started the drafting process for areas of the fitness to practise rules. January 2022 is the target date for consultation readiness of the new rules. The timetable for the NMC's consultation is unconfirmed but recent discussions with DHSC indicate it may take place around summer 2022. <p>Although we have confidence that we will deliver the draft rules on time, we are forecasting amber because the legislative timetable and scope of legislative change is ultimately outside of our control and carries an inherent risk. The programme has also flagged possible capacity pressures within some areas that we are currently mitigating.</p>


3.4.1. Corporate commitments contributing towards insight and influence (continued)	Q1 status	Year end forecast	Exception Comments
 <p>Commitment 7: Get smarter at using our data, insight, and influence.</p>	Amber	Green	<p>We have approved the business case and formally started the insight programme. Work has commenced in key areas of the programme such as plans for an authoritative annual report on the state of our professions next year, and phase two of our ‘Ambitions for Change’ research to understand the experiences of people with protected characteristics to inform action to address inequalities.</p> <p>The Q1 amber status represents some risks regarding personnel changes within our data team. We are currently tendering for expertise to undertake a review of our data capabilities to ensure any future developments are soundly based.</p>

KPIs for this theme are monitored by the Executive Board.

3.5. Fit for the Future organisation

3.5.1. Corporate commitments contributing to Fit for the Future	Q1 status	Year end forecast	Exception Comments
 <p>Commitment 8: Continue to improve the way our organisation is structured, and develop our people so that we can deliver our strategy.</p>	Amber	Amber	<p>Our amber status for Q1 is due to delays across a number of our milestones:</p> <ul style="list-style-type: none"> Although our priority reviews are progressing, we have not completed them in Q1. Implementation will continue throughout the year. The outcomes of our priority review into how we deliver change and continuous improvement across NMC were reported to the Executive Board in July. We will now move towards implementing the recommendations. We had hoped that our external partner who will support us to develop our vision for organisational design would be in place in Q1. However, they will join us from August 2021 (Q2). We will conduct directorate reviews of Strategy and Insight and People and Organisational Effectiveness this year. Review of Professional Regulation and Professional Practice directorates will take place during 2022–2023. We are currently implementing our review of Resources and Technology Services, and our review of Communications and Engagement is complete. Work on an interim career progression programme is slightly delayed and expected from Q2. <p>Work has started on designing our new people plan which will run for the remainder of the strategy. In July we held a number of colleague engagement sessions, and discussions with the Executive Board and Council which will inform our plans. We expect to agree this plan in October (Q3).</p> <p>Our amber forecast reflects the ongoing impact of these delays.</p>

3.5.1. Corporate commitments contributing to Fit for the Future (continued)	Q1 status	Year end forecast	Exception Comments
 <p>Commitment 9: Upgrade our digital tools and systems to make it easier for people to connect with us and for NMC colleagues to do their jobs well.</p>	Amber	Green	<p>We are on track to deliver against the phase 2a business case for our modernising of technology services programme (MOTS) to move our registration processes from legacy IT systems. This will happen by Q3.</p> <p>Our amber Q1 status is due to an issue which means that our preferred option for upgrading core business solutions is not viable. This requires a change of direction which the Council will consider at its 28 July confidential Council meeting.</p>
 <p>Commitment 10: Create workspaces that support wellbeing and collaboration between those working remotely or in the office.</p>	Green	Green	<p>We are on track to move colleagues from Edinburgh to their new premises by September 2021.</p> <p>Until the end of July 2021, we are piloting our arrangements for a safe return to the office for all colleagues. We are using the feedback from the pilot and our returning to the office survey to shape our plans. Our intention is that the majority of colleagues will return to the office in some capacity by September 2021 taking government guidance into consideration. The Executive Board are considering the survey outcomes which to inform key decisions about our plans.</p>

 3.5.2. KPIs contributing toward Fit for the Future organisation	Target	April	May	June	Exception comments
People					
Number of full time equivalent (FTE) NMC employees	1122	Quarter snapshot		1052	Overall turnover: Turnover has increased as the job market begins to recover from the pandemic. We are forecasting this to increase further, but expect it to remain within our 10 per cent target.
Percentage of agency and contractors (FTE)	N/a	7.8%	7.1%	7%	
Percentage of all NMC turnover (permanent employees only) (12 month rolling)	10%	5.7%	6.5%	6.7%	In the last 12 months (July 2020 to June 2021), 57 people have left the organisation, with 20 people leaving during quarter one.
Total number of new starters	N/a	5	8	5	A total of 50 permanent employees have joined within the past 12 months, with 18 permanent employees joining during quarter one.
Total number of leavers	N/a	6	7	7	
Percentage of new starters leaving within 6 months of joining (12 month rolling)	10%	9.4%	10.7%	10%	Turnover of employees within six months of joining the NMC: In the past 12 months, 5 people have left the organisation within 6 months of joining. 50 permanent employees joined within the same period, equating to an average 12 month turnover of 10 per cent for people who left within 6 months.
Number of new starters leaving within 6 months of joining	N/a	1	0	0	
Average number of days of sickness per employee (days)	6.5	5.1	5.5	5.6	Employee engagement: We will report the results from our employee survey, conducted in July 2021, at quarter two.
Employee Engagement Score (out of 10)	7.5	Due Q2			

4 Traffic light definitions

	RED	AMBER	GREEN
Corporate Commitments	Significant concerns <ul style="list-style-type: none"> Significant risk that key milestones or expected benefits / outcomes won't be realised The budget exceeds approved tolerances Major risks or issues that we need to mitigate with urgency 	Some concerns <ul style="list-style-type: none"> Expected to partially deliver against its milestones – some delays. Will make significant progress towards benefits/outcomes, but some aspects are delayed. Or actions are being taken to bring the commitment back on track. Or there are some uncertainties or risks that we need to monitor and managed. 	No concerns - on track <ul style="list-style-type: none"> Expected to deliver against its milestones and realise benefits.
KPIs	Significantly below target More than 8 per cent below target	Off target Below target by 3-8 per cent	Within range. Within 2 per cent of target.

5. Financial monitoring report

Table A - Income and expenditure to 30 June 2021

£'m	June 2021 Year-to-Date				Full Year
	Actual	Budget	Var.	Var. (%)	Budget
Income					
Registration fees	22.1	21.8	0.3	1%	87.9
Other	1.9	1.3	0.6	47%	5.2
Total Income	24.0	23.1	0.9	4%	93.1
Expenditure					
<u>Core Business</u>					
Professional Regulation	10.9	11.5	0.6	5%	48.4
Resources & Technology Services	4.8	5.0	0.2	4%	19.8
People & Organisational Effectiveness	1.9	2.2	0.3	13%	8.7
Professional Practice	0.8	1.6	0.8	48%	6.0
Strategy & Insight	0.9	1.1	0.2	15%	4.6
Communications & Engagement	0.7	0.8	0.1	14%	3.1
Directorate - Core Business	20.1	22.2	2.1	9%	90.8
<u>Corporate</u>					
Depreciation	1.2	1.3	0.1	10%	5.2
PSA Fee	0.5	0.5	0.0	0%	2.0
Apprenticeship Levy	0.1	0.1	0.0	20%	0.3
Contingency	0.0	0.0	0.0	0%	1.5
Total Corporate	1.7	1.9	0.2	11%	9.0
Total Core Business	21.8	24.0	2.2	9%	99.8
Surplus/(Deficit) excluding Programmes	2.2	(0.9)	3.1	-	(6.8)
Programmes & Projects					
Accommodation Project	0.2	1.4	1.3	88%	3.3
Modernisation of Technology Services	1.1	1.4	0.3	21%	4.6
FTP Improvement Programme	0.1	0.1	0.0	0%	0.4
People Strategy	0.0	0.0	0.0	50%	0.1
Data, Information & Analytics	0.0	0.1	0.1	59%	0.4
Technology Improvements	0.0	0.0	0.0	73%	1.2
Regulatory Reform	0.2	0.3	0.1	34%	0.9
Insight Programme	0.0	0.2	0.2	100%	0.3
Total Programmes/Projects	1.7	3.6	1.9	53%	11.2
Total Expenditure including capex	23.5	27.6	4.1	15%	111.0
Capital Expenditure	1.2	2.9	1.7	59%	8.6
Total expenditure excluding capex	22.2	24.7	2.5	10%	102.4
Net income	1.7	(1.6)	3.3	-	(9.3)
Unrealised Gains/(Losses)	1.1	-	1.1	0%	
Net movement in funds	2.8	(1.6)	4.4		(9.3)
Free Reserves	44.3	35.6	8.7	24%	26.1

Table B - Balance sheet as at 30 June 2021

(£'m)	Mar-21	Jun-21	Change	Change %
Fixed Assets				
Tangible Assets	27.7	27.8	0.1	0%
Investments	31.3	32.5	1.2	4%
Total Fixed Assets	59.0	60.3	1.3	2%
Current Assets				
Debtors	4.0	2.3	(1.7)	(42%)
Fixed term bank deposits	54.2	54.3	0.1	0.1%
Cash	13.7	10.8	(2.9)	(21%)
Total Current Assets	71.9	67.5	(4.4)	(6%)
Total Assets	131.0	127.8	(3.2)	(2%)
Liabilities				
Creditors	(56.4)	(50.7)	5.7	10%
Provisions	(2.2)	(2.3)	(0.1)	(5%)
Total Liabilities	(58.6)	(53.0)	5.6	10%
Net Assets (excluding pension liability)	72.4	74.8	2.4	3%
Pension Liability	(3.2)	(2.7)	0.5	15%
Total Net Assets	69.2	72.1	2.8	4%

Table C - Cash flow statement to 30 June 2021

(£'m)	Jun-20 (£'m)	Jun-21 (£'m)
Cashflow from operating activities		
Net income (YTD)	4.5	1.7
Adjustment for non-cash transactions	0.4	1.2
Investment/Dividend income	-	(0.2)
(Increase)/Decrease in current assets	0.6	1.7
Increase/(Decrease) in liabilities	(7.0)	(5.5)
Pension Deficit Payments	(0.3)	(0.5)
Net Cash inflow/(outflow) from operating activities	(1.7)	(1.6)
Cashflow from investing activities		
Capital Expenditure (YTD)	(1.5)	(1.2)
Net Cash inflow/(outflow) from investing activities	(1.5)	(1.2)
Cashflow from financing activities		
Capital Market Investments	-	-
Net Cash inflow/(outflow) from financing activities	-	-
Cumulative net increase/(decrease) in cash and cash equivalent at month end	(3.3)	(2.8)
Cash & Cash Equivalent at the beginning of the year	97.0	67.9
Cash & Cash Equivalent at the end of the month	93.7	65.1

Note: all figures are subject to rounding.

1. Agenda:
2. Apologies
3. Declaratio
4. Minutes of
5. Summary
6. Executive
7. Fitness to
8. Black
9. Questions
10 Chair's

Financial commentary

Year To Date (YTD) Financial performance

Income in the first quarter was £24m - £0.9m above budget. This is largely driven by an increase in overseas application numbers. Income from registrant fees is on budget as registrant numbers are maintained in line with expectations.

This higher than expected income, combined with underspends against budget, means we have a quarter 1 surplus of £1.7m before unrealised investment gains. This compares to a budgeted loss of £1.6m for the quarter.

As a result, our **overall financial position** remains very strong, with free reserves at £44m compared to £41m at the 31 March 2021 year end. In line with the budget agreed in March 2021, we plan to use these reserves to support our Fitness to Practise (FtP) improvement programme as well as invest in our IT and estate over the next three years.

The main causes of underspends on our **core activity** are:

- Professional Regulation (£0.6m /5 percent underspend against budget) due to the time being taken to fill new posts and delayed expenditure on external investigations due to capacity limitations in solicitors contracted to us. Both imply a slightly slower than planned ability to ramp up capacity to address the fitness to practise backlog. We will assess the impact on spend and delivery for the rest of the year at our review in September 2021.
- Professional Practice (£0.8m/ 5 percent underspend). This is due to over-optimistic timing of plans for the “Data Taskforce” work to improve the Education Quality Assurance IT systems, which should catch up in-year, and lower than at expected volumes of course quality inspections as some universities defer seeking their accreditation. Along with some over-accrual of external invoices to support the development of Post- Registration Standards, this underspend is likely to indicate some permanent underspend this year and some costs being deferred to next year. We will reflect updated expectations in the forecast in September 2021.

For our **projects and programmes** spend, the most significant underspend (£1.3m/88 percent) is for the Accommodation project relating to our new Edinburgh Office. This is mostly delays to capital spend due to issues with the lease, which delayed the signing of the fit out contract, although there is some saving on overall costs which will be reflected in the September 2021 forecast.

The Modernisation of Technology Service (MoTS) programme (underspend of £0.3m/ 21 percent) is due to partners costs lagging expectations and halt in recruitment of some roles. We expect to have some catch up as we have already ramped up our partners’ capacity to match the pace of the programme delivery. We will be revisiting the programme planning this autumn.

£Nil spend on Insight programme is due to the phasing of spend which is now planned for the second quarter of the year following the strategic investment case being approved by the Executive Board.

Looking ahead, a detailed financial forecasting exercise will be reported to Council in September 2021. We will provide the Council with our revised plans and assurance on delivery of the updated budget for 2021-2022, and updated indicative budgets for 2022-2023 and 2023-2024.

Financial commentary

Risks

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

- **Income** – there is a concern that the number of registrants leaving the profession will increase when the pandemic related pressures ease. There is no immediate evidence of reduction in registrant numbers but we will keep monitoring the situation and update the Council in September 2021.
- **FTP improvement** – the programme is already underway but there is still work needed to improve clarity on financial savings to be realised over the next two to three years. We are aiming to provide a clear articulation of where savings may be expected at the Council's meeting in September 2021.

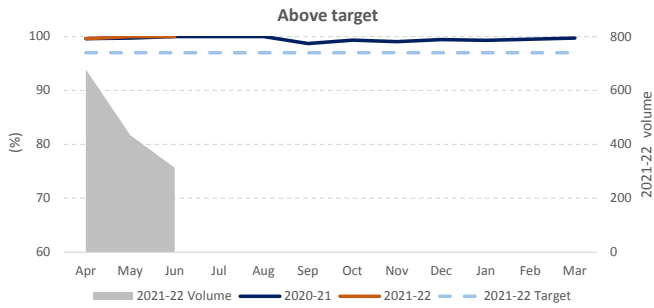
1. Agenda:
2. Apologies
3. Declaratio
4. Minutes of
5. Summary
6. Executive
7. Fitness to
8. Black
9. Questions
10 Chair's

6. KPI trend dashboards

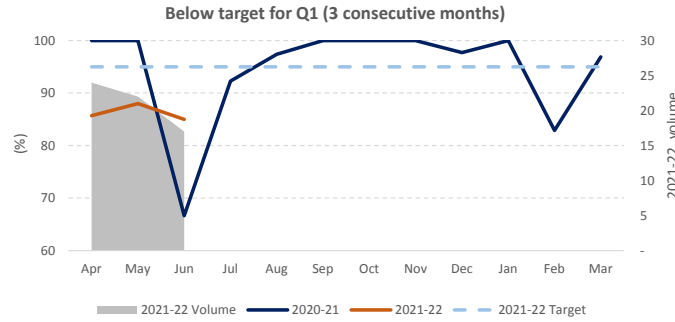
Innovation and Improvement

Registrations

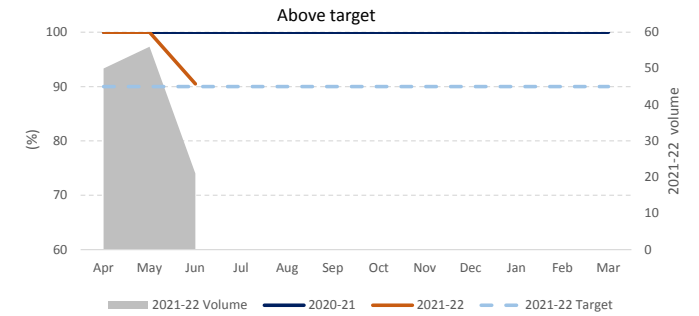
1. UK registration completed with no concern within 1 day (% and volume)



