# Open Council 26 May 2022

MEETING
## 26 May 2022 09:30

PUBLISHED
17 May 2022

# Meeting of the Council

To be held from **09:30** on Thursday 26 May 2022
The Playhouse (Gallery room), 5-7 Artillery Street, Derry, Northern Ireland

## Agenda

Sir David Warren                                              Fionnuala Gill
Chair of the Council                                       Council Secretary

| | | | |
|---|---|---|---|
| **1** | **Welcome and Chair's opening remarks** | NMC/22/34 | **09:30** |
| **2** | **Apologies for absence** | NMC/22/35 | |
| **3** | **Declarations of interest** | NMC/22/36 | |
| **4** | **Minutes of the previous meeting** <br> Chair of the Council | NMC/22/37 | |
| **5** | **Summary of actions** <br> Secretary | NMC/22/38 | |
| **6** | **Presentation on the Nursing and Midwifery Task Group** <br> Chief Nursing Officer, Northern Ireland | NMC/22/39 | **09:40-10:10** <br> *(30 mins)* |

## Matters for decision

| | | | |
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| **7** | **English Language testing - proposal to consult** <br> Executive Director, Strategy & Insight | NMC/22/40 | **10:10-10:40** <br> *(30 mins)* |
| **8** | **Education: Future Pre-Registration Programme Standards – proposal to consult** <br> Executive Director, Professional Practice | NMC/22/41 | **10:40-11:10** <br> ***(30 mins)*** |
| **9** | **Education: Post-Registration Standards** <br> Executive Director, Professional Practice | NMC/22/42 | **11:10-11:40** <br> *(30 mins)* |

*Refreshment break (20 mins)*                                   *11:40-12:00*

| 10 | **Equality, Diversity and Inclusion Action Plan** | NMC/22/43 | **12:00-12:30** |
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**Equality, Diversity and Inclusion Action Plan**  NMC/22/43  **12:00-12:30**
*(30 mins)*

Acting Executive Director, People & Organisational
Effectiveness

## Matters for discussion

**11**   **Executive Report**                                  **12:30-13:10**
*(40 mins)*

    **11.1 Executive Report, including Performance**   NMC/22/44
        **and risk report (Quarter four 2021-2022)**

Chief Executive and Registrar /
Executive Director, Resources & Technology
Services

    **11.2  Fitness to Practise caseload update**   NMC/22/45

Assistant Director, Registration & Revalidation

**12**   **Questions from observers**   NMC/22/46   **13:10-13:30**
*(20 mins)*

Chair                                    **(Oral)**

## Matters for information

**13**   **Audit Committee Report**   NMC/22/47

Chair of the Audit Committee

**14**   **Investment Committee Report**   NMC/22/48

Chair of the Investment Committee

**15**   **Chair's actions taken since the last meeting**   NMC/22/49

Chair

### CLOSE & LUNCH                                      13:30

Item 4
NMC/22/37
26 May 2022

Nursing &
Midwifery
Council

Meeting of the Council
Held on 30 March 2022 in the Council Chamber, 23 Portland Place.

# Minutes

## Council

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|---|---|
| Sir David Warren | Chair |
| Karen Cox | Member |
| Claire Johnston | Member |
| Eileen McEneaney | Member |
| Marta Phillips | Member |
| Derek Pretty | Member |
| Sue Whelan Tracy | Member |
| Ruth Walker | Member |
| Dr Lynne Wigens | Member |
| Anna Walker | Member |

## NMC Officers

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|---|---|
| Andrea Sutcliffe | Chief Executive and Registrar |
| Emma Broadbent | Acting Executive Director, People and Organisational Effectiveness |
| Helen Herniman | Executive Director, Resources and Technology Services |
| Matthew McClelland | Executive Director, Strategy and Insight |
| Tom Scott | Interim Executive Director, Professional Regulation |
| Alice Hilken | General Counsel |
| Miles Wallace | Acting Executive Director, Communications and Engagement |
| Fionnuala Gill | Secretary to the Council |
| Alice Horsley | Governance Manager |
| Anthony Robinson | Assistant Director, Professional Regulation (*NMC/22/22 only*) |
| Richard Wilkinson | Assistant Director, Finance and Audit (*NMC/22/23 and NMC/22/24 only*) |
| Rob Beaton | Head of Corporate Planning Performance and Risk (*NMC/22/24 only*) |
| Selga Speakman-Havard | Policy Manager (*NMC/22/25 only*) |
| Linda Everet | Assistant Director, Registration & Revalidation (*NMC/22/27 only*) |

*A list of all public observers is at Annexe A.*

**Minutes**

**NMC/22/16    Welcome and Chair's opening remarks**

1.        The Chair welcomed all attendees to the first in-person Council meeting since January 2020, including external observers.

2.        A special welcome was extended to Council and Executive colleagues attending their first in-person Council meeting, having joined since January 2020. This included Eileen McEneaney, Dr Lynne Wigens, Sue Whelan Tracy and Anna Walker on the Council, and Helen Herniman and Tom Scott on the Executive. The Chair also noted that it was his first in-person meeting of the Council since his appointment in June 2021.

3.        A one-minute's silence was observed in memory of the professionals on our register who had lost their lives to the Covid-19 pandemic.

