Open Council - 23 November 2022

MEETING
23 November 2022 09:30

Meeting of the Council

To be held from **09:30** on Wednesday 23 November 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/22/93	**09:30**
2	**Apologies for absence**	NMC/22/94	
3	**Declarations of interest**	NMC/22/95	
4	**Minutes of the previous meeting** Chair of the Council	NMC/22/96	
5	**Summary of actions** Secretary	NMC/22/97	

Matters for discussion

6	**Executive report including performance and risk report (quarter two – July to September 2022)** Chief Executive and Registrar/Executive	NMC/22/98	**09:40-10:40** *(60 mins)*
7	**Fitness to Practise caseload update** Executive Director, Professional Regulation	NMC/22/99	**10:40-11:10** *(30 mins)*
	Refreshment break		***11:10-11:30*** ***(20 mins)***

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8	**Professional Standards Authority annual performance review for 2021-2022**	NMC/22/100	**11:30-12:00** *(30 mins)*
	Interim Executive Director, People and Organisational Effectiveness		
9	**Future ambitions for Education Quality Assurance**	NMC/22/101	**12:00-12:30** *(30 mins)*
	Executive Director, Professional Practice		

Matter for decision

10	**Panel Member Reappointments and Legal Assessor Reappointments**	NMC/22/102	**12:30-12:40** *(10 mins)*
	Executive Director, Professional Regulation		

Matter for discussion

11	**Questions from observers**	NMC/22/103	**12:40-12:55** *(15 mins)*
	Chair	**(Oral)**	

Matters for information

12	**Audit Committee Report**	NMC/22/104	**12:55**
	Chair, Audit Committee		
13	**Investment Committee Report**	NMC/22/105	
	Chair, Investment Committee		
14	**Appointments Board Report**	NMC/22/106	
	Chair of the Appointments Board		
15	**The General Nursing Council for England and Wales Trust Report**	NMC/22/107	
	Lynne Wigens		

16   **Chair's actions taken since the last meeting**   NMC/22/108

Chair

Lunch and Ethel Gordon Fenwick plaque   **13:00**
unveiling (45 mins)

Item 4
NMC/22/96
23 November 2022

Meeting of the Council
Held on 28 September 2022 in the Council Chamber, 23 Portland Place.

Minutes

Council

David Warren	Chair
Karen Cox	Member
Claire Johnston	Member
Tracey MacCormack	Associate
Eileen McEneaney	Member
Margaret McGuire	Member
Derek Pretty	Member
Anna Walker	Member
Ruth Walker	Member
Sue Whelan Tracy	Member
Lynne Wigens	Member

NMC Officers

Andrea Sutcliffe	Chief Executive and Registrar
Emma Broadbent	Acting Executive Director, People and Organisational Effectiveness
Jenny Simnett	Interim Executive Director, People and Organisational Effectiveness
Helen Herniman	Executive Director, Resources and Technology Services
Matthew McClelland	Executive Director, Strategy and Insight
Lesley Maslen	Executive Director, Professional Regulation
Miles Wallace	Acting Executive Director, Communications and Engagement
Geraldine Walters	Executive Director, Processional Practice
Anthony Robinson	Assistant Director, Professional Regulation *(NMC/22/87 only)*
Paul Johnson	Assistant Director, Professional Regulation *(NMC/22/88 only)*
Fionnuala Gill	Secretary to the Council
Alice Horsley	Governance Manager

A list of observers is at Annexe A.

Minutes

NMC/22/78   Welcome and Chair's opening remarks

1.   A minute's silence was observed in memory of Her late Majesty Queen Elizabeth II.

2.   The Chair welcomed all attendees and observers to the meeting, including Lesley Maslen, Executive Director, Professional Regulation and Jenny Simnett, Interim Executive Director, People and Organisational Effectiveness, who were attending their first Council meeting.

3.   The Chair extended a special welcome to Edward Welsh, Executive Director, Communications and Engagement, observing the meeting following a long period of sick leave.

NMC/22/79   Apologies for absence

1.   Apologies were received from Hugh Bayley and Marta Phillips, Council members; Gloria Rowland, Associate; and Alice Hilken, General Counsel.

NMC/22/80   Declarations of interest

1.   **a) NMC/22/83: Executive report**
        NMC/22/89 Review of the corporate plan and budget 2022-2023
        All registrant and Associate members and Geraldine Walters declared an interest in these items in so far as these related to the registration fee. 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 than other registrants.
        b) NMC/22/86: Revocation of Panel Chair appointments
        The Executive Director, Professional Regulation declared an interest given a prior professional relationship in a previous role with the individual whose appointment was being revoked. This was not material; the error had occurred and been identified before she joined the NMC.
        c) NMC/22/88: Fitness to Practise Caseload update
        All registrant and Associate members and Geraldine Walters declared an interest. The interests were not considered material such as to require the individuals concerned to withdraw from discussion.

NMC/22/81   Minutes of the previous meeting

1.   The minutes of the meeting on 27 July 2022 were agreed as an accurate record and signed by the Chair.

NMC/22/82 **Summary of actions**

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

NMC/22/83 **Executive Report including summary of Corporate Risk Register for 2022-2023**

1. The Chief Executive and Registrar introduced the report.

2. The Chief Executive and Registrar confirmed that the registration fee would not be increased in the current financial year, recognising the significant cost of living pressures facing professionals. The considerable inflationary pressures would also impact on NMC costs, so it was not feasible to reduce or suspend the fee.

3. The Professional Standards Authority (PSA) performance review for April 2021 to June 2022 found that we had met 17 of the 18 Standards of Good Regulation. As expected, we had not met the Standard on fitness to practise (FTP) timeliness. Reducing the caseload and improving timeliness continued to be the top corporate priority; the caseload had been stabilised and had now begun to reduce slowly. The Chief Executive and Registrar apologised to all those waiting for an FTP decision, recognising the additional distress caused by delays.

4. In discussion the following points were noted:
    a) Following the Secretary of State for Health and Social Care's announcement that the temporary register would remain in place for a further two years, we were considering how we would do this safely and would report to Open Council in November 2022.
    b) Our Equality, Diversity, and Inclusion (EDI) action plan was published on 26 September 2022.
    c) Revalidation templates had been amended to reflect our updated education standards. We would be writing to each professional on our register to alert them that they should review the standards as part of revalidation. This was welcomed as an effective way of influencing and supporting continued professional development.
    d) Donna Ockenden's presentation to the Midwifery Panel on her report into Maternity failings at Shrewsbury and Telford Hospitals NHS Trust had focused on her findings around the importance of a multi-disciplinary approach; safe staffing and effective resourcing of maternity services; and supporting midwives to do their job better.
    e) The planned work to support internationally-trained professionals joining the register was welcome: an ethical approach to recruitment extended beyond the point of registration to helping such individuals to thrive once they had joined the register.
    f) We were also working with the Chief Nurse for Social Care and Skills for Care, recognising the more challenging environment faced by international professionals working in the social care sector.

g) The confirmation that there was sufficient OSCE capacity following the expansion in recent years was welcomed.

h) The work on Public Voice was important and it would be good to hear more about this.

5. *Corporate risk report*

The Executive Director, Resources and Technology Services (RTS) introduced the report. In discussion the following points were noted:

a) **EXT21/03:** The risk that we do not recover efficiently following the Covid-19 pandemic. This would be reviewed at the end of 2022, rather than waiting until the temporary register closed.

b) **PEO18/01**: The risk that we fail to recruit and retain an adequately skilled workforce was due to be reviewed. The link between the risk, causes and mitigations could be described more clearly.

c) In future, it would be helpful to link the risks more clearly to corporate commitments and key performance indicators (KPIs).

Action:	**Amend the report to i) link the risks to the corporate commitments and KPIs ii) PEO18/01 – link the risk, causes and mitigations more clearly.**
For:	**Executive Director, RTS**
By:	**November 2022**

NMC/22/84 **English language requirements review**

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

2. The consultation had attracted 34,000 responses, including a good spread from across the four UK nations and the range of NMC stakeholders. Responses to the proposals were mixed. Generally, internationally educated registrants, employers, other health and care professionals and students tended to be more positive about potential changes; UK educated registrants, educators, and the public less so. The public were concerned about the perceived prospect of lower standards compromising the quality of care.

3. After careful consideration, the Executive Board had recommended proceeding with proposals relating to combining test scores and accepting supporting information from employers on the basis set out in the paper. Subject to the Council's decision, these changes would be implemented from January 2023.

4. In discussion the following points were noted:

a) Extending the period for combining test scores from six to twelve months should not pose a material risk; Test providers stated that their tests were valid for two years on the basis that language skills only begin to deteriorate after that time.

b) There would be a standard form for employers to use to provide supporting evidence of English Language proficiency. The objectivity of the process would be verified by a counter-signatory who must also be an NMC registrant.

c) The challenges of finding an NMC registrant counter-signatory in social and primary care settings was recognised; further work would be done to consider what might be acceptable for the future. The aim was to broaden the category of employer from whom supporting evidence was permissible over time.

d) The earliest the changes could be introduced was January 2023 due to the work needed to prepare teams in Professional Regulation to carry out the operational work and to make the necessary IT changes.

e) Monitoring the impact of the changes would be critical. The impact of the changes would be captured as part of the insight strategy work.

f) Further work was required on whether to accept post-graduate qualifications undertaken in English as evidence of proficiency and this would be brought back for consideration by Council in due course.

g) Additional work and further consultation would be undertaken in 2023. The scope was likely to include reviewing the overall test score and the list of 'majority English-speaking countries.

h) English language proficiency was essential to the safe, kind, and effective practice of nursing and midwifery. It was important to strike the right balance between workforce pressures and patient safety.

i) There was support for the changes proposed, the planned further work and the commitment to review the impact.

5. **Decisions - The Council agreed 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 practise 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 their training and assessment was in English; or**
     - **Missed the required score by 0.5 (IELTS) or half a grade (OET) on one of English language domains.**
   - **To standardise the minimum test scores when combining scores across two sittings, so that the minimum score is:**
     - **No more than 0.5 below the required score for all language domains for IELTS; or**
     - **No more than half a grade below the required score for all language domains for OET.**

- **To extend the period for combining test scores from six to twelve months.**

6. The Chair thanked the teams involved for the impressive work over a demanding timescale given the volume of responses and the range of views expressed. The agreed changes struck a balance between the need to ensure fairness for those taking the English language test given the profound impact this could have and the need to ensure we protect public safety. The assurance that the impact of the changes would be closely monitored was welcome, as was the further work to explore the potential for more flexibility in future English language requirements. The Council looked forward to receiving further reports on the impact of the changes, as well as any further recommended changes.

Action:	**Report on the impact of the changes to the English language requirements.**
For:	**Executive Director, Strategy and Insight**
By:	**TBC**

NMC/22/85   Adroddiad Monitro'r Cynllun iaith Gymraeg ar gyfer y cyfnod rhwng 1 Ebrill 2021 a 31 Mawrth 2022

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

1. The Acting Executive Director, People and Organisational Effectiveness introduced the report. We were confident we had successfully complied with our Welsh language scheme during 2021-2022.

2. In discussion the following points were noted:
    a) The steps taken over recent years to strengthen relationships with Wales, including through a range of engagement with Welsh stakeholders and partners, the work of the Regulation Advisers and the lead Director arrangement, were commended.
    b) The new Welsh Language Standards Regulations would introduce more extensive requirements. We and the other health and care regulators were engaging with the Welsh Language Commissioner on implementation and would be taking advantage of the extension available to prepare for implementation in 2023.
    c) The work of the NMC has an impact on people speaking different languages and ensuring access was important.
    d) Translation of NMC documents and materials into different languages was available on request. There needed to be a balance between demand and taking appropriate action to translate documents into other languages given the additional resourcing required.

3. **Decision - The Council approved the draft Annual Monitoring Report for submission to the Welsh Language Commissioner.**

NMC/22/86   Panel Chair Revocation of Appointment

1.   The Executive Director, Professional Regulation introduced the paper and apologised that this was the second time Council had been advised to make an erroneous appointment in 2022.

2.   In discussion, the following points were noted:
        a) Following a similar incident in January 2022, processes had been updated.
        b) A serious event review (SER) was underway; findings would be discussed by the Appointments Board in October 2022. It was important that improvements were made to prevent recurrence.
        c) The outcome of the SER and the Appointments Board's consideration of this would be reported at a future meeting.

3.   **Decision - The Council revoked the appointment of Sean Hamilton as a Panel Chair and member of a Practice Committee.**

Action:	**Report to the Council on the outcomes of the SER into the erroneous appointment of a Panel Chair**
For:	**Chair, Appointments Board**
By:	**23 November 2022**

NMC/22/87   Review of Fitness to Practise Guidance on continued use of powers originally granted for the emergency period

1.   The Executive Director, Professional Regulation introduced the paper which provided an update on the review of our Fitness to Practise (FTP) Guidance on the use of powers originally granted for the Covid-19 emergency.

2.   In discussion, the following points were noted:
        a) The revised FTP Guidance would be published on 13 October 2022 (rather than 30 September 2022), to allow more time for review.
        b) The plan to provide the public with visual access to virtual FTP hearings from April 2023 was welcome.
        c) Assurance was provided that decisions on whether hearings should be held virtually or in person was taken on a case-by-case basis, taking account of the views and needs of all involved. The approach would be kept under close review to ensure fairness.
        d) A report on the proportion of FTP hearings being held virtually and in-person, and further evaluation of the application of the revised Guidance, would be submitted to a future Council meeting.

Action:	**Report on the proportion of FTP hearings being held virtually and in-person and further evaluation of the application of the revised Guidance.**
For:	**Executive Director, Professional Regulation**
By:	**23 November 2022**

NMC/22/88   Fitness to Practise Caseload update

1.   The Executive Director, Professional Regulation introduced the report. There had been a small reduction in the caseload since the last meeting on 27 July 2022.

2.   In discussion, the following points were noted:
   a) The progress made, albeit small, towards reducing the FTP caseload was welcome.
   b) Progress was hindered by vacancies in key case progression roles. A working group with input from People services colleagues was looking at ways to stabilise the workforce. It was important that the additional resource made available by the Council for Professional Regulation was fully utilised.
   c) A more streamlined approach was being taken to the improvement programme to concentrate efforts on the small number of changes which it was considered would deliver the most impact.
   d) A new management insight tool was being developed to be used first in Screening and then also in investigation. The tool would provide greater visibility of how we are performing and where casework interventions by managers can help progress cases more quickly.
   e) It would be helpful to see both the two FTP key performance indicators (KPIs) and underlying performance monitoring information as part of future updates. Work was underway to develop a clear recovery trajectory with respect to KPIs.
   f) The lower referral rate in the year was noted; this may be continuation of a longer-term trend and/or normal fluctuation since referrals were traditionally lower in August. It may also be due in part to clearer signposting on our website. As 75 percent of all referrals were still closed at the first stage of the FTP process, there was clearly more to be done in this respect.
   g) Work continued with Professional Practice colleagues to ensure that employers only submitted appropriate referrals.
   h) The majority of referrals were now from members of the public; a helpline to advise members of the public who may be considering referrals would be piloted in November and December 2022.
   i) It was important to keep in mind that delays have an equally serious impact on both registrants and on those making referrals.
   j) This was a priority for the whole organisation, not just the Professional Regulation team.

3.   Summing up, the Chair noted that the update showed a glimmer of improvement. The commitment to focusing on essentials and actions that would deliver the most impact was encouraging. The Council would expect to see more information on the underlying trends behind the headlines at future meetings. This remained the top corporate priority and Council would continue to review at each Open meeting.

Action:	Include both the two FTP KPIs and underlying performance monitoring information as part of future updates.
For:	Executive Director, Professional Regulation
By:	23 November 2022

NMC/22/89 **Review of the corporate plan and budget 2022-2023**

Secretary's note: Annexe 2 of the report was incorrectly labelled and provided the financial forecast for 2022-2023 (not 2022-2025).

1. The Executive Director, Resources and Technology Services introduced the mid-year review of the corporate plan and budget for 2022-2023.

2. In discussion, the following points were noted:
    a) Income, particularly from internationally trained professionals joining the register, had been higher than the cautious forecast made when setting the budget.
    b) It should be possible to absorb inflationary impacts in the current financial year. There would be a more significant impact on the cost base in 2023-2025. Initial projections for 2023-2025 continue to show deficit budgets in those two years.
    c) It would be crucial for colleagues to understand the financial pressures and to focus the use of resources on key priorities as well as finding efficiencies.
    d) The business planning process for 2023-2024 would begin shortly. Because of financial constraints, some planned activity may need to be deferred. Any activity being deferred would be recorded as a risk on the corporate risk register.
    e) The performance report on progress on delivering the 22 corporate commitments would be presented at the next Open Council meeting in November 2022.
    f) In submitting papers to Council, it would be helpful to refer to previous relevant material, such as the 2022-2023 financial forecast from the Council papers for March 2022, to provide context, while avoiding repetition.

NMC/22/90 **NHS Workforce Race Equality Standard (WRES) Report 2022**

1. The Acting Executive Director, People and Organisational Effectiveness, introduced the report setting out the outcomes of our third iteration of the Workforce Race Equality Standard (WRES) Survey 2022. Overall, the survey results demonstrated there had been some progress but that there was much more to do. Annex 1 of the Report referred to '2021' but should refer to '2022'.

2. In discussion, the following points were noted:
    a) The results of the survey had been shared with colleagues and the findings would be presented to the BME staff network.

b) The WRES Working Group's remit had been widened from a forum for sharing information to a more action focused approach.

c) The perception of equal opportunities for career progression among Black, Asian and minority ethnic (BME) and White colleagues was lower than in the NHS. There was significant work to do in this area as part of the People Plan and the Equality, Diversity, and Inclusion (EDI) action plan.

d) The response rate to the WRES survey was disappointing. The feedback was that colleagues may not have completed the survey this year because it coincided with the YourVoice employee survey and summer holidays. The timing of the survey would be considered carefully next year.

e) There had been a stronger response from white colleagues than in previous years; it was encouraging that colleagues from all backgrounds recognised the importance of this survey.

f) While acknowledging that the NHS might not be the most appropriate organisation for the NMC to benchmark against, it was agreed that the report provided valuable insights.

3. Summing up, the Chair noted that the Council would continue to wish to review the annual WRES Report. There were significant interdependences with the EDI action plan and the People Plan; it would be helpful to see the actions being taken as a result of the WRES, reflected in reporting on those plans.

NMC/22/91   Questions from observers

1. The Chair invited questions and comments from observers.

2. **Fitness to Practise performance**
Michelle Russell, a registrant, asked whether in addition to the quantitative data and focus on numbers in reviewing FTP performance, consideration could be given to reviewing qualitative information, including the experiences of those involved in FTP processes.

The Executive Director, Professional Regulation, advised that a management information tool was being developed to help understand the reasons for delays on cases and how these could be addressed. There was also work to ensure that a more customer service-focused approach was taken so that the process was more supportive and straightforward for all users. The term 'customers' applied to all those involved in the process (registrants, referrers, employers).

3. **English language requirements: employer supplementary information**
Sandira Reddy, a recruitment consultant, asked in relation to the English language proposals how employers would be expected to submit supplementary information and whether this could be provided by a previous employer.

The Executive Director, Strategy and Insight, advised that there would be a standardised form for employers to complete, which would include examples of what the NMC was looking for. It was required that the reference and supplementary information be provided by the applicant's <u>current</u> (not previous) employer, who could speak to their current English language competency.

4. The Council noted there had been three advance questions in writing relating to our English language requirements, and specifically flexibility regarding test scores. The consultation had been on specific proposals and had not therefore addressed the suggestions raised in these questions. These points were likely to be considered as part of the next phase of work on English language requirements, in 2023/2024. The written questions and responses are set out at **Annexe B.**

NMC/22/92   **Chair's actions taken since the last meeting**

1. There had been two Chair's actions since the last meeting:
   - **04/2022:** Approval of Annual returns 2021-2022 to the Charity Commission and the Office of the Scottish Charity Regulator (OSCR) on 8 August 2022.
   - **05/2022**: Approving an amendment to the Defined Benefit Pension Scheme trust deed, following the resignation of a pension scheme trustee on 8 August 2022.

   Closing remarks

1. The Chief Executive and Registrar thanked Emma Broadbent for her significant contribution to the NMC over the last six years, not least in streamlining international registration processes; improving contact centre performance, and in supporting the People and Organisational Effectiveness directorate since the start of the year.

2. The Chair added the considerable thanks of the Council, and every good wish for the future.

3. 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

External Observers

Michael Humphreys	Scrutiny Officer, Professional Standards Authority
Bruno Nunes	HCA (Qualified Nurse in Portugal), BHRUT
Michelle Russell	Specialist Nurse, North East London Foundation Trust
Geo Sebastian	Nurse, Practice Plus
Joby Joseph Kuttikkat	Recruitment Consultant & Director, Job Routes UK Ltd
Sandira Reddy	Senior Project Manager, NEU Professionals

Press

Ella Devereux	Reporter, Nursing Times
Shruti Sheth Trivedi	Senior Reporter, Nursing Standard

NMC staff observing

David Abrahams	Head of FTP Legislation and Policy
Richard Wilkinson	Assistant Director, Finance and Audit (for item 12)
Sevinj Essien	Financial Planning and Analysis Manager (for item 12)
Roberta Beaton	Head of Corporate Planning, Performance and Risk
Selga Speakman-Havard	Policy Manager (for item 7)
Carole Haynes	Senior Policy Officer
Jack Kilker	Senior Policy Officer (EDI)
Carys Allott	Senior Internal Communications Officer
Lucy Morling	Senior Corporate Communications Officer
Manali Patel	Internal Communications Manager

Annexe B: Observer question – Council meeting 28 September 2022

1. Question submitted by Yojana Phuyal, Registered Nurse

I want to raise one question at the NMC meeting, which will be held on 28 September. I have read the proposed English change. But, I want to put my view on the overall
IELTS 7
OET B

I want NMC to show flexibility in which module they can get 6.5 which is exactly like the Ireland English requirement for nursing registration.
The English requirement of an overall band of 7 in IELTS will be maintained, and nurses who narrowly missed their English requirement will be fulfilled.
CURRENT ENGLISH REQUIREMENT
speaking.   7 OR B
reading   7 OR B
listening.   7 OR B
writing   6.5 OR C+
OVERALL, 7 OR B

MY VIEW
SPEAKING   7 OR B
READING.   6.5 OR C+
LISTENING. 7 OR B
WRITING   7 OR B
OVERALL,   7 OR B

This does not compromise patient care. Neither the overall IELTS BAND OF 7 IS COMPROMISED, nor are you accepting a score less than 6.5, and it also gives flexibility in one module rather than each module.
I hope you will address my query in the NMC meeting.

2. Question submitted by Lizzy Adeyemi

I would like to ask that, is it possible for the UK NMC to make the language proficiency test requirement more flexible by allowing a band score of 6.5 in any of the IELTS academic module?

Many narrowly missed the register in Africa by having 6.5 in speaking and other modules, this it would be fair to operate it like that of Republic of Ireland. It is standardized and fair.

3. Question submitted by Anisha Anju

Good morning, this is Anisha from India. I'm so grateful that neck have been decided to bring certain changes in the English language requirements. I'm requesting to bring certain change which will be beneficial to each one of us, for all the international nurses.

1. **Change in score at least in one module.**
2. **Making it as Ireland score so that it will be useful for people who are struggling to get score in 1 module.**
3. **Please consider to get a good change in the English language requirements because lot of overseas nurses are struggling to get the desired score.**

Response to questions 1, 2 and 3:

Internationally trained professionals make a vital contribution to safe, effective and kind nursing and midwifery across the UK. It is essential for public safety that nursing and midwifery professionals have effective English language skills and can communicate safely with each other and those they care for.

Following our recent consultation on our English language requirements, our current proposals include changes to our test combining requirements via 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. We also propose extending the period for combining test scores from six to twelve months. Changes to test combining will provide additional flexibility to applicants without compromising patient safety. This will benefit all applicants by providing people with more time to meet our requirements.

Regarding our required test scores, we did not propose changing the overall scores we require for the language tests we accept, as part of our recent consultation. We also did not propose changing any of our required test scores across individual domains. However, considering the continued interest in this area, we asked for more information through the consultation. Once these changes have been agreed by Council and we have completed implementation, we will begin further work to look at evidence around test scores. There will be further opportunities for our professionals, applicants, stakeholders and the public to provide feedback and evidence as part of this future work.

Item 5
NMC/22/97
23 November 2022

Council

Summary of actions

Action: For information.

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

Core regulatory function: Supporting functions.

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

Decision required: None.

Annexes: None.

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

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

Summary of outstanding action arising from the Council meeting on 28 September 2022

Minute	Action	Action owner	Report back date	Progress to date
NMC/22/83	**Executive Report including summary of Corporate Risk Register for 2022-2023** Amend the report to i) link the risks to the corporate commitments and KPIs ii) PEO18/01 – link the risk, causes and mitigations more clearly.	**Executive Director, Resources and Technology Services**	**23 November 2022**	The Corporate risk position at Annexe 2 to the Executive Report on the agenda for this meeting provides an additional table to demonstrate how corporate risks link to the corporate commitments (i). On the detailed corporate risk register (not on the agenda for this meeting) we have reviewed PEO18/01 to clearly link risk causations to mitigations. We will also undertake a review of this risk by Q4 with the new Executive Directors for People and Organisational Effectiveness (ii).
NMC/22/84	**English language requirements review** Report on the impact of the changes to the English language requirements.	**Executive Director, Strategy and Insight**	**March 2024**	We are working towards implementing the proposed changes to English language requirements from January 2023. We will report back to the Council on the impact of the changes after one year of operation.

NMC/22/86	**Panel Chair Revocation of Appointment** Report to the Council on the outcomes of the serious event review (SER) into the erroneous appointment of a Panel Chair.	**Chair, Appointments Board**	**23 November 2022**	Included in the Appointments Board report on the agenda.
NMC/22/87	**Review of Fitness to Practise Guidance on continued use of powers originally granted for the emergency period** Report on the proportion of Fitness to Practise hearings being held virtually and in-person and further evaluation of the application of the revised Guidance.	**Executive Director, Professional Regulation**	**23 November 2022 / May 2023**	The revised guidance went live in mid-October. We will report back to Council in May 2023 after we have more experience of how the guidance is being used, and received by all parties, particularly regarding hearings.
NMC/22/88	**Fitness to Practise Caseload update** Include both the two Fitness to Practise Key Performance Indicators (KPIs) and underlying performance monitoring information as part of future updates.	**Executive Director, Professional Regulation**	**23 November 2022**	See the Fitness to Practise caseload update which is an agenda item. We are continuing to consider recovery KPIs that can be reported in future.

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	**OSCE - Performance and risk report (Q1 - April to June 2022)** Consider whether there are suitable key performance indicators (KPIs) for OSCE centres and testing capacity which could be reported to Council.	**Executive Director, Professional Regulation**	**23 November 2022**	Professional Regulation monitor and review two additional KPIs for OSCE at Directorate level (OSCE taken and pass rate). We will review and make proposals for appropriate KPIs for Council to monitor in business planning for 2023-2024. An update on OSCE test centres is included in the Executive Report annexe 1 at corporate commitment 10.
NMC/22/70	**Turnover - Performance and risk report (Q1 - April to June 2022)** Consider whether specific pay incentives may help in attracting and retaining talent for key or specialist roles.	**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, scheduled to be completed by March 2023. The Remuneration Committee will be updated on progress in December 2022.

| NMC/22/70 | **Risk - Performance and risk report (Q1 - April to June 2022)**

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). | **Executive Director, Professional Regulation** | **23 November 2022** | There has been a small increase in registration appeals relating to English language requirements. Given the numbers, we do not think the risk rating needs to change. We have added a mitigation about monitoring the situation (see Corporate risk exposure report, annexe 2 to the Executive Report on the agenda). |

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	**Audit Committee Annual Report 2021-2022** Provide information on the number of Serious event review (SER) incidents in Audit Committee's Annual Report and regular report of its meetings to the Council.	**Audit Committee Chair / Secretary to the Council**	**23 November 2022**	The Audit Committee's regular report to Council will include the number of SERs incidents reported, as in the report on this agenda. Information on the number of SER incidents will also be included in future versions of the Audit Committee's Annual Report.

