

Open Council - 28 September 2022

MEETING
28 September 2022 09:30

PUBLISHED
21 September 2022

Meeting of the Council

To be held from **09:30** on Wednesday 28 September 2022
Council Chamber, 23 Portland Place, London W1B 1PZ

Agenda

Sir David Warren
Chair of the Council

Fionnuala Gill
Council Secretary

1	Welcome and Chair's opening remarks	NMC/22/78	09:30
2	Apologies for absence	NMC/22/79	
3	Declarations of interest	NMC/22/80	
4	Minutes of the previous meeting	NMC/22/81	
	Chair of the Council		
5	Summary of actions	NMC/22/82	
	Secretary		
6	Executive report	NMC/22/83	09:40-10:10 <i>(30 mins)</i>
	Chief Executive and Registrar/Executive		

Matters for decision

7	English language requirements review	NMC/22/84	10:10-10:50 <i>(40 mins)</i>
	Executive Director, Strategy and Insight		
	<i>Refreshment break (20 minutes)</i>		<i>10:50-11:10</i> <i>(20 mins)</i>

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8	8.1 Adroddiad Monitro'r Cynllun iaith Gymraeg ar gyfer y cyfnod rhwng 1 Ebrill 2021 a 31 Mawrth 2022	NMC/22/85	11:10-11:25 <i>(15 mins)</i>
	8.2 Welsh Language Scheme annual monitoring Report 1 April 2021 to 31 March 2022		
	Acting Executive Director, People and Organisational Effectiveness		
9	Panel Chair Revocation of Appointment	NMC/22/86	11:25-11:30 <i>(5 mins)</i>
	Executive Director, Professional Regulation		

Matters for discussion

10	Review of Fitness to Practise Guidance on continued use of powers originally granted for the emergency period	NMC/22/87	11:30-12:00 <i>(30 mins)</i>
	Executive Director, Professional Regulation		
11	Fitness to Practise Caseload update	NMC/22/88	12:00-12:30 <i>(30 mins)</i>
	Executive Director, Professional Regulation		
12	Review of the corporate plan and budget 2022-2023	NMC/22/89	12:30-13:10 <i>(40 mins)</i>
	Executive Director, Resources and Technology Services		
13	NHS Workforce Race Equality Standard (WRES) Report 2022	NMC/22/90	13:10-13:30 <i>(20 mins)</i>
	Acting Executive Director, People and Organisational Effectiveness		
14	Questions from observers	NMC/22/91	13:30
	Chair	(Oral)	

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Matter for information

15 Chair's actions taken since the last meeting

NMC/22/92

Chair

Close and lunch

13:45

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Item 4
NMC/22/81
28 September 2022

Meeting of the Council
Held on 27 July 2022 by videoconference.

Minutes

Council

David Warren	Chair
Hugh Bayley	Member
Claire Johnston	Member
Tracey MacCormack	Associate
Eileen McEaney	Member
Margaret McGuire	Member
Derek Pretty	Member
Gloria Rowland	Associate
Anna Walker	Member
Ruth Walker	Member
Sue Whelan Tracy	Member
Lynne Wigens	Member

Present

Jane Slatter	Chair, Appointments Board
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NMC Officers

Andrea Sutcliffe	Chief Executive and Registrar
Emma Broadbent	Acting Executive Director, People and Organisational Effectiveness
Helen Herniman	Executive Director, Resources and Technology Services
Matthew McClelland	Executive Director, Strategy and Insight
Alice Hilken	General Counsel
Edina Ojeifo	Interim Assistant Director, Professional Regulation
Anthony Robinson	Assistant Director, Professional Regulation
Miles Wallace	Acting Executive Director, Communications and Engagement
Geraldine Walters	Executive Director, Professional Practice
Fionnuala Gill	Secretary to the Council
Alice Horsley	Governance Manager
Paul Johnson	Assistant Director, Professional Regulation (<i>NMC/22/71 only</i>)
Richard Wilkinson	Assistant Director, Finance and Audit (<i>NMC/22/73 only</i>)

Observing

Lesley Maslen	Designate Executive Director, Professional Regulation
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A list of observers is at Annexe A.

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Minutes

NMC/22/65 Welcome and Chair’s opening remarks

1. The Chair welcomed all attendees and observers to the meeting, including Jane Slatter, Chair, Appointments Board.
2. The Chair noted that the meeting was being held by videoconference due to the impact of the train strike on travel.

NMC/22/66 Apologies for absence

1. Apologies had been received from Council members Karen Cox and Marta Phillips.

NMC/22/67 Declarations of interest

1. **NMC/22/73: Review of Investment policy.** All registrant members, Associates and the Executive Director, Professional Practice declared an interest, as the stated aim of the policy was to assist in maintaining registrant fees at an appropriate level. The interests were not considered material such as to require the individuals concerned to withdraw from discussion or decisions, as they were no more affected by these changes than other registrants.

NMC/22/68 Minutes of the previous meeting

1. The minutes of the meeting on 6 July 2022 were agreed as an accurate record.

NMC/22/69 Summary of actions

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

NMC/22/70 Executive Report including performance and risk report (Q1 - April to June 2022)

1. The Chief Executive and Registrar introduced the report. Points highlighted included:
 - a) We had written to both the new Secretary of State and Minister for Health to welcome them and press the importance of regulatory reform.
 - b) Recruitment of two new Executive Directors was underway and there was strong interest in the roles.

2. The Executive Director, Strategy and Insight highlighted the Health and Social Care Committee (HSCC) workforce report published on 25 July 2022, which reports on the workforce in England. Whilst the HSCC had noted reasonable progress towards the target for a further 50,000 nurses, demand on the health and social care sector continued to grow. The health and social care sector faced significant workforce challenges and the HSSC called for improved workforce planning.

3. The HSSC had made a recommendation for the NMC to introduce targets to eliminate disproportionate employer referrals about minority ethnic nurses and midwives and eradicate disadvantage and discrimination in nursing and midwifery education and training. We were considering the recommendation and the report's wider findings and would contribute to the Government's response to the report.

4. The HSCC's report recommended substantial increases in the number of medical students being trained in the UK; there was no equivalent recommendation for nursing and midwifery professionals. We may wish to consider what we can do to support and encourage an increase in the number of professionals being trained, in collaboration with education institutions, recognising that responsibility rested with Health Education England and that availability of placements was an issue. There would be a further opportunity for Council to discuss workforce issues at a seminar in September 2022, which, if feasible, would encompass a four-country approach.

5. In the context of the HSSC report, Council was advised that the report of the second phase of our 'Ambitious for Change' research would now be published on 1 August 2022 (rather than 28 July 2022). This sought to understand why professionals on our register had different experiences and analysed Fitness to Practise (FTP) referrals from employers. Key findings from the research included that:

- a) Some employers referred more professionals who were Black or minority ethnic and/or male to FTP compared to the make-up of our register and their workforce.
- b) Most of the professionals we had spoken to felt one or more of the diversity characteristics played a part in their referral from their employer and said an 'insider/outsider' culture left them feeling unsupported.
- c) The work setting and the type of work someone does can also influence a person's experience of revalidation or FTP. Certain groups such as Black or minority ethnic and overseas-trained professionals were over-represented in such settings, which included care homes and GP practices.

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6. Given the increasing numbers of overseas trained colleagues joining the register, there would be value in looking at what more could be done to support such individuals to understand nursing and midwifery practice in the UK, to help avoid the risk of referral. For example, the General Medical Council (GMC) provided resources to help introduce overseas trained medics to UK practice. Consideration would be given to what more we could do to encourage employers to ensure appropriate induction and support was provided to overseas trained professionals including feeding back learning. It was important to note that disproportionate referrals were also experienced by UK trained professionals from Black or minority ethnic backgrounds.

In discussion, the following points were noted:

- 7.
- a) Over 31,000 responses had so far been received to the English Language Review consultation. Given the high response rate, it may be ambitious to complete analysis in time to report to the Council's September meeting as planned but every effort was being made to achieve this.
 - b) Discussions at the External Advisory Group for the English Language Review suggested that there were varied views on the proposed approach to accepting employer references.
 - c) In relation to Regulatory Reform, the Department of Health and Social Care (DHSC) had decided to take a different approach to reform of the GMC legislation. It would first introduce regulation for medical associate professions, followed by reform to the regulation of Doctors. This would have an impact on the timelines for NMC regulatory reform; it was now expected that this would take effect from January 2025 at the earliest. There was assurance that the Government remained committed to regulatory reform.
 - d) The update on the joint work with the GMC and Care Quality Commission (CQC) to share data to improve understanding of regulatory risks in maternity services better in England was welcome. Once this work had been completed, we would aim to engage in a similar way across Northern Ireland, Scotland, and Wales.
 - e) The importance of listening to the experiences of people using maternity services was embedded in the way the NMC operated , for example through our Standards and the setting of education programmes. The membership of the Midwifery Panel was also being expanded, with a view to strengthening the voice of those who had used maternity services in that forum.

8. In summing up, the Chair noted that many of the issues discussed were linked to the NMC's work on data and insight.

Progress against our corporate plan and budget for 2022-2023 (Quarter one report)

9. The Executive Director, Resources and Technology Services (RTS) introduced the report. In discussion the following points were noted:
- a) Five out of 22 corporate commitments were rated amber in the year-end forecast, reflecting some risk or uncertainty.
 - b) It was reassuring to see better alignment of spend against budget. Although in previous years income had been higher than predicted due to increased international registrations, a cautious approach was being taken to predicting this element of income.
 - c) The Professional Regulation management team reviewed performance indicators for OSCE centres and testing capacity. Consideration would be given to identifying key performance indicators for reporting to Council for the future.
 - d) There were some delays in technology and programme work partly due to specialist staffing issues, for example, on the Education Quality Assurance technology programme. The Programme Boards and the Change Board monitored delays and associated risks and prioritised work accordingly.
 - e) Significant work was also underway to map the change landscape; identify pressure points for both professionals and internal colleagues; and ensure appropriate phasing and delivery. The Modernisation of Technology Services (MoTS) programme remained a major priority.
 - f) Capacity was a significant concern across a range of issues. Staffing numbers were lower than expected due to phasing and time taken to recruit. Work was underway to assess the level of staffing needed in Fitness to Practise.
 - g) There continued to be challenges in recruiting and retaining colleagues particularly in FTP and technology services. The employment market remained highly competitive and innovative ways of attracting candidates were being explored. There was also a focus on improving induction and support for new colleagues, as well as efforts to improve by learning gleaned from a more systematic approach to comprehensive exit questionnaires.
 - h) Whilst there was significant flexibility within existing pay bands, consideration would be given to the suggestion that specific pay incentives be used to attract and retain talent in key or specialist roles.
 - i) In addition to the current internal workforce challenges, there was a need to look ahead to consider what capabilities and capacity would be needed for the future, for example with the technology improvements resulting from MoTS. The Remuneration Committee would be looking at how the various agendas came together and the extent to which there was a robust future workforce plan for the NMC.

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10. In summing up, the Chair noted the challenges around internal workforce issues and the appetite for greater clarity around future planning including numbers, skill mix, pay and reward. The discussions had helpfully shown the importance of taking a holistic approach to these issues and the Council would wish to come back to this.

Action:	Consider whether there are suitable key performance indicators (KPIs) for OSCE centres and testing capacity which could be reported to Council.
For:	Executive Director, RTS
By:	23 November 2022
Action:	Consider whether specific pay incentives may help in attracting and retaining talent for key or specialist roles.
For:	Acting Executive Director, People and Organisational Effectiveness
By:	28 September 2022

Corporate risk exposure report

11. The Executive Director, RTS set out the current corporate risk position.

12. In relation to REG18/01, the teams dealing with appeals, including international registration appeals, had been combined to ensure most effective management of resources. There had been a small increase in appeals relating to English Language requirements. The Executive would consider whether any change was needed to the risk rating.

Action:	Review rating for Corporate Risk REG 18/01 – that we fail to maintain an accurate register of people who meet our standards (including timeliness of international registrations).
For:	Executive Director, Professional Regulation
By:	23 November 2022

NMC/22/71 Fitness to Practise Caseload Update

1. The Assistant Director, Professional Regulation, provided an update on the work to reduce the FTP caseload. The caseload had stabilised, and a very small reduction had been seen in July.

2. A more streamlined approach was now being taken to the improvement programme to concentrate efforts on a small number of changes which would deliver the most impact. A key focus was to increase our decision-making capacity at the Screening stage; a temporary team was being set up to provide ‘surge’ capacity.

3. In discussion the following points were noted:
a) The clarity and transparency of reporting and the significant efforts being directed to reduction of the caseload were welcome.

- b) The 'surge' team consisted of experienced decision-makers seconded to progress cases at Screening stage for a period of at least three to six months. There was work underway to ensure teams at the following stages were prepared to manage the increased output generated by colleagues at the screening stage.
- c) It was useful to see the metrics on total decisions made (annexe 1, chart 2). It would be helpful to see a breakdown of decisions at each key stage in future.
- d) Whilst efforts were focused on a smaller number of more impactful changes, the team continued to consider various improvements and more radical changes which could be made to reduce the FTP caseload. This included maintaining a log of process improvements suggested by individuals, such as Panel Members. There was also a log of improvements it was hoped the MoTS programme could achieve.
- e) In some instances, connectivity issues constrained the effectiveness of virtual hearings. Virtual hearings would continue to be used where most appropriate. Further work was being done to determine the optimum combination of virtual and in-person hearings to ensure the most effective and efficient delivery of hearings and best experience for all those involved.
- f) Efforts to ensure that employers only submitted appropriate referrals were having an impact. The Employer Link Service held a webinar for employers in June 2022, to share learnings from FTP referrals. Considerable information was also available on the website. It was important that Trusts and Health Boards ensured that referrals were approved by appropriately senior colleagues.
- g) The proportion of referrals from members of the public continued to increase. The key learning from this for front line professionals is the importance of candour: an open and honest approach when things first go wrong could have a significant impact on reducing public referrals.
- h) The risk of the holiday season in August delaying improvements was being mitigated by additional resource. Historically, we had seen lower rates of referrals in August.
- i) The KPI for concluding cases within 15 months would be significantly below target for the year; this raised the question about whether consideration should be given to revising the target for 2022-2023 to one which was stretching but more achievable. Further consideration would be given to this with the incoming Executive Director, Professional Regulation, who would join in August 2022.
- j) Given all the challenges and issues across maternity services, it would be helpful to see information about the number of FTP referrals related to maternity services in future reports.
- k) There had been a review to see if there was any trend associated with the increase in the number of cases identified as requiring an interim order. There were significant fluctuations in the number of interim orders sought which made it challenging to identify trends or make predictions.

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4. Summing up, the Chair noted that reducing the FTP caseload remained the highest operational priority. The Council would expect to see a significant impact from the additional resource and initiatives at the next meeting in September, so as to demonstrate proportionate progress toward the target to reduce the caseload to 5,000 by March 2023.

Action:	Include information in future reports on decisions made at each key stage
For:	Executive Director, Professional Regulation
By:	28 September 2022
Action:	Include information in future reports on the number and trends in FTP referrals relating to maternity.
For:	Executive Director, Professional Regulation
By:	28 September 2022

NMC/22/72 Associates Scheme

1. The Secretary to the Council introduced the paper which invited Council to approve the continuation of the Associate scheme and authorise a process to find two new Associates. The recommendation had the support of the Remuneration Committee.
2. In discussion, the following points were noted:
 - a) The Associate Scheme had been introduced in 2020 to offer development opportunities for those with potential to gain the skills and expertise to become future Non-Executives by participating in the Council’s work.
 - b) As a new initiative, an evaluation of the scheme had been built in from the start. The first phase of this suggested the scheme was proving successful in meeting its objectives. It was pleasing to see that other health and care regulators had since initiated similar schemes.
 - c) The Associates were making an invaluable contribution to the Council’s work. There was strong support for continuing the scheme and for the proposed focus on both encouraging Black and minority ethnic candidates and geographical diversity.
 - d) Learning from the scheme would be built into the next iteration, such as sharing the mentoring commitments more widely across both lay and registrant Council members.
 - e) The Remuneration Committee planned to consider in more depth different approaches to future iterations of the scheme, for example staggering appointments, as well as considering the implications of the introduction of a unitary board governance model under Regulatory Reform.
3. **Decisions - The Council approved:**
 - a) **The continuation of the Associate Scheme in the light of the findings from the stage 1 evaluation**

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b) **The approach to selecting two new Associates to take up roles in early 2023.**

4 In summing up, the Chair noted the strong endorsement for the continuation of the Associate Scheme. On behalf of the Council, the Chair thanked the Associates for the significant contributions they had and would continue to make to the Council during their two years. The Chair also thanked the Chair of the Remuneration Committee for acting as the Lead for the scheme on behalf of the Council.

NMC/22/73 Review of Investment policy and funds allocated to the investment portfolio

1. The Executive Director, RTS, introduced the paper which proposed a minor amend to the existing policy to strengthen the commitment to climate change, and to approve the transfer of a further three million (£3m) from cash funds to the investment fund.

2. In discussion, the following points were noted:
a) The proposed change to the current investment policy related to pollution and climate change was welcome.
b) Due to the current market volatility there had been a short-term loss on the portfolio, as indicated in the management accounts discussed earlier. It was important to recognise that this was a long-term investment: investing funds in the portfolio should produce above inflation returns in the long term in contrast to funds held in cash which would see value eroded by inflation.
c) Further allocation of funds to the investment portfolio accorded with the NMC's responsibility to provide careful stewardship of registrants' money.

3. **Decisions - The Council:**
a) **Approved the proposed amendment to the investment policy on pollution and climate change (Annexe 1).**
b) **Agreed to invest a further £3 million in the investment portfolio in addition to the £30 million previously invested.**

4. Summing up, the Chair noted that the investment policy made clear that investments would be allocated in a way to seek constructive and positive engagement on ethical, social and governance issues, including climate change, which was important to the NMC. The risk appetite for investments was cautious to balanced; adding a further £3 million to the investment fund represented effective stewardship of registrants' money during a period of high inflation.

5. On behalf of the Council, the Chair thanked the Investment Committee and its Chair for their commitment and expertise.

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NMC/22/74 Fitness to Practise Panel Chairs and Members: appointments, transfers, and removals

1. The Interim Assistant Director, Professional Regulation, introduced the paper. The recommendations had been reviewed and endorsed by the Appointments Board.
2. The following points were highlighted:
 - a) The paper detailed the process for selection of Panel Chairs, their diversity, and the incremental impact on the diversity of our Panel Member pool as a whole.
 - b) Overall, each selection campaign had seen an increase in Black and minority ethnic appointees, which was positive. However, given the starting point, there had been a small incremental impact on the overall diversity of the pool of Panel Chairs and Members. This remains a priority and there is more to be done.
 - c) The Appointments Board and Professional Regulation were committed to learning from each campaign and keeping the selection process under review to consider what more could be done and how we can work with our key stakeholders to help us to continue to improve diversity into the future.
 - d) The commitment and importance attached to this by the Appointments Board and colleagues was welcome.
3. **Decisions - Council approved the following recommendations of the Appointments Board to:**
 - **Appoint the 48 individuals listed at Annexe 1 to serve as Panel Chairs of the Fitness to Practise Committee for the period 27 July 2022 to 26 July 2026;**
 - **Appoint the 21 Panel Members listed in Annexe 2 to hear registration appeals, to run concurrently with their appointment to the Practice Committees**
 - **Transfer the Panel Member from the Fitness to Practise Committee to the Investigating Committee as listed in Annexe 2; and**
 - **Approve the removal of two Panel Members listed at Annexe 2 who have resigned from the Practice Committees.**

NMC/22/76 Appointments Board Report

1. The Council considered the Appointments Board annual report to Council 2021-2022.
2. The Chair of the Appointments Board commented that the Board valued the support Council gave to its work. The Board had been pleased to welcome the Chair of the Council and Tracey MacCormack to meetings during the year, and looked forward to welcoming the new Executive Director, Professional Regulation to future meetings.

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- 3. On behalf of the Council, the Chair thanked the Chair of the Appointments Board and Appointments Board colleagues for all the work over the past year.

NMC/22/77 Chair's actions taken since the last meeting

- 1. There had been no Chair's actions since the last meeting.

Closing remarks

- 2. The Chair thanked all attendees for joining the meeting and encouraged them to attend future meetings.

Confirmed by the Council as a correct record:

SIGNATURE:

DATE:

Annexe A: Observers

Observers

Isabel Bennett	Student Nurse, Chelsea and Westminster Hospital
V Deans	Nurse, NHS
Ian Sexton	Corporate Governance Manager, General Medical Council
Aly Amin	Nursing Specialist, NHS
Kabir Hussain	Nurse (Adult), NHS
Pamela Page	Quality Assurance department, Mott MacDonald
Theresa Corkill	Nursing Sciences Subject & Practise Learning Lead, University of Brighton
Sandeep Peddapundra	Nursing, Nims hospital
Julie Francis Manampan	Specialist Nurse Patient Safety, South Tyneside and Sunderland Foundation Trust

Idowu Olabode	RN, Elysium healthcare
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Pleasant Eluozo	Staff Nurse, Kings College Hospital
Sola Alonge	Staff Nurse, Portsmouth hospital NHS trust
Agatha Uzokwe	Registered nurse, Abbey Healthcare
Adekola Ogundare	Staff Nurse, Walsall Healthcare NHS Trust
Adekunle Adetunji	Nursing, NMCN
Oluchukwu Ekee	Staff Nurse, Healthcare Ireland Group
Oluwaseyi Olatidoye	HCA, Hallmark
Falilat Omoteji	Chief Nursing Officer, Lagos state health service commission, Nigeria
Olufunke Olofinnik	Principal Nursing Officer, Government work
Siobhan Carson	Senior Scrutiny Officer, Professional Standards Authority

Press

Alison Stacey	Senior Reporter, Nursing Standard
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NMC staff observing

Roberta Beaton	Head of corporate planning, performance and risk
Karen Sellick	Corporate Planning Delivery Manager
Clare Quinlivan	Senior Digital Communications Officer
Adeola Wilson	Senior Press Officer

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

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Summary of outstanding action arising from the Council meeting on 27 July 2022

Minute	Action	Action owner	Report back date	Progress to date
NMC/22/70	<p>OSCE - Performance and risk report (Q1 - April to June 2022)</p> <p>Consider whether there are suitable key performance indicators (KPIs) for OSCE centres and testing capacity which could be reported to Council.</p>	Executive Director, Resources and Technology Services	23 November 2022	Not yet due.
NMC/22/70	<p>Turnover - Performance and risk report (Q1 - April to June 2022)</p> <p>Consider whether specific pay incentives may help in attracting and retaining talent for key or specialist roles.</p>	Interim Executive Director, People and Organisational Effectiveness	28 September 2022 / 23 November 2022	This will be considered as part of the People Plan work on Total Reward. The Remuneration Committee will be updated on progress in December 2022.

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<p>NMC/22/70</p>	<p>Risk - Performance and risk report (Q1 - April to June 2022)</p> <p>Review rating for Corporate Risk REG 18/01 – that we fail to maintain an accurate register of people who meet our standards (including timeliness of international registrations).</p>	<p>Executive Director, Professional Regulation</p>	<p>23 November 2022</p>	<p>Not yet due.</p>
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<p>NMC/22/71</p>	<p>Fitness to Practise Caseload Update</p> <ul style="list-style-type: none"> i. Include information in future reports on decisions made at each key stage. ii. Include information in future reports on the number and trends in FTP referrals relating to maternity. 	<p>Executive Director, Professional Regulation</p>	<p>28 September 2022</p>	<p>This is included in the separate Fitness to Practise caseload update on the agenda.</p>
<p>NMC/21/97 From 24 November 2021</p>	<p>Consider provision of additional information around performance against the Key Performance Indicator (KPI) target on interim orders (IO).</p>		<p>30 March 2022 / 26 May 2022 / 6 July 2022 / 28 September 2022</p>	<p>Individual caseloads within the Screening team are high and this is impacting on individual case officers' ability to complete the tasks required for an interim order to take place. If they are unable to secure all of the information needed in time for the panel hearing then panels can, and do, adjourn interim order hearings where they think it is in the interests of fairness to do so. We are currently exploring both short and medium term opportunities to remedy these challenges and restore our performance.</p>

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Summary of outstanding action arising from the Council meeting on 6 July 2022

Minute	Action	Action owner	Report back date	Progress to date
NMC/22/56	<p>Audit Committee Annual Report 2021-2022</p> <p>Provide information on the number of Serious event review incidents in Audit Committee's Annual Report and regular report of its meetings to the Council.</p>	Audit Committee Chair / Secretary to the Council	23 November 2022	Not yet due.
NMC/22/59	<p>Pay Gaps Annual Report 2022</p> <p>Report back on actions to address the pay gaps as part of the review of progress on the People Plan.</p>	Interim Executive Director, People and Organisational Effectiveness	27 July 2022/ 28 September 2022	Work to address the pay gaps is now part of our EDI action plan and also a key part of the people plan work – such as improving our recruitment and promotion processes. Progress will be reported as part of the performance reporting cycle.

Summary of outstanding action arising from the Council meeting on 26 May 2022

Minute	Action	Action owner	Report back date	Progress to date
NMC/22/43	<p>Equality, Diversity, and Inclusion Action Plan</p> <p>Develop clear milestones and measures and report progress on the Equality, Diversity and Inclusion (EDI) Action Plan as part of quarterly performance reporting.</p>	<p>Interim Executive Director, People and Organisational Effectiveness</p>	<p>28 September 2022/27 July 2022</p>	<p>We have developed a delivery plan for the EDI Action Plan with members of our EDI Leadership Group, who are now implementing the actions in the Plan having reviewed the suggested metrics and milestones.</p> <p>Progress will be reported as part of our performance reporting to Council.</p>

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Council

Executive Report

Action: For discussion

Issue: The Council is invited to consider the Executive's report on key developments during 2022–2023, up to September 2022, and provide any comments on the corporate risk register which is attached at **annexe one**.

Core regulatory function: All regulatory functions.

Strategic priority: All priorities for period 2022-2023.

Decision required: None.

Annexes: The following annexe is attached to this paper:

Annexe 1: Summary of the Corporate Risk Register for 2022-2023

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

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- Context:**
- 1 This paper is produced by the Executive and provides an update on key developments since the last meeting of Council at the end of July 2022.
 - 2 Our next update on corporate performance measures and corporate risk exposure will be provided at quarter two in November 2022. The Executive Board continue to review our finances, performance, and risk every month.
 - 3 At **annexe 1** we have provided a summary of the corporate risk register (CRR) showing our current corporate risks, key changes to the risk register since April 2022, and the detailed risk register entries for risks that have materialised. This update supplements our quarterly risk exposure reports to the Council.
 - 4 As a reminder, the CRR provides detailed information about risk causations, mitigations currently in place, and planned actions to further reduce risks. The CRR is different from our regular corporate risk exposure report which is provided as part of our quarterly reporting cycle as the exposure report summarises key factors and actions that we are managing right now (i.e. exception reporting). The Executive Board review our risk exposure report every month, with key information then transposed onto the full CRR as appropriate.
 - 5 There is a separate report on the Fitness to Practise (FtP) Caseload on the agenda.

Four country factors: 6 The issues discussed apply across all four UK countries unless highlighted.

Discussion and options appraisal: **Queen Elizabeth II, 1926 – 2022**

7 Following the death of Queen Elizabeth II on 8 September, we published a statement expressing the NMC’s sincere condolences to the Royal Family. We adjusted our external communications and engagements in the light of the government’s [National Mourning Guidance](#). While our core regulatory work continued as normal, we reduced our external output through our corporate channels and took account of the guidance in our wider engagement. The mourning period also led to a pause in parliamentary and government business, which in turn has had implications for timescales across some wider areas of our activity.

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- 8 As the National Day of Mourning was designated as a Bank Holiday, we closed the offices and suspended activity for the day as a mark of respect. Regulatory activity and other events due to take place on that day have either already been rescheduled or will be, and we have kept affected parties and partners informed. All colleagues were given the extra Bank Holiday.

Cost of Living increases

- 9 We recognise the significant cost of living pressures facing professionals at the moment. There have been calls to reduce or suspend the fee for this financial year. However, as our financial plans set out in item 12 on this agenda make clear, that is not feasible given the demands we are meeting. We last increased our registration fee in 2015 and are committed to keeping the fee at its current level for as long as possible. We will not be putting the fee up for the remainder of this financial year and have no plans to put it up in the next financial year.

Covid-19 pandemic

- 10 We have been regularly engaging with professionals on the temporary register to encourage them to move to the permanent register. We have not yet received the formal notification from the new Secretary of State for Health and Social Care that the temporary register will close at the end of September 2022, as announced in March 2022 alongside the previous government's Living with Covid plan. If we do not receive the formal notification, the temporary register will remain open and we will develop our regulatory response accordingly. We will update professionals and our wider stakeholders appropriately as the new government confirms its view.
- 11 The latest data shows that the total number of people on the temporary register as of 31 August 2022 was 13,432, compared to 14,122 on 30 June. During this period 432 people transferred from the temporary register to our permanent register.

Regulatory reform

- 12 We understand that the Government intends to publish the response to its 2021 consultation *Regulating healthcare professionals, protecting the public* in the autumn. Precise timings remain uncertain, given the new Ministerial team and changes to the parliamentary and government timetable arising from the national mourning period.

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- 13 Following the publication of the consultation response, we also expect the Government to launch a further consultation on the legislation for regulating medical associates. This consultation will be significant for us as it is expected to set the template for future proposals for reform of the NMC and other regulators.

Professional Standards Authority – performance review

- 14 The Performance Review conducted by the Professional Standards Authority for the period April 2021 to June 2022 is expected to be published shortly before the Council meeting. An oral update will be provided at the meeting and the report and our response will come to the next Open meeting of the Council in November.

Maternity safety

- 15 On 2 August 2022, we responded to the All-Party Parliamentary Group (APPG) on Maternity and APPG on Baby Loss' joint call for evidence on safe staffing. We highlighted our registration data, leavers survey and future midwife standards.
- 16 The publication of the *Independent Investigation into East Kent Maternity Services* originally planned for 21 September has been postponed as a consequence of the changes to the parliamentary schedule following the death of Queen Elizabeth II and the accession of King Charles III. A further update will be provided at the Council meeting.
- 17 Donna Ockenden is scheduled to present findings from the *Ockenden Inquiry into maternity failings at Shrewsbury and Telford Hospitals NHS Trust* to our Midwifery Panel on 21 September 2022.

International registration

- 18 On 22 August 2022, our Chief Executive and Registrar wrote to the then Secretary of State for Health and Social Care outlining our efforts to increase Objective Structured Clinical Examination (OSCE) capacity and support international recruitment.
- 19 On 6 September 2022, the Department of Health and Social Care (DHSC) laid minor amendments to the legislation around our international application process, clarifying how we assess internationally trained professionals, using a Section 60 order. This had been anticipated following the consultation which concluded on 6 May 2022. We are seeking confirmation from DHSC as to precise dates for when the legislation will come into force.

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- 20 Our two new OSCE centres, Leeds Teaching Hospital and Northumbria University are progressing well and our teams continue to monitor quality and test consistency closely whilst the centres mobilise fully.
- 21 We continue to work closely with those leading on international recruitment to understand their recruitment plans so that we have the right levels of test capacity across our five centres to meet the demand. We understand that social care providers are also increasing their international recruitment ambitions and we are exploring how we can better support employers.
- 22 All centres continue to provide additional test slots through evening and weekend shifts. The DHSC has provided grant funding to support expansion of facilities at Northumbria University. We are also exploring longer term sustainable options to increase our test capacity.

Standards

- 23 Our consultation on education programme standards closes on 21 September 2022. However, taking account of the national mourning period, we may allow a little more time for some key stakeholders if they need it.
- 24 At the time of writing, we had already had over 2,400 responses. We will be analysing these during the autumn and plan to bring proposed changes to Council in January 2023.
- 25 The publication of our post-registration standards in July 2022 marked the end of our six-year education programme of change, in which we have updated all our standards of proficiency. We have planned four events (which will be held in November 2022, one in each country of the UK) to mark this achievement and help people understand the new standards.
- 26 We have also updated our revalidation templates to reflect our updated education standards and guidance (May 2019).

Education Quality Assurance

- 27 We have been continuing to approve programmes against our new standards. Most recently we have refused the new Midwifery Programme at Canterbury Christ Church University (CCCU) against the new midwifery standards. CCCU were the last University to seek approval against our new standards, having had three years to do so ahead of the deadline of September 2022. The programme was refused as a result of a number of the new standards not being met for their proposed course. Their current programme remains currently unaffected.
- 28 Due to the lateness of the application, and the number of conditions identified there was not time for CCCU to seek re-approval in time for a September 2022 cohort. This has resulted in students not being able to start the proposed programme in September as planned. CCCU are now seeking re-approval of the programme for an April 2023 start, and we will conduct our normal approval process.
- 29 We have worked closely with Health Education England (HEE) to support CCCU and the students affected.

Hearing the public voice and adopting a person-centred approach

- 30 We continue our research to develop our understanding of a person-centred approach to regulation. This has included interviews with people with experience of the fitness to practise process, registrants, students and members of the public, and a workshop with NMC colleagues. Findings from the research are expected in the autumn.
- 31 We are also supporting an Open University research study about the experience of people being a witness in the fitness to practise process, and how we can support them. Working with regulators, employers, lawyers and the public, the research aims to find out what can be improved to best support witnesses in the future. Initial findings are expected from July 2023.
- 32 The Public Voice Forum is welcoming a small number of new members, predominantly from Northern Ireland and Scotland, in support of our commitment to ensure the Forum includes people from all four nations.

Equality, diversity, inclusion (EDI) and accessibility

- 33 We plan to publish our EDI action plan in late September 2022. This includes the commitments approved by Council in May 2022 and key actions we will implement over the next three years. Stakeholder engagement is ongoing, as we apply feedback to ensure good practice in our approach.

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Public affairs and senior stakeholder engagement

- 34 Following engagement with our stakeholders, on 30 August 2022 we published an updated statement on industrial action. Nursing and midwifery professionals have the right to take part in lawful industrial action, including strike action. Our Code and standards always apply, so people must act with professionalism.
- 35 On 22 August 2022, we responded to the Health and Social Care Committee report on Workforce, outlining our efforts to improve the overseas registration process, the Test of Competence and increase OSCE capacity.
- 36 On 20 September 2022, our Chair and Chief Executive and Registrar wrote to the new Prime Minister and the newly appointed Secretary of State for Health and Social Care and Health Ministers of State.
- 37 On 20 September, our Chief Executive and Registrar also wrote to the outgoing Secretary of State of Health and Social Care and Ministers of State.

Midwifery implications:

- 38 Midwifery updates are covered in the body of the report.
- 39 Midwifery is considered within our corporate plan and through core business discussions when setting standards, reviewing education programmes, adding, or removing midwives from the register, when considering Fitness to Practise concerns related to midwifery, and monitoring the wider sector.
- 40 We discuss maternity safety within our monthly monitoring of corporate risk exposure for corporate risk 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 the register in how we regulate).
- 41 We have identified midwifery safety as a risk factor within the CRR and continue to monitor this and act as appropriate.

Public protection implications:

- 42 Public protection is a key driver of the risks identified within our CRR at **annexe 1**. Risks being well managed is inherent to ensuring effective public protection.

Resource implications:

- 43 None in addition to those within our corporate budget.

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Equality diversity and inclusion implications:	44	We have a legal obligation to comply with the public sector equality duty across everything that we do and equivalent legislation in Northern Ireland.	3.
	45	We are integrating EDI into everything that we do to make our processes fair for everyone. This includes improving our guidance, decision-making tools, training and induction, and our engagement and communications to make a significant difference to drive out discrimination and promote inclusion.	4.
	46	We have a specific commitment within our corporate plan to support our ambitions to be fair and promote inclusion.	5.
	47	We continue to monitor risk exposure from discrimination and unfairness across our corporate risk register. From 2022-2023, we have integrated EDI into our regular performance monitoring as part of corporate commitment 9 with new deliverables which will be reported from Q2.	6.
			7.
Stakeholder engagement:	48	Discussed within this paper.	8.
Risk implications:	49	Risk implications are dealt with in the paper.	9.
Regulatory reform:	50	See paragraph 11 and 12.	
	51	We regularly discuss the potential risk exposure from Regulatory Reform as part of corporate risk STR20/02 (<i>Risk that we fail to deliver our strategic ambitions for 2020-2025</i>), and through detailed discussions with the Council and Executive Board.	10
	52	We monitor the Regulatory Reform programme through monthly reporting to the Change Board and within our quarterly corporate performance monitoring to the Council.	11.
	53	Our main risk exposure at the time of writing is the implication of the timelines for reform being extended. Internal discussions continue regarding the implications on our strategy regarding dependencies with other strategic work and the Council will hold a number of seminar discussions to support our internal planning.	12
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Legal implications:	54	No legal implications arising from this paper.	14
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Item 6: Annexe 1

NMC/22/83

28 September 2022

Summary of the NMC corporate risk register for 2022 - 2023

Version: 31 August 2022 Author:

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Context

1. We hold a detailed corporate risk register ('the register') containing information about risks that could affect delivery of our corporate plan for 2022-2023.
2. The register holds information about key risk drivers (causations), mitigations, our risk assessment, and planned actions for each corporate risk.
3. In this annexe we have provided a summary of the key changes to the register since April and the detailed risk register entries for risks that have materialised which we are actively managing right now (two risks).
4. We hold risk entries for potential risks that have not materialised (13 risks) which are regularly reviewed by senior risk owners and overseen collectively by the corporate risk team. We have not provided all the entries here because we provide the Council with a summary each quarter within our corporate risk exposure report which summaries the key risk factors and managements actions we are focusing on right now.
5. Executive Board review our risk exposure report every month alongside our financial management report and performance report, with key information then transposed onto our detailed register as appropriate.
6. Risk owners have undertaken a mid year review of the corporate risks that they own.