**NMC/22/17    Apologies for absence**

1.        Apologies were received from Sir Hugh Bayley, Council member, Gloria Rowland and Tracey McCormack, Associates.

**NMC/22/18    Declarations of interest**

1.        The following declarations of interest were recorded:

         a) **NMC/22/22: Fitness to Practise Improvement Programme Update** All registrant members and Geraldine Walters declared an interest.
         b) **Item 9 - Annual Corporate plan and budget 2022-2023** All registrant members, Associates and Geraldine Walters declared an interest in the annual review of the registration fee. All NMC colleagues (Executive and staff) declared an interest in the pay award elements of the budget.

2.        These interests were not considered material such as to require the individuals concerned to withdraw from discussion or decisions.

**NMC/22/19    Minutes of the previous meeting**

1.        Subject to correcting the double negative at page 8 (paragraph 5a), the minutes of the meeting on 26 January 2022 were agreed as an accurate record and signed by the Chair.

**NMC/22/20    Summary of actions**

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

**NMC/22/21    Executive report**

1.        The Chief Executive and Registrar introduced the report and echoed the Chair's warm welcome to colleagues and observers to the first in-person meeting in over two years.

2.        The Chief Executive and Registrar also welcomed Maria Mcilgorm's appointment as Chief Nursing Officer for Northern Ireland from March 2022.

3.        In discussion the following points were noted:
   a) It was an important day for oversight of maternity care, with the Ockenden review into maternity services at the Shrewsbury and Telford Hospital NHS Trust due to be published. The report would be reviewed carefully to determine what further action the NMC needed to take, for example, in further embedding pre-registration midwifery education standards. The Ockenden review and maternity and midwifery services would be discussed at a Council Seminar in April 2022.
   b) The NMC was working closely with the Care Quality Commission (CQC) and the General Medical Council (GMC) to share and review data to gain insight and identify early warning signs which may assist with possible interventions in maternity services. The aim is to extend this work, once tested, to the devolved nations.
   c) During March 2022, NMC colleagues met with NHS England and government officials about support measures for refugees from Ukraine, including providing information about our processes and timescales for international registration. NMC colleagues were in contact with our international test registration provider about contacting any NMC candidates who may be affected, to offer personalised support.
   d) There had been positive feedback in response to the communications with registrants to mark the second National Day of Reflection on 23 March 2022.
   e) Ahead of the closure of the temporary register on 30 September 2022, temporary registrants who wished to continue to practice were encouraged to start the permanent registration process as early as possible.

f) The recently opened new NMC Competence Test Centre run by Northumbria University was a positive step towards increasing capacity for the objective structured clinical examination (OSCE). The location of the centre improved accessibility to the test for people based in the North East of England and in Scotland. A further new OSCE centre was due to open in Leeds in April 2022.The new OSCE contracts included provision to explore introduction of satellite or mobile units and encourage innovation in offering remote testing, recognising that there was scope to improve accessibility for those in the South West and Wales, for example.

g) OSCE pass rates had fallen due to a number of factors, including the new test being based on the new Future Nurse and Future Midwife education standards and candidates undertaking the tests with shorter preparation time.

h) The review of English language requirements was underway following an initial stakeholder roundtable in November 2021. A series of advisory group meetings would be held between April and October 2022, alongside launching a formal consultation over June and July.

i) The NMC had written to the Chief Nursing Officers in response to media reports that some international nurses were being subject to contractual clauses restricting their ability to leave their employment without incurring costs. The letter emphasised employers' duty of care and the need to provide support to international nurses.

j) The updated duty of candour guidance published in collaboration with the GMC was clear and pragmatic. It may be helpful to send the updated guidance along with the links to our 'Caring with Confidence' animations to each professional on our register.

4.      The Chair of Council noted the importance of the relationship and collaborative work between the NMC and the GMC and that the possibility of holding a joint Council meeting was being explored. The Chair advised that interviews for a new Scotland Council member would be held in Edinburgh shortly.

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| **Action:** | **Consider sending the updated Duty of Candour guidance along with links to the 'Caring with Confidence' animations to each professional on our register.** |
| **For:** | **Executive Director, Professional Practice / Executive Director, Communications and Engagement** |
| **By:** | **26 May 2022** |

**NMC/22/22    Fitness to Practise Improvement Programme Update**

1.      The Interim Executive Director, Professional Regulation provided an update on the Fitness to Practise Improvement Programme and the efforts to reduce the caseload.

2.       Overall, the caseload had stabilised rather than reduced. Clearer articulation of regulatory concerns for those referring matters to us and avoiding referrals where we cannot take action, had made some impact. Productivity of the screening teams had increased since January 2022, resulting in more cases being ready for a screening decision and there was greater engagement, particularly with registrants.

3.       These improvements had not been sufficient to achieve our ambitions. The key focus for 2022-2023 was to ensure capacity to make more decisions at each stage of the process, and in particular conclude more cases that had progressed to the final stage of decision making. The use of virtual hearings had enabled greater engagement with registrants, leading to greater numbers of final meetings and consensual panel determinations, and slightly fewer incomplete hearing events over the course of the last year. The drive to prevent avoidable delays was fundamental to being person-centred, given how distressing the experience can be for all involved in Fitness to Practise processes.