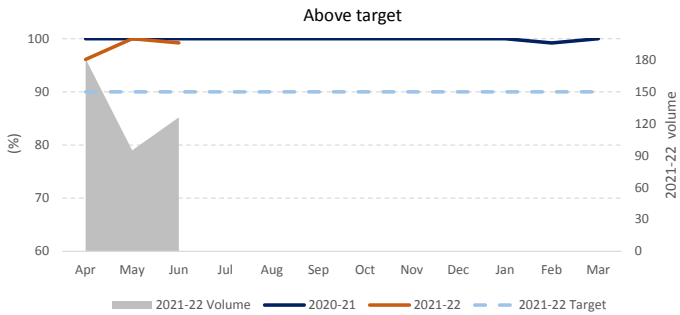
2. UK registrations requiring additional scrutiny within 60 days (% and volume)



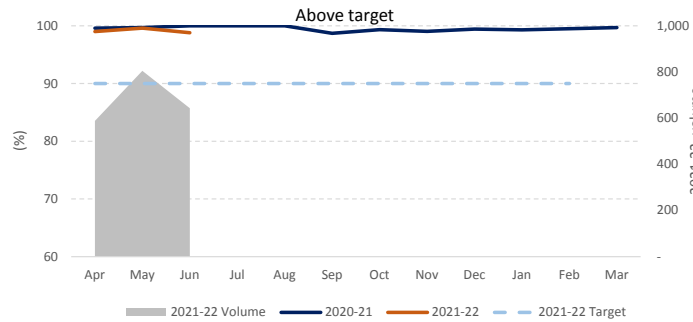
3. Overseas registration assessed within 30 days (% and volume)



4. EU applications assessed within 30 days (% and volume)

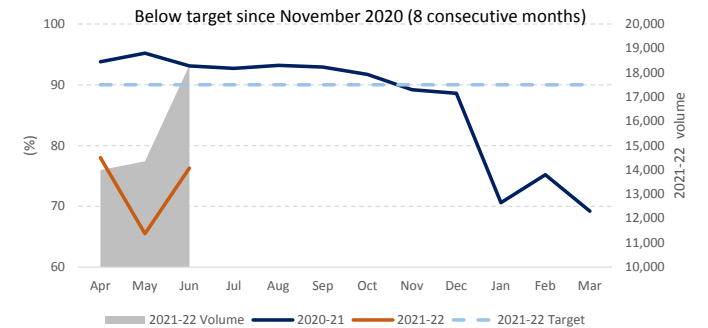


5. Readmission applications completed within 21 days (% and volume)



Contact Centre

6. Call attempts handled (% and volume)

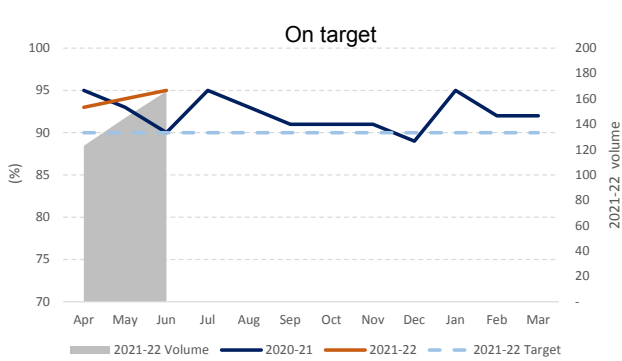


Fitness to Practise - see item 7, annexe 1

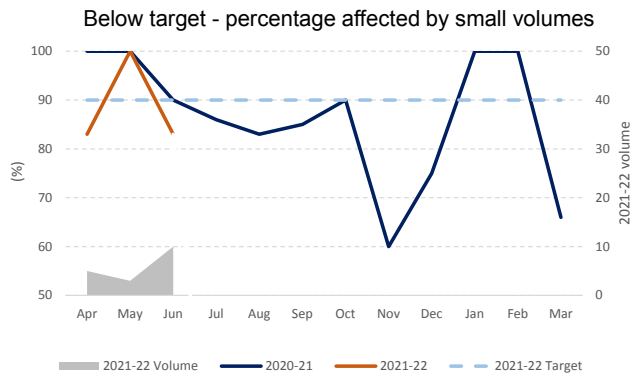
- 1. Agenda: Welcome
- 2. Apologies for
- 3. Declarations of interests
- 4. Minutes of the
- 5. Summary of actions
- 6. Executive report
- 7. Fitness to Practise
- 8. Black Lives Matter
- 9. Questions from
- 10 Chair's action

Customer enquires, complaints and feedback

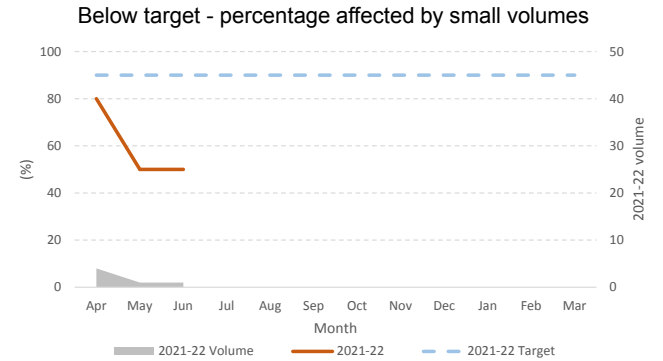
Customer complaints responded to within in 20 days



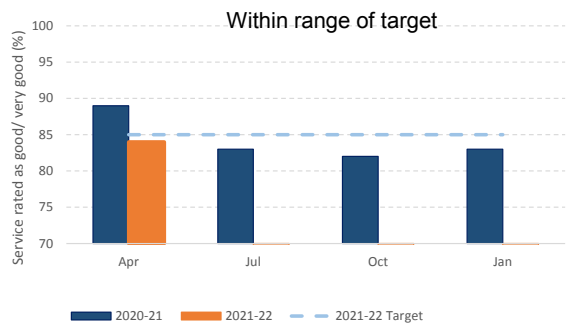
Enquiries responded to in 20 days



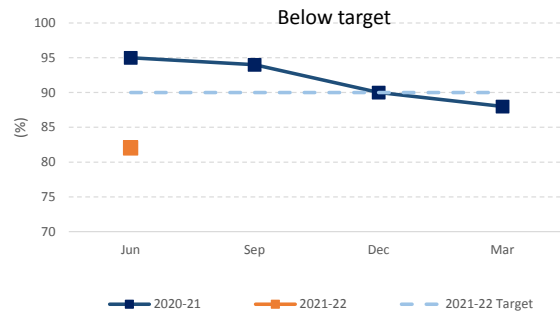
MP Enquiries responded to in 20 days



Customers rating our services as good or very good



Information requests responded to in statutory timeframes



Customers

Customer Dashboard 1 April 2021 to 30 June 2021



Corporate Complaints

94%

Complaints responded to in 20 days

Complaints themes

There has been a 63% increase in the number of complaints received compared to last year. We have identified 34 learning points which have been shared with teams across the organisation. We have identified the following themes:

Registrations (260 complaints, 226 of these are five day complaints) – Some Overseas applicants have been contacting us as they are unhappy about the assessment time frame. In particular when further information is requested and therefore the application has to be re-assessed. We have had a training session with International colleagues to improve the way we are responding to these concerns.

Covid-19 - Registration fee (17 complaints) – Some professionals are unhappy that they have to continue to pay the registration fee during the Covid-19 pandemic. Our response to this concern is on the FAQ pages on our website.

Timeliness (16 complaints) – Some Fitness to Practise case parties are unhappy with the delays and lack of regular updates about referrals. Colleagues from Professional Regulation are working to improve communication with all case parties.

Technical issues (12 complaints) – Some customers have experienced technical issues with their revalidation and registration payments. We are working closely with Resources and Technology Services colleagues to address these issues.



They lessened my anxiety by taking the time to explain the differences between the old and new system.

They were lovely, empathetic and responded professionally to my needs. I felt they were genuinely concerned for me

Customer feedback surveys

84%

Customers rated our customer service as good or very good.

3*

Unhappy customers contacted and resolved their concerns.

*Concern about an email not responded to and a request for their PIN which were resolved.

Information requests

82%

responded to on time

Information requests themes

- There has been a 34% increase in requests compared to last year.
- A large part of the increase in case volumes is the receipt of a lot more Subject Access Requests (SARs) from requesters who have been through various stages of our FtP proceedings. SARs are often the most complex and time consuming cases we have to deal with.
- There were no identifiable themes in terms of topics of interest for Q1 FOIs, 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 are providing more guidance to customers when we feel that they do not understand the legislation.



They could not answer my query, I would like to have been put through to the correct team rather than receive an email. I felt my achievements and 43 year career were devalued.

They were unsympathetic and did not listen to my circumstances. I am unwell and not treated as an individual when I asked for more time to revalidate.

67%

(6/9)

MP enquiries responded to in 20 days

86%

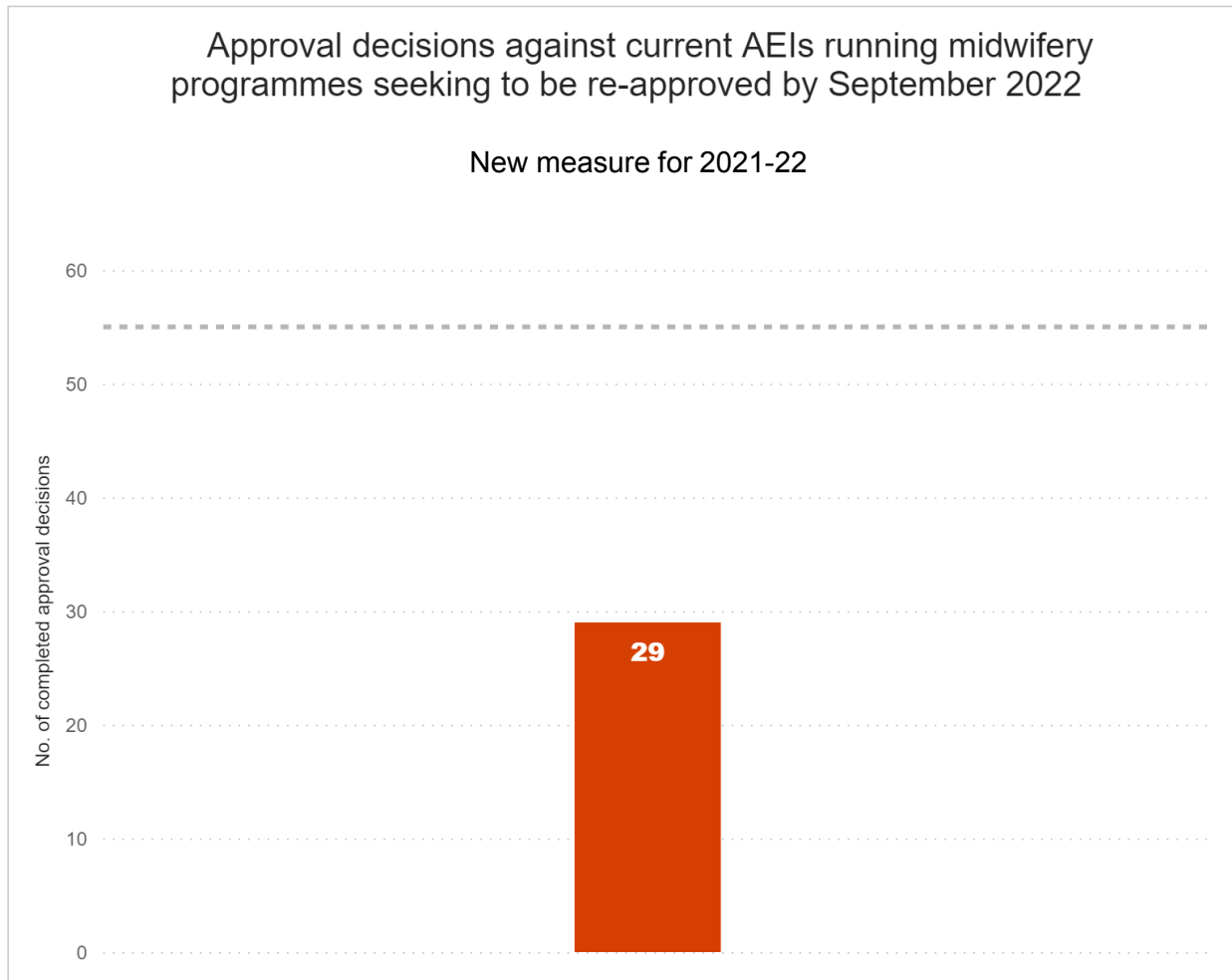
(10/12)

Enquiries responded to in 20 days

Proactive support for professionals

Midwifery standards

Financial year: ● Current Year (2021-22) ● Previous Year (2020-21) Target: - - - 2021-22