Section 1: Overview of corporate risks

Ref.	Risk for 2022-2023 <i>*Materialised risks</i>	Current Rating (after mitigation)	Trend	Appetite	1.
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REG18/02	Risk that we fail to take appropriate action to address a regulatory concern or to do this in a timely or person centred way *	RED (20)		Minimalist	3.
INF21/04	Risk that our Modernisation of Technology Services (MOTS) programme doesn't deliver the intended benefits for our registration system or case management system	RED (20)		Open	4.
PEO18/01	Risk that we fail to recruit and retain an adequately skilled and engaged workforce *	RED (16)	Under review	Open	5.
COM18/02	Risk that we do not act in line with our statutory or wider legal obligations	RED (16)	↑	Cautious	6.
INF18/02	Risk that core business ICT failure impedes our ability to deliver effective and robust services for stakeholders or value for money	AMBER (15)		Open	7.
REG18/01	Risk that we fail to maintain an accurate register of people who meet our standards	AMBER (15)		Minimalist	8.
FIN21/02	Risk that we do not achieve a sustainable budget or the planned financial benefits from our strategy	AMBER (12)		Open	9.
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	AMBER (12)	↓	Open	10.
STR20/02	Risk that we fail to deliver our strategic ambitions for 2020-2025	AMBER (12)		Open	11.
FIN21/02	Risk that we do not achieve a sustainable budget or the planned financial benefits from our strategy	AMBER (12)		Open	12.
EXP22/04	Risk that climate change will impact on our ability to be an effective regulator	AMBER (12)	new	Open	13.
REG22/04	Risk that we fail to take appropriate or timely action to address a regulatory concern regarding the quality of nursing or midwifery education	AMBER (12)	new	Cautious	14.
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	AMBER (9)		Open	15.
EXT21/03	Risk that we do not recover efficiently following the coronavirus (Covid-19) pandemic including removal of recovery rules, closing the temporary register, or realising the benefits from new ways of working	AMBER (9)		Open	16.
REG19/03	Failure to ensure that educational standards are fit for purpose (including processes to ensure compliance with standards are being met)	GREEN (8)		Minimalist	33

Section 2: Summary of key changes since April 2022

Risk ref	Risk	What has changed
EXP22/04	The risk that climate change will impact on our ability to be an effective regulator.	This new risk was added (May 2022)
REG22/04	We fail to take appropriate or timely action to address a regulatory concern regarding the quality of nursing or midwifery education.	This new risk was added (Aug 2022) following the Council's seminar discussion of pressures regarding education in June 2022.
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 the register in how we regulate	Risk downgraded from RED to AMBER (Aug 2022) - The team have revised the impact score from 4 (major) to 3 (moderate) to reflect strengthened relationships and early engagement with sector stakeholders, an improved approach to how we engage the sector and the team being more proactive and better able to respond quickly when issues arise. This means that this risk has moved from an overall assessment of RED to AMBER.
COM18/01	Risk that we do not act in line with our statutory or wider legal obligations	Risk increased from AMBER to RED (agreed in March 2022 – added to register in April 2022) – The overall assessment moves from AMBER to RED as we increased both the likelihood and impact score up to 4 to reflect that we needed to implement some critical planned actions during the first half of the year around safeguarding, information sharing, equality and diversity. We expect the likelihood of this risk to reduce in the second half of the year.
PEO18/01	Risk that we fail to recruit and retain an adequately skilled and engaged workforce	Under review – we are activity reviewing this to ensure our focus is correctly aligned.
All other risks	All other risks on the corporate risk register have been reviewed by the owners and mitigations and planned actions have been updated. EXT21/03 – our covid recovery risk will be reviewed at the point that we close the temporary register.	

Materialised risks that we are actively mitigating (issues)

(Red text on the following pages shows our most recent updates)

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REG18/02- Risk that we fail to take appropriate action to address a regulatory concern or do this in a timely or person centred way

Risk appetite: **Minimalist**
 Risk response: **Treat**
 Risk trend: **Stable**

Inherent risk score: **25**

Current risk score: **20** ★

Target risk score: **10**

Target score by TBC



Owner: Executive Director, Professional Regulation

Updated: Aug 22

Possible causes

- a. We fail to action referrals in a timely or appropriate way - specific pressure in 2022-2023 with high caseloads, pressure at particular stages of the fitness to practise process, or we experience longer lead times to complete cases.
- b. We fail to process Fitness to Practise (FTP) cases effectively or make the wrong decision about a case.
- c. Our approach to reducing the FTP backlog fails to deliver sustainable, well managed, caseloads across the process.
- d. Intelligence and insights are not escalated, used effectively, or shared with key stakeholders.
- e. We do not engage effectively with members of public, professionals and employers.

Possible impact

- We don't reduce the FTP caseload or pressure on our FTP processes
- Increased dissatisfaction or complaints
- The public are not protected
- Loss of confidence and trust in NMC

Mitigations and controls

- a, b, d. Regulatory policies and procedures
- a, c. Monthly performance monitoring. Council/public visibility via Key Performance Indicators (KPIs) presented at open Council meetings and regular Executive scrutiny of progress.
- e. Values and behaviours framework with 'Collaboration' central to how we are expected to behave.
- a, b, e. Our Specialist Services provide tailored support to people involved in fitness to practise process e.g. decision makers, referrers and witnesses.
- b. Quality of decision making function assures decisions and captures learning.
- a, c, e. Increased spend on FTP in 2021-2023 to drive improvements and reduce the caseload
- a, c. Re-scoped FTP improvement programme (July 22) to provide a structured way to deliver caseload reduction.
- c, d, e. Collaboration and data sharing with external stakeholders and partners such as representative bodies and employers through the Employer link service (ELS).
- a, c, d, e. Employer link service (ELS) supports early engagement with employers and relevant stakeholders to improve knowledge of FTP processes and reduce inappropriate referrals.

Planned actions

- a, b, c. Rationalised FTP improvement programme is ongoing to deliver reductions in the caseload.
- d, e. Employer Link Service will put in place foundational work during 2022 in preparation for implementing outreach from 2022-2023.
- e. Continued engagement with representative bodies, increased messaging and engagement with employers with and through ELS and public voice forum.

We expect this risk to reduce as initiatives to reduce the caseload deliver across 2022/23.

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

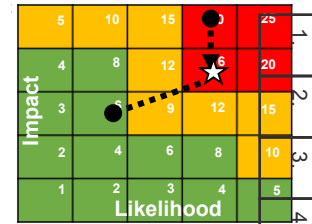
Risk appetite: **Open**
 Risk response: **Treat**
 Risk trend: **Stable**

Inherent risk score: **20**

Current risk score: **16** ★

Target risk score: **6**

Target score by 2024



Owner: Executive Director, People and Organisational Effectiveness

Under review

Possible causes

- a. We fail to recruit the right people: We don't have the capacity to recruit rapidly for FTP or quality/availability of candidates is affected by the job market or remote recruitment
- b. Colleagues have low resilience, reduced wellbeing, or lower productivity due to prolonged remote working or we are over reliant on key individuals / teams.
- c. Fail to retain talent - rising turnover
- d. We don't have the right skills or fail to embed a culture of high performance and development (e.g. developing people takes longer remotely, people miss opportunities to access key stakeholders, or training / networking is reduced).
- e. Gaps in our capacity due to redeployment to support programmes, projects or core business initiatives. (e.g. planning our return to office/Covid, FTP recovery programme, MOTS).
- f. Inefficiency within our organisational design means that we don't have the right skills, resources or processes in the right places to deliver our strategy (e.g. silo's, duplication,).
- g. Members of the defined benefits pension scheme are distressed by the closure of the scheme.
- h. Weak action on equality, diversity and inclusion (EDI) issues, including not supporting colleagues from ethnic minority groups to progress, develop, and address the ethnicity pay gap.

Possible impact

- Reduced capacity or inadequate skills
- Low staff engagement / resilience
- Increased costs
- Unable to deliver commitments when we intended

Mitigations and controls

- a-d. Values and behaviours framework including values based appraisals and recruitment.
- f. Management and Leadership Programme based on identified skills gaps.
- a, h. Managed Service Providers (MSP) and Applicant Tracker System (ATS) to drive up recruitment compliance (including blind shortlisting to limit unconscious bias).
- b, g. Employee wellbeing initiatives: employee assistance programme, mental health first aiders network, employee forum, employee networks, Thrive app.
- d, g. Targeted engagement initiatives e.g Employee Forum Reps, workplace unionisation
- b. Six monthly colleague engagement surveys to increase two-way communication with employees.
- a-e. Business Partnering model to improve performance management practices, management confidence and increased support at significant times of change
- h. Strengthen focused on EDI: clear commitments set for 2022-2025 in EDI action plan, rising together mentoring scheme to support progression benchmarking and action plan against workplace race equality standard, BME employee network and encouragement of ally ship.
- b. Employee forum regular feedback to Executive Board including surveys, specific feedback, Your Voice survey analysis.
- h. EDI Action plan to introduce Workforce Race Equality standard (WRES) with a focus on progression and leadership.

Planned actions

- a-f. People plan- Recruitment process streamlined, for faster recruitment.
- a. FTP recruitment reviewed on a quarterly basis
- a-d. Continue reward and benefits review. (throughout 2022-2023) – part of people plan
- a-c. Continue work on candidate experience and leadership development (Throughout 2022-2023)
- a-f. Continue modernisation of HR IT systems
- a-d. Back to basics programme to improve efficiency across our People teams – part of change and improvement plan
- h. Targeted work with the Council and Executive Board on EDI

Council

English language requirements review

Action: For decision.

Issue: Following public consultation on our English language requirements, we are seeking Council approval for recommended changes.

Core regulatory function: Professional Regulation

Strategic priority: Strategic aim 1: Improvement and innovation
Strategic aim 2: Proactive support for our professions

Decisions required: The Council is recommended to agree the changes below to our English language requirements.

- Subject to further engagement on the detail, to accept evidence from employers as supporting evidence of the necessary knowledge of English for those who have worked for at least one year within the last two years in non-registered practice in a health and social care setting in the UK and who:
 - trained in English but in a non-majority English speaking country, as evidence of their clinical interaction skills. They will still need to provide evidence that their training and assessment was in English; **or**
 - missed the required score by 0.5 (IELTS) or half a grade (OET) on one of the four language domains (**paragraph 31**).
- Standardise the minimum test scores when combining scores across two sittings, so the minimum score is:
 - no more than 0.5 below the required score for all language domains for IELTS (minimum score for reading, speaking and listening when test combining = 6.5; minimum score for writing when test combining = 6); **or**
 - no more than half a grade below the required score for all language domains for OET (minimum score for reading, speaking and listening when test combining = C+; minimum score for writing when test combining = C) (**paragraph 40**).
- To extend the period for combining test scores from six to twelve months (**paragraph 50**).

Annexes: The following annexes are attached to this paper:

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- Annexe 1: BritainThinks NMC English language consultation report - Executive summary
- Annexe 2: BritainThinks Data Report Summary

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

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Context:

- 1 In order to register with the NMC, applicants must satisfy us they have the necessary knowledge of English for the safe, kind and effective practice of nursing or midwifery in the United Kingdom. Article 5A(1) of the Order requires us to publish guidance setting out the evidence, information or documents that applicants must provide.
- 2 In May 2022, Council agreed to publicly consult on elements of our English language requirements (NMC/22/40). We committed to making final proposals to Council at its meeting in September 2022.
- 3 The consultation, which was conducted by BritainThinks, ran for eight weeks from 17 June until 12 August 2022. It received an unprecedented 34,064 responses to the survey. BritainThinks carried out twenty workshops and interviews. The key findings are summarised in this report and BritainThinks' full, independent analysis will be published online imminently.
- 4 This paper contains the final proposals for the Council to consider, on the recommendation of the Executive Board. If changes are agreed by the Council, we will review risks, mitigations, and the potential impact of changes on an ongoing basis.

Four country factors:

- 5 This work impacts each of four countries but has a bigger impact in England as this country recruits the most international professionals. We have invited members from all four nations to join our External Advisory Group (EAG). Throughout the review and consultation process we ensured that people from across the four countries had the opportunity to be heard. The consultation document and survey were translated into Welsh and we received six responses in Welsh.
- 6 Almost 20,500 respondents (61 percent) were from England, over 1,500 (5 percent) from Scotland, almost 900 (3 percent) from Wales and over 800 (3 percent) from Northern Ireland. Over 8,000 responses came from outside the UK. This compares to [our overall register](#) where over 591,000 registrants (78 percent) are from England, almost 72,000 (10 percent) from Scotland, over 38,000 (5 percent) from Wales and almost 27,000 (4 percent) from Northern Ireland.

Discussion: Summary of consultation findings

- 7 Overall, participants were supportive of the proposed changes and appreciative that we 'were not pushing changes beyond their comfort levels'.

While there was a strong recognition among respondents of the current workforce challenges in health and social care, the overarching feedback was that we needed to carefully balance the need to protect patient safety by maintaining high standards for language competence with the risk to patient safety arising from workforce challenges.

- 8 All audiences agree on the importance of high English language proficiency for all nurses, midwives, and nursing associates and on the need for the same standards to apply for all three professions. Most importantly, members of the public wanted to be sure that proposed changes would not have a negative impact on quality of care and safety.
- 9 A clear finding from the consultation is that testing should remain the central focus of our English language requirements and that employer references and/or post-graduate qualifications should only ever be supporting evidence. Within our sample, less than half of those we spoke to thought these evidence types could work as standalone evidence.
- 10 Qualitative data from professionals, employers and the public emphasised the appeal of test scores as they are objective and should, on the whole, provide adequate assurance that people are competent.
- 11 There were some key differences in levels of support for change across all proposals depending on professional role. In general:
 - 11.1 Applicants, employers of NMC registrants, other health and care professionals, and students are more positive about potential changes;
 - 11.2 NMC registrants and educators are less positive about proposed changes.
- 12 There were some key differences in levels of support for change across all proposals depending on demographic profile. In general:
 - 12.1 Younger participants, minority ethnic participants, and people living or having trained outside the UK are more positive about potential changes.
 - 12.2 Older participants, disabled participants, white participants, and NMC registrants who trained in the UK are less positive about potential changes.

- 13 Many participants wanted more information to fully assess potential changes, including detail on the number of applicants who would be affected, and the level of language proficiency reflected in the minimum pass grades English language tests.

Proposal: Supporting evidence from employers

- 14 We proposed accepting an employer reference as supporting evidence of English Language proficiency for those who:
- 14.1 trained in English but in a non-majority English speaking country, as evidence of their clinical interaction skills (known as [evidence type 2: qualification](#)). They would still need to provide evidence that their training and assessment was in English; or
 - 14.2 do not achieve the required score by 0.5 (IELTS) or half a grade (OET) on only one of the four language domains (known as [evidence type 1: language tests](#)).
 - 14.3 The applicant should be working for the employer for at least 12 months within the last two years in non-registered practice in a health and social care setting in the UK. This mirrors our existing requirement for applicants who have practised overseas ([evidence type 3: recent practice](#)).
 - 14.4 The evidence would need to show that the applicant has sufficient English language proficiency across the reading, writing, listening and speaking domains and that the applicant can interact in English with people who use services, their families and other healthcare professionals.
 - 14.5 The referee should be in a leadership position. The reference should be supported by a counter-signatory, also registered with the NMC and in a leadership position in the organisation.

Summary of key consultation findings

- 15 As shown in **Annexe 2, Figure 1**, overall most respondents agree that we should accept supporting evidence from employers for those missing test scores and that we should accept supporting evidence from employers for those who trained in English but in a non-majority English speaking country.
- 16 The views of members of the public were that we need to maintain high standards and they are more reluctant to introduce changes than other stakeholders.

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- 17 Among other respondents, the strength of support differed by professional role:
- 17.1 There is strong support for the proposals from applicants, other health and care professionals, employers and students (**Annexe 2, Figure 2**)
 - 17.2 There is lower support from NMC registrants and educators (**Annexe 2, Figure 2**).
 - 17.3 Among NMC registrants, there is much lower support from those who trained in the UK than from those who trained outside the UK (**Annexe 2, Figure 3**).
- 18 Respondents identified a number of issues for us to consider about how the proposals would work in practice, including:
- 18.1 Potential subjectivity or bias from referees, and how we can ensure consistency.
 - 18.2 A strong desire for the NMC to provide guidance and support to employers to standardise and regulate the process.
 - 18.3 Concerns from employers about the burden that might be placed on them to assess language skills.
 - 18.4 Concerns that applicants might not have regular and relevant interaction with the referee or counter-signatory.
 - 18.5 Concerns from employers and union representatives about potential disputes arising from a refusal to provide a reference.
 - 18.6 Concerns from a minority of respondents (including a minority among the EAG) that the proposal that the applicant must be working for the employer for at least 12 months was not long enough.
 - 18.7 Concerns about the workability of the proposals in social care, primary care, and smaller employers, where there are fewer senior colleagues with NMC registration. Respondents suggested that eligible referees should extend to roles such as Registered Care Home Managers.
 - 18.8 Concerns that this option would be used to circumvent the testing process.

How we propose to address these issues

- 19 While most respondents were in favour of these proposals, we recognise there is a diversity of views among different types of respondent. We have concluded that we should proceed with our proposals, subject to the safeguards we have identified below.
- 20 We recognise that members of the public and registrants who trained in the UK in particular have reservations about the proposals. In essence, these are likely to reflect a concern that we should not be reducing our standards because that could impact on the quality of care and on effective communication between colleagues.
- 21 Our proposals do not amount to a material reduction in standards. References will provide an alternative source of evidence in circumstances where there is already other sound assurance in place.
- 22 Where references are used by those who have missed the test scores by half a grade or half a point, we will be able to be satisfied an applicant has the necessary knowledge of English for safe, kind and effective practice because:
- 22.1 the language test results provide assurance that they have achieved a 'competent' level of language skills (albeit there may be some mistakes or misunderstandings),
- 22.2 the reference will provide objective evidence from an NMC registered professional about their language skills in a health or social care work environment.
- 23 Where references are used by those who have trained in English but not in a majority English speaking country:
- 23.1 our normal assessment of their university training transcripts provides evidence their professional training has been conducted in English which provides assurance around reading and writing, but does not generally provide assurance around speaking and listening;
- 23.2 the reference will provide objective evidence from an NMC registered professional about speaking and listening skills in a health or social care work environment.
- 24 Applicants are successfully using similar evidence similar obtained in the workplace at registration appeals. Bringing in a formal process for this would make the international application process clearer and fairer both for the applicant and employers involved. It would also reduce the number of unnecessary cases going to appeal.

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- 25 We propose several mitigations to address the issues raised with us. We will develop a template form for the reference with examples and guidance, including the requirement to obtain feedback from people using services. All applicants using this evidence must have been employed for at least 12 months in the last two years and the person providing the supporting information must be an NMC registrant working at the same organisation as the applicant, as their line manager, so they have direct experience of the applicant's English language competence. This will address concern that applicants should have regular and relevant interaction with the person providing the evidence.
- 26 The objectivity of the process used to obtain the evidence must be verified by a counter-signatory who must also be an NMC registrant in a senior role at the organisation. This individual would verify that there are the appropriate governance processes in place in their organisation to ensure objectivity, rather than revisit the information itself. Concerns were raised that the counter-signatory would not have day to day contact with the applicant but their role is rather to verify the objectivity of the processes used within their organisation, rather than ratify the evidence itself.
- 27 Applicants using this evidence when they have missed required test scores must have attempted the test at least twice and exhausted the test combining options available. This would ensure that this option would not be used to circumvent the testing process.
- 28 We will develop a quality assurance process to verify that references are accurate and monitor carefully against abuse. Finally, we will rename this evidence as supporting information, so avoiding the use of the word reference which might be interpreted as a legal obligation.
- 29 We are conscious that it is important to make this proposal work for as many settings as possible and requiring the counter-signatory to be NMC registered does not address the concerns raised with us about those employed in social care. However, the majority of internationally trained applicants on our register work in hospital or secondary care settings and the balance of opinion in the research was in favour of the counter-signatory being an NMC registrant. We will do further work to establish whether to allow our counter-signatories.
- 30 BritainThinks have recommended that we carry out further engagement work with employers to make sure they are comfortable with the approach we set out.

Through monitoring and evaluation, we are confident that we can demonstrate to stakeholders that this approach is safe, and during that engagement we can explore how we might in future allow other regulated professionals to act as counter-signatories.

31 **Recommendation: Subject to further engagement on the detail proposed above, to accept evidence from employers as supporting evidence of the necessary knowledge of English for those who:**

31.1 **trained in English but in a non-majority English speaking country, as evidence of their clinical interaction skills. They will still need to provide evidence that their training and assessment was in English; or**

31.2 **miss the required score by 0.5 (IELTS) or half a grade (OET) on one of the four language domains.**

In each case, the applicant would need to have worked for at least one year within the last two years in non-registered practice in a health and social care setting in the UK.

Proposal: Accepting Post-graduate qualifications

32 We proposed accepting post-graduate qualifications taught and examined in English as supporting evidence of the necessary knowledge of English for those who:

32.1 trained in English but in a non-majority English speaking country; or

32.2 miss the required score by 0.5 (IELTS) or half a grade (OET) on one of the four language domains.

33 The levels of support for this recommendation were similar to the supplementary information from employers (**Annexe 2, Figure 4**). As with the previous proposal support differed in similar ways depending on role and country of training (**Annexe 2, Figures 5, 6**). Again, as with the previous proposal, there was slightly more support for the use of this evidence where someone has just missed a test score compared to using it as evidence of clinical interaction for applicants taught and examined in English in a non-majority English speaking country.

34 For some members of the public there was reluctance to introduce flexibility for applicants who miss required scores.

35 Among other respondents, the strength of support differed by professional role:

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- 35.1 There is strong support for the proposals from applicants, students, other health and care professionals and employers (**Annexe 2, Figure 5**)
- 35.2 There is lower support from NMC registrants and educators (**Annexe 2, Figure 5**).
- 35.3 Among NMC registrants, there is much lower support from those who trained in the UK than from those who trained outside the UK (**Annexe 2, Figure 6**).
- 36 Respondents identified a number of issues for us to consider, including:
- 36.1 How a qualification can provide evidence of all the language skills.
- 36.2 How recent a course would have to be to be relevant as language evidence.
- 36.3 How many applicants might benefit from this proposal in practice.
- 37 Given the variety of post-graduate courses, these issues are more complex to resolve than those relating to employer references. We are therefore not making a recommendation to the Council at this point. We will do further work to assess whether it is feasible to operationalise the proposals and assess the benefit and will return to the Council with a recommendation at a later stage.

Proposal: Test combining and standardisation of scores

- 38 We proposed extending the period for combining test scores from six to twelve months.
- 39 We also proposed standardising the minimum test score we accept to be no more than 0.5 (IELTS) or half a grade (OET) below the required score for all language domains when combining test scores across two sittings.

Summary of key consultation findings

- 40 As shown in **Annexe 2, Figure 7**, 74 percent of participants overall support extending the period for combining test scores from six to twelve months. In the qualitative research professionals, employers, and stakeholders often spontaneously mentioned a need to change this period, and they felt confident that this change will have a positive impact on applicants while not negatively impacting the current standards of English competence.

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- 41 Support for this proposal is less strong amongst the public, who are more likely to indicate some nervousness about how this could impact overall language proficiency.
- 42 Among other respondents, the strength of support differed by professional role:
- 42.1 There is strong support for the proposals from applicants, employers, other health and care professionals, and students (**Annexe 2, Figure 8**).
- 42.2 There is lower support from educators and NMC registrants (**Annexe 2, Figure 8**).
- 43 With regard to standardisation of scores, among NMC registrants there is much lower support from those who trained in the UK than from those who trained outside the UK (**Annexe 2, Figure 9**). As set out in **Annexe 2, Figure 10**, there is strong support among participants overall for standardising test scores to no more than 0.5 below the required score for IELTS and to no more than half a grade below the required score for OET.
- 44 The public have more reservations about this proposal change than professionals, employers, and other stakeholders. Members of the public were less able to identify any specific ‘positives’ of this change, beyond its potential to impact staff shortages. This generally stems from their concerns regarding safety (which make them more hesitant to accept any changes to current requirements) as opposed to anything specific within this proposed change.
- 45 Among other respondents, the strength of support differed by professional role:
- 45.1 There is strong support for the proposals from employers, applicants, other health and care professionals and students (**Annexe 2, Figure 11**).
- 45.2 There is lower support from NMC registrants and educators (**Annexe 2, Figure 11**).
- 45.3 Among NMC registrants, there is much lower support from those who trained in the UK than from those who trained outside the UK (**Annexe 2, Figure 12**).
- 46 There were two principal issues for us to consider on the basis
- 46.1 Whether applicants might lose their language skills if the gap between tests is extended.
- 46.2 Whether these changes would impact on overall standards.

How we propose to address these issues

- 47 We have considered the consultation responses carefully and note the overall support for the proposals. On the two issues arising from the consultation:
- 47.1 Both IELTS and OET state that their test results are valid for two years on the basis that language skills deteriorate *after* this time. Therefore, we consider that an interval of up to 12 months should not pose a material risk of language deterioration.
- 47.2 As applicants will still have to meet overall scores of 7 (IELTS) or B (OET) to gain access to the register, we believe that this will continue to promote public safety, without reducing standards.
- 48 We therefore recommend proceeding with the proposals.
- 49 **Recommendation: To standardise the minimum test scores when combining scores across two sittings, so the minimum score is:**
- 49.1 **no more than 0.5 below the required score for all language domains for IELTS (minimum score for reading, speaking and listening when test combining = 6.5; minimum score for writing when test combining = 6); or**
- 49.2 **no more than half a grade below the required score for all language domains for OET (minimum score for reading, speaking and listening when test combining = C+; minimum score for writing when test combining = C).**
- 50 **Recommendation: To extend the period for combining test scores from six to twelve months.**

Impact of changes overall

- 51 It is not straightforward to estimate the potential impact of these changes. Based on information from test providers, we estimate that an additional 2,000 to 3,000 applicants could benefit annually from the proposals around test combining and supplementary evidence on test scores.
- 52 In addition to this in 2021 there were 299 applicants who were trained in English but in a non-majority English speaking country.

This group could potentially benefit from being able to provide either evidence from their employer, or a post-graduate qualification taught and examined in English, to support their nursing or midwifery qualification.

Next Steps

- 53 If approved, we plan to implement changes as quickly as possible but with full consideration of all concerns and in line with our public protection duty. Acknowledging the feedback from the consultation, when implementing any changes, it is vital we balance workforce pressures with patient safety.
- 54 It is likely that we will be able to implement the changes to our test combining policy more quickly than introducing the supplementary employer evidence as we want to engage with key stakeholders on the template form and related support.

Further work

- 55 We did not propose changing the overall score we require for the language tests we accept, which will remain 7 (IELTS) or B (OET). However, considering the continued interest in this area, we asked for more information through the consultation. The response from participants overall showed that 38 percent agreed with maintaining the current test scores and 43 percent disagreed. However, the public had reservations about any changes to the score because of concerns about lower standards compromising the quality of care.
- 56 Once we have completed implementing the changes resulting from this consultation, we will begin further work to look at evidence around test scores. We will also consider how to review the majority English speaking country list.
- 57 We will also carefully review the impact of the proposed changes set out in this paper and consider whether any further changes may be required in the future to mitigate risks or address any unintended consequences.

Midwifery implications:

- 58 717 Midwives and 1,264 dual registrants responded to the consultation survey. BritainThinks also conducted in-depth interviews with two midwives. There were no key differences in responses between the professions we regulate.
- 59 However, the Royal College of Midwives (RCM) did not support the proposals for accepting post-graduate qualifications or supporting evidence from employers due to concerns about inconsistency.

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These concerns may be mitigated using the approaches we have outlined in the paper, and we will engage with them further as part of our overall engagement.

Public protection implications:

- 60 Whilst we want to ensure the register is accessible, all those on the register must demonstrate that they have the necessary knowledge of English to be capable of the safe, kind and effective practice of nursing or midwifery. It is vital that we strike the balance between workforce pressures and patient safety.
- 61 It is clear from the consultation that the public support our English language requirements and the part they play in public protection. Members of the public raised specific concerns which we have taken seriously. We are looking at how we might mitigate these concerns and will ensure that in our communications we are clear in how we are addressing them. The changes we propose are measured, evidence-based, and designed not to compromise safety, and we will carefully monitor their impact.

Resource implications:

- 62 The costs of the consultation were agreed as part of business planning for 2022-2023.
- 63 There are IT resource implications as significant changes to IT processes are required to implement changes. This is at the same time as our major IT programme of change and will need to be carefully planned.

Equality diversity and inclusion implications:

- 64 This review reflects our ongoing commitment to ensuring fair access to our register, processes, and services. We have updated the pre-consultation Equality Impact Assessment.
- 65 English language requirements by their very nature disproportionately affect people by nationality because the application of our requirements depends on whether someone trained in a majority English-speaking country. These differences are justified because they are a proportionate means of ensuring public safety. People with a disability who have responded to this consultation have consistently been less favourable to change and we have recognised the importance of their views in the cautious approach we are recommending.
- 66 We do not have evidence that any group is disproportionately negatively impacted by our proposals for change.

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The demographic data from the consultation shows the proposals are more likely to be support by applicants to the NMC, people who trained outside the UK, people who are based outside the UK, and minority ethnic people. This suggests the proposals will have a positive effect on those groups.

67 For example, changes to test combining should benefit **all** applicants by providing people with more time to meet our requirements. This would also spread the cost of taking a repeat test and reduce the pressure associated with resits in a shorter time frame. The introduction of employer references should particularly benefit applicants trained in English but not in a majority English-speaking country. This is likely to benefit people from a minority ethnic background, considering their overrepresentation amongst international applicants.

Stakeholder engagement:

68 Prior to the consultation we undertook extensive stakeholder engagement and set up an External Advisory Group (EAG) to support the review.

69 We presented to our Public Voice Forum in March 2022 to build our understanding of the importance that the public and people who use services place on English language competency. We continue to update the Forum as the consultation and wider review progresses.

70 On 1 September 2022, we shared a high-level overview of the consultation findings with the EAG. Their feedback was largely positive and reflected the findings outlined in the BritainThinks consultation report. It was requested that we should consider extending the time that an applicant was employed at an organisation.

Risk implications:

71 The risks have been identified at relevant points through the paper.

Regulatory reform:

72 There are no direct regulatory reform implications. We will continue to set English language requirements following changes to our legislation.

Legal implications:

73 Our English language requirements must be a necessary, proportionate, and lawful means of achieving our statutory objectives. The consultation undertaken in partnership with BritainThinks satisfies our statutory obligation to consult under Article 3(14) of the Order.

We are satisfied that the proposals are consistent with the findings of the consultation and that we have had due regard to our Public Sector Equality Duty obligations.

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BritainThinks NMC English language consultation report - Executive summary

Challenges within the health and care sector, and the role of English language requirements within this

1. The current challenges within the health and care sector, and the specific role that staff shortages play in these issues, are well established and understood across all participants. Those working directly in the sector are also well versed in the role that English language requirements for nurses, midwives and nursing associates play in these discussions. However, there is lower awareness of the role of English language requirements amongst the general public.
2. Amongst those working in the sector, there are mixed perceptions of the current requirements, ranging from those who want to maintain the current status quo to those calling for a significant change. Where a change is deemed necessary, individuals are likely to cite a number of perceived issues with the current requirements, including: the relevance and difficulty of tests; the impact on applicants of failing to meet requirements; the length of time allowed between taking English language tests; and current definitions of a 'majority English speaking country'.
3. Despite this, there is strong alignment across participants on the importance of high English language proficiency for all nurses, midwives and nursing associates. Participants see this as key to ensuring patient safety and quality of care, as well as enabling clear communication between colleagues. However, there is acknowledgement that staff shortages also pose a threat to safety and quality of care. The need to balance these two necessities is the core lens through which the proposed changes are viewed and assessed.

Overarching views on proposed changes to the English language requirements

4. Overall, participants are supportive of the proposed changes. In particular, the suggestion of 'Extending the period someone can combine test scores from 6 to 12 months' garners the most support. However, there are some key differences between participants. Most notably, applicants, (who, in our quantitative sample, are mostly currently based outside the UK, trained outside the UK, and are younger), non-White and non-British participants, and those without a disability demonstrate stronger support than their counterparts across all proposed changes.
5. However, many participants note a need for the NMC to provide additional evidence and information to fully assess the proposed changes.

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This information includes detail on the number of applicants who will be impacted by the changes, to give a sense of how far the proposals would improve the accessibility of the NMC register (and therefore alleviate staff shortages). Participants also want information on the significance of minimum pass grades for the IELTS and OET, to understand the level of language proficiency that is reflected by these 'baseline' pass scores.

6. Furthermore, participants believe that, regardless of any changes, testing should remain the central focus of English language requirements. They therefore place emphasis on getting this component 'right' ahead of other changes. There is also consensus that other proposed changes (such as the use of employer references and/or post-graduate qualifications), should only ever be used as supporting evidence, alongside a language test score.

Views on the role of employer references as evidence for English language proficiency

7. Overall, participants are positive about the use of employer references in the different scenarios described below.
8. 63 percent agree with accepting employer references as supporting evidence for those 'missing scores by 0.5 or half a grade as relevant'. 62 percent agree with accepting employer references as supporting evidence for those 'trained in English but in a non-majority English speaking country'.
9. However, there is concern about how this change would work in practice. Participants voice concerns about subjectivity or bias from referees, and the impact this will have on the standardisation of applicants. There is therefore a strong desire for the NMC to provide guidance and support to employers in order to standardise and regulate the process. For example, this support must provide clarity on how to interpret and assess proficiency, in line with a national standard.

Views on the role of post-graduate qualifications taught and examined in English as evidence for English language proficiency

10. There is also support for the use of post-graduate qualifications taught and examined in English in the different scenarios described below.
11. 63 percent agree with accepting post-graduate qualifications as supporting evidence for those 'missing scores by 0.5 or half a grade as relevant' whilst 61 percent agree with accepting post-graduate qualifications as supporting evidence for those 'trained in English but in a non-majority English speaking country'.
12. However, participants do note several concerns about this proposed change. A primary concern, particularly amongst professionals, health and care employers and stakeholders, is how relevant this change would be to the majority of applicants. There is an expectation that only a minority would have the relevant qualifications to be able to benefit from this change.

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Furthermore, participants cite concerns relating to the relevance of non-clinical qualifications taught in English to language requirements within a clinical context. Given this, participants emphasise that they must be used as supporting evidence only.

Views on the proposal to change how test scores can be combined

13. This is the proposal that receives the strongest support, with 74 percent agreeing with 'extending the period for combining test scores across the two tests (IELTS and OET) from 6 to 12 months'. Support is particularly strong amongst professionals, health and care employers and stakeholders, many of whom spontaneously mention a need to change the time periods. These individuals feel confident that this change will not negatively impact current standards of English language but will have a positive impact on the testing process for applicants.
14. Support for this proposal is less strong amongst the public and patient representation organisations (PROs). These groups are more likely to indicate some nervousness about how this could impact overall language proficiency, although this is mainly driven by a lack of understanding of the scoring systems and is a relatively low-level concern.

Views on the proposal to standardise the minimum score set for tests

15. Participants are also in favour of this change, with two thirds agreeing with 'standardising the minimum score accepted across sittings to no more than half a grade / 0.5 below the required score on the IELTS and the OET'.
16. However, there is less positivity amongst professionals who are trained in the UK and those currently on the NMC register. These groups consistently respond less positively to proposed changes to testing, compared with overseas applicants. Qualitatively, this is often due to the fact that they themselves have been able to pass the tests in line with current requirements, and do not see a need to add flexibility to the standards.
17. The public are also slightly less supportive of this proposal, with many feeling nervous about the perceived prospect of 'lowering standards'. However, support is higher across professionals, health and care employers and stakeholders. These participants often have personal experience or knowledge of individuals who have failed the tests by a small margin, despite exhibiting a high level of English language proficiency in 'reality'.

Views on the proposal to maintain current pass scores

18. Just 38 percent agree with maintaining an overall pass score of 'B' on the OET and of 7 on the IELTS when combining test results, indicating strong support for change. This supports findings that most participants are in favour of making changes to scores.

19. Those who are in favour of maintaining current scores, include registered NMC professionals and educators as well as those who trained in the UK, older participants and those with a disability amongst others. This is driven by a view that current scores are as they should be, and that any perceived difficulty in passing them simply reinforces the high level of proficiency that is required. These groups will therefore require additional reassurances on any changes that are made.