4.       The Public Support Team would begin to provide an end-to-end service across the fitness to practise process in the next few months. Alongside the existing emotional support helpline, we had introduced access to advocacy support. There is also a telephone helpline providing support for nurses, midwives and nursing associates who were the subject of fitness to practise proceedings 24 hours a day, 365 days a year. A new role was being introduced to lead work on how we can provide better support and engagement for professionals through our regulatory processes.

5.       In discussion, the following points were noted:
         a) The transparency and honesty around the caseload position was welcome; it would be helpful to articulate in future reports the key things that would really make a difference.
         b) There were now more final decisions being made than in the year immediately prior to the pandemic, which should be a strong platform from which to increase capacity significantly in the coming year.
         c) Success of the programme would be dependent on the right level of resources and workforce capacity which may be challenging given the current employment market. People Services colleagues were supporting recruitment efforts and ensuring potential applicants were not being excluded as a result of geographical location, as there was now the facility to work remotely. Chambers were also being used to provide additional resources.

d) The Employer Link Service (ELS) had been successful in improving the quality of referrals from employers. It was reassuring that the number of employer referrals had reduced by 50% over the last two years. The reach of the ELS was being expanded to increase the types of employer it was able to engage with, such as the independent sector and smaller employers. The Council would welcome an update on the work of the ELS at a future Council meeting.

6. Summing up, the Chair noted that reducing the FTP caseload and resolving cases more quickly whilst ensuring a person-centred approach and quality of decision-making remained the NMC's top corporate priority. Kind, safe, and effective engagement with all involved in our FTP process was important. The Council would continue to scrutinise progress closely at each meeting.

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| **Action:** | **Schedule an update on the work of the Employer Link Service** |
| **For:** | **Executive Director, Professional Practice** |
| **By:** | **26 May 2022** |

### NMC/22/23    Financial Strategy review

1. The Executive Director, Resources and Technology Services introduced the paper. Subsequent to the proposals put forward in the paper, it was now proposed to remove reference to 'medium term', allowing the operation of a deficit budget for a period of up to <u>three</u> years, rather than <u>five</u> (updated wording attached at **annexe C** to these minutes).

2. In discussion the following points were noted:
   a) The revision to the wording limiting deficit budgets to three years was welcome.
   b) The current financial environment was volatile and the impact of a rise in inflation had been factored into the revised Financial Strategy.
   c) Whilst supportive of the proposed amendments to the Financial Strategy, it would be prudent for the Council to review it in two years' time.
   d) A Council Seminar session on the reserves policy would be helpful.

3. **Decision: The Council approved the revised financial strategy.**

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| **Action:** | **Schedule a Council review of the Financial Strategy in March 2024** |
| **For:** | **Executive Director, Resources and Technology Services** |
| **By:** | **27 March 2024** |

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| **Action:** | **Schedule a Seminar session on the reserves policy.** |
| **For:** | **Executive Director, Resources and Technology Services** |
| **By:** | **26 May 2022** |

**NMC/22/24    Annual Corporate Plan and Budget 2022-2023**

1.      The Chief Executive and Registrar introduced the annual Corporate Plan and Budget 2022-2023, noting it was a critical point in the NMC's 2020-2025 strategy.

2.      The first two years of the five-year strategy had been impacted significantly by the Covid-19 pandemic, meaning it had not been possible to make as much progress as expected. There had also been additional priorities as a result of the pandemic, including work to implement emergency standards and the temporary register. 2022/2023 would be a transition year in the delivery of the strategy. It would be important to continue to reflect the NMC's values in catching up during the final years of the strategy, in particular collaboration and kindness.

3.      The Executive Director, Resources and Technology Services presented the paper which set out the proposed Corporate Plan, Key Performance Indicators (KPIs) and Budget for 2022-2023, with indicative budgets to 2024-2025.

4.      In discussion the following points were noted:
   a) A draft version of the Corporate Plan and Budget 2022-2023 had been subject to a high degree of scrutiny at the Seminar in February 2022.
   b) A key change to the updated version of the Corporate Plan was a more realistic vacancy rate, reflecting that experienced in 2021-2022.
   c) Reducing the Fitness to Practise caseload and making improvements remained the top corporate priority and there would be continued investment to support this.
   d) Whilst it was important to set ambitious targets, these should be realistic. The Executive recognised that the FTP targets were stretching but considered them achievable. It was important to retain the headline targets, but the Executive would undertake further analysis and consider scope to set some milestones or staging post towards the targets and provide these in future updates.
   e) Consideration of how use might be made of apprenticeship roles in Fitness to Practise to increase resource would be part of the People Plan activity.
   f) Equality, Diversity, and Inclusion and Regulatory Reform would underpin all that we do as part of the Corporate Plan for the years ahead.
   g) The estimated date of signature for the MOTS Phase 3 – Core contract to be signed in 2022-2023 was August 2022, not August 2023 as stated in error (page 125).

h) Whilst there had been under performance for three KPIs in 2021-2022, it was expected that performance would improve in the year ahead, so the targets had not been adjusted. There were three new KPIs for 2022-2023.

i) Given the uncertain economic environment and the risk of increased inflation, the Council would review the plan and budget for 2022-2023 in September 2022.

j) There had been a significant increase in the number of international professionals joining the register, but a cautious approach had been adopted in assumptions around future years.  There was also concern about retention given the challenging environment professionals had faced during the pandemic and there was an aging registrant population.

k) The recommendation to maintain the annual registration fee for all registrants at the current level of £120 was welcomed.

l) In relation to the proposed actions to share data and intelligence with the GMC and CQC, Council was assured that this work went wider and would also encompass all aspects of collaboration, including, given the high priority of maternity care, with the Royal College of Midwives and Royal College of Obstetricians and Gynaecologists.

m) As in previous years, updates on KPIs and key deliverables would be presented to Council on a quarterly basis. This would include updates on both the proposed actions, as well as performance against KPIs.