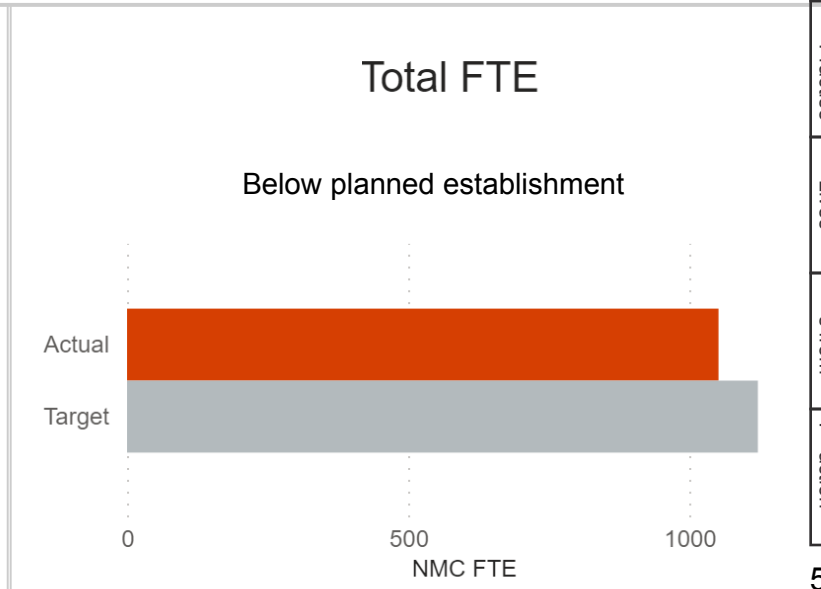
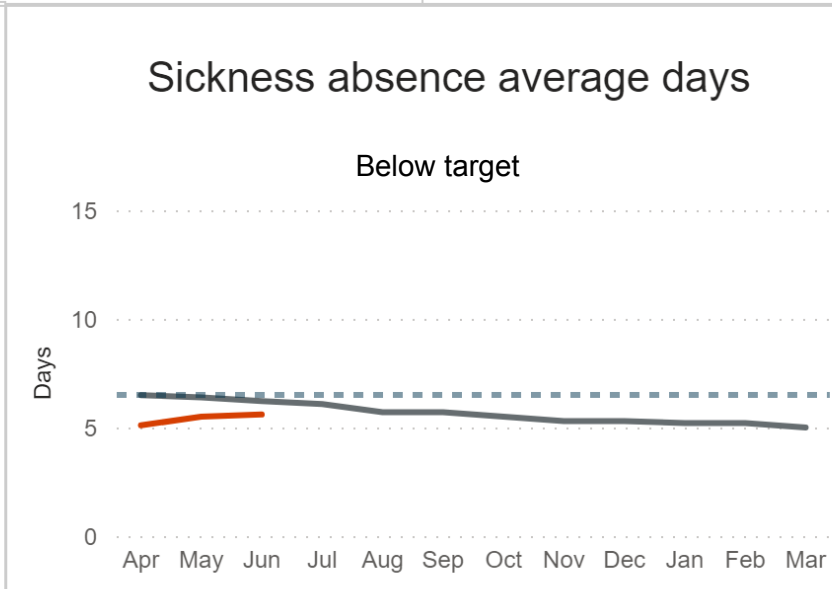
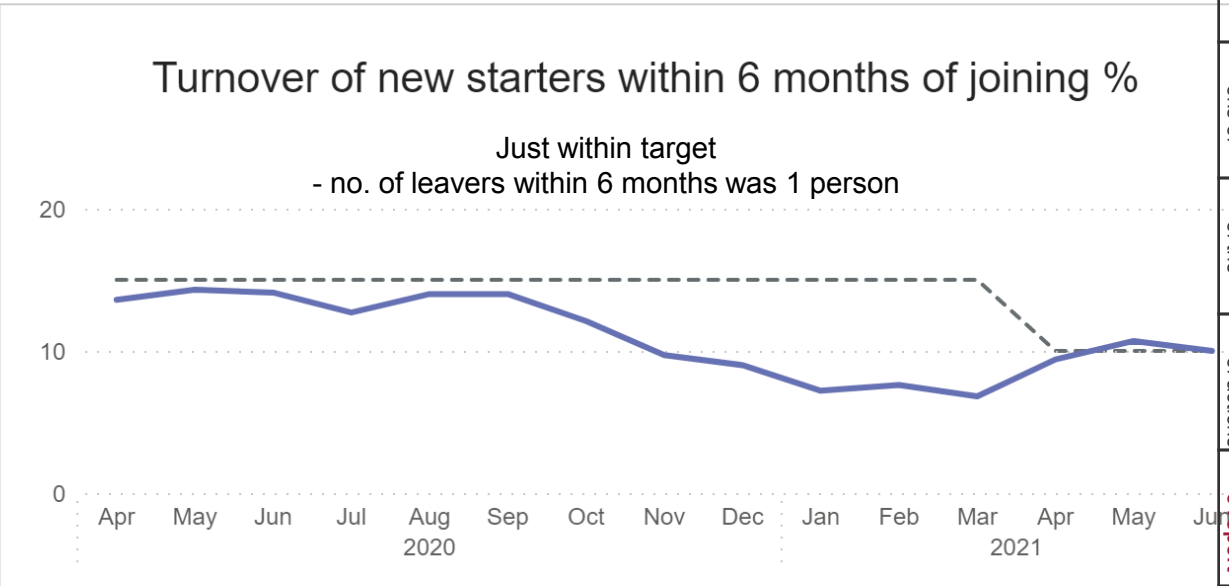
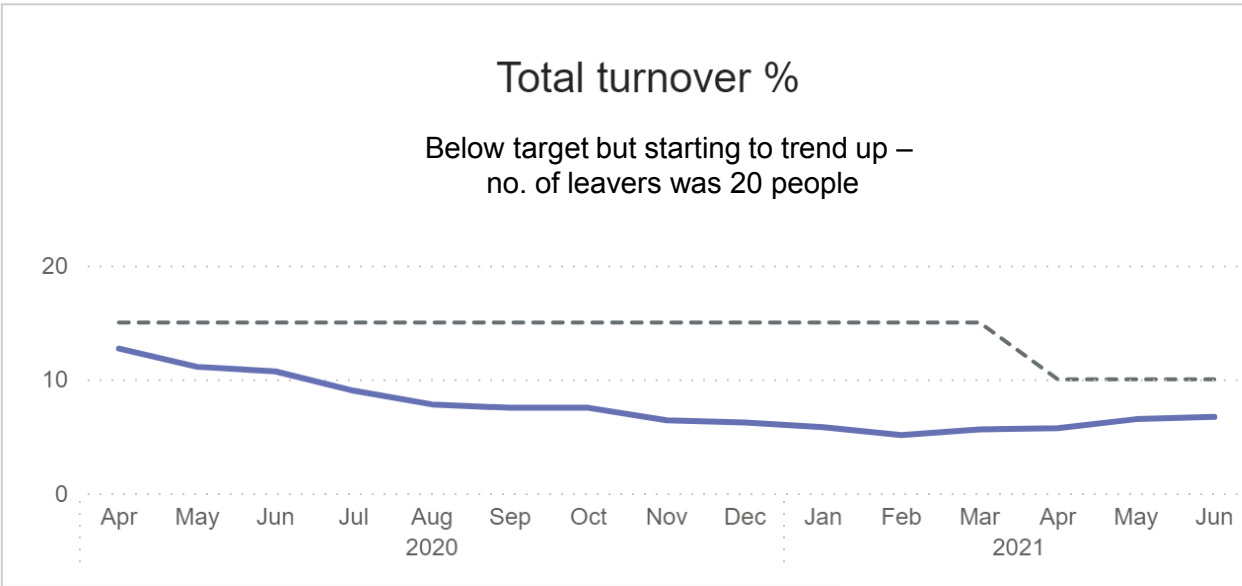


1. Agenda: Welcome
2. Apologies for
3. Declarations of
4. Minutes of the
5. Summary of actions
6. Executive report
7. Fitness to Practise
8. Black Lives
9. Questions from
10 Chair's action

Fit for the Future Organisation

Our People

Financial year: ● Current Year (2021-22) ● Previous Year (2020-21) ● Long term trend Target: - - - 2020-21 - - - 2021-22



- 1. Agenda: Welcome
- 2. Apologies for
- 3. Declarations of
- 4. Minutes of the
- 5. Summary of actions
- 6. Executive report
- 7. Fitness to Practise
- 8. Black Lives
- 9. Questions from
- 10 Chair's action

Corporate risk exposure report up to 30 June 2021

Context

- 1 All corporate risks link to the delivery of our corporate strategy for 2020–2025.
- 2 At the seminar discussion on 18 May 2021, Council undertook its annual review of our corporate risk register and agreed our corporate risk appetites for 2021-2022.
- 3 Since then, we have updated the corporate risk register to reflect the Council's comments.
- 4 Our updated corporate risk register for 2021–2022 was first reviewed by the Executive Board (EB) in June. EB last discussed the risk register in July 2021.
- 5 Below we have provided our corporate risk exposure report for the Council to consider key issues affecting our corporate risk exposure. We have also summarised key changes that we have made to the register for 2021–2022.

Summary of changes

Closed risks

- 6 We have closed one corporate risk for 2021-2022: **EXT18/01** *Risk that we may lack the right capacity and capability to influence and respond to changes in the external environment.*
- 7 We closed this risk because it duplicated key risk factors within corporate risk **STR19/02** *Risk that we fail to deliver our strategic ambitions for 2020-2025.* Remaining risk exposure is now captured within corporate risk STR19/02.

New risks

- 8 The Council requested that we include a new financial risk to reflect the financial constraints and uncertainties within our corporate budget - pressure and uncertainty regarding fitness to practise, possible income reductions from registrant fees, and concerns regarding the realisation of financial benefits in later years of the strategy.
- 9 We added our new corporate risk in July - **FIN21/02** *Risk that we do not achieve a sustainable budget or the planned financial benefits from our strategy.*
- 10 This risk is rated as Amber with an overall risk score of 12. This represents a likelihood score of 3 (21 to 50 per cent chance of occurrence) and an impact score of 4 (major). We discuss risk in more detail within the exposure report below. The Council is asked to confirm that they are content with the content of this new risk.

- 11 We have also opened a new risk focused solely on risk factors relating to our modernising of technology services programme (MOTS) – **INF21/04** *Risk that our Modernisation of Technology Services (MOTS) programme does not deliver the intended benefits for our registration system or case management system.*
- 12 The purpose of this new risk to disaggregate the MOTS risk factors from our core business ICT risk factors (held within corporate risk INF18/02). This is because they are rated at different levels of risk exposure (a Red rating for MOTS verses Amber for core business ICT).
- 13 **INF21/04** retains the Red risk rating with an overall risk score of 20. This represents a likelihood score of 4 (21 to 50 per cent chance of occurrence) and an impact score of 5 (critical). We discuss this risk in more detail within the exposure report below.



Risk rating changes


- 14 Corporate risk **INF18/02** *Risk that our ICT fails and impedes our ability to deliver effective and robust services for stakeholders or value for money for the organisation* - reduces in score to from 20 to 15. This represents a likelihood score of 3 (21 to 50 per cent chance of occurrence) and an impact score of 5 (critical) now that the MOTS elements have been moved into INF21/04.
- 15 The target risk score (this is the expected risk score after planned actions are delivered) for **STR19/02** *Risk that we fail to deliver our strategic ambitions for 2020-2025* increases from 4 to 8. This is due to a reassessment of the risk concluding that our planned actions principally address the likelihood score and not the impact score.
- 16 Our detailed corporate risk exposure report follows next:

The Executive Board would like to draw the attention of the Council to the following considerations regarding corporate risk exposure:

Increasing ↑ Reducing ↓
No change ↔

Corporate risk (2021-2022)	Current Risk Assessment Score			Risk exposure considerations at June 2021	Discussion points / actions
	L	I	I X L		
<p>REG18/02</p> <p>Risk that we fail to take appropriate action to address a regulatory concern</p>	4	5	20 ↔	<p>Status: Stable. It is premature to reduce our risk assessment scores until we begin to realise the benefits from our fitness to practise improvement programme.</p> <p>Key issues are:</p> <ul style="list-style-type: none"> We expect the backlog of the fitness to practise (ftp) cases to reduce over the next 18 months. Our caseload volume at the end of June 2021 stood at 6,392 cases. Our aim is to reduce this to less than 4000 cases by 2023. We will continue to mitigate this risk through our ftp improvement programme. We provide visibility to the Council of our progress via our corporate performance reporting. Detailed analysis is at item 7. Delays could have a negative impact on those affected - we continue to monitor customer feedback. During quarter one we saw an increase in the number of subject access requests (SAR) from requesters who have been through various stages of the fitness to practise process. SAR are often the most complex and time consuming to deal with, requiring additional resources to process them. There is pressure on our operational capacity which will remain whilst we implement the programme. Additional recruitment started in Q4. We have had some early success, however we are still trying to fill some roles. An initial pilot to remove non-essential activities from ftp workload has yielded 20 quick wins within Screening and Investigations to free up capacity. 	<p>Actions</p> <ul style="list-style-type: none"> Our fitness to practise improvement programme is a key mitigation and a corporate priority. We have developed new KPIs to track our progress which will be reported to the Council in July 2021.


Corporate risk (2021-2022)				Risk exposure considerations at June 2021	Discussion points / actions
	L	I	I X L		
INF21/04 (NEW) Risk that our Modernisation of Technology Services (MOTS) programme does not deliver the intended benefits for our registration system or case management system	4	5	20 	Status: Stable. The Council are asked to note that we have separated the MOTS risks into a new corporate risk. This is because our core business ICT risks (INF18/02) and MOTS risks have different levels of risk exposure. Key issues: <ul style="list-style-type: none"> We expect this risk to reduce once we have realised the benefits from the MOTS programme in the latter part of our 2020-2025 strategy. MOTS phase 2a is on track to deliver later this year. Our last release happened in July. Several colleagues from within the programme have left or are due to leave shortly. The loss of capacity, knowledge, and leadership presents a particular risk over the next three to six months which could impact or slow down our delivery. We are mitigating this through recruitment and will keep this under close review. Recruitment for a Chief Information Officer is complete with the person taking up post from September 2021. This new post will enable us to have holistic leadership across our ICT requirements. 	Actions <ul style="list-style-type: none"> Active recruitment to fill key vacancies.
EXP18/01 Risk that we fail to meet external expectations which significantly affects our ability to maintain the trust of stakeholders, the public and people on register in how we regulate	4	4	16 	Status: Stable and monitored closely. Key issues: <ul style="list-style-type: none"> Delays in fitness to practise could result in increased dissatisfaction and complaints. (Discussed at REG18/02). There is a risk of competing demands on stakeholders to engage, consult with, and co-produce with us. We mitigate this through planning, prioritisation, and our programme of strategic communications to ensure that audiences are not overloaded. We will be surveying key audiences in Q2/Q3 to understand their perceptions of NMC and nursing and midwifery regulation. Results from this survey will allow us to plan a more targeted approach to engagement and communications. 	Actions: <ul style="list-style-type: none"> Lead directors continue engagement work with leaders from across the four nations. We continue regular engagement with key senior stakeholders such as Chief Nursing Officers, other regulators and sector leaders.

Corporate risk (2021-2022)	Current Risk Assessment Score			Risk exposure considerations at March 2021	Discussion points / actions
	L	I	I X L		
PEO18/01 Risk that we fail to recruit and retain an adequately skilled and engaged workforce	4	4	16 	Status: Stable. It would be premature to reduce our risk assessment until we start to return colleagues to the office and understand turnover trends. Key issues are: <ul style="list-style-type: none"> • Our key priority is to return our colleagues to the office in some capacity by September. To support this, we have a working group who are making detailed plans for our return, we have undertaken risk assessments of our colleagues, and have surveyed colleagues about how they would like to work in the future. We are also piloting hybrid working arrangements and considering the practical implications of the government removing mandatory restrictions from 21 July. • We have experienced some turnover in senior posts. We are mitigating this through interim arrangements and recruitment. As the job market opens up again we expect our employee turnover to increase further, but within a tolerable range. • We are currently undertaking a review of our People and Organisational Effectiveness directorate to improve overall efficiency. We expect the outcomes of this review later in the year (Q3). • Progress on our equality, diversity, and inclusion (EDI) work continues. We will be updating our EDI framework by Q2, and our 'Ambitions for Change' research is on track for later this year. • We have experienced some delays within our organisational design and people planning. Further analysis is required to understand the impact of these delays on our risk exposure for this risk. 	Actions <ul style="list-style-type: none"> • We will take key decisions about our return to the office in July and August. • Executive Board will discuss the results of our latest employee engagement survey, which closed in July. • Recruitment to key posts continues, and interim arrangements have been put in place.

Corporate risk (2021-2022)	Current Risk Assessment Score			Risk exposure considerations at March 2021	Discussion points / actions
	L	I	I X L		
REG18/01 Risk that we fail to maintain an accurate register of people who meet our standards	3	5	15 ↔	Status: Overall, the picture is stable. Key issues are: <ul style="list-style-type: none"> We have received funding from the Department of Health and Social Care (DHSC) to increase the capacity of objective structure clinical examination (OSCE) testing to mitigate delays to international recruitment. We are implementing increases in testing capacity, and we have agreed appropriate monitoring with DHSC. Our new test of competence launches on 2 August. 	None in addition to those already discussed within this report or captured on the corporate risk register.
INF18/02 Risk that core business ICT failure impedes our ability to deliver effective and robust services for stakeholders or value for money	3	5	15 ↔	Status: <ul style="list-style-type: none"> The Council are asked to note that we have split the MOTS elements out from this risk into a separate corporate risk (INF21/04). The assessment of this risk is dependent on the outcomes of the decisions about next steps for ICT improvements due at the end of July. Key issues are: <ul style="list-style-type: none"> We have delayed the next stage of our ICT improvement programme because our preferred option for upgrading is not currently viable. This requires a change of direction that depends on a decision from the Council. 	Actions: Key decisions about next steps will be made by the Executive Board and Council in July 2021.

Corporate risk (2021-2022)	Current Risk Assessment Score			Risk exposure considerations at March 2021	Discussion points / actions
	L	I	I X L		
EXT20/02 Risk that novel coronavirus (Covid-19) means that we are unable to effectively regulate our professions or protect the public or protect NMC colleagues	3	4	12 ↔	Status: Stable – restrictions will ease further from the 21 July. Remaining issues: <ul style="list-style-type: none"> At the time of writing, Covid cases were still rising and likely to rise further following 19 July. However, evidence shows that double vaccination has significantly reduced the number of people experiencing the most severe outcomes. We will continue to monitor the situation. We are seeking further clarity about when we can revert back to our non-emergency standards and close the temporary register. Returning our remaining colleagues to our premises in some capacity by autumn. (Discussed at PEO18/01). Continuing to build on the opportunities the pandemic has provided (such as home working and virtual hearings). 	Actions <ul style="list-style-type: none"> Discussions with DHSC about closing the temporary register at an appropriate time and with due notice. The Covid working group has drawn together plans to return colleagues to our offices. We have removed some of the detail from this risk entry on the corporate risk register to reflect the current status.
STR20/02 Risk that we fail to deliver our strategic ambitions for 2020-2025	3	4	12 ↔	Status: Stable. Key issues are: <ul style="list-style-type: none"> We continue to manage uncertainties regarding the timeline for regulatory reform. Current plans estimate the consultation on NMC model rules will be in spring 2022 with new legislating being implemented from April 2023 at the earliest. Our preparations and engagement continues for this. We submitted our response to the Department of Health and Social Care consultation on regulatory reform in June 2021. 	Actions: The Council will review our corporate plan and budget at its September meeting.
FIN20/01 Risk of not achieving our investment strategy particularly with regard to: long term growth; appetite for short term capital loss; alignment with our values	3	4 ↑	12 ↑	Status: We have increased the risk rating at Q1 to align with the increase in the rating of the corresponding risk on the separate risk register held by Investment Committee. Key issues are: <ul style="list-style-type: none"> We have now invested £30m to date. 	Actions We monitor investment activity on a monthly basis through our fund management company Sarasin's. We are confident that we have adequate triggers if there is variability in our investments, which we would escalate to the chair of our Investment Committee as required.