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 November 2022, and our performance, finance and risk exposure updates for quarter two.
Core regulatory function:	All regulatory functions.
Strategic priority:	All priorities for period 2022-2023.
Decision required:	None.
Annexes:	The following annexes are attached to this paper: Annexe 1: Performance against our Corporate Plan for 2022–2023 Annexe 2: Corporate Risk Exposure Report
Further information:	If you require clarification about any point in the paper or would like further information, please contact the 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 September 2022.
	2	The report consists of three sections:

2.1 Highlights from the external environment and our strategic engagement work up to November 2022;

2.2 Our performance report providing status updates against our corporate plan and budget for quarter 2 2022–2023 up to 30 September 2022 **(Annexe 1)**.

2.3 Our corporate risk position up to November **(Annexe 2)**;

3 There is a separate report on the Fitness to Practise (FtP) Caseload on the agenda.

Four country factors: 4 The issues discussed apply across all four UK countries unless highlighted.

Discussion: **Covid-19 temporary emergency register**

5 On 28 September 2022, the then Minister of State for Health and Social Care, Robert Jenrick, wrote to the NMC and other relevant regulators requesting that we keep the Covid-19 emergency temporary register open for a further two years.

6 Recognising the pressures outlined by the Minister, we agreed to the request but highlighted the need for us to consider carefully the additional risks posed by extending the temporary register and our approach to maintaining it safely. The extension means that the temporary register will be open for more than three years. Professionals on the permanent register are required to revalidate every three years but there is no provision in the legislation that allows us to make this a requirement of temporary registrants which we believe is essential to protect the public and maintain confidence in the professions.

7 We are currently engaging with Chief Nursing Officers (CNOs), Chief Midwifery Officers (CMOs), unions, professional and representative bodies and the Department of Health and Social Care (DHSC) on our proposed approach. This may include:

7.1 Applying new conditions of practise to all temporary registrants requiring them to engage in continuing professional development.

7.2   Removing people from the temporary register who left the permanent register more than 3 years ago because this is consistent with the three years for revalidation, unless they have told us they are working.

7.3   Remove internationally trained applicants who have not progressed their application within two years.

8   We continue to expect employers to ensure professionals on the temporary register are deployed in roles that support the Covid-19 response and recovery. It also remains a requirement for nurses and midwives to hold appropriate indemnity or insurance cover for any work they do while on the temporary emergency register.

9   Our proposals would see the removal of approximately 9,795 people from temporary registration, this will help to ensure those working while temporarily registered have the relevant skills and knowledge to practise safely. The number of those who would be removed from temporary registration is high because the number of professionals actually deployed has been low compared to the total number.

10   Following approval from the Executive Board, we expect the changes to be implemented from January 2022. We will communicate well in advance, to the professionals on the temporary register and our partners and will report the progress to the Council at future meetings.

11   The total number of people with temporary registration as of 31 October 2022 was 13,023, compared to 13,432 on 31 August 2022. During this period 270 people transferred from the temporary register to our permanent register.

Winter pressures

12   On 11 November 2022, we published a letter, co-signed by the NMC, CNOs and Care Quality Commission (CQC) acknowledging the pressures that professionals are likely to face this winter. The letter also highlights the importance of the Code and standards in guiding practice and outlines reinforces approach to regulation during this time. In the coming weeks the NMC will also produce a series of videos and associated content, grounded in the Code and our standards, which aim to support people working in pressurised environments.

The GMC has issued a similar letter with the four Chief Medical Officers and CQC.

Industrial action

13   On 30 August 2022 we published our position on industrial action. Since then, a number of statutory ballots on industrial action have commenced and the Royal College of Nursing (RCN) has announced a vote in favour of industrial action, including strike action at some workplaces. We are monitoring the situation carefully and remain in close contact with trade unions.

East Kent Maternity Services Report

14   The report into the Independent Investigation into East Kent Maternity Services was published on 19 October 2022. The report highlighted significant failings in care and the need for systemic changes to address the challenges in maternity services. We responded in a public statement on the day of publication recognising the impact the events at East Kent maternity services had on women, their babies, and their families.

15   We met with Professor Jacqueline Dunkley-Bent, Chief Midwifery Officer (CMO), Dr Matthew Jolly, National Clinical Director for the Maternity Review and Women's Health, and stakeholders from the Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives, to discuss the findings of the review. Further discussions are planned with the Care Quality Commission (CQC) and GMC.

16   We are working with stakeholders to identify ways in which we can work together to address the report's findings regarding standards of clinical behaviour and what regulatory steps we may need to take to embed our standards and support safe, compassionate, and effective midwifery practice.

17   On 25 October 2022, we published a blog from our Executive Director of Professional Practice focussing on the role we all must play in challenging health inequalities in maternity services.

Revalidation

18   Over three days 15, 16 and 17 November 2022, we plan to send emails to all professionals on the register about using the updated standards of proficiency for all professions in revalidation.

International registration

19   On 7 October 2022, in partnership with the DHSC, the objective structured clinical examination (OSCE) test centre at Northumbria University created three additional testing bays to increase OSCE capacity in excess of 2,000 extra test slots a year.

20   In early October 2022, we published a supplementary data report focusing on international registrants. The report highlighted that of the top 20 countries of training, four were on the World Health Organisation's 'red list' in 2021–2022. It also showed that 84 percent of international joiners are Asian – Indian, Asian – Filipina/Filipino, or Black – African and that international joiners are more likely to be men than their UK trained counterparts. This is significant as our *Ambitious for Change* research told us that men and Black professionals are disproportionately referred to fitness to practise.

Regulatory reform

21   In October 2022, we ran focus groups with the public, professionals and senior employers to seek their views on aspects of the reform proposals. We also discussed proposals with representative bodies and Chief Nursing Officers (CNOs) and took part in a series of round-table conversations with other regulators.

22   We are preparing for the launch of the Government's consultation into the regulation of physician associates and anaesthesia associates. This legislation will provide clarity on how we can expect regulatory reform to affect some of the NMC's own legislation.

Hearing the public voice and adopting a person-centred approach

23   The Public Voice Forum met on 10 October 2022. We welcomed eight new members, including three from Scotland and three from Northern Ireland. The group shared their views and feedback on the appearance of the register as part of regulatory reform pre-engagement, and on our EDI Action Plan.

24   We are hosting an in-person event for Public Voice Forum members on 21 November 2022. This is an opportunity for members to meet us and each other in person, learn more about the NMC's work and help to shape our future public engagement work.

Supporting our professions, influencing the sector

25   Our joint annual report with other healthcare professional regulators' *Whistleblowing Disclosures* 2021-2022 was published at the end of September 2022. We acted on 152 disclosures. Through our digital channels, we encouraged all professionals to speak up about any concerns they have and report them to us as a prescribed person.

26   We hosted the International Nurse Regulator Collaborative 4-5 October 2022. Nine regulators from across the world came together to share best practice in professional regulation, experiences of the regulatory response to Covid-19, and perspectives on the growing and increasingly mobile international workforce.

27   Between 4-6 October 2022, our Assistant Director, National and Regional Outreach, visited clinical and care teams across all Trusts within Northern Ireland; meeting senior leaders in a variety of settings, and specialists in policy and professional regulation to discuss our work in their context.

28   On 17 October 2022, we held an introductory meeting with Peter May, Permanent Secretary at the Department of Health in Northern Ireland. We shared information about Fitness to Practise cases in Northern Ireland and the standstill process.

29   On 17 October 2022, our Chief Executive and Registrar and Executive Director of Strategy and Insight attended the Health Foundation stakeholder round-table discussion on NHS nurse supply and demand. We provide them with monthly data on our register to support research on workforce supply.

30   On 21 October 2022, the CQC published their *State of Health and Adult Social Care in England 2021-2022* report. In our response, we highlighted the need for a long-term, sustainable workforce plan that focuses on social care as well as the NHS.

31   On 3 November 2022, NHS England published *Combatting racial discrimination against minority ethnic nurses, midwives and nursing associates*, a resource for nursing and midwifery professionals, developed in collaboration between the NMC, NHS England and NHS Confederation.

32   We have written to the new Prime Minister, Secretary of State for Health and Social Care and Steve Brine MP, the new Chair of the Health and Social Care Committee. Workforce issues are central to our work and we will look to underline this and other key priorities we can work together on.

	33	We are supporting a National Institute for Health Research funded study to evaluate the Government's 50k nurses programme in England, providing data about our register and facilitating a survey.
Midwifery implications:	34	Midwifery updates are covered in the body of the report.
	35	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.
	36	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).
	37	We have identified midwifery safety as a risk factor within the Corporate Risk Register and continue to monitor this and act as appropriate.
Public protection implications:	38	Public protection is a key driver of the risks identified within our corporate risk exposure report at **annexe 2**. Risks being well managed is inherent to ensuring effective public protection.
Resource implications:	39	None in addition to those within our corporate budget.
Equality diversity and inclusion implications:	40	We have a legal obligation to comply with the public sector equality duty across everything that we do and equivalent legislation in Northern Ireland.
	41	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.
	42	We have a specific commitment within our corporate plan to support our ambitions to be fair and promote inclusion.

43   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.

Stakeholder engagement: 44   Discussed within this paper.

Risk implications: 45   Risk implications are dealt with in the paper.

Regulatory reform: 46   See paragraph 21-22.

47   We regularly discuss the potential risk exposure from Regulatory Reform as part of corporate risk STR20/02 (*Risk that we fail to deliver our strategic ambitions for 2020-2025*), and through detailed discussions with the Council and Executive Board.

48   We monitor the Regulatory Reform programme through monthly reporting to the Change Board and within our quarterly corporate performance monitoring to the Council.

Legal implications: 49   No legal implications arising from this paper.

Nursing & Midwifery Council

Performance against our corporate plan for 2022-2023

Section 1 Executive Summary

Overview

1   This executive summary provides an overview of areas that the Executive would like to highlight to the Council from our performance results and risk exposure report for 2022-2023 at Q2 (July to September 2022).

Progress against our 22 corporate commitments

2   Our current corporate plan and budget sets out 22 corporate commitments that we will deliver between 2022-2025. Each corporate commitment is underpinned by a set of deliverables for the year ahead, that we track to make our traffic light assessments.

3   Three traffic lights representing our Q2 progress have changed since Q1 (two have worsened and 1 improved).

4   Eight forecasts for March 2023 have changed; one has improved (CC8 Regulatory reform) and six have worsened, and one has been rescheduled (see next paragraph).

5   Building trust in professional regulation (CC13) moves from green to amber at Q2, with deliverables rescheduled into 2023-2024. This is to ensure that our engagement remains aligned to key issues that the sector is facing now. This is deemed appropriate given the current context.

6   At section 2.1 below we have provided a Q2 traffic light and year end forecast for each corporate commitment (CC), and a short description of the current progress.

Financial Management

7   Our overall financial position remains strong with good levels of free reserves at £45 million, and with cash and investments totalling over £103 million as at the end of September. At 30 September, halfway through the financial year, we are showing a £1 million surplus compared to a budgeted £3.3 million deficit, before taking into account unrealised losses on our investments. This is due to higher than expected income, with overall spend slightly lower than expectations. We currently expect the year end net deficit to be £6 million, compared to the budgeted £10 million deficit.

8   Detailed financial information and commentary is at section 4.

9   Specific key points to note:

9.1. Our Council is mindful of the need to balance support for colleagues with consideration of where our income comes from. Following careful discussion, Council has approved a one-off, non-consolidated, cost-of-living support payment of £750 (NMC/22/50c) to all our colleagues except executive directors. This follows a benchmarking exercise to understand how other organisations are supporting their workforces in these financially tough times. The payment will be made to colleagues in November at a total cost of £0.9 million. This has been included within our forecast.

9.2. At 30 September our long term stock market investment portfolio shows an unrealised loss of £3.9 million in this financial year compared to the position at the end of March 2022. This drop is relative to the fairly strong gains that our investments showed at the end of March and reflects the general poor performance of stock markets in the period since then. At its regular meeting in October, our Investment Committee discussed the management of the portfolio with our investment managers. It concluded that holding a long-term fund remains a prudent and appropriate approach to managing our resources. In its view, the fund is being well managed and the target return, including achieving returns better than inflation, remains achievable in the long-term. Short-term volatility was always expected when the investments were made. More detail is given in the Investment Committee's report to Council which is an agenda item.

9.3. Although our current level of free reserves, at £45 million, is above the upper end of the target range for free reserves of £25 million set by Council in March 2022, this is due to our plans for investment on modernising technology and accommodation as well as reducing the Fitness to Practise (FtP) caseload. These expectations were reflected in the indicative budgets for future years set out at Council in March 2022 which foresaw free reserves reducing to about £10 million by March 2025.

Progress against our corporate Key Performance Indicators (KPIs)

10 We have provided relevant exception comments alongside our KPI tables below. Issues that the Executive would like to highlight are:

10.1.   **Registration** '**Peak**': We updated our system to reduce the manual processing for extension requests for revalidation submissions. This has allowed us to focus our resources on the registration of newly qualified professionals during August and September.

10.2.   Most new joiners were registered within one day of submitting their completed applications. However, a small number were affected by a change to the course details that we needed to progress their applications, which meant that it took longer to process their application. We acknowledge the impact that this had on the professionals and employers affected, and in some cases arranged for manual registration to allow them to begin practising while we resolved the issues as quickly as possible. We have apologised to those who experienced a delay in their registration.

10.3.   **FTP**: Reducing our FtP caseload continues to be our top priority and greatest area of risk (risk REG18/02). Since our last report, targeted work to reduce the caseload has begun to show positive signs and the overall caseload has started to reduce. However, we were behind profile during the first half of the year; our year end target of 5000 overall cases is still at risk. Further information is included in the separate update report on the FtP Caseload.

10.4.   **NMC workforce:** is our second major area of risk, specifically, recruiting and retaining an adequately skilled workforce (risk PEO18/01). Overall, we are significantly behind profile for full time equivalent (FTE) employees which means that there are capacity gaps in several areas.

10.5.   Areas of concern continue to be ensuring that we can increase capacity within FtP and recruiting specialists in fields such as technology services and people services. A dedicated recruitment task force is working with FtP colleagues to resolve the pressures.

10.6.   We continue to experience a more competitive, candidate-led recruitment market, which has made it increasingly difficult to recruit to some roles. In November, we launched our new recruitment platform (an applicant tracker system) which will begin to improve the candidate experience, reduce bias, and improve our efficiency, so that we can minimise the length of time it takes to recruit, select, and onboard new colleagues.

10.7.   Over the past 12 months we have seen the turnover of permanent employees increase. At the start of the year we anticipated this, and raised our target from 10 percent to 12.5 percent. However, we are now above our tolerated level of 12.5 percent at 13.5 percent in September.

10.8.   Our permanent workforce has marginally shrunk. Since April, more permanent employees have left the NMC than permanent employees have joined (72 leavers: 62 joiners).

10.9.   Overall, 161 people have joined the NMC since April, consisting of permanent employees, fixed term employees, agency staff and contractors. It was always our intention to have a mixture of permanent and temporary employees, but we had expected our permanent workforce to grow alongside this.

10.10. Retention remains a key area of focus which we intend to mitigate through our People Plan. We will do this by reviewing total reward (completing an options appraisal by Q4 and implementation from 2023-2024), career progression (from 2023-2024), developing our leadership and management competency framework (agreed framework by Q4 and implementation from 2023-2024), and redesign of our 'managers essentials' training (by Q4). These are longer term strategies and will take time to implement. Short term actions have included confirming our hybrid and flexible working approach, making significant improvements in day-to-day technology, and expanding our mentoring programme to support career development.

10.11. Our 3 year Equality, Diversity and Inclusion (EDI) action plan is intrinsically linked to our People Plan, and has started to deliver increased awareness about discrimination, equality, and how to promote inclusion across our workforce. We will deliver better insights about the diversity of our workforce (starting with recruitment and selection) and take targeted action on our ethnicity pay gap. Our EDI action plan is supported by our EDI leadership group and internal employee networks, to ensure a cross cutting focus across the NMC.

10.12. **Resolving customer complaints within 20 days:** our performance for resolving customers complaints was below target for two months during Q2 (amber in July and red in September). There were three main drivers for this; capacity of the Enquiries and Complaints team to process complaints (down 20 percent in September due to vacant posts); extending time to resolve more complex cases which would take longer than 20 days to resolve with agreement from the customer, and some delays in the process to confirm the resolution with local teams.

10.13. The KPI table in annexe 1, section 3 and in the charts at annexe 1 section 5 show the monthly performance (actual). The more positive picture presented in the customer feedback pictorial dashboard in section 5 shows the average performance for the quarter across July, August, and September 2022.

10.14. **Improving how we manage enquiries and complaints**: we have previously reported some challenges with meeting response times for enquiries, information requests, MP enquiries, and complaints. We are mitigating this through recruitment within the Enquiries and Complaints team for the vacant posts. We have appointed a new senior advisor within Professional Regulation who will work with our regulatory teams to ensure a responsive, person-centred approach to concerns raised and improve response times. We are reviewing the root causes and the Executive Board will consider an improvement plan at the end of November. Agreed actions will be highlighted within our next report at Q3.

Corporate risk exposure

11 Our corporate risk exposure report is at **annexe 2**. The exposure report highlights the key issues potentially affecting our corporate risks now, and additional mitigations that we are taking.

12 We also maintain our corporate risk register as the core document which holds our full risk profiles for each corporate risk. All corporate risks are linked to the delivery of our strategy for 2020-2025. Within the annexe, you can see that we have linked our corporate commitments to each risk for visibility.

Position at Q2

13 To respond to the Council's request to gain a better understanding of how our corporate commitments and corporate risks are linked, we have provided additional detail at annexe 2 to show how the commitments will contribute towards mitigating our corporate risks.

14 We continue to actively mitigate two materialised risks. These are 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) and PEO18/01 (risk that we fail to recruit and retain an adequately skilled and engaged workforce).

15 Our main mitigations are the FtP improvement programme and focused interventions at screening in the first instance. For people, we have targeted actions to improve recruitment within FtP and hard to recruit areas, we will launch our new resourcing policy soon, and implement our new applicant tracker system in November.

16 We continue to implement mitigations across a number of corporate risks. Significant mitigations include:

16.1.   Our new applicant tracker system launched in November. We expect this to deliver a better candidate experience when applying for roles at NMC, a streamlined internal approval process, better EDI data, and improved blind shortlisting designed to limit unconscious bias.

16.2.   Completed EDI training for Panel Members about considering discrimination and racism within FtP concerns. EDI training lawyers designed to improve knowledge beyond the public sector equality duty will be completed by December.

16.3.   Our new safeguarding lead joined us in November and will lead improvements in awareness and training about safeguarding across everything that we do.

16.4.   Call recording will be implemented within our contact centre from Q4 to help us promote an effective customer experience.

17 We will review our cyber risk now that we have received the high-level cyber health check report from our independent reviewers.

Section 2 Progress against our twenty-two corporate commitments for 2022–2023

2.1 Overview of traffic light status

Commitment	Q1 actual (2022-23)	Q2 actual (2022-23)	Year end Forecast (at Q2)	Comments
Commitment 1: Deliver a new set of ambitious post-registration standards focusing on community nursing practice.	Green	Green	Green	**Complete**. We approved our new post registration standards in May 2022. Since then, we have been transitioning the new standards into core business for UK registrations and quality assurance of education. We also held two launch events in October and have a further two planned. The formal project will close during Q3.
Commitment 2 Provide greater flexibility in nursing and midwifery pre-registration education and training by launching new standards for pre-registration education in the UK.	Green	Green	Green	**On track.** The consultation on pre-registration standards closed in September 2022, with the consultation report provided in October 2022. The next stage is assimilation work to consider what everyone has told us through the consultation which commences in Q3. Any changes or amendments to the standards would be proposed to the Council in January 2023. The earliest we would expect to introduce any changes would be September 2023.
Commitment 3 Review regulation of advanced nursing practice.	Green	Green	Amber	**Marginally off track:** We have confirmed that the independent review of evidence and stakeholder opinions will be undertaken by Nuffield Health. A specification has been written with input from independent subject matter experts. Substantive work will happen from Q3. Our amber forecast reflects that the timeline for the Nuffield report is due later that we originally planned.
Commitment 4 Review revalidation requirements for nursing and midwifery professionals. (Our formal revalidation project will take place later in our strategy)	Amber	Green ▼	Green	**On track:** During 2022-2023 our focus will be reviewing our communications to professionals about considering revalidation within the context of our standards of proficiency. The content of the communication to registrants has now been agreed and we plan to email this to our registrants in November 2022. An animation to emphasise the points will be produced as an aide to the launch events in November 2022.

Commitment	Q1 actual (2022-23)	Q2 actual (2022-23)	Year end Forecast (at Q2)	Comments
Commitment 5 Implement a new data-driven and proportionate approach to education quality assurance (QA) which enables us to have a more holistic oversight of institutions and their programmes to make appropriate interventions.	Amber	Red ▲	Amber	**Off track:** Our red rating at Q2 reflects that resource constraints have meant that the start of our education QA technology project was delayed. We expect the Q3 rating to revert to amber when the project starts in November 2022. This means that there is a significant delay to fix the QA Link system that underpins the quality assurance process to assure nursing and midwifery education programmes. We continue to mitigate the issues in other ways and some data has been analysed to give a preliminary overview in the interim. With the re-baselining activity we expect at year end to be at Amber.
Commitment 6 Evaluate whether protected learning time is in line with current nursing standards.	N/a			This corporate commitment will begin in 2023-2024.
Commitment 7 Reduce our fitness to practise caseload and make improvements to how we regulate to ensure that we process cases in a timely, proportionate, and efficient way.	Red	Red	Red ▲	**Off track**: Whilst we are below our planning assumptions for Q2 and continue to be below agreed resource levels at the early stages of our FTP process (particularly Screening), we have seen the strongest quarter of performance at the Screening stage for some time, with lower referrals and increased output levels, meaning that each month in Q2 we saw a reduction in the overall caseload. We continue to focus on a smaller number of higher impact activities to continue reducing the caseload, as well as ensuring that we are fully resourced at Screening. Our year end forecast remains red. This reflects the pressures we continue to see in our investigations caseload, and a lower than forecast closure rate at Case Examiners resulting in a higher proportion of cases proceeding to Adjudication.

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Commitment	Q1 actual (2022-23)	Q2 actual (2022-23)	Year end Forecast (at Q2)	Comments
Commitment 8 Work with the Department of Health and Social Care to deliver a substantial programme of regulatory reform to remove legal barriers that limit improvements in the way we regulate.	Green	Green	Green ▼	**On track**: Our year end forecast moves to green from amber due to greater certainty about our implementation timescales. Our policy and rules development remain on track. The implementation phase will happen later in the programme. During Q2 we worked closely with the Department of Health and Social Care (DHSC), and the other regulators, on the draft legislation that will take forward the Government's regulatory reform programme. We have also carried out a lot of external and internal engagement activity during this development phase. The consultation will now begin in Q4 in line with changes to the legislative timetable.
Commitment 9 Tackle discrimination and inequality and promote diversity and inclusion to make sure that our processes are fair to everyone.	Green	Green	Amber ▲	**On track:** We published our equality, diversity, and inclusion (EDI) action plan in September, which sets out our key EDI priorities, objectives, and actions for the next three years. Our EDI plan is linked to our People Plan at commitment 17, specifically where we are delivering actions internally for employees, such as increasing awareness through training, and improving data monitoring to increase our EDI insights. Following the publication of the second phase of our 'Ambitious for Change' research, a task and finish group has been established. The group is working to design an action plan to address the findings of the research. Overall, we are making encouraging progress with our EDI plan. However, we have rated our year end forecast at Q2 as amber, to reflect that we are largely implementing the plan through our internal network of EDI leadership representatives and through directorate business plans. We are still at the early stages of embedding this. We regularly monitor the plan to understand if there are pressure points which we need to resolve and to share learning.

Commitment	Q1 actual (2022-23)	Q2 actual (2022-23)	Year end Forecast (at Q2)	Comments
Commitment 10 Design and launch pilot work to increase objective structured clinical examination (OSCE) testing capacity and improve access including option for alternate delivery models.	N/a	N/a	Green	**On track:** Our exploration of alternative delivery options for OSCEs is planned to start from Q4. In preparation, we continue to engage with key stakeholders such as the Department for Health and Social Care (DHSC), NHS England/Improvement (NHS E/I), NHS Scotland, and NHS Wales about OSCE testing, and to collect feedback ready for the exploration work. In the meantime, we continue to focus on embedding our two new OSCE test centres at Leeds Teaching Hospitals NHS Trust and Northumbria University.
Commitment 11 Deliver policy and legislative change to enable new approaches to international registrations, including a review of English language guidance, to ensure that it is fair.	Green	Green	Green	**On track:** Council agreed recommendations for changes to our English Language guidance in September 2022. We now are working towards implementation starting from January 2023.
Commitment 12 Close the Covid-19 emergency register and remove recovery education standards.	Green	Green	Green	**Rescheduled.** Our temporary register was due to close in September but will remain open until September 2024 at the request of the Secretary of State for Health and Social Care. We are considering our approach to keeping the temporary register open safely, and we are currently not accepting new applicants onto the temporary register. We withdrew the recovery standards from 30 September 2022, except for standards RN5, RN5.1 and RN6(D), which enable nursing programmes to count appropriate simulation as part of the practice hours. These remaining recovery standards will be removed when we complete our pre-registration education work, discussed at commitment 2 above.

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Commitment	Q1 actual (2022-23)	Q2 actual (2022-23)	Year end Forecast (at Q2)	Comments
Commitment 13 Build trust in professional regulation through targeted campaigns to build an awareness of who we are, what we do, and what we stand for.	Green	Amber	Amber	**Rescheduled.** We have taken a strategic decision to reschedule our planned awareness campaigns into next year. This means that we will not deliver our planned milestones for 2022-2023 for this commitment. Our rationale to delay is due to the combination of anticipated winter pressures, including Covid-19 and flu, coupled with the economic uncertainty and rising cost of living, which is likely to put significant pressures on our professionals and students. Instead, we will continue sustained strategic communications and produce focussed products to support our professionals, students, and employers at a time of significant pressure. The students and professionals' campaigns will now happen in 2023-24.
Commitment 14 Expand our national and local outreach to embed regulation, support, and influence at local level (evolving our employer link service into a broader outreach and in-reach service).	Green	Amber ▲	Green	**Current quarter off track. Year end on track**: Work continues to implement our plans to expand the employer link service (ELS) and strengthen engagement with employers and partners. This includes recruitment within ELS, developing links with social care, General Practice and the private and voluntary sectors, implementation of a 'Welcome to the UK' programme for international nurses and midwives, building engagement across the four countries, and expanding the delivery of the collaborative 'Maternity Matters' programme.
				Our Q2 traffic light is off track due to recruitment being delayed into Q3, including two senior leadership roles which has had a significant impact on our deliverables. We expect to catch up by year end.
Commitment 15 Create a modern and accessible website that effectively portrays our values, delivers our core services, and enhances our communications and engagement.	Green	Green	Green	**On track:** We have begun the tendering process under the Government's 'Digital Marketplaces' procurement framework for a supplier to deliver this work. Our focus for 2022-2023 is foundational work to scope the project and agree our delivery timetable. We hope to begin development of the new website in early 2023-2024, starting with updating our online content and how we want website visitors to interact with us.