5.	**Decisions - The Council approved:**
   **i. the corporate plan and deliverables for 2022–2025**
  **ii. the KPIs for 2022–2023;**
 **iii. that the values for the lower and upper limits of the target range of free reserves remain at £0 and £25 million respectively, and the value for the minimum combined cash and investments balance remains at £20 million;**
 **iv. that the annual registration fee for all registrants should remain at the current level of £120;**
  **v. that the standard pay award should be 3.0 percent, with additional adjustments made to bring employees towards the middle pay level of their grade:**
 **vi. approve that the total pay bill increase by 4.5 percent and that increases are paid with effect from 1 April 2022; the budget for 2022–2023 and note that this will be subject to further review in September 2022 when an updated budget will be presented to Council as certain key variables become clearer.**

6	Summing up, the Chair noted that the Council would revisit the Corporate plan and budget in the light of both internal and external factors in September 2022.The Chair thanked all colleagues who had contributed to the work on the Corporate Plan and Budget, particularly the Executive Director, Resources and Technology and her team.

| **Action:** | **Consider the scope to set some milestones/staging posts towards the FTP KPI targets.** |
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| **For:** | **Interim Executive Director, Professional Regulation/Executive** |
| **By:** | **Director Resources and Technology Services** |
| | **28 September 2022** |
| **Action:** | **Review the Corporate plan and budget for 2022-2023 in September 2022.** |
| **For:** | **Executive Director, Resources and Technology Services** |
| **By:** | **28 September 2022** |

**NMC/22/25    Removal of Panel Members from the Practice Committees**

1.          The Executive Director, Professional Regulation introduced the paper. Processes had been updated to ensure that more timely proposals were submitted to Appointments Board and Council regarding Panel Member resignations and removals. There had been no public protection issues arising from how our processes had operated to-date.

2.          In discussion the following points were noted:
   a) The Council welcomed the transparency of the paper and the candour about the procedural errors.
   b) Assurance was provided that recruitment of Panel Members to Practice Committees sought to improve diversity, as reported in previous meetings.

3.          **Decisions - The Council:**
   i.    **Approved the removal of the Panel Members from the Practice Committees.**
   ii.   **Noted the removal of the Legal Assessors from the approved list of Legal Assessors.**

**NMC/22/26    Learning and thematic review of public inquiries into major failings of care**

1.          The Chief Executive and Registrar set out the NMC's initial response to the publication of the Independent Review of maternity services at The Shrewsbury and Telford Hospital NHS Trust (Ockenden review) (Annexe D).

2.          The Executive Director, Strategy and Insight introduced the update on the learning and progress made this year on our response to public inquiries into major failings of care. During 2021, internal improvements had been made to improve management of this work. A Midwifery and Maternity Services Working group had been established internally to focus collaborative NMC action on the issues identified.

3.	In discussion the following points were noted:
   a)	One of the Cumberlege recommendations was for organisations to designate a non-executive member to oversee public complaint handling process and outcomes. This would be considered as part of transition to a Unitary Board governance model under Regulatory Reform.
   b)	It was important to ensure that there were appropriate mechanisms to ensure the Council had transparency on how we were learning from complaints. There would be an opportunity to discuss these issues further at a Council seminar session on Data and Insight which was being scheduled, as well as the April Seminar which would look at learning from the Ockenden review.
   c)	The Ockenden review, along with other inquiries and reports referenced, were about how organisations fail and encompassed wider lessons for Boards and others about responsibility, culture, and transparency which the Council would want to consider further.
   d)	A key issue to consider would be around what more could be done to reduce professionals' fear of the regulator. There was a need to ensure that professionals recognised the importance of regulation and the responsibilities and accountability that this involved, including not being afraid to speak up when things were going wrong.
   e)	Communications with registrants sought to provide clarity about the NMC's role and there would be collaboration with partners and employers to share key messages, seeking to dispel fear. The 'NMC and Me' research would be repeated to help track and measure changing perceptions over time, including how registrants viewed the NMC.
   f)	It was valuable to engage with students; the Council were pleased to welcome so many student midwives observing this meeting.
   g)	It was constructive to learn from positive as well as negative experiences, as demonstrated by the NMC sponsoring nursing and midwifery awards.

## NMC/22/27	Ending of emergency period

1.	The Executive Director, Strategy and Insight introduced the update on ending the Covid-19 emergency period and the implications for temporary registration and our recovery standards.