Corporate risk (2021-2022)	Current Risk Assessment Score			Risk exposure considerations at March 2021	Discussion points / actions
	L	I	I X L		
FIN20/02 (NEW) Risk that we do not achieve a sustainable budget or the planned financial benefits from our strategy	3	4	12	Status: This is a new risk which was added following the Council seminar in May 2021. Key risk areas: <ul style="list-style-type: none"> External factors destabilise our budget e.g: registrant numbers flatten or decrease, higher inflation devalues fees/ increase cost pressures. We mitigate this through external environment scanning of the economy and monitoring income trends. We could potentially not manage our core and project costs effectively or ensure value for money. This could lead to cost increases that jeopardise longer term affordability. We mitigate this through annual business planning, monthly financial reporting to the Executive Board and regular reporting to the Council, financial business partnering, and oversight of programmes. We also conduct periodic challenge sessions and zero based review of costs during business planning. We do not realise the benefits and return on investment from our change and improvement activities (efficiencies and economies – key are fitness to practise improvement programme and MOTS). Our planned mitigation is the programme controls and oversight, supported by analysis work happening over summer which we will present to the Council September 2021 Size and volatility of defined benefits pension (DB) cost and net liability. We have mitigated this by closing the DB scheme. 	Actions The Council is asked to confirm that they are content with the content of this new risk.
COM18/02 Risk that we do not act in a legal manner or fail to meet our public obligations or comply with legal or compliance requirements.	3	3	9	Status: Stable. No substantive issues since the last report.	None in addition to those already discussed within this report or captured on the corporate risk register.

Corporate risk (2021-2022)	Current Risk Assessment Score			Risk exposure considerations at March 2021	Discussion points / actions
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 	Status: Stable. Key issues are: <ul style="list-style-type: none"> • Our research to consider international best practice on nursing and midwifery education is complete. The Council will consider the outcomes in July 2021 and agree proposals in September 2021. • We have our consultation on post registration standards which runs until August. There are some risks regarding pressure within the timeline to seek approval to the new standards in December 2021. 	None in addition to those already discussed within this report or captured on the corporate risk register.

Risk Escalations from directorates, Corporate Change and PMO, Corporate risk and performance team	None
Proposed new corporate risks	Executive Board confirmed the inclusion of the following new risks in June which are discussed above: <ul style="list-style-type: none"> • INF21/03 • FIN21/02

Council

Fitness to Practise improvement programme update

Action: For discussion.

Issue: To update the Council on the Fitness to Practise (FtP) improvement programme, which is a corporate priority, and invite feedback.

Core regulatory function: Professional Regulation

Strategic priority: Strategic aim 1: Improvement and innovation
Strategic aim 2: Proactive support for our professions
Strategic aim 6: Fit for the future organisation

Decision required: None.

Annexes: The following annexe is attached to this paper:

- Annexe 1: Corporate fitness to practise KPI data and performance dashboard.

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: Paul Johnson
Phone: 020 7681 5680
paul.johnson@nmc-uk.org

Director: Tom Scott
Phone: 020 7046 7914
tom.scott@nmc-uk.org

- Context:**
- 1 This report provides an update on our Fitness to Practise (FtP) improvement work. The work aims to address several caseload backlogs that have arisen throughout the FtP process, predominately arising from the impact of the Covid-19 pandemic on our organisation and the professions we regulate.
 - 2 The Council is invited to consider and comment on the update to the improvement programme.
 - 3 The improvement programme is commitment number one in our corporate plan for 2021-2022.

Four country factors: 4 This programme impacts stakeholders across each of the four nations.

Discussion: The approach

- 5 The improvement programme has been designed to ensure that cases which have been delayed in case backlogs do not progress to the next stage of the process unnecessarily, incurring further delay for individuals involved and cost for the organisation.
- 6 We have rolled out a number of quick wins which have removed complexity from our administrative processes which means cases will begin to queue within stages ready for decision.
- 7 Focussing on ensuring that we have the right guidance and support in place for our decision makers, has seen an increase in our productivity together with an increase in closure rates at the Screening and Case Examiner stages, this has meant that our overall caseload decreased in May 2021 for the first time since the start of the Covid-19 pandemic and this was without increases in decision making resource.
- 8 An increase in decision numbers requires increased decision making capacity and / or the streamlining of processes supporting decision makers. We have now built extra decision making capacity at each stage of the process and delivered new approaches to decision making which will see us begin to erode the backlog, (which is no longer growing overall), whilst ensuring cases do not flow unnecessarily through the process.

- 9 Our cost-effectiveness deteriorated markedly last year due to the pause in casework and the move to virtual operation with the resulting drop in throughput across FtP. So far this year we have made marked inroads into recovering our position to pre-pandemic levels in Screening, Investigations and Adjudications. Case Examiners are performing at higher levels than we saw in the six months pre-pandemic and we expect this to improve further through changes being implemented in July 2021. Our case presentation teams are still challenged by additional work for Interim Order Extensions and High Court Interim Order Extension applications caused by our current case volume, this additional work impacts our cost-effectiveness.

Our performance

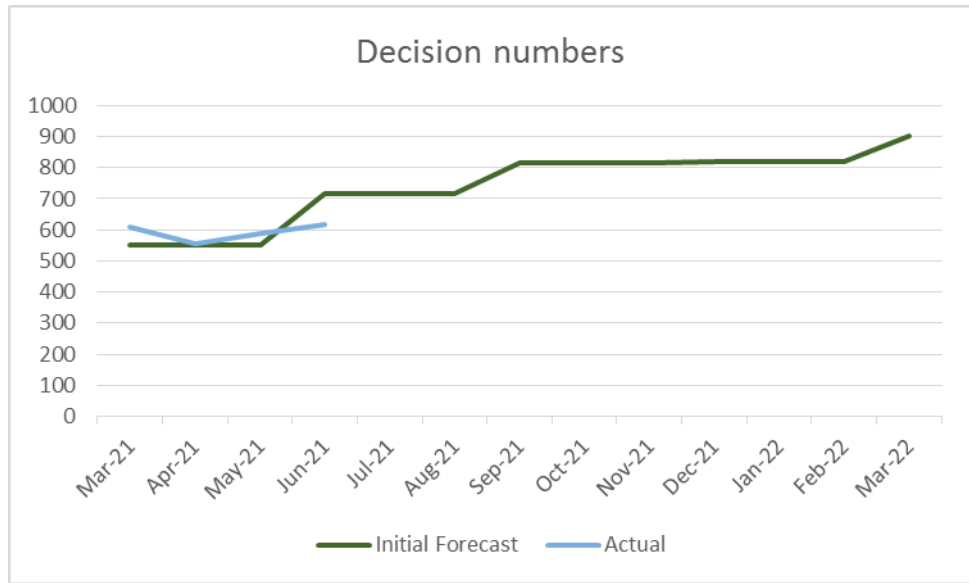
- 10 The programme has worked collaboratively across the whole of the NMC. We have combined the delivery of FtP strategy changes, the deployment of additional headcount sanctioned through the 2021-2022 budget process and further improvement activity, working on an iterative, multi-stranded basis.
- 11 Whilst rapid progress has been made, a number of initial estimates relating to the timing of improvements proved optimistic, notably the deployment of updated Screening Guidance, subject to a 4 week delay, and the launch of the Multi-Disciplinary Team Pilot, subject to a 10 week delay. These have had the effect of delaying improvements and whilst performance to date has been at or above target, the step up estimated for June 2021 has not fully materialised.
- 12 The impact of changes is being monitored constantly and we will work to ensure the improvements raise our productivity, effectiveness and overall capacity as quickly as possible.
- 13 The programme aims to increase throughput at each stage of the process and achieve earlier closure of cases at the Screening and Case Examiner stages, which will reduce the overall caseload. The following graphs show how our anticipated throughput levels and our performance against those levels:

Overall

- 14 Chart 1 shows we were broadly in line with the decision numbers we forecast for the first quarter of the year. We have maintained that level of performance in June 2021, but did not step-up decision volumes at the anticipated rate.

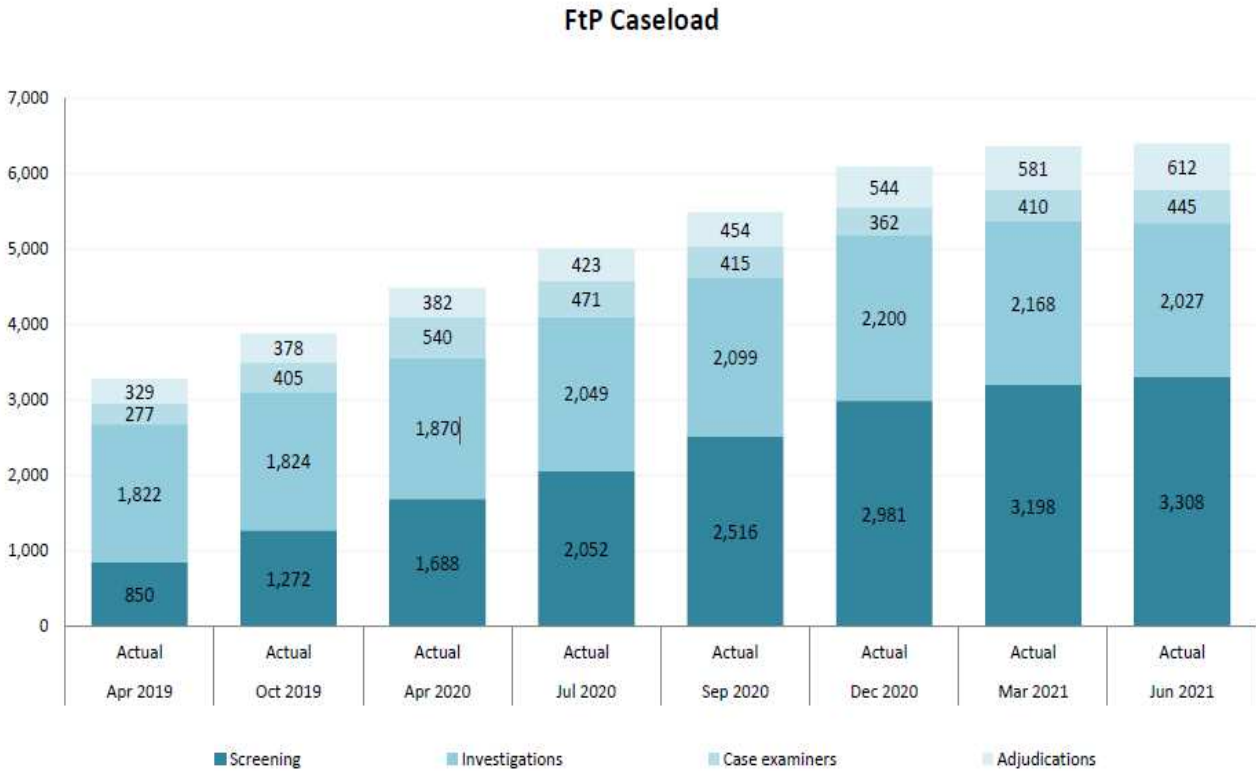
1. Agenda:
2. Apologies
3. Declaratio
4. Minutes of
5. Summary
6. Executive
7. Fitness to
8. Black
9. Questions
10 Chair's

Chart 1: FtP decision numbers March– June 2021



15 As a result, case numbers are stabilising as shown in chart 2 below:

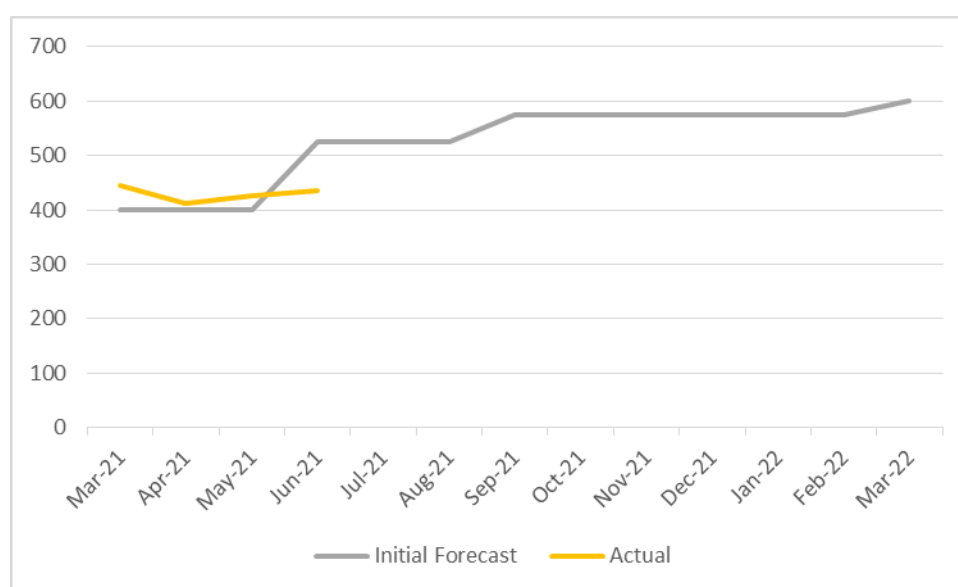
Chart 2: FtP caseload movement April 2019 – June 2021



Screening

- 16 Our performance at Screening from March to May 2021 was broadly in line with our expectations with decision numbers, based on our initial forecast as shown in chart 3.

Chart 3: Number of screening decisions March– May 2021

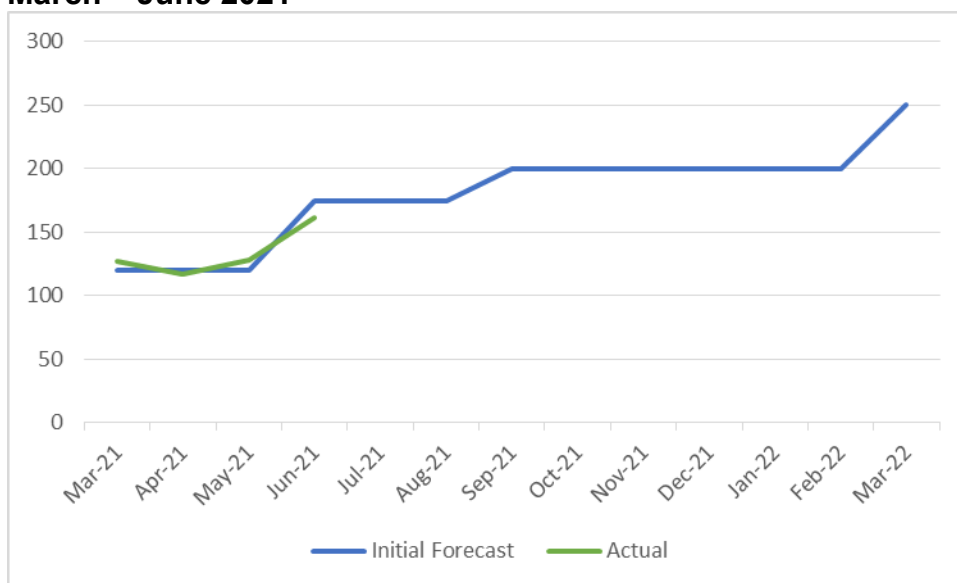


- 17 Delays to the introduction of our trial of multi-disciplinary team decision making and phased start dates for our new Screening decision makers have impacted on our performance in June 2021, which is below the expectation levels set which was a stepped increase in decision numbers.
- 18 The impact of our Screening Guidance and a focus on Strengthening Practice have contributed to a sustained increase in the closure rate at screening, with more concerns being concluded at an earlier stage.
- 19 Our caseload in Screening has continued to rise slowly (as shown in chart 2) as a result of higher than expected numbers of new referrals being received.

Investigations

- 20 Our performance at Investigations from March to May was broadly in line with our expectations with the number of cases prepared for Case Examiners in line with our initial forecast as shown in chart 4. The overall caseload within the stage has been decreasing as a result of the high rate of closure at Screening.