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BritainThinks Data Report Summary

Figure 1: Employer references summary response (percentage of those who agree with the proposed change)

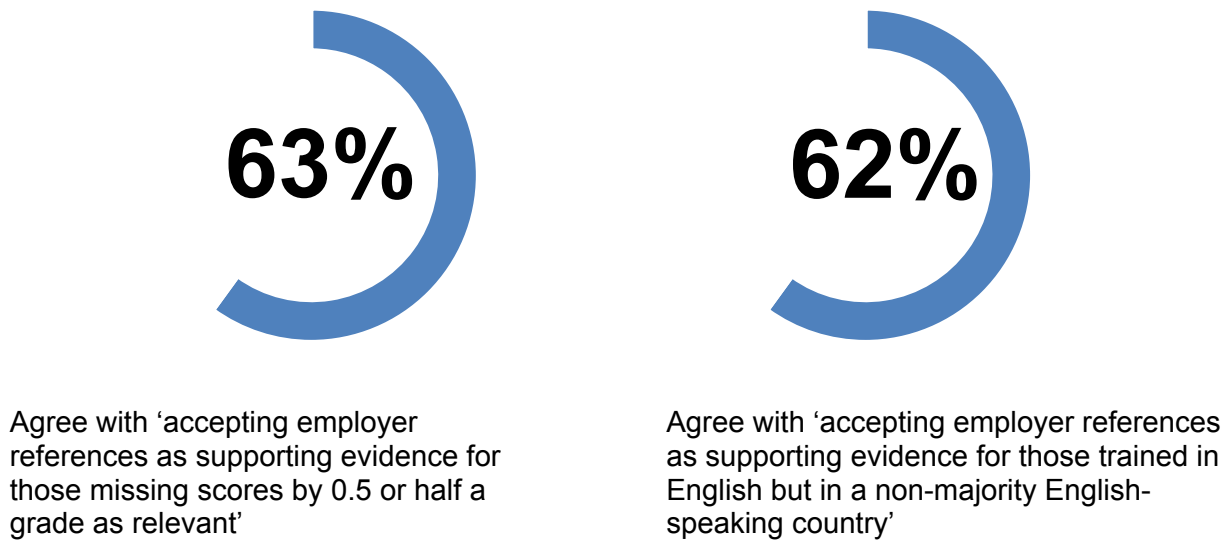
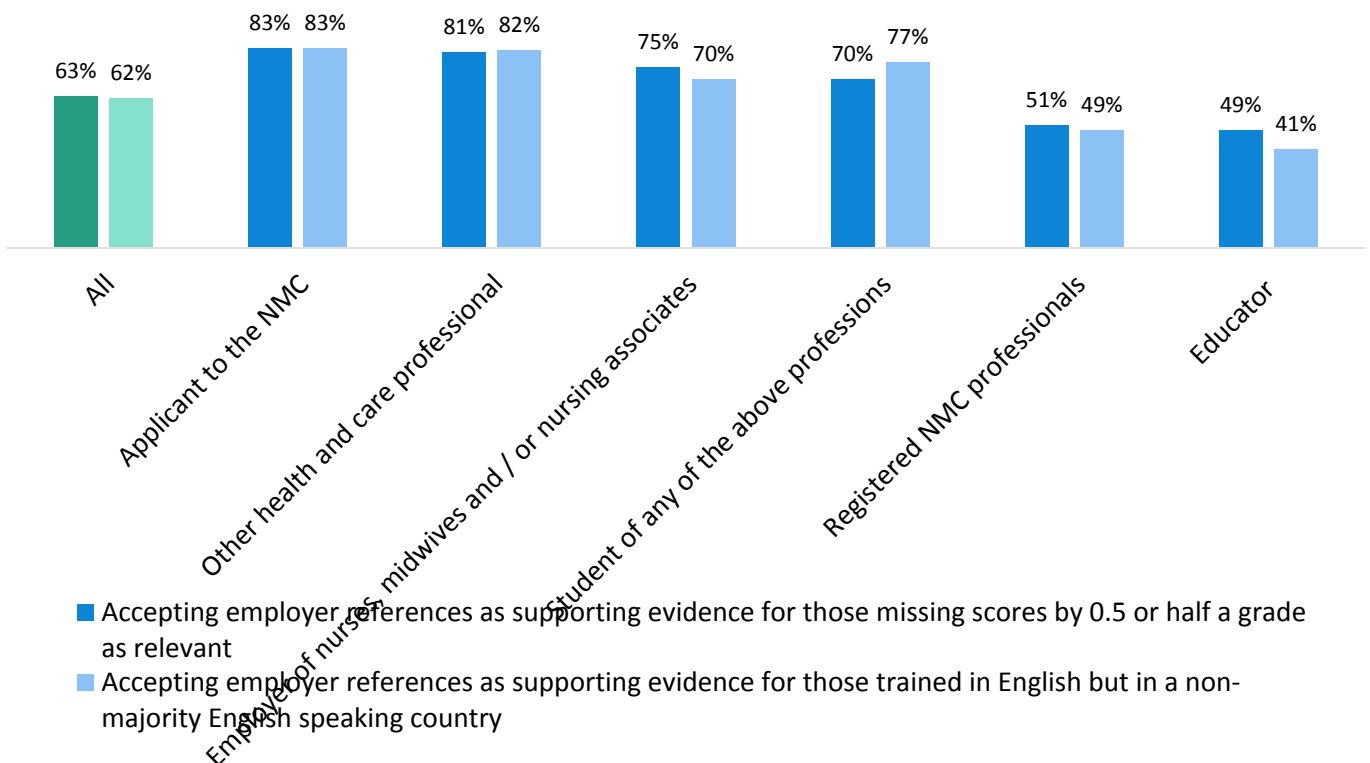


Figure 2: Support for accepting employer references by professional role (percentage of those who agree with the proposed change)



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Figure 3: Support for accepting employer references by place of training and current location (percentage of those who agree with the proposed change)

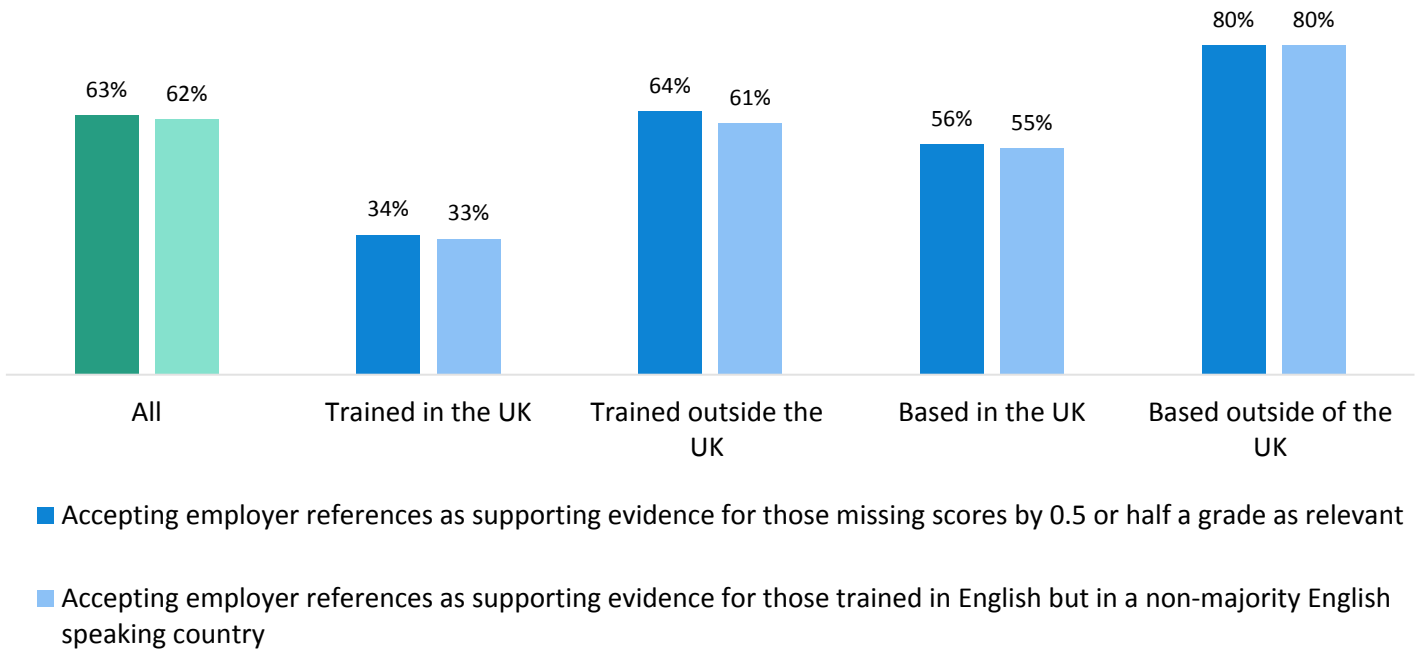
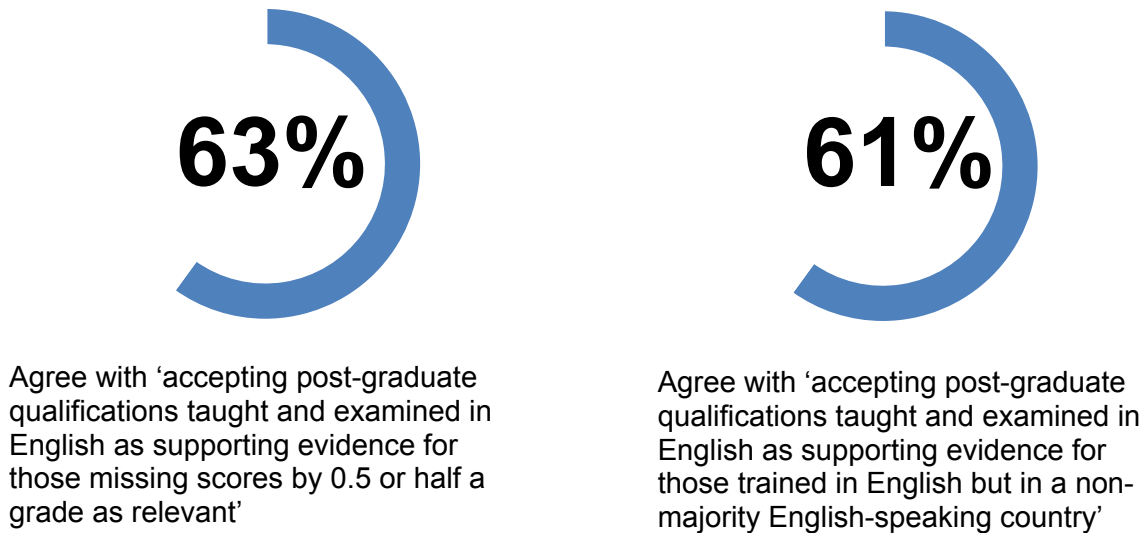


Figure 4: Post-graduate qualifications summary response (percentage of those who agree with the proposed change)



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Figure 5: Support for accepting non-nursing or midwifery post-graduate qualifications taught and examined in English by professional role (percentage of those who agree with the proposed change)

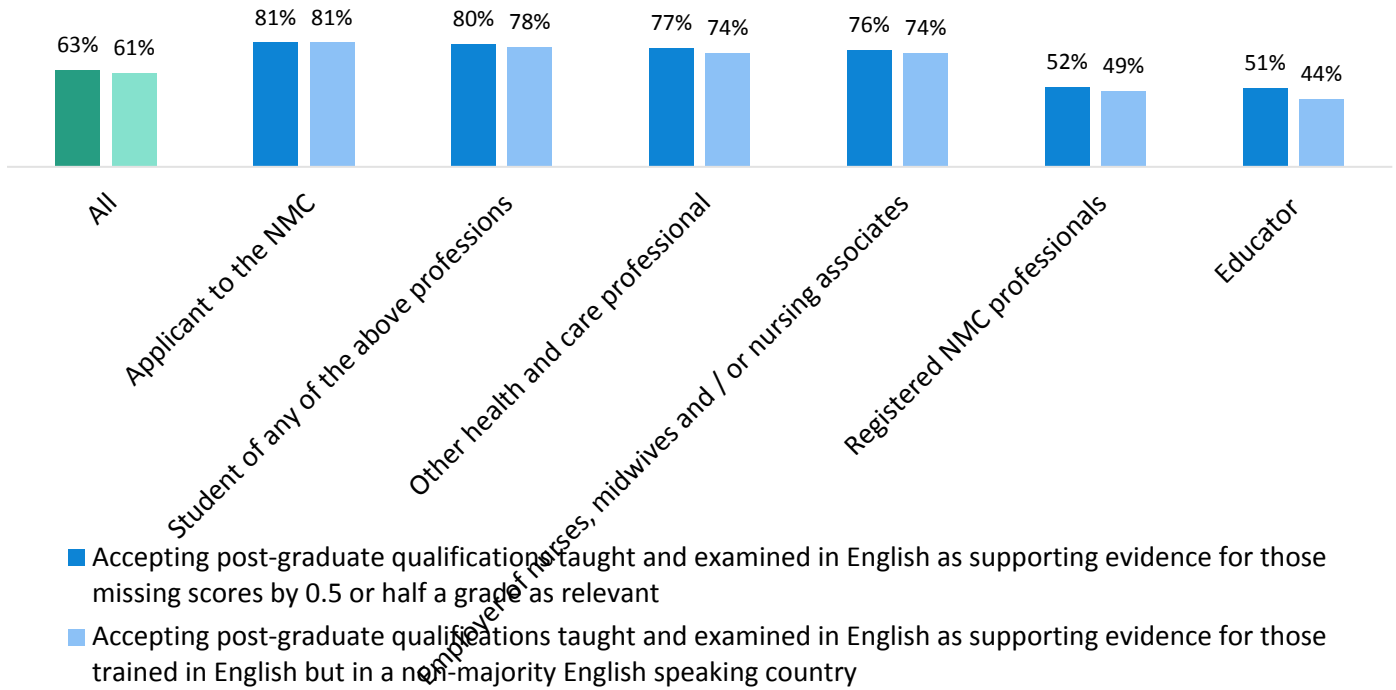
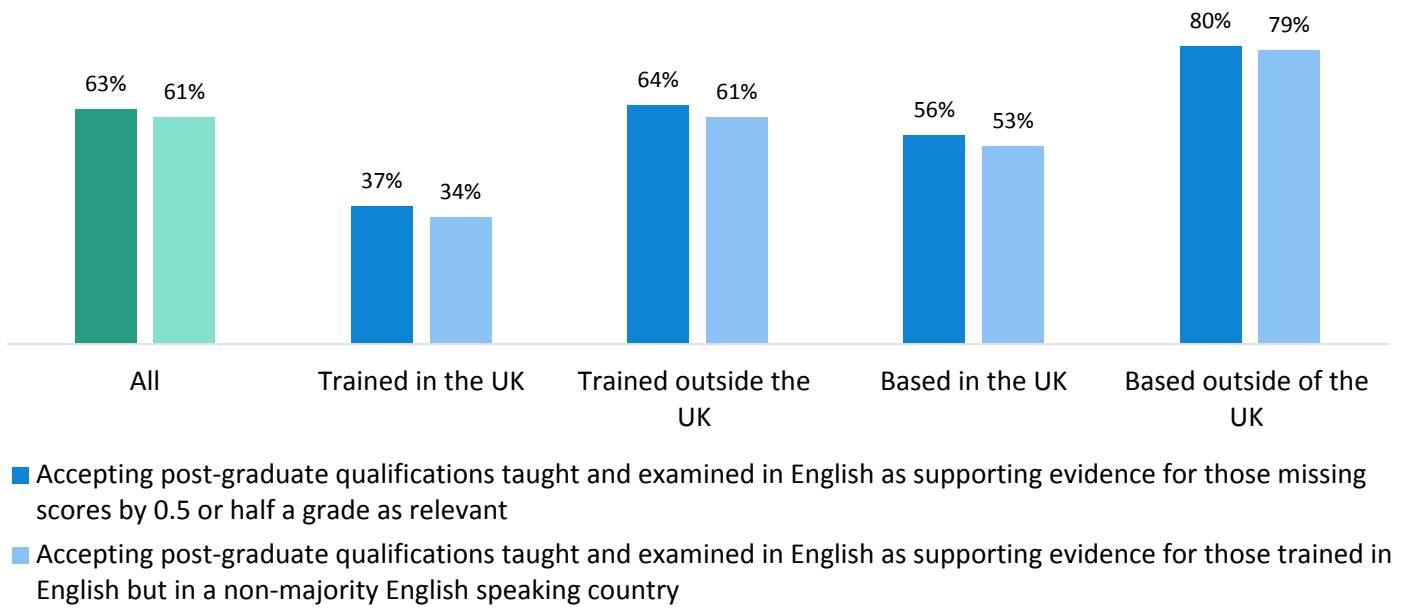
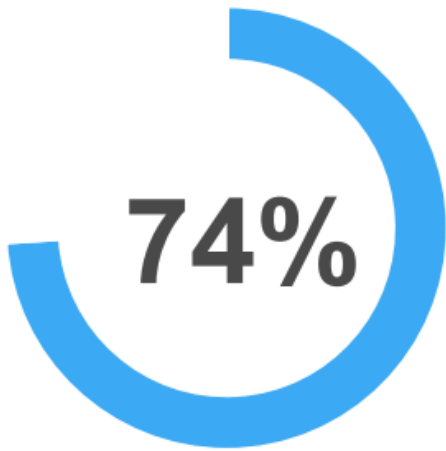


Figure 6: Support for accepting non-nursing or midwifery post-graduate qualifications taught and examined in English by place of training and current location (percentage of those who agree with the proposed change)



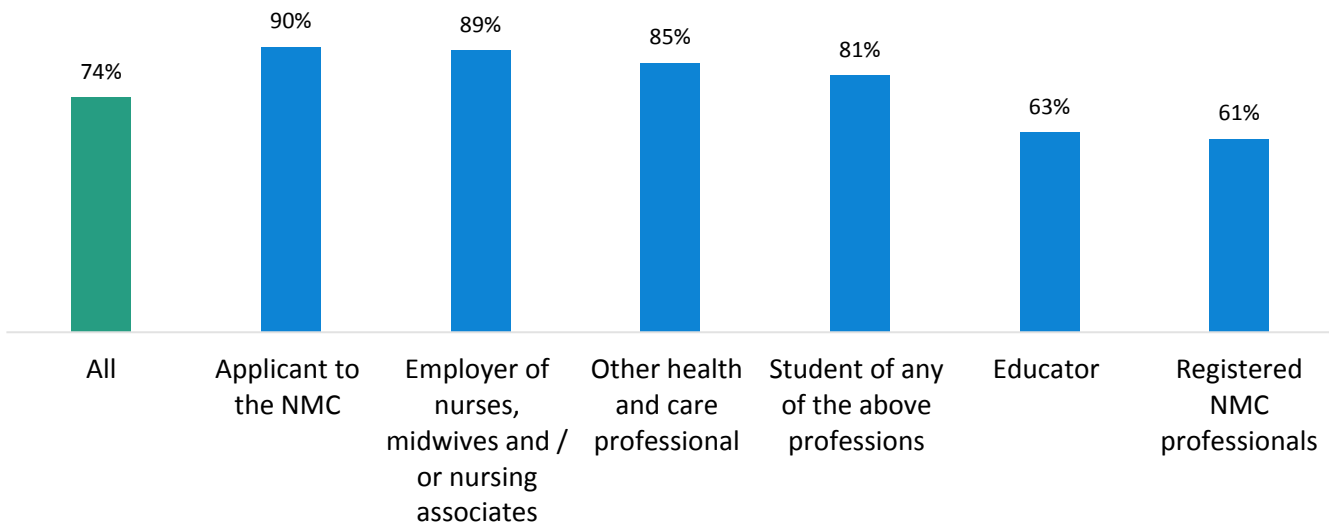
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Figure 7: Test combining summary response (percentage of those who agree with the proposed change)



Agree with extending the period someone can combine test scores from 6 to 12 months.

Figure 8: Support for extending the period someone can combine test scores from 6 to 12 months by professional role (percentage of those who agree with the proposed change)



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Figure 9: Support for extending the period someone can combine test scores from 6 to 12 months by place of training and current location (percentage of those who agree with the proposed change)

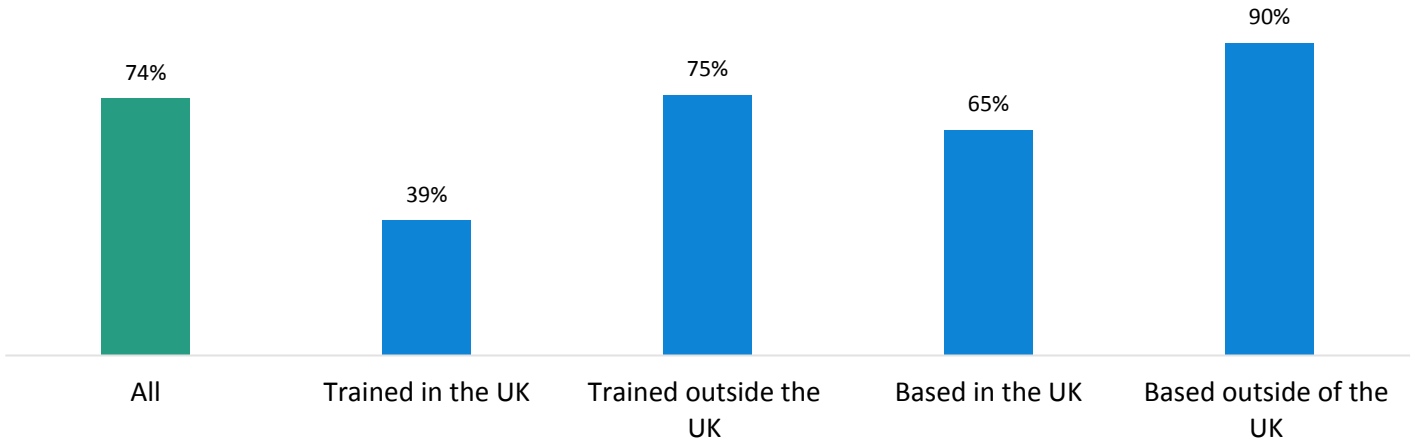
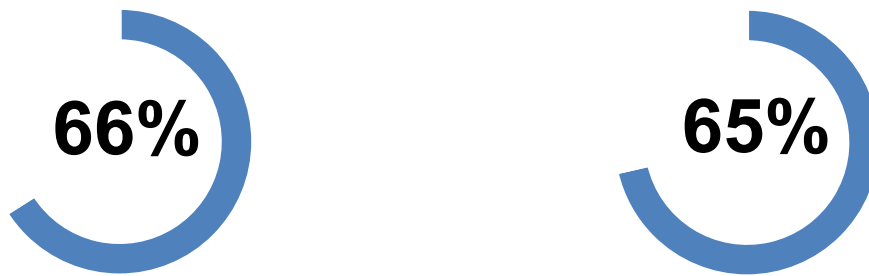


Figure 10: Standardising minimum test scores summary response (percentage of those who agree with the proposed change)



Agree with 'Standardising the minimum score accepted across sittings to be no more than 0.5 below the required score for all language domains when combining test scores on IELTS (minimum score for reading, speaking and listening when test combining = 6.5; minimum score for writing when test combining = 6)'.

Agree with 'Standardising the minimum score accepted across sittings to be no more than half a grade below the required score for all language domains when combining test scores on OET (minimum score for reading, speaking and listening when test combining = C+; minimum score for writing when test combining = C)'.

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Figure 11: Support for standardising the minimum score accepted across sittings for all language domains when combining test scores by professional role (percentage of those who agree with the proposed change)

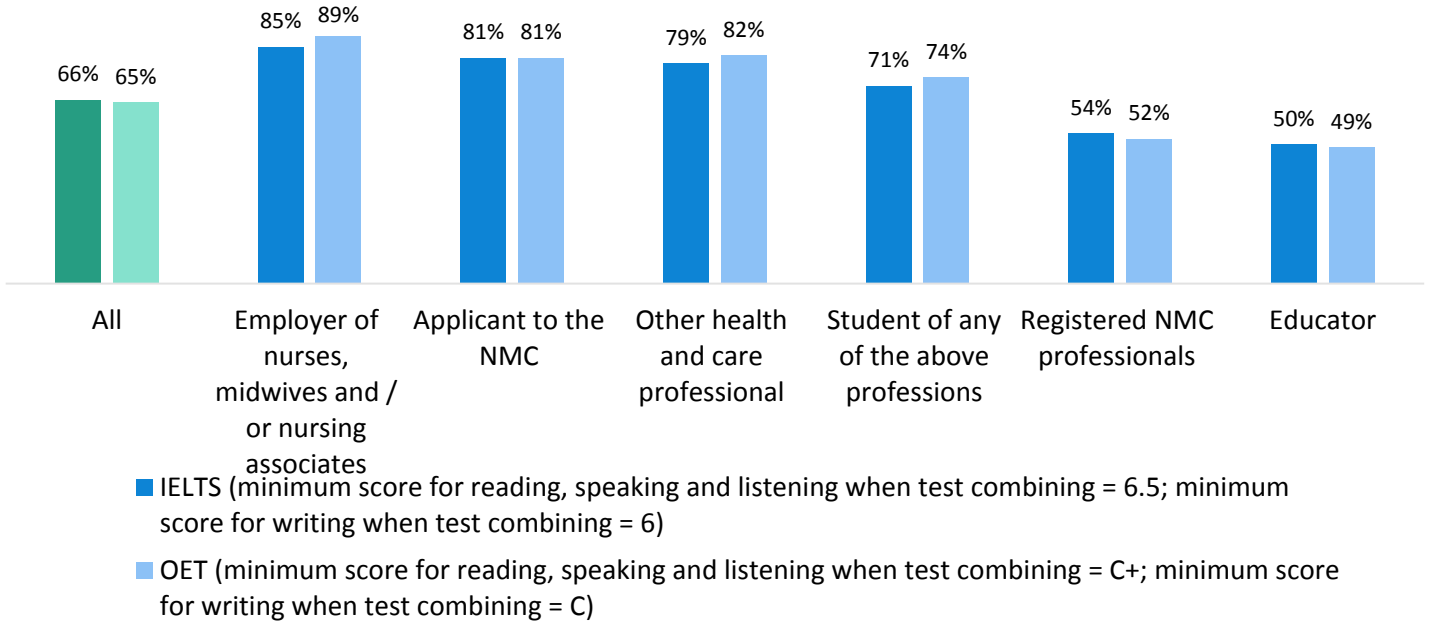
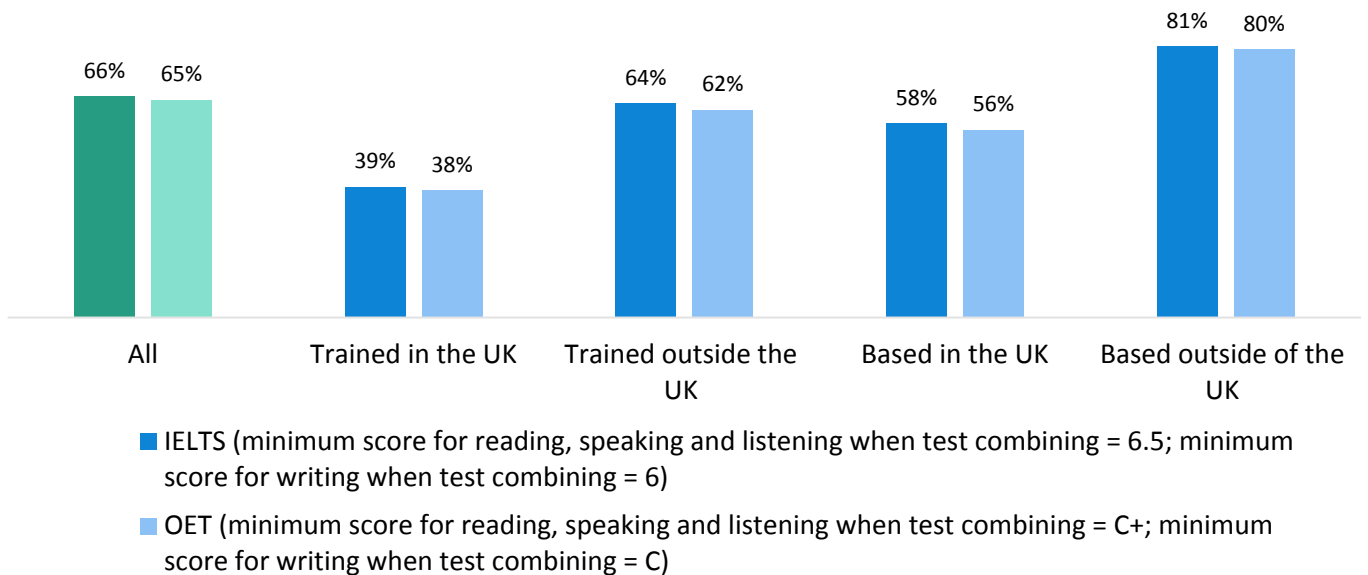


Figure 12: Support for standardising the minimum score accepted across sittings for all language domains when combining test scores by place of training and current location (percentage of those who agree with the proposed change)



Cyngor

Adroddiad Monitro blynyddol Cynllun Iaith Gymraeg 1 Ebrill 2021 i 31 Mawrth 2022

Gweithredu: I'w benderfynu

Mater: Mae'r papur hwn yn gofyn am gymeradwyaeth y Cyngor ar gyfer yr Adroddiad Monitro Blynyddol ar gydymffurfio â'n Cynllun Iaith Gymraeg.

Swyddogaeth reoleiddio graidd: Swyddogaethau ategol
Pob swyddogaeth reoleiddio

Blaenoriaeth strategol: Nod strategol 1: Gwella ac arloesi
Nod strategol 3: Mwy gweladwy a gwybodus
Nod strategol 4: Ymgysylltu a grymuso'r cyhoedd, gweithwyr proffesiynol a phartneriaid

Penderfyniad gofynnol: Argymhellir bod y Cyngor yn:

- cymeradwyo'r Adroddiad Monitro Blynyddol drafft, a gymeradwywyd gan y Bwrdd Gweithredol, yn amodol ar fân newidiadau, ar 23 Awst 2022. Disgwylir i'r adroddiad gael ei gyflwyno i Gomisiynydd y Gymraeg erbyn 30 Medi 2022.

Atodiadau: Mae'r atodiad dilynol ynghlwm wrth y papur hwn:

- Atodiad 1: Adroddiad Monitro Blynyddol Cynllun Iaith Gymraeg yr NMC, 2021 - 2022

Gwybodaeth bellach: Os oes angen eglurhad arnoch am unrhyw bwynt yn y papur neu os hoffech gael rhagor o wybodaeth, cysylltwch â'r awdur neu'r cyfarwyddwr a enwir isod.

Awdur: Jack Kilker
Jack.Kilker@nmc-uk.org

Cyfarwyddwr Gweithredol: Emma Broadbent
Emma.Broadbent@nmc-uk.org

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Cyd-destun:	1	Mae'r NMC, fel corff cyhoeddus sy'n arfer swyddogaethau statudol yng Nghymru, yn ddarostyngedig i Ddeddf yr Iaith Gymraeg 1993 sy'n ei gwneud yn ofynnol i ni: 1.1 Sefydlu'r egwyddor y dylid trin y Gymraeg a'r Saesneg ar y sail eu bod yn gyfartal wrth gynnal busnes cyhoeddus. 1.2 Hwyluso'r defnydd o'r Gymraeg.
	2	Mae ein Cynllun Iaith Gymraeg yn ein hymrwymo i gyflwyno Adroddiad Monitro Blynyddol ar ein cydymffurfiaeth â'r cynllun i Gomisiynydd y Gymraeg.
	3	Bydd y Cynllun Iaith Gymraeg yn cael ei ddisodli gan Reoliadau Safonau'r Gymraeg newydd ar 31 Hydref 2022.
Ffactorau pedair gwlad:	4	Mae'r adroddiad hwn yn arbennig o berthnasol i bobl sy'n byw ac yn gweithio yng Nghymru, a siaradwyr Cymraeg.
Trafodaeth:	5	Fel sy'n ofynnol o dan Ddeddf yr Iaith Gymraeg, rydym wedi bod â chynllun iaith Gymraeg cymeradwy ar waith ers 2011. Bob blwyddyn, rydym yn darparu Adroddiad Monitro Blynyddol i Gomisiynydd y Gymraeg (y Comisiynydd), sy'n amlinellu'r camau yr ydym wedi'u cymryd i gydymffurfio â'r cynllun ac i hybu'r defnydd o'r Gymraeg.
	6	Mae ein 10fed Adroddiad Monitro Blynyddol drafft ar y cynllun iaith Gymraeg ar gyfer y cyfnod 1 Ebrill 2021 i 31 Mawrth 2022 ynghlwm (Atodiad 1).
	7	Rydym yn hyderus ein bod wedi cydymffurfio'n llwyddiannus â'n cynllun iaith Gymraeg rhwng 1 Ebrill 2021 a 31 Mawrth 2022. Mae ein Hadroddiad Monitro Blynyddol yn amlinellu ehangder y gweithgarwch yr ydym wedi'i wneud yn ystod y cyfnod adrodd i gefnogi ein cynllun iaith Gymraeg.
	8	Rydym yn nodi nad yw data ynghylch y Gymraeg ar ein gweithwyr proffesiynol yn rhywbeth yr ydym yn eu cofnodi nac yn adrodd arnynt ar hyn o bryd, ac nid ydym yn ymwybodol o unrhyw dystiolaeth bod siarad Cymraeg yn effeithio ar brofiadau o'n prosesau nac yn effeithio ar ansawdd neu ddiogelwch gofal. Byddwn yn parhau i adolygu a oes unrhyw dystiolaeth o achos dros fonitro data'r Gymraeg yn fwy cynhwysfawr yn y dyfodol.
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	9	Cymeradwywyd yr Adroddiad Monitro Blynyddol gan y Bwrdd Gweithredol gyda mân newidiadau, ar 23 Awst 2022, ac ers hynny mae wedi'i gyfieithu i'r Gymraeg i'w gyflwyno i'r Cyngor. Yn dilyn cyfarfod y Cyngor, disgwylir i'r Adroddiad Monitro Blynyddol gael ei gyflwyno i'r Comisiynydd erbyn 30 Medi 2022.	1.
	10	Argymhelliad: Gwahoddir y Cyngor i gymeradwyo'r Adroddiad Monitro Blynyddol drafft.	2.
Goblygiadau bydwreigiaeth:	11	Nid oes gan yr Adroddiad Monitro Blynyddol unrhyw oblygiadau uniongyrchol i fydwreigiaeth.	3.
Goblygiadau diogelu'r cyhoedd:	12	Nid oes unrhyw oblygiadau uniongyrchol i ddiogelu'r cyhoedd. Mae sicrhau ein bod yn trin y Gymraeg a'r Saesneg yn gyfartal yn sicrhau bod siaradwyr Cymraeg yn cael cyfle cyfartal i gyrchu ein gwasanaethau, sy'n hanfodol i gefnogi ein nodau diogelu'r cyhoedd.	4.
Goblygiadau adnoddau:	13	Mae goblygiadau adnoddau sy'n codi o'r Adroddiad Monitro Blynyddol yn ymwneud â llunio, cyfieithu a chyhoeddi'r adroddiad, sy'n cael eu cynnwys o fewn yr adnoddau presennol.	5.
Goblygiadau cydraddoldeb, amrywiaeth a chynhwysiant:	14	Cynhwysir ystyriaethau iaith Gymraeg yn ein pecyn cymorth ar gyfer asesu effaith ar gydraddoldeb a byddant yn cael eu hadolygu'n barhaus i sicrhau ein bod yn cynnal yr ymrwymadau a wnaed yn ein Cynllun yn ein holl waith.	6.
Ymgysylltu â rhanddeiliaid:	15	Mae'r adroddiad yn cynnwys gwybodaeth am sut yr ymgysylltwyd â siaradwyr Cymraeg yn ein gweithgareddau sefydliadol yn ystod y cyfnod adrodd.	7.
Goblygiadau risg:	16	Nid oes unrhyw risgiau'n gysylltiedig â'r Adroddiad Blynyddol.	8.
Diwygio rheoleiddiol:	17	Nid oes unrhyw oblygiadau uniongyrchol i'n rhaglen diwygio rheoleiddio.	9.
Goblygiadau cyfreithiol:	18	Rydym yn cydymffurfio â'r cynllun presennol ac nid oes unrhyw oblygiadau cyfreithiol yn codi o'r adroddiad.	10.
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Adroddiad Monitro blynyddol Cynllun Iaith

Gymraeg 1 Ebrill 2021
— 31 Mawrth 2022

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Ynglŷn â ni

Ein gweledigaeth yw nyrsio a bydwreigiaeth diogel, effeithiol a charedig sy'n gwella iechyd a lles pawb. Fel rheoleiddiwr annibynnol ar gyfer mwy na 758,000 o weithwyr nyrsio a bydwreigiaeth proffesiynol, mae gennym rôl bwysig i'w chwarae wrth wireddu hyn.

Ein rôl graidd yw **rheoleiddio**. Yn gyntaf, rydym yn hyrwyddo addysg uchel a safonau proffesiynol ar gyfer nyrsys a bydwreagedd ledled y DU, a chymdeithion nyrsio yn Lloegr. Yn ail, rydym yn cynnal y gofrestr o weithwyr proffesiynol sy'n gymwys i ymarfer. Yn drydydd, rydym yn ymchwilio i bryderon am nyrsys, bydwreagedd a chymdeithion nyrsio – rhywbeth sy'n effeithio ar leiafrif bach iawn o weithwyr proffesiynol bob blwyddyn. Rydym yn credu mewn rhoi cyfle i weithwyr proffesiynol fynd i'r afael â phryderon, ond byddwn bob amser yn gweithredu pan fo angen.

Er mwyn rheoleiddio'n dda, rydym yn **cefnogi** ein proffesiynau a'r cyhoedd. Rydym yn creu adnoddau a chanllawiau sy'n ddefnyddiol drwy gydol gyrfaedd pobl, gan eu helpu i gyflawni ein safonau ymarferol a mynd i'r afael â heriau newydd. Rydym hefyd yn cefnogi pobl sy'n ymwneud â'n hymchwiliadau, ac rydym yn gweithio'n galed i gynyddu ein hamlygrwydd fel bod pobl yn teimlo eu bod wedi'u cynnwys a'u grymuso i lywio ein gwaith.

Mae rheoleiddio a chefnogi ein proffesiynau'n ein galluogi i **ddylanwadu** ar iechyd a gofal cymdeithasol. Rydym yn rhannu gwybodaeth o'n gweithgareddau rheoleiddio ac yn gweithio gyda'n partneriaid i gefnogi cynllunio'r gweithlu a gwneud penderfyniadau ar draws y sector. Rydym yn defnyddio ein llais i godi llais dros amgylchedd gwaith iach a chynhwysol ar gyfer ein proffesiynau.