2.	In discussion the following points were noted:
   a)	There was a correction required to Annexe 1: Summary of current Recovery Standards removal dates. R4 (Where students currently have 12 weeks to meet any outstanding outcomes, under these exceptional circumstances there will be an unlimited period for these to be met) had been included in error and should be deleted, as the Council had agreed to remove the original standard related to the 12 week rule from the original pre-registration standards in May 2021 (NMC/21/36).

b) The speed with which the NMC established the temporary register was commended. The contribution of all temporary registrants was significant and highly valued including those retired professionals who had given long and loyal service, joined the temporary register to contribute during the pandemic but did not wish to return to the permanent register. All should be thanked and respected for the part they had played.

c) The Royal Colleges, Trades Unions and employers could play a crucial role in supporting temporary registrants to apply early for permanent registration, should they wish to continue to practice after 30 September 2022.

**NMC/22/28    Questions from observers**

1.      The Council noted the questions submitted by observers and responses provided (**Annexe B**).

**NMC/22/29    Audit Committee Report**

1.      The Council noted the report of the Audit Committee meeting on 23 February 2022.

**NMC/22/30    Investment Committee Report**

1.      The Council noted the report of the Investment Committee meeting on 24 January 2022.

**NMC/22/31    Appointments Board Report**

1.      The Council noted the report of the Appointments Board meeting on 9 March 2022.

**NMC/22/32    Governance: Council Committee membership/appointments 2022-2023 and Council meeting dates 2023-2024**

1.      The Council noted Committee membership for 2022-2023 and other appointments and Council meeting dates for 2023-2024.

**NMC/22/33    Chair's actions taken since the last meeting**

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

**Closing remarks**

The Chair thanked everyone for joining the meeting, encouraging observers to attend again and recommend the experience to their colleagues. The next meeting of the Council would be held in Derry, Northern Ireland, subject to any developments in the Covid-19 situation.

*Confirmed by the Council as a correct record;*

**SIGNATURE:** ................................................................

**DATE:** ................................................................

Nursing & Midwifery Council

# Attendees

### Observers

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| Gail Adams | Head of Professional Services, Unison |
| Collette Byrne | Scrutiny Officer, Professional Services Authority |
| Michelle Lyne | Professional Advisor Education and Regulation, Royal College of Midwives |
| | Community nurse, GCS |
| Megan Sanders | Student specialist practitioner District Nurse, |
| Rhianne Young | Gloucestershire Health and Care NHS Foundation Trust |
| Sharleen Nkwo | Student Nurse, UOL |
| Kerry Grant | Student Midwife, NHS |
| Michelle Sutton | Student Midwife, University of Leicester |
| Jane Maposa | Student Midwife, University of Leicester |
| Prabhleen Mann | Student Midwife (4th year), University of Leicester |
| Maeva Kamtcheu | Student Midwife, University of Leicester |
| Maxine Chapman | Lecturer in Midwifery, University of Leicester |
| James Penry-Davey | Partner, Capsticks Solicitors LLP |

### Press
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| Andrea Downey | Editor, Nursing Standard |

**Annexe B**

# Observer questions – Council meeting 30 March 2022

| Questions submitted by Gail Adams, Head of Professional Services UNISON |
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| UNISON has seen a significant increase in the number of cases being referred to our specialist unit for representations following the rejection of their NMC applications to join the register.  Many of these applicants have been in the UK for some time working in the NHS a significant number have also obtained citizenship, which can only be applied for when you have been here for 5 years.  All have been rejected on English Language despite having supporting evidence from their employers who corroborate their skills in all levels of English Language, can the NMC explain why they do not consider evidence from employers to be 'objective'?<br><br>We welcome the NMC recent commitment to review these requirements; it's long overdue and has not maintained pace with demand.  However would the NMC also share our concern that these decisions could be discriminatory in nature, given that they effect the majority of Black applicants.  That it this must be reviewed as a matter of urgency and if supported by the trade unions including waiving the normal 12 week consultation to ensure this can be achieved at the pace clearly required?  Would the NMC also review the use of the Home Office list of English speaking countries, this which lists countries with mainly white populations is not evidence based and does not instil public trust and confidence amongst many.<br><br>Would you also accept that given the majority of these hearings including all of UNISONs have been up held, it demonstrates that the assessment is not working and indeed is possibly wasting unnecessary time, energy and registrants money.<br><br>We are committed to working with the NMC on this issue but cannot stress too strongly the urgent need for action, in particular given the NMC drive to address inequality. |
| **Response:**<br><br>*It is an extremely important part of our public protection role that we assure ourselves that everyone joining our register, wherever they trained, can communicate effectively in English. Of all health and care professionals, nurses and midwives spend the most time with patients and people who use services, and effective communication is fundamental to high quality, person-centred care.* |

*We have looked at and adjusted our approach to English language competence on many occasions since it was introduced to make sure that it is fair. At present, our approach is broadly comparable to other regulators'. Everyone who applies to join our register – wherever they trained – can demonstrate their English language competence if they have trained in English or have undertaken regulated practice in English – or by taking one of our English language tests. Inevitably, that does have an impact on people who trained outside the UK and people who trained in countries where English is not a majority spoken language. This is a necessary, proportionate, and lawful means of achieving our statutory duty to protect the public.*

*For context, in the 12 months to the end of September 2021, we registered more than 17,500 internationally trained nurses and midwives. That number is likely to exceed 20,000 for the 12 months to the end of March 2022. Around 95% of internationally-trained applicants passed one of the two English language tests that we accept – IELTS and OET, both of which are reputable, not for profit tests, which are very widely used globally by many organisations including regulators. The remaining applicants demonstrated they trained in English or have undertaken regulated practice in English.*