Chart 4: Number of cases sent for Case Examiner consideration March – June 2021

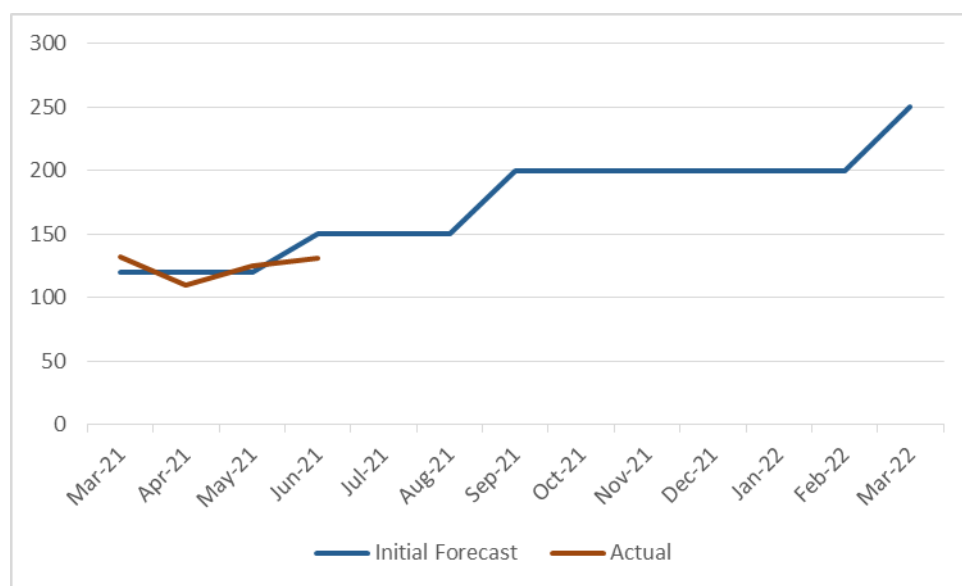


- 21 In June 2021, we launched a new investigations template which will reduce the amount of unnecessary work being undertaken within the team and enable an increase in the number of reports being produced for the Case Examiners.
- 22 Recruitment for vacancies has not been as timely as hoped for which in turn has had an impact on our ability to conclude a higher number of investigations. However even with those issues we were broadly in line with expectations for the month with 161 investigations concluding against an initial forecast of 175.

Case Examiners

- 23 Our performance at Case Examiners from March to May 2021 was broadly in line with expectation with the number of decisions in line with our initial forecast. Chart 5 shows our performance in this area.

Chart 5: Number of Case Examiner decisions March – June 2021

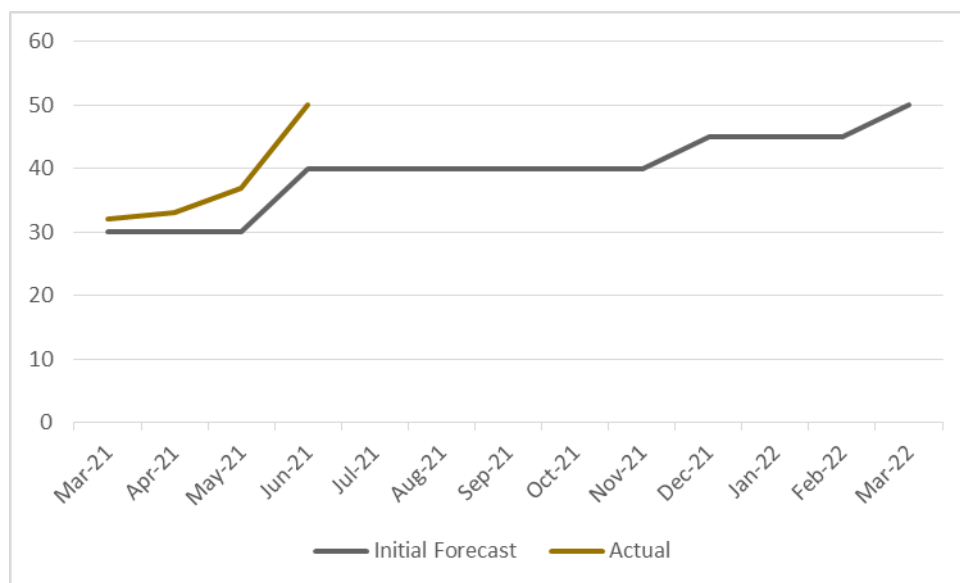


- 24 We have not seen the step up in performance we had expected in June 2021 as a number of complex cases have tied up Case Examiner pairings and this had a disproportionate effect on output.
- 25 The changes we have made to the reports from our Investigations teams will have an impact on productivity of Case Examiners as they will be provided with shorter, better structured reports, which contain easily identifiable information to support the decision-making process. The benefits of these changes will start to be felt from the end of July 2021 onwards.
- 26 Specific changes to how we approach the case to answer test in July 2021 will also benefit Case Examiner productivity. We will be removing the need for Case Examiners to consider whether the facts of a case are capable of being established when they have already established there is no prospect of impairment being found by a panel. This will lead to less effort being required to close cases and therefore an increase in the volume of decisions we see per month.

Adjudication

- 27 Our performance at Adjudication from March to May was slightly ahead of expectations with a higher number of decisions than in our initial forecast as shown in chart 6.

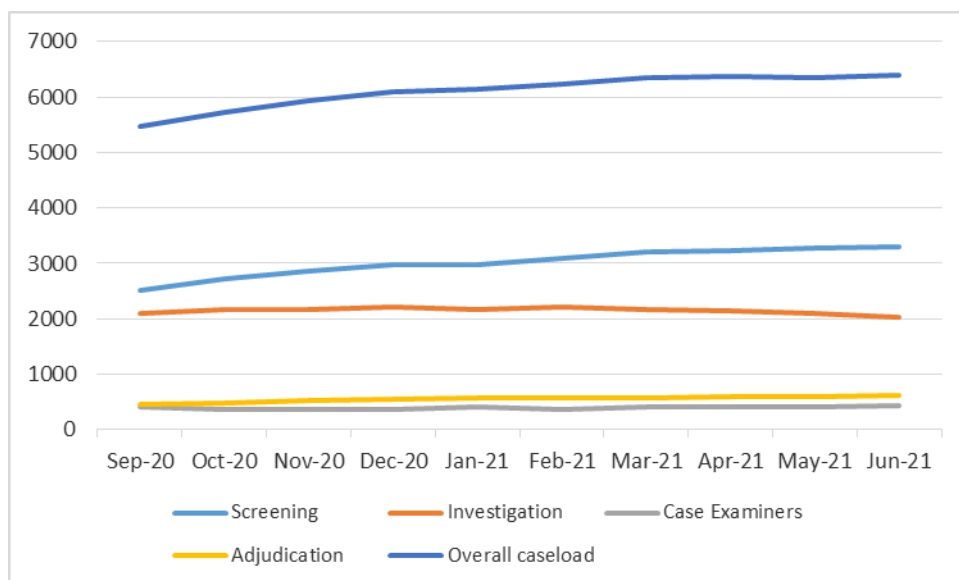
Chart 6: Number of Adjudication decisions March – June 2021



- 28 June 2021 saw a further uplift in output above expectations, the higher-than-expected performance for the area was welcome as we had a higher number of cases moving into Adjudication due to a low closure rate at Case Examiners in June 2021.
- 29 At the end of May the Appointments Board approved changes to the fee structure for panel members which will reduce the costs associated with our non-substantive events. This will not increase output at the Adjudication stage but will see a marginal reduction in costs for non-substantive outcomes.
- 30 FtP and procurement colleagues have collaborated to sign a contract for a trial to use electronic bundling processes, we will use the trial to see whether the use of electronic bundles increases the efficiency and effectiveness of the adjudication process.

Overall caseload position

Chart 7: FtP caseload September 2020 – June 2021



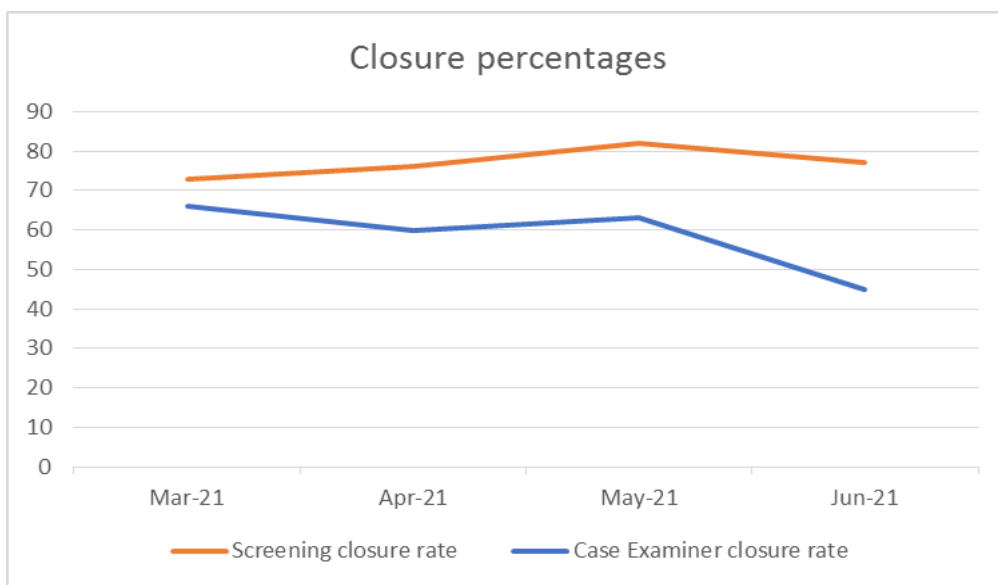
- 31 As denoted in chart 7 we have seen a flattening of the increase in the overall caseload over the last quarter, additionally there was a marginal decrease in caseload for the first time since lockdown in May 2021.
- 32 As our overall decision numbers in June 2021 did not meet expectations, the caseload has risen slightly in the last month. However our expectation is that the ongoing simplification work and the creation of decision making capacity will see a move towards caseload reduction which will accelerate and see our caseload reach around 5,000 by the end of this financial year.

Maintaining efficiency and quality

- 33 The increased expenditure in FtP for 2021-2022 is targeted towards lowering our caseload backlogs. Our approach to the programme has been developed to ensure we control our unit costs across the process whilst maintaining the quality of the work we produce and the support we provide to those involved in the FtP process. In order to ensure we are making best use of our resources we are working very closely with People and Organisational Development and Finance to ensure we recruit to our budgeted headcount and deploy the resources available.
- 34 Our headline indicators show the costs per decision are not rising and there have been no serious events or adverse incidents raised which would indicate any process simplification measures have removed an essential control from our operation.

- 35 Our closure volumes at Screening and Case Examiners increased or held steady from March to May 2021. In June 2021, Case Examiners concentrated resource on progressing cases with interim orders, this led to a decrease in the closure rate as shown in chart 8.

Chart 8: Closure rates at screening and Case Examiners March – June 2021



- 36 With high closure rates it is important that we continue to monitor quality of outcomes. An indicator of quality is the number of challenges received to our decisions by our quality of decision making team. To date the number of challenges we have received does not indicate any deterioration in the quality of decisions being made by our Screening or Case Examiner teams.

Upcoming improvements

- 37 Over the course of the next month we will:
- 37.1 Continue to embed the improvements delivered to date.
 - 37.2 See benefits, in the form of increased output, from increased decision making and Investigations team capacity.
 - 37.3 Expand the capacity of the Multi-Disciplinary Team (MDT) pilot.
 - 37.4 Expand our pilot seeking to dispense with the non-statutory barrier between Screening and Investigations. which enables more enquiries to be made sooner in the process.

- 37.5 Go live with changes to our fitness to practise web pages, changing the language used to provide clarity, changing the order we ask questions as part of the web forms to get better quality referrals and provide new content for the self-referral section of the website to reduce the number of unnecessary referrals.
- 37.6 Complete our sign-posting review of the website which will reduce the number of unnecessary referrals.
- 37.7 Update our induction processes within Investigations which decrease the time it takes for people to become effective in their role.
- 37.8 Flexibly deploy further resources from across Professional Regulation to support reduction of backlogs in screening administrative activity
- 37.9 Launch our revised letters to registrants at the screening stage which have been reviewed to improve the language, tone and format to increase engagement and help us resolve cases at the earliest opportunity.

- Midwifery implications:** 38 Elements of our programme are designed to specifically improve our performance in relation to midwives, for example concentrating all incoming concerns relating to midwives within a smaller team so that expertise can build more rapidly.
- Public protection implications:** 39 The programme seeks to drive improvements in public protection through delivering a greater volume of more timely and more proportionate decisions across FtP. Our focus on person-centred regulation should also enhance access to and experience of our processes.
- Resource implications:** 40 The programme is being delivered through dedicated headcount which is included in this year's budget.
- Equality diversity and inclusion implications:** 41 The strategic programme to further explore observed differences of referral rate to, progression through and sanction arising from our FtP processes is being undertaken through the 'Ambitious for Change' programme. We will be informed by the outcome of this work.
- 42 We will monitor improvements against our baseline Equality, Diversity and Inclusion data to determine impact.

43 Our programme is preparing to receive possible actions arising from the rapid review that was initiated following a race discrimination case that recently concluded in FtP. These actions will be specifically to address inequality, particularly as experienced in the form of racial discrimination.

Stakeholder engagement:

44 Stakeholders are being engaged both specifically and generally. So, individual projects, such as modification of our correspondence with registrants at the start of the process, have involved representative body and union input. More broadly we are engaging with our professional stakeholder groups through regular forums and intend to seek input from public, patient and users of services through our revitalised strategic public forum.

Risk implications:

- 45 There is a risk that the programme fails to deliver increased output across the FtP process. This would impact on our ability to meet corporate commitment one to: “Reduce the FtP caseload and improve how we handle people’s concerns about nursing and midwifery professionals”.
- 46 The progress set out in this paper demonstrates a stabilisation of the caseload as part of the first phase of bringing our case numbers down.
- 47 The dedicated programme board will be provided with performance information, challenge the relative success of measures and approve new streams of work as required to bring the caseload down.

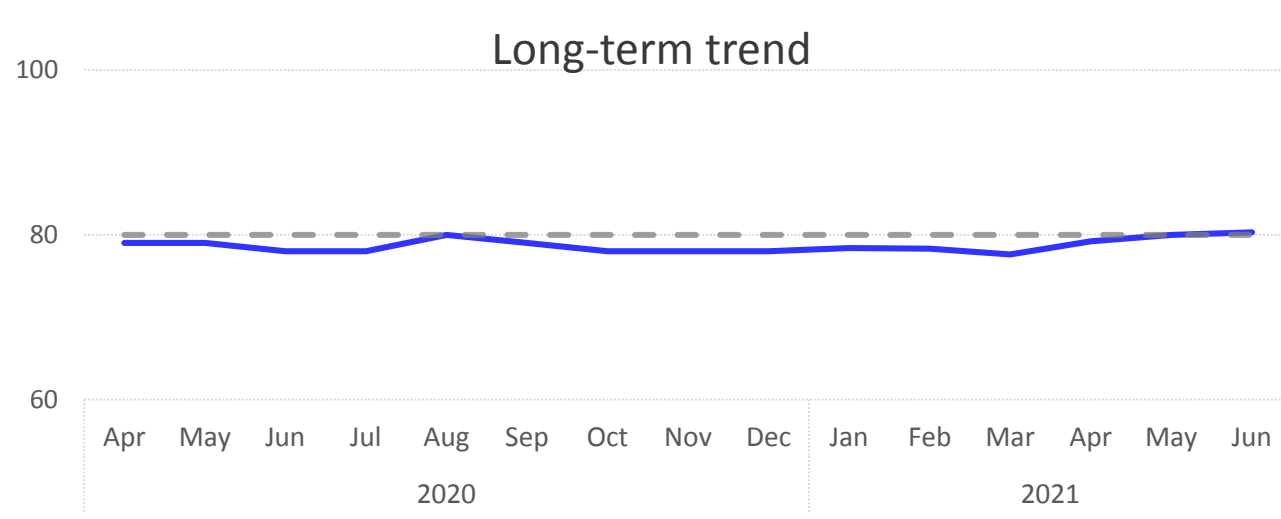
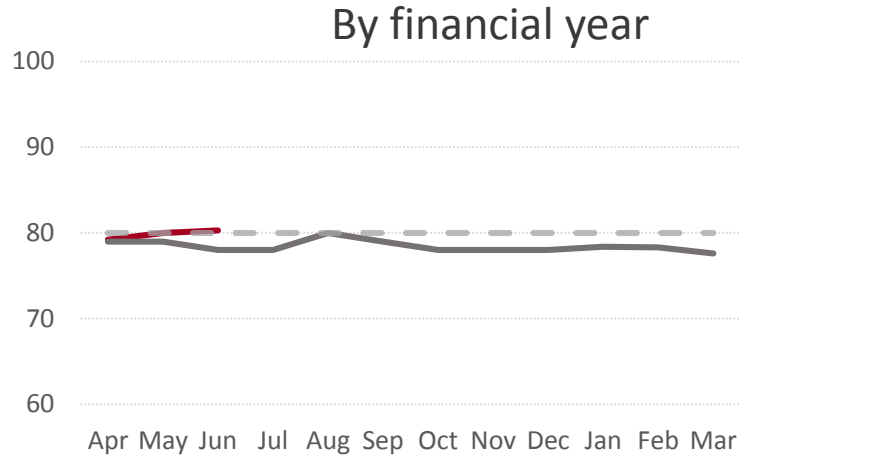
Legal implications:

48 None.

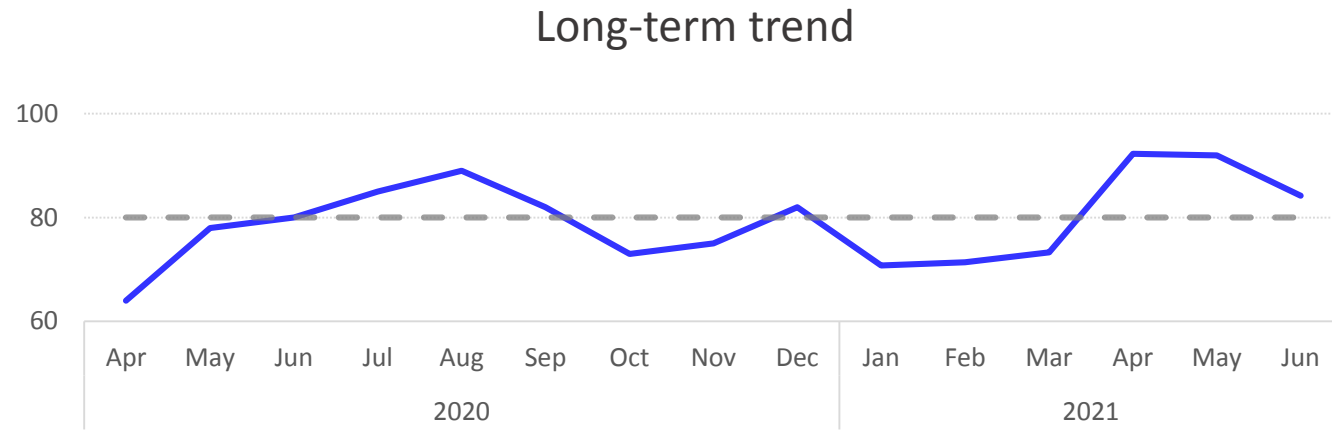
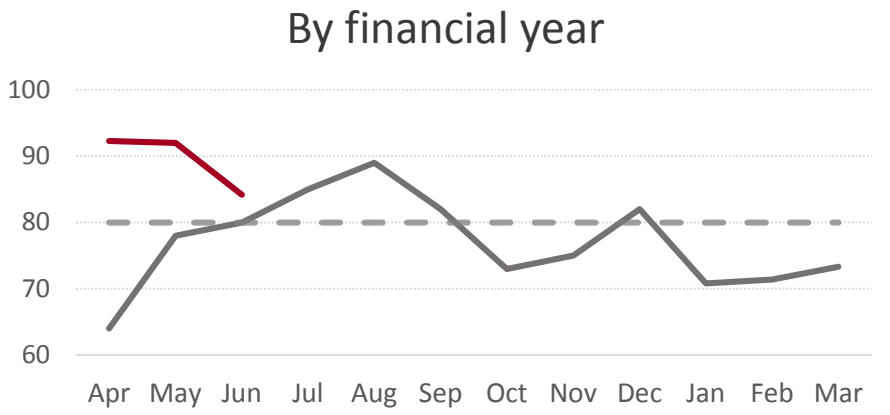
Annexe 1: Corporate fitness to practise KPI data

Interim Orders issued within 28 days of opening case (corporate KPI)

a. 12 months rolling average %



b. Monthly actual % (new measure showing monthly performance)



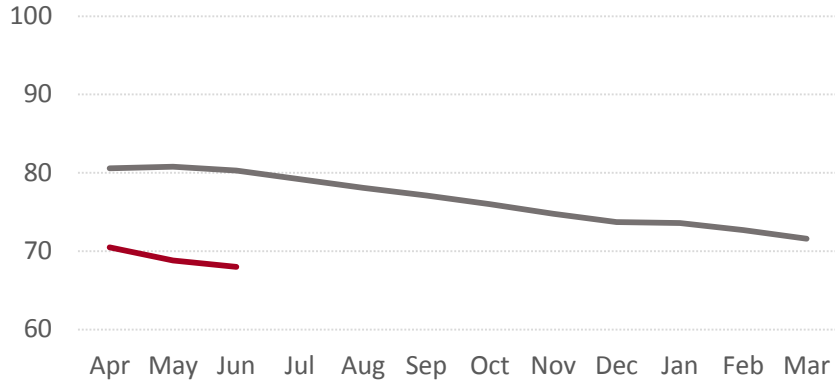
Financial year: ● Current Year (2021-22) ● Previous Year (2020-21) ● Long-term trend

- 1. Agenda: Welcome
- 2. Apologies for
- 3. Declarations of
- 4. Minutes of the
- 5. Summary of actions
- 6. Executive report
- 7. Fitness to
- 8. Black Lives
- 9. Questions from
- 10 Chair's action

Cases concluded within 15 months of opening

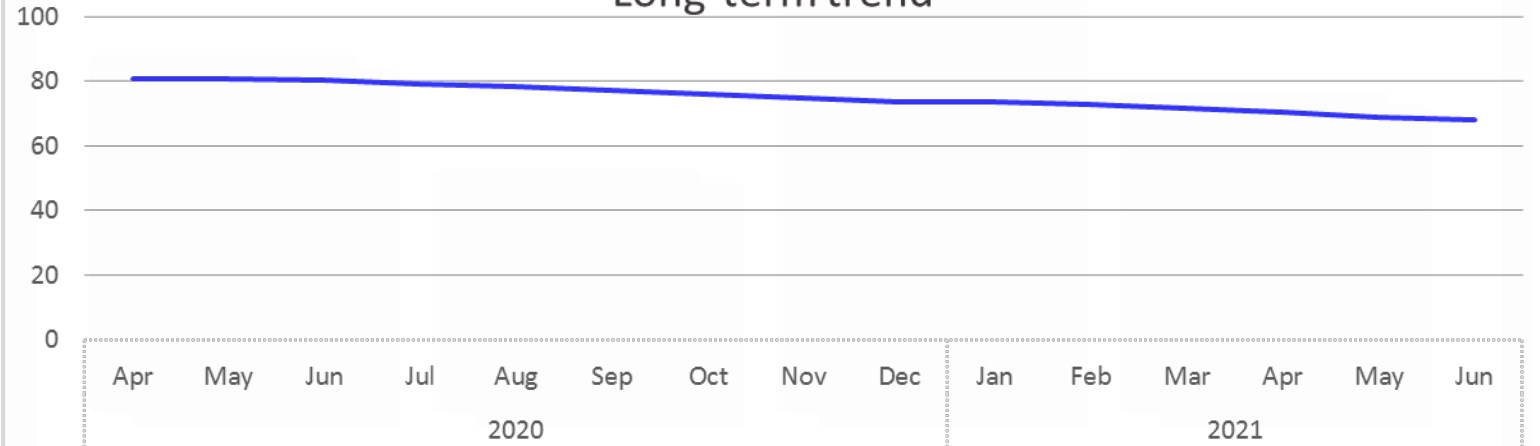
a. 12 months rolling average %

By financial year



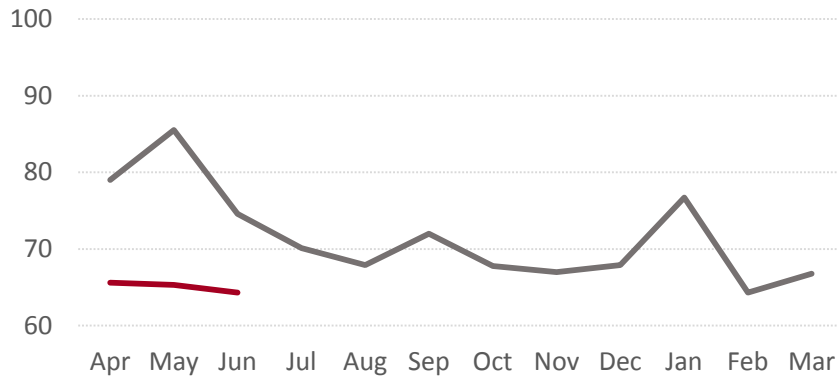
Average continues to decrease

Long-term trend

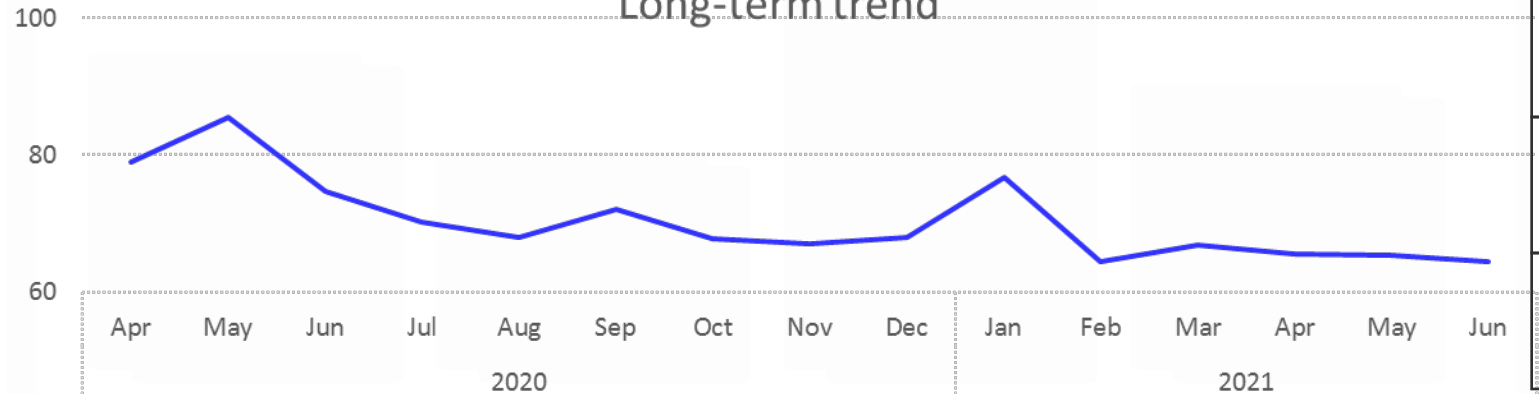


b. Monthly actual % (new measure showing monthly performance)

By financial year



Long-term trend



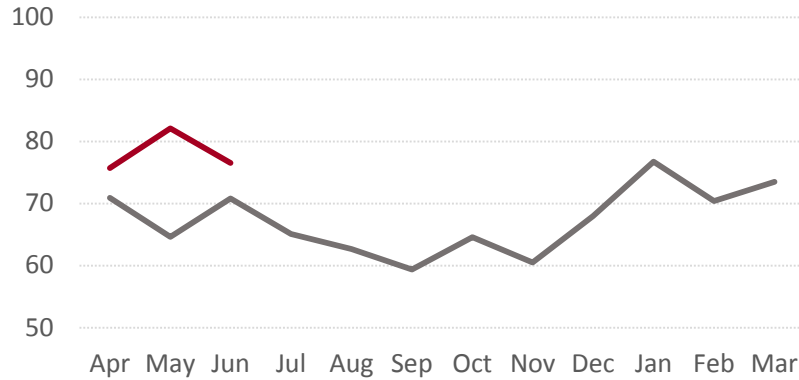
Financial year: ● Current Year (2021-22) ● Previous Year (2020-21) ● Long-term trend

1. Agenda: Welcome
2. Apologies for
3. Declarations of
4. Minutes of the
5. Summary of actions
6. Executive report
7. Fitness to
8. Black Lives
9. Questions from
10 Chair's action

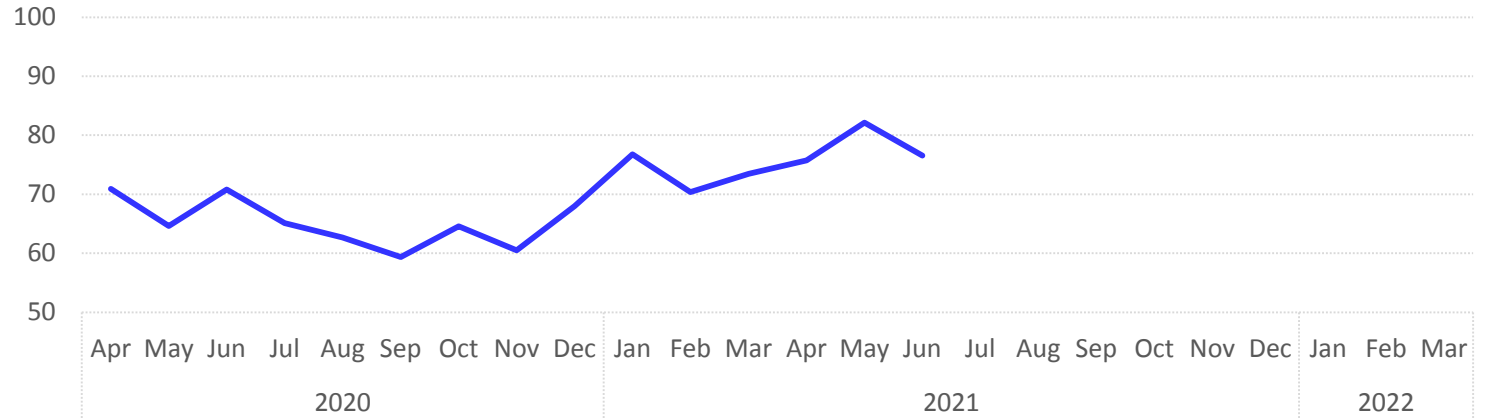
Decision that no further investigation is needed (monthly actual %) (new measure)

Screening

By financial year



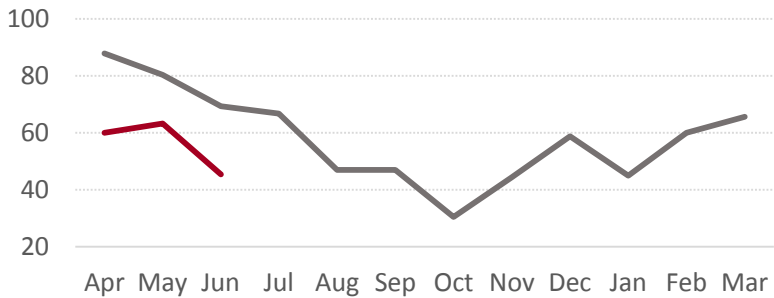
Long-term trend



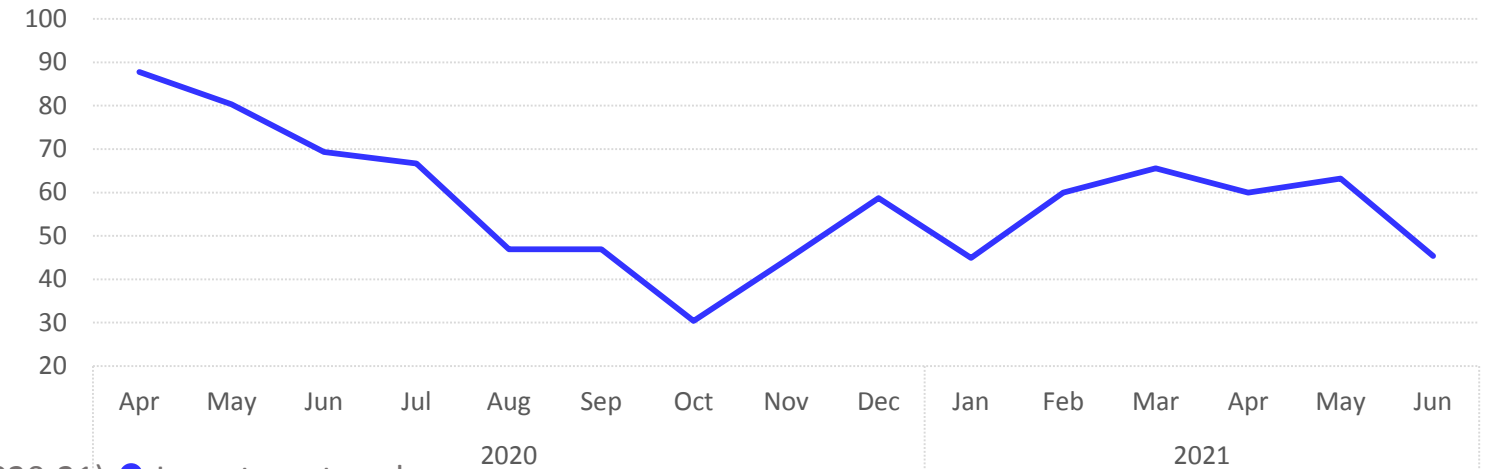
Decisions to close with 'no case to answer' or 'no current impairment (monthly actual %) (new measure)