Commitment	Q1 actual (2022-23)	Q2 actual (2022-23)	Year end Forecast (at Q2)	Comments
Commitment 16 Improve our insight and use it to enhance our regulatory impact and influence in the sector.	Amber	Amber	Amber ▲	**Marginally delayed for current quarter**: Our Q2 amber rating reflects that work on our data vision has been delayed to Q4, to ensure that it aligns with our wider programme for improving our technology services. Delivery of the EDI Data Improvement Project has also been delayed until Q4. Our amber year end forecast moves to amber and reflects resource pressures which could delay our deliverables. We have developed a proof of concept our coded data settings project (to put in place a consistent corporate approach to collecting data about employer settings). However, there are resource pressures before we can move to implementation. We are making progress with the implementation of data sharing with the General Medical Council (GMC) and Care Quality Commission (CQC). The analytical work on maternity services is now complete. Two indicators were identified that correlate with maternity services of known concern. The outcomes of the analytical work have been shared with the NMC and GMC outreach teams, CQC inspection teams and NHSE (NHS England and Improvement).

Commitment	Q1 actual (2022-23)	Q2 actual (2022-23)	Year end Forecast (at Q2)	Comments
Commitment 17 Deliver our People Plan that supports our colleagues to be engaged, retained, and supported to deliver our strategy.	Amber	Green ▼	Amber ▲	**On track but with uncertainties**: Our current quarter traffic light improves from amber to green to reflect that we are actively implementing our people plan. Our full year forecast changes from green to amber to reflect a change in the responsible owner for this work. Once new leaders are embedded into the project, we hope this will revert back to green. The people plan formally launched during Q1; and our initial focus has been scoping our total reward project and the leadership and management competency framework. We have now secured additional expertise to take forward work in both areas, and we expect the first phases for each to be delivered by the end of the financial year. We launched our new applicant tracker system in November, which will improve the candidate experience and make our processes to recruit and select talent increasingly efficient. Cohort 3 of our 'Rising Together' mentoring programme to support career development and progression launched in September 2022. With over 35 mentors and mentees, they will take part in a 6 month mentoring programme consisting of one to one mentoring sessions alongside a tailored training programme.
Commitment 18 Improve the way we are structured so that we can deliver our strategy.	Green	Green	Amber	**On track but with uncertainties:** Several operational reviews have been completed or are nearly complete (these are: Executive Support, Change and Continuous Improvement function, Local Engagement), and one has been paused pending a larger review of our data roadmap (Insight Capability Review) Development of a Target Operating Model (TOM) has progressed, with exploratory work and analysis now complete, and an options appraisal presented to the Executive Board in November about the suggested next steps and resourcing implications. The final choice will be considered within the wider context of our annual planning to ensure that we select the right option and implementation timeline. Our amber year end forecast reflects these uncertainties until we work through the next steps.

Commitment	Q1 actual (2022-23)	Q2 actual (2022-23)	Year end Forecast (at Q2)	Comments
Commitment 19 Update digital systems that support how we regulate to improve the experience for customers and colleagues. *(Modernisation of technology services programme – MOTS)*	Amber	Amber	Amber	**Some uncertainty due to risks with resourcing**: Our Modernisation of Technology Services programme (MOTS) is a large and complex multiyear technology programme designed to replace our legacy systems covering our register and fitness to practise case management system (CMS). We delivered Phase 3 Foundations to time and budget at the end of July 2022. The next phase business case (phase 3a core) was approved by Council in July 2022, and work started on 7 September with the Wiser decoupling project (which means decoupling our old system from our new system). This workstream has completed its first planning sprint and is preparing for deployment from 19 October. Work will continue into Q3 and Q4. The Education QA project plan has been delayed. We have made some progress in data analysis, ahead of fixes and further development of the QA hub (see commitment 5 above). The plan was reviewed by the new senior project manager, and a new baselined plan was agreed in October with work due to start in November. Our amber traffic lights reflect risks around recruitment and retention of internal resources required to support this next phase of MoTS.
Commitment 20 Deliver contemporary IT through our technology improvement programme and core business to improve our efficiency.	Amber	Amber	Green	**Marginally delayed for current quarter**: There are three main deliverables for 2022-2023: 1. The 'Modern Workplace for Me' project is on track; 1128 new laptops have been issued with MS Teams at the end of Q2 and are being used extensively. MS Teams telephony was implemented in November. 2. Data centre migration to Azure is delayed due to supplier resourcing. Revised timelines are being proposed to the programme board to mitigate this. 3. Development of an IT road map is delayed from Q2 to Q4. Our amber rating reflects these delays. We expect to bring this back on track before the end of the year.

Commitment	Q1 actual (2022-23)	Q2 actual (2022-23)	Year end Forecast (at Q2)	Comments
Commitment 21 Create modern workspaces that support wellbeing and collaboration (five-year programme).	Amber	Amber	Amber	**Delayed:** The project to refurbish our office at 23 Portland Place in London has been delayed due to external factors beyond our control. The work is progressing despite the delays. The project brief has been written and approved by the Project Board, with input from the Executive Board. A paper was presented to the Council Accommodation Committee at the end of October 2022 to agree the next phase. We have started the procurement process for a construction project manager and architect, by reviewing compliant frameworks under the Public Contracts Regulations 2015. A suitable framework for architectural services is taking more time than expected, as they tend to prioritise towards public sector residential housing, community centres, public space etc. As a result, the initial feasibility, design and planning phase for the next stage of refurbishment of our London office at 23 Portland Place will now move into 2023-2024.
Commitment 22 Implement an NMC sustainability and environmental plan.	Amber	Amber	Amber	**Delayed for current quarter:** We are in the process of procuring an external partner to support us with this work, following the workshop held in Q1 with the Council. We are aiming to publish a sustainability plan in Q4 but this could move into 2023-2024. Implementation of the plan will continue into the remaining two years of our strategy. Our year end forecast of reflects that our Q4 timeline has some uncertainties.

Commitment	Q1 actual (2022-23)	Q2 actual (2022-23)	Year end Forecast (at Q2)	Comments
Implementation of Welsh Language Standards Key milestones for this project are: • Q3 to February 2023 (q4): negotiate on the detail of the draft compliance notice and begin to implement changes in Phase 1. • Q1 2023: Final compliance notice issued (May 2023), Phase 1 changes completed, and Phase 2 changes commence. • Q3 2023: Implementation deadline (November 2023), Phase 2 changes complete and Phase 3 (post implementation) changes planned out.	N/a	Green	Amber	This is not a corporate commitment within the 2022-2023 corporate plan. However, we've added a progress update here to provide visibility of this work and demonstrate our support of the new standards. **On track:** An internal project group has been established to identify how the new requirements for Welsh Language Standards apply to us and what we need to implement to ensure that we are compliant. We have held our first individual meeting with the Welsh Commissioner's Office to discuss the specific details of the standards and to ensure proportionality of approach. We have provided an amber forecast as there is some uncertainties regarding the full impact of the standards, which is not known until we have our final compliance notice issued by the Commissioner in May.

▼/▲ *arrows mean that the traffic light rating is worse or has improved compared to our Q1 report*

Section 3 Detailed progress against our Key Performance Indicators (KPIs)

3.1 Registrations and Contact Centre KPIs

KPIs	2022-23 Target	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022
Registrations							
Percentage of UK initial registration applications completed with no concern within 1 day	97%	99.9%	99.9%	100%	98.7%	100%	99.6%
Percentage of UK initial registration applications completed where concerns are raised within 60 days	95%	81.8%	93.1%	87%	94.7%	95.7%	94.8%
Percentage of overseas registrations applications assessed within 30 days	95%	99.9%	100%	100%	100%	100%	99.9%
Percentage of readmissions applications completed within 21 days	90%	98.8%	99.1%	97.8%	96.4%	98.3%	98.3%
Contact Centre							
Percentage of call attempts handled	90%	98.6%	97.3%	97.0%	95.4%	94.2%	93.3%
Total number of calls into the Contact Centre	Monitor only	11,542	12,561	12,693	14,225	18,320	18,631
Total number of calls answered by the Contact Centre	Monitor only	11,377	12,218	12,307	13,574	17,271	17,386
Number of emails handled	Monitor only	3,839	4,107	4,443	4,417	5,793	5,635

Exception comments

Data correction for Q1 data presented for KPI *Percentage of readmissions applications completed within 21 days*.

	April 22	May 22	June 22
Incorrectly reported at Q1	98.1	98.3	96.8
Corrected data	98.8	99.1	97.8

The error was due to the total volume of applications being higher than previously thought. This correction did not affect the overall traffic light rating of green.

UK initial registration applications where concerns are raised and completed within 60 days: We have not hit our target for five out of the last six months. As previously reported, small volumes disproportionally affect the headline percentage (for Q2, these volumes were 18 applications in July, 23 applications in August, and 73 in September during the 'peak'). When appeals are submitted, this adds an additional 28 days to the process, meaning that some cases are then outside of the 60 day timeline. We will review how we measure this KPI in the future to provide a differentiation when appeals occur.

Contact Centre
We have updated the table above to show both total calls and calls answered by our contact centre. Contact centre call handling remains above target at 93.3 percent. Year to date call volumes (total number of calls into the contact centre) are 14.4 percent lower when compared to the same period last year (April to September: 87,998 calls, 14,753 less than 2021-2022). Call volumes during the 'peak' for August and September 2022 were comparable to 2021. The volume of emails handled has also reduced by 5.5 percent compared to the same period last year (28,234 emails, which is 1,635 lower than last year). This shows reduced contact when compared to the previous year.

3.2 Complaints and Enquiries and Professional Practice KPIs

📊 KPIs	2022-23 Target	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022
Remained above							
Percentage of complaints handled within 20 working days	90%	91%	90.4%	94.2%	89.3%	90.3%	81.3%
Number of complaints handled	Monitor	101	105	102	75	114	94
Percentage of information requests responded to within their statutory timeframes	90%	91.3%	90.9%	86.5%	91%	92%	95%
Number of information requests handled	Monitor	127	132	155	135	117	142
Percentage of MP enquiries responded to in 20 days	90%	0%	0%	75%	100%	80%	0%
Percentage of enquiries responded to in 20 days	90%	100%	100%	100%	100%	100%	80%
Percentage of customers highly satisfied/satisfied with the service received	85%	85.1%	82%	86%	91%	86%	89%
Number of feedback surveys completed	Monitor	292	287	344	382	887	651
Professional Practice							
Number of approval decisions against all 55 current AEIs running midwifery programmes seeking to be re-approved by September 2022 (target: 55 by September 2022)	55	46	47	47	52	55	56

Exception comments

Complaints: see executive summary. We have processed 591 complaints since April; the total number of complaints has decreased by 37 percent compared to last year (936 complaints in 2021-2022 between April and September compared to 591).

Information requests responded to within statutory timeframes: above target in Q2. We have processed 808 requests since April – this is broadly the same when compared to the same period last year (2021-22: 813 information requests between April and September). This shows that demand for information remains comparable. When comparing Q2 data, we have seen a 37.5% increase in Subject Access Requests (SARs) when compared to the previous year. This is significant, as SARs are more time consuming to complete, putting pressure on the team. The highest proportion are regarding fitness to practise cases, and signals that our high FTP caseload is driving demand for SARs.

MP enquiries: MP enquires are zero for April, May and September as no enquiries were due to be completed in those months. Small volumes disproportionally affect the overall percentage. The Q2 average was on target, with 9 out of 10 MP enquiries processed within 20 days. We continue to seek ways to improve our response times.

Customer satisfaction: above target for Q2. We have provided feedback themes within section 5 of this annexe.

Approval decision for midwifery programmes: we have met our target within the desired timeframe.

3.3 Our People KPIs

📊 KPIs	2022-23 Target	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022
Corporate people KPIs							
NMC workforce							
Number of full time equivalent (FTE) employees at the NMC (permanent, fixed term contract, contractors)	1,252 (annual av.)	1,086	1,088	1,080	1,086	1,088	1,080
Percentage of agency and contractors (as a percentage of total FTE) (month actual)	Monitor only	6.4%	5.9%	4.5%	6.4%	5.9%	4.5%
Total number of new starters (permanent employees only) (month actual)	Monitor only	7	15	7	13	13	7
Total number of leavers (permanent employees) (month actual)	Monitor only	10	8	11	18	9	16
Total number of new starters (permanent, fixed term, agency, contractors)	Monitor only	22	26	16	27	39	31
Turnover							
Percentage of all NMC turnover (permanent employees only) (12 months rolling)	12.5%*	12.2%	12.1%	12.4%	13.%	12.9%	13.5%
Percentage of new starters leaving within 6 months of joining (12 month rolling)	12.5%	10.4%	9.1%	8.6%	10.2%	7.4%	7.7%
Number of new starters leaving within 6 months of joining (month actual)	Monitor only	0	0	0	1	1	0
Turnover							
Average number of days of sickness per employee (days)	6.5	7.7	7.6	7.7	7.7	7.7	7.5
Employee Engagement							
Employee engagement score (out of 10) (6 monthly)*	7.5	6 monthly only.			7	Next survey due in 2023-24	
Employee net promoter score (6 monthly)	Positive score				3		
Employee perception of internal communications effectiveness score (out of 10) (6 monthly)	7				7.7		

*takes account of various factors from our colleague engagement survey to assess their overall opinion of the organisation. Scores are either plus (positive opinion) or minus (negative opinion)

Exception comments

* We have tailored how we apply traffic lights for our *percentage of all NMC turnover* KPI. Traffic lights are now applied as: 10% or below = green, 10.1% to 12.5% = amber, above 12.5% = red. This is to provide more nuance when interpreting the data. We have back dated this to Q1, and traffic lights which we previous green for April to June are now amber.

Full time equivalent: we continue to be significantly behind our budgeted establishment. This means our workforce is lower than planned and is reflected across a number of areas where capacity is cited as a factor for delays or rephasing of work. There is particular pressure within FTP.

- Overall, 161 people have joined NMC since April. This includes permanent and fixed term employees, and contractors and agency staff.
- Our permanent workforce has marginally shrunk. 72 permanent employees have left the NMC since April. 62 people have joined as permanent employees. This means that more permanent employees have left than new permanent employees have joined.

Turnover: Retention continues to be a key area of risk and is above our target.

Sickness absence (12 month rolling): remains higher than target but stable, averaging 7.7 days per person per year. The top reasons for absence remain Covid-19, stress, and mental health. As this measure looks at the 12 month rolling average, it will include last winter's Covid-19 absence.

Employee engagement: Our recent employee engagement survey showed that employee engagement score rose from 6.8 in January 2022 to 7 at August 2022. Comments suggest that the new laptops and collaborative tools have had a significant impact. Our Net Promoter Score, which evaluates the overall opinion of the organisation as also increased from -3 at January 2022 to 3 at August 2022.

Traffic light definitions

	RED- Significant concerns	AMBER - Some concerns	GREEN – On track
Corporate Commitments	• Actions are needed immediately to help the commitment to be delivered. • We do not expect to deliver the planned benefits or outcomes by the end of the year • We do not expect to deliver at least half of our planned deliverables during the year.	• Deliverables have not been delivered as expected within our corporate plan – to time, cost, or quality • We expect to deliver partially deliver the commitment - significant progress towards benefits/outcomes but some aspects are delayed • We are taking remedial action to bring the commitment back on track within the year • Or there are some uncertainties or risks that we need to monitor and manage	• Expected to deliver against its deliverables and realise benefits
KPIs (Unless otherwise stated)	**Significantly below target** More than 8 percent below target Turnover KPI: greater than 12.5 percent (above target)	**Off target** Below target between 1 to 8 percent Turnover KPI: 10 percent to 15 percent (some concerns)	**Within range** On or above target Turnover KPI: <10 percent Green (no concerns)

Section 4: Financial monitoring
Table 1 – Income & Expenditure to 30 September 2022

£m	September 2022 Year-to-Date				Full Year			
Income & Expenditure	Actual	Budget	Var.	Var. (%)	Q2 Forecast	Budget	Var.	Var. (%)
Income								
Registrant Fee Income	45.6	45.2	0.4	1%	92.4	91.2	1.2	1.3%
Other	4.5	2.6	1.7	66%	8.3	5.3	3.0	58%
Total Income	**50.1**	**47.9**	**2.2**	**5%**	**100.7**	**96.5**	**4.2**	**4%**
Expenditure								
Core Business								
Professional Regulation	24.0	24.2	0.2	1%	49.2	51.4	2.2	4%
Resources & Technology Services	8.6	9.3	0.7	7%	18.0	18.8	0.8	4%
People & Organisational Effectiveness	5.4	6.0	0.6	9%	11.4	11.6	0.2	2%
Professional Practice	2.3	3.0	0.7	23%	5.8	6.7	0.8	12%
Strategy & Insight	1.5	1.6	0.1	7%	2.9	3.5	0.6	18%
Communication & Engagement	1.6	1.7	0.1	6%	3.1	3.4	0.2	7%
Directorate - Core Business	43.4	45.8	2.4	5%	90.4	95.4	5.0	5%
Corporate								
Depreciation	3.3	3.0	(0.3)	(10%)	6.5	6.0	(0.5)	(8%)
PSA Fee	1.0	1.0	-	-	2.0	2.0	-	-
Apprenticeship Levy	0.1	0.1	-	-	0.3	0.2	(0.1)	(41%)
Other*	1.0	-	(1.0)	0%	2.8	0.1	(2.7)	(100%)+
Total Corporate	5.4	4.1	(1.3)	(32%)	11.6	8.4	(3.2)	(38%)
Total Core Business	**48.8**	**49.9**	**1.1**	**2%**	**102.0**	**103.8**	**1.8**	**2%**
Surplus/(Deficit) excluding Programmes	**1.3**	**(2.0)**	**3.2**	**>100%**	**(1.2)**	**(7.3)**	**6.1**	**84%**
Programmes & Projects								
Modernisation of Technology Services	1.8	2.5	0.8	31%	6.6	7.4	0.8	11%
Modern Workplace for Me	1.3	1.4	0.1	9%	1.5	1.4	(0.1)	(7%)
Regulatory Reform	0.3	0.4	0.1	16%	1.0	1.0	-	-
Accommodation Project	0.0	0.1	0.1	82%	0.1	0.8	0.7	93%
FTP Improvement Programme	0.0	0.1	0.1	80%	0.1	0.1	-	-
Technology Improvements	-	0.2	0.2	>100%	0.4	0.5	0.1	17%
Insight Programme	0.1	0.1	0.1	57%	0.2	0.3	0.1	38%
Website Redevelopment Programme	-	0.0	0.0	0%	0.1	0.1	-	-
Total Programmes/Projects	3.5	4.8	1.3	27%	10.1	11.6	1.5	13%
Total Expenditure	**52.3**	**54.7**	**2.4**	**4%**	**112.1**	**115.3**	**3.2**	**3%**
Less Capital Expenditure (Capex)	3.2	3.6	0.4	11%	8.7	8.7	-	-
Total expenditure excluding Capex	**49.1**	**51.1**	**2.0**	**4%**	**103.3**	**106.6**	**3.3**	**1%**
Surplus/(Deficit) excluding Capex before Unrealised Gains/(Losses)	**1.0**	**(3.3)**	**4.3**	**>100%**	**(2.6)**	**(10.1)**	**7.5**	**74%**
Unrealised Gain/(Losses) on Investments	(3.9)	-	(3.9)	-	**(3.2)	-	3.2	-
Surplus/(Deficit) excluding Capex after Unrealised Gains/(Losses)	**(2.9)**	**(3.3)**	**0.4**	**12%**	**(5.9)**	**(10.1)**	**4.2**	**42%**
Free Reserves	**44.9**	**40.5**	**4.4**	**11%**	**39.5**	**31.4**	**8.1**	**26%**

Note: Figures are subject to rounding in all tables

* Other corporate costs forecast include the one-off non-consolidated payment to colleagues in November 2022 as well as pension deficit payments. ****** forecast unrealised losses on investments represents the actual unrealised losses at 31 October 2022.

Table 2 – Balance sheet as at 30 September 2022

£m	Actual 31 March 2022	Actual 30 Sept 2022	Increase (Decrease)	Change %
Fixed Assets				
Tangible and Intangible	28.7	28.5	(0.2)	(1%)
Stock Market Investments	32.8	32.4	(0.4)	(1%)
Total Fixed Assets	**61.5**	**60.9**	**(0.6)**	**(1%)**
Current Assets				
Debtors	3.3	2.2	(1.1)	(32%)
Fixed term bank deposits	49.1	55.3	6.2	13%
Cash	20.9	16.1	(4.8)	(23%)
Total Current Assets	**73.3**	**73.7**	**0.3**	**0%**
Total Assets	**134.8**	**134.6**	**(0.2)**	**(0%)**
Creditors	(55.2)	(57.8)	(2.6)	(5%)
Provisions	(3.3)	(3.4)	(0.1)	(3%)
Total Liabilities	**(58.5)**	**(61.2)**	**(2.7)**	**(5%)**
Total Net Assets	**76.3**	**73.3**	**(3.0)**	**(4%)**
Free Reserves	**47.6**	**44.9**	**(2.7)**	**(6%)**

Table 3 – Cash flow statement to 30 September 2022

£m	Actual 30 Sept 2021	Actual 30 Sept 2022
Cashflow from operating activities		
Surplus/(Deficit) (YTD)	4.1	(2.9)
Adjustment for depreciation (non-cash)	2.3	3.3
(Gains)/Losses on Investments	(0.8)	3.9
Investment/Dividend income	(0.4)	(0.5)
(Increase)/Decrease in current assets	1.8	1.1
Increase/(Decrease) in liabilities	2.0	2.7
Pension Deficit Payments not in 'surplus/(deficit)' above	(0.9)	-
Net Cash inflow/(outflow) from operating activities	**8.1**	**7.6**
Cashflow from investing activities		
Capital Expenditure (YTD)	(3.3)	(3.2)
Cashflow from financing activities		
Stock Market Investments – additional investment Aug 2022	-	(3.0)
Cumulative net increase/(decrease) in cash and cash equivalent	**4.8**	**1.4**
Cash & Cash Equivalent at the beginning of the year	67.9	70.0
Cash & Cash Equivalent at the end of the month	**72.7**	**71.4**

Table 4 – Movement in free reserves year to date

£m	Actual	Budget
Free reserves at 1 April 2022	47.6	44.3
Net surplus/(deficit) to date	1.0	(3.3)
Depreciation to date	3.3	3.0
Unrealised gains/(losses)*	(3.9)	0.0
Less capital spend to date	(3.2)	(3.6)
Free reserves at 30 September	**44.9**	**40.5**

Note: *unrealised gains/(losses) reflect the change in the value of our investment portfolio since the beginning of the year after taking account of income from it. We do not budget either gains or losses on our portfolio.

Financial commentary
Financial Position at 30 September 2022

Year to date review

1 Our financial position after the first half of the financial year remains strong, with free reserves at nearly £45 million. Our liquidity also remains strong with cash and investments totaling over £103 million at the end of September 2022.

2 Our free reserves remain higher than our target maximum of £25 million, but we expect this to reduce as we pursue our plans to reduce our Fitness to Practise (FtP) caseload and continue to invest in our technology and accommodation over the period of our current 2020-2025 strategy and beyond. There are also pressures, such as inflation, that may require us to use our reserves.

3 Our surplus excluding capital expenditure before unrealised gains for the period, before unrealised movements on our investments, shows a £1.0 million surplus compared to the planned £3.3 million deficit budgeted. This has largely been driven by higher than expected income and some underspends on our core business and projects operations. In particular:

- Total income was £2.2 million (5 percent) ahead of budget mainly due to higher than anticipated registrant numbers and the continuing high volume of overseas applications. We have factored the latter into the forecast for 'other income' for the remainder of the year, assuming the same level of applications as in the first half of the year. Due to uncertainties on both these areas our income budget was set cautiously.

- We underspent by £2.4 million, (5 percent) on our directorates' core business. A significant part of this was driven by vacant posts across most areas, with challenges in recruitment causing vacancies in key FtP case progression roles in particular. Below budget spend in the Resources & Technology Services Directorate was also due to continuing difficulty in filling vacant posts although our campaign to attract talent to specialist roles in the IT areas has begun to show positive results. These vacancies have contributed to some work slippage including impacting the pace with which we have been able to reduce the FtP caseload. Other drivers of the underspend include Professional Practice Directorate due to the lower number of quality assurance visits to education institutions than anticipated. There have been some rescheduling of monitoring events and a lower number of programme modifications which led to reduction in travel and accommodation costs too.

- Underspends across a range of smaller, non-capital projects were due to slippage and later than planned recruitment.

- The underspend against budget on capital projects is due to slippage largely attributable to the Education QA IT project within the Modernisation of Technology Services (MoTS) programme. Its start has been moved from May to October 2022 due to a shortage of project management resource.

- Set against these underspends and slippage there is additional core spend of £1 million of pension deficit payments to date. These have been made as part of our continuing obligation to address the deficit identified by the triennial review of the Defined Benefit pension scheme in March 2019. We set this out in more detail in our Executive Report to Council on 27 July 2022. We have now just received the initial results of the triennial review conducted as at 31 March 2022. We will be discussing this with the trustees shortly with the expectation of reducing this spend in future.

4 In addition to our operational and project spend, we have a £3.9 million unrealised loss on our investments due to stock market fluctuations since the beginning of the financial year. This reflects markets reacting negatively to high inflation, slowing growth, change in the UK political landscape and the war in Ukraine. This level of fluctuation is within the risk appetite set out in our agreed investment policy but is a reminder that we are in uncertain times with fluctuations likely to continue. However, these are long-term investments that we expect to hold for well over five years and which are currently generating nearly £1 million a year in income.

5 As a result, while we monitor these movements and their impact on the level of our free reserves, one of our key financial indicators, we seek to avoid them unduly influencing on our short term budget management.

6 Further discussion of the performance of our investment portfolio is contained in the Investment Committee's report to Council which is part of this Council meeting's agenda.

Looking ahead

7 In line with the financial review provided to Council in September, we expect our full year net operating position at table 1 above to show a deficit that is lower than that budgeted. This is due to income that is higher than the relatively cautious budget set, along with some underspends and slippages in spend. It is despite some additional costs such as the defined benefit pension scheme deficit funding and a £750 one-off cost of living payment to each eligible colleague that will be paid in November 2022.

8 Our forecast expenditure is relatively cautious, assuming as it does some acceleration of spend in the second half of the year. This is mainly due to an expected reduction in vacant posts particularly in FtP operations. Such filling of posts has been difficult to predict in the past and continues to be so.

9 In line with previous practice for our defined benefit pension scheme, the forecast does not make assumptions about fluctuations in its valuation that are not possible to predict but which will be reflected in our annual accounts.

Annexe 1 section 5. KPI Trend Dashboards

Registrations

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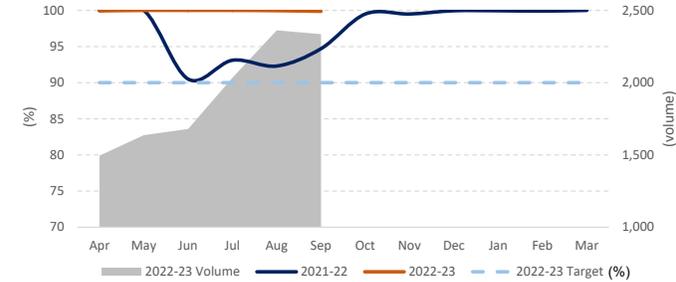
Above target.