*We know that some people have concerns about our approach. We held a listening event in November when people with direct experience of applying to join our register shared their personal experiences and suggestions for change. That was very powerful and we are very grateful to them for doing so. We have brought forward our planned review, and are looking carefully at the available evidence as well as the various suggestions for change that people have made.*

*We have established an external advisory group and plan to consult on options over the summer with a view to bringing back any proposals for change to the Council in September. The consultation is important and we are planning an eight week consultation to ensure we balance the need to hear from as many people as possible with the need to make rapid progress.*

*One of the suggestions for change that has been put forward is that we should accept employer references. We have agreed to look carefully at the suggestion and we welcome Unison's support for this. There are two particular issues that we will need to consider in relation to employer references:*

- *First, fairness and consistency: there is a large number of employers of widely varying types across the UK and we will need to be make sure that references provide robust assurance that English language standards have been fairly and consistently applied across all employers.*

- *Second, objectivity: we will need to make sure that employers are looking objectively at English language competence and are not influenced by other considerations.*

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*On the second point, there are of course many highly scrupulous and ethical employers; however, there is a risk some could be influenced by the significant pressures they are under to increase employee numbers and to recoup their investment in international recruitment. We have also heard concerns from individuals that some employers may benefit from internationally-trained nurses remaining in lower paid, unregulated roles in the UK. We are committed to looking carefully at the suggestion, but we will need to ensure that we don't unintentionally create a different problem.*

*We are very grateful to Gail and to Unison for asking this question and for supporting us in our review of our approach to English language competence.*

### Question from NMC colleague

**The NMC's current approach to salary bandings was implemented following a pay and grading review in 2019. Since then, as a recruiting manager, I've made sure all salary offers within the NMC's approved brackets have appropriately and fairly reflected skills and experience of staff joining my team. We are challenged, quite rightly, by HR to ensure we consider all relevant factors when negotiating salaries, including average pay within the role and how an individual's experience fits within the bracket**

**The pay review for April 2022 seeks to reward staff in each band with most skills, experience and longest time in role with a pay rise that is much less than that being awarded to their peers (with no reference to skills, experience or performance). How does this reflect the NMC's value of "fairness" and make the NMC a "great place to work" for those staff in line with the People Strategy?**

**Response:**

*Our approach to pay is to ensure colleagues are paid fairly and competitively compared to the UK pay market and other colleagues undertaking similar roles at the NMC. Our job evaluation process ensures we protect for equal pay of equal value across job roles.*

*We also determine pay by using our external benchmarking data and by conducting equal pay audits yearly to ensure all our employees are paid fairly and appropriately. The recommendations for increases in pay costs for 2022-2023 address two issues:*

*First, a standard increase for all eligible colleagues of 3%.*

*Second, recognising that the NMC does not automatically provide incremental pay increases in recognition of length of service or performance related pay increases, resources have also been made available to support progression increases.  We have focused our greatest increases on our lowest paid colleagues and those below the mid-point of their pay band in support of the rapidly rising cost of living, whilst at the same time ensuring our salaries remain competitive in the market for all colleagues.*

*We are committed to reviewing the Total Reward package for colleagues as one of the top four priorities in the implementation of the People Plan in 2022-2023. There are always multiple perspectives on pay, and we will consider all views as we consider the future NMC pay strategy whilst maintaining our evidence and market-based approach to fair pay.*

**Question from NMCWatch: Registrant Care submitted on Twitter**

**How can @nmcnews ensure distraught unrepresented registrants having IO hearings/substantive get support they need?**

 **Response:**

*Thank you for your question.  We always encourage registrants who are the subject of a concern raised to us to engage with us and any representative support they may have.*

*We offer an externally staffed careline to provide support for nurses, midwives and nursing associates who are the subject of fitness to practise proceedings.  It has been in place since October 2019, and offers a telephone line that is available 24 hours a day, 365 days a year.  As well as the telephone line, referrals can be made for structured counselling sessions and an online resource called 'well online', which contains a wide range of resources for emotional support.*

*We are not able to recommend any particular organisation to a registrant who may not be represented however we do encourage them to seek advice about what support is available.*

**Annexe C**

**Proposed changes to Financial Strategy**

The revised proposal limits the number of years in which we can operate deficit budgets to three years, although we can seek Council approval for an additional year of deficit. This is a tighter limitation on the ability to operate deficits than this initial proposal. It recognises that the ability to operate deficits for three years is an exceptional extension of the original short-term limit (being one to two years) in the context of recent delayed spend and the need to address the Fitness to Practise caseload.