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Llywodraethu ein gwaith iaith Gymraeg

Mae aelodau'r Cyngor, y Tîm Gweithredol a'r holl gyflogeion yn chwarae rhan wrth gyflawni ein cynllun iaith Gymraeg. Nodir y cyfrifoldebau allweddol isod:

- Mae'r Cyngor yn gyfrifol am osod a goruchwyllo ein strategaeth gyffredinol.
- Mae'r Tîm Gweithredol yn gyfrifol am weithredu ein strategaeth ac am osod polisiau mewnol a chynlluniau busnes sy'n cefnogi cyflawni'r cynllun iaith Gymraeg.
- Mae gan y Cyfarwyddwr Gweithredol Pobl ac Effeithiolrwydd Sefydliadol gyfrifoldeb cyffredinol am gyflwyno'r cynllun iaith Gymraeg, a'n Cyfarwyddwr Gweithredol Ymarfer Proffesiynol yw'r arweinydd gweithredol ar gyfer Cymru. Mae'r Cyfarwyddwr Gweithredol Ymarfer Proffesiynol wedi ymgymryd â'r rôl hon ers mis Hydref 2021, a chyn hynny, ein Prif Weithredwr a Chofrestrydd oedd yn dal y rôl hon.
- Mae'r tîm Polisi (DU a Rhyngwladol) yn gyfrifol am fonitro newid deddfwriaethol a'r effaith ar ein cynllunio busnes mewn perthynas â chydymffurfio â Deddf yr Iaith Gymraeg 1993. Mae hyn yn cynnwys cychwyn ar y gwaith sydd ei angen i sicrhau ein bod yn cydymffurfio â safonau'r Gymraeg, gyda'r fframwaith llywodraethu cywir yn ei le ar gyfer sicrwydd parhaus ar y cydymffurfi hwn.
- Mae gennym dimau sy'n cymryd cyfrifoldeb am ymwybyddiaeth o'r Gymraeg, ac maent yn cefnogi ein cyflogeion i deimlo'n hyderus ac yn gymwys i gydymffurfio â'n cynllun iaith Gymraeg, gan gynnwys ein cyfarwyddiaeth Cyfathrebu ac Ymgysylltu, a'n tîm Dysgu a Datblygu Sefydliadol.

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Ein hymrwymiad i'r Gymraeg

Yn unol ag Adran 21 o Ddeddf yr Iaith Gymraeg 1993, rydym yn glir ynghylch yr angen i drin y Gymraeg a'r Saesneg yn gyfartal wrth gynnal busnes cyhoeddus a gweinyddu cyfiawnder yng Nghymru, cyn belled ag y bo'n briodol o dan yr amgylchiadau ac yn rhesymol ymarferol. Cymeradwywyd ein cynllun iaith Gymraeg gan Fwrdd yr Iaith Gymraeg ym mis Ionawr 2011.

Nod yr adroddiad monitro blynyddol hwn yw crynhoi ein cynnydd wrth weithredu ein Cynllun Iaith Gymraeg yn ystod y cyfnod 1 Ebrill 2021 i 31 Mawrth 2022, yn unol â gofynion Comisiynydd y Gymraeg. Mae adroddiad cryno (yn seiliedig ar gwestiynau gan Swyddfa Comisiynydd y Gymraeg) i'w weld yn Atodiad 1.

Rydym wedi ymrwymo i gydymffurfio'n gyson â'n cynllun iaith Gymraeg, ac ymgysylltu â Chomisiynydd y Gymraeg ac eraill i fod yn ymatebol ac yn wybodus yn ein dull o ddiwallu anghenion siaradwyr Cymraeg. Mae'r adroddiad hwn yn nodi ein gwaith yn y maes hwn, a bydd yn hygyrch i gwsmeriaid drwy drafodaeth gyhoeddus mewn sesiwn Cyngor yn ogystal â chael ei gyhoeddi ar ein gwefan, yn unol â blynyddoedd blaenorol.

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Gweithgarwch diweddar

Ym mis Hydref 2021, trosglwyddwyd rôl Cyfarwyddwr Arweiniol Cymru o'n Prif Weithredwr a Chofrestrydd, Andrea Sutcliffe, i'n Cyfarwyddwr Gweithredol Ymarfer Proffesiynol, yr Athro Geraldine Walters.

Bob chwe wythnos, mae ein gweithgor mewnol Cymru yn cyfarfod i drafod diweddariadau allweddol sy'n ymwneud â'n rôl reoleiddiol yng Nghymru, ac i ystyried safbwynt pobl sy'n gweithio ac yn byw yng Nghymru ar ddatblygiadau polisi a chyhoeddiadau arfaethedig yr NMC. Mae'r grŵp hwn yn cynnwys cydweithwyr o bob rhan o'r NMC.

Yn ystod y cyfnod adrodd 2021 – 2022, cynhaliodd yr NMC nifer o gyfarfodydd a digwyddiadau gyda rhanddeiliaid allweddol yng Nghymru, gan gynnwys:

- Bob chwe wythnos roedd Andrea Sutcliffe neu Geraldine Walters yn cyfarfod â Sue Tranka (Prif Swyddog Nyrsio (CNO) Cymru) i drafod gwaith allweddol ar gyfer yr NMC, gan gynnwys, ond heb fod yn gyfyngedig i gofrestr dros dro Covid-19, ein rhaglen waith ar gyfer diwygio rheoleiddiol, a'n safonau ôl-gofrestru.
- Fe wnaeth Andrea Sutcliffe, Geraldine Walters a Sam Donohue (Cyfarwyddwr Cynorthwyol, Allgymorth yn yr NMC) fynychu cyfarfodydd misol Prif Swyddog Nyrsio a Phrif Swyddog Bydwreigiaeth (CMidO) y pedair gwlad i gasglu a rhannu diweddariadau gyda CNOs a CMIOs. Mae Sue Tranka, Gill Knight (Swyddog Nyrsio) a Karen Jewell (Prif Swyddog Bydwreigiaeth Cymru) yn mynychu'r cyfarfodydd hyn.
- Ym mis Ebrill 2021, **cyhoeddwyd** diweddariad gennym yn croesawu Sue Tranka i'w rôl fel Prif Swyddog Nyrsio Cymru, a mynegwyd ein diolchiadau i'r Athro Jean White CBE fel Prif Swyddog Nyrsio Cymru sy'n gadael.
- Ym mis Mai 2021, cyfarfu Geraldine Walters ac Anne Trotter (Cyfarwyddwr Cynorthwyol, Addysg a Safonau yn yr NMC) â Gareth Howells (Prif Swyddog Nyrsio dros dro Cymru) i drafod yr ymgynghoriad ar safonau ôl-gofrestru.

- Ym mis Mehefin 2021, fe wnaethom gynnal gweithdy i randdeiliaid yng Nghymru, dan arweiniad Andrea Sutcliffe, i glywed gan ein rhanddeiliaid ar ymateb yr NMC i Covid-19, goblygiadau hyn i Gymru yn y dyfodol a chyfleoedd ar gyfer cydweithio.
- Ym mis Hydref 2021, fe wnaethom gynnal digwyddiad bord gron ar gyfer Prif Weithredwyr i drafod ein rhaglen waith ar gyfer diwygio rheoleiddio. Mynychwyd hwn gan Sue Tranka, Gillian Knight, a Lisa Llewelyn (Cyfarwyddwr Addysg Nyrsio a Gweithwyr Iechyd Proffesiynol, Addysg a Gwella Iechyd Cymru).
- Ym mis Tachwedd 2021, fel rhan o'i gyfnod sefydlu, cyfarfu Syr David Warren (Cadeirydd yr NMC) â Chris Jones (Cadeirydd Addysg a Gwella Iechyd Cymru), a chyfarfu ar wahân â Mick Giannasi (Cadeirydd Gofal Cymdeithasol Cymru).
- Ym mis Tachwedd 2021, cyfarfu Jasmine Bailey (Swyddog Materion Cyhoeddus yn yr NMC) â Chlerc Pwyllgor Iechyd a Gofal Cymdeithasol Cymru a'r Arbenigwr Iechyd yn uned ymchwil y Senedd i drafod ein blaenoriaethau cyffredin a'n ffyrdd o weithio.
- Ym mis Rhagfyr 2021, fel rhan o'i gyfnod sefydlu, cyfarfu Syr David Warren â Sue Tranka.
- Ym mis Rhagfyr 2021, cyfarfu Syr David Warren, Andrea Sutcliffe a Geraldine Walters â'r Farwnes Morgan, Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol, fel cyfarfod rhagarweiniol. Fe wnaethon nhw drafod ein llwyth achosion Addasrwydd i Ymarfer, canolfannau Archwiliad Clinigol Strwythuredig Gwrthrychol (OSCE), recriwtio rhyngwladol, a chasglu data am y Gymraeg.
- Ym mis Ionawr 2021, cyfarfu Geraldine Walters â Gill Knight i drafod cyfleoedd canolfannau OSCE yng Nghymru.
- Ym mis Mawrth 2022, dechreuodd Geraldine Walters gyfarfod â Lisa Llewelyn fel rhan o gyfres o sesiynau dal i fyny rheolaidd.
- Ym mis Mawrth 2022, mynychodd Geraldine Walters y seminar 'Datblygiadau Rheoleiddio a'r Cyd-destun Cymreig' a drefnwyd gan yr Awdurdod Safonau Proffesiynol.

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Yn ystod y cyfnod adrodd, mae Kristian Garsed, ein Cynghorydd Rheoleiddio ar gyfer Cymru yn ein Gwasanaeth Cyswllt Cyflogwyr, wedi ymgysylltu â chyflogwyr a rhanddeiliaid yn y ffyrdd dilynol:

- Rhannu diweddariadau ysgrifenedig i Gyfarwyddwyr Nyrsio Gweithredol yn GIG Cymru, gan roi gwybod iddynt am ddatblygiadau allweddol, newidiadau polisi a chyhoeddiadau gan yr NMC.
- Cynnig diweddariadau rheoleiddiol a gweithdai rhithwir i gyflogwyr ynghylch sut rydym yn rheoleiddio a'r broses Addasrwydd i Ymarfer.
- Darparu cymorth rheolaidd i holl gyflogwyr ein gweithwyr nyrsio a bydwreigiaeth proffesiynol yng Nghymru ar draws iechyd a gofal a'r sector annibynnol, ar ffurf cyfleoedd cyngor, gwybodaeth a dysgu rheoleiddiol ad hoc.
- Cynnal y fforwm rheolaidd ar gyfer yr NMC, y Cyngor Meddygol Cyffredinol (GMC), y Cyngor Fferyllol Cyffredinol (GPhC) a'r Cyngor Deintyddol Cyffredinol (GDC) yng Nghymru ac Arolygiaeth Gofal Iechyd Cymru (AGIC) i rannu gwybodaeth, cudd-wybodaeth, ystyriaethau polisi a blaenoriaethau a rennir ynghylch ymgysylltu â rhanddeiliaid.

Hefyd yn ystod y cyfnod adrodd, fe wnaethom barhau i ystyried y Gymraeg ac anghenion siaradwyr Cymraeg yn ofalus fel rhan o'n hymateb parhaus i bandemig Covid-19. Fe wnaethom fyfyrion ar hyn yn ein **Hasesiad o'r Effaith ar Gydraddoldeb Rheoleiddiol (EQIA) Covid-19** a gyhoeddwyd ar ein gwefan ym mis Chwefror 2022. Roedd gennym gam gweithredu parhaus yn ein cynllun gweithredu EQIA i sicrhau bod yr holl ddogfennau perthnasol a gynhyrwyd gennym i gefnogi gweithwyr gofal iechyd a phobl sy'n defnyddio gwasanaethau mewn perthynas â'n hymateb i'r pandemig, hefyd yn cael eu cyhoeddi yn Gymraeg. Mae ein hasesiad iaith Gymraeg i'w weld yn adran 5 o'r EQIA.

Ym mis Gorffennaf 2021, fe wnaethom **ymateb** i ymgynghoriad Llywodraeth Cymru ar eu 'Cynllun Gweithredu Cydraddoldeb Hiliol: Cymru Wrth-hiliol', ac ym mis Hydref 2021, fe wnaethom **ymateb** i ymgynghoriad Llywodraeth Cymru ar 'Gynllun Gweithredu LHDT+ Cymru'.

Ym mis Mawrth 2022, fe wnaeth ein Rheolwr Rheoleiddio Cydraddoldeb, Amrywiaeth a Chynhwysiant hyrwyddo ein cynllun iaith Gymraeg yn fewnol i gydweithwyr trwy Workplace (ein platfform cyfathrebu mewnol) mewn post i nodi Dydd Gŵyl Dewi.

Blaenoriaeth strategol

Yn ein Strategaeth 2020 - 2025, a gyhoeddwyd ym mis Ebrill 2020, fe'i gwnaed yn glir bod 'angen cysylltiadau cryf ar draws pedair gwlad y DU a gwerthfawrogiad o'r cyd-destunau amrywiol ym meysydd gwleidyddol, darparu gwasanaethau a chynllunio gweithlu', ac fe wnaethom ymrwmo i 'adolygu a datblygu ein presenoldeb' yng Nghymru a rhannau eraill o'r DU.

Mae ein gwerthoedd a'n hymddygiadau cysylltiedig yn sail i'n dull o gydymffurfio â'r Gymraeg, fel y nodir isod:

Teg

Byddwn yn sicrhau bod pobl sy'n rhyngweithio â'n gwasanaethau yn cael cyfleoedd teg i gyrchu gwybodaeth yn Gymraeg, ac yn gallu ymddiried yn ein hymrwymiad i'n cynllun iaith Gymraeg.

Caredig

Rydym yn gwerthfawrogi pobl sy'n defnyddio'r Gymraeg, a byddwn yn barchus wrth ymdrin â cheisiadau Cymraeg. Byddwn yn ymdrechu i sicrhau bod siaradwyr Cymraeg yn teimlo eu bod yn cael eu cynnwys ac yn hyderus i ymgysylltu â ni yn Gymraeg.

Cydweithredol

Byddwn yn buddsoddi yn ein perthnasoedd presennol, gan gynnwys gyda Chomisiynydd y Gymraeg, ac yn ymgysylltu â chymunedau Cymraeg ehangach, gan gydnabod ein bod ar ein gorau pan fyddwn yn gweithio'n dda gydag eraill.

Uchelgeisiol

Byddwn yn agored i ffyrdd newydd o ddiwallu ein gofynion iaith Gymraeg, a byddwn bob amser yn anelu at wneud ein gorau dros siaradwyr y Gymraeg.

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Cynnydd ar ein camau gweithredu blaenorol

Yn ein hadroddiad monitro blynyddol blaenorol, a gyhoeddwyd ym mis Hydref 2021, fe wnaethom ymrwymo i'r camau y byddem yn eu cymryd i barhau i sicrhau ein bod yn cydymffurfio â'n cynllun iaith Gymraeg. Mae'r camau gweithredu yr ymrwymwyd iddynt, a'r cynnydd yr ydym wedi'i wneud yn ôl y camau hyn, wedi'u hamlinellu isod:

1. Nodi ein hymrwymiad a'n hymagwedd at gydraddoldeb i'r Gymraeg yn ein cynllun EDI wedi'i ddiweddarau erbyn diwedd 2021

Fe wnaethom ddatblygu ein cynllun EDI ar gyfer 2022 – 2025, i fynd â ni hyd at ddiwedd ein cyfnod strategol presennol, rhwng Medi 2021 a Mawrth 2022, a chymeradwywyd y cynllun hwn gan ein Cyngor ym mis Mai 2022. Un o'r camau gweithredu lefel uchel yr ydym wedi ymrwymo iddo'n gyhoeddus yn ymwneud â'n cynllun iaith Gymraeg:

'Sefydlu prosesau llywodraethu clir ar gyfer monitro materion lleol ar draws pedair gwlad y DU, gan gynnwys cydymffurfio â'n cynllun iaith Gymraeg a deddfwriaeth cydraddoldebau Gogledd Iwerddon.'

Mae gennym hefyd gamau gweithredu yn ein cynllun cyflawni manwl sy'n ymwneud â'n cynllun iaith Gymraeg, neu ein hymgysylltiad â phedair gwlad y DU. Dylai'r camau hyn sicrhau ein bod yn rheoleiddiwr iechyd a gofal sydd â'r adnoddau gorau i gefnogi siaradwyr Cymraeg i gael mynediad cyfartal, a'n bod yn cael gwybod am effaith ein gwaith ar bobl yng Nghymru.

Mae camau gweithredu perthnasol yn ein cynllun cyflawni manwl yn canolbwyntio ar baratoi ar gyfer ein cydymffurfiaeth â safonau'r Gymraeg; sicrhau bod gennym gysylltiadau â rhanddeiliaid Cymreig sy'n gweithio ar gydraddoldeb neu sy'n profi anghydraddoldebau penodol; a'n bod yn dadansoddi ac yn adrodd yn briodol ar ein data, ein gwybodaeth a'n mewnwleidiadau mewn ffordd sy'n ein galluogi i ddeall materion fel y'u profir ar draws pedair gwlad y DU.

Bydd ein cynllun EDI llawn yn cael ei gyhoeddi yn hydref 2022.

2. Ehangu ein hymgysylltiad ag anghenion gweithwyr proffesiynol a phobl sy'n defnyddio gwasanaethau yng Nghymru, a'n dealltwriaeth ohonynt

Mae ein hymrwymiad i sicrhau bod llais pobl o Gymru yn llywio ac yn llunio ein gwaith, yn rhan allweddol o'n gweithgarwch ymgysylltu â'r cyhoedd. Mae rhai o'r camau a gymerwn i ddod â'r ymrwymiad hwnnw'n fyw yn cynnwys:

- Mae arolygon ymgynghori cyhoeddus bob amser ar gael yn Gymraeg ac yn cael eu rhannu ymhlith grwpiau rhanddeiliaid Cymru.
- Ein Fforwm Llais y Cyhoedd yw'r grŵp allweddol ar gyfer ymgysylltu â'r cyhoedd yn yr NMC ac mae cynrychiolaeth o Gymru ar yr aelodaeth.
- Gwahoddwyd corff sy'n cynrychioli'r cyhoedd yng Nghymru i gymryd rhan yn y cyfweiliadau ar gyfer ein hymgynghoriad Saesneg.
- Rydym yn parhau i weithio i feithrin perthnasoedd agos â sefydliadau yng Nghymru fel bod ein hymgysylltiad yn ystyrlon iddynt hwy a'r bobl y maent yn eu cefnogi a/neu'n gweithio gyda nhw.

3. Ymwreiddio dull systematig o gydymffurfio â'r Gymraeg ar draws y sefydliad gan ddefnyddio ein prosesau llywodraethu sefydledig.

Bydd ein paratodau ar gyfer cyflwyno safonau'r Gymraeg, fel y disgrifir uchod, yn sicrhau ein bod yn parhau i fod mewn sefyllfa dda i ymwreiddio a dangos ein hymrwymiad i gydraddoldeb i siaradwyr Cymraeg yn ein prosesau.

Safonau'r Gymraeg

Rydym ni, gyda'r rheolyddion proffesiynol eraill, wedi gweithio'n agos gyda llywodraeth Cymru ar ei safonau Cymraeg newydd ac wedi croesawu'r cyfle i ymateb i'w hymgyngoriad yn 2020, gan adeiladu ar ein hymateb yn 2016 i gynigion iaith Gymraeg llywodraeth Cymru.

Wrth baratoi ar gyfer ein cydymffurfiaeth â Rheoliadau Safonau'r Gymraeg (WLSR), rydym yn adolygu'r mesurau sydd gennym eisoes ar waith i sicrhau nad ydym yn trin y Gymraeg yn llai ffafriol na'r Saesneg, yn bennaf yn unol â'n cynllun iaith Gymraeg.

Rydym yn gweithio gyda Chomisiynydd y Gymraeg i sicrhau ein bod yn deall yn iawn pa rai o'r Safonau newydd fydd yn berthnasol i ni. Ym mis Mehefin 2022, aethom i gyfarfod llywodraeth Cymru lle rhannwyd y canlyniadau a'r ymateb i ymgynghoriad WLSR 2020 gyda ni, ac rydym yn cysylltu â'r rheolyddion gofal iechyd eraill i sicrhau cysondeb o ran ymagwedd ar draws rheoleiddwyr.

Rydym wedi sefydlu gweithgor mewnol sydd â'r dasg o sicrhau bod gennym y fframwaith llywodraethu cywir yn ei le i allu gweithio'n rhagweithiol tuag at gydymffurfio unwaith y daw'r Safonau i rym ar 31 Hydref 2022. Rydym hefyd wedi diweddarau ein gweithgor Cymraeg mewnol. fel y gallant ystyried goblygiadau'r Safonau newydd yn eu gwaith ymgysylltu â rhanddeiliaid, gwybodaeth a gwaith datblygu polisi.

Camau gweithredu allweddol ar gyfer y flwyddyn nesaf

Bydd ein gweithgarwch ar gyfer 2022 - 2023 yn canolbwyntio ar sicrhau ein bod mewn sefyllfa i ymwreiddio a dangos ein bod yn cydymffurfio â safonau'r Gymraeg yn effeithiol ar ôl i'r rhain gael eu cyflwyno gan Gomisiynydd y Gymraeg.

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Atodiad 1

Adroddiad cryno ar weithrediad y cynllun iaith Gymraeg o 1 Ebrill 2021 i 31 Mawrth 2022

Asesiad effaith polisi

Gwybodaeth y gofynnwyd amdani

Nifer a chanran y polisiâu (gan gynnwys y rhai a adolygwyd neu a ddiwygiwyd) lle rhoddwyd ystyriaeth i'r effeithiau y byddai'r polisi'n eu cael ar y defnydd o'r Gymraeg.

Ein gwaith

Rydym yn parhau i gynnal asesiad o'r effaith ar gydraddoldeb (EQIA) fel rhan o'r gwaith o ddatblygu polisiâu a phrosesau newydd, ac unrhyw adolygiad o'n polisiâu neu Safonau presennol. Mae ein fframwaith EQIA yn gofyn yn benodol i gydweithwyr ystyried effeithiau unrhyw newidiadau i'n polisiâu, prosesau neu Safonau, ar siaradwyr Cymraeg a'r defnydd o'r Gymraeg.

Yn ystod y cyfnod adrodd, rydym wedi cynnal adolygiadau o'n **Safonau hyfedredd ar gyfer cymwysterau ymarfer arbenigol nyrsio cymunedol (SPQ)** a'n **Safonau hyfedredd ar gyfer nyrsys iechyd y cyhoedd cymunedol arbenigol (SCPHN)** a'r **Safonau ar gyfer rhaglenni ôl-gofrestru**, cyfatebol, yr oedd pob un ohonynt yn cynnwys cwblhau EQIA ac ystyried effeithiau posibl newidiadau i'n Safonau ar siaradwyr Cymraeg. Drwy ein EQIAs ni welsom unrhyw effeithiau na chanlyniadau anfwriadol posibl ar gyfer siaradwyr Cymraeg, ond byddwn yn parhau i gysylltu â rhanddeiliaid o bob rhan o'r DU, gan gynnwys Cymru, wrth i ni ystyried rhoi'r Safonau newydd hyn ar waith.

Rydym wedi datblygu a pharhau i ddiweddarau EQIAs ar gyfer ffrydiau gwaith ar wahân ein rhaglen waith ar gyfer diwygio rheoleiddiol. Fe wnaethom hefyd ddatblygu EQIA ar gyfer ein hadolygiad o'n gofynion iaith Saesneg, a chyhoeddwyd crynodeb o'r EQIA hwn yn **Gymraeg** ac yn **Saesneg** fel rhan o'n hymgyngoriad ar yr adolygiad hwn.

Ym mis Tachwedd 2021 fe wnaethom gyhoeddi fersiwn chwech o'n **EQIA Rheoleiddiol Covid-19** a oedd yn cynnwys ein hasesiad o effaith y newidiadau a wnaethom mewn ymateb i Covid-19 ar siaradwyr Cymraeg a'r defnydd o'r Gymraeg.

Gwybodaeth y gofynnwyd amdani

Enghraifft o asesiad y bernir ei fod yn effeithio ar y defnydd o'r Gymraeg a manylion am sut y diwygiwyd y polisi o ganlyniad.

Ein gwaith

Nid ydym wedi cynnal unrhyw Aseiad o'r Effaith ar Gydraddoldeb a arweiniodd at ddiwygio polisi arfaethedig neu bolisi presennol yn ystod y cyfnod adrodd hwn.

Cyhoeddiadau

Gwybodaeth y gofynnwyd amdani

Nifer y cyhoeddiadau sydd ar gael i'r cyhoedd.

Ein gwaith

Mae 2806 o ddogfennau wedi'u cyhoeddi ar ein gwefan ar hyn o bryd.

Gwybodaeth y gofynnwyd amdani

Nifer y cyhoeddiadau sydd ar gael i'r cyhoedd yn Gymraeg.

Ein gwaith

Mae 40 o ddogfennau ar ein gwefan sydd ar gael yn Gymraeg, gan gynnwys adroddiadau blynyddol, dogfennau safonau, dogfennau ail-ddilysu a dogfennau safonau addysg.

Mae hyn yn unol â'n cynllun iaith Gymraeg sy'n dweud y bydd gwybodaeth sydd wedi'i hanelu at gleifion ac aelodau'r cyhoedd ar gael yn y Gymraeg a'r Saesneg. Cyhoeddir safonau, canllawiau a deunydd technegol neu arbenigol arall a anelir at weithwyr proffesiynol ac nid yn uniongyrchol at y cyhoedd yn Saesneg.

Fodd bynnag, rydym yn cynnig cyfieithiad i'r Gymraeg ar gais. Yn ogystal â gofynion ein cynllun rydym yn cyfieithu deunyddiau pan ydym yn ymgysylltu â'r cyhoedd sy'n siarad Cymraeg, er enghraifft ein deunyddiau ymgynghori a dogfennau ar gyfer digwyddiadau ymgysylltu yng Nghymru.

Cwynion

Gwybodaeth y gofynnwyd amdani

Nifer yr holl gwynion a dderbyniwyd am ymddygiad ymarferwyr yng Nghymru.

Ein gwaith

Fe gawsom 207 o atgyfeiriadau mewn perthynas â nyrs, bydwaig neu gydymaith nyrsio cofrestredig â chyfeiriad cofrestredig yng Nghymru rhwng mis Ebrill 2021 a mis Mawrth 2022.

Gwybodaeth y gofynnwyd amdani

Nifer y cwynion a dderbyniwyd yn Gymraeg am ymddygiad ymarferwyr yng Nghymru.

Ein gwaith

Ni chawsom unrhyw atgyfeiriadau yn Gymraeg a oedd yn ymwneud â nyrs, bydwraig neu gydymaith nyrsio cofrestredig â chyfeiriad cofrestredig yng Nghymru rhwng Ebrill 2021 a Mawrth 2022.

Gwybodaeth y gofynnwyd amdani

Nifer y cwynion a dderbyniwyd yn ymwneud â chydymffurfiaeth y Cyngor â'i gynllun iaith Gymraeg.

Ein gwaith

Ni dderbyniodd y tîm Ymholiadau a Chwynion Cwsmeriaid unrhyw gwynion corfforaethol mewn perthynas â chydymffurfiaeth yr NMC â'r cynllun iaith Gymraeg yn y cyfnod adrodd 2021 - 2022.

Gwybodaeth y gofynnwyd amdani

Eglurwch natur unrhyw gwynion sy'n ymwneud â chydymffurfiaeth y Cyngor â'i Gynllun Iaith Gymraeg.

Ein gwaith

Amherthnasol - ni dderbyniwyd unrhyw gwynion mewn perthynas â chydymffurfio â'r Cynllun Iaith Gymraeg yn ystod y cyfnod adrodd 2021 - 2022.

Gwefan

Gwybodaeth y gofynnwyd amdani

Canran gwefan y sefydliad sydd ar gael yn Gymraeg.

Ein gwaith

Mae llai nag un y cant o'n gwefan ar gael yn Gymraeg.

Mae gennym un brif **dudalen gyflwyno** yn Gymraeg ar y wefan, y gellir ei chyrchu trwy fotwm 'Cymraeg' yn y bar llywio. Rydym yn diweddarau'r **dudalen** hon o bryd i'w gilydd. Mae gennym hefyd un dudalen sy'n amlinellu ein cynllun iaith Gymraeg.

Yn ogystal â hyn mae gennym dros 40 o gyhoeddiadau Cymraeg ar ein gwefan, gan gynnwys adroddiadau blynyddol, dogfennau safonau a chanllawiau ailddilysu. Mae hyn yn cynyddu presenoldeb y Gymraeg ar ein gwefan.

Rydym hefyd yn cynnig cyfieithiad i'r Gymraeg ar gais.

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Gwybodaeth y gofynnwyd amdani

Tystiolaeth yn ymwneud â gwelliannau neu gynnydd yn y ddarpariaeth Gymraeg ar y wefan.

Ein gwaith

Un o'n **blaenoriaethau corfforaethol** ar gyfer 2022 - 2025 yw 'creu gwefan fodern a hygyrch sy'n portreadu ein gwerthoedd yn effeithiol, yn darparu ein gwasanaethau craidd, ac yn gwella ein cyfathrebu ac ymgysylltu.' Hyd yma mae ein rhaglen i adolygu ein gwefan wedi cynnwys ymchwil darganfod a gynhaliwyd yn ystod 2021 - 2022 a oedd yn cynnwys mewnwleidiadau gan siaradwyr Cymraeg.

Rydym hefyd wedi cynnal EQIA ar ein dull o gynnal yr ymchwil hwn, ac ymchwil pellach yn y dyfodol, a oedd yn cynnwys ystyried effaith ein dulliau ymchwil ar siaradwyr Cymraeg.

Gwybodaeth y gofynnwyd amdani

Tystiolaeth yn ymwneud â'r broses a ddefnyddir i sicrhau bod cynnwys presennol, diweddariadau a chynnwys newydd, yn cydymffurfio â gofynion y cynllun iaith Gymraeg.

Ein gwaith

Pryd bynnag y cynhyrchir cyhoeddiad, gwneir asesiad gan y tîm Cyfathrebu Corfforaethol i weld a oes angen cynhyrchu fersiwn Gymraeg hefyd ar gyfer y cyhoeddiad penodol hwnnw.

Hyrwyddo gwasanaethau Cymraeg

Gwybodaeth y gofynnwyd amdani

Gwybodaeth am ddulliau a ddefnyddir i hyrwyddo gwasanaethau Cymraeg y sefydliad a thystiolaeth o unrhyw gynnydd dilynol yn nefnydd y cyhoedd o'r gwasanaethau.

Ein gwaith

Rydym yn cyhoeddi 'pecynnau' o ddeunyddiau ar ein gwefan, a fydd fel arfer ar gyfer dogfennau cyhoeddus pwysig, yn cynnwys fersiwn Saesneg o gyhoeddiad, fersiwn Gymraeg a fersiwn hawdd ei darllen. Rydym yn cyfeirio at y pecynnau hyn o ddeunyddiau trwy ein cylchlythyrau a chyfathrebiadau e-bost, sy'n golygu bod pobl yn cael eu cyfeirio at dudalennau glanio sydd â'r holl fersiynau sydd ar gael wedi'u cyflwyno gyda'i gilydd er hwylustod. Mae fersiynau Cymraeg o ddogfennau bob amser yn cael eu cyflwyno'n glir ochr yn ochr â'r fersiynau Saesneg.

Mae **tudalen ar ein gwefan** sy'n rhoi manylion ein cynllun iaith Gymraeg a'r gwasanaethau rydym yn eu cynnig. Gellir cyrchu hwn drwy fotwm 'Cymraeg' ar frig ein bar llywio, ac fe'i cyflwynir yn Gymraeg fel y rhagosodiad.

Nid ydym wedi derbyn unrhyw geisiadau i'n canolfan gyswllt am wybodaeth neu wasanaethau yn Gymraeg, nac unrhyw gŵynion yn ymwneud â'n methiant i ddarparu eitemau wedi'u cyfieithu i'r Gymraeg.

Gwybodaeth y gofynnwyd amdani

Gwybodaeth am y dulliau a ddefnyddir i asesu ansawdd gwasanaethau Cymraeg y sefydliad (e.e. drwy asesu profiad defnyddwyr gwasanaeth presennol/posibl).

Ein gwaith

Er nad ydym wedi cael unrhyw adborth gan gwsmeriaid yn sôn am y Gymraeg, rydym yn asesu profiad defnyddwyr presennol trwy wahoddiad i'n harolygon adborth cwsmeriaid. Mae cwsmeriaid yn sgorio eu boddhad ac yn cael y cyfle i adael sylwadau ychwanegol ar unrhyw bwnc y dymunant, megis adborth ar gyfathrebu yn y Gymraeg. Mae dadansoddiadau meintiol ac ansoddol o ymatebion yn cael eu casglu mewn adolygiadau boddhad cwsmeriaid, sy'n ffurfio'r sylfaen ar gyfer gwella profiad ein cwsmeriaid.

Achosion addaswydd i ymarfer

Gwybodaeth y gofynnwyd amdani

Nifer y gwrandawiadau a gynhaliwyd yng Nghymru.

Ein gwaith

Yn ystod 2021 - 2022, fe wnaethom gynnal naw digwyddiad Pwyllgor Addaswydd i Ymarfer (FtP) yng Nghymru (ystyriwyd 12 achos yn y digwyddiadau hyn). Cynhaliwyd un digwyddiad Pwyllgor Ymchwilio hefyd gyda dau achos wedi'u rhestru (cafodd un o'r achosion hyn ei ystyried yn rhithwir o'n lleoliad yng Nghaerdydd ac ni wrandawyd ar yr achos arall y tro hwnnw).

Gwybodaeth y gofynnwyd amdani

Nifer y gwrandawiadau lle'r oedd tyst yn dymuno siarad Cymraeg.

Ein gwaith

Ni chynhaliwyd unrhyw wrandawiadau yn ystod y cyfnod adrodd pan fynegodd tyst ddymuniad i siarad Cymraeg.

Gwybodaeth y gofynnwyd amdani

Nifer y gwrandawiadau lle cyflwynwyd tystiolaeth yn Gymraeg.

Ein gwaith

Ni chynhaliwyd unrhyw wrandawiadau yn ystod y cyfnod adrodd lle cyflwynwyd tystiolaeth yn Gymraeg.

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Gwybodaeth y gofynnwyd amdani

Nifer y gwrandawiadau a gynhaliwyd yn Gymraeg.

Ein gwaith

Ni wnaethom gynnal unrhyw wrandawiadau yn ystod y cyfnod adrodd a ddigwyddodd yn Gymraeg.

Hyfforddiant ymwybyddiaeth iaith

Gwybodaeth y gofynnwyd amdani

Nifer a chanran staff y sefydliad sydd wedi derbyn hyfforddiant ymwybyddiaeth iaith.

Ein gwaith

Mae gan ein cydweithwyr fynediad i gwrs hyfforddi ar-lein dewisol ar godi ymwybyddiaeth o'n cynllun iaith Gymraeg a'i bwysigrwydd. Mae hyn yn rhan o gyfres o gyrsiau ar-lein sydd wedi'u cynllunio i gefnogi cydweithwyr i ddatblygu eu gwybodaeth am ein gwaith a'n rôl fel rheoleiddiwr.

Cwblhawyd y cwrs 21 o weithiau yn ystod y cyfnod adrodd, sy'n cyfrif am 2 y cant o'n gweithlu. Mae hyn yn fras yr un fath â'r cyfnod adrodd 2020 - 2021, lle cwblhawyd 25, gan gyfrif am 2 y cant o'n gweithlu ar y pryd.

Hunan-reoleiddio

Gwybodaeth y gofynnwyd amdani

Manylion y trefniadau a'r gweithdrefnau y mae'r sefydliad wedi'u mabwysiadu i'w alluogi i hunanreoleiddio'n effeithiol.

Ein gwaith

Rydym wedi parhau i weithredu yn unol ag Adran 21 o Ddeddf yr Iaith Gymraeg 1993, a gyda'n cynllun iaith Gymraeg ein hunain a gymeradwywyd gan Fwrdd yr Iaith Gymraeg ym mis Ionawr 2011.

Ar wahân, rydym wedi parhau i wneud paratoadau cyn cyflwyno Rheoliadau Safonau'r Gymraeg gan Gomisiynydd y Gymraeg. Fe wnaethom **ymateb** i ymgynghoriad Llywodraeth Cymru ym mis Hydref 2020 ac rydym wedi monitro'r cynnydd a wnaed a'i effeithiau tebygol arnom ers hynny.