Legend: 2022-23 Volume — 2021-22 — 2022-23 — 2022-23 Target (%)
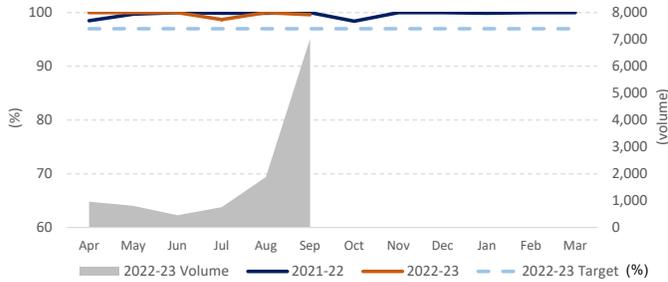
2. UK registrations requiring additional scrutiny within 60 days (% and volume)

Marginally under target at September 2022.

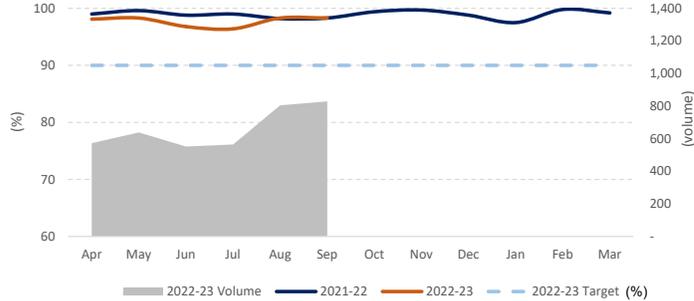Legend: 2022-23 Volume — 2021-22 — 2022-23 — 2022-23 Target (%)
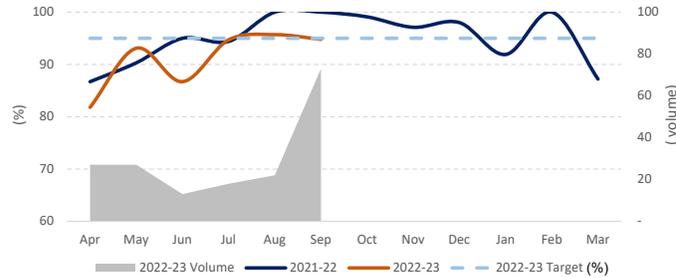
3. Overseas registration assessed within 30 days (% and volume)

Above target.

Legend: 2022-23 Volume — 2021-22 — 2022-23 — 2022-23 Target (%)

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

Above target.

Legend: 2022-23 Volume — 2021-22 — 2022-23 — 2022-23 Target (%)

Contact Centre

5. Call attempts handled (% and volume)

Above target.

Legend: 2022-23 Volume — 2021-22 — 2022-23 — 2022-23 Target (%)
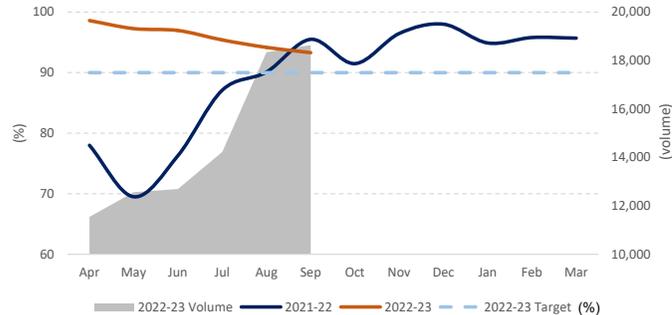
Midwifery Programmes

6. Approval decisions against current AEIs by running midwifery programmes seeking to be re-approved by September 2022

Target of 55 achieved by planned date of September 22.

	2021-22	2022-23
No. of completed approval decisions	46	56

Fitness to Practise - see item 11, annexe X
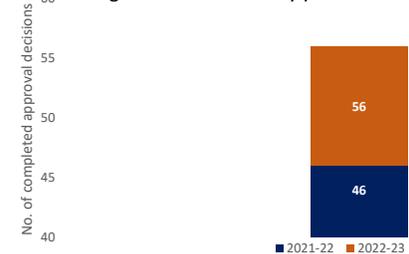
Customer enquiries, complaints and feedback

7. Customer complaints responded to within in 20 days
Below target in September 2022
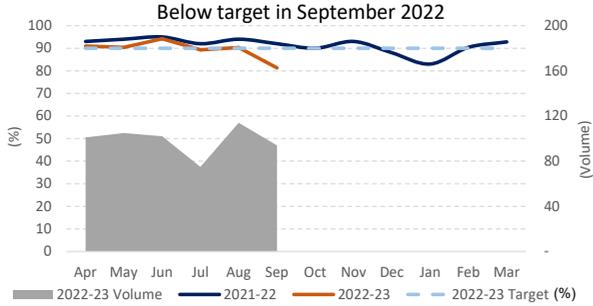
8. Enquiries responded to in 20 days
Below target in September 2022
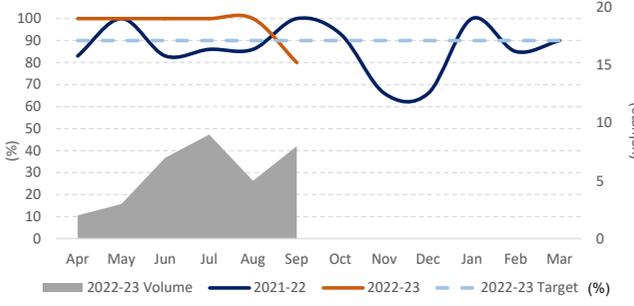
9. MP Enquiries responded to in 20 days
No MP enquiries in April, May, and September 2022
Below target in May and August. Above target in July.
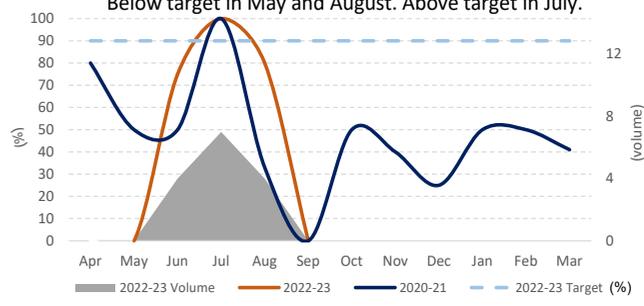
10. Customers rating our service as good or very good
Above target at Q2
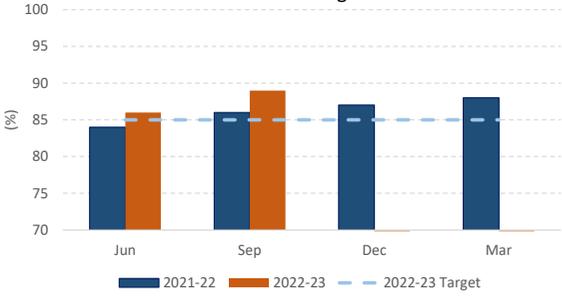
11. Information requests responded to in statutory timeframes
Above target at Q2.
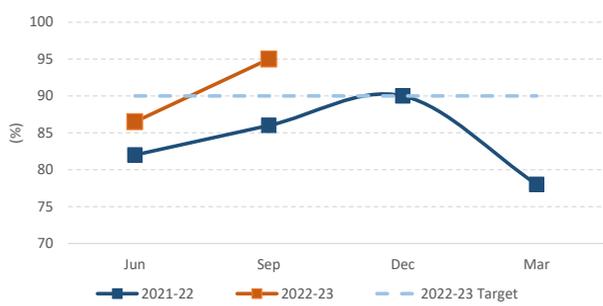
Corporate Complaints

89%

Complaints responded to in 20 days

(Q2 average)

Complaints themes

There has been a 53% decrease in the number of complaints received compared to last year. We have identified 38 learning points which have been shared with teams across the organisation. We have identified the following themes:

- **Screening updates (36 complaints) –** we received complaints from people who had not received regular updates and in some cases had not heard from us in a number of months. The team is in the middle of a case officer recruitment campaign with a view to helping them manage cases to the required level
- **Direct Debit (9 complaints) –** we received complaints from people who had lapsed due to issues with their direct debits. These highlighted issues with taking payments from banks in particular countries, and also a systems issue whereby registrants encounter problems when they change their direct debit arrangements just before a payment is due to be taken. We have improved our escalation process such that these issues are resolved swiftly by the IT team
- **OSCE marking consistency (8 complaints) –** We received a small number of complaints about implementing reasonable adjustments at the OSCE. The Testing Team has provided individual tailored support to those concerned. We also received feedback about how we communicated updates about routine test maintenance.

90%
(9/10)
MP enquiries responded to in 20 days

91%
(22/24)
Enquiries responded to in 20 days

(Q2 average)

Customer Feedback Dashboard
1 July 2022 to 30 September 2022
(Data is average/total for Q2)

290
Corporate Complaints

1920
feedback surveys

394
Information requests

Customer feedback surveys

"Mine was a genuine error one I have never made before in my 34 years as a registered nurse. They did not rush me even though I was struggling to speak, very upset, and she gave me time and compassion.

I was delighted by the prompt response, not put on hold or kept waiting like other organisations.

88%
Customers rated our customer service as good or very good.
(Q2 average)

1
Unhappy customer contacted and resolved their concerns.
(In Q2)

Information requests

93%
responded to on time

(Q2 average)

Information requests themes

- The overall number of cases received is almost identical to Q2 last year.
- We have however seen a 37.5% increase in Subject Access Requests from the previous year. The relevance of this is that these requests are generally our most time consuming to complete. A large proportion of these requests are from individuals who are associated with Fitness to Practise cases.
- There have not been many themes emerging from FOI requests as these have been varied although, we did receive more requests than usual asking for detailed geographic breakdowns of our register.

Our person centred approach

- We have completed a guidance document to assist with reasonable adjustments for customers who are autistic.

"The person I spoke to indifferent and did not offer me any options. It seemed as though they could not be bothered to listen to my issue.

I needed an overseas telephone number but they did not give it to me and asked me to send email which I did last time and they took a month to answer. Frustrating.

59

Key insights from our customer feedback surveys for Q1 & Q2 2022-2023

Overview

1. We have received a total of 923 completed customer feedback surveys for Q1 and 1920 for Q2, this increase is down to the survey now being sent automatically via dynamics after each customer interaction.

2. 84% percent of those completing the survey in Q1 rated our service as good or very good. For those completing the survey in Q2, 88% rated our service as good or very good.

Themes

3. There were several themes that emerged from customer feedback. These were:

4. **Telephony**: There has been a significant improvement in those customers who mention that they have experienced poor call quality. Customers have commented that lengthy wait times and periods on hold have reduced, and that call quality is generally very good. This is the result of advisors returning to our office.

5. **Processes**: Some customers have reported that they find it frustrating when they call about something they have spoken about before and find that no notes have been left on our system. This has been raised in a recent contact centre team meeting as the expectation is that every agent is to leave a note of any conversation where a pin number is taken

6. **Customer service:**

   - In contrast to Q3 &Q4 feedback, customers are now telling us that they appreciate the kindness they are shown when they call to advise that they are leaving the register, either through retirement or for other reasons. Advisers are taking the time to empathise with the difficult decision a registrant has reached to leave the register, and recognising and thanking them for their service to the profession.

   - Some customers have reported frustration that some of our advisers are passive and reticent to take the time to understand their concerns or offer advice. Contact centre colleagues will provide one to one feedback to help advisers to take a more active role during their calls. Call recording will be available at the end of this year, and a percentage of calls will be recorded for training and monitoring purposes. This will help to determine areas where support is needed.

   - Customers have highlighted that when they call, they are facing difficulty when a call needs to be escalated to another team, with attempts by Contact entre advisers to transfer being unsuccessful. Transfer to another team is only available currently if a member of the other team is available

for transfer. The adviser will not be aware if someone is available until we try the line. Contact Centre is exploring whether we can use our new telephony system to bring other support teams back onto the platform to allow advisers to see availability of colleagues before a transfer is attempted, to reduce transfer failures, and offer a better experience for the caller.

Our people

12. Total NMC employee turnover (%)

Turnover continues to increase and has exceeded our maximum tolerated level of 12.5%

All NMC Turnover 2022/23 (%) — — Target
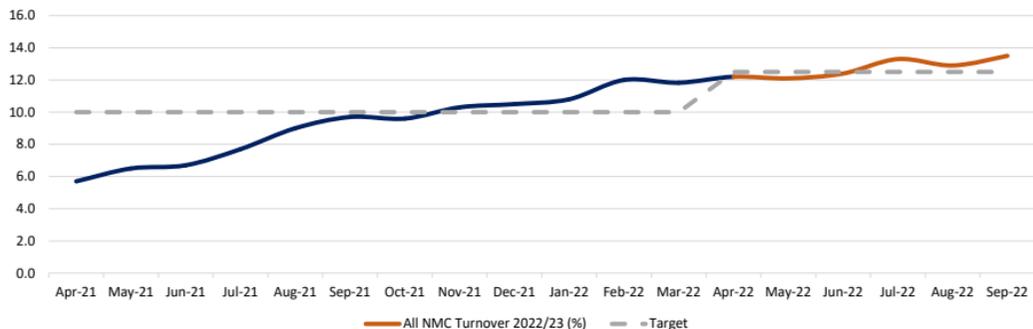
13. Turnover of new starters within 6 months of joining (%)

Slight increase in Q2 after sustained decrease in Q1

Turnover of new starters within 6 months of joining (%) — — Target
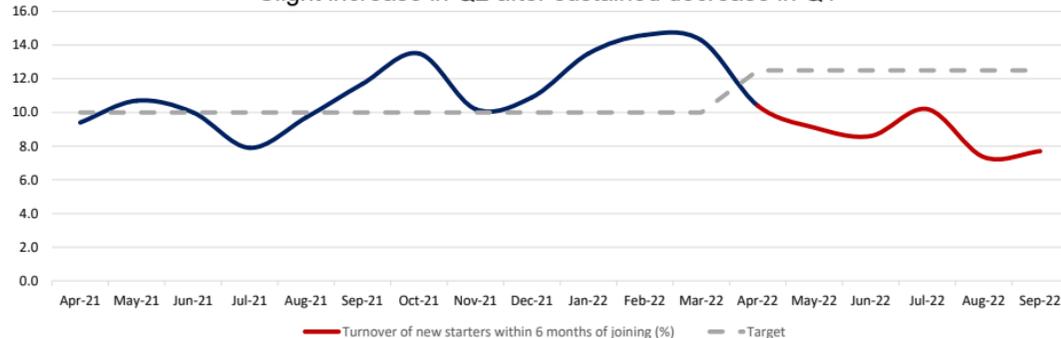
14: Employee engagement score (out of 10)

Next survey results available in January 2023

■ Target ■ Result
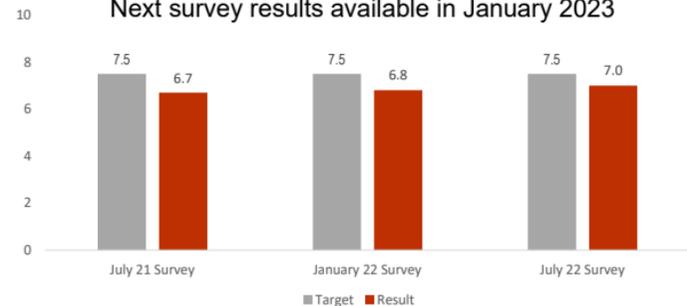
15. Sickness absence average days

Stable but higher than desired level and higher than the same period last year.

— 2022-2023 — 2021-2022 — — Sickness (Target)
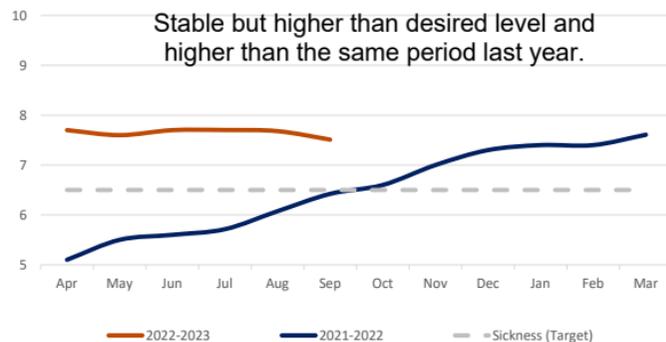
16. Total FTE

Continues to be behind target

— Actual FTE per month — Budgeted FTE per month — — Budget FTE (annual average)
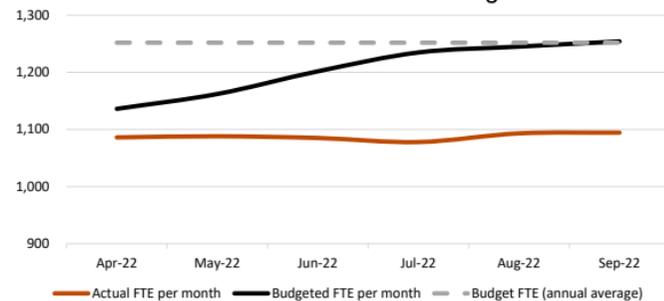
Item 6 Annexe 2: Summary of how NMC corporate risks link to our corporate commitments (1/3)

In September, the Council requested that we provide a clear understanding about how corporate risks and commitments from our corporate plan are linked. We have provided a summary below. Our corporate risks are potential areas that could stop us delivering our core business or corporate strategy. Many of our corporate commitments are intended to provide further mitigation of our core business risks.

Ref.	Risk description for 2022-2023 *Materialised risks*	Rating (at Nov 22)	Link to corporate commitment (commitment number and short description)
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)	**CC7. Reducing the FTP caseload:** targeted action in 2022-24 to reduce our overall caseload. **CC8. Regulatory reform:** opportunity to process FTP cases in a different way from 2025. Updated rules from 2025. **CC14. Expand our national and local outreach:** expansion of our employer link service will continue to build relationships and knowledge with employers and partners about professional regulation and when to refer. **CC19. Update digital systems to improve how we regulate (MOTS):** we will produce a high level design for a new FTP case management system (CMS) by autumn 2023, and start the build following approval of the business case. The new CMS should deliver some efficiencies in how we process cases to improve timeliness.
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)	**CC19. Update digital systems to improve how we regulate (MOTS):** we have a structured programme and programme governance to ensure that work to update our legacy systems to replace the register (Wiser) and FTP case management (CMS) deliver the desired benefits.
PEO18/01	Risk that we fail to recruit and retain an adequately skilled and engaged workforce *	RED (16)	**CC17. Deliver our people Plan:** our plan will deliver focused activity to support recruitment and retention, leadership and management capabilities, a review of total reward, career progression from 2023-2025. This will support us to reduce this risk over time. **CC18. Improve the way the organisation is structured:** this work is an opportunity to work more efficiently. We are undertaking an options appraisal about next steps.
COM18/02	Risk that we do not act in line with our statutory or wider legal obligations	RED (16)	Links to all commitments, but specific link to: **CC9. Tackle discrimination and promote inclusion:** which will deliver actions to promote inclusion in our regulatory processes and for our employees.
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)	**CC20. Deliver contemporary IT through technology improvement:** improving core business technology through new collaboration tools, laptops, Cloud services, and a focused IT roadmap from 2022.

NMC corporate risks with linkage to corporate commitments (2/3)

Ref.	Risk description for 2022-2023 *Materialised risks*	Rating (at Nov 22)	Link to corporate commitment (commitment number and short description)
REG18/01	Risk that we fail to maintain an accurate register of people who meet our standards	AMBER (15)	**CC8. Substantial programme of Regulatory reform:** opportunity to review our rules regarding registrations. Updated rules from 2025. **CC10. Pilot ways to increase OSCE capacity:** to support new approaches to how we manage the increase in international registrations. Development from 2023. **CC11. Policy and legislative change to international registrations:** new English language guidelines will provide more efficiency in how we process international registrations. Implement from 2023.
FIN21/02	Risk that we do not achieve a sustainable budget or the planned financial benefits from our strategy	AMBER (12)	**Cross cutting all commitments.** Our main mitigations are annual planning and budgeting, monthly monitoring through management accounts, and 6 monthly reviews with the Council.
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)	All commitments with specific link to: **CC13. Build trust in professional regulation through targeted campaigns to build awareness.** Ongoing targeted communications and engagement with key audiences throughout the strategy to support delivery of all our regulatory and strategic work.
STR20/02	Risk that we fail to deliver our strategic ambitions for 2020-2025	AMBER (12)	All commitments with specific link to: **CC8. Substantial programme of Regulatory reform** which will deliver significant opportunities to work in new ways to support how we regulate. Updated rules and processes from 2025.
EXP22/04	Risk that climate change will impact on our ability to be an effective regulator	AMBER (12)	**CC22. Implement NMC sustainability plan:** our sustainability plan will be published in Q4 and will cut across all of our work. From 2023.
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)	**CC5. Implement a new data driven approach to education quality assurance:** increased data and analytics will help us to more efficiently identify regulatory concerns so that we work with approved education institutes (AEIs) to resolve issues at the earliest opportunity.

NMC corporate risks with linkage to corporate commitments (3/3)

Ref.	Risk description for 2022-2023 *Materialised risks*	Rating (at Nov 22)	Link to corporate commitment (commitment number and short description)
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)	Not specifically relevant to this strategic period, as our corporate budget is not dependant on gains from investments in this strategy. We continue to monitor our investment strategy regularly.
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)	**Potential impact on all commitments if our or the sectors capacity is adversely affected.** There is a specific link to: **CC13. Build trust in professional regulation through targeted campaigns to build awareness** as extra pressure on our professionals and the sector this winter means that we have delayed some aspects of this work.
REG19/03	Failure to ensure that educational standards are fit for purpose (including processes to ensure compliance with standards are being met)	GREEN (8)	The following comments are designed to strengthen our standards and Education quality assurance: **CC1. New post registrations standards:** from 2022 **CC2. New standards for pre-registration education in the UK:** from 2023 at the earliest. **CC3. Review regulation of post registration standards:** discovery work from 2023. **CC4 Review revalidation** **CC5. Implement a new data driven approach to education QA:** discussed above at REG22/04. **CC6. Evaluate protected learning time for Nursing Associates.** From 2023-24.

Annexe 2. Corporate risk exposure report (up to October 2022)

Corporate risk description /ref.	Risk Score (After			Current risk exposures — Increasing ↑ Reducing ↓ No change ↔	Additional actions and mitigations
	L	I	L X I		
REG18/02 Risk that we fail to take appropriate action to address a regulatory concern	4	5	**20** ↔	**Risk owner:** Executive Director, Professional Regulation. **Current factors are:** • High caseload requiring significant investment • Age of the caseload and timeliness • Capacity pressure points within fitness to practise (vacancies, turnover, internal movement)	• Additional resources at Screening to clear cases (ongoing) • Agreements to release colleagues from teams who previously worked in screening back into screening to help with case progression (ongoing). • Recruitment task force to tackle gaps, vacancies and to review fixed term contracts (ongoing) • FTP improvement programme refocused onto caseload reduction. New workstream added regarding reviewing Interim Order process.
INF21/04 Risk that our Modernisation of Technology Services (MOTS) programme does not deliver the intended benefits for our registration system or case management system.	4	5	**20** ↔	**Risk owner:** Executive Director, Resources and Technology Services **Current factors are:** • Retention and recruitment of resources to implement the programme (programme delivery team and availability of subject matter experts (SMEs) • Pressure in the availability of external expertise to support decommissioning of Wiser (our legacy registrations platform). • Education QA technology project has been delayed.	• We have put in place reinforced programme governance, clear prioritisation, formalised change control, and a revised resource model which has dedicated subject matter experts from FtP and product owners. • From November, we will have ongoing external governance of the programme provided by Chaucer, to address and support the recommendations that came out of their external review to support phase 3a of the programme. • Phase 3a provides 10 percent contingency to mitigate resourcing pressures and unforeseen complexity in the next phase delivery and is running to plan. • Review of key job descriptions is underway to mitigate against the risks around retention and recruitment of internal resources, due to lower salaries benchmarked against comparable external roles. Some residual risks regarding resourcing we continue to tolerate. • New change request process within MOTS to manage technical requests not within current scope of the programme to prioritise and make best use of resources.
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	4	4	**16** ↔	**Risk owner:** Executive Director, Communications and Engagement **Current factors are:** • The scope of our role and influence to support maternity safety. • Ability of the sector to meaningfully engage with us when under pressure (especially with winter pressures looming). • The ongoing impact of a high FTP caseload • Pressure to adopt new commitments from the new leadership of the current government • Nurses across England and Wales have voted in the first ever strike ballot on pay which closed on 2 November. We could see strikes over the winter months where there is already significant pressure. In Scotland, their offer has been rejected and will now begin a consultative ballot for strike action. There has been no official pay outcome for Northern Ireland.	• The report into East Kent maternity services was published on 19 October and we are now considering the findings, both to understand the learning we can take from it, and to consider whether any regulatory action needs to be taken. • We continue to review the sector landscape, considering the pressures expected over the winter months regarding covid, flu, cost of living, inflation increases, and industrial action. • We will delay the awareness campaigns within NMC and me / corporate commitment 13 until 2023-2024. • We continue to ensure that we are not overloading stakeholders and that our communications are focussing on crisis issues rather than BAU. • We published our position on industrial action on 30 August 2022. It explains, people on our register have the right to take part in lawful industrial action. If this happens, registrants taking part will need to uphold the standards and values in our Code and employers will have a key role to play in making sure continuity of care for patients and people who use services is maintained.

Corporate risk description /ref.	Risk Score (After			Current risk exposures Increasing ↑ Reducing ↓ No change ↔	Additional actions and mitigations
	L	I	L X I		
PEO18/01 Risk that we fail to recruit and retain an adequately skilled and engaged workforce	4	4	**16** ↔	**Risk owner:** Executive Director, People and Organisational Effectiveness (P&OE) **Current factors are:** • Recruitment: We fail to recruit the right people: quality/availability of candidates is affected by the job market and reward offer and ensuring that NMC is attractive to potential candidates • Colleagues have low resilience, reduced wellbeing, or lower productivity due to workload and pace of the organisation • Fail to retain talent – continual turnover challenges due to lack of perceived career development opportunities. • We don't have the right skill levels or the appropriate culture for 'right first time' and streamlined processes which encourage productivity. • Gaps in our capacity due to redeployment to support programmes, projects, or core business initiatives. (e.g., FTP recovery programme, MOTS). • Challenges on equality, diversity, and inclusion (EDI) issues, including not supporting colleagues from ethnic minority groups to progress, develop, and address the ethnicity pay gap	• We began implementing our People Plan in April 2022. Initial focus has been scoping our reward project and our leadership and management competency framework. • Unionisation agreement with Unison agreed in October 2022, and we are setting up our first joint consultative meeting in Q3. • Launch of new resourcing service in October - this incorporates new process guidance, new applicant tracking system, and some staff re-alignment. • Targeted initiatives are being discussed with FTP where capacity gaps exist – this is working alongside the PR recruitment review (See corporate risk REG18/02). • E-appraisals to be launched later this year to improve efficiency. • Two new Executive Directors of P&OE joined on 7 November • New heads of department for Change are in post with the Interim Head of Organisation Learning, Quality, and Improvement currently being recruited to.
COM18/02 Risk that we do not act in a legal manner or fail to meet our public obligations or comply with legal or compliance requirements.	4	4	**16** ↔	**Risk owner:** General Counsel **Current factors are:** • Key areas include: tackling discrimination and EDI, data handling, FTP caseload, and safeguarding. • Our legal activities report discussed at the confidential Council meeting contains further detail of current exposures.	• New strategic safeguarding lead who will lead on developing a safeguarding action plan and training and improvement. • Improvements to our FtP guidance to clarify our approach to cases involving discrimination. EDI training has been delivered to panels and is planned for regulatory legal teams during Q3. • NHS England in partnership with NHS confederation and the NMC has produced a new resource that supports nursing and midwifery professionals working in the NHS to combat racism. This launched in November and includes practical examples and tools to help nursing and midwifery professionals discuss, explore and challenge racism safely and effectively.
REG18/01 Risk that we fail to maintain an accurate register of people who meet our standards (including timeliness of registrations)	3	5	**15** ↔	**Risk owner:** Executive Director, Professional Regulation. **Current factors are:** • Ensuring effective operation of our registration and revalidation processes. • Continued public interest in international registrations • Variability of international midwifery education standards.	• Our key controls are embedded into our core business processes. • As part of our collaborative approach for supporting internationally trained nurses and midwives, we are developing a joint workshop for professionals and employers called 'Welcome to the UK workforce'. • We have seen a small increase in registration appeals related to our English Language requirements, which we discussed with Council in July. We don't believe the risk rating needs to increase; however, we will continue to monitor this to see if there is any significant impact for international registrations. Our new English Language guidance will be implemented in 2023.