The proposed revised wording (new wording underlined) is:

*In order to fund non-recurrent or project costs, we can reasonably set deficit budgets and accept negative cash flows over the short ~~and medium~~ term, provided that we have sufficient cash and reserves to fund the deficits, provided that the budget deficit is the result of those non-recurrent or project costs, and that we have plans for the overall budget to return to balance in the medium and long term and comply with our reserves policy. For instance, this may be appropriate to deliver change over several years in way that is manageable and properly sequenced. We should avoid using deficits to support recurrent spend on core business since this will deplete our reserves.*
<u>*In the current exceptional circumstances, we can set a deficit budget and accept negative cash flows over three consecutive years, although this is still subject to the other constraints set out in this strategy. If any additional year of deficit beyond three years is considered necessary, this will require specific Council approval.*</u>

**Annexe D**

**NMC statement in response to publication of the Ockenden Maternity Review**

Published on 30 March 2022

Responding to the final **Ockenden report** of the Independent Review of maternity services at The Shrewsbury and Telford Hospital NHS Trust, Andrea Sutcliffe, Chief Executive and Registrar at the NMC, said:

"Today's report sets out appalling and long-standing failures in maternity care and leadership at Shrewsbury and Telford NHS Hospital Trust. Each of these cases is a family tragedy, with some affected more than once.  My heart goes out to all the women, babies and families whose lives have been so terribly impacted by these shocking failings in care.

It's down to the sheer determination and bravery of grieving families that these systemic failures have now been recognised. Women and families should have been listened to and taken seriously far sooner. Donna Ockenden and her team have undertaken crucial work pointing the way to make sustainable improvements in maternity care. It is essential that families are heard, staff are able to speak up and concerns are acted upon.

Our evidence based Future Midwife Standards are there to support midwives to deliver the safest, person-centred care for women and babies.  This includes knowing when things are going wrong and making sure the right actions are taken in response. To ensure these Standards are fully implemented in education and practice, maternity services across the country must be properly resourced, with sustained investment in continuing professional development.

Safe care for mothers and babies happens when maternity services have a fair culture, strong multidisciplinary relationships and an open approach if there's a concern.  Where referrals are made to us, we will always consider these carefully, taking account of the wider context when deciding the appropriate action to take in relation to individuals.

Safe, kind maternity care must be a reality for everyone, everywhere."

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# Council

## Summary of actions

**Action:**     For information.

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

**Core regulatory function:**     Supporting functions.

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

**Decision required:**     None.

**Annexes:**     None.

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

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## Summary of outstanding action arising from the Council meeting on 30 March 2022

| Minute | Action | Action owner | Report back date | Progress to date |
|---|---|---|---|---|
| NMC/22/21 | **Duty of Candour**<br><br>Consider sending the updated Duty of Candour guidance along with links to the 'Caring with Confidence' animations to each professional on our register. | **Executive Director, Professional Practice / Executive Director, Communications and Engagement** | **26 May 2022** | We will include the Duty of Candour guidance and our animation in our all register email to professionals about the standards in the coming months. We will also continue to promote within our newsletters and across our social media channels. |
| NMC/22/22 | **Employer Link Service**<br><br>Schedule an update on the work of the Employer Link Service. | **Executive Director, Professional Practice** | **26 May 2022** | The transition of the Employer Link Service from the Strategy and Insight to the Professional Practice Directorate began on 1 April 2022.<br><br>An update on the work of the Employer Link Service has been scheduled for the Open Council meeting in November 2022. |
| NMC/22/23 | **Financial Strategy review**<br><br>Schedule a Council review of the Financial Strategy in March 2024. | **Executive Director, Resources and Technology Services** | **27 March 2024** | On the agenda for March 2024 and pre-work scheduled. |

| Minute | Action | Action owner | Report back date | Progress to date |
|---|---|---|---|---|
| **NMC/22/23** | **Financial Strategy review**<br><br>Schedule a Seminar session on the reserves policy. | **Executive Director, Resources and Technology Services** | **26 May 2022** | This has been scheduled for September 2022. |
| **NMC/22/24** | **Annual Corporate Plan and Budget 2022-2023**<br><br>Review the Corporate plan and budget for 2022-2023 in September 2022. | **Executive Director, Resources and Technology Services** | **28 September 2022** | On the agenda for September 2022. |
| **NMC/22/24**<br><br>**&<br>NMC/21/97 (requested 24 November 2021)** | **Fitness to Practise KPIs and targets for 2022-2023**<br><br>Consider the scope to set milestones/staging posts towards the Fitness to Practise (FTP) Key Performance Indicator (KPI) targets.<br><br><br>**Fitness to Practise Improvement Programme**<br><br>Consider provision of additional information around performance against the KPI target on interim orders. | **Professional Regulation/Executive Director Resources and Technology Services**<br><br><br>**Professional Regulation** | **26 May 2022**<br><br><br>**30 March 2022 / 26 May 2022 / 7 July 2022** | We will continue to monitor our corporate KPIs for FTP as part of our quarterly performance and risk reporting to the Council and monthly reporting to Executive Board.  We will provide supplementary information in addition to these KPIs as appropriate (such as recruitment, turnover, and trend analysis).<br><br>We are undertaking some analysis to model and develop appropriate milestones but expect the KPI to improve over time as the caseload reduces and our efficiency improves.<br><br>We are still considering how to address this. |