Case examiners

By financial year



Long-term trend



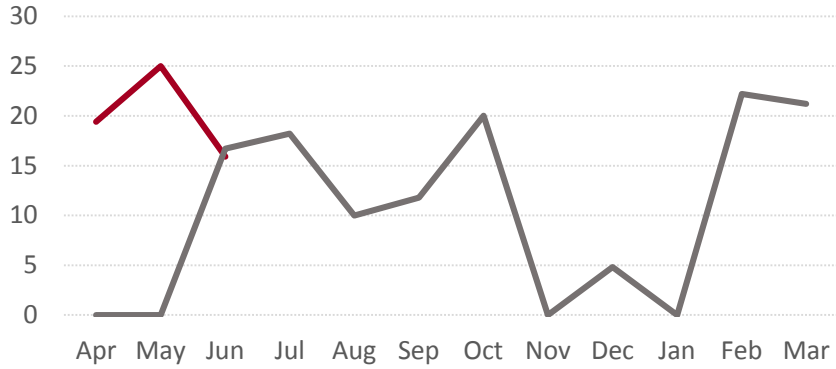
Financial year: ● Current Year (2021-22) ● Previous Year (2020-21) ● Long-term trend

- 1. Agenda: Welcome
- 2. Apologies for absence
- 3. Declarations of interest
- 4. Minutes of the meeting
- 5. Summary of actions
- 6. Executive report
- 7. Fitness to practise
- 8. Black Lives Matter
- 9. Questions from members
- 10 Chair's action plan

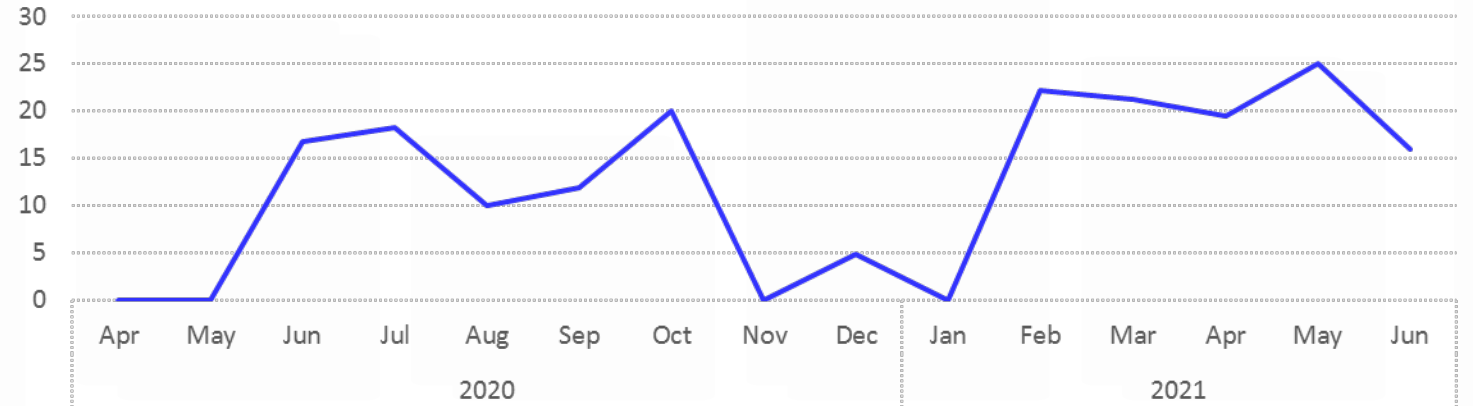
Decisions to close with ‘no case to answer’ or ‘no current impairment (monthly actual %) (new measure)

At hearings / meetings

By financial year

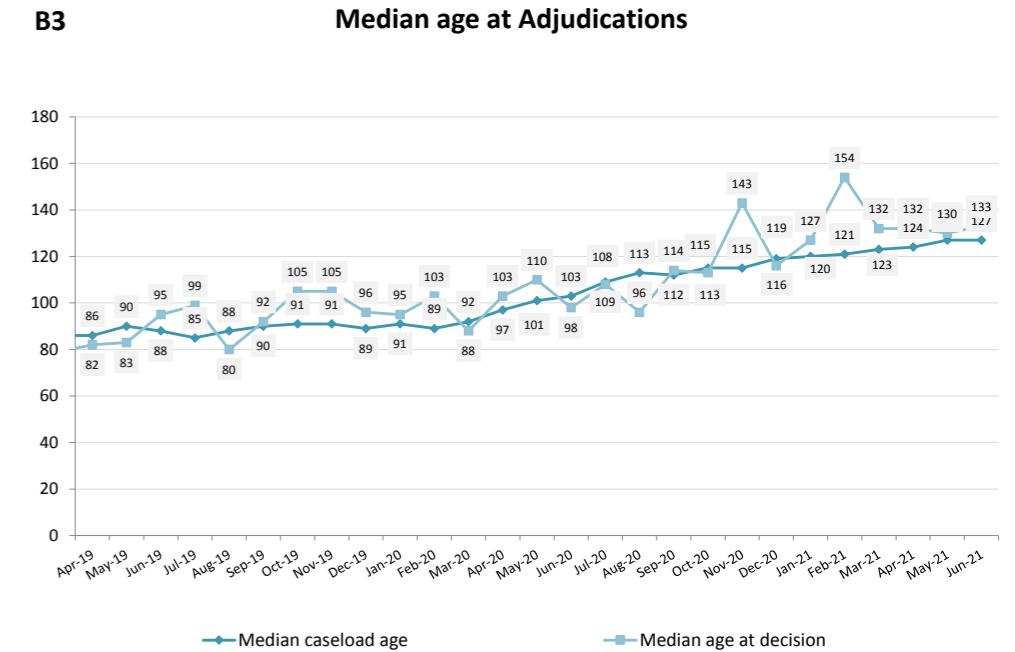
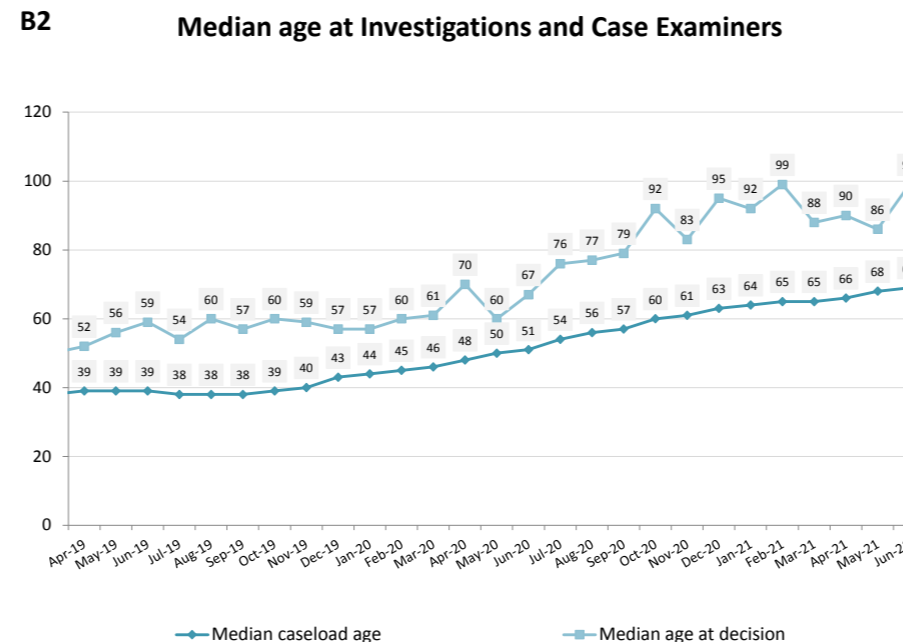
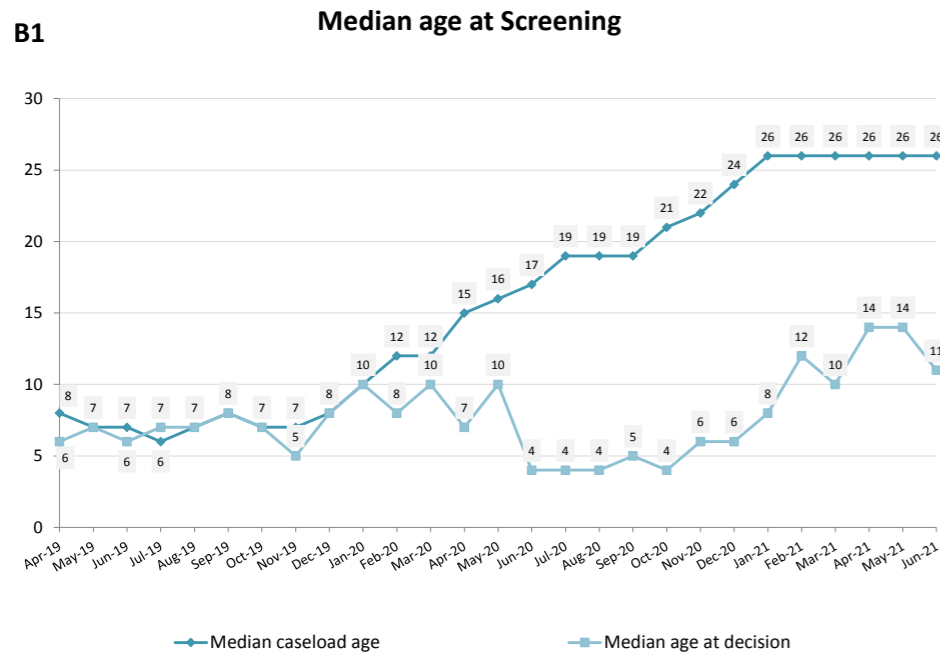
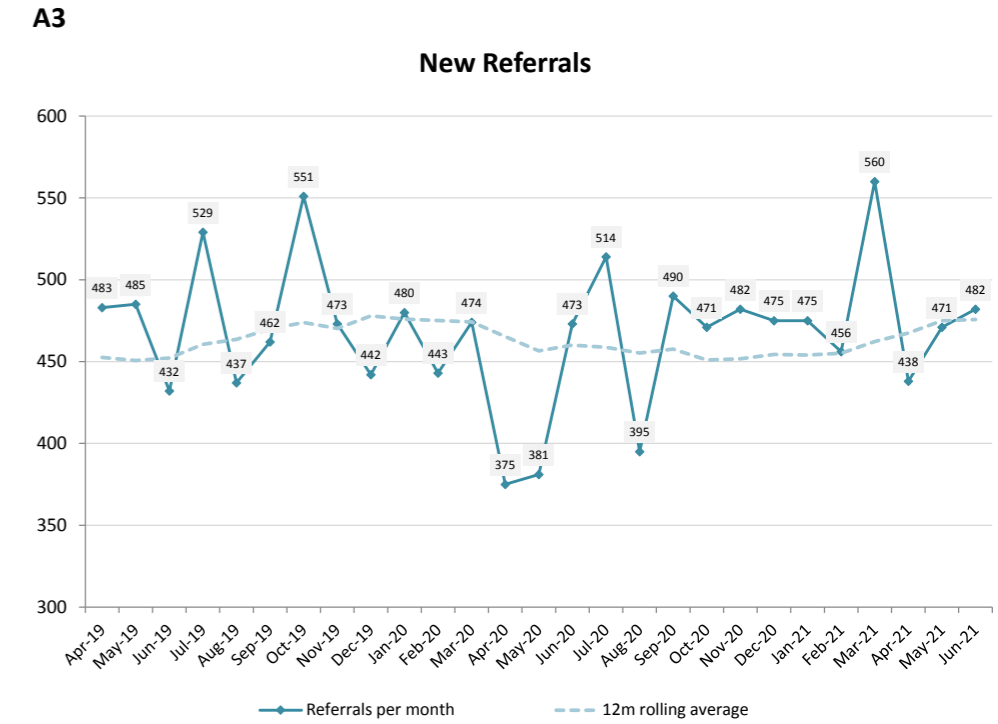
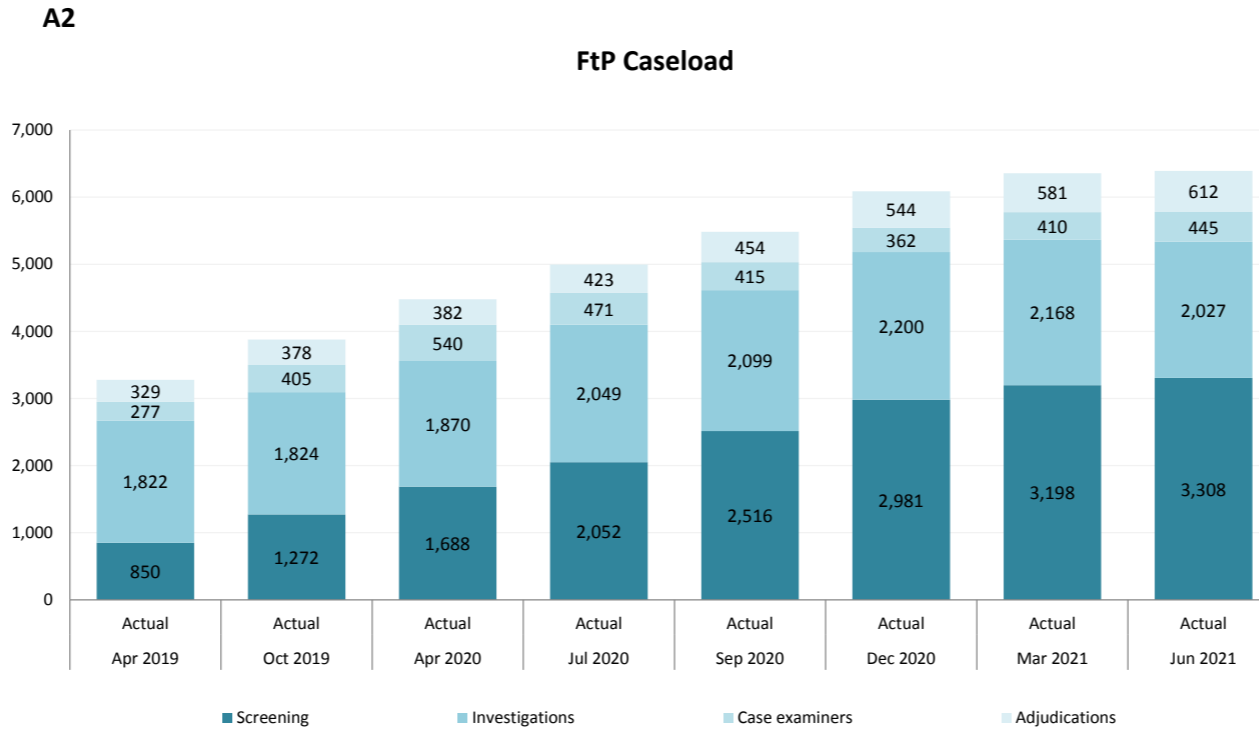
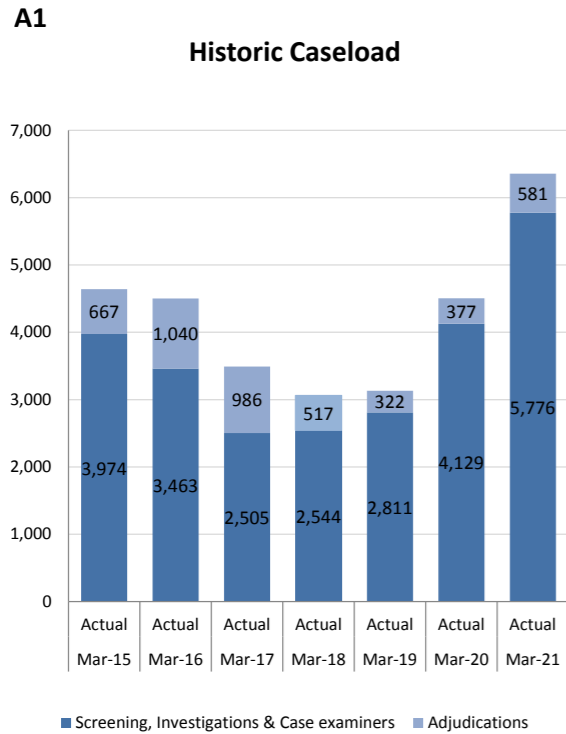


Long-term trend



- 1. Agenda: Welcome
- 2. Apologies for absences
- 3. Declarations of interest
- 4. Minutes of the previous meeting
- 5. Summary of actions
- 6. Executive report
- 7. Fitness to practice
- 8. Black Lives Matter
- 9. Questions from members
- 10 Chair's action plan

FtP Performance Dashboard June 2021



Caseload Movement Summary April - June 2021

Opening caseload 6,357

1,391 cases received

1,356 cases closed

6,392 Closing caseload

1. Agenda: Welcome and
2. Apologies for absence
3. Declarations of Interest
4. Minutes of the previous meeting
5. Summary of actions
6. Executive report
7. Fitness to Practise
8. Black Lives Matter action plan
9. Questions from observers
- 10 Chair's action taken since the

Council

Black Lives Matter action plan progress update

Action: For discussion.