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The nursing and midwifery regulator for England, Wales, Scotland and Northern Ireland
Registered charity in England and Wales (1091434) and in Scotland (SC038362)

Council

Welsh Language Scheme annual monitoring Report 1 April 2021 to 31 March 2022

Action:	For decision
Issue:	This paper seeks approval from the Council of the Annual Monitoring Report on compliance with the Welsh language scheme.
Core regulatory function:	Supporting functions All regulatory functions
Strategic priority:	Strategic aim 1: Improvement and innovation Strategic aim 3: More visible and informed Strategic aim 4: Engaging and empowering the public, professionals and partners
Decision required:	The Council is recommended to: <ul style="list-style-type: none">• approve the draft Annual Monitoring Report. The report was approved by the Executive Board, subject to minor edits, on 23 August 2022. The report is due to be submitted to the Welsh Language Commissioner by 30 September 2022.
Annexes:	The following annexe is attached to this paper: <ul style="list-style-type: none">• Annexe 1: NMC Welsh Language Scheme Annual Monitoring Report, 2021 - 2022
Further information:	If you require clarification about any point in the paper or would like further information please contact the author or the director named below. Author: Jack Kilker Jack.Kilker@nmc-uk.org Executive Director: Emma Broadbent Emma.Broadbent@nmc-uk.org

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- Context:**
- 1 The NMC, as a public body that exercises statutory functions in Wales, is subject to the Welsh Language Act 1993 which requires us to:
 - 1.1 Establish the principle that the English and Welsh languages should be treated on a basis of equality in the conduct of public business.
 - 1.2 Facilitate the use of the Welsh language.
 - 2 Our Welsh language scheme commits us to submitting an Annual Monitoring Report on our compliance with the scheme to the Welsh Language Commissioner.
 - 3 The Welsh language scheme will be replaced by the new [Welsh Language Standards Regulations](#) (WLSR) on 31 October 2022.
- Four country factors:**
- 4 This report is of particular relevance to people living and working in Wales, and Welsh speakers.
- Discussion:**
- 5 As required under the Welsh Language Act, we have had an approved Welsh language scheme in place since 2011. Each year, we provide an Annual Monitoring Report to the Welsh Language Commissioner (the Commissioner), outlining the steps we have taken to comply with the scheme and to promote the use of the Welsh language.
 - 6 Our draft 10th Welsh language scheme Annual Monitoring Report for the period 1 April 2021 to 31 March 2022 is attached (Annexe 1).
 - 7 We are confident that we have successfully complied with our Welsh language scheme between 1 April 2021 and 31 March 2022. Our Annual Monitoring Report outlines a breadth of activity that we have undertaken during the reporting period in support of our Welsh language scheme.
 - 8 We note that Welsh language data on our professionals is not something we currently record or report on, and we are not aware of any evidence that speaking Welsh affects experiences of our processes or impacts on the quality or safety of care. We will continue to review whether there is any evidence of a case for more comprehensive monitoring of Welsh language data in the future.

	9	The Annual Monitoring Report was approved by the Executive Board with minor changes, on 23 August 2022, and has since been translated into Welsh for presentation to the Council. Following the meeting of Council, the Annual Monitoring Report is due to be submitted to the Commissioner by 30 September 2022.
	10	Recommendation: Council is invited to approve the draft Annual Monitoring Report.
Midwifery implications:	11	The Annual Monitoring Report does not have any direct implications for midwifery.
Public protection implications:	12	There are no direct implications for public protection. Ensuring that we treat the English and Welsh languages with parity ensures that Welsh speakers have equal opportunities to access our services, which is vital to support our public protection aims.
Resource implications:	13	Resource implications arising from the Annual Monitoring Report relate to the compilation, translation and publication of the report, which are covered within current resources.
Equality diversity and inclusion implications:	14	Welsh language considerations are included in our equality impact assessment toolkit and will continually be reviewed to ensure that in all of our work we uphold the commitments we have made in our Scheme.
Stakeholder engagement:	15	The report includes information about how Welsh language speakers were engaged in our organisational activities in the reporting period.
Risk implications:	16	There are no risks associated with the Annual Report.
Regulatory reform:	17	There are no direct implications for our regulatory reform programme.
Legal implications:	18	We are compliant with the current scheme and there are no legal implications arising from the report.

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Welsh Language Scheme Annual Monitoring Report

1 April 2021
— 31 March 2022

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About us

Our vision is safe, effective and kind nursing and midwifery that improves everyone’s health and wellbeing. As the independent regulator of more than 758,000 nursing and midwifery professionals, we have an important role to play in making this a reality.

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

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

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

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Governance of our Welsh language work

Members of the Council, the Executive team and all employees play a part in delivering our Welsh language scheme. Key responsibilities are set out below:

- The Council is responsible for setting and overseeing our overall strategy.
- The Executive team is responsible for implementing our strategy and for setting internal policies and business plans that support the delivery of the Welsh language scheme.
- The Executive Director of People and Organisational Effectiveness has overall responsibility for the delivery of the Welsh language scheme, while our Executive Director of Professional Practice is the executive lead for Wales. The Executive Director of Professional Practice has undertaken this role since October 2021, prior to which, this role was held by our Chief Executive and Registrar.
- The Policy team (UK and International) is responsible for monitoring legislative change and the impact on our business planning in relation to compliance with the Welsh Language Act 1993. This includes initiating the work needed to ensure that we will be compliant with the Welsh language standards, with the correct governance framework in place for ongoing assurance of this compliance.
- We have teams who take responsibility for Welsh language awareness, and they support our employees to feel confident and competent complying with our Welsh language scheme, including our Communications and Engagement directorate, and our Learning and Organisational Development team.

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Our commitment to Welsh language

In accordance with Section 21 of the Welsh Language Act 1993, we are clear about the need to treat Welsh and English equally in the conduct of public business and the administration of justice in Wales, as far as is appropriate in the circumstances and reasonably practicable. Our Welsh language scheme was approved by the Welsh Language Board in January 2011.

The aim of this annual monitoring report is to summarise our progress in implementing our Welsh language scheme during the period 1 April 2021 to 31 March 2022, in compliance with the requirements of the Welsh Language Commissioner. A summary report (based on questions from the Welsh Language Commissioner’s Office) is set out in Annexe 1.

We’re committed to consistent compliance with our Welsh language scheme, and engaging with the Welsh Language Commissioner and others to be responsive and informed in our approach to meeting the needs of Welsh speakers. This report sets out our work in this area, and will be accessible to customers through public discussion at a Council session as well as being published on our website, in line with previous years.

Recent activity

In October 2021, the role of Lead Director for Wales transitioned from our Chief Executive and Registrar, Andrea Sutcliffe, to our Executive Director for Professional Practice, Professor Geraldine Walters.

Every six weeks, our internal Wales working group meets to discuss key updates related to our regulatory role in Wales, and to consider the perspective of people working and living in Wales on proposed NMC policy development and announcements. This group is made up of colleagues from across the NMC.

During the reporting period 2021 – 2022, the NMC held a number of meetings and events with key stakeholders in Wales, including:

- Every six weeks Andrea Sutcliffe or Geraldine Walters met with Sue Tranka (Chief Nursing Officer (CNO) for Wales) to discuss key work for the NMC, including, but not limited to the Covid-19 temporary register, our regulatory reform programme of work, and our post-registration standards.
- Andrea Sutcliffe, Geraldine Walters and Sam Donohue (Assistant Director, Outreach at the NMC) attended the monthly four nations CNO and Chief Midwifery Officer (CMidO) meetings to gather and share updates with CNOs and CMidOs. Sue Tranka, Gill Knight (Nursing Officer) and Karen Jewell (Chief Midwifery Officer for Wales) attend these meetings.
- In April 2021, we **published** an update welcoming Sue Tranka to her role as CNO for Wales, and expressed our thanks for Professor Jean White CBE as the outgoing CNO for Wales.
- In May 2021, Geraldine Walters and Anne Trotter (Assistant Director, Education and Standards at the NMC) met with Gareth Howells (interim CNO for Wales) to discuss the post-registration standards consultation.

- In June 2021, we ran a stakeholder workshop in Wales, led by Andrea Sutcliffe, to hear from our stakeholders on the NMC’s Covid-19 response, the future implications of this for Wales and opportunities for collaborative working.
- In October 2021, we held a roundtable event for CNOs to discuss our regulatory reform programme of work. This was attended by Sue Tranka, Gillian Knight, and Lisa Llewelyn (Director of Nurse and Health Professional Education, Health Education and Improvement Wales).
- In November 2021, as part of his induction, Sir David Warren (Chair of the NMC) met with Chris Jones (Chair of Health Education and Improvement Wales), and separately met with Mick Giannasi (Chair of Social Care Wales).
- In November 2021, Jasmine Bailey (Public Affairs Officer at the NMC) met the Welsh Health and Social Care Committee Clerk and the Health Specialist in the Senedd research unit to discuss our shared upcoming priorities and ways of working.
- In December 2021, as part of his induction, Sir David Warren met with Sue Tranka.
- In December 2021, Sir David Warren, Andrea Sutcliffe and Geraldine Walters met Baroness Morgan, Cabinet Secretary for Health and Social Care as an introductory meeting. They discussed our Fitness to Practise caseload, Objective Structured Clinical Examination (OSCE) centres, international recruitment, and capturing Welsh language data.
- In January 2021, Geraldine Walters met with Gill Knight to discuss OSCE centre opportunities in Wales.
- In March 2022, Geraldine Walters began meeting with Lisa Llewelyn as part of a series of regular catch ups.
- In March 2022, Geraldine Walters attended the ‘Regulatory developments and the Welsh Context’ seminar which was organised by the Professional Standards Authority.

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During the reporting period, Kristian Garsed, our Regulation Advisor for Wales in our Employer Link Service, has engaged with employers and stakeholders in the following ways:

- Sharing written updates to Executive Nurse Directors in NHS Wales, informing them of key developments, policy changes and announcements from the NMC.
- Offering virtual regulatory updates and workshops for employers about how we regulate and the Fitness to Practise process.
- Providing routine support to all employers of our nursing and midwifery professionals in Wales across health and care and the independent sector, in the form of ad hoc regulatory advice, information and learning opportunities.
- Maintaining the regular forum for the NMC, General Medical Council (GMC), General Pharmaceutical Council (GPhC) and General Dental Council (GDC) in Wales and Healthcare Inspectorate Wales (HIW) to share information, intelligence, policy considerations and shared stakeholder engagement priorities.

Also during the reporting period, we continued to carefully consider Welsh language and the needs of Welsh speakers as part of our ongoing response to the Covid-19 pandemic. We reflected on this in our **Covid-19 Regulatory Equality Impact Assessment (EQIA)** which was published on our website in February 2022. We had an ongoing action within our EQIA action plan to ensure that all relevant documents we produced to support healthcare workers and people using services in relation to our pandemic response, were also published in Welsh. Our Welsh language assessment can be seen in section 5 of the EQIA.

In July 2021, we **responded** to the Welsh government’s consultation on their ‘Race Equality Action Plan: An Anti-racist Wales’, and in October 2021, we **responded** to the Welsh government’s consultation on the ‘LGBTQ+ Action Plan for Wales’.

In March 2022, our Regulatory Equality, Diversity and Inclusion Manager promoted our Welsh language scheme internally to colleagues via Workplace (our internal communications platform) in a post marking St David’s Day.

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A strategic priority

In our 2020 - 2025 Strategy, published in April 2020, we made it clear that ‘we need strong links across the four countries of the UK and an appreciation of the diverse political, service delivery and workforce planning contexts’, and we committed to ‘review and develop our presence’ in Wales and other parts of the UK.

Our accompanying values and behaviours underpin our approach to Welsh language compliance, as set out below:

Fair

We will ensure people interacting with our services will have fair opportunities to access information in Welsh, and will be able to trust our commitment to our Welsh language scheme.

Kind

We value people who use the Welsh language, and we will be respectful when dealing with Welsh language requests. We will strive to ensure Welsh language speakers feel included and confident to engage with us in Welsh.

Collaborative

We will invest in our existing relationships, including with the Welsh Language Commissioner, and engage with wider Welsh communities, recognising we’re at our best when we work well with others.

Ambitious

We will be open to new ways of meeting our Welsh language requirements, and will always aim to do our best for Welsh language speakers.

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Progress on our previous actions

In our previous annual monitoring report, published in October 2021, we committed to actions we would take to continue to ensure our compliance with our Welsh language scheme. The actions we committed to, and the progress we have made against these actions, are outlined below:

1. Setting out our commitment and approach to Welsh language parity in our updated EDI plan by the end of 2021

We developed our EDI plan for 2022 – 2025, to take us up to the end of our current strategic period, between September 2021 and March 2022, and this plan was approved by our Council in May 2022. One of the high-level actions we publicly committed to relates to our Welsh language scheme:

‘Establish clear governance processes for monitoring local issues across all four UK countries, including compliance with our Welsh language scheme and Northern Irish equalities legislation.’

We also have actions within our detailed delivery plan which relate to our Welsh language scheme, or our engagement with the four nations of the UK. These actions should ensure that we are a health and care regulator which is well equipped to support Welsh speakers to have equal access, and that we are informed about the impact of our work on people in Wales.

Relevant actions within our detailed delivery plan focus on preparing for our compliance with the Welsh language standards; ensuring we have links with Welsh stakeholders working on equality or who experience particular inequalities; and that we are properly analysing and reporting our data, intelligence and insights in a way that allows us to understand issues as they are experienced across the four countries of the UK.

Our full EDI plan will be published in autumn 2022.

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2. Broadening our engagement with, and understanding of, the needs of professionals and people who use services in Wales

Our commitment to ensuring that the voice of people from Wales informs and shapes our work, is a key part of our public engagement activity. Some of the steps we take to bring that commitment to life include:

- Public consultation surveys are always available in Welsh and shared among Welsh stakeholder groups.
- Our Public Voice Forum is the key group for public engagement at the NMC and there is Welsh representation on the membership.
- We invited a Welsh public representative organisation to take part in the interviews for our English language consultation.
- We continue to work to build close relationships with organisations in Wales so that our engagement is meaningful to them and the people they support and/or work with.

3. Embedding a systematic approach to Welsh language compliance across the organisation using our established governance processes.

Our preparations for the introduction of the Welsh language standards, as described above, will ensure that we continue to be in a good position to embed and demonstrate our commitment to parity for Welsh speakers in our processes.

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Welsh language standards

We have, with the other professional regulators, worked closely with the Welsh government on its new Welsh language standards and welcomed the opportunity to respond to their consultation in 2020, building on our 2016 response to the Welsh government’s Welsh language proposals.

In preparation for our compliance with the Welsh Language Standards Regulations (WLSR), we are reviewing the measures we already have in place to ensure that we treat Welsh language no less favourably than English, principally in line with our Welsh language scheme.

We are working with the Welsh Language Commissioner to ensure that we properly understand which of the new Standards will apply to us. In June 2022, we attended the Welsh government’s meeting at which the results and response to the 2020 WLSR consultation were shared with us, and we are liaising with the other healthcare regulators to ensure consistency in approach across regulators.

We have established an internal working group which is tasked with ensuring that we have the correct governance framework in place to be able to proactively work towards compliance once the Standards come into force on 31 October 2022. We have also kept our internal Welsh working group updated so that they can consider the implications of the new Standards in their stakeholder engagement, intelligence and policy development work.

Key actions for the next year

Our activity for 2022 – 2023 will be focused on ensuring that we’re in a position to effectively embed and demonstrate our compliance with the Welsh language standards once these are introduced by the Welsh Language Commissioner.

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Annexe 1

Summary report of the implementation of the Welsh language scheme from 1 April 2021 to 31 March 2022

Policy impact assessment

Requested information

Number and percentage of policies (including those that were reviewed or revised) where consideration was given to the effects the policy would have on the use of the Welsh language.

Our work

We continue to undertake an equality impact assessment (EQIA) as part of the development of new policies and processes, and any review of our existing policies or Standards. Our EQIA framework specifically requires colleagues to consider the effects of any changes to our policies, processes or Standards, on Welsh speakers and the use of the Welsh language.

During the reporting period, we have undertaken reviews of our **Standards of proficiency for community nursing specialist practice qualifications (SPQ)** and **Standards of proficiency for specialist community public health nurses (SCPHN)** and the equivalent **Standards for post-registration programmes**, all of which involved the completion of an EQIA and consideration of potential impacts of changes to our Standards on Welsh speakers. Through our EQIAs we did not find any potential unintended impacts or consequences for Welsh speakers, but we will continue to liaise with stakeholders from across the UK, including Wales, as we consider the implementation of these new Standards.

We have developed and continued to update EQIAs for the separate workstreams of our regulatory reform programme of work. We also developed an EQIA for our review of our English language requirements, and a summary of this EQIA was published in both **English** and **Welsh** as part of our consultation on this review.

In November 2021 we published version six of our **Covid-19 Regulatory EQIA** which included our assessment of the impact of the changes we made in response to Covid-19 on Welsh speakers and the use of the Welsh language.

Requested information

Example of an assessment deemed to have an impact on the use of the Welsh language and details of how the policy was amended as a result.

Our work

We have not undertaken any EQIA which resulted in an amendment to a proposed or existing policy during this reporting period.

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Publications

Requested information

Number of publications available to the public.

Our work

There are 2,806 documents currently published on our website.

Requested information

Number of publications available to the public in Welsh.

Our work

There are 40 documents on our website which are available in Welsh, including annual reports, standards documents, revalidation documents and education standards documents.

This is in line with our Welsh language scheme that says information aimed at patients and members of the public will be available in English and Welsh. Standards, guidance and other technical or specialised material aimed at professionals and not directly at the public is published in English.

However, we offer a translation into Welsh on request. In addition to our scheme requirements we translate materials when we engage with the Welsh-speaking public, for example our consultation materials and documents for engagement events in Wales.

Complaints

Requested information

Number of all complaints received about the conduct of practitioners in Wales.

Our work

We had 207 referrals in relation to a registered nurse, midwife or nursing associate with a registered address in Wales from April 2021 to March 2022.

Requested information

Number of complaints received in Welsh about the conduct of practitioners in Wales.

Our work

We did not receive any referrals in Welsh which related to a registered nurse, midwife or nursing associate with a registered address in Wales from April 2021 to March 2022.

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Requested information

Number of complaints received related to the Council’s compliance with its Welsh language scheme.

Our work

The Customer Enquiries and Complaints team received no corporate complaints in relation to the NMC’s compliance with the Welsh language scheme in the reporting period 2021 – 2022.

Requested information

Explain the nature of any complaints relating to the Council’s compliance with its Welsh language scheme.

Our work

Not applicable – no complaints in respect of compliance with the Welsh language scheme have been received during the reporting period 2021 – 2022.

Website

Requested information

Percentage of the organisation’s website that is available in Welsh.

Our work

Less than one percent of our website is available in Welsh.

We have one main **introduction page** in Welsh on the website, accessed through a ‘Cymraeg’ button in the navigation bar. We periodically update this page. We also have **one page** which outlines our Welsh language scheme.

In addition to this we have over 40 publications available in Welsh on our website, including annual reports, standards documents and revalidation guidance. This increases the presence of the Welsh language on our website.

We also offer a translation into Welsh on request.

Requested information

Evidence relating to improvements or increase in Welsh Language provision on the website.

Our work

One of our **corporate priorities** for 2022 – 2025 is to ‘create a modern and accessible website that effectively portrays our values, delivers our core services, and enhances our communications and engagement.’

Our programme to review our website has so far included discovery research undertaken during 2021 – 2022 which included insights from Welsh language speakers.

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We have also undertaken an EQIA on our approach to undertaking this research, and further research in the future, which included consideration of the impact of our research approaches on Welsh language speakers.

Requested information

Evidence relating to the process used to ensure that existing content, updates and new content, complies with the requirements of the Welsh language scheme.

Our work

Whenever a publication is produced, an assessment is made by the Corporate Communications team as to whether a Welsh version also needs to be produced for that particular publication.

Promotion of Welsh language services

Requested information

Information about methods used to promote the organisation’s Welsh language services and evidence of any subsequent increase in the public’s use of the services.

Our work

We publish ‘packages’ of materials on our website, which for important public-facing documents, will usually include an English version of a publication, a Welsh version and an easy-read version. We sign-post to these packages of materials through our newsletters and email communications, meaning that people are directed to landing pages which have all of the available versions presented together for ease of access. Welsh language versions of documents are always presented clearly alongside the English language versions.

There is a [page on our website](#) dedicated to giving details of our Welsh language scheme and the services that we offer. This is accessed through a ‘Cymraeg’ button at the top of our navigation bar, and is presented in Welsh as the default.

We have not received any requests to our contact centre for information or services in Welsh, or any complaints relating to our failure to provide items translated into Welsh.

Requested information

Information about methods used to assess the quality of the organisation’s Welsh language services (e.g. by assessing the experience of existing/potential service users).

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Our work

While we haven't had any customer feedback mentioning Welsh language, we assess the experience of existing users by invitation to our customer feedback surveys. Customers rate their satisfaction and have the opportunity to leave additional comments on any topic they wish, such as feedback on Welsh language communications. Quantitative and qualitative analysis of responses are captured in customer satisfaction reviews, which form the bedrock to improving our customer's experience.

Fitness to practise cases

Requested information

Number of hearings held in Wales.

Our work

During 2021 - 2022, we held nine Fitness to Practise (FtP) Committee events in Wales (12 cases were considered at these events). We also held one Investigating Committee event with two cases listed (one of these cases was considered virtually from our venue in Cardiff and the other case did not get heard on that occasion).

Requested information

Number of hearings where a witness wished to speak Welsh.

Our work

We did not hold any hearings during the reporting period where a witness expressed a wish to speak Welsh.

Requested information

Number of hearings in which evidence was presented in Welsh.

Our work

We did not hold any hearings during the reporting period where evidence was presented in Welsh.

Requested information

Number of hearings held in Welsh.

Our work

We did not hold any hearings during the reporting period which took place in Welsh.

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Language awareness training

Requested information

Number and percentage of the organisation’s staff that has received Welsh language awareness training.

Our work

Our colleagues have access to an optional online training course on building awareness of our Welsh language scheme and its importance. This is part of a suite of online courses designed to support colleagues to develop in their knowledge about our work and our role as a regulator.

There were 21 completions during the reporting period, which accounts for 2 per cent of our workforce. This is broadly the same as the reporting period 2020 – 2021, where there were 25 completions, accounting for 2 per cent of our workforce at the time.

Self-regulation

Requested information

Details of the arrangements and procedures the organisation has adopted to enable it to self-regulate effectively.

Our work

We have continued to operate in accordance with Section 21 of the Welsh Language Act 1993, and with our own Welsh language scheme which was approved by the Welsh Language Board in January 2011.

Separately, we have continued to make preparations ahead of the introduction of the Welsh Language Standards Regulations by the Welsh Language Commissioner. We **responded** to the Welsh government’s consultation in October 2020 and have monitored the progress made and its likely impacts on us since then.



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The nursing and midwifery regulator for England, Wales, Scotland and Northern Ireland
Registered charity in England and Wales (1091434) and in Scotland (SC038362)

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Council

Panel Member Appointment

Action:	For decision
Issue:	Revocation of appointment as a member of a Practice Committee
Core regulatory function:	Professional Regulation
Strategic priority:	Strategic aim 6: Fit for the future organisation
Decision required:	The Council is asked to revoke the appointment of Sean Hamilton as a Panel Chair and member of a Practice Committee (paragraph 8).
Annexes:	None
Further information:	If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

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- Context:**
- 1 This paper asks the Council to revoke the appointment of Sean Hamilton as a Chair and member of a Practice Committee as he was not eligible for appointment. We apologise for misadvising both the Appointments Board and the Council. We have also written to Mr Hamilton and apologised.
 - 2 Under the Nursing and Midwifery Council (Practice Committees) (Constitution) Rules 2008, an individual can only serve a maximum of two terms. In July 2022, Mr Hamilton was appointed as a Panel Chair of the Fitness to Practise Committee following an external recruitment campaign. After the appointment, it came to light that Mr Hamilton had previously served two terms as a Panel Member between 2007 and 2017.
 - 3 As the appointment of Mr Hamilton to a Practice Committee was based on a fundamental mistake of fact (namely that the individual was not eligible for appointment), Council has the power to revoke the individual’s appointment.
 - 4 Mr Hamilton has not sat on any hearings or undertaken the induction training since the erroneous appointment in July 2022. We have checked the other appointees from the July 2022 cohort and can confirm that they meet the eligibility criteria.
 - 5 A Serious Event Review (SER) into this error is underway and the outcome will be considered by the Appointments Board in October 2022.
 - 6 Following a similar case where we asked the Council to revoke a Panel Member appointment (NMC/22/12, January 2022) we revised our selection campaigns to make the eligibility requirements clearer to candidates and put in place enhanced due diligence checks. These new processes were in place for this selection campaign. The outcome of the SER will provide further clarity on why the new processes did not identify this and how we can ensure that our systems, processes and checks are robust enough to ensure similar future mistakes can be eliminated.
- Four country factors:**
- 7 The Panel Member selection and appointment campaign was open to applicants across all four nations to ensure Panel Members reflect the UK population and professions.
- Discussion:**
- 8 **Recommendation: The Council is asked to revoke the appointment of Sean Hamilton as a Panel Chair and member of a Practice Committee.**
- Midwifery implications:**
- 9 No specific implications from this report.

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Public protection implications:	10	Panel Members are required to make decisions at fitness to practise events that protect the public.	3.
Resource implications:	11	None	4.
Equality diversity and inclusion implications:	12	None.	5.
Stakeholder engagement:	13	We have spoken with and written to Mr Hamilton and apologised. Mr Hamilton understands that he was ineligible for appointment and the reasons for revocation.	6.
Risk implications:	14	Not having robust processes in place to ensure that our panels are properly constituted runs the risk that our decisions may not be lawful and may therefore be open to legal challenge. The outcome of the SER will identify learning and any mitigations to ensure similar future mistakes can be eliminated.	7.
			8.
Regulatory reform:	15	None	9.
Legal implications:	16	Members of the Practice Committees must be appointed in accordance with the Nursing and Midwifery Council (Practice Committees) (Constitution) Rules 2008.	10
	17	Under the legislation, no individual can serve more than two terms of office as a member of a Practice Committee.	11.
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Council

Review of Fitness to Practise Guidance on continued use of powers originally granted for the emergency period

Action: For discussion.

Issue: To review the update for Council at its meeting on 28 September 2022 on the review of our Fitness to Practise Guidance following the end of the Covid-19 emergency period. The Council is invited to discuss the principles adopted as a result of the review.

Core regulatory function: Professional Regulation.

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

Decision required None.

Annexes: The following annexe is attached to this paper:

- Annexe 1: Chronology

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

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- Context:**
- 1 On 24 March 2021, Council considered a paper on **Emergency Rules – consultation outcomes and decision on continuing use of powers (NMC 21/22)**. Council agreed at that meeting that, at the end of the emergency period, we should ‘review our guidance and clearly explain the continuing use of our emergency powers’.
 - 2 In March 2022, the Government announced that the Covid-19 emergency period would officially end.
 - 3 This paper updates Council on the review that we have undertaken of our Fitness to Practise Guidance and the principles that we have adopted in relation to the continued use of our powers originally granted at the start of the Covid-19 emergency period.
- Four country factors:**
- 4 The revised guidance will have a similar impact in all four countries.
- Discussion:**
- 5 On 31 March 2020 the Nursing and Midwifery Council (Emergency Procedures) (Amendment) Rules 2020 Order of Council 2020 (SI 2020/364) gave the NMC new powers in response to the Covid-19 emergency. The new powers were:
 - 6 A power to hold Fitness to Practise and Investigating Committee panel hearings virtually (using video-conferencing technology).
 - 7 A power to proceed with Fitness to Practise and Investigating Committee panel hearings in the absence of a nurse, midwife or nursing associate panellist.
 - 7.1 A power to proceed with Fitness to Practise and Investigating Committee panel hearings with only two panel members present.
 - 7.2 A power to send hearing notices by email.
 - 7.3 A power to grant extensions to revalidation application dates.
 - 7.4 power to extend the term of panel members who were serving a second term as of 20 March 2020
 - 8 On 31 August 2020 the Nursing and Midwifery Council (Coronavirus) (Amendment) (No. 2) Rules Order of Council 2020 (SI 2020/821) made the new Rules introduced in March 2020 permanent (by removing the proviso that they would come to an end once the Covid-19 emergency period was ended). From that point onwards they were no longer, strictly speaking, emergency rules but became a permanent part of the NMC’s legislative framework.

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- 9 Following the consultation carried out between November 2020 and January 2021, Council considered the use of these new powers at its meeting on 24 March 2021 (NMC/21/22) and made the following decisions:
- 9.1 The NMC would continue to use the new powers to hold hearings virtually and to send hearing notices by email once the emergency period had ended.
- 9.2 The NMC would only use the power to hold panel hearings without a nurse, midwife or nursing associate panellist present during a national emergency.
- 9.3 The NMC would use the power to proceed with panel hearings with two panel members only in 'rare and exceptional' circumstances.
- 9.4 The NMC would continue to grant extensions to revalidation application dates in exceptional circumstances, usually as a reasonable adjustment, in line with our approach prior to the emergency period and as set out in our 'how to revalidate' guidance.
- 9.5 At the end of the emergency period, we should review our guidance and clearly explain the continuing use of the new powers.
- 10 The Government announced in March 2022 that the Covid-19 emergency period would end. We have now carried out a review of our Fitness to Practise guidance, as requested by Council in March 2021. This paper sets out the outcome of that review and explains the proposed use of our new powers once the emergency has ended.
- 11 The review was guided by the following strategic policy principles:
- 11.1 A person-centred approach to fitness to practise.
- 11.2 We can best protect people who use services and members of the public by making final fitness to practise decisions swiftly and publishing the reasons openly.
- 12 The review was based on:
- 12.1 a comprehensive analysis of our experience of using the new powers since 2020, including survey responses from those taking part in virtual hearings and a review of all complaints received; and

12.2 discussions with the representative bodies about the continued use of virtual hearings and our proposed approach going forward.

13 The main issues considered by the review were:

13.1 the continued use of virtual hearings;

13.2 the mechanism for deciding whether hearings should be held virtually or physically; and

13.3 provision of visual access to virtual hearings for members of the public.

Continued use of virtual hearings

14 The review confirmed that the use of virtual hearings had brought considerable practical benefits both for the NMC and for other participants in our hearings. There was no appetite either internally or externally for a return to the pre-Covid status quo (when all hearings were held physically). Therefore, the core recommendation of our review is that we should continue to hold hearings virtually once the emergency period has ended, in line with our person-centred approach to fitness to practise.

Deciding whether a hearing should be virtual or physical

15 The review also recognised that there may be a variety of reasons why a physical hearing might be more appropriate for a particular case – for example, it may be more efficient to run a longer hearing physically rather than virtually.

16 Based on our commitment to a person-centred approach to fitness to practise, the review concluded that the decision whether a hearing should be held virtually or physically should be taken on a case-by-case basis in discussion with the nurse, midwife or nursing associate and their representative (if they have one). We will also take into account the views of members of the public or others who have been directly affected by what happened in a case, particularly if it resulted in serious consequences for themselves or a loved one. The decision will be guided by the principle of fairness and will seek to ensure that people can engage effectively in the hearing.

17 In reaching our decision, our overarching considerations will be:

17.1 the need to act fairly towards all those taking part in the hearing;

17.2 the need for the hearing to be run efficiently;

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- 17.3 the public interest in fitness to practise hearings being concluded in a timely manner; and
- 17.4 what is the most efficient and effective format in the particular circumstances of the case. Our experience is that virtual hearings are an efficient form of hearing for the shorter and less complex cases, but in some longer and more complex cases they may take longer than physical hearings.
- 18 We will adopt the same case by case approach to what we call non-substantive hearings (for example interim order hearings and reviews of substantive orders). These hearings tend to be shorter and are often particularly suitable for a virtual rather than physical hearing.
- 19 We have been running some physical hearings alongside virtual hearings since May 2021, so the approach recommended by the review will build on existing practice. We do, however, anticipate that there is likely to be an increase in the number of physical hearings, particularly in relation to longer hearings.
- 20 Where a decision is made to run a hearing physically, we will continue to offer witnesses the opportunity to give their evidence by video link, rather than having to attend the hearing in person. This is in line with our current practice.

Visual access to virtual hearings

- 21 The review also considered the question of providing visual access to virtual hearings. Currently we provide audio-only access to members of the public wishing to observe virtual hearings. Visual access is usually only provided for members of the public who are willing to observe a virtual hearing from one of our hearings centres. We said in the March 2021 Council paper that we would continue to keep this position under review in order to make sure we take on board our own and other regulators' experience and consider any relevant developments and properly balance competing interests.
- 22 Since March 2021, we have had a number of requests from members of the public asking for visual access to hearings for a variety of reasons. Where this has been allowed, it has not led to problems with the running of the hearing.
- 23 The review concluded that we should make our virtual hearings visually accessible to members of the public without having to attend one of our hearings centres. At the same time, we need to take steps to protect people's privacy and security. We believe this approach is consistent with our commitment to the principles of open justice, transparency, and accountability.

24 We have identified considerable equality, diversity and inclusion (EDI) benefits in terms of allowing members of the public to view our hearings without having to travel to one of our hearings centres. There are a range of reasons why people may prefer to observe a hearing virtually rather than travelling to a hearing centre:

24.1 Age

24.2 Disability

24.3 Socio-economic factors (costs of travel and accommodation)

24.4 Caring responsibilities

25 The review concluded that there were no compelling reasons why people falling within these groups should be restricted to audio-only rather than visual access. Visual access may bring particular benefits to those with disabilities (for example allowing lip-reading) or those for whom English is a second language (who may benefit from non-verbal cues).

26 We believe that appropriate steps can be taken to address any concerns around privacy and security.

27 Visual access for observers of virtual hearings is currently provided by the following regulators: General Pharmaceutical Council, General Optical Council, General Dental Council and the Health and Care Professions Tribunal Service. We are not aware of any privacy or security problems arising from the provision of visual access in respect of their virtual hearings. Provision of visual access was also supported by the Professional Standards Authority when they responded to our March 2021 consultation exercise.

28 As a result of the outcome of the review, we are planning to provide visual access for observers from April 2023. This timescale will allow us to make the appropriate procedural and technical preparations for this change in our current practice.

Other matters

29 The review concluded that there was no need to revisit Council's March 2021 decisions in relation to the possibility of panel hearings being held in the absence of a nurse, midwife or nursing associate panellist (only to be considered in a national emergency) and the possibility of a hearing being considered by a two-person panel (only to be considered in rare and exceptional circumstances). To date, we have never used these powers.

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Next Steps

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| | 30 | Our revised guidance will be published on 30 September 2022 to coincide with the planned official end of the emergency period. Prior to publication, the guidance will be signed off by the Assistant Director Professional Regulation. |
| | 31 | We will provide members of the public with visual access to our virtual hearings from April 2023. |
| Midwifery implications: | 32 | The impact of this guidance review on midwives will be the same as for nurses and nursing associates. |
| Public protection implications: | 33 | None |
| Resource implications: | 34 | We expect that the outcome of the review is likely to lead to more physical hearings being held, particularly for longer hearings. Any costs associated with an increase in physical hearings can be contained within existing budgets. We also expect that the greater use of physical hearings, particularly for longer hearings, will increase the completion rate for more complex cases, thereby contributing to the reduction of the current backlog of fitness to practise hearings. |
| Equality diversity and inclusion implications: | 35 | In developing this paper, we can demonstrate that we have taken account of the public sector equality duty and given due regard to the need to:

35.1 eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;

35.2 advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

35.3 foster good relations between persons who share a relevant protected characteristic and persons who do not share it. |
| | 36 | We carried out equality impact assessments in relation to the use of virtual hearings and the provision of public access to virtual hearings in 2021. |

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- 37 We have now updated those equality impact assessments to take into account evidence about our use of virtual hearings both from surveys of participants and corporate complaints. As part of the review process we considered 533 long form responses provided by independent panel Chairs at the conclusion of virtual hearings and 68 corporate complaints concerning the Adjudications and Panel Support functions (covering the period from March 2020 to May 2022). The evidence considered indicated that there were no systemic adverse equality impacts on those with protected characteristics (or any other groups) as a result of the introduction of virtual hearings.
- 38 Furthermore, our review recommends that the decision whether a hearing should be held virtually or physically must always take into account any relevant protected characteristics of anyone taking part, providing an additional safeguard against any possible adverse impacts.
- 39 In relation to the provision of visual access to virtual hearings, we have revisited the equality impact assessment in the light of the experience of other regulators since March 2021. Our view now is that providing visual access could bring considerable benefits to some groups (see analysis at paragraphs 22 and 23 above) and that these benefits outweigh any potential privacy and security concerns.

Stakeholder engagement:

- 40 Our proposed approach to the continued use of virtual hearings was discussed at meetings with the representative bodies on 21 June and 14 July 2022. The representative bodies were given the opportunity to comment on the draft guidance and a number of their comments were taken on board. As noted above, we have updated our Equality Impact Assessments based on a comprehensive review of feedback from hearing participants (both from survey responses and complaints received).

Risk implications:

- 41 There are no significant risks associated with the outcome of the guidance review. An increased use of physical hearings in appropriate circumstances would represent a modest return to the status quo before the Covid-19 pandemic (when all hearings were held physically). Allowing members of the public to have visual access to virtual hearings will result in a modest increase in the risk of illicit recording of virtual hearings. Our view is that this risk is outweighed by the equality benefits identified in this paper.

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Regulatory reform: 42 There are no specific regulatory reform issues to be considered, although a move to greater flexibility in the way we carry out our fitness to practise work is certainly consistent with the direction of travel of regulatory reform.

Legal implications: 43 In carrying out our guidance review, we have been careful to ensure that our proposed approach complies both with our legislative framework and our wider public sector equality duties. As noted above, we have updated our Equality Impact Assessments and the Impact Assessments have informed the outcome of this review.

Annexe 1: Chronology

31 March 2020:

Emergency Rules introduced

31 August 2020:

Emergency Rules were made permanent

4 November 2020 – 15 January 2021:

Public consultation on the use of our new powers

24 March 2021:

Council considered the outcome of our public consultation and made the following decisions:

Council agreed:

- i. to the continued use of the powers granted under The Nursing and Midwifery Council (Emergency Procedures) (Amendment) Rules 2020 Order of Council 2020, as amended by the Nursing and Midwifery Council (Coronavirus) (Amendment) (No.2) Rules Order of Council 2020:
 - beyond 31 March 2021; and
 - once the emergency period had ended.
- ii. that we would not use the power to hold hearings without a nurse, midwife or nursing associate panellist being present, outside of a national emergency. This included virtual hearings and hearings with some or all parties attending a hearings centre. We would use panels of two members rather than three in rare and exceptional circumstances only;
- iii. we would continue to grant extensions to revalidation application dates in exceptional circumstances, usually as a reasonable adjustment, in line with our approach prior to the emergency period and as set out in our 'how to revalidate' guidance;
- iv. our guidance on how we use the powers would be amended to reflect the approaches set out in the Council paper; and that at the end of the emergency period, we would review our guidance and clearly explain the continuing use of our emergency powers.