Corporate risk description /ref.	Risk Score (After			Current risk exposures	Additional actions and mitigations
	L	I	L X I	Increasing ↑ Reducing ↓ No change ↔	
INF18/02 Risk that core business information computer technology (ICT) failure impedes our ability to deliver effective and robust services for stakeholders or value for money	3	5	15 ↔	**Risk owner:** Chief Information officer. **Current factors are:** • Ensuring that our new tools for colleagues are fit for purpose and improve productivity. • Protection from cyber-attacks. • A competitive recruitment market continues to impact our ability to recruit to and retain key IT roles. Turnover is stable, and progress has been made to fill long standing vacancies.	• Our laptop rollout is complete. • Further MS Teams collaboration functionality is being rolled out with the expectation that it will be available to all staff in early Q3. • Cyber security will always be a risk to the organisation and will need continuous focus and attention. We have commissioned an external review to assess our current and future posture. We have received the initial findings report and whilst the findings are typical for an organisation of our size and sector, there are areas for improvement. As part of phase 2 we will establish the cyber roadmap for the next 2-3 years.
EXT21/03 Risk that we do not recover efficiently following the coronavirus pandemic, including removal of emergency rules, closing the temporary register, and realising the benefits from our new ways of working	3	3	9 ↔	**Risk owner:** Chief Executive and Registrar. **Current factors are:** • About 1.3 million people are reported to have had Covid (w/c 10 Oct), a rise of 25 percent from previous figures. This is the biggest percentage increase week-on-week since early July, during the last surge of Omicron infections. • We continue to see colleagues contracting coronavirus. During September the numbers were slightly up. We continue to monitor the situation.	• In view of the temporary register remaining open for a further 2 years, we will keep this risk on the corporate risk register (CRR).
STR20/02 Risk that we fail to deliver our strategic ambitions for 2020-2025	3	4	12 ↔	**Risk owner:** Executive Director, Strategy, and Insight. **Current factors are:** • Prolonged sector recovery from the pandemic. • Insufficient capacity or capability to deliver our strategy. • We miss strategic opportunities. • Pressure to adopt additional commitments. • We don't maximise regulatory reform. • Our ability to act independently.	• Our internal Change Board meets monthly and provides oversight of all the changes we intend to deliver. • Regulatory Reform timelines are now confirmed with implementation due in 2025. We're holding regular sessions with the Council. • Business planning is underway for 2023-2024. A significant EB workshop will take place on 28 November 2022 to review the corporate plan and budget.
FIN20/01 Risk of not achieving our investment strategy particularly regarding long term growth; appetite for short term capital loss; alignment with our values	3	4	12 ↔	**Risk owner:** Executive Director, Resources and Technology Services. **Current factors are:** Volatility in our investments with unrealised losses compared to the 31 March 2022 valuation of £3.9 million at the end of September. Although the value of our portfolio has recovered moderately during October (up by £0.6 million to £33 million at 3 November), this is still a volatile time for investments.	• Investment Committee reviewed our investment policy and risk register at their October meeting. Its report is provided to this Council.

Corporate risk description /ref.	Risk Score (After			Current risk exposures	Additional actions and mitigations
	L	I	L X I		
FIN21/02 Risk that we do not achieve a sustainable budget or the planned financial benefits from our strategy	3	4	12 ⟷	**Risk owner:** Executive Director, Resources and Technology Services. **Current factors are:** • Inflation impact on pay and non-pay costs (e.g. rising cost of utilities, impact of cost of living on our colleagues). • Significant pressure on our 3 year budget with cash and reserves potentially at unacceptable levels if we do not take action to manage costs. Managing additional financial pressures which have arisen since April within our 2022-2023 budget (e.g., additional project costs, FTP investment, Regulatory Reform, defined benefits pension scheme).	• Business planning is underway for 2023-2024. A significant EB workshop will take place on 28 November 2022 to review the corporate plan and budget.
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.	3	4	12 ⟷	**Risk owner:** Executive Director, Professional Practice. **Current factors are:** • Quality nursing and midwifery education impacted by external pressures • Our order means we can only offer binary approval options • Our processes rely heavily on AEIs informing us that they are meeting our standards. As such, our assurance is driven by AEIs. • Weak/manual data capture from our QA process makes meaningful trend analysis for regulatory concerns difficult and lack of QA technology. Our QA technology project is delayed.	• NMC QA board in place to provide an overview of concerns, including discussion of all critical concerns and to make monitoring/refusal decisions • Annual Report to Council giving an overview of all activity and Regular reporting in the Executive Report to Council on high-level items • Independent QA visits managed by Mott McDonald • Internal audit reviews to provide ongoing assurance and a QA watch list of high-risk AEIs/courses and ongoing development of fixes in the QA link, development and implementation of our data driven approach. • We are mitigating delays in our QA technology project through manual data analysis.
EXP22/04 The risk that climate change will impact on our ability to be an effective regulator.	3	3	9 ⟷	**Risk owner:** Executive Director, Resources and Technology Services **Current factors are:** Nothing significantly new in addition to exposures held on the corporate risk register.	• Through our sustainability and environment planning, we are drawing up plans with proposed actions that we will take forward over the remainder of our strategy. Our plan will be published in Q4.
REG19/03 Failure to ensure that educational standards are fit for purpose (including processes to ensure compliance with standards are met)	2	4	8 ⟷	**Risk owner:** Executive Director, Professional Practice. **Current factors are:** The Executive Director of Professional Practice will be stepping down in November with recruitment for her replacement in progress.	• We are focusing on supporting implementation and quality assurance of new programmes that meet our new post registrations standards. • We are reviewing what sources of additional data are readily available to help monitor the quality of educational programmes that we have approved.

Risk Score key: Increasing ↑   Reducing ↓   No change ⟷

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 our number one corporate priority to address, and invite feedback on our proposed approach to reporting on caseload recovery.
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 KPIs

- Annexe 3: 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 on our work to reduce the Fitness to Practise (FtP) caseload.

2 Reducing our caseload has been and remains our top priority. The Professional Standards Authority (PSA) understandably concluded that we had failed the Standard of Good Regulation on Fitness to Practise timeliness for a third year. We are sorry about the additional distress we know this causes for all involved in our cases. We take these concerns seriously and are considering timeliness in all our improvement activities.

3 We are redoubling our efforts to reduce the caseload and are targeting the oldest cases. We are confident that we will continue to make reductions in the Screening caseload which will help address concerns around the timeliness of our processes including those raised with us by the PSA.

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, patients, and families across each of the four nations.

6 The numbers where a country of registration has been identified are as follows:

Sep 2022 Caseload	Screening	Investigation	Case Examiner	Adjudication	Total
England	1690	1483	227	694	4094
Scotland	259	170	26	88	543
Wales	104	120	15	63	302
Northern Ireland	54	105	8	22	189
Overseas	32	36	2	18	88
Country of registration not identifed	884	15	0	0	899
Total	3023	1929	278	885	6115

Discussion: **Summary of our current position**

7 At the last meeting of the Council, we were able to report a decrease in caseload over the summer months, we saw that decrease continue in September with the caseload decreasing by 167 in month to 6,115.

8 To meet our target of 5,000 cases by March 2023 we will need to deliver caseload reductions of circa 200 per month for each month between now and the end of the financial year.

9   Our caseload at Screening continues to reduce, driven by decreases in the number of referrals received and increased levels of decision making. The caseload at that stage was 3,023 at the end of September, this is its lowest level since February 2021.

10   Whilst we have recently made improvements in leadership at the Investigation stage, our levels of output are not at the required level. More cases are progressing from the Case Examiners to the Adjudication stage than planned and our Adjudication closures will not deliver a reduction in caseload. These issues put pressure on our ability to meet our overall 5,000 target and start to see positive changes in overall timeliness.

11   The caseload position at each stage of our process is at Chart 1, **annexe 1**. This shows that, since the last meeting of Council, the significant decrease in the number of cases at Screening has driven a further decrease in the overall caseload. It also shows that our rolling 12 month average for decisions made is at its highest level for the last year.

12   Performance against our agreed KPIs is attached at **annexe 2** and the FtP performance dashboard is at **annexe 3**.

13   We have restated to our teams the importance of prioritising our casework and we are continuing to focus on resolving our aged cases at each stage of our process. This will mean that, whilst our overall caseload age will go down, we are likely to see an increase in age of cases at the point at which decisions are made before it starts to come down again as overall case age and timeliness improves.

Upcoming activity

14   Our upcoming activity will continue to support our improvements at Screening but will also address the issues, set out in paragraph 10, that are emerging later in the process.

15   We have run a procurement competition to secure support of process improvement experts to work with us to identify further opportunities for improvement in the Screening process using data, observation and diagnostic tools enabling empirical based decision making. The work started earlier in November and will be supported in part by teams outside of the Professional Regulation directorate. We are working at pace and the initial recommendations will be received in December.

16   If we find that the opportunities identified in Screening support with timeliness, case progression and productivity challenges then we may decide to adopt this approach in other areas of casework.

17   We are currently reviewing all cases in Investigations where we have had to make an application to the High Court for the extension of an interim order, this is part of a structured piece of work to ensure we are focusing efforts on our highest risk and oldest cases.

18   Additionally in Investigations we are working with our management team to increase the support we provide to individual team members that will enable them to achieve higher individual levels of output and refining our escalation processes to ensure cases progress in a timely way.

19   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 gradually rebalance our approach to whether hearings are held physically or virtually.

Our improvement programme

20   Our programme of improvement continues to focus on delivery of new ways of working which will positively impact on our performance.

21   In December we will begin the pilot of our referrals helpline, this is an important development and will enable members of the public to speak to one of our team members about the process, what it entails and how to submit a referral which has all the information we need to effectively look into their concerns.

22   The extra resource we have provided to support Screening decisions continues to make a demonstrable difference to our performance in the area and will be supported by local level process changes we are making to streamline the way in which the teams work.

23   In October we introduced a new strand of work into the programme which is focused on improving our performance in cases involving interim orders. The strand is looking to ensure:

23.1   We are applying for interim orders as effectively as possible to ensure that the public are protected whilst we investigate concerns.

23.2   We are progressing cases with an interim order in place as quickly as possible so that our professionals are not subject to restrictions for any longer than is necessary.

Midwifery implications:

24   There are no implications which are specific to midwifery to consider.

25   During the first half of this financial year the percentage of referrals relating to midwifery was 5 percent, this represents 79 individual referrals and as a proportion is in line with previous years.

26   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:

27   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:

28   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. 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.

29   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:

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

Stakeholder engagement:

31   Our key stakeholder groups remain concerned at the lack of progress in resolving our backlog but are engaging with us to resolve specific cases.

Risk implications:

32   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".

33   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:

34   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:** | 35 | 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
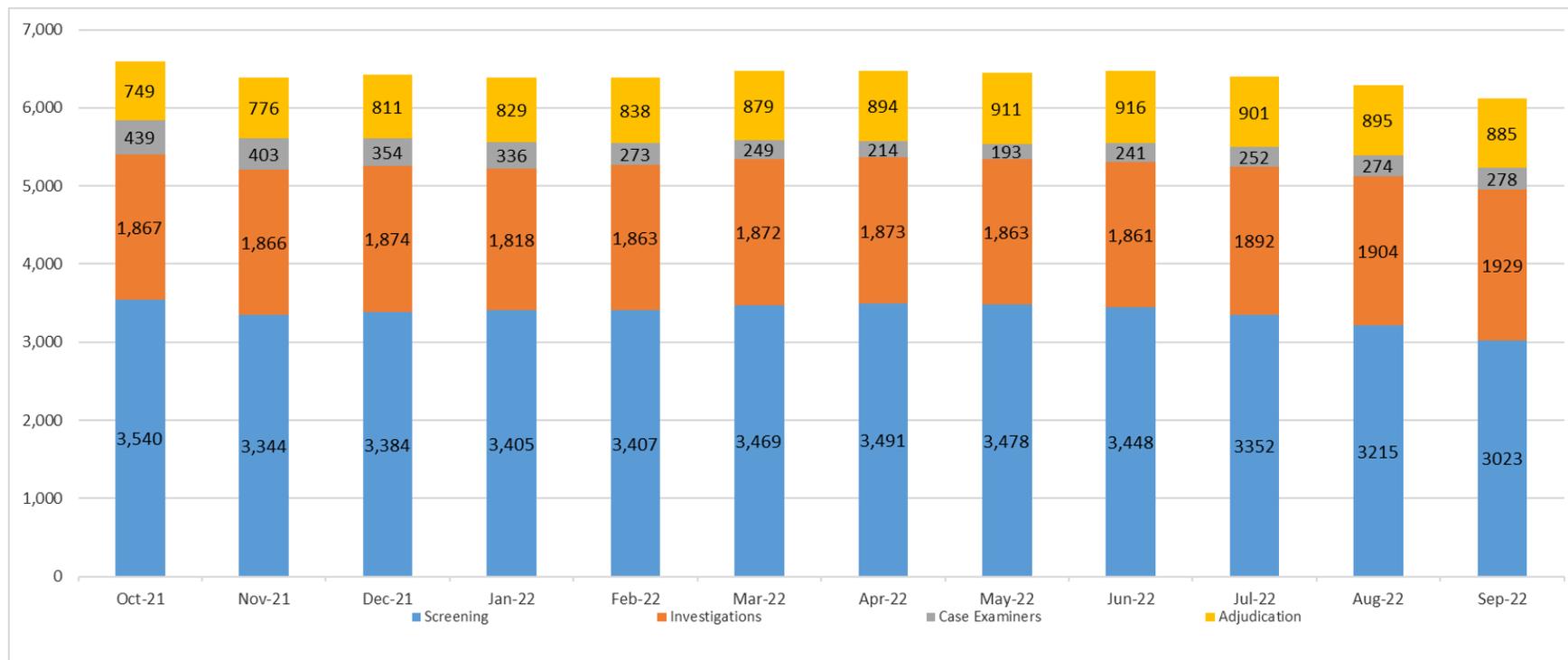
Chart one:

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.

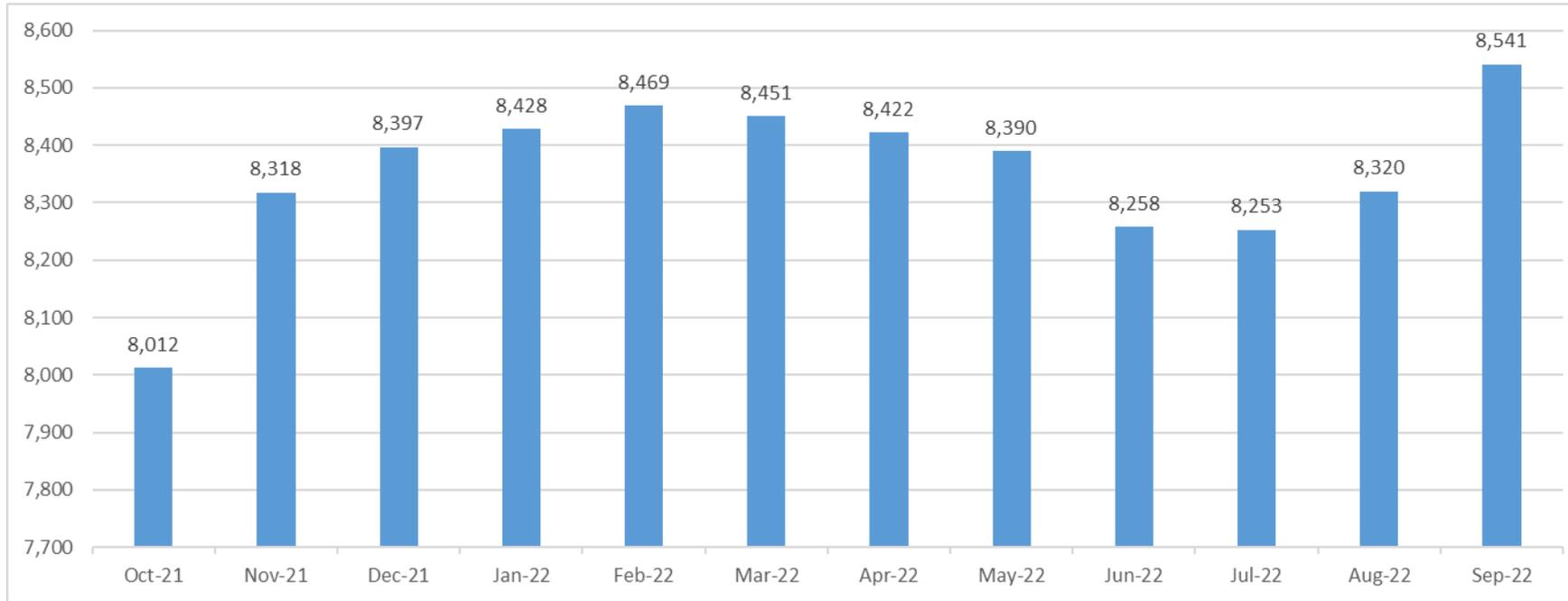| Date	October 2021	November 2021	December 2021	January 2022	February 2022	March 2022	April 2022	May 2022	June 2022	July 2022	August 2022	September 2022
Initial forecast	5,980	5,830	5,680	5,530	5,360	5,160	6,469	6,395	6,344	6110	5970	5818
Overall caseload	6,595	6,389	6,423	6,388	6,381	6,469	6,472	6,445	6,466	6397	6288	6115
Variance	615	559	743	858	1,021	1,309	3	50	122	287	318	297

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	October 2021	November 2021	December 2021	January 2022	February 2022	March 2022	April 2022	May 2022	June 2022	July 2022	August 2022	September 2022
Total Decisions (moving annual)	8,012	8,318	8,397	8,428	8,469	8,451	8,422	8,390	8,258	8,253	8,320	8,541
Initial forecast - Total decisions (moving annual)	9,375	9,831	10,326	10,646	11,125	11,560	11,540	11,618	11,515	11,516	11,555	11,470
Variance	-1,363	-1,513	-1,929	-2,218	-2,656	-3,109	-3,118	-3,228	-3,257	-3,263	-3,235	-2,929

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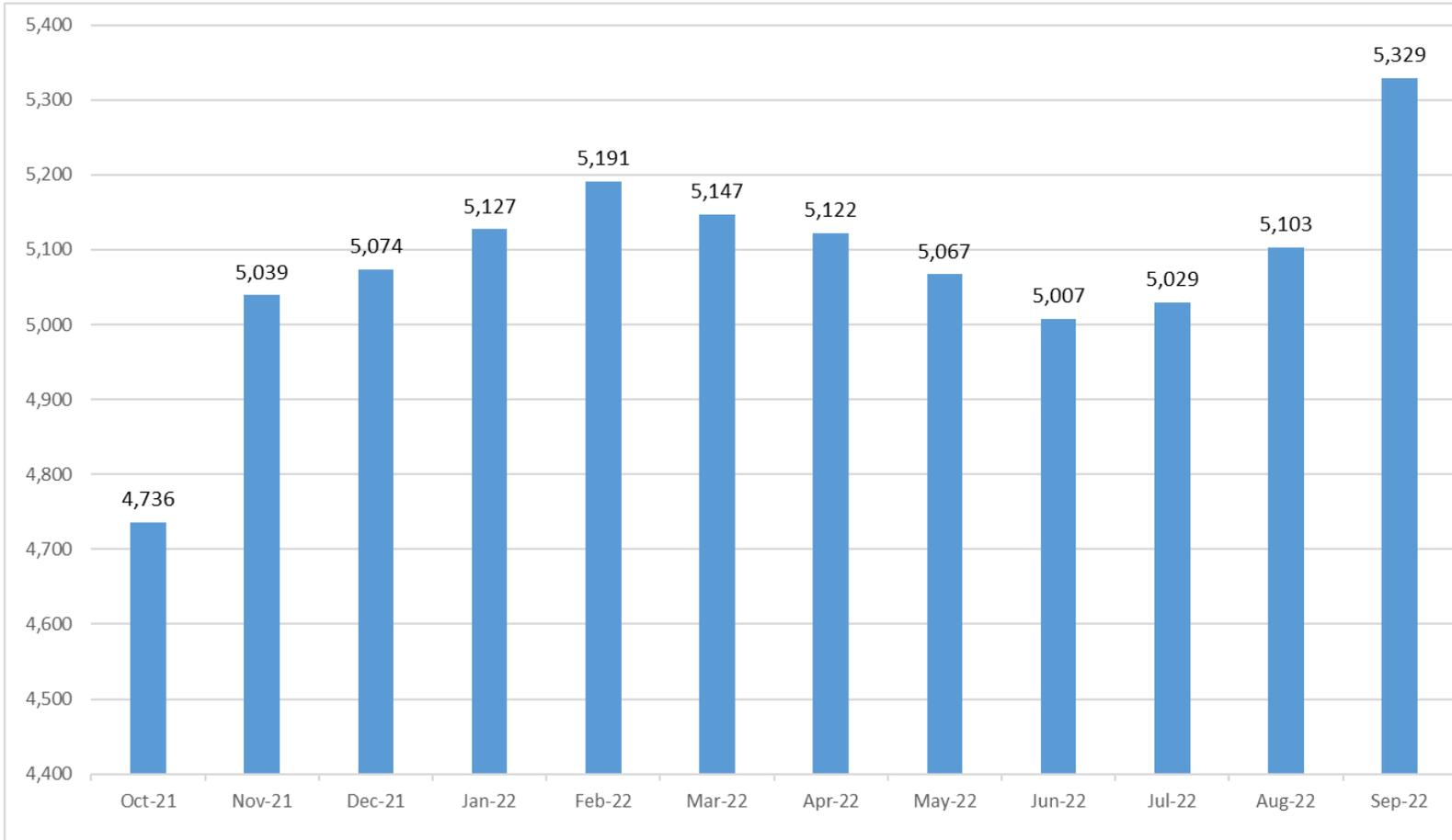8.
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Chart three:

Moving annual total case conclusions

The chart 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	October 2021	November 2021	December 2021	January 2022	February 2022	March 2022	April 2022	May 2022	June 2022	July 2022	August 2022	September 2022
Total Closures (moving annual)	4,736	5,039	5,074	5,127	5,191	5,147	5,122	5,067	5,007	5,029	5,103	5,329
Initial forecast - Total closure decisions (moving annual)	5,402	5,722	6,008	6,189	6,468	6,694	6,717	6,805	6,775	6,840	6,901	6,893
Variance	-666	-683	-934	-1,062	-1,277	-1,547	-1,595	-1,738	-1,768	-1,811	-1,798	-1,564
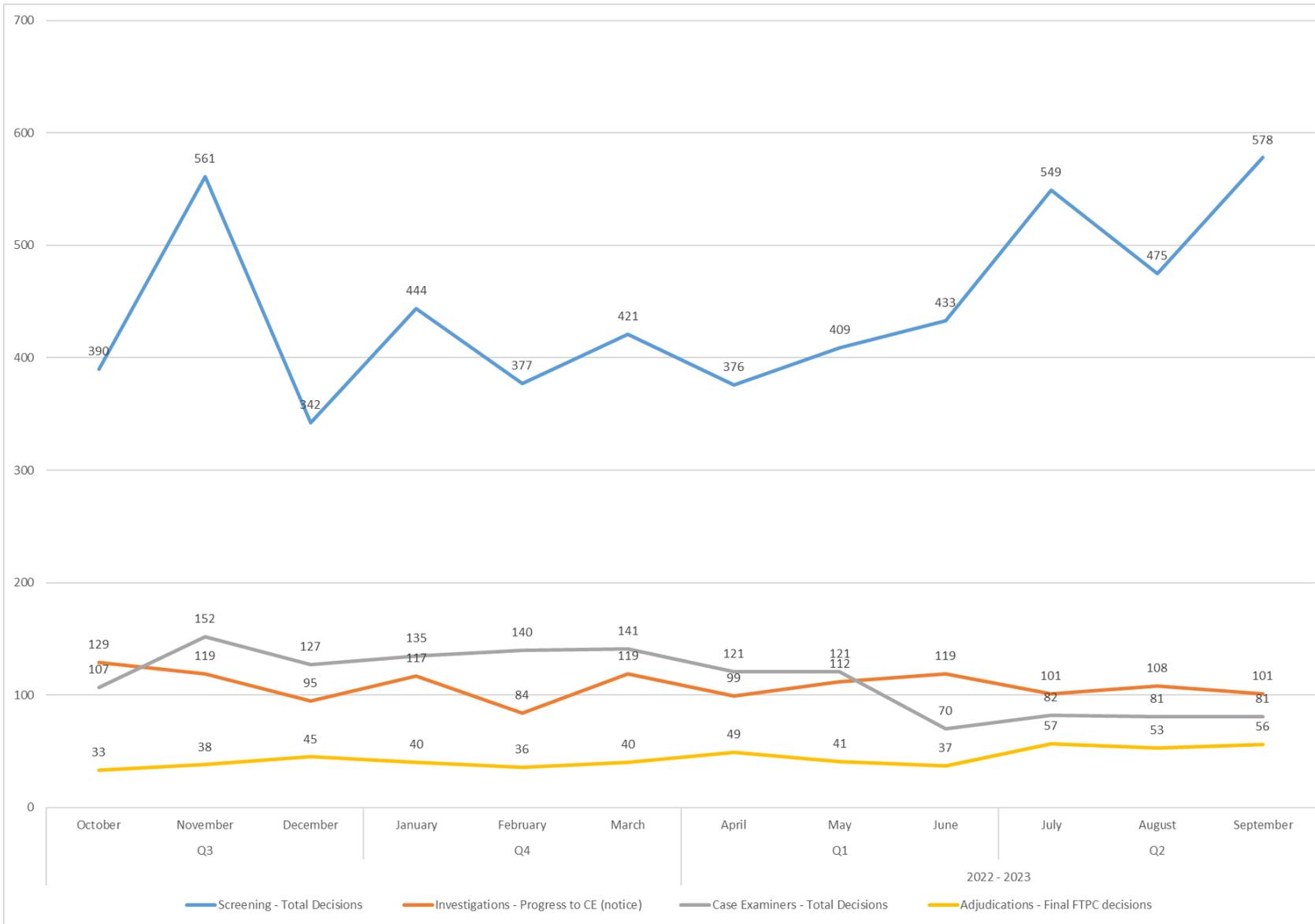
Chart four:

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.
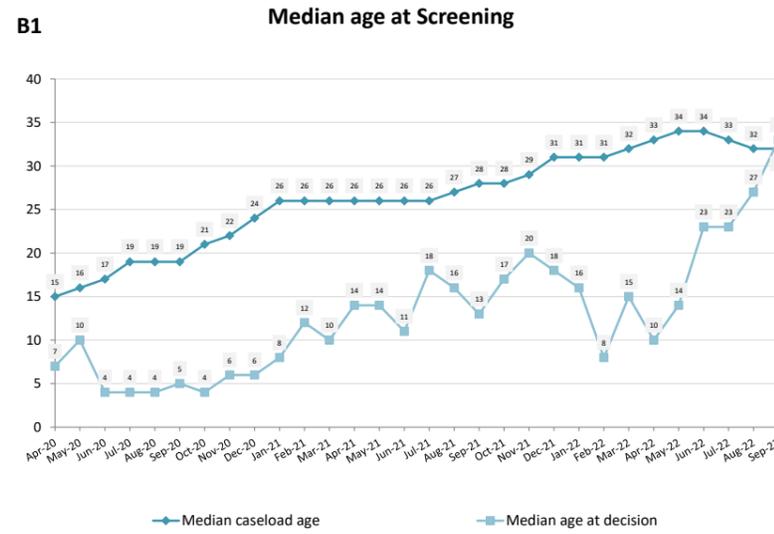
Item 7: Annexe 2
NMC/22/99
23 November 2022

FtP KPIs

KPIs	2022-23 Target	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022
Fitness to Practise							
Volume of our overall fitness to practise caseload (closing caseload) (month actual)	5000	6,472	6,445	6,464	6,397	6,288	6,115
Percentage of Interim orders imposed within 28 days of opening the case (month actual)	80%	78.9%	79%	70%	81%	67%	67%
Percentage of fitness to practise cases concluded within 15 months of being opened (month actual)	80%	58.4%	54.4%	65.2%	62.2%	58.9%	62.4%
Percentage of fitness to practise cases at Case Examiners with decisions to close -with 'no case to answer' or 'no current impairment'	Monitor only	40.5%	53%	40%	48%	37%	38%
Percentage of fitness to practise cases at Hearings with decisions to close - with 'no case to answer' or 'no current impairment'	Monitor only	28.3%	24.4%	18.9%	22.2%	14.3%	17.9%

Exception comments

Our corporate KPI performance for fitness to practise continues to be impacted by the current size and age of our caseload. We can see that improvement initiatives are beginning to show positive results on our headline caseload numbers. For August and September, the headline caseload has reduced by over 100 cases during both of those months.