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

| Minute | Action | Action owner | Report back date | Progress to date |
|---|---|---|---|---|
| NMC/22/06 | **Performance and risk report**<br><br>Reflect sustainability and climate issues in the risk report. | **Executive Director, Resources and Technology Services** | **26 May 2022** | This links to our corporate commitment for 2022-2025 to develop our plans for sustainability and environment (commitment 22).<br><br>We are considering how to reflect sustainability on the corporate risk register and dovetail this with corporate commitment (22). We aim to update the corporate risk register for the Council in July 2022 (for our first report of 2022-2023 for Q1). |
| NMC/22/10 | **Draft People Plan 2022-2025**<br><br>Bring back proposed actions and measures to assess progress in delivering the People Plan, including the request for more meaningful and comparative data (NMC/22/06 5e). | **Acting Executive Director, People and Organisational Effectiveness** / **Executive Director, Resources and Technology Services** | **26 May 2022/ 30 March 2022** | This action was completed, and the corporate dashboard for People metrics is now updated for future KPI reporting in year. |

Page 4 of 5

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

| NMC/21/98 | **Learning Lessons and Improving our Handling of Discrimination Cases Report**<br><br>Bring back a progress report on Learning Lessons and Improving our Handling of Discrimination Cases Report | **Professional Regulation** | **26 May 2022** | This is on an agenda for this meeting. |
|---|---|---|---|---|

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

| Minute | Action | Action owner | Report back date | Progress to date |
|---|---|---|---|---|
| NMC/21/22 | **Emergency Rules – continuing use of Fitness to Practise powers**<br><br>Report back on the review of the guidance post emergency. | **Professional Regulation** | **29 September 2021 / 24 November 2021 / 26 January 2022 / 30 March 2022 / 28 September 2022** | We will report back to Council in September 2022 on use of the FtP powers initially provided in the emergency rules. |

**Nursing & Midwifery Council**

# Council

# English Language testing - proposal to consult

| | |
|---|---|
| **Action:** | For decision |
| **Issue:** | We are seeking the Council's permission to consult on proposals for amending our English Language requirements for internationally trained applicants. |
| **Core regulatory function:** | Professional Regulation<br>Strategy |
| **Strategic priority:** | Strategic aim 1: Improvement and innovation<br>Strategic aim 2: Proactive support for our professions |
| **Decision required:** | The Council is recommended to approve that we publicly consult on amending our English language requirements (as set out in paragraph 25) (paragraph 30). |
| **Annexes:** | The following annexes are attached to this paper:<br><br>Annexe 1: Options for consultation<br><br>Annexe 2: Test scores<br><br>Annexe 3: Literature review and benchmarking<br><br>Annexe 4: English language registration appeals data |
| **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 Internationally trained professionals on our register make a central contribution to nursing and midwifery in health and social care settings across the UK. From 1 April 2021 to 31 March 2022 we registered 23,408 professionals trained outside the UK. In our strategy we commit to continuing to improve the support we provide to our international applicants. This includes how these applicants can demonstrate their English language competence.

2 For patients and people who use services to be safe, everyone on our register must be able to communicate effectively in English. Effective communication in English is essential to safe, kind, person centered care. All applicants wherever they are trained can demonstrate their language competence in the same ways, either through training in English, through experience in regulated practice in English or through a language test.

3 Applicants trained in the UK are able to demonstrate this as they have been taught and examined in English, as are applicants trained in a majority English-speaking country (based on a list developed by the UK Border Agency). Most applicants who have trained outside the UK register demonstrate this by achieving the necessary score in one of the two language tests we accept.

4 We last reviewed our requirements in 2019. Over the last year we have received a considerable amount of critical stakeholder feedback of our approach. There has also been an increase in the number of successful appeals by applicants to the Registration Appeals Panel.

5 We have reviewed the evidence base for our current requirements and engaged with stakeholders and consider there may be a case for change. We now propose to seek additional evidence through a public consultation on specific proposals for change. The consultation will begin in June 2022 for eight weeks and we will make final proposals to Council at their September meeting in order to implement any changes from October 2022.

**Four country factors:** 6 This work impacts the four countries equally. We have invited members from all four nations to join our external advisory group. Throughout the review and consultation process we will ensure that people from across the four countries have the opportunity to be heard.

7 The consultation document will be translated into Welsh.

**Discussion:**     **Summary of our current approach**

8     Article 5A of [the Order](#) requires the NMC to publish guidance about and the process for applicants and "the evidence, information or documents" needed to demonstrate they have the necessary knowledge of English. Schedule 4 of the Order defines this as "knowledge of English which is necessary for safe and effective practice of nursing, midwifery in the United Kingdom or as a nursing associate in England". Article 3(14) of the Order requires us to consult on any changes we make to our guidance.

9     The [current guidance](#) has two principal operative elements: the criteria for assessing evidence, and the types of evidence we accept. Our criteria are that the evidence must be recent, objective, independent and verifiable. It must cover all four domains of language competence and must demonstrate that the applicant can communicate effectively with people using services and other professionals as a nurse, midwife or nursing associate. At present, we accept three types of evidence:

9.1     Recent achievement of the required score in one of the English language tests we accept. Applicants can combine two test scores as long as they are taken within six months of each other. An example of test combining is at **Annexe 2**.

9.2     Completion of a pre-registration nurse, midwife or nursing associate programme that was taught and examined in English, and included clinical interaction in English.

9.3     Recent practice for one year in a majority English speaking nation.

10     Where the evidence submitted is not clear, applications are referred to an Assistant Registrar (AR) who has some discretion to accept evidence not specifically listed as long as it meets the criteria set out above. If the AR is not able to accept this evidence the