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16 March 2022:

Government announced that the Covid-19 emergency would formally end.

Since March 2022 we have:

- Reviewed our fitness to practise guidance in relation to the use of our new powers
- updated the relevant EQIAs based on a comprehensive review of survey data and complaints received in relation to virtual hearings
- engaged with the representative bodies on the outcome of the review

The outcome of the guidance review was as follows:

- confirming the decisions made by Council in March 2021, including the decision to continue using virtual hearings once the emergency period had ended
- updating our guidance in relation to deciding whether hearings should be held virtually or physically
- recommending that we provide visual access to virtual hearings for members of the public observing virtual hearings from April 2023 onwards

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Council

Fitness to Practise caseload update

Action: For discussion.

Issue: To update the Council on our work to reduce the Fitness to Practise (FtP) caseload, 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 annexes are attached to this paper:

- Annexe 1: Casework metrics
- Annexe 2: FtP Dashboard

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

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Context:

- 1 This report provides an update from our new Executive Director of Professional Regulation on our work to reduce the Fitness to Practise (FtP) caseload. Our work aims to address the increase in the caseload that has arisen throughout the FtP process, predominantly 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 this update.
- 3 Reducing the backlog of FtP cases was commitment number one in our corporate plan for 2021-2022 and whilst our caseload stabilised we did not see the reductions planned.
- 4 As previously reported we are focussed on improving operational performance at each stage of our process and aiming to have a caseload of less than 5,000 by the end of March 2023.

Four country factors:

- 5 This backlog of cases impacts professionals on our register, employers, people who use health and care services and families across each of the four nations.
- 6 The number of cases where a country of registration has been identified are as follows:

August 2022	Screening	Investigations	Case Examiner	Adjudication	Grand Total
England	1777	1461	213	698	4149
Scotland	250	168	35	87	540
Wales	121	117	17	65	320
Northern Ireland	56	104	6	23	189
Overseas	33	34	3	22	92
Country of registration not identified	978	20	0	0	998
Grand Total	3215	1904	274	895	6288

Discussion:

Summary of our current position

- 7 In July we advised Council we were going to concentrate on a smaller number of more impactful initiatives to reduce our caseload to 5,000 or less by the end of March 2023.
- 8 Council welcomed the approach but were clear that we must not let the summer period impact negatively on our performance and see a growth in our caseload.

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- 9 Over July and August we made a concerted effort to work on cases we had at the Screening stage which were ready for a decision, that effort was supported by our newly created extra capacity. As a result of the efforts made our decision numbers for July and August were 549 and 481 respectively. These are our highest decision numbers since November 2021 and were achieved over what is traditionally a period of lower output.
 - 10 Our Investigations and Case Examiner teams levels of output were lower in July and August than we had planned for. At the Investigations stage our progress has been hindered by vacancies in key case progression roles as well as impact of availability over the summer months.
 - 11 Our Case Examiner team are fully resourced, however, our productivity was impacted by annual leave over the summer, and secondments to support our Screening work, which has resulted in the caseload at that stage being slightly elevated. We will use our external pool of contractors and the return of permanent staff from annual leave to address the caseload and expect it to be brought back in line with planned levels over September and October.
 - 12 At the Adjudication stage we continue to deliver outcomes in line with our plans and we hit our targets for July and August even with the impact of the summer period.
 - 13 Our caseload graph at Annexe 1, Chart 1, sets out the caseload position at each stage of our process and shows that since the last meeting of Council we have delivered a modest decrease in our caseload with the most significant reduction being at the Screening stage of our process.

Upcoming activity

- 14 Whilst we are seeing case outcomes increasing at Screening it is essential that we provide our decision makers with a steady flow of work. Our ability to do that is impacted by high vacancy rates in some of our key case progression roles.
- 15 Filling those vacancies is not only critical to progressing our caseload but also to ensuring that our existing team members are able to operate effectively and are not having to carry caseloads which are unmanageable. We are working closely with colleagues in the People and Organisational Effectiveness team and have an initial plan to address some of the long standing issues we have had in recruiting to our Screening roles.

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- 16 We intend to make better use of data about the Screening caseload, that will mean identifying themes and trends in our caseload so that we can better group cases and rapidly take the appropriate casework actions.
- 17 Our permanent Head of Screening returned from maternity leave earlier in September and we have agreed a longer period of hand back from our Interim Head to provide continuity of leadership and direction for the team.
- 18 As previously highlighted to Council any significant increases in output from Screening will impact the subsequent stages of the process.
- 19 Our new Head of Investigations joined the organisation in July and is providing stable leadership and direction for the team. A clear prioritised plan is being delivered which will increase throughput from our investigation teams. The plan focusses on providing greater certainty of outputs through greater management support for team members and various measures to reduce the lead time for new starters becoming effective in their work.
- 20 Our plans for cases at Adjudication remain unchanged and are focused on steadily increasing the number of decisions we can make each month, exploring opportunities to streamline and improve effectiveness and the gradual rebalancing of our approach to whether hearings are held physically or virtually.

Update from our new Executive Director

- 21 Lesley Maslen, our newly joined Executive Director of Professional Regulation, was on pre-arranged annual leave as these papers were being finalised but wanted to share her first impressions with Council. She will be at the meeting of Council to expand on the views she provides below.
- 22 “As you’ll know I joined the NMC on 8 August. I’ve spent the first few weeks getting to grips with the activities carried out in the Professional Regulation directorate. I’ve been really impressed with commitment of my team and colleagues across the organisation to improving our fitness to practise performance and reducing our caseload. Everybody I’ve met is acutely aware of the delays and share concern about the impact delays have on members of the public raising concerns, employers, and the professionals whose careers are under scrutiny.

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- 23 Whilst we are not where we need to be, it's clear that some improvements are starting to deliver results, such as the investment in extra resources for screening. There are further changes down the track which include the development of a new management insight tool. This will provide greater visibility of how we are performing and where casework interventions by managers can help cases move more quickly.
- 24 There's more we can do. We can further build the confidence of our people, with more support and guidance when they're making difficult and finely balanced decisions. We'll develop more effective ways of providing regular updates to those that are waiting for their cases to progress. We're also keen to support improved two-way communication with employers, supported by our Employer Link Service.
- 25 Recruitment has been a challenge – we have vacancies across almost all our Fitness to Practise teams – getting a grip of this is a priority. We know the market is very competitive right now and we have developed a prioritised plan in partnership with HR colleagues to drive this forward.
- 26 Building pace and momentum on planned interventions is critical – there are more opportunities to explore, and I look forward to reporting on progress at our next Council meeting.”

Midwifery implications:

- 27 There are no implications which are specific to midwifery to consider.
- 28 During the first quarter of this financial year the percentage of referrals relating to midwifery was 4.6 percent, this represents 34 individual referrals and as a proportion is in line with previous years.
- 29 This is broadly in line with what could be expected as midwives made up 5.3 percent of the population of the register at 31 March 2022.

Public protection implications:

- 30 Reducing the FtP caseload will protect the public by delivering a greater volume of more timely and more proportionate decisions across FtP and avoiding the current delays in process.

Resource implications:

- 31 The activity associated with caseload reduction has been provided for in this year's budget. The additional capacity recruited to lift our screening decision numbers is estimated to cost in the region of £200k.
- 32 While this additional spend has been provisionally approved, we will seek to fund from any underspends that may arise elsewhere across the Professional Regulation directorate where possible.
- 33 Our work to reduce the caseload requires us to be flexible with the use of our resources. The impact of our flexibility has been seen at Screening over recent months and we intend to further support the area with specialist resources as our caseload reduction efforts progress.

Equality diversity and inclusion implications:

- 34 We have not identified any adverse implications of our approach which is to decrease the caseload by progressing our oldest cases as a priority.

Stakeholder engagement:

- 35 Our key stakeholder groups remain concerned at the lack of progress in resolving our backlog but continue to express a commitment to working with us to resolve known issues.

Risk implications:

- 36 There is a risk that our combined operational and change activities fail 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".
- 37 We are mitigating this risk by focusing our efforts on a smaller number of activities that we believe will have the greatest impacts.

Regulatory reform:

- 38 Reduction of the FtP caseload is an important enabler for regulatory reform and will ensure the teams are well placed to adjust to significant changes in ways of working.

Legal implications:

- 39 Timely and effective management of our FtP cases is critical to the fulfilment of our statutory public protection function. Ensuring that we manage our FtP caseload effectively and in line with our NMC values, reduces the risk of legal challenge.

Caseload metrics Fitness to Practise Improvement Programme Update

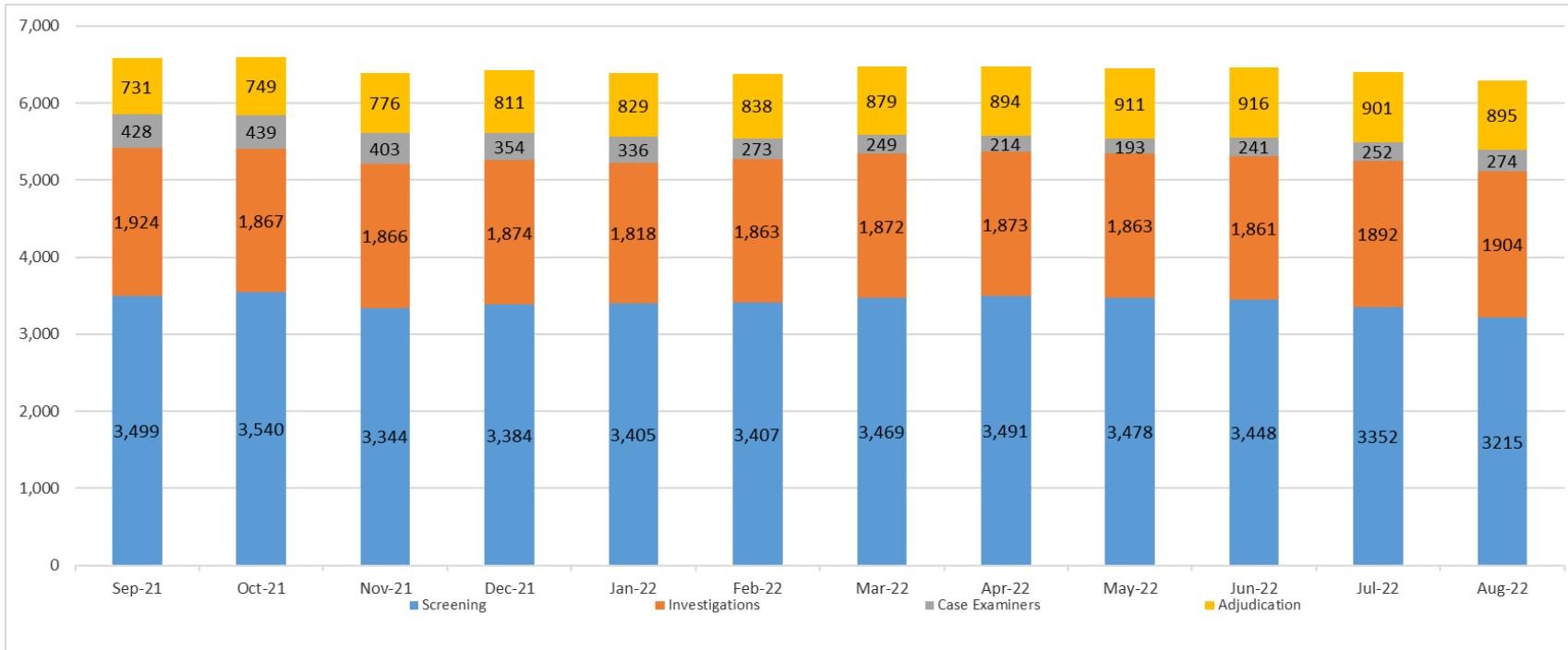


Chart one:

Overall caseload position

This chart shows how over the last year the total caseload has remained broadly static but with a significant weight of cases at Screening, case numbers reduced at Screening over the summer period.

Date	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022
Initial forecast	6,120	5,980	5,830	5,680	5,530	5,360	5,160	6,469	6,395	6,344	6110	5970
Overall caseload	6,582	6,595	6,389	6,423	6,388	6,381	6,469	6,472	6,445	6,466	6397	6288
Variance	462	615	559	743	858	1,021	1,309	3	50	122	287	318

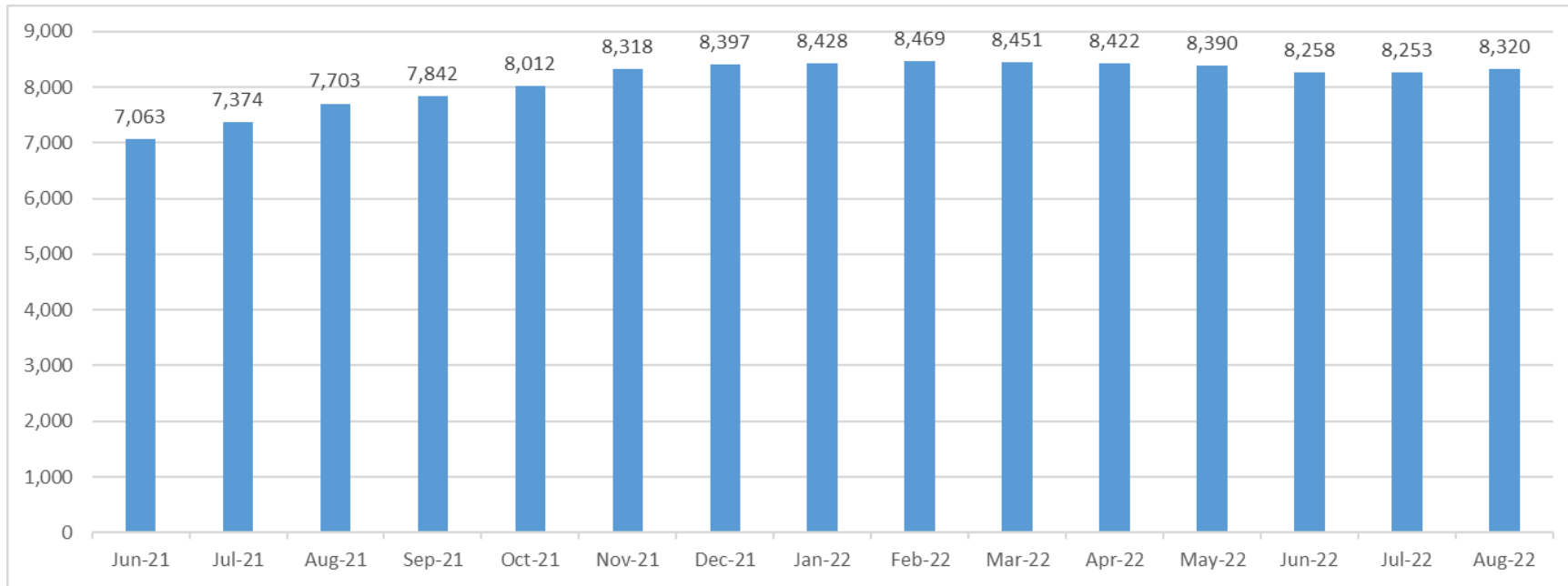


Chart two:

Moving annual total case decisions

The chart shows the number of decisions made on a rolling annual basis, which includes all cases clearing Screening, Investigations, Case Examiners and Adjudication.

Date	September 2021	October 2021	November 2021	December 2021	January 2022	February 2022	March 2022	April 2022	May 2022	June 2022	July 2022	August 2022
Total Decisions (moving annual)	7,842	8,012	8,318	8,397	8,428	8,469	8,451	8,422	8,390	8,258	8,253	8,320
Initial forecast - Total decisions (moving annual)	8,844	9,375	9,831	10,326	10,646	11,125	11,560	11,540	11,618	11,515	11,516	11,555
Variance	-1,002	-1,363	-1,513	-1,929	-2,218	-2,656	-3,109	-3,118	-3,228	-3,257	-3,263	-3,235

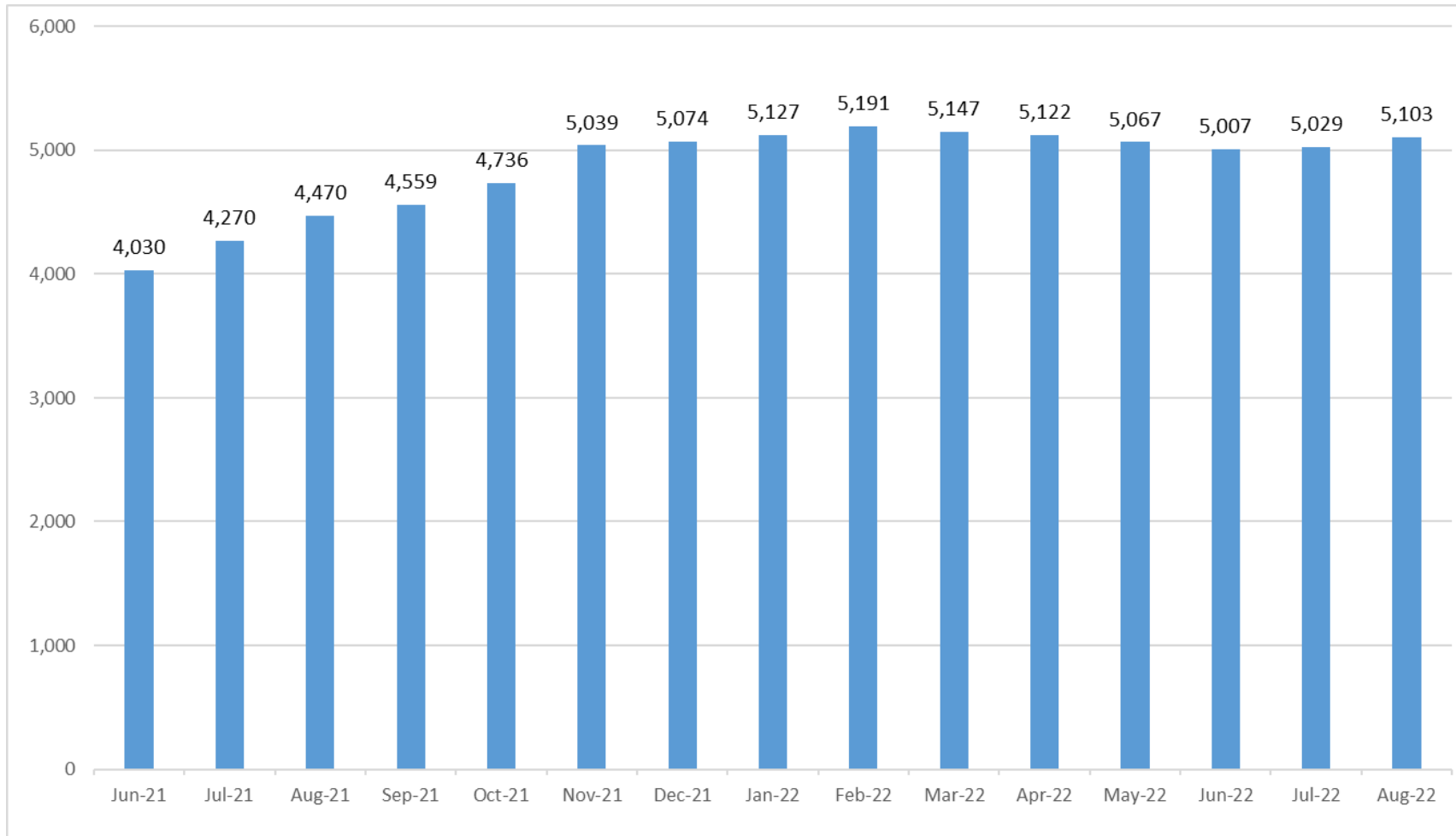


Chart three:

Moving annual total case conclusions

The chart below shows the number of decisions made that conclude cases on a rolling annual basis, which includes all final decisions at Screening, Case Examiners and Adjudication.

The numbers shown below are significantly lower than in Chart 2 as they do not include any decisions to progress a case onwards from Screening, the completion of an Investigation or any decisions to progress cases onwards from Case Examiners.

Month	September 2021	October 2021	November 2021	December 2021	January 2022	February 2022	March 2022	April 2022	May 2022	June 2022	July 2022	August 2022
Total Closures (moving annual)	4,559	4,736	5,039	5,074	5,127	5,191	5,147	5,122	5,067	5,007	5,029	5,103
Initial forecast - Total closure decisions (moving annual)	5,050	5,402	5,722	6,008	6,189	6,468	6,694	6,717	6,805	6,775	6,840	6,901
Variance	-491	-666	-683	-934	-1,062	-1,277	-1,547	-1,595	-1,738	-1,768	-1,811	-1,798

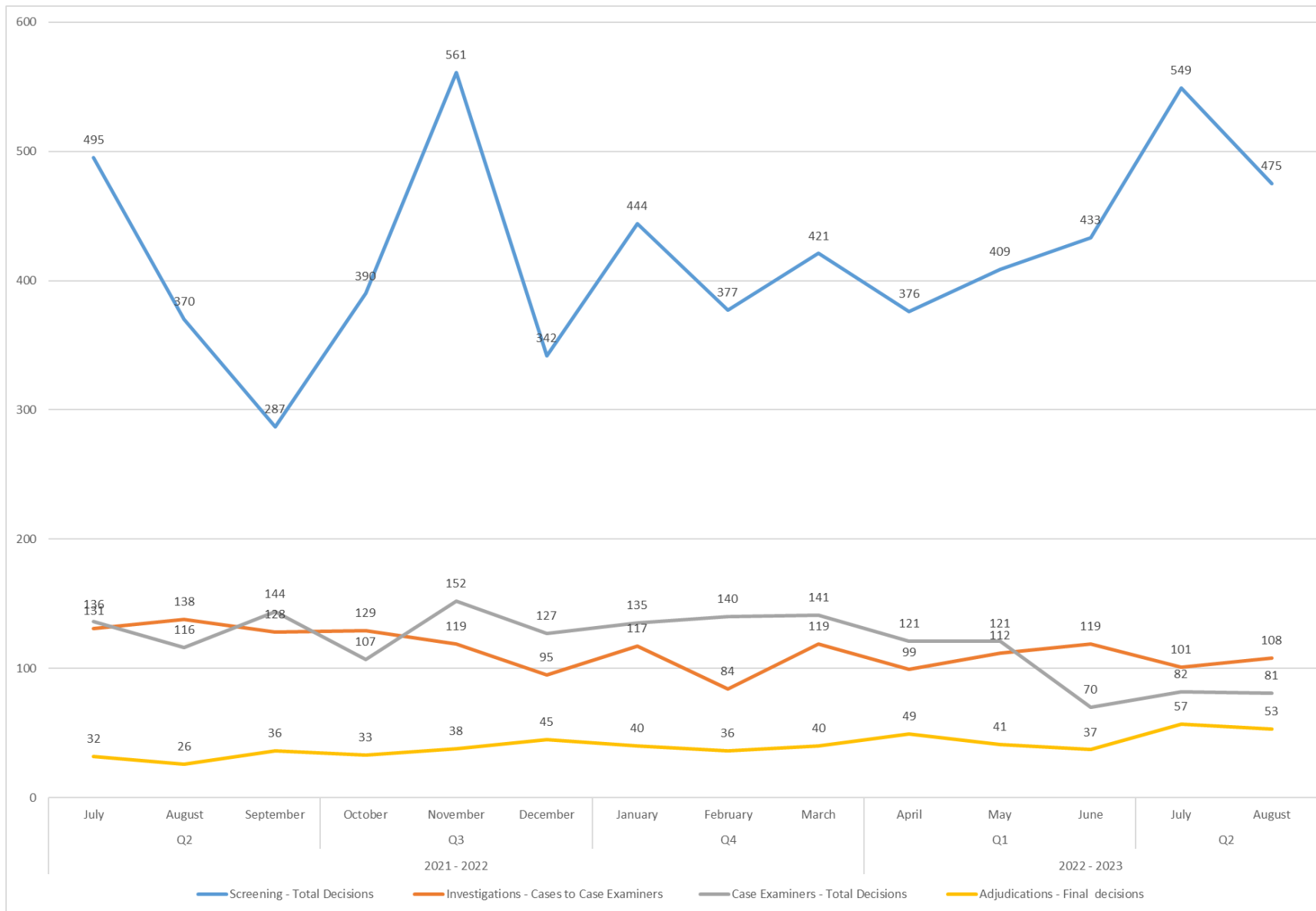


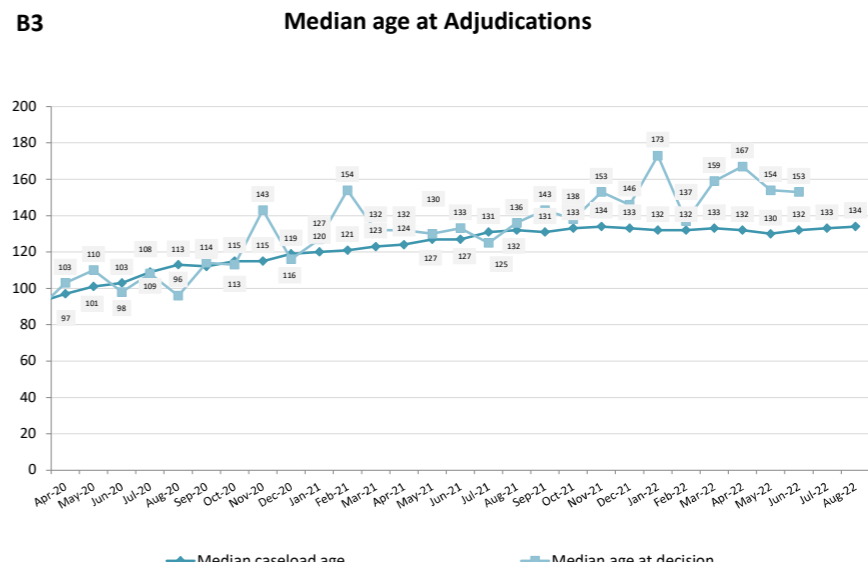
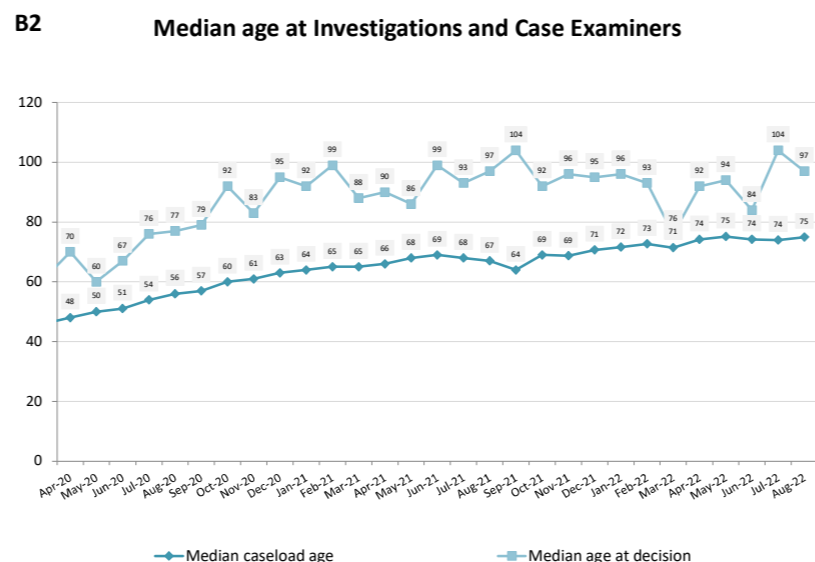
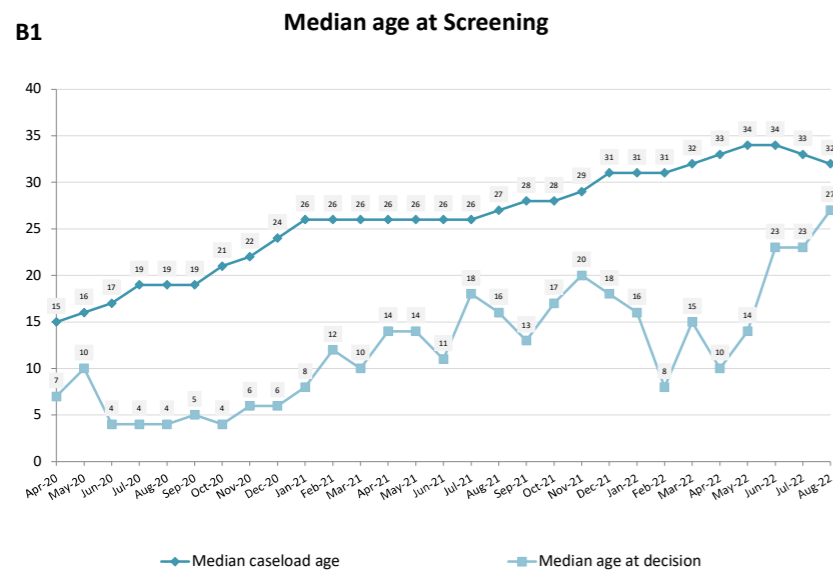
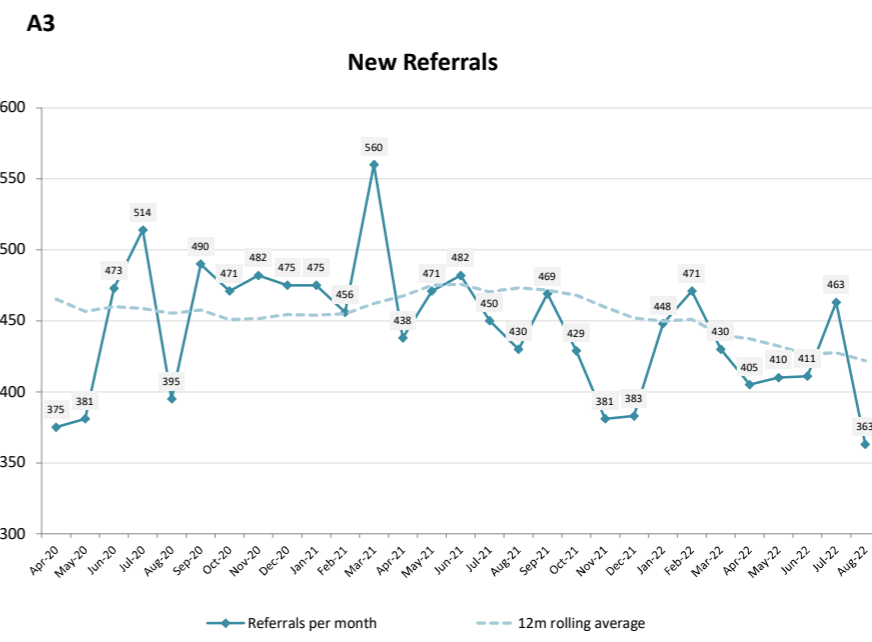
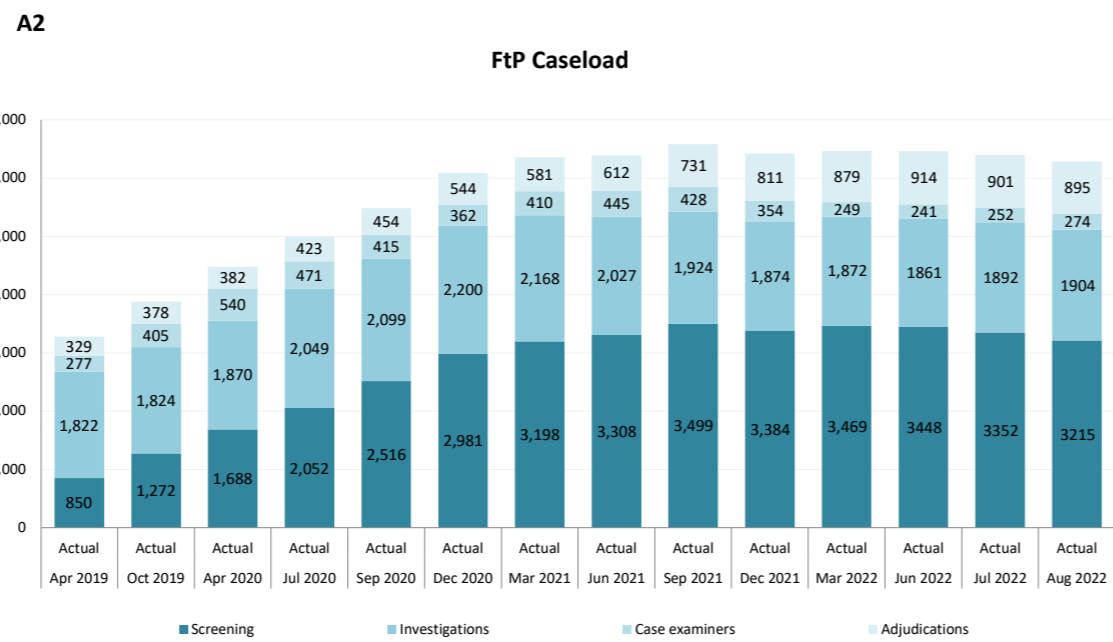
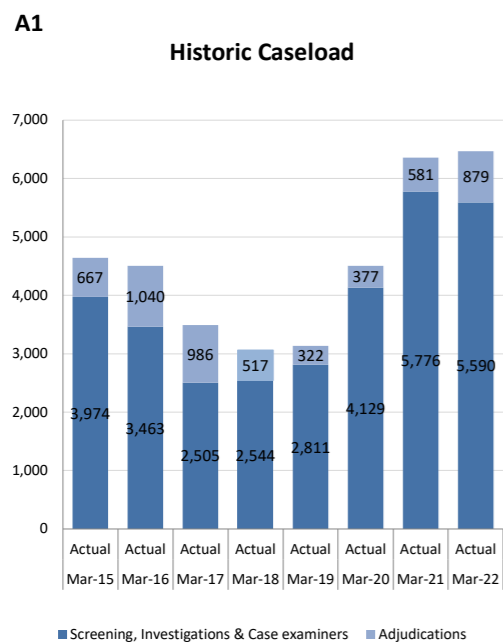
Chart four:
Monthly decisions by stage

The chart shows the number of decisions made each month at each stage of the process.

We have established an upward trend in the number of decisions at Screening and Adjudication.

Case Examiner decision volumes will increase in line with planned increases in the number of cases being completed by Investigations.

FtP Performance Dashboard August 2022 - FINAL



Caseload Movement Summary Jul - Aug 2022

Opening caseload 6,464

829 cases received
(new referrals and reopened cases)

1,005 cases closed

6,288 Closing caseload

Council

Review of the corporate plan and budget 2022-2023

Action: For discussion.

Issue: This paper aims to provide the Council with assurance on our ability to deliver this year's corporate plan and budget and consider implications for the future years' of our strategy. It reflects a mid-year review of our corporate plan and budget for 2022-2023, including inflationary impacts, key changes, and high-level implications for the next two to three years.

Core regulatory function: All regulatory functions.

Strategic priority: All strategic priorities for 2020-2025.

Decision required: None.

Annexes: The following annexes are attached to this paper:

- Annexe 1: Corporate Commitments
- Annexe 2: Financial forecast for 2022-2025

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

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- Context:**
- 1 Our strategy period runs from 2020 to 2025. The first half of the period was unexpectedly dominated by responding to the coronavirus emergency and recovering from the immediate impacts of the pandemic on our regulatory work and on the wider sector. This understandably led to rephrasing and rescoping some of our ambitions and resulted in significant increases to our fitness to practise caseload.
 - 2 As we move into the latter part of our strategy period there are a number of factors to which we need to respond. These include professionals continuing to work in challenging and complex environments with workforce and system pressures; cost of living pressures and a possible recession, which will also put pressure on our people and our budgets; plans for significant reform of our legislative framework; a backdrop of significant changes in government leadership and key strategic relationships.
 - 3 Despite this uncertainty, we enter this period with a clear view as to where we should focus our resources to achieve the strategic outcomes that we are seeking by 2025.
 - 4 Each year we prepare a corporate plan and budget within the context of our longer-term strategy and the developing external environment. The corporate plan sets out our key commitments and deliverables for the next three years and our budget the resources which we have committed up to 2025. Budgets for 2023-2025 are indicative, and subject to re-approval by the Council before the start of each financial year.
 - 5 In March 2022 the Council approved a three-year corporate plan and budget for 2022-2025.
 - 6 The discussion that follows centres on key areas of our corporate plan and budget reported by exception. A full progress update against our plan and budget will be provided in November.

Four country factors: 7 Not applicable for this paper.

Discussion Corporate plan for 2022-2025

- 8 Our corporate plan sets out our 22 corporate commitments that we will deliver until the end of our strategy in 2025. A list of our commitments is provided in **annexe one** for information.
- 9 Most of our commitments will be delivered through large multiyear programmes of work spanning the next 3-4 years.

- 10 Corporate commitments are underpinned by annual milestones which we monitor through quarterly corporate performance monitoring.
- 11 Our top priority continues to be reducing the fitness to practise (FtP) caseload back to manageable levels (below 4,000 total cases) and restoring the timeliness for processing FtP concerns (back to concluding 80 percent of cases within 15 months). A full report on FtP is a separate agenda item.
- 12 We remain committed to supporting a significant programme of regulatory reform which is intended to remove barriers that limit improvements to the way that we regulate. Regulatory reform underpins the other 21 corporate priorities within our plan, and we continue to work within the Department of Health and Social Care (DHSC) timeframes.
- 13 In March we highlighted uncertainty about the timelines for reform. We now anticipate NMC's implementation dates to move by nine months from April 2024 (for our new regulatory order) and October 2024 (for go live of our new rules) to January and July 2025, having validated these planning assumptions with the DHSC.
- 14 This provides a higher degree of confidence about the timelines and offers us an additional nine months to prepare to successfully implement and operationalise our new regulatory framework.
- 15 We are not proposing any changes to our corporate commitments or corporate KPIs for 2022-2023. Neither are we proposing significant changes to the milestones that underpin our corporate commitments with the exception of commitment 9 (*Tackling discrimination and inequality, and promote diversity and inclusion, to make sure that our processes are fair for everyone*) where we will add 2-3 new milestones to track the implementation of our new equality, diversity and inclusion (EDI) action plan which was agreed in May 2022. Executive Board will agree these new milestones in October, presenting them to the Council in November.
- 16 We agreed our People Plan with the Council earlier in the year. Our focus for 2022-2023 was to deliver our total reward package by March 2023 and improving management and leadership induction and development. Since April our focus has been realigning our operating model for people services to better support the employee lifecycle which launched in September. Improvements to our induction process will happen from October. Completion of our total reward project is now likely to be in October 2023, but we are reviewing options to accelerate this.