Our FTP improvement programme has a new workstream to review our approach and performance for issuing interim orders.

A separate paper on the FTP improvement programme is at item 8 which discusses these issues further.
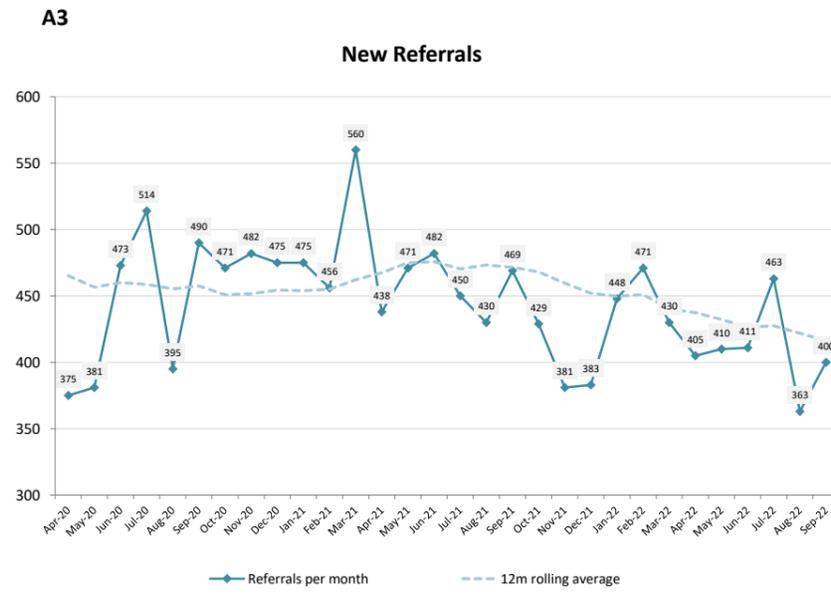
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FtP Performance Dashboard September 2022 - Final

A1

Historic Caseload

Legend: Screening, Investigations & Case examiners — Adjudications

A2

FtP Caseload

Legend: Screening — Investigations — Case examiners — Adjudications

A3

New Referrals

Legend: Referrals per month — 12m rolling average

B1

Median age at Screening

Legend: Median caseload age — Median age at decision

B2

Median age at Investigations and Case Examiners

Legend: Median caseload age — Median age at decision

B3

Median age at Adjudications

Legend: Median caseload age — Median age at decision

Caseload Movement Summary Aug - Sep 2022

| Opening caseload 6,288 | 400 cases received (new referrals and reopened cases) | 573 cases closed | 6,115 Closing caseload |

Council

Professional Standards Authority annual performance review for 2021-2022

Action: For discussion.

Issue: Outcome of the Professional Standards Authority (PSA) NMC performance review 2021-2022 and actions to address matters raised in the report.

Core regulatory function: All regulatory functions.

Strategic priority: ALL

Decision required: None.

Annexe: The following annexe is attached:

Annexe 1 – PSA NMC performance review for 2021-2022.

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

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Context: 1 The Professional Standards Authority (PSA) oversees the ten health and social care professional regulators in the UK and reviews their performance annually against a set of 18 Standards of Good Regulation (SOGR).

2 The PSA's review of the NMC for 2021-2022 was published on 26 September 2022 and is included at **Annexe 1**. The PSA judged that we met all but one of the SOGR. The one we did not meet was SOGR 15, relating to timeliness of fitness to practise (FtP) case progression. This is the same outcome as the 2020-2021 and 2019-2020 performance reviews.

Four Country Factors: 3 None identified.

Discussion: **Performance review 2021-2022**

4 Highlights in the PSA's performance review report include:

4.1 Recognition of our effective engagement with a wide range of stakeholders in developing the new post-registration standards

4.2 Positive comments about the work we have done in expanding and improving our engagement with the public by establishing our Public Voice Forum in 2021 and the further development of our Public Support Service.

4.3 Recognition of our commitment to Equality, Diversity and Inclusion (EDI), reflected in our EDI action plan for 2022-2025.

4.4 Recognition that we are continuing to perform our registration functions in a timely way, and the work we have done to improve the transparency of our registration appeals process.

5 The report recognises the challenges we encountered during the pandemic, and how these have impacted on our performance; it also recognises the work we have been doing and continue to do to address and improve the timeliness of FtP case progression.

6 We fully accept the PSA's finding that we have not met the Standard of Good Regulation relating to timeliness of our FTP cases. We understand the impact that being involved in FtP proceedings can have on all those involved and the additional distress caused by delays and we apologise to all those affected.

Page 2 of 4

7   Under its new performance review process, the PSA has initiated its escalation process for regulators who fail to meet the same SOGR for three consecutive performance review cycles. As we have not met Standard 15 for three consecutive years, the PSA has written to Ministers in the four UK countries to highlight this matter. We have regularly briefed Ministers, government officials, and key stakeholders on the backlog and our progress in addressing it. Following the PSA's escalation letters, we wrote again to the Secretary of State for Health and Social Care and to Ministers in Scotland, Wales, and Northern Ireland.

8   **Actions in response to PSA performance review** Earlier this year we reviewed and streamlined our improvement programme for FtP activities, to ensure that it was focussed on the changes which will impact most on reducing our caseload.

9   The changes we are making in the programme include ensuring that we have the right number of people, in the right roles, focused on the tasks that need to be completed to progress a case.

10   In addition, we are taking steps to improve our operational oversight, to ensure our cases are progressed in a timely way, we are prioritising cases that have been with us for the longest period of time.

11   We are already starting to see the impact of some of our work in Screening, where our decision numbers have been on an upward trend. The FtP caseload is starting to fall.

12   We will continue to scrutinise the quality of our decision making at each point in the process, ensuring our cases are being resolved at the earliest opportunity and that our guidance is being followed appropriately.

13   We have several internal quality assurance groups that look at different decisions made throughout the process, and we are reviewing those to ensure they continue to provide the scrutiny required in the most effective way.

14   Reducing our caseload remains our top corporate priority and many colleagues across the NMC are supporting the work on the FtP backlog and the timeliness issue. We will continue to keep the Council and stakeholders updated on our progress.

15   Other work that we are planning to carry out in 2023 to ensure effective regulation includes:

15.1   Reviewing our pre-registration Standards for Education, following our recent public consultation;

15.2   A formal evaluation of the impact of protected learning time;

15.3   Continuing to implement our EDI plan for 2022-2025.

Public protection implications: 16   Taking appropriate measures to respond to learning from the PSA is essential to improve the quality of our work and increasing the level of public protection that we provide through better regulation.

Resource implications: 17   We must ensure that the resources needed to address all learning from the PSA are identified during the business planning process. This applies in particular to addressing the matters that have resulted in us not meeting FtP SOGR 15.

Equality and diversity implications: 18   One of the general PSA SOGRs covers EDI. Although we have met this standard, EDI considerations need to be embedded into all our activities and there is a specific EDI action plan.

Stakeholder engagement: 19   We are engaging with Ministers and other stakeholders to keep them informed on our work to address the FtP caseload.

Risk implications: 20   Failure to manage change and address the required improvements could result in a negative performance review outcome and consequently undermine public confidence and trust in the NMC. There are action plans intended to mitigate this outcome.

Regulatory reform: 21   None identified.

Legal implications: 22   None identified.

Nursing and Midwifery Council (NMC) Performance Review – Monitoring year 2021/22

professional standards authority

Our performance review process

We have a statutory duty to report annually to Parliament on the performance of the 10 regulators we oversee. We do this by reviewing each regulator's performance against our Standards of Good Regulation and reporting what we find. Our performance reviews are carried out on a three-year cycle; every three years, we carry out a more intensive 'periodic review' and in the other two years we monitor performance and produce shorter monitoring reports. Find out more about our review process <u>here</u>.

This report covers the period 1 April 2021 to 30 June 2022.

Key findings

◗ The NMC has not met Standard 15 again this year, because it is still taking too long to conclude fitness to practise cases. Clearing the backlog is a priority for the NMC: it has implemented an action plan and published regular progress reports to its Council. But the action plan had mixed results this year, and there is still a backlog.

◗ The NMC developed an EDI action plan for 2022-25. The plan includes a commitment to publish the findings of research into differences in people's experiences of NMC processes associated with different characteristics, and to take action to address any unfairness.

◗ The NMC continues to engage effectively with stakeholders. We received positive feedback from several organisations about how the NMC has engaged with them. It also launched its Public Voice Forum this year.

◗ The NMC launched a review of its pre-registration education standards. The review includes learning from changes it made to its requirements in response to the pandemic.

◗ The NMC has taken steps to improve the transparency of its registration appeals process. It introduced a process to review and quality assure Assistant Registrars' decisions, and published updated information about the appeals process.

Standards met

General Standards	5/5
Guidance and Standards	2/2
Education and Training	2/2
Registration	4/4
Fitness to Practise	4/5
Total	**17/18**

NMC standards met 2019-21

2020/21	17/18
2019/20	17/18

760,444 professionals on the register (as at 30 June 2022)

General Standards

The NMC met all five General Standards this year.

These five Standards cover a range of areas including: providing accurate, accessible information; clarity of purpose; equality, diversity and inclusion; reporting on performance and addressing organisational concerns; and consultation and engagement with stakeholders to manage risk to the public.

Equality, diversity and inclusion

The NMC publishes EDI data about its registrants, fitness to practise panellists and Council members. It holds high levels of data about registrants and publishes data about fitness to practise concerns and outcomes broken down by protected characteristic. When it recruited fitness to practise panellists in 2021, the NMC sought to increase the diversity of these decision-makers. It developed a communication plan to help with this and focused its advertising campaign on the required behaviours and values – 17% of those appointed from the 2021 round identify as being from an ethnic minority, against 10.5% of the existing pool of panellists.

The NMC's Council approved an EDI action plan for 2022-25. The plan includes a commitment to publish the findings of research into differences in people's experiences of NMC processes associated with different characteristics, and to take action to address any unfairness.[1] We will continue to monitor the actions the NMC takes as part of its plan. We will be reviewing our approach to assessing Standard 3 as part of the Authority's organisational EDI action plan 2022/23.[2]

"Our relationship with the NMC at a strategic level is very strong and productive. […] We have also benefited from the NMC's willingness to share their learning as they have taken forward innovations in regulatory practice."

Learning from external reports

The NMC continued to monitor and respond to public inquiries. It introduced new governance arrangements to help it manage work arising from these. In March 2022 the NMC published a report summarising themes arising from recent inquiries[3] and the actions it had taken in response. These included reflecting on its standards to consider whether there were any gaps, and updating its guidance on seriousness to make clear that covering up mistakes is a serious breach which is harder to put right.

Several reports and inquiries about serious issues in maternity services have been published recently. The NMC set up an internal working group and worked collaboratively with the General Medical Council (GMC) and the Care Quality Commission (CQC) to share data, align approaches, and target intervention. It also published a range of updated information and resources about midwifery and the NMC's role, and took part in events to raise awareness of the updated standards for midwives it introduced in 2019. It responded to the Ockenden review into failings at the Shrewsbury and Telford Hospital NHS Trust, and contributed to the Birthrights review into racial injustice in UK maternity services.

The NMC also published a report of the work it had done to learn from a fitness to practise case which the Authority successfully appealed.[4] The NMC acknowledged that its original decision was wrong, including because it did not sufficiently weigh up the seriousness of racial abuse. It amended its guidance for decision-makers to make clear that concerns about discrimination, harassment and bullying are serious, and provided additional training for staff.

Communication and engagement

The NMC continues to engage effectively with stakeholders. We received positive feedback from several organisations about how the NMC has engaged with them.

One focus of the NMC's engagement this year was its work to update its post-registration standards. It set up a steering group for its work in

this area, with representatives from more than 20 organisations. It carried out public consultations and commissioned independent reports on the findings.

The NMC established a Public Voice Forum in late 2021, with around 20 members from across the UK. It has used the Forum to inform how it develops new policy proposals, for example in relation to its English language requirements for registration.

> *"The NMC is demonstrating being an engaging organisation and open to challenge and critique. We overall feel we have a very positive and constructive relationship."*

Guidance and Standards

The NMC met both Standards for Guidance and Standards this year.

The NMC worked with the GMC to update guidance for registrants about the duty of candour and with the GMC and the General Pharmaceutical Council to produce a joint case-study on supporting women of child-bearing age who are taking sodium valproate.

The NMC approved new post-registration standards in May 2022.[5] As we reported last year, the NMC consulted a wide range of stakeholders for its review of these standards. Its independent consultation report[6] showed that most respondents supported the proposals. The revised standards incorporate changes in light of the consultation responses.

Education and Training

The NMC met both Standards for Education and Training this year.

Education standards

The NMC kept its standards for training programmes under review. It introduced emergency standards in response to the pandemic, and then recovery standards as the context changed. In November 2021, it confirmed that programmes could continue to work to recovery standards which allowed them to use up to 300 hours of virtual or simulated learning. It also introduced a new discretionary recovery standard which would increase this allowance to 600 hours for providers of nursing courses who could demonstrate to the NMC that they had the resources to implement it effectively and safely.

The NMC began a review of its pre-registration education standards. It established a steering group, including representatives from the four UK Chief Nursing Offices, health education bodies and trade unions. The review will consider where there could be greater flexibility in the requirements, for example where requirements arising from the EU directive and transition arrangements no longer apply. It intends to evaluate the use of the recovery standards about simulated learning to inform the scope for increasing flexibility in this area for nursing courses. The NMC plans to run a public consultation. We will monitor the progress of this work.

Quality assurance

The NMC continued to monitor and report on approved training courses. All training providers had to report to the NMC on how they were meeting its standards and managing key risks, including how they were using the NMC's emergency and recovery standards. The NMC checked providers' reports and required about a quarter of them to provide further evidence to demonstrate that they were managing key risks.

Training providers also had to report on how they were enabling students to work effectively in culturally diverse situations, and on how they were ensuring protected learning time for nursing associate students.[7] Nineteen of the 46 providers of nursing associate courses had identified some situations where such students were not receiving protected learning time. Providers used and triangulated information from a range of sources to identify this and gave the NMC examples of how they addressed the problem.

Registration

The NMC met all four Standards for Registration this year.

Processing applications for registration

The NMC continued to process applications for registration promptly. The median time to deal with complete applications from UK and international applicants remained at less than one working day.

Accuracy of the register

We checked a sample of register entries and found no problems with how they displayed restrictions on registrants' fitness to practise.

Registration appeals

We have reported in recent years on the NMC's registration language requirements and appeals process. This year, the NMC introduced a process for reviewing and quality-assuring Assistant Registrar decisions about registration appeals. It published updated information about its registration appeals process in May 2022. We welcome these developments, which should improve the transparency of the process.

Revalidation for nursing associates

The first cohort of nursing associates revalidated in November 2021. The NMC published guidance and resources for them, including a webinar and a nursing associate's 'revalidation story'.

Fitness to Practise

The NMC met four of the five Standards for Fitness to Practise this year: it did not meet Standard 15

Timeliness

Last year the NMC did not meet Standard 15[8] because it was taking too long to deal with fitness to practise cases. We noted that the pandemic had affected its ability to clear the backlog, and that it had launched an improvement plan.

Figure 1: median time taken to make FTP decisions
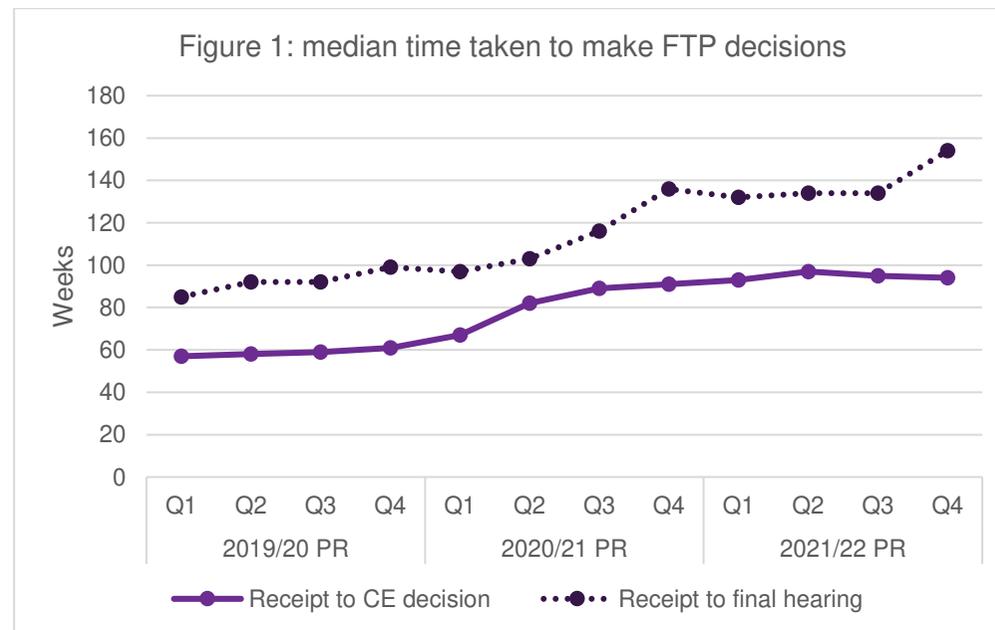
This year, the NMC has been working on its improvement plan and publishing regular reports to its Council. The plan had mixed results: the NMC was able to conclude more cases earlier in the process, but cases moved through each stage more slowly than forecast, meaning it was not able to reduce the overall caseload as planned. The NMC's timeliness data reflects this.

Figure 1 shows that it took, on average, longer for the NMC to reach decisions this year than last. Figure 2 shows that the number of open cases more than a year old has increased from last year.

The NMC considered why its improvement plan had only made limited progress. There was still disruption because of the pandemic. The NMC had persistent vacancies in the team which affected its ability to deliver the programme. This is a longstanding problem, which was a key factor in the development of a backlog before the disruption caused by the pandemic. The NMC also noted that some of its planned efficiency improvements had not had the expected effect, and that it had previously underestimated the resources it would need to make decisions at screening.

Figure 2: open cases more than a year old
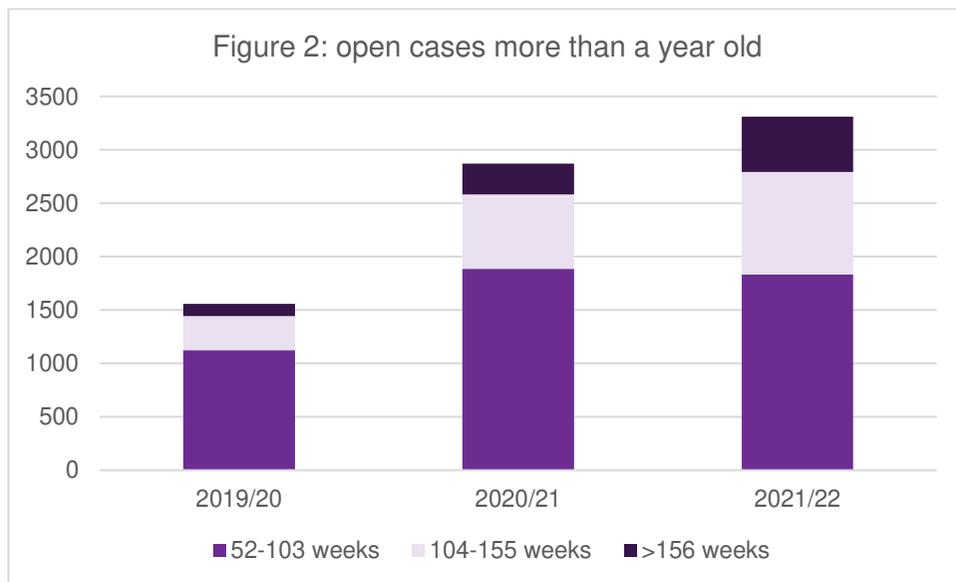
In March 2022, the NMC set targets to reduce the backlog in 2022/23. It noted that the age of closed cases is likely to increase over the coming year as it works to clear the backlog. It will continue to report regularly to its Council and senior management on progress. We are glad that the NMC will continue to focus efforts on addressing the fitness to practise backlog. For this review period, the serious and ongoing delays mean that the NMC has not met Standard 15. Because this is the third year in a row the NMC has not met this Standard, we have taken action under our escalation policy. We have written to the Secretary of State for Health and Social Care to raise our concerns, and we will continue to closely monitor the NMC's progress.

> *"Relationships are positive and we have had good outcomes from working collaboratively. […] The delays in fitness to practise are a major concern that we know the NMC share and are working to address. However, despite it being a high priority, caseload numbers, particularly in adjudication, continue to rise."*

Revised guidance in fitness to practise

As noted above, the NMC increased the proportion of cases closed at the initial stage of the fitness to practise process. Over the past two years, the proportion of cases closed at screening has gradually increased. This is partly a result of revised guidance; the NMC said it was also because of increased levels of engagement from registrants and their representatives.

We reported last year that the NMC had introduced new guidance around taking account of context and enabling remediation (which it now describes as 'strengthening practice', to be more person-centred and move away from the perceived assumption of wrongdoing). It has also revised its guidance for decision-makers at screening.

The NMC continues to carry out its own audits of the impact of the revised guidance. Its first audit of the revised guidance for screening decision-makers indicated that decision-makers were more confident about closing cases because they were clearer about the three-stage test they should be applying.

Closing cases at the earliest appropriate stage has benefits for all concerned, and we have not seen evidence of increased concerns about how the NMC is making decisions in fitness to practise cases. It is important that the NMC is able to identify the cases it needs to investigate further to identify and address any risks to public protection. It is appropriate for the NMC to check how its revised guidance is working, and we will continue to monitor its work in this area.

Supporting people in the fitness to practise process

The NMC continued to develop its Public Support Service. It expanded the service, which initially only covered the investigation stage of its fitness to practise process. It introduced a facility to refer people who need extra support to advocates.

Quick links/find out more

◗ Find out more about our performance review process
◗ Read the 2020/21 performance review
◗ Read our Standards of Good Regulation

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1 The NMC published the findings of the research just after our review period. It is available at: https://www.nmc.org.uk/globalassets/sitedocuments/ambitious-for-change/nmc-ambitious-for-change-report.pdf
2 www.professionalstandards.org.uk/docs/default-source/psa-policies-and-procedures/staff-policies/professional-standards-authority-edi-action-plan-(april-2022).pdf?sfvrsn=e2944b20_4
3 These included the Ockenden review of maternity care at the Shrewsbury and Telford Hospital NHS Trust, the Cumberlege review into the safety of medicines and medical devices, and the independent investigation into the life and death of Elizabeth Dixon.
4 https://www.professionalstandards.org.uk/news-and-blog/latest-news/detail/2021/11/02/high-court-orders-strike-off-in-nmc-and-hayes-case. The NMC's report is available at: https://www.nmc.org.uk/globalassets/sitedocuments/ftp/hayes-report.pdf

5 There are three new sets of standards: standards of proficiency for specialist community public health nurses; standards of proficiency for community nursing specialist practice qualifications; and standards for post-registration education programmes.
6 The NMC commissioned independent agencies to analyse the consultation responses and to carry out user testing of the draft standards.
7 Some students are supernumerary while on placement: that is, they are not counted as part of the staff in that setting. Nursing associate students may have protected learning time instead: they will be working as part of the staff team but must also have time set aside for learning activities.
8 Standard 15: The regulator's process for examining and investigating cases is fair, proportionate, deals with cases as quickly as is consistent with a fair resolution of the case and ensures that appropriate evidence is available to support decision-makers to reach a fair decision that protects the public at each stage of the process.

Council

Future ambitions for Education Quality Assurance

Action:	For discussion
Issue:	To provide Council with an overview of Educational Quality Assurance and consider implications for future procurement of a Quality Assurance Service Provider in 2023.
Core regulatory function:	Professional Practice
Strategic priority:	Strategic aim 1: Improvement and innovation Strategic aim 2: Proactive support for our professions Strategic aim 3: More visible and informed Strategic aim 4: Engaging and empowering the public, professionals and partners 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: Equality Diversity and Inclusion (EDI) plan for Education Quality Assurance
Further information:	If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.

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Context:

1 The responsibilities of the NMC for education and training are set out in the Nursing and Midwifery Order (2001), Part IV. Quality assurance of education institutions and their programmes against our standards is a key regulatory activity, which ensures that students joining our register are appropriately qualified, have the right knowledge and skills, and are able to provide safe, kind and effective care.

2 As part of our Education Quality Assurance (QA) activity, we outsource the operation of our approval and monitoring visits to a QA Service Provider (QASP), currently Mott MacDonald provide the service. It is important to note that the QASP delivers an operational and logistical function, decisions on approval are made by the NMC based on the information provided as an outcome of approval and monitoring visits.

3 As of September 2022, the NMC has 92 Approved Education Institutions (AEIs) and nearly 2,000 education and training programmes, covering over 80,000 students.

4 In November 2021 the Council approved a two-year extension to the QASP contract (NMC/21/85c). This paper provides an update to the Council about QA in the current environment, and the implications for the procurement of a new QASP from 1 September 2024.

5 In 2018, we embarked on an ambitious programme of developing new education standards. In 2019, we implemented our new QA Framework, which was characterised by a more proportionate, risk-based approach to approvals and monitoring than had been the case previously.

6 Since the QA Framework's implementation, the focus has been on approving all of our nursing, midwifery, and nursing associate programmes against the new standards. As approvals against new standards are completed (the final stage being the approval of all post-registration programmes by September 2024) the focus will shift away from approvals to monitoring programmes delivered by AEIs, their practice learning partners (PLPs) and employer partners ((in the case of apprenticeships) (EPs)).

7 The NMC Strategy proposes that by 2025, we will have developed a more sophisticated data, intelligence, and insight function, by improving our ability to capture, organise and analyse information.

8   This will improve our ability to triangulate, analyse and interpret information, to achieve our ambition for a more effective, risk-based, data driven approach to quality assurance of education. This will allow us to not only identify quality issues earlier and intervene where appropriate, but also to use our insight in ways that improve education and healthcare provision.