Issue: To update the Council on progress on internal Black Lives matter activity.

Core regulatory function: Supporting functions
All regulatory functions

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

Decision required: None.

Annexes: The following annexe is attached to this paper:

- Annexe 1: Update on Black Lives Matter Commitments

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: Abby Crawford, Workforce
EDI Manager
Abby.crawford@nmc-uk.org

Executive Director: Francesca Okosi
francesca.okosi@nmc-uk.org

Context:

- 1 In July 2020, we informed the Council of the work we intend to do to respond to employees’ concerns about race equality, brought to the fore by Black Lives Matter activity and global protests following the death of George Floyd.
- 2 We set out seven strands of activity we would take forward as an employer committed to equality, diversity and inclusion for all its employees.
- 3 This paper sets out a further update to inform the Council of our progress against the delivery of this action plan as of July 2021.

Four country factors:

- 4 No direct four country factors.
- 5 Patterns of ethnic diversity and inequality differ between and within the four nations.

Discussion:

- 6 In July 2020, following a statement by the Chief Executive and Registrar and the consideration of a Black Lives Matter paper (NMC/20/52) by the Council, an action plan was established to set out an immediate programme of work to ensure we tackle concerns around race inequality both within our regulatory remit and for our workforce.
- 7 The action plan has achieved some rapid outcomes, but there is still significant work to do for our employees and registrants, where our data shows that underrepresentation, discrimination and negative experiences still continue to exist in some areas for Black and minority ethnic (BME) people.
- 8 An update was provided to the Executive Board in September 2020 on progress, this paper sets out a similar update as of July 2021.
- 9 The action plan, with updates as of July 2021, is attached at **Annexe 1**.

Progress against Black Lives Matter activity

- 10 The most significant change since the update to the Executive Board in September 2020 is the increase in resource for equality, diversity and inclusion (EDI) at the NMC. The recruitment of our first Head of EDI and permanent Workforce EDI Manager is a positive step forward, and they joined in March and April 2021 respectively. They join a team of five, which also includes the Regulatory EDI Manager, Senior EDI Policy Officer (a vacant post currently open for recruitment) and EDI Coordinator.

- 11 Led by a new Executive Director for People and Organisational Effectiveness, the EDI Team is currently in the process of setting a new EDI Plan which will set a strategic direction to tackle areas of inequality affecting both our workforce and registrants, including those specific to race and ethnicity. This will support the People Plan, due to launch in December 2021, which will further set direction on relevant areas such as career progression for BME colleagues, and employee engagement.
- 12 The inclusive mentoring scheme pilot ‘Rising Together’ has now been completed and evaluated, and tranche 2 of the scheme is likely to launch in late 2021. Twenty percent of the mentee cohort have been promoted since the scheme launched.
- 13 We are in the process of analysing data for our second NHS Workplace Race Equality Standard (WRES) submission, following a commitment in July 2020 to submit this annually. 48.7 percent of employees responded to our 2021 workforce WRES, compared to 37.5 percent in 2020. A specific working group and action plan is in progress to improve performance against all WRES indicators.
- 14 An external consultant specialising in race equality has been working with the NMC since February 2021, focusing specifically on increasing the capability of the Council and Executive Board in relation to race equality and inclusion.
- 15 We reported on our ethnicity pay gap in 2020 and will do so again in 2021, with analysis of the data for our 2021 submission currently underway. Initial data demonstrates a reduction in our mean ethnicity pay gap of five percentage points from 2020, but this still stands at higher than acceptable at 23.7 percent.

Next Steps

- 16 It is important we do not lose momentum on our progress on race equality. We will work with relevant stakeholders including the WRES Working Group and employee networks to develop a comprehensive race equality action plan based on a clear set of metrics and performance indicators. This action plan will bring together the key actions including the Black Lives Matter commitments in this report, actions arising from our ethnicity pay gap reports and WRES outcomes. The action plan will be overseen by the Executive Board and will align with the aims of the People Plan and NMC EDI Priorities.

Midwifery implications:

- 17 This report does not have any direct implications for midwifery.

Public protection implications:	18	This report does not have any direct implications for public protection.
Resource implications:	19	The Senior EDI Policy Officer role is currently vacant, the first round of recruitment for this role in May/June 2021 was unsuccessful.
Equality diversity and inclusion implications:	20	This activity relates to our equality responsibilities as an employer primarily, as well as a regulator wishing to influence the wider sector. It seeks to address barriers and discrimination facing ethnic minority colleagues across the organisation.
Stakeholder engagement:	21	The Black Lives Matter Action Plan was discussed at the July 2021 meeting of our cross-directorate Equality and Diversity Leadership Group (EDILG), and has been shared separately to get views from the Chairs of the BME employee network group and relevant action leads on an ongoing basis.
Risk implications:	22	There are risks to the organisation if clear action is not taken and communicated in a timely manner on Black Lives Matter activity, including a negative psychological impact on colleagues personally impacted by race inequality, which may lead to issues in morale, work output, turnover and in turn reputational risk. There is also a risk that inaction on internal matters could undermine external-facing strategic EDI work for customers.
Legal implications:	23	There are no legal implications directly arising from this report.

1. Agenda:
2. Apologies
3. Declaratio
4. Minutes of
5. Summary
6. Executive
7. Fitness to
8. Black
9. Questions
10 Chair's

Update on Black Lives Matter Commitments

	Commitment made in July 2020	Update as at November 2020	Update at July 2021
1.	Commissioning an external expert to work with us to facilitate further conversations with colleagues and to plan additional interventions.	We recognise that the role of the Council and the Executive is crucial in leading the rest of the organisation on matters of race equality. It is important for our senior leaders to increase their cultural intelligence so they can lead from the top, role model and champion race equality. Our initial efforts to commission an external race consultant to support the executive and Council on matters of race equality were unsuccessful. After advice from our procurement experts, we have directly invited several race consultants to bid with a view to securing services and commencing work with the executive and Council early 2021.	<ul style="list-style-type: none"> We commissioned Sola Afuape, external expert race consultant, to work with the Council and Executive Board (EB) to increase confidence and capability on race equality. Two workshops have been delivered by Sola, with the Council and EB in June 2021. This will culminate in a joint workshop with Council and EB in July 2021 where tangible outcomes will be agreed. The EDI team have supported these sessions to ensure we are in a position to hold senior leaders accountable for the race equality actions they commit to.

	Commitment made in July 2020	Update as at November 2020	Update at July 2021
2.	<p>Addressing issues of race and equality, including micro-aggression training, through the implementation of our new values and behaviours and our leadership development programme from July 2020.</p>	<ul style="list-style-type: none"> • Values and behaviours café events started successfully in July 2020, setting the tone of inclusion and equality as a core required component of our leadership and management approach. • The Leadership Development Programme will be launched in November 2020 and run through to June 2021. The programme will embed EDI principles in management practice. It includes a module on Values-based recruitment, which expressly addresses inclusion and avoiding bias in recruitment. • Training on inclusive teams and micro-aggressions has been delivered as part of the inclusive mentoring programme. Sessions have been recorded and will be available for all staff to access from November 2020. All training content developed for the programme will be available via our e-learning platform from December 2020. 	<ul style="list-style-type: none"> • The Leadership Development Programme was not launched, due to resourcing and capacity. This is now being scoped by the Head of EDI and the Learning and Organisational Development (L&OD) Team. • A standalone values and behaviours mandatory e-module has been launched and is now completed by all new starters, however specific recruitment training has not launched due to a delay with the recruitment policy. Training on ‘effective conversations’ was also launched as a standalone module. • The EDI and L&OD Teams have begun a review of the whole EDI training offer, including induction training, e-learning and remote/face to face EDI learning offers. This includes improving content, delivery and ensuring it is at a best practice level including on matters of race and ethnicity. Initial improvements will be actioned by September 2021.

	Commitment made in July 2020	Update as at November 2020	Update at July 2021
			<ul style="list-style-type: none"> The Head of EDI has significant expertise in developing targeted leadership development programmes and will work with L&OD to develop a pilot NMC programme in 2021. Targeted areas of training which have undergone review include EDI training for Panel Members, and new starter induction training delivered in collaboration with an external EDI expert organisation.
3.	Reviewing our internal leadership and resourcing for equality, diversity, and inclusion (EDI) by August 2020.	The review of internal leadership and resourcing for EDI is now complete. We have decided to collocate expert EDI posts, which are currently located in different teams, in People and Organisational Effectiveness and to appoint a new Head of EDI. Recruitment to the new posts and two existing vacant posts will start going out to advert by the 30 November 2020 with a view to all vacancies being filled by the end of April 2021. In the meantime, we are strictly prioritising EDI work to reflect the resource available.	<ul style="list-style-type: none"> A new Head of EDI joined the organisation in March 2021, and a new Workforce EDI Manager joined shortly afterwards in April 2021. The Regulatory EDI Manager was appointed through the promotion of the Senior Policy Officer, which remains vacant and is currently out for recruitment. When the Senior Policy Officer role is filled, the capacity of the EDI Team will have increased from two to five.

	Commitment made in July 2020	Update as at November 2020	Update at July 2021
			<ul style="list-style-type: none"> A new EDI Plan will be presented to EB in the coming weeks to set the strategic direction and next steps, building on outcomes from Sola Afuape's work, pay gap reports, WRES results and activity across all EDI areas.
4.	Introducing the inclusive mentoring scheme aimed at BAME colleagues currently in development by September 2020.	The mentoring programme 'Rising Together' was launched September 2020 with 20 mentees and 20 mentors matched and on the pilot. Early analysis indicates a positive experience for those who are taking part. A mid-year review will take place in December in addition to planning for a new cohort for 2021. A full analysis of impact will be carried out at the end of the current pilot March 2021.	<ul style="list-style-type: none"> Evaluation of the Rising Together programme indicates success in achieving its initial outcomes. Twenty percent of the mentee cohort have been promoted either during or since the pilot, and a second cohort has been agreed to be delivered in 2021 to build on this success.
5.	In line with commitments made in our 2020–2025 Strategy, submitting data to the NHS Workplace Race Equality Standard for the first time by the end of August 2020 to enable us to benchmark our performance.	We have submitted our data to the Workplace Race Equality Standard for the first time. The benchmark data is attached (Annexe 2) and our analysis is reflected at paragraphs 6 to 7 of the cover paper.	<ul style="list-style-type: none"> We are now analysing data for our second NHS Workplace Race Equality Standard (WRES) submission, following a commitment in July 2020 to submit this annually.

	Commitment made in July 2020	Update as at November 2020	Update at July 2021
			<ul style="list-style-type: none"> 48.7 percent of employees responded to our 2021 workforce WRES. This represents a significant 11.2 percentage points increase compared to 2020. A specific working group is in progress and action plan is in development to improve performance against all WRES indicators.
6.	Publishing an ethnicity pay gap report at the same time as our gender pay gap report in December 2020.	We have drafted an ethnicity pay gap report for the first time (Annexe 3) and our analysis is reflected at paragraph 8 of the cover paper.	<ul style="list-style-type: none"> We are in the process of analysing the data for our second year of reporting against our ethnicity pay gap. Initial analysis shows there has been a reduction in our mean pay gap since first reporting in 2020. Our median pay gap remained at 27.1 percent (27.1 percent in 2020), but our mean pay gap reduced by 5 percentage points to 23.7 percent (28.7 percent in 2020).

	Commitment made in July 2020	Update as at November 2020	Update at July 2021
7.	As part of planning for a return to the workplace, undertaking specific risk assessment for BAME colleagues.	Individual risk assessments have been carried out for all employees that returned to the office to support our hearings from September 2020. Early returners work is well underway, but of course this is a watching brief that is subject to change.	<ul style="list-style-type: none"> In addition to the ongoing completion of risk assessments, a ‘future ways of working’ survey was undertaken in June 2021 and analysis is currently underway – including reviewing question response by protected characteristic. A first version the Equality Impact Assessment on the impact of Covid-19 on the workforce, and the impact of returning to the office after the pandemic was undertaken in June 2021 and reviewed by the Executive Director for People and Organisational Effectiveness. Updated data from the above survey is now being incorporated and this will be shared with the Executive Board for discussion in due course.

Council

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

- Action:** For information.
- Issue:** Reports action taken by the Chair of the Council since 7 July 2021 under delegated powers in accordance with Standing Orders.
- There has been one Chair's action to approve closing temporary registration to overseas cohort six (overseas applicants under the current process who have submitted complete applications but not yet been assessed) (10/2021).
- Core regulatory function:** Supporting functions.
- Strategic priority:** Strategic aim 6: Fit for the future organisation.
- Decision required:** None.
- Annexe:** The following annexe is attached to this report:
- Annexe 1: Deputy Chair's action 10/2021 – Approval for ending temporary registration for certain overseas applicants.
- Further information:** If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

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

Chair'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:
Matthew McClelland, Executive Director, Strategy and Insight	06 July 2021

Approval for ending temporary registration for certain overseas applicants

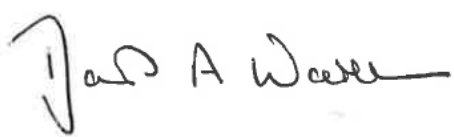
In December 2020, given the pressures on the health and social care system that existed at the time, the Deputy Chair agreed on behalf of the Council that we should extend temporary registration to a defined cohort of overseas-trained applicants who were part way through the registration process (cohort six – overseas applicants under the current process who have submitted complete applications but not yet been assessed) (Deputy Chair's Action 14/2020). We are not proposing ending temporary registration for any of the other (overseas or UK) cohorts at this point.

Employers were asked to identify people from this cohort and to certify their suitability, prior to us inviting the individuals to join the register via a manual process. This was intended to be a short term approach as the Objective Structured Clinical Examination (OSCE) centres remained open so applicants could, in any event, progress their permanent registration.

Since February 2021, we have continued to receive only a small number of requests from employers, which we have accepted. In recent weeks, we have not received any further requests and we have therefore decided to close temporary registration to this cohort. Those from this cohort already registered will remain registered until they apply and are accepted for permanent registration. We have discussed this approach with NHS England & Improvement, as requests came exclusively from employers in England who are supportive of this. We have also notified the devolved administrations.

The Chair is asked to approve closing temporary registration to the overseas cohort defined above.

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



Signed: (Chair)

Date: 09 July 2021

1. Agenda:
2. Apologies
3. Declaratio
4. Minutes of
5. Summary
6. Executive
7. Fitness to
8. Black
9. Questions
10 Chair's