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- 17 An additional core business project has been added to our corporate plan for 2022-2023. This is about delivering changes to comply with the new standards regarding access to Welsh Language and how we embed these into our regulatory processes which apply from October 2022. Although we are not treating this as a new corporate commitment, we will report against key milestones within our quarterly corporate performance report from Q2 to ensure that the Council has visibility of this work.
- 18 We will shortly be undertaking the annual review of our business plans and budgets. We do not expect many, if any, new commitments to be proposed for 2023-2025.

Budget

- 19 In March 2022 we presented a budget position that showed expected deficit budgets for three years. A £10.1 million deficit was agreed for 2022-2023, with indicative budget deficits of £9.4 million for 2023-2024 and £4.9 million for 2024-2025. This resulted in an expectation of free reserves reducing to £9.7 million at March 2025.
- 20 We recognise the significant cost-of-living pressures facing professionals at the moment. We last increased our registration fee in 2015 and are committed to keeping the fee at its current level for as long as possible. We will not be putting the fee up for the remainder of this financial year and have no plans to put it up in the next financial year.
- 21 In the context of a relatively modest expected increase in our income, the deficits and reductions in free reserves were driven by non-recurrent costs. In particular, reducing the FtP caseload and investments in our IT infrastructure and accommodation designed to improve our services and efficiency.
- 22 Uncertainties identified at the time were around costs associated with FtP to reduce the backlog, the timing of Regulatory Reform, costs associated with our Modernisation of Technology Programme (MoTS), inflationary impact on pay and non-pay costs, and the likely return on investment in IT and accommodation. We discuss these in the next section.

Full year forecast for 2022-2023

- 23 Our current full year forecast which takes account of five months actual performance up to August 2022 shows that we expect to remain well within the budget set in March 2022. This is summarised in the table below. More detail is in **annexe 2**.

Financial Forecast £'m	FY	FY
	Budget 2022-23	Forecast 2022-23
Income	96.5	99.9
Core Business*	103.7	104.7
Programmes & Projects	11.6	10.6
Less Capital	(8.7)	(9.2)
Surplus/(deficit) before Unrealised Gains/(Losses)	(10.2)	(6.1)
Unrealised Gains/(Losses)	-	(1.2)
Surplus/(deficit) after Unrealised Gains/(Losses)	(10.2)	(7.3)
Note:		
FY = full year		
Budgets and 2022-23 Forecast include inflation at 3%. Higher inflation costs for utilities has also been added to account for rising energy costs.		
* Including Corporate expenditure (asset depreciation, PSA fee, provisions, inflation		
Free Reserves and Cash	Budget	Forecast
	2022-23 £'m	2022-23 £'m
Free reserves	31.5	37.6
Cash	49.6	55.0

- 24 The forecast shows a more favourable deficit of £6.1 million before unrealised gains or losses compared to our budgeted deficit of £10.1 million.
- 25 Free reserves are expected to reduce from £47.6 million at March 2022 to £37.6 million at March 2023 (£31.5 million budget) because of the deficit and planned capital investment to deliver our infrastructure programmes. Additional inflationary impacts have been applied to our forecast for 2022-2023 as appropriate.
- 26 From reviewing our cost base, we believe that we can broadly absorb inflationary impacts this year, with three percent already built into the budget in March 2022. We have also made additional provisions for potential pay pressures this year and for future years. Non-pay spend accounts for about 40 percent of our costs with much of this contractually fixed in the short term. Clearly there has been a significant increase in our energy costs this year that has been factored into the full year forecast.

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- 27 Our forecast assumes unrealised losses in our investments of £1.2 million at March 2023 compared to the position at March 2022, reflecting the actual position at the end of July 2022. This is likely to change since short term fluctuations are a risk of placing some funds in long term investments and should be recovered in the medium and long term. Given our strong level of reserves and cash we can absorb such fluctuations without needing to adjust our spend. It should be noted that the value of our investments is still higher than would have been the case if we had left the amount originally invested in bank deposits.
- 28 We plan to discuss handling of such short term fluctuations in managing our overall budgets with Council later in the year in the context of reviewing our financial strategy.

Income

- 29 In the event, income from registrants and overseas applications has been significantly higher than anticipated to date due to increased professionals on our register and applications from overseas professionals to join our register. We expect this trend to continue so expect our full year outturn to be higher than budget by about £3 million which we have reflected within our forecast.

Expenditure

- 30 We anticipate that our full year expenditure (before capital spend) for core business activities and programmes and projects will be in line with budget.
- 31 Core business expenditure is expected to be slightly higher than budget at £104.7 million (an increase of £0.9 million).
- 32 This is driven by increased corporate costs of £12.1 million (up £3.8 million) to cover asset depreciation; the Professional Standards Authority fee; provisions, inflation and pension deficit contributions. This is offset by a £3 million reduction in directorate expenditure at £92.5 million by March 2023. Key points are:
- 32.1 that Professional Regulation spend is expected to be £1.2 million (2 percent) behind budget mainly due to staff vacancies in FTP, lower than expected panel fees, and lower transcription costs. Underspends off-set additional expenditure of £0.2 million within screening to reduce the screening caseload.

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- 32.2 Since August, the new Executive Director of Professional Regulation has been undertaking a thorough review of critical areas within FtP to exploit opportunities to process our caseload more efficiently. Our screening initiative has shown positive early signs that the headline caseload is beginning to reduce (see separate agenda item on FtP caseload update), however, uncertainty and challenges continue (especially regarding recruitment and retention) that we continue to look to new ways to mitigate.
- 32.3 Working with other Executive Directors, the emphasis will be to make the best use of the talent that we currently have within NMC to increase the pace of the caseload reduction. Optimising our resources and expertise is our primary focus to allow us to remain within budget. However, the full year forecast shows that there is some flex available if additional resources are needed.
- 32.4 £1.7 million underspend across the remaining four directorates includes savings from vacancies, travel, rephasing, and delivery of work internally rather than externally.
- 33 Full year project and programme costs are expected to be £10.6 million (£1.0 million less than budget) due to rephasing within the MoTS programme; accommodation; website development and regulatory reform. This offsets a marginal overspends for our Technology Improvements programme due to laptop rollout costs slipping into 2022-2023 that were budgeted for in 2021-2022.
- 34 Our commitment to significant and on-going investment in our IT and accommodation as ways of improving our delivery and increasing our efficiency in the long term continues. Full year non-recurrent capital costs are expected to be £9.2 million, slightly higher than budgeted, in part driven by more accurate capitalisation of costs for the next phase of MOTS.

Looking ahead at 2023-2025

- 35 Our initial projections for 2023-2025 continue to show deficit budgets in those two later years.

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- 36 We have been modelling various inflation scenarios, the higher levels of which would indicate some increase in the deficits, over those in our indicative budgets for 2023-2025. However, following the government's announcement of cost of living support, there is some expectation that general inflation may be reduced which in turn will relieve the pressure on our pay and non-pay costs at least in the short term. We will reassess this within our next forecast and as part of our business planning once the impact of government policies is more clearly understood.
- 37 We will also continue to improve our understanding of where efficiencies will be found. In particular, there is good reason to expect process savings from the MoTS investment in a new Case Management System (CMS) for FtP; potential savings/income from Regulatory Reform, potential savings from IT efficiency, and from processing a significantly smaller FtP case holding, and potentially lower inflation in the longer term.
- 38 As we review our plans and budgets as part of business planning in the autumn, we will return to the Council with proposals about how we can manage within our deficit and free reserve constraints over the next two to three years.
- 39 In looking to future years there are, inevitably, significant levels of uncertainty and risk. General levels of inflation and its impact on pay and non-pay costs, continuing income uncertainty, fluctuations in investment values and costs with respect to the pension scheme, legislative plans for regulatory reform are all difficult to predict.

Cost pressures

- 40 In addition to inflation, with its impact on salaries (including new recruits) and non-pay costs there are a number of financial pressures that we have identified in our initial forecasts for later years. These include:
- 40.1 **Pension scheme:** potentially continued or increased support payments to the Defined Benefit pension scheme following the actuarial triennial review (due to report autumn 2022).
- 40.2 **Technology:** the business case for the next phase of MoTS was agreed by the Council in July 2022 sets out higher costs in 2024-2025 for the CMS. We also expect pressure in 2025-2026 for upgrading legacy Finance and HR systems. These are indicative at this stage and will be better understood next year.

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- 40.3 **Accommodation:** we are planning for the long-awaited refurbishment of our main offices at 23 Portland Place to be delivered within our estimated cost of up to £25 million, including VAT. Given the current competitive labour market and new ways of working, this work is as necessary as ever to ensure that we have modern workspaces that support collaboration and our commitments towards sustainability and our environmental plans. Total expenditure will depend on our selection of available options which provides scope to remain within our budget.
- 40.4 **Fitness to Practise:** there are expected pressures for 2023-24 because of potential FtP efficiencies being delayed whilst we refocus our work to reduce the caseload and potentially increased panellists' costs.
- 40.5 **Regulatory reform:** while some provision for implementation costs has been made, uncertainty remains regarding the full scale of such costs, but we will seek to optimise our existing resources in the first instance.
- 40.6 **Core business directorate** increased costs may occur within core business activity such as deferred spend from 2022-2023 (Professional Practice), increased credit card processing charges due to increased volume of overseas applications, additional costs for strengthening our cyber security capabilities and expanding our data storage capacity.

Next steps

- 41 From October we will launch our business planning and budgeting round to review our plans and budgets for 2023-2025 and add indicative plans and budgets for 2025-2026 (to produce our three year rolling plan and budget). Our aim is to:
- 41.1 Review the scheduling of our corporate commitments, and the activities to deliver them, so that resources are focused on the most strategically important areas first.
- 41.2 We have started this process to review our strategic progress to date, where there are gaps, horizon scan, and to review the prioritisation and scheduling of our commitments. Further work will likely mean making choices about activities that we want to pursue first, and the pacing and scope of our change and infrastructure improvements.

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- 41.3 Increase our scrutiny and challenge over expenditure (both core business and change). To do this we will ask teams to plan within the budgets they have already set and avoiding bids for new work outside of our strategic work programme.
- 41.4 Deliver a reduced cost base for FtP from 2024-2025.
- 41.5 Develop clearer plans for how some other budgeted savings will be achieved.
- 41.6 Bring the cost base of the core business activity back within fee income from 2025-2026.

42 In addition to our work on planning, we will also strengthen our financial stewardship regarding review, sign off and challenge of budgets and headcount increases.

Midwifery implications:

- 43 There are two specific considerations for midwifery within this paper:
- 44 We continue to be committed to expanding our nursing and midwifery registrant knowledge and experience within the organisation to support our aims regarding 'proactive support for professionals' (corporate commitment 14).
- 45 We continue to contribute national and regional quality assurance mechanisms which have been strengthened in light of concerns about the safety of maternity services in England. We continue to identify and share learning with the sector.
- 46 Other than these issues, there are no differences to the application of this topic for midwifery.

Public protection implications:

47 The corporate plan and budget underpin all our work to protect the public.

Resource implications:

48 Covered in the body of the paper.

Equality diversity and inclusion implications:

49 We have a legal obligation to comply with the with the public sector equality duty across everything that we do.

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- 50 We are integrating EDI into everything that we do to make sure that our processes are fair for everyone. This includes improving our guidance, decision making tools, training and induction, and our engagement and communications to make a significant difference to drive out discrimination and promote fairness. We will also make the NMC an inclusive place to work and improve the experience for our colleagues.
- 51 Our EDI action plan sets out number of specific commitments which we have we have made that we will deliver as part of commitments 11 (tackling discrimination) and 17 (deliver our people plan).
- 52 We have also committed to updated milestones as part of commitment 11 which we will add to our corporate performance monitoring from quarter two.
- 53 We have already undertaken, or plan to undertake, equality impact assessments for activities within our corporate plan to make sure that what we deliver does not disproportionately impact people with protected characteristics.
- 54 Both our corporate plan and directorate plans have commitments to evolve our capabilities in EDI to deliver our plan. Our People Plan and EDI action plan will provide key tools to help us achieve our ambitions
- Stakeholder engagement:** 55 None applicable.
- Risk implications:** 56 Risk was considered as part of business planning, budgeting, and our strategy review process both at individual directorate and corporate level.
- 57 The corporate risk register which underpins our corporate plan and budget has been provided at item 6 as part of the Executive Report.
- 58 The Executive considers that the updates to our plan do not increase our overall level of risk exposure and reflects key steps to reduce risk as set out in the corporate risk register. Examples include:
- 58.1 a review of our fitness to practise improvement programme to focus on key improvements and implementation of targeted caseload reduction initiatives (screening ‘surge’) to help address the risk that we fail to take appropriate action to address a regulatory concern;

- 58.2 our investment in our modernisation of technology services programme and full implementation of our new registration platform will help address the risk that we fail to maintain an accurate register of people who meet our standards and the risk that we fail to prevent a significant data loss, or we experience a major information security breach;
 - 58.3 managing the phasing of regulatory reform as a result of the timelines being 9 months later;
 - 58.4 our investment in the People Plan, in a cost of living payment and targeted recruitment and retention initiatives in key areas, will all help address the risk that we fail to recruit and retain an adequately skilled and engaged workforce.
- 59 Issues that specifically impact on our finances in the short term include:
- 59.1 general inflation, which will erode our spending power. This might need us to mitigate the impact, perhaps through reductions or phasing planned costs or steps;
 - 59.2 the differential impact of increasing costs on specific significant areas of spend, such as on the refurbishment of our 23 Portland Place offices need to be monitored and managed;
 - 59.3 income variation. We monitor our registrant numbers because a one percent reduction in registrant numbers compared to our forecast would result in £1 million less income each year which would need to be absorbed if this materialised;
 - 59.4 if our stock market portfolio falls or our pension liability increases, this will impact our free reserves. A three percent fall in the value of our investments would reduce our free reserves by about £1 million in the short term. While any such fall should be recovered later, the speed and extent of the recovery will be subject to international economic and political events.

Regulatory reform:

- 60 Regulatory Reform continues to be a fundamental part of conversations with all directorates as part of implementation and will continue to be a key area of delivery over the next years of this plan.
- 61 Regulatory Reform is a priority commitment within our corporate plan and underpins the other 21 corporate commitments.
- 62 We have made financial provision for delivering reform and created flexibility to release funding when required. As part of resource

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planning, we've undertaken analysis about the people resources that we'll need and have begun to consider the overall resources needed for implementation later in our strategy. We expect a new implementation lead to come on board later in the year to manage the implementation phase of the programme.

63 Uncertainty remains regarding the specific timetable for reform, which is set by the DHSC. We will carry on mitigating this risk within our programme planning and wider planning, and keep this under review within our corporate risk register. We have flexibility within our corporate plan and budget to adjust.

Legal implications:

64 None directly arising from this paper although there are legal constraints and drivers for some of the actions planned or options available to us.

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NMC Corporate Plan 2022 – 2025

Our priorities for the next three years

Proactive support for professionals

- 01** Deliver a new set of ambitious post-registration standards focusing on community nursing practice
- 02** Launch new standards for pre-registration education in the UK to provide greater flexibility in nursing and midwifery pre-registration training
- 03** Review regulation of advanced nursing practice
- 04** Review revalidation requirements for nursing and midwifery professionals
- 05** Implement a new approach to education quality assurance to have clearer oversight of approved education institutions and their programmes
- 06** Evaluate protected learning time in line with current nursing associate standards

Innovation and improvement

- 07** Reduce our fitness to practise caseload by processing cases in a more timely, proportionate, and efficient way
- 08** Deliver a substantial programme of regulatory reform to remove barriers that limit improvements in the way we regulate
- 09** Tackle discrimination and inequality, and promote diversity and inclusion, to make sure that our processes are fair for everyone
- 10** Pilot ways to increase capacity and access to the practical examinations within our test of competence
- 11** Deliver policy and legislative change to international registrations, including a review of English language guidance
- 12** Close the Covid-19 temporary register and remove recovery education standards

More visible and better informed

- 13** Build trust in professional regulation through targeted campaigns to build awareness of who we are, what we do, and what we stand for
- 14** Expand our national and local outreach to embed regulation, support and influence at local level

Empowering and engaging

- 15** Create a modern and accessible website that effectively portrays our values, delivers our core services, and enhances our communications and engagement

Greater insight and influence

- 16** Improve our insight and use our data to enhance our regulatory impact and influence in the sector

Fit for the future organisation

- 17** Deliver our People Plan that supports our colleagues to be engaged, retained and supported to deliver our strategy
- 18** Improve the way the organisation is structured so that we can deliver our strategy
- 19** Update digital systems that support how we regulate to improve the experience for customers and colleagues
- 20** Deliver contemporary IT through our technology improvement programme and core business to improve our efficiency
- 21** Create modern workspaces that support wellbeing and collaboration
- 22** Implement an NMC sustainability and environmental plan



Nursing and Midwifery Council Financial Monitoring Report							
£'m	August 2022 Year-to-Date				Full Year		
Income	Actual	Budget	Var.	Var. (%)	Forecast	Budget	Var.
Income	38.0	37.6	0.3	1%	91.5	91.2	0.3
Other	3.7	2.2	1.4	63%	8.4	5.3	3.1
Total Income	41.6	39.8	1.8	5%	99.9	96.5	3.4
Expenditure							
Core Business							
Professional Regulation	19.7	19.8	0.1	1%	50.1	51.4	1.3
Resources & Technology Services	7.2	7.7	0.6	8%	18.6	18.8	0.1
People & Organisational Effectiveness	4.6	4.9	0.3	7%	11.5	11.6	0.1
Professional Practice	2.0	2.4	0.4	18%	5.8	6.7	0.8
Strategy & Insight	1.2	1.3	0.1	7%	3.1	3.5	0.4
Communications & Engagement	1.3	1.4	0.1	7%	3.2	3.4	0.1
Directorate - Core Business	35.9	37.6	1.7	5%	92.6	95.4	2.8
Corporate							
Depreciation	2.8	2.5	(0.3)	(10%)	6.5	6.0	(0.5)
PSA Fee	0.8	0.8	0.0	0%	2.0	2.0	0.0
Apprenticeship Levy	0.1	0.1	0.0	8%	0.3	0.2	(0.0)
Other**	0.8	-	(0.8)	0%	3.3	0.1	(3.2)
Total Corporate	4.5	3.5	(1.0)	(29%)	12.1	8.4	(3.7)
Total Core Business	40.4	41.0	0.6	1%	104.7	103.8	(0.9)
Surplus/(Deficit) excluding Programmes	1.2	(1.2)	2.3		(4.8)	(7.3)	2.5
Programmes & Projects							
Modernisation of Technology Services (including QA IT)	1.4	1.8	0.4	21%	6.6	7.4	0.8
Modern Workplace for Me	1.3	1.4	0.1	9%	1.7	1.4	(0.3)
Regulatory Reform	0.3	0.3	0.0	4%	0.9	1.0	0.2
Accommodation Project	0.0	0.0	0.0	0%	0.5	0.8	0.4
FTP Improvement Programme	0.0	0.0	0.0	0%	0.1	0.1	(0.1)
Technology Improvements	-	0.1	0.0	0%	0.5	0.5	0.0
Insight Programme	0.0	0.1	(0.1)	(100%)+	0.3	0.3	0.1
Website Redevelopment Programme	-	0.0	0.0	0%	0.1	0.1	0.1
Total Programmes/Projects	3.0	3.6	0.6	16%	10.6	11.6	1.0
Total Expenditure including capex	43.4	44.6	1.0	2%	115.3	115.3	0.0
Capital Expenditure	2.6	2.9	0.3	12%	9.2	8.7	(0.6)
Total expenditure excluding capex	40.9	41.7	0.8	2%	106.0	106.6	0.6
Surplus/(Deficit) excluding Capex and before Unrealised Gains/(Losses)	0.8	(1.9)	2.7	(100%)+	(6.1)	(10.1)	4.0
Unrealised Gains/(Losses) *	(1.9)	-	(1.9)	-	(1.2)	-	1.2
Net Surplus/(Deficit) after Unrealised Gains/(Losses)	(1.1)	(1.9)	0.8	(0.4)	(7.3)	(10.1)	2.8
Free Reserves	46.7	42.3	4.4	10%	37.6	31.5	6.2

Note: Figures are subject to rounding

* Unrealised Gains/(Losses) reflect short-term movements in the value of our long-term stock market investments since March 2022

**Other corporate costs mainly represent Defined Benefit Pension deficit payments

NHS Workforce Race Equality Standard (WRES) Report 2022

Action: For discussion

Issue: To update the Council on our 2022 submission to the NHS Workforce Race Equality Standard.

Core regulatory function: All regulatory functions

Strategic priority: Strategic aim 3: More visible and informed
Strategic aim 5: Insight and influence
Strategic aim 6: Fit for the future organisation

Decision required: None.

Annexes: The following annexe is attached to this paper:

- Annexe 1: NMC WRES Report 2022

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

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Executive Director: Emma Broadbent
Acting Executive Director, People and Organisational Effectiveness
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Context:

- 1 In 2019 the NMC made a commitment to sign up to the [NHS Workforce Race Equality Standard \(WRES\)](#), and in 2020 we submitted our first set of data. We now do this on an annual basis, and in April 2022 started collecting our third round of data to enable us to begin to benchmark our performance and monitor progress.
- 2 The WRES comprises two components:
 - 2.1 Workforce diversity data analysis, compiled by HR colleagues
 - 2.2 A survey circulated to all colleagues.
- 3 This information is assessed against nine key workforce race equality indicators and submitted to the NHS WRES Team to be benchmarked against NHS Trusts and ‘arms length bodies and regulators’.
- 4 This year, 34.9 percent of NMC colleagues responded to the WRES survey. The full outcomes of the survey are included in Annexe 1: NMC WRES Report 2022.
- 5 The annual submission to WRES is one piece of a wider set of evidence we scrutinise to understand our progress on race equality. Other areas include our ethnicity pay gap data and ‘Your Voice’ survey results.

Four country factors: 6 There are no specific four country considerations for this report.

Discussion:

- 7 Implementing the NHS Workforce Race Equality Standard (WRES) is a mandatory requirement for NHS healthcare providers through the NHS standard contract. We have participated annually, on a voluntary basis, as an ‘arm’s length body or regulator’ (WRES terminology) since 2019, along with the CQC, and bodies such as NHS Digital and NICE.
- 8 In early July 2022 we circulated the WRES survey to colleagues. We communicated this via email, through reminders from EDI Leadership Group members and on Workplace. 391 colleagues responded, representing 34.9 percent of the workforce. This is fewer than 2021 when 471 colleagues responded (48.7 percent) and comprises 38.7 percent of all BME colleagues, 41.1 percent of white colleagues and 11.8 percent of colleagues whose data is ‘unknown’.
- 9 We sought feedback from the BMe network as to why people may not have completed the WRES survey this year.

Seven people responded to this request, reporting two themes: large workloads preventing them from completing multiple surveys in time (both Your Voice and WRES were open at the same time), and the timing of the survey coinciding with summer holidays. We will take this feedback into account when scheduling our next submission.

Summary of performance against the WRES indicators compared to 2021 submission

- 10 There are nine indicators in the WRES framework, five of which measure our employee data and four of which relate directly to survey responses given by employees.
- 11 The comparison table below sets out where we have improved against indicators when compared to our 2021 submission, and where progress has declined or data worsened.

WRES Indicator	Progress compared to 2021	Comments
Overall survey responses	Decreased	Down from 48.7 percent of employees in 2021 to 34.9 percent of employees in 2022
Indicator 1: BME representation across the organisation	Decreased	Overall BME representation decreased by 1.1 percent in 2022. Now 38.2 percent compared to 39.3 percent in 2021.
Indicator 2: likelihood of BME candidates being appointed	Increased	White candidates are 1.24 times more likely to be appointed from shortlisting than BME candidates, compared to 1.62 times more likely in 2021.
Indicator 3: BME employees in disciplinary processes	Decreased	No BME staff entered formal disciplinary process in 2022.

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Indicator 4: BME employees accessing non-mandatory training	Decreased		White staff 1.15 times more likely to access non mandatory training than BME staff, compared to 1.03 times in 2021
Indicator 5: employees experiencing external harassment, bullying or abuse (HBA)	White Increased	BME De- creased	0.8 percent of white and 4.0 percent BME respondents said they'd experienced HBA from external sources in 2021, in 2022 this rose to 1% of white respondents, and reduced to 3.8 percent of BME respondents.
Indicator 6: employees experiencing internal harassment, bullying or abuse	Decreased		In 2021, 11.5 percent of white respondents and 14.4 percent of BME respondents said they had experienced HBA from internal sources. In 2022 this decreased to 9.1 percent of white respondents and 10.7 percent of BME respondents.
Indicator 7: perceptions of equal opportunities for career progression	White Decreased	BME In- creased	In 2021, 46.1 percent of white respondents agreed there are equal opportunities for career progression, in 2022 this decreased to 43.3 percent. In 2021 35.3 percent of BME employee's respondents agreed and in 2022 this increased to 38.4 percent.
Indicator 8: employees personally experiencing discrimination at work	Decreased		In 2021, 11.9 percent of BME respondents and 7.8 percent of white respondents said they had experienced discrimination, in 2022 this decreased to 8.2 percent and 5.3 percent respectively.

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Indicator 9: BME board membership	Decreased	The percentage of BME board members has decreased from 10.5 percent to 5.3 percent since our 2021 submission, representing a decrease of one person.
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12 **Annexe 1** sets out the full data against each of the above indicators, and benchmarks us against our 2021 data and the most recent NHS data. Unfortunately, we have not received any benchmarking data for ‘arm’s length bodies and regulators’ since 2020, though the national WRES Team have said this will be available in late 2022.

Next Steps

- 13 As in previous years, a working group has been established to analyse, communicate, and implement the WRES findings for the NMC. This year, a key action in the EDI Plan is to update this group’s Terms of Reference and widen its remit to a broader ‘workforce race equality working group’. This update has been completed and will enable us to take a more holistic approach to tackling race inequality in workforce systems and processes. It recognises that although WRES is a significant measure of race equality, other measures such as our ethnicity pay gap, Your Voice survey, network feedback and data outside of the WRES should also influence the actions we take.
- 14 Annexe 1 sets out in detail the key actions contained in the EDI Plan which we believe will move the dial on workforce race equality at the NMC, and which are directly linked to reporting on the WRES indicators.
- 15 Some of these actions are underway as year 1 of the EDI Plan progresses, such as designing our new Applicant Tracker System, and developing mandatory, EDI-focused recruitment and selection training.
- 16 Our approach to these actions needs to be rooted in the identification and removal of barriers. Some milestones are medium term, such as ensuring we embed anti-racism into our management programmes and leadership development offer, and others will take longer to deliver measurable benefits, such as using tools like positive action to support progression of BME colleagues, helping us to maximise talent and reduce our ethnicity pay gap.

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17 The delivery and impact of actions taken will be monitored as part of our EDI Action Plan by our EDI Leadership Group and the scrutiny of both our Executive Board and Council.

Communications plan

18 Colleagues from the Communication and Engagement team are represented on the workforce race equality working group and have developed a plan for communicating the results.

19 We will communicate the WRES findings to all colleagues via email and promote on workplace the week following Executive Board discussion. The Workforce EDI Manager will also present the results as a substantive item at the next BMe Network and Employee Forum meetings.

Midwifery implications:

20 This paper is not applicable for midwifery as it relates only to the NMC workforce.

Public protection implications:

21 This paper does not have any direct implications for public protection.

Resource implications:

22 There are no resource implications as a direct result of this paper. Resource has already been identified through the development of the EDI Plan and Directorate Business Plans for the delivery of actions to tackle workforce race inequality.

Equality diversity and inclusion implications:

23 This activity relates to our equality responsibilities as an employer, and seeks to implement actions which will help us to eliminate discrimination, implement positive action and advance equality of opportunity for Black and ethnic minority colleagues.

Stakeholder engagement:

24 Engagement with the national WRES Team has taken place in determining the logistics of submitting our WRES data for 2022.

Risk implications:

25 There are organisational risks stemming from not embedding action on workforce race equality in a timely manner, given our growing ethnicity pay gap and reports of discrimination from colleagues

through the WRES survey. This will potentially impact colleagues' morale, retention and ultimately employee turnover, at a time when we are tackling significant regulatory challenges such as a backlog of fitness to practice cases.

Regulatory reform:

26 As part of regulatory reform we will be implementing a Unitary Board, which has implications for the Board-level data we currently submit to WRES. EDI colleagues are working with regulatory reform colleagues to ensure an equality impact assessment (EQIA) is carried out on the potential diversity impacts of moving to the new Board structure, and other workforce planning elements of the programme.

Legal implications:

27 There are no direct legal implications arising from this paper.

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Item 13: Annexe 1
NMC/22/90
28 September 2022

Workforce Race Equality Standard (WRES) Survey 2021

initial findings

September 2022

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NMC WRES Survey 2022 initial findings

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Introduction

In 2019 the NMC made a commitment to sign up to the [NHS Workforce Race Equality Standard \(WRES\)](#), and in 2020 we submitted our first set of data to WRES in line with this pledge. We now do this on an annual basis, and in April 2022 started collecting our third round of data to enable us to begin to benchmark our performance and monitor progress.

The WRES survey, and associated action plan, forms one part of our [EDI plan](#) in line with the NMC Strategy 2020-25. It is a key component of our workforce EDI work, setting our direction in terms of achieving good practice race equality across all areas of the employee lifecycle, tackling our ethnicity pay gap, ensuring our staff have access to career opportunities, development, and progression, and that they and receive inclusive and fair treatment in the workplace.

The 2022 WRES survey ran in July and 34.9 percent of NMC colleagues responded. This is a decrease on the previous year where the response rate was 48.7 percent, a decrease of 13.8 percentage points. Feedback from colleagues indicates that the reasons for this include high workload and the timing of the survey in the ‘summer’ period, and it coinciding with our ‘Your Voice’ employee survey this year. We will take this feedback into account when timing future surveys.

In this report we set out the results against each WRES data indicator (1-4) and then the results from our internal WRES workforce survey (indicators 5-8).

This report sets out the following:

1. NMC 2022 WRES data outcomes
2. NMC 2021 WRES data outcomes (for comparison)
3. NHS WRES 2022 report data(for comparison with NHS organisations).

Unfortunately, we have not yet received the 2021 Arm’s Length Bodies report from NHS WRES which restricts our ability to externally benchmark our data.

A note on terminology

The terminology used throughout this document is ‘Black and minority ethnic’ (BME) which aligns with the terminology used by NHS WRES in its [reporting documents](#). Definitions of BME and white used in the WRES have followed the national reporting requirements of ethnic category in the NHS data model and are as used in NHS Digital data, based upon the ONS Census categories. More information can be found at Section 7 of the [WRES Technical Guidance](#).

Progress against WRES indicators: at a glance

WRES Indicator	Progress compared to 2021		Comments
Overall survey responses	Decreased		Down from 48.7 percent of employees in 2021 to 34.9 percent of employees in 2022
Indicator 1: BME representation across the organisation	Decreased		Overall BME representation decreased by 1.1 percent in 2022. Now 38.2 percent compared to 39.3 percent in 2021.
Indicator 2: likelihood of BME candidates being appointed	Increased		White candidates are 1.24 times more likely to be appointed from shortlisting than BME candidates, compared to 1.62 times more likely in 2021.
Indicator 3: BME employees in disciplinary processes	Decreased		No BME staff entered formal disciplinary process in 2022.
Indicator 4: BME employees accessing non-mandatory training	Decreased		White staff 1.15 times more likely to access non mandatory training than BME staff, compared to 1.03 times in 2021
Indicator 5: employees experiencing external harassment, bullying or abuse (HBA)	White Increased	BME Decreased	0.8 percent of white and 4.0 percent BME respondents said they'd experienced HBA from external sources in 2021, in 2022 this rose to 1% of white respondents, and reduced to 3.8 percent of BME respondents.
Indicator 6: employees experiencing internal harassment, bullying or abuse	Decreased		In 2021, 11.5 percent of white respondents and 14.4 percent of BME respondents said they had experienced HBA from internal sources. In 2022 this decreased to 9.1 percent of white respondents and 10.7 percent of BME respondents.
Indicator 7: perceptions of equal opportunities for career progression	White Decreased	BME Increased	In 2021, 46.1 percent of white respondents agreed there are equal opportunities for career progression, in 2022 this decreased to 43.3 percent. In 2021 35.3 percent of BME employee's respondents agreed and in 2022 this increased to 38.4 percent.
Indicator 8: employees personally experiencing discrimination at work	Decreased		In 2021, 11.9 percent of BME respondents and 7.8 percent of white respondents said they had experienced discrimination, in 2022 this decreased to 8.2 percent and 5.3 percent respectively.

Indicator 9: BME board membership	Decreased	The percentage of BME board members has decreased from 10.5 percent to 5.3 percent since our 2021 submission, representing a decrease of one person.
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WRES Data Indicators (1-4): 2022 Initial Findings

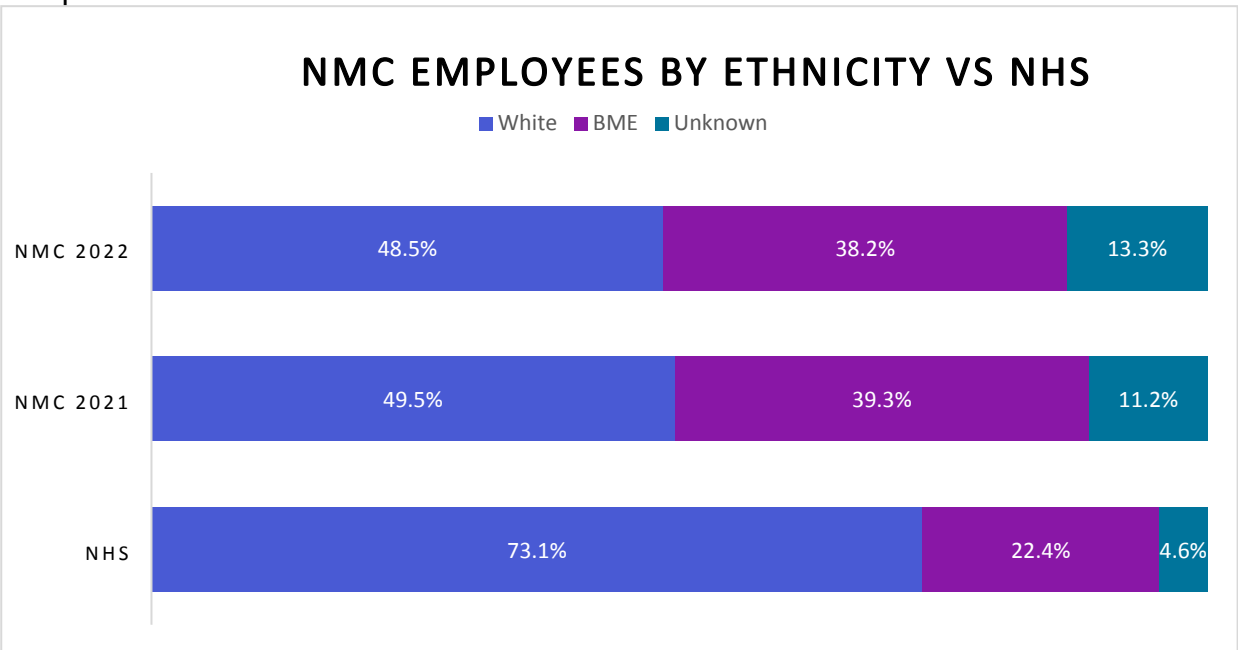
Indicator 1

WRES indicator 1 - Staff in each of the NHS Agenda for Change (AfC) Bands 1-9 or Medical and Dental subgroups and Very Senior Manager (VSM) (including executive Board members) compared with the percentage of staff in the overall workforce.