9   In tandem with the advantages that better data will offer in terms of more effective quality assurance, changes proposed as part of regulatory reform will give us more opportunities for intervention to support a more proactive approach to QA. However, at the time of procuring a new QASP, these benefits are not yet fully in place.

10   This paper therefore sets the scene for the next phase of quality assurance of education, what the most important considerations are and our plans for addressing those, under the headings below.

    10.1   Current challenges to the quality of education and training.

    10.2   Development of our data driven approach to monitoring.

    10.3   Impact of regulatory reform on quality assurance processes and activities.

    10.4   Implications for future requirements of a quality assurance service provider.

    10.5   Implications for future requirements of the education and quality assurance team.

11   Annexe 1 outlines our ambition of developing our systems and processes to continually assess and monitor data and actions related to EDI in our education providers and take appropriate action to share good practice and stimulate improved performance where necessary.

12   The Council is asked to consider and discuss our future plans for educational QA which will assist in the development of the specification to guide the procurement of a QASP in 2023.

Four country factors: 13   This paper refers to QA activities that are delivered across all four countries, reflecting our position as a UK wide regulator.

14   The nursing associate role is regulated in England only.

Discussion: **Looking to the future: Implications for Quality Assurance**

Current challenges to the quality of education and training

15 There is increasing pressure to grow the healthcare workforce, and an ambition to increase the number of students on programmes. This has the potential to challenge placement capacity, in the presence of additional challenges driven by clinical and academic workforce shortages.

16 The service remains under immense pressure following Covid-19 across all sectors. One outcome of this is an increasing number of quality and safety concerns that are being highlighted by system regulators, in addition to those resulting from public inquiries.

17 Currently, our Quality Assurance Framework provides prospective and indefinite approval to educational institutions.

18 Our intelligence is poorer in relation to changes in circumstances and changes to programmes once they are running. We are sighted on changes to programmes only when we are informed, or through our monitoring processes. We currently have limited reliable, objective data and intelligence to triangulate evidence outside of formal approval and monitoring activities.

19 A further limitation is that we have no consistent and ongoing method of gathering information about the quality of the programmes from the student perspective.

20 An additional ambition that we wish to drive forward as part of the organisational Equality, Diversity, and Inclusion plan, is to take more deliberate steps to tackle discrimination and inequality, celebrate diversity and promote inclusion. In relation to quality assurance, this means doing more to make sure that our education and QA processes meet this ambition.

21 These challenges in the external landscape have implications for the quality of education and training, and consequently for our approach to educational QA and the requirements for the service and expertise of our QASP in the future.

Development of our data driven approach to monitoring

22 Our QA Framework outlines our vision for a more proportionate, risk-based approach to monitoring of our education and training programmes. The focus of this data driven approach is on using the best available internal and external intelligence to guide our quality assurance decision making. Given the challenges described above, development of the data driven approach will be critical.

23   This approach will represent a step change in our ability to gather and triangulate evidence from a variety of diverse sources and includes the development of a quality dashboard. Current timelines suggest that the quality dashboard will be operational by late Spring 2023. The dashboard has been delayed due to the ongoing challenges with our QA IT infrastructure and prioritising fixes within the QA Link system.

24   Whilst an integrated data driven approach is our aspiration, in the meantime, steps are being taken to ensure that we are making the best use of data and intelligence that is already available.

25   In the short term, we are accessing data from the National Student Survey (NSS), which provides information from final year students across the United Kingdom (UK) on their experience of their programme, although we recognise some limitations of the data for our purposes. We are also accessing data from the Higher Education Statistics Authority (HESA), which includes region of domicile, progression, and attainment data. This data will be manually triangulated with the other data, intelligence, and insight we hold.

26   We have also begun to utilise our powers within the Order, the provision for us to seek information from AEIs where we have concerns. We will be directly seeking student opinion to enhance the intelligence available to us in relation to those settings.

Impact of regulatory reform on quality assurance processes and activities

27   In the Summer of 2021, the Department of Health Social Care (DHSC), in its Paper 'Promoting Professionalism, Reforming Regulation', set out a high-level proposal for reforming professional regulation. This provided an opportunity for us to reflect on our legislation and the rules that underpin our Order.

28   Whilst we would still have the powers to set education standards and quality assure education, the reform would give us new powers that would increase our flexibility around quality assurance. This includes being able to issue warnings where there are compliance concerns; apply conditions when our standards are not being met and give education institutions the right of appeal should they not agree with our decisions.

29   Regulatory reform provides an opportunity for us to reflect on the requirements of quality assurance of education, the development of our education and QA team and our future QASP.

Implications for future requirements of a quality assurance service provider

30   Our current contract with Mott MacDonald will come to an end on 31 August 2024.

31   As part of the process to procure a new QASP, we are currently reviewing and refining our requirements to ensure that the role we undertake in education and QA is fit for the future and allows us to fulfil our regulatory role, while acknowledging the challenges facing education and training of the future workforce.

32   In order to fulfil our function, we will require more objective information on the quality of education provision, with an emphasis on the ability to support monitoring and analysis, underpinned by intelligence and data. Whilst there will remain a small number of new education institutions seeking AEI status and/or new programmes seeking approval, the focus will shift to ongoing quality monitoring and extraordinary reviews where we have significant concerns.

33   The role of the QASP will therefore be directed towards supporting us to achieve this.

34   Visitor recruitment and training will be critical to support our future ambitions, as we shift our focus from approvals to monitoring. The visit team, registrant and lay QA visitors will have a key role in gathering evidence from students, practice learning partners and AEIs where risks are identified, so that we are able to make informed decisions about the programmes we regulate.

35   A future supplier will be required to work with us to realise these plans and ambitions alongside our internal resources.

Implications for future requirements of the education and quality assurance team

36   To realise the ambition of a data driven approach in the longer term, we must ensure that we have the appropriate IT infrastructure, and the right resource, capabilities, and skills available.

37   In the short term, we have moved to a regional approach for the management of concerns. This regional approach aligns to internal and external stakeholders and is helping to build stronger relationships, provides a single point of contact for ownership of concerns across a regional footprint and provides the opportunity for identifying themes and trends in information.

38   As we move into the monitoring space and develop plans to increase the skills and knowledge of the QA team, we believe we have suitable expertise at a senior level within the directorate with

experience of the university sector, clinical expertise across the healthcare landscape, including senior nursing and midwifery advisers.

39   A robust IT system will be required to support our quality assurance activities. We are currently working to resolve issues with the IT system and this work is planned for completion towards the end of 2023.

40   All of this will ensure we are able to make best use of available evidence and intelligence upon which to base our quality decisions.

Next Steps

41   We will continue to shape the future education and QA provision and activities as we move towards a regional approach, addressing the challenges outlined in this paper and procurement of a new QASP.

Midwifery implications: 42   The QA Framework applies to nursing, midwifery and nursing associate education and has been presented as such within this paper.

Public protection implications: 43   There are public protection implications if the NMC does not act on the risks to quality assurance of education and respond in a way that ensures education institutions are providing programmes which ensure that students graduate with the right knowledge, skills, and behaviours to join our register. This paper outlines the risks and plans for ensuring that public protection is maintained, through changes to the way that quality assurance is delivered. If we are not able to provide assurance that students meet our standards, the NMC would be putting the public at risk and undermining the reputation and integrity of the professions.

Resource implications: 44   Resource implications have been discussed throughout this paper. This is primarily ensuring appropriate resources to support the work of the education and QA team and providing adequate support for the development of the team from within the NMC.

Equality diversity and inclusion implications: 45   Annexe 1 explicitly outlines education QA's plans for the short-, medium- and long-term actions for EDI. As part of our future work, we are clear that we would undertake equality impact assessments and take account of relevant legislation.

Stakeholder engagement:	46	We have not sought stakeholder engagement at this stage but will do so as appropriate and as we progress aspects of the work outlined in this paper.
Risk implications:	47	There are public protection implications if the NMC does not act on the risks to quality assurance of education and respond in a way that ensures education institutions are providing programmes which ensure that students graduate with the right knowledge, skills, and behaviours to join our register. This paper outlines the risks in the current environment, and the direction of travel for educational QA which recognises and attempts to mitigate those risks.
Regulatory reform:	48	The opportunities and implications for regulatory reform have been considered within this paper.
Legal implications	49	The approach set out in this paper aligns with the statutory requirements for education set out in Part IV of the Nursing and Midwifery Order 2001.

Annexe 1: Equality Diversity and Inclusion (EDI) plan for Education Quality Assurance

1   Our ambitions within education QA align with the wider NMC EDI plan. This Annexe provides an overview of how EDI is addressed in standards development and as part of our current and future education and quality assurance work.

2   The ultimate aim of quality assurance processes in this area is to ensure that our standards in relation to EDI are being met in practice. To do this we need to effectively assess the EDI performance of our education providers and take appropriate and proportionate action to stimulate improvements where necessary and share innovation and best practice more widely.

Structure of our Education Standards

3   EDI principles are core to the development of our standards. This includes undertaking ongoing equality impact assessments (EqIA) during the process of standards development. These assessments include a review of how we have taken EDI into account in terms of our engagement and involvement of stakeholders who participate in standards development, review and evaluation, and an assessment of the content of the standards that are produced.

4   We are therefore confident that our standards of proficiency and education and training are inclusive and anti-discriminatory and communicate what we expect from education providers in terms of how courses should be run and managed, and what we expect students to learn in terms of knowledge and skills in relation to EDI.

Quality Assurance Activities

5   We are now seeking to review our approval and monitoring processes to ensure standards relating to EDI are met in practice.

6   When an education institution requests approval, they have to submit evidence on how they meet all of our standards.

7   QA visitors scrutinise data and information provided by EI/AEIs and focus on key lines of enquiry. Moving forward, with regard to EDI this will be strengthened to include more emphasis on:

   a.   How curricula are tailored to meet the needs of diverse populations, particularly populations local to the AEI and practice learning partners (PLP) and employer partners (EP).

   b.   The diversity of the current student population and representativeness of this to the local population.

   c.   Differential attainment, including action plans to address identified gaps.

8   QA visitors will scrutinise relevant information and seek assurance, challenge assumptions and approaches. This will include not only the information and data provided by EI/AEIs, but also local population data.

9   Through monitoring activities, we will continue to seek assurance in relation to EDI and our standards, specifically in relation to the points identified in Paragraph 7. For example, our annual self-report requires AEIs to provide information on differential attainment and action plans and our new programme monitoring requires AEIs to provide evidence of diversity and how this is being enhanced.

10 In the medium term we will be exploring other sources such as HESA data, which includes information on student progression and attainment and can be broken down by EDI characteristics. Our data driven approach will also support our ability to draw on relevant data where possible.

11 However, we also need to be mindful that there are other higher education regulators such as the Office for Students (OfS) in England who have designated powers on EDI, around widening participation and where we may be able to gather and share data. The funding councils in the devolved countries, whilst not regulators, have similar powers. The OfS has a number of clearly defined targets in this area. These are to eliminate:

- the gap in entry rates at higher tariff providers between the most and least represented groups

- the gap in non-continuation between the most and least represented groups

- the gap in degree outcomes between white and black students

- the gap in degree outcomes between disabled and non-disabled students.

12 Universities and colleges set their own targets working towards the OfS national targets and addressing areas where there are specific gaps in equality at opportunity in their own organisation. The OfS monitors the institutions against these plans and can take regulatory intervention if progress is not being made.

13 It's therefore important that we work closely with bodies such as the OfS in England or the funding councils in the other countries so that we are working collaboratively as a sector to achieve our mutual aims, including those around EDI.

14 We are leading work on behalf of the health and care regulators to establish protocols and arrangements with the OfS to share information and intelligence and to ensure any regulatory activity where there is potential overlap or duplication are aligned.

15 As these approaches develop, we will require additional QA visitor training for both scrutiny of data and evidence and supporting visitors to be able to ask the 'right' questions.

QA Visitors

16 Traditionally the pool of QA visitors has not been representative of the population. We have been working with Mott MacDonald and our respective EDI teams to follow best practice and take positive action through recruitment campaigns and processes.

17 We have also been doing additional work with Mott MacDonald in relation to training of existing visitors. Recognising that mandatory EDI training is not in itself enough, greater focus and emphasis has been placed on EDI, including focus on the key lines of enquiry required for the areas identified in Paragraph 7. We are now involved in all visitor training as we develop this approach.

18 This focus will help to ensure that QA visitors build confidence in their ability to scrutinise EDI data, draw conclusions and develop the ability to challenge assumptions and issues during QA activities.

19 A new contract will provide the opportunity to address EDI further. We know that this is not easy to fully achieve in the short term. We anticipate that we will need to establish tangible milestones with our QASP to demonstrate that progress is being made over time.

20 QA visitor recruitment and training requirements to support our EDI ambitions will be central to discussions with prospective QASP through our procurement process. The new contract will have specific targets to support this.

Innovation and sharing good practice

21 As we begin to gather more data around EDI and how AEIs meet our standards, we will be looking to identify innovation in practice and ways of sharing good practice, using our insight and influence to support quality improvement across providers.

22 Through the annual self-report that all AEIs complete, we have begun to build a picture of how curricula are being developed to meet the diverse needs of local populations, how AEIs are supporting diversity within the users of services and carer populations working within programmes and how AEIs are developing approaches to monitoring differential attainment and the action being taken where it is identified.

Summary and next steps

23 This Annexe has outlined our work that is currently taking place within Education QA to ensure that we are working towards the NMC EDI ambitions. This work has been presented as integral to the work that we currently do, outlining future ambitions.

24 Table 1 outlines our short-, medium- and long-term actions in EDI and how these will be achieved through education and QA and how we will measure success.

25 We will continue to ensure that EDI is central to the work we do and the conversations that we have with AEIs and PLP/EPs. We will update the Council on our progress, as we further develop our data driven approach and QA processes.

Table 1 Education and QA EDI actions

EDI action	How achieved through Education QA	How success measured	Short/medium/long term
Improve QA approval activities to ensure that EDI is appropriately scrutinised	-Scrutiny of data by QA visitors as part of approval process -Stakeholder engagement with our requirements	-Evidence of robust EDI data available at programme level -Appropriate decision-making regarding actions where standards not being met -Stakeholder feedback -Appropriate evidence/information presented at approvals	Short to medium term
Improve infrastructure to support data analysis and decision making	-Scrutiny of internal and external data -Thematic analysis of data sets and review -Triangulation of data with other sources of intelligence * data includes student recruitment, attainment, attrition, experience; local population data, OfS data, NSS data, HESA data, FTSU data and further	-IT system supports multiple data sets and supports identification of risks -Appropriate decision making around QA interventions	Medium term
Improve QA monitoring activities to include scrutiny of EDI	-Scrutiny of internal and external data -Review and include relevant EDI questions in our monitoring activity -Share relevant information for decision-making with QA Board	-Appropriate decision-making regarding actions where standards not being met -Monitoring accurately reflects EDI information relevant to our standards	Short to medium term

Increase diversity of QA visitors	-work with EDI team and QASP to develop recruitment focussed on EDI, including materials to support	-Increased response to recruitment from diverse applicants -Registrant and lay visitor pool reflective of wider population -Visitors broadly reflect local populations at QA visits	Short to medium term
Increase knowledge and confidence of QA visitors in being able to scrutinise EDI during QA activities	-Mandatory EDI training -Training of QA visitors in scrutiny of evidence -Build confidence of QA visitors in being able to talk about EDI	-Feedback from QA visitors that feel prepared and confident -Reports clearly evidence the scrutiny of programme requirements in relation to EDI	Short term
Updated specification for procurement of new QASP from September 2024	-Review specification with internal key stakeholders including EDI team -Ensure our EDI requirements can be met through our specification	-Updated specification has focus on EDI -Suppliers clear on our expectations for the service and can articulate how they would meet these	Short to medium term
Ensure our regulatory reform processes include relevant EDI considerations	-Conditions and warning applied where AEIs do not meet our standards around EDI	-Accurate warnings and conditions applied	Medium to long term
Ensure that we use appropriate EDI data to inform our decision making	-Ensure data collected is appropriate and relevant -Continue to develop our approach to data required	- Data used to inform appropriate decisions and interventions	Medium to long term

Council

Panel Member and Legal Assessor reappointments and removals

Action:	For decision
Issue:	To make approvals in respect of the reappointment of Panel Members and Legal Assessors and the removal of Panel Members, as required by the NMC rules.
Core regulatory function:	Professional Regulation
Strategic priority:	Strategic aim 6: Fit for the future organisation
Decision required:	The Council is invited to accept the recommendations of the Appointments Board to:

- reappoint the 65 Panel Members listed in **Annexe 1** for a second term of four years from 28 November 2022 (paragraph 7).

- reappoint the 90 Legal Assessors listed at **Annexe 2** for a further term of three years from 1 January 2023 (paragraph 13).

- approve the removal of the Panel Member listed at **Annexe 3** who has resigned from the Practice Committee (paragraph 15).

- note that the Legal Assessors listed at **Annexe** 3 have resigned their appointments as Legal Assessors (paragraph 17).

Annexes:	The following annexes are attached to this paper:

- Annexe 1: Panel Members recommended for reappointment
- Annexe 2: Legal Assessors recommended for reappointment
- Annexe 3: Panel Member and Legal Assessor removals

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

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Context: 1 At its meeting on 26 October 2022, the Appointments Board considered:

    1.1   the reappointment of 34 Panel Members to the Fitness to Practise Committee;

    1.2   the reappointment of 31 Panel Members to the Investigating Committee;

    1.3   the reappointment of 90 Legal Assessors for a further term;

    1.4   the removal of one Panel Member who has resigned from the Investigating Committee; and

    1.5   noted the removal of three Legal Assessors from the approved Legal Assessor list.

    2   The Board made a series of recommendations to Council on the above items which are outlined in this paper.

Four country factors: 3 We strive to ensure that our Panel Member and Legal Assessor pools reflect the make-up of the register and the population of the four nations.

Discussion: **Reappointment of Panel Members**

    4   Panel Members may serve a maximum of two terms of appointment, each term to be a maximum of four years.

    5   All the Panel Members listed at **Annexe 1**, are eligible for a second four year term of appointment and have been assessed using the panel member performance monitoring framework and been sent a copy of their performance data. The Panel Members were asked to notify the Panel Support Team if they did not wish to be reappointed for a further four year term. No Panel Members stated that they did not want to be reappointed.

    6   One Panel Member has not met their obligations in relation to participating in training. We are therefore not recommending that Council reappoint them for a second four-year term.

    7   **Recommendation: The Council is invited to accept the Appointments Board's recommendation to reappoint the 65 Panel Members listed at Annexe 1 for a second term of four years from 28 November 2022.**

Reappointment of Legal Assessors

8   Legal Assessors are initially appointed for a three year term and there is no restriction on the number of times they can be reappointed.

9   All of our current 94 Legal Assessors will come to the end of their current term on 31 December 2022. We wrote to all 94 individuals with a copy of their performance data and asked them to confirm if they wished to be appointed to a further three-year term. We advised that should they not confirm their wish to be reappointed, their term would come to an end at on the date specified within their contracts.

10   Three Legal Assessors confirmed they did not want to be reappointed to a further term and were resigning from the role. These resignations are included at **Annexe 3** to this paper.

11   One Legal Assessor did not respond to our communications regarding reappointment. Three subsequent communications were sent to this Legal Assessor between 18 August and 9 September 2022, with no response. Therefore, we have not included their name for recommendation for reappointment.

12   The 90 remaining Legal Assessors listed at **Annexe 2** all confirmed they wished to be reappointed for a further term. They are all eligible for reappointment and are meeting the expectations of the legal assessor performance monitoring framework.

13   **Recommendation: The Council is invited to accept the Appointments Board's recommendation to reappoint the 90 Legal Assessors listed at Annexe 2 for a further term of three years from 1 January 2023.**

Panel Member and Legal Assessor resignations

14   **Annexe 3** sets out the Panel Member and Legal Assessors who have resigned since July 2022, the respective practice committee they served on (where applicable) and the reason given for stepping down from the role.

15   **Recommendation: The Council is recommended to approve the removal of the Panel Member listed at Annexe 3 from the Practice Committee.**

16   Under our legislation whilst Council must appoint Legal Assessors, there is no requirement for Council to take any action if a Legal Assessor resigns that appointment.

	17	**Recommendation: The Council is invited to note that the Legal Assessors listed at Annexe 3 have resigned their appointments as Legal Assessors.**
Midwifery implications:	18	Two of the Panel Members recommended for reappointment are registered midwives. We are required to ensure a registered midwife forms part of the panel for substantive cases involving a registered midwife. It is essential that the Panel membership includes sufficient numbers of midwives to allow cases to be heard in a timely manner.
Public protection implications:	19	Panel Members are required to make decisions at practice committee events that protect the public.
	20	If the recommendations in this paper are approved by the Council, we will retain sufficient membership of the Practice Committees and appropriate numbers of Legal Assessors to undertake the current levels of planned hearing activity.
Resource implications:	21	None identified.
Equality diversity and inclusion implications:	22	Reappointments of existing Panel Members and Legal Assessors will leave the current overall diversity of the Practice Committee membership and Legal Assessor cohort vastly unchanged.
	23	The diversity of the Panel membership remains:

23.1 14.92 percent of the total Panel pool are from a Black and minority ethnic background.

23.2 5.07 percent of the total Panel pool identify as LGBT+.

23.3 The overall percentage of the total Panel pool with a disability is 13.13 percent.

23.4 53.13 percent of our total Panel pool are under the age of 55 compared with 40.29 percent over the age of 55.

Risk implications:	24	If we do not reappoint the Panel Members and Legal Assessors as requested at paragraphs 7 and 13, we will have insufficient numbers to undertake current levels of planned hearing activity prior to the completion of any future recruitment campaigns.

Regulatory reform:	25	As part of our ongoing work on regulatory reform we are looking at the implications for Panel Members and Legal Assessors.
Legal implications:	26	The Nursing and Midwifery Council (Practice Committees) (Constitution) Rules 2008 sets out the provision for the reappointment of Panel Members and the reasons where a Panel Member shall be removed from office by the Council, including when a Panel Member resigns.
	27	Article 34 of the Nursing and Midwifery Order 2001 sets out the provisions for the appointment of Legal Assessors.

Panel Member and Legal Assessor Reappointments and Resignations

Panel Members to be reappointed to a second term of appointment with completed peer reviews

	Full name	Panel	Start of second term of appointment	End of second term of appointment
1	Aileen Cherry	Investigating Committee	28/11/2022	27/11/2026
2	Alison Fisher	Investigating Committee	28/11/2022	27/11/2026
3	Andrew Macnamara	Fitness to Practise Committee	28/11/2022	27/11/2026
4	Bernard Herdan	Fitness to Practise Committee	28/11/2022	27/11/2026
5	Bryan Hume	Fitness to Practise Committee	28/11/2022	27/11/2026
6	Carol Jackson	Investigating Committee	28/11/2022	27/11/2026
7	Christine Anthea Wint	Fitness to Practise Committee	28/11/2022	27/11/2026
8	Christopher John Taylor	Investigating Committee	28/11/2022	27/11/2026
9	Dale Simon	Fitness to Practise Committee	28/11/2022	27/11/2026
10	Derek McFaull	Fitness to Practise Committee	28/11/2022	27/11/2026
11	Diane Amy Gow	Fitness to Practise Committee	28/11/2022	27/11/2026
12	Donna Marie Green	Fitness to Practise Committee	28/11/2022	27/11/2026
13	Eleanor Harding	Investigating Committee	28/11/2022	27/11/2026
14	Elizabeth Anne Williamson	Investigating Committee	28/11/2022	27/11/2026
15	Elizabeth Mary Maxey	Investigating Committee	28/11/2022	27/11/2026
16	Emily Davies	Fitness to Practise Committee	28/11/2022	27/11/2026
17	Godfried Attafua	Investigating Committee	28/11/2022	27/11/2026
18	Hayley Ball	Investigating Committee	28/11/2022	27/11/2026
19	Helen Chrystal	Fitness to Practise Committee	28/11/2022	27/11/2026
20	Ingrid Lee	Investigating Committee	28/11/2022	27/11/2026
21	Jacqueline Metcalfe	Fitness to Practise Committee	28/11/2022	27/11/2026
22	James Ross Cheape	Fitness to Practise Committee	28/11/2022	27/11/2026
23	Jan Bilton	Fitness to Practise Committee	28/11/2022	27/11/2026
24	Jane Ledgett McLeod	Fitness to Practise Committee	28/11/2022	27/11/2026
25	Jane Mary Hughes	Investigating Committee	28/11/2022	27/11/2026
26	Janine Ellul	Fitness to Practise Committee	28/11/2022	27/11/2026
27	Jayanti Durai	Fitness to Practise Committee	28/11/2022	27/11/2026
28	Jennifer Anne Childs	Fitness to Practise Committee	28/11/2022	27/11/2026
29	Jennifer Portway	Fitness to Practise Committee	28/11/2022	27/11/2026
30	Jill Elizabeth Robinson	Investigating Committee	28/11/2022	27/11/2026
31	Judith Ailsa Ebbrell	Investigating Committee	28/11/2022	27/11/2026

	Full name	Panel	Start of second term of appointment	End of second term of appointment
32	Judith Denise Francois	Investigating Committee	28/11/2022	27/11/2026
33	Karen Shubert	Fitness to Practise Committee	28/11/2022	27/11/2026
34	Kevin Connolly	Fitness to Practise Committee	28/11/2022	27/11/2026
35	Kiran Gill	Investigating Committee	28/11/2022	27/11/2026
36	Louise Elaine Jones	Investigating Committee	28/11/2022	27/11/2026
37	Lynn Alexandra Bayes	Investigating Committee	28/11/2022	27/11/2026
38	Mahjabeen Agha	Investigating Committee	28/11/2022	27/11/2026
39	Mary Golden	Fitness to Practise Committee	28/11/2022	27/11/2026
40	Melanie Lynn Lumbers	Fitness to Practise Committee	28/11/2022	27/11/2026
41	Michael Robert McCulley	Investigating Committee	28/11/2022	27/11/2026
42	Nariane Emma Chantler	Investigating Committee	28/11/2022	27/11/2026
43	Nicola Bowes	Investigating Committee	28/11/2022	27/11/2026
44	Nicola Dale	Fitness to Practise Committee	28/11/2022	27/11/2026
45	Patience Adobea McNay	Fitness to Practise Committee	28/11/2022	27/11/2026
46	Petra Leseberg	Investigating Committee	28/11/2022	27/11/2026
47	Rachel Childs	Fitness to Practise Committee	28/11/2022	27/11/2026
48	Rachel Ellis	Fitness to Practise Committee	28/11/2022	27/11/2026
49	Rajesh Karimbath	Investigating Committee	28/11/2022	27/11/2026
50	Richard James Carnell	Investigating Committee	28/11/2022	27/11/2026
51	Sally Allbeury	Fitness to Practise Committee	28/11/2022	27/11/2026
52	Sally-Ann Glen	Investigating Committee	28/11/2022	27/11/2026
53	Sarah Elizabeth Hewetson-Grubb	Investigating Committee	28/11/2022	27/11/2026
54	Sarah Louise Boynton	Investigating Committee	28/11/2022	27/11/2026
55	Sharon Rose Peat	Fitness to Practise Committee	28/11/2022	27/11/2026
56	Sue Rourke	Fitness to Practise Committee	28/11/2022	27/11/2026
57	Sue Gwyn	Investigating Committee	28/11/2022	27/11/2026
58	Suzanna Jacoby	Fitness to Practise Committee	28/11/2022	27/11/2026
59	Suzy Ashworth	Fitness to Practise Committee	28/11/2022	27/11/2026
60	Tanya Samantha Tordoff	Fitness to Practise Committee	28/11/2022	27/11/2026
61	Tom Ayers	Fitness to Practise Committee	28/11/2022	27/11/2026
62	Tricia Breslin	Fitness to Practise Committee	28/11/2022	27/11/2026
63	Wendy Teresa West	Investigating Committee	28/11/2022	27/11/2026
64	Winfilda Ngoshi	Investigating Committee	28/11/2022	27/11/2026
65	Yvonne Margaret Wilkinson	Investigating Committee	28/11/2022	27/11/2026

Panel Member and Legal Assessor Reappointments and Resignations

Legal Assessors to be reappointed to a further 3 year term

Number	Name
1	Alain Gogarty
2	Andrew Granville-Stafford
3	Andrew Lewis
4	Andrew Reid
5	Andrew Young
6	Angus MacPherson
7	Attracta Wilson
8	Barrie Searle
9	Ben Stephenson
10	Breige Gilmore
11	Caroline Hartley
12	Charles Apthorp
13	Charles Conway
14	Charles Parsley
15	Christopher McKay
16	Clare Bates
17	Cyrus Katrak
18	David Marshall
19	David McLean

20	David Swinstead
21	Douglas Hogg
22	Fiona Barnett
23	Fiona Moore
24	Gareth Jones
25	Gelaga King
26	George Alliott
27	Gerard Coll
28	Gillian Hawken
29	Graeme Dalgleish
30	Graeme Henderson
31	Graeme Sampson
32	Hala Helmi
33	Iain Ross
34	Ian Ashford-Thom
35	James Holdsworth
36	Jayne Salt
37	Jeremy Barnett
38	John Bassett
39	John Bromley-Davenport
40	John Caudle
41	John Donnelly
42	John Moir
43	John-Paul Waite

44	Jonathan Whitfield
45	Juliet Gibbon
46	Justin Gau
47	Karen Rea
48	Kenneth Hamer
49	Lachlan Wilson
50	Laura McGill
51	Lee Davies
52	Lucia Whittle-Martin
53	Marian Gilmore
54	Marian Killen
55	Mark Piercy
56	Mark Ruffell
57	Mark Sullivan
58	Martin Goudie
59	Megan Ashworth
60	Michael Bell
61	Michael Epstein
62	Michael Hosford-Tanner
63	Michael Levy
64	Monica Daley
65	Neil Mercer
66	Nicholas Leviseur
67	Nigel Ingram

68	Nigel Mitchell
69	Nigel Pascoe
70	Nina Ellin
71	Oliver Wise
72	Patricia Crossin
73	Paul Hester
74	Paul Housego
75	Penny Howe
76	Peter Jennings
77	Richard Ferry-Swainson
78	Richard Tyson
79	Robin Hay
80	Robin Ince
81	Robin Leach
82	Sanjay Lal
83	Sean Hammond
84	Simon Walsh
85	Suzanne Palmer
86	Tim Bradbury
87	Tracy Ayling
88	Trevor Jones
89	Valerie Charbit
90	William Hoskins

Panel Member and Legal Assessor Reappointments and Resignations

Panel Member to be removed from the Practice Committee and Legal Assessors to be removed from the approved list of Legal Assessors.

Table 1 below lists the Panel Member who has resigned since July 2022 and needs to be removed from the Practice Committee

Table 1

	Name	Date resignation effective from	Committee
1	John Hamilton	05/09/2022	Investigating Committee

Table 2 below lists the Legal Assessors who have resigned since July 2022 and need to be removed from the approved list of Legal Assessors.

Table 2

	Name	Date resignation effective from
1	Angela Hughes	31/10/2022
2	Bruce Erroch	31/08/2022
3	Jane Rowley	07/09/2022

Council

Audit Committee Report

Action: For information.

Issue: Reports on the work of the Audit Committee.

Core regulatory function: Supporting functions.

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

Decision required: None.

Annexes: None.

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

Author: Peter Clapp   Chair: Marta Phillips
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Context: 1 Reports on the last meeting of the Audit Committee held on 19 October 2022. Key Issues considered by the Committee included:

1.1 Progress on the Internal Audit work plan and reviews completed in the last quarter.

1.2 External reviews of the Modernisation of Technology Services (MoTS) programme and arrangements for cyber security.

1.3 A comprehensive assurance review of the overseas registration process.

1.4 The annual review of accounting policies.

1.5 Standing reports on serious event reviews (SER) and single tender actions.

Four country factors: 2 None directly arising from this report.

Discussion: **Internal Audit work plan 2022-2023**

3 The Committee reviewed progress against the Internal Audit work plan 2022-2023. The Committee considered three internal audit reports:

4 **Procurement** which had received an opinion of reasonable assurance. The report identified that there had been significant progress in procurement over the last few years and only one management action had been identified, relating to pipeline management. The Committee noted that plans were already in place to strengthen this area of work. The Committee were also updated on the systems and controls in place to ensure effective contract management, including a recent reorganisation of the team and hiring a new colleague with specific expertise in this area.

5 **Risk maturity review** which was an advisory report. The report noted that as a result of the work of the Corporate Planning, Performance and Risk Team the risk maturity had moved in a positive direction, with all areas moving partially or fully into "maturing". The Executive confirmed that work was underway to further enhance the approach to risk management, in particular working with stakeholders to strengthen their understanding of areas such as risk appetite. The Council will consider the Annual Corporate Risk Review in April 2023 which will provide an opportunity to update on progress.

6   **Complaints and SERs** which had received an opinion of partial assurance. The report noted that there are weaknesses in the existing learning and complaints processes that limit the ability to fully draw out and then actively improve and embed more effective ways of working. The establishment of the Change and Continuous Improvement function and the work it is undertaking will look to address these issues.

7   The Committee continues to monitor progress on clearing Internal Audit recommendations. The Committee was pleased to note the progress on the actions assigned to the People and Organisational Development function which had previously experienced delays.

External reviews of technology services

8   The Committee considered reports on the findings of three external reviews.

9   **Chaucer report:** This review considered the overall health of the MoTS programme and found that significant progress had been made since the last external review (undertaken by Avanade). The review recommended five areas to focus on in preparation for the next phase of the programme, with many of these recommendations already in existing plans.

10   **Searchlight Code Review**: The purpose of the review was to assess the effectiveness of the computer code created as part of the MoTS progamme and to identify any risks relating to the quality of the code. The Committee was pleased to note that in general best practice had been consistently followed when writing the code. The report also identified some improvements and the recommendations set out by the review will be actioned as part of the cyber security review and progress will be provided to Council as part of the quarterly update.

11   **Quorum Cyber Security Report:** The Committee considered the interim findings of the cyber security review undertaken by Quorum Cyber. Overall, the initial findings identified that the NMC's cyber security risks are typical for an organisation of the NMC's size and industry, and are in line with the Executive's expectations. The report identified some improvements. None of these areas were deemed "critical". Those that can be actioned quickly will be implemented imminently, with the intention that the majority will be completed before Quorum Cyber submits its final report in November. The longer term actions will be picked up as part of phase two of the review.

12   The Committee was pleased to note the progress made in these areas.

Comprehensive Assurance Review of the overseas registration process

13   The Committee received a presentation on risks, mitigations and sources of assurance in relation to the overseas registration process. The review provided an overview of how key risks were being managed and mitigated, especially given the increased number of overseas registrants joining the register. The following key risks and issues were raised and discussed:

13.1   The varied scope of midwifery practice across the world

13.2   The risk of fraudulent applications

13.3   The impact of workforce pressures on the support employers provide to overseas registrants

13.4   The impact of high levels of applications.

14   The Committee welcomed the detailed work that was taking place to ensure risk was managed appropriately in this area.

Whistleblowing, anti-fraud, bribery and corruption 2022-2023

15   The Committee was pleased to note that no instances of fraud, bribery or corruption had been detected so far in 2022-2023 and that there had been no reported incidents of offences under the Modern Slavery Act 2015 in the NMC's supply chain.

16   There had been one instance of the whistleblowing policy being used since the last Committee meeting. As this related to a professional on the register it had been referred to the Regulatory Intelligence Unit.

Annual review of accounting policies

17   The Committee considered and approved proposed changes to the accounting policies.

External audit effectiveness review

18   The Committee considered a review of external audit effectiveness. The review noted that there were some areas for improvement to ensure the audit ran as smoothly as possible. These are being taken forward by the relevant teams.

Update on the change function and thematic approach to learning

19   The Committee was pleased to note the establishment of the Change and Continuous Improvement function and the approach it is developing in relation to learning.

20   This approach is intended to capture learning from across the organisation to identify improvements that can be shared with relevant teams and embedded into ways of working.

21   A pilot of the new approach to learning is underway and the outcome will be reported to the Committee in March 2023. The Committee is keen to see this work progress with pace.

Appraisal performance

22   The Committee noted Appraisal Performance outcome and was pleased to see the improved performance on most Directorates / Departments. The Committee noted that although there had been improvements in Professional Regulation, it was still lagging behind other areas and hoped that this will be further improved in the current year.

Serious event reviews and data breaches report

23   The Committee considered the report on SERs and data breaches for the period 1 April to 30 September 2022 and the learning and actions that arose from them.

24   During that period there were the following number of SERs:

	1 April to 30 September 2022	**1 April to 30 September 2021**
Adverse Incidents (lower level impact)	47	56
Serious Events (higher level impact)	32	26
Total	79	82

25   The Committee noted that the same events continued to reoccur in the reports and looked forward to seeing the impact the new approach to learning will have on this issue.

Single tender actions

26   The Committee considered a report on single tender actions (STAs) and the STAs actions log for the period 1 April 2022 to 30 September 2022. The Committee noted that there had been one

STA during that period, and was pleased to note that this was fewer than in previous reporting periods.

Midwifery implications:	27	No midwifery implications arising directly from this report.
Public protection implications:	28	The comprehensive assurance review of the overseas registration process (paragraphs 13-14) helps ensure that risks related to that process are being managed effectively. If these risks were not being managed, it could lead to a breach in the integrity of the register which would put the public at risk.
Resource implications:	29	No resource implications arising directly from this report.
Equality and diversity implications:	30	None.
Stakeholder engagement:	31	None.
Risk implications:	32	No risk implications arising directly from this report.
Legal implications:	33	None identified.

Item 13
NMC/22/105
23 November 2022

Council

Investment Committee Report

Action: For noting.

Issue: Reports on the work of the Investment Committee.

Core regulatory function: Supporting functions.

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

Decision required: None.

Annexes: None.

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

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Context:	1	Reports on the last meeting of the Investment Committee held on 25 October 2022. Key issues considered by the Committee included:

1.1 Performance of the Investment Portfolio;

1.2 The Committee's recommendations to amend the risk register.

Four country factors:	2	Not applicable for this paper.

Discussion: **Performance of the Investment Portfolio**

3 The Committee reviewed and discussed the performance of the Investment Portfolio with our Investment Managers, Sarasin. The long-term objective for the fund is a return of UK Consumer Price Index (CPI) plus 3 percent per annum over rolling five-year periods.

4 The previous six months had been a challenging period for the economy, with significant political disruption in the UK, the impact of rising inflation and a drop in the value of sterling. Within this environment, the portfolio had produced a return over the last nine months of -13.7 percent, which was below the long-term objective (CPI plus 3 percent) of 9.9 percent and the composite benchmark of -10.3 percent.

5 The Committee explored the underperformance with the Investment Managers who agreed that the performance was disappointing. This performance was primarily due to:

5.1 Ethical exclusions: The NMC excluded certain stocks on an ethical basis (as outlined in the Investment Policy) and a number of these had performed strongly, in particular the energy sector. Given their exclusion, the fund had not benefited from their strong performance.

5.2 Stock selection: Some stocks had performed less well than predicted by Sarasin.

6 Given the fund's underperformance and the challenging economic environment, the Committee sought assurance that the Investment Managers' thematic approach remained an appropriate strategy. The Investment Managers recognised that their strategy had been affected by underperforming stocks but were confident that their thematic approach was flexible enough to respond to rising inflation and a challenging economic environment; providing examples of how the impact of inflation had been factored into their strategy. The Investment Managers were confident that despite the current volatility, the fund's long-term target remained achievable.

7   Whilst the current underperformance is concerning, the Committee agrees that holding a long-term fund with Sarasin remains a prudent and appropriate decision that will help the NMC to keep the registration fee at its current level. The fund had been established with a clear understanding that periods of volatility were to be expected and that investments needed to be made over the long-term in order to realise the targeted return. Whilst the current economic volatility and underperformance of the fund makes achieving that target return more challenging, it has confidence in Sarasin's overall approach and agrees that the target return remains achievable over the long-term.

8   The Committee will continue to carefully monitor and scrutinise the fund's performance and the work of the fund managers, particularly around stock selection and the ability of their thematic approach to respond to economic shifts.

9   The Committee agreed that in the current economic environment there may be benefit in purchasing a gilt or an alternative short to medium term investment tool. This will be explored by the Executive who will report back to the Committee.

Risk register

10   The Committee discussed the portion of the corporate risk register relating to the investment risk and agreed that the current economic volatility and underperformance of the fund should be reflected in the risk register.

Environmental, social and governance issues

11   The Committee received its usual update on actions taken by Sarasin to encourage companies to address ESG issues. The Committee was pleased to note Sarasin's commitment and action on these issues, and encouraged them to make sure their actions were as robust as possible.

Midwifery implications:	12	Not applicable.
Public protection implications:	13	None.
Resource implications:	14	No resource implications arising directly from this report. Our long-term investment policy has a target overall rate of return on invested funds of CPI plus 3 percent per annum over rolling five-year periods, net of investment management fees.

Equality diversity and inclusion implications:	15	The Committee receives a regular report on how the Investment Managers are ensuring environmental, social and governance issues – including diversity – are a core part of their investment approach.
Stakeholder engagement:	16	Not applicable for this paper.
Risk implications:	17	The Committee will continue to discuss and monitor the risks associated with investment as discussed above.
Regulatory reform:	18	No issues directly related to regulatory reform.
Legal implications:	19	None identified.

Item 14
NMC/22/106
23 November 2022

Council

Appointments Board report

Action:	For noting.
Issue:	Reports to the Council on the work of the Appointments Board.
Core regulatory function:	Supporting functions.
Strategic priority:	Strategic aim 6: Fit for the future organisation.
Decision required:	None.
Annexes:	None.
Further information:	If you require clarification about any point in the paper or would like further information, please contact the author named below.

Author: Mary Anne Poxton
Secretary to the Appointments Board
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Chair of Appointments Board
Jane Slatter

Context:	1	Reports on the Appointments Board meeting on 26 October 2022.
	2	The Appointments Board's remit is to assist the Council in connection with the exercise of any function or process relating to the appointment of Panel Members, Registration Appeal Panel Members and Legal Assessors.
	3	The Board was pleased to welcome the Chair of Council, who observed the meeting, and the Executive Director of Professional Regulation who joined for part of the meeting.
	4	The Board is clear that reducing the fitness to practise caseload is the NMC's top priority. To support this, we need to ensure that we have sufficient Panel Chairs and Panel Members to undertake planned hearings activity.
Four country factors:	5	The Board is mindful that the NMC is a four-country regulator and pays particular attention to four country issues.

Discussion:

Panel Member and Legal Assessor reappointments and removals

6   The Board agreed recommendations to the Council on the reappointment of Panel Members and Legal Assessors and the removal of Panel Members and Legal Assessor who have resigned. These recommendations are the subject of a separate paper on the Council's agenda.

Strategy for delivering high quality panels

7   The Board adopted a three-year strategy for delivering high quality panels, in December 2019. The Board's strategy sets out the vision for high quality panels:

We must have Panel Members who are technically proficient, empathetic in their approach and reflect the diversity of the communities we serve.

8   The Board reviewed progress against this and was pleased that some success measures have been met. These include: approval of documentation and procedures for selection campaigns; a reduction in the number of complaints from candidates (there were zero complaints in the most recent Panel Chair selection processes); meeting the target for Panel Member participation in training programmes; and meeting the target for new Panel Member appointees performing their role to a satisfactory standard.

9   There remain a number of success measures yet to be achieved where work is ongoing. These include working towards a Panel member pool where the lay membership reflects the diversity of the UK population and the registrant membership reflects the diversity of the professionals on our register. While there has been modest improvement as a result of recent selection processes, this remains a key focus for the Board.

10   Work against the Board's current strategy will continue throughout the coming year, while a new plan is developed by the Executive for consideration by the Board in Autumn 2023. Key drivers will include Regulatory Reform, changes in the regulatory and health and care landscapes and considering our relationship with Panel Members and Legal Assessors.

Learning from selection exercise for Panel Chairs

11   The Board considered learning from the Panel Chair appointment campaign carried out earlier in 2022.

Erroneous appointment of a Panel Member

12   The Board's review included a full discussion on the outcome of the Serious Event Review (SER) into the erroneous appointment of a Panel Chair who was not eligible for appointment (having already served two terms as a Panel Member). The Council formally revoked the appointment in September 2022 (NMC/22/86).

13   The Board is disappointed that another erroneous appointment occurred despite being given assurances by the Executive in 2021 regarding the strengthening of due diligence processes following a similar erroneous appointment of a Panel Member (revoked by the Council in January 2022, NMC/22/12). It is fortunate that in both cases the error was discovered prior to the individuals sitting on any hearings.

14   The error in the most recent case was initiated by the candidate in completing the pre-screening form incorrectly. The SER identified a number of critical points in the process where the candidate's error should have been picked up, including from other parts of the application documentation; at interview; and in the final checks undertaken by NMC staff.

15   The Executive has accepted, and is implementing, recommendations to strengthen the systems, processes and checks at each of these points. These include increased scrutiny of documentation at the application stage and presenting the results of pre-screening back to the candidate for confirmation; ensuring interviewers are fully briefed on the eligibility criteria; and the development of a Standard Operating Procedure which sets out a step-by-step approach for NMC staff checking candidates' eligibility. The Executive confirmed that this will include a second stage of checks and sign off.

16   In upcoming selection processes, the Board will be seeking assurance from the Executive that these recommendations have been fully implemented, in partnership with any external partner, to ensure that systems, processes and checks are robust enough to eliminate any possible recurrence.

Other learning

17   Other learning included the need to: attract a broader range of bidders to support future selection campaigns; build in sufficient time for the review of process/documentation by the Appointments Board; ensure that the attraction strategy is aimed at attracting a diverse range of suitable candidates; and widen the participation of NMC staff in the interview process to mitigate against lack of availability.

Preparation for selection processes

18   The Board is overseeing work to prepare for a selection process in 2023 for new Legal Assessors to join the existing pool, with a focus on overcoming the challenges and barriers to increasing diversity. The Board considered the findings of a benchmarking exercise completed against other regulators to gain insight into their processes and consideration of equality, diversity and inclusion issues.

19   The Executive is also in the early stages of preparation for a Panel Member selection process in 2023, ahead of March 2024 when a number of Panel Members' final terms end. The Board looks forward to seeing the proposed approach to a combined campaign, including timescales, at its March 2023 meeting.

Panel Member training

Current training programme

20   The Board continues to monitor training uptake and seeks to understand drivers in relation to completion/non-completion of training and to implement any learning.

21   The Board was pleased to note that in line with commitments in the NMC'S Equality, Diversity and Inclusion (EDI) Action Plan, enhanced EDI training was delivered to 285 Panel Members (99 percent) in 2022.

22   In January 2022, induction training was delivered to existing Panel Members who had been appointed to the Panel Chair role and in September 2022 to 47 new Panel Chairs. For new Panel Chairs, the Board was pleased to note 100 percent attendance at induction training.

Training programme for 2023

23   The Board approved the proposed training programme for Panel Members for 2023. The programme is designed to ensure that Panel Members have the capability to make robust, considered and proportionate decisions which protect the public, while maintaining an emphasis on our values; a person-centred approach; and the NMC's commitment to tackling discrimination and inequality and to promoting diversity and inclusion.

24   The Board was pleased to note the balance between continuing emphasis on equality, diversity and inclusion, a focus on improving understanding of environments where care is delivered (specifically, in 2023 focusing on adult social care) and sharing learning from recent case law and guidance updates with a view to ensuring high quality decision-making.

Whistleblowing concern

25   The Board has been reviewing progress since September 2021 against an action plan developed by the Executive to address whistleblowing concerns raised by a Panel Member.

26   Of the seven actions, only two are outstanding. Of these, one is due to be completed before the Board's next meeting in March 2023 and the other will be absorbed into an ongoing workstream. The Board asked for a written report in March 2023 with a final overview of the actions taken to address the concerns raised.

Midwifery implications: 27   Panel membership includes registered midwives. The Board is mindful of the need to ensure sufficient Registrant Panel Members who are registered midwives in order to meet the requirement that a registered midwife forms part of the panel for substantive cases involving a registered midwife.

Public protection implications:	28	The Board's strategy and work programme aim to provide highly competent Panel Members who consistently make high quality decisions that protect the public. The assurance provided by the Board to Council on the appointment of Panel Members, Panel Chairs and Registration Appeals Panel Members contributes to public protection.
Resource implications:	29	The Board must ensure that we have sufficient Panel Chairs and Members to undertake planned hearings activity.
	30	Costs associated with planned selection processes for Panel Members and Legal Assessors will be built into budgets for 2023-2024.
Equality diversity and inclusion implications:	31	The Board's strategy includes the following objectives in relation to equality, diversity and inclusion:
	31.1	Ensuring the membership of the practice committees reflects the professions we regulate and the wider UK population.
	31.2	Ensuring Panel Members are equipped with the necessary knowledge and training to ensure equality, diversity and inclusion matters are understood, supported and well managed.
Stakeholder engagement:	32	None arising directly from this paper.
Risk implications:	33	If we do not have high quality panels, there is a risk that panels will not make decisions which protect the public and maintain public confidence in the NMC and in regulation. The Board has approved a strategic approach to delivering high quality panels which mitigates this risk.
Regulatory reform:	34	The Board continues to be sighted on developments in relation to Regulatory Reform and is due to receive a further update in March 2023.
Legal implications:	35	The Nursing and Midwifery Council (Practice Committees) (Constitution) Rules 2008 set out the eligibility criteria for Panel Members, including that no person may serve more than two terms.

Council

The General Nursing Council for England and Wales Trust Report

Action: For information.

Issue: Provides a summary of the work of the General Nursing Council Trust for England and Wales (GNCT) to November 2022, its purpose, the contribution it makes to supporting early career nurse researchers and the benefits achieved for patients and the NHS.

Core regulatory function: Supporting functions.

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

Decision required: None.

Annexes: None.

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

Dr Lynne Wigens OBE
NMC Trustee
GNCT

The General Nursing Council for England and Wales Trust Report 2022

Background

1   The General Nursing Council for England & Wales Trust (GNCT) seeks to promote the development of nursing for the benefit of society. The General Nursing Council for England and Wales Trust is an independent charitable trust (Registered Charity 288068). The Trust was set up in 1983 when the General Nursing Council for England and Wales, the regulatory body for the nursing profession in England and Wales during the preceding 60 years, was abolished under the Nurses and Midwives and Health Visitors Act 1979. The NMC is a successor organisation.

2   The GNCT funds research to enhance the practice and profession of nursing. The Trustees are committed to advancing the education of student nurses and further education of Registered Nurses. The GNCT funds three research grants of circa £40K a year, and in addition funds a leadership scholarship offered in partnership with the Florence Nightingale Foundation with an emphasis on registered nurses from a Black and Minority Ethnic background. The GNCT is a National Institute for Health Research (NIHR) non-commercial Partner. This means the studies that the GNCT funds may be eligible to access NIHR Clinical Research Network (CRN) support.

3   The overall total expendable fund for the GNCT was valued at £3,363,816 at 31 March 2022. The GNCT retains a healthy reserve that is reviewed regularly by the Trustees and their advisors.

NMC involvement with the GNCT

4   Dr Lynne Wigens has been the Council nominated Trustee since 4 November 2020 and has attended all Trustee meetings either in person or virtually. There are normally a minimum of two board meetings a year at which strategy, governance, investments, grants, and finance are reviewed.

5   During 2021 the focus of research grant funding was *'learning from the Covid 19 pandemic in health and social care – implications for nursing practice'*. In 2022 the two areas of focus for grant applications were '*improving nursing care delivery through engagement with patients and carers*', and *'recovering from the Covid 19 pandemic – learning for nursing practice'*.

6   Each grant process leads to approximately 20 proposals being submitted, and Dr Lynne Wigens, along with two other Trustees, reviews all proposals and shortlists these for detailed independent review by two experts. The scoring and comments from these external reviews inform the selection of three proposals for the GNCT to consider at a board meeting. The lead nurse researchers who gain GNCT funding submit progress reports and a final report, which is received by a designated Trustee. These are available at http://www.gnct.org.uk/.

7   The Grants awarded for 2022 are:

7.1   University of Cardiff (£38,044): The experiences of Executive Directors of Nursing in the wake of COVID 19 including learning and action for the future.

7.2   University of Cambridge (£39,131): Learning from Community Nurses perspectives of taking on extended clinical roles in end-of-life care during Covid 19.

7.3   Open University (£23,471): Improving nursing care delivery of pain management to children.

8   Dr Lynne Wigens has also been involved in interviewing potential leadership scholars, in conjunction with the Florence Nightingale Foundation and successful candidates have had the opportunity to update the Board of Trustees on their leadership journey and project at a meeting during their time on the scholarship.

Governance

9   Under the GNCT Trust Deeds (as amended in 2003) the GNCT has six Trustees (registered nurses in England and Wales) of which two can be nominated by the Council. Since 2015, the Council has only nominated one Trustee.

10   The current Trustees are:

10.1   Professor Kate Gerrish (Chair)

10.2   Professor Anne Topping

10.3   Professor Janice Sigsworth CBE

10.4   Dr Susan Procter

10.5   Dr Lynne Wigens OBE.

11   The Trustees reviewed the Deeds in July 2022 and have proposed changes to make it easier to recruit the full complement of six Trustees. These are being progressed.

11.1   All Trustees must be on the NMC register. However, if due to retirement an individual does not maintain registration but continues to be involved with nursing matters, they can remain as a Trustee until the end of their term of office.

11.2   The Trust Deeds currently provide for the NMC Council to nominate two NMC Trustees from amongst the registrant membership. As the Council has only nominated one Trustee since 2015, it is proposed to amend the Trust Deeds to enable the trust Board to more easily fill the other Trustee role. The Council's agreement to this change has been requested.

11.3   A maximum term of office of 3 terms of 3 years was agreed.

12   As all Trustees currently operate in England, the Trust Board proposes to focus recruitment to a sixth Trustee on colleagues within Wales.

General Nursing Council Trust for England and Wales

nmc
Nursing & Midwifery Council

Chair's Action 06/2022

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:** 11 November 2022

General Nursing Council Trust for England and Wales: request to agree change to Trust Deeds

1. The General Nursing Council Trust (GNCT) was founded as a charity in 1983 to manage capital funds, originally contributed by nurses towards establishing the General Nursing Council when it was first created in 1919.

2. The Trust administers grants to promote the art and science of nursing by funding nursing leadership scholars and commissioning research into nursing, management, and education.

3. As a successor body to the General Nursing Council, the Nursing and Midwifery Council can appoint two Council members as Trustees: one for England and one for Wales. Since 2015, the Council has only appointed one Trustee, currently Lynne Wigens.

4. The GNCT has requested the Council's consent to a minor amendment to its Trust Deeds to give it the flexibility to fill the remaining Trustee place, where the Council does not appoint a member to this role.

5. As the Council supports the Trust's work and this change will facilitate its effectiveness by enabling it to secure a full complement of six Trustees, it is recommended that this be agreed.

The Chair is asked to agree the request for consent to the amendment to the Deeds of the General Nursing Council Trust for England and Wales.

Signed

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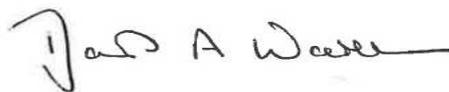
Sir David Warren (Chair)
Date   13 November 2022