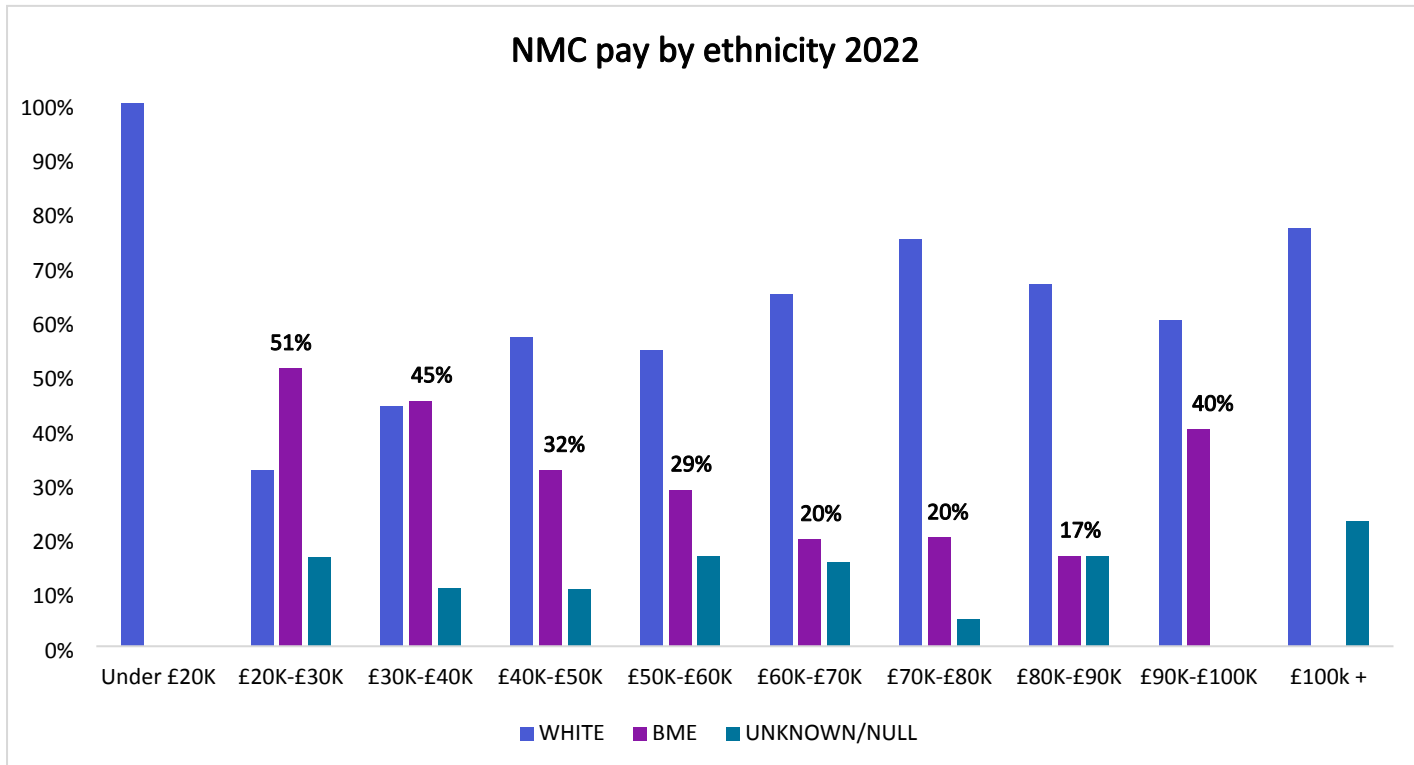
NMC pay grades do not align with the NHS AfC grades. In 2020 it was agreed with WRES that we will submit our pay data in £10k salary intervals in line with other regulators.

- In 2022 the NMC's workforce is 38.2 percent BME. This is **15.4** percentage points higher than the NHS trust average in 2021.
- The proportion of BME employees decreased by **1.1** percentage points in 2022. This is mainly caused by the decrease in the number of new starters declaring their ethnicity, with the number of 'unknown' increasing by 2.1 percent.

Below are the WRES survey results for the distribution of employees by ethnicity compared to the NHS in 2021.



Below is the current distribution of employee's salaries by grade. The WRES survey defines employees paid over £100K as very senior managers (VSM).



- In 2022 the NMC has zero BME employees at VSM level. This is a decrease of two since 2021 WRES survey.
- In 2021 NHS had 9.1 percent representation at VSM level.

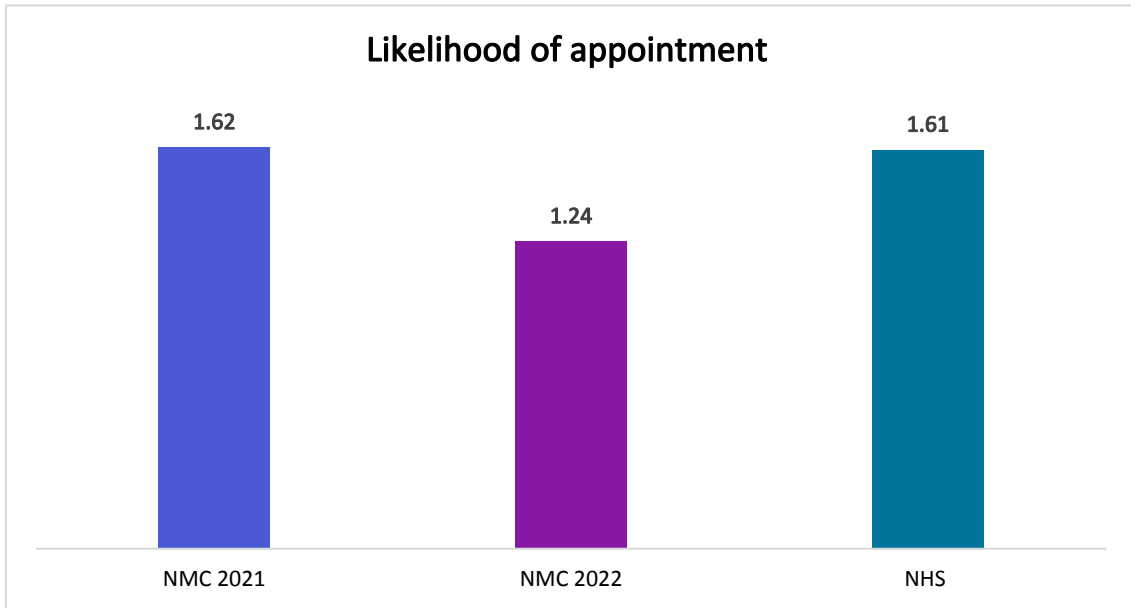
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Indicator 2

WRES indicator 2 – Relative likelihood of white applicants being appointed from shortlisting compared to BME applicants

The NMC asks all candidates to share their ethnicity on an anonymised data collection form at application stage. Below is a graph showing the likelihood of a white applicant being appointed in comparison to a BME applicant, and how we compare to the NHS in 2021:



- In 2022 white applicants to the NMC who were shortlisted were 1.24 times more likely to be appointed compared to BME applicants. This is a decrease of **0.38** compared to the NMC in 2021
- The NMC 2022 score is **0.37** below NHS but is still in favour of white applicants.
- WRES defines an acceptable score as the non-adverse range of 0.8 to 1.25 based on the four fifths rule which the NMC falls into. The four fifths rule can be

defined as 'if the selection rate for a certain group is less than 80 percent of the group with the highest selection rate, there is an adverse impact on that group'. This means the current NMC score (1.24) is inside this range.

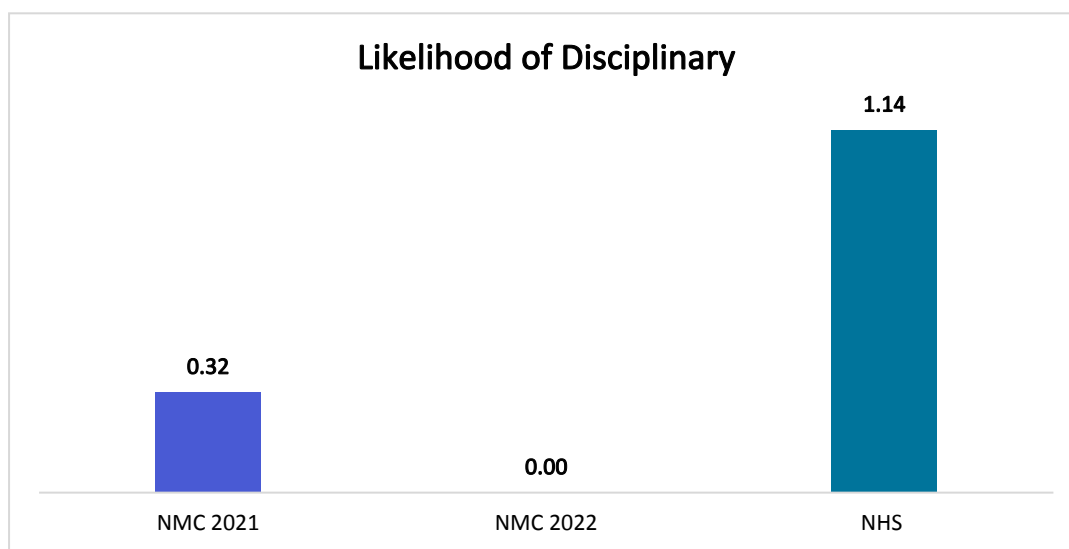
- 33 percent of the NMC appointments were BME candidates in 2022. As outlined in Indicator 1, the number of new starters not declaring their ethnicity has increased. This influenced a decrease in the proportion of BME staff at NMC.

Indicator 3

WRES indicator 3 – Relative likelihood of BME staff entering the formal disciplinary process compared to white staff

The NMC collects data on all formal disciplinary investigations processes.

The graph below shows the likelihood of an employee entering a formal disciplinary process by ethnicity compared to the 2021 NHS WRES data:



- There were no disciplinary cases against BME employees in 2022 reporting period.
- In 2021 BME employees were less likely than white employees to go through a formal disciplinary. There were five formal cases in 2021.

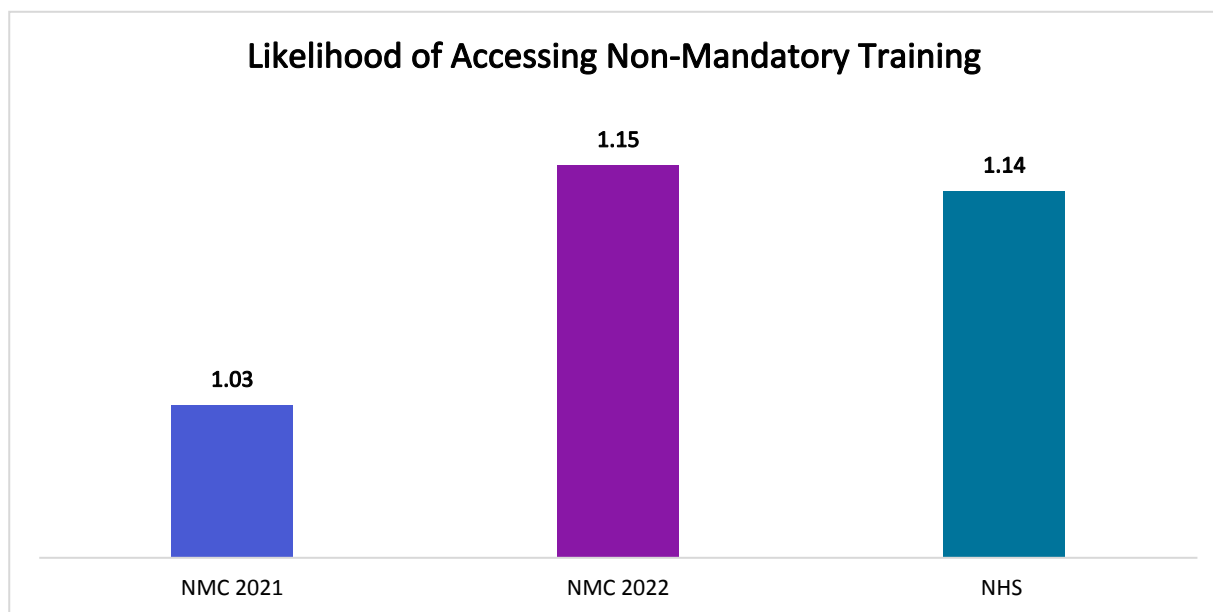
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Indicator 4

WRES indicator 4 – Relative likelihood of staff accessing non-mandatory training and continuing professional development (CPD)

The NMC collects data on employees undertaking training. However, there are limits to this data as not all training in the NMC is currently recorded in a central location. The data below is therefore a record of training recorded on the HR system.

The graph below shows the likelihood of white employees receiving non-mandatory training compared to BME employees, as recorded by our HR system, against the 2022 NHS WRES Report data:



- There has been an increase in the relative likelihood of white NMC employees receiving non-mandatory training at NMC of **0.12**.
- White employees are 1.15 times more likely than BME employees to receive non-mandatory training at the NMC, an increase on the 2021 figure of 1.03. Across the NHS white staff are 1.14 more likely to access non-mandatory training.
- Similarly to recruitment data, WRES defines an acceptable range of 0.8 to 1.25. We are currently within this range at 1.15. We must not be complacent about this, however, and recognise that future implementation of a new Learning Management System must provide accurate data for all non-mandatory training completed by colleagues. We have committed to this in our EDI Plan, as well as improvements to our recruitment data through a new Applicant Tracker System.

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WRES Survey Indicators (5-8): Initial Findings

Survey methodology and data collection

WRES survey questions

- For indicators 5-8 we have collected our data by running the exact WRES Survey questions through a Survey Monkey platform, communicated to all employees through a range of internal mechanisms including the CEO email newsletter, reminders from our EDI Leadership Group members and Workplace, our intranet platform.
- In total 391 employees responded to the survey in 2022 which represents 34.9 percent of all employees
- This is down 13.8 percentage points from 2021 where 48.7 percent of all employees participated.

The breakdown of employees participating this year is summarised in the below table:

Ethnicity	WRES in 2022	NMC 2022	WRES in 2021
White	208	506	243
BME	159	411	202
Unknown	24	204	35
	391	1,121	479

The 2022 response rate as a percentage is therefore:

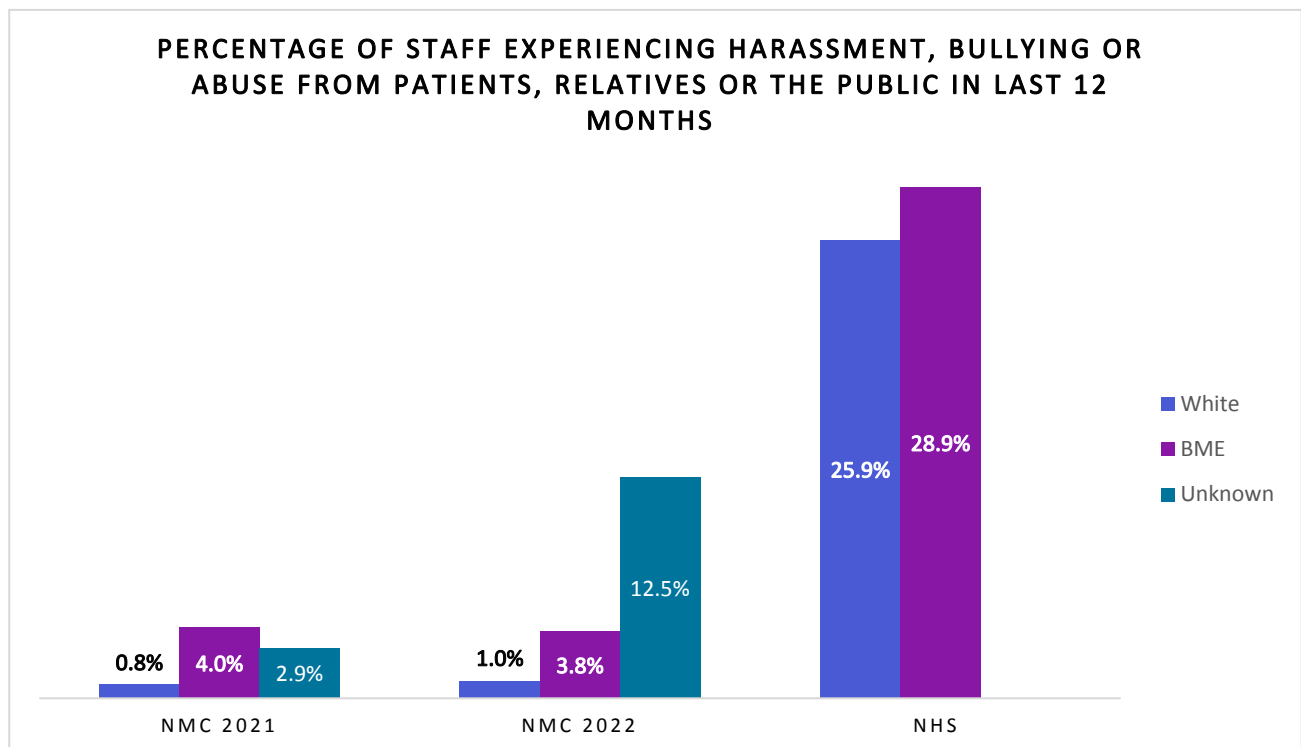
- 41.1 percent of all white colleagues at the NMC responded to the 2022 WRES Survey (compared to 49.9 percent in 2021)
- 38.7 percent of all BME colleagues at the NMC responded (compared to 52.1 percent in 2021)
- 11.8 percent of colleagues whose data is 'unknown' responded (compared to 31.8 percent in 2021)

For comparison purposes, it should be noted that the NHS results in their 2022 published report are from the 2020 NHS Survey.

Indicator 5

WRES indicator 5 – Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months

- At the NMC it is likely that the responses to this question mainly relate to the public as we do not have roles that are in regular contact with patients and relatives.

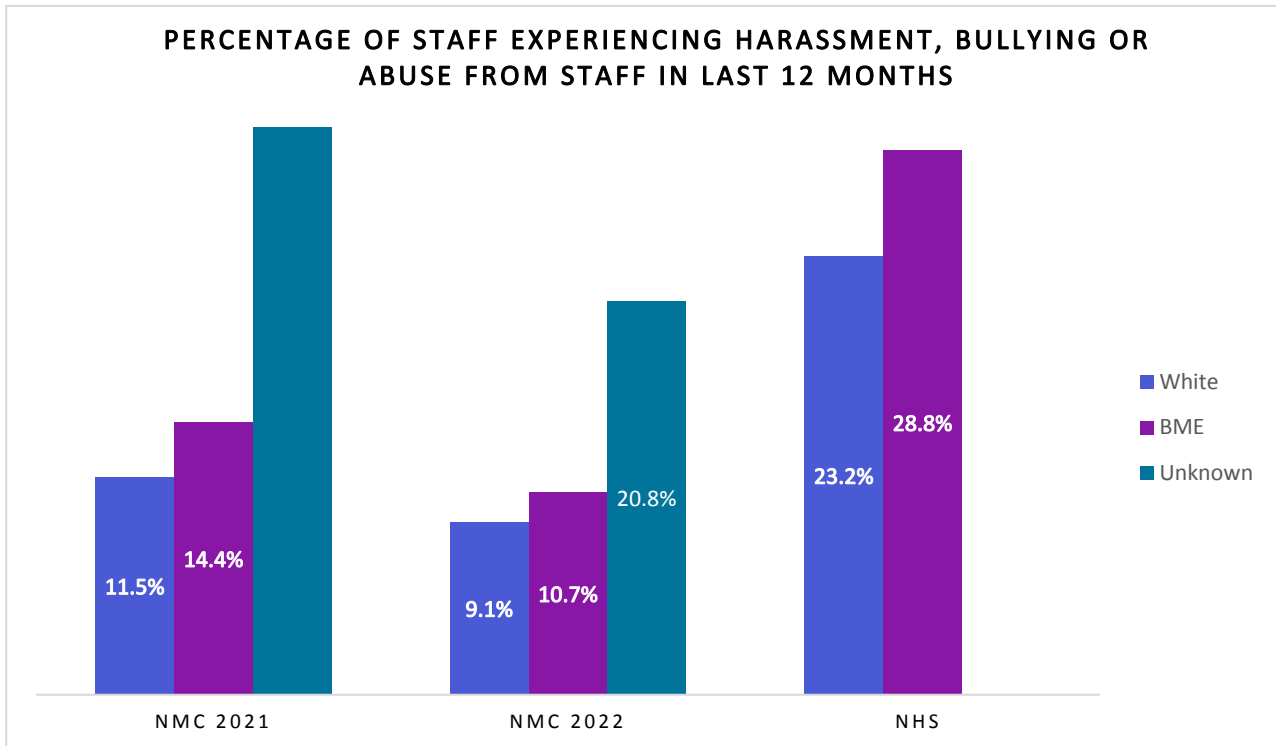


- The percentage of white and BME employees experiencing harassment, bullying or abuse from the public has reduced by **0.2** percentage points since 2021 which is positive.
- However, BME employees are still over three times more likely to experience harassment, bullying or abuse from the public than white employees at the NMC, and this is higher for those with 'unknown' ethnicity data.
- In terms of numerical context, the 3.8 percent of BME respondents reporting external bullying, harassment or abuse represents six people. For white colleagues, the 1 percent represents two people, and for those whose ethnicity is unknown, 12.5 percent represents three people.
- The NMC scores are significantly less than the NHS however this is likely to be due to most of our roles not being public facing.

Indicator 6

WRES indicator 6 – Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

The graph below compares how NMC employees that participated in the WRES survey answered the question above in 2021 and 2022 compared to the NHS 2020 survey:

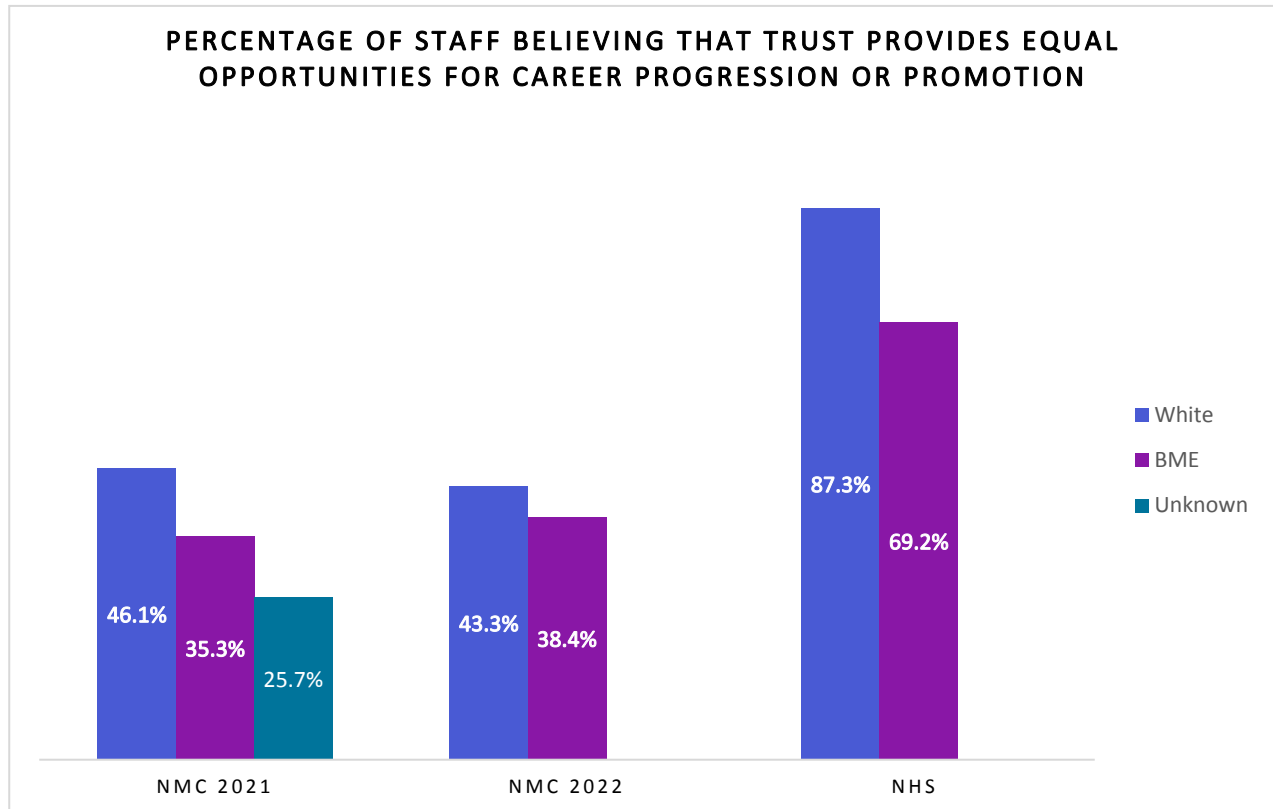


- In 2022 the percentage of employees experiencing harassment, bullying or abuse from staff decreased for both white and BME employees compared to the NMC in 2021 **2.4** percentage points and **3.7** percentage points respectively.
- For numerical context, this represents 19 white respondents, 17 BME respondents and five respondents whose ethnicity is 'unknown'.
- The NMC scores remains significantly below the NHS for both white and BME employees however any score above zero is cause for concern.

Indicator 7

WRES indicator 7 – Percentage of staff believing that their organisation provides equal opportunities for career progression or promotion

The graph below compares how employees that participated in the WRES survey answered the question above in NMC 2021 & 2022 compared to the NHS 2020:

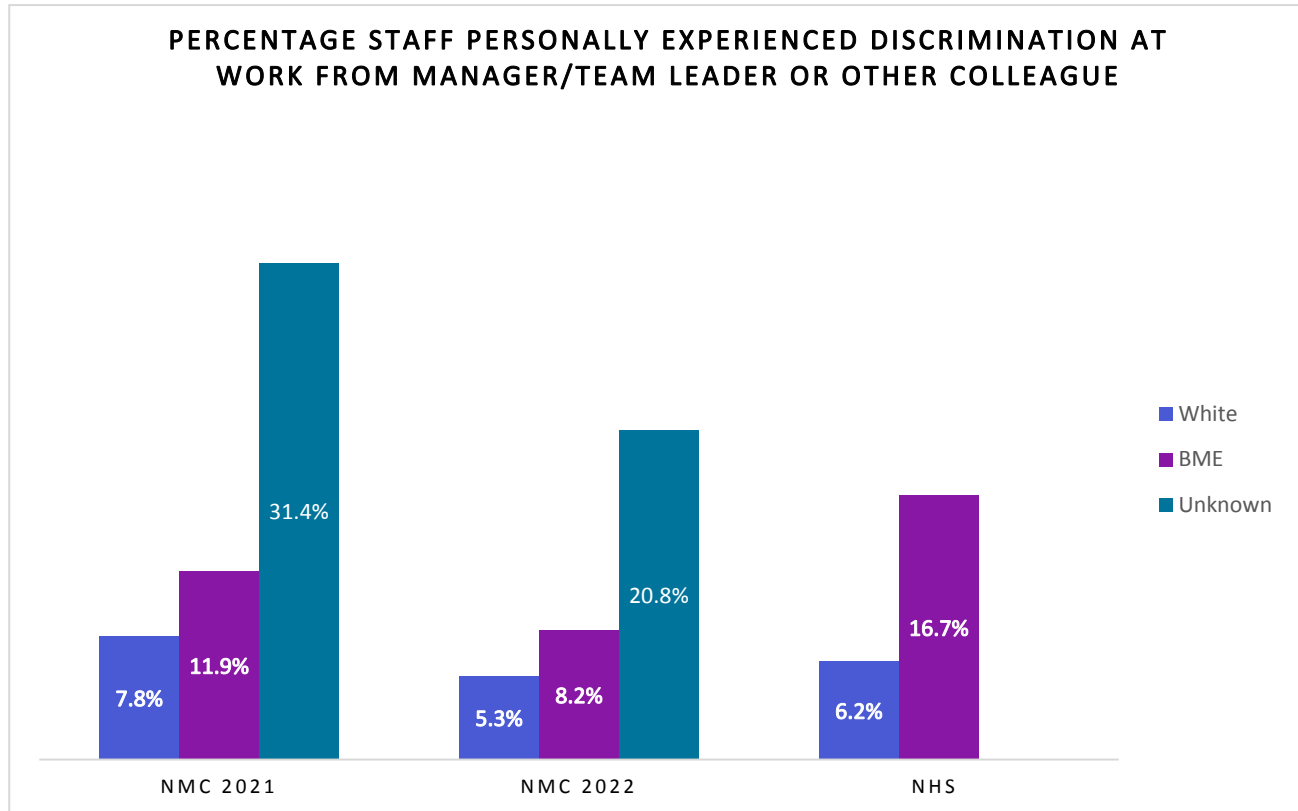


- In 2022 the percentage of white employee's believing that their organisation provides equal opportunities for career progression or promotion has reduced by **2.8** percentage points.
- The proportion of BME employees believing that their organisation provides equal opportunities has increased by **3.1** percentage points.
- For numerical context, this equates to 90 of the 208 white respondents agreeing there **is** equal opportunity for career progression, and 61 of the 159 BME respondents agreeing.
- Despite the slight improvement in our BME score in 2022 our results are significantly lower than the NHS and highlight the work we still must do to improve career progression for BME colleagues.

Indicator 8

WRES indicator 8 – In the last 12 months have you personally experienced discrimination at work from a manager / team leader or other colleague?

The graph below compares how employees that participated in the WRES survey answered the question above in NMC 2021 and 2022 compared to the NHS 2020:



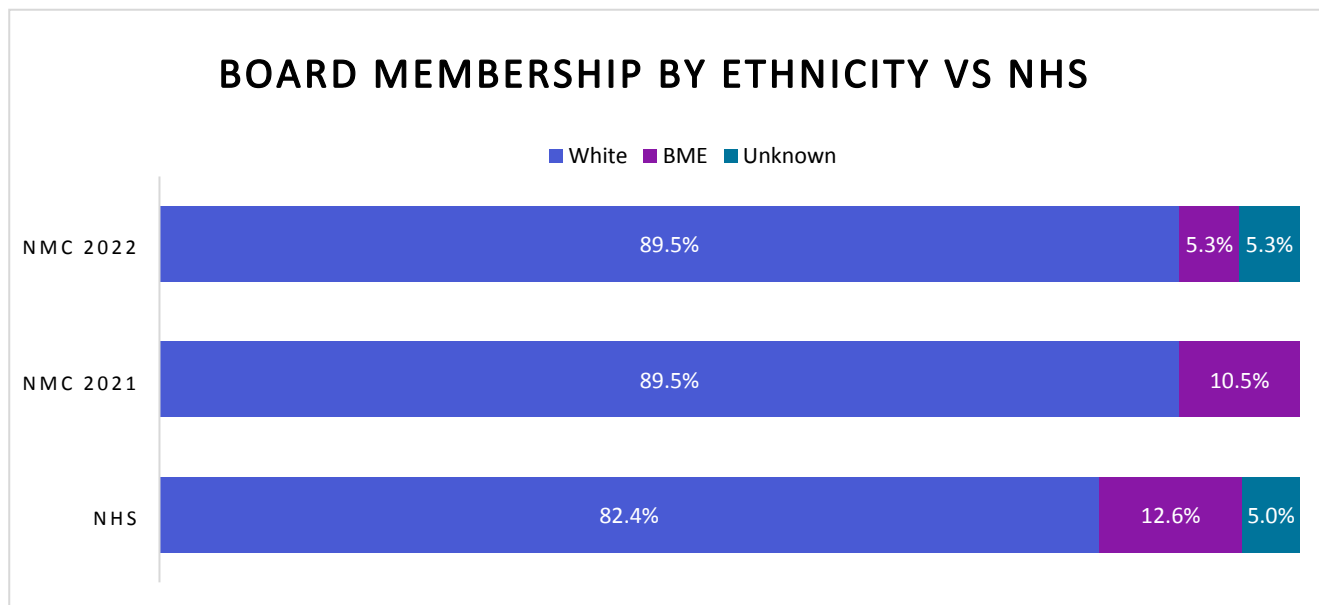
- In 2022, 8.2 percent of BME respondents said they had personally experienced discrimination at NMC in the past 12 months. This represents a decrease of **3.7** percentage points from 2021.
- There was also a decrease for white employees with 5.3 percent saying they had personally experienced discrimination; down by **2.5** percentage points from 2021.
- For context, this comprises 11 white respondents experiencing discrimination in the past 12 months, 13 BME respondents and five respondents for whom their ethnicity data is unknown.
- The scores for both BME and white employees are lower than the NHS in this indicator, however we must not be complacent about the impact of discrimination experienced from colleagues and aim to tackle this through our EDI Plan.

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Indicator 9

WRES indicator 9 – Percentage difference between the organisations’ board membership and its overall workforce

The graph below shows how we compare to NMC board membership by ethnicity in 2021.



- For the purposes of WRES, data on our ‘Board’ includes our Council and Executive.
- The NMC has low BME representation at board member level, with BME colleagues representing 5.3 percent of our Board membership. This is compared to the overall NMC representation of 38.2 percent.
- There was a **5.2** percentage point decrease in BME board representation in 2022, this represents a reduction of one person.
- The average 2021 NHS BME board member representation is 12.6 percent which means the NMC is currently 7.3 percentage points below this.

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Conclusion

The purpose of this report is to set out the initial findings of WRES data collection. It was presented to the WRES Working Group, the Executive Board and wider NMC workforce before publication.

Initial analysis demonstrates that, compared to our 2021 submission, we have improved against the following indicators in 2022:

- Indicator 2: likelihood of BME candidates being appointed
- Indicator 3: BME employees in disciplinary processes
- Indicator 6: employees experiencing internal harassment, bullying or abuse
- Indicator 8: employees personally experiencing discrimination at work.

Although this is positive, the proportion of employees that responded to the survey in 2022 was significantly lower than 2021 and WRES is just one measure we use to measure workforce race equality. Against all other indicators our data shows a lack of progress compared to 2021 and we know we need to do more to improve the experiences of our Black and ethnic minority colleagues, and address barriers in recruitment.

What are we doing in response to our 2022 WRES data?

Our EDI Action Plan 2022-25 looks at how we aim to tackle workforce inequalities through an intersectional and holistic lens. However, the inequalities in our workforce data, WRES results and ethnicity pay gap mean that we have articulated throughout the plan how we will tackle specific race disparities for colleagues.

The actions within our EDI Action Plan which align directly with WRES (for example through links to the indicators or through using WRES to monitor progress) include:

- Improving our mechanisms to report discrimination, bullying and harassment
- Implementing our new Applicant Tracker System to improve how we collect recruitment data and improve our recruitment process
- Mapping the career progression of colleagues and creating targeted actions to improve this, through our Rising Together Mentoring Programme, recruitment training and embedding a new approach to leadership and management development
- Working with colleagues and our BME network to improve inequalities facing ethnic minority groups, e.g. through policy development, learning and embedding leadership accountability.

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How will we know we're making progress?

We will continue to implement WRES but recognise it is not the sole measure of workforce race equality at the NMC. We will also use the monitoring of our EDI Action Plan to measure progress, other internal employee surveys such as our twice-yearly all-staff 'Your Voice' survey, our ethnicity pay gap reporting, our employee networks and external stakeholder views.

The actions taken will be monitored as part of our EDI Action Plan under the leadership of our EDI Leadership Group members and the scrutiny of both our Executive Board and Council.

Sustainable improvements against WRES measures will be delivered collectively. Some changes can be made quickly but others that are required to change our BME colleagues experiences will take time and continued effort to deliver. We are fully committed to our individual and collective responsibility in making this happen.

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 27 July 2022 under delegated powers in accordance with Standing Orders.

There have been the following two Chair's actions:

- to approve the Annual Returns 2021-2022 to the Charity Commission and the Office of the Scottish Charity Regulator (OSCR) (04/2022);
- to approve an amendment to the Defined Benefit Pension Scheme trust deed, following the resignation of a pension scheme trustee (05/2022).

Core regulatory function: Supporting functions.

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

Decision required: None.

Annexe: The following annexes are attached to this report:

- Annexe 1: Chair's action 04/2022 – Approval of the Annual Returns 2021-2022 to the Charity Commission and the Office of the Scottish Charity Regulator.
- Annexe 2: Chair's action 05/2022 – Approval of an amendment to the Defined Benefit Pension Scheme trust deed, following the registration of a pension scheme trustee.

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: Secretary to the Council	Date: 8 August 2022
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Approval of Annual Returns 2021-2022 to the Charity Commission and the Office of the Scottish Charity Regulator (OSCR)

1. As a registered charity with income in excess of £10,000 a year, the NMC is required to submit annual returns to the Charity Commission and OSCR, together with copies of the audited annual report (Trustees' annual report) and accounts. Charity Commission guidance requires that the annual returns be reviewed and approved by a Trustee of the charity. The Audit Committee confirmed in June 2015 that review and approval by the Chair is appropriate.
2. The proposed 2021-2022 annual returns are attached for review, along with a supporting paper.
 - 2.1. Annexe 1: Charity Commission (*not included*)
 - 2.2. Annexe 2: OSCR (*not included*)
3. The returns have been populated using information already included in the audited Annual Report and Accounts 2021-2022, which have been laid in Parliament and published. However, information required by the Charity Commission relating to staff remuneration differs from that required in the Annual report (see supporting paper, paragraphs 14 and 15). This information has been supplied by the Finance team.
4. The financial aspects of both returns have been approved by the Executive Director of Resources and Technology Services.
5. The Chief Executive and Registrar has reviewed the returns and is content for them to be submitted to the Charity Commission and the OSCR.

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6. The Chair is asked to:

- a. approve the annual returns; and**
- b. confirm that you are content for your electronic signature to be attached to this Chair's action.**

7. Once approved, the returns will be submitted by the Head of Governance online. This is in line with good practice, which is that annual returns should be submitted within six months of the financial year-end. It is well in advance of the deadlines of 31 December 2022 (OSCR) and 31 January 2023 (Charity Commission).

Signed Joe Allen (Chair)

Date 8 April 2022

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: Richard Wilkinson Assistant Director, Finance and Audit	Date: 08 August 2022
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Approving an amendment to the Defined Benefit Pension Scheme trust deed, following the resignation of a pension scheme trustee.

1. When a trustee of the pension scheme is appointed or resigns this requires a deed of amendment signed by the trustees and the two employers involved in the pension scheme.
2. One of the employee deferred member trustees, Paul Johnson, resigned in July 2021.
3. The deed of amendment giving effect to the resignation is attached at **annexe 1** (*not included*). It has been prepared by the trustees' lawyers and reviewed by our General Counsel team which is content with it.
4. As the deed sets out, it can be signed 'in counterpart' – in other words, each of the parties can sign separate copies of the document as if they were one document. The pension scheme administrators have recently informed the Assistant Director of Finance and Audit that other parties have now signed the document.
5. As a deed amending the pension scheme, this needs to be signed and sealed by the Chair of the NMC Council on behalf of the NMC.
6. **The Chair is asked to approve the amendment on behalf of the Council and to sign and seal the deed of amendment.**

Signed:  (Chair)

Date: 8 August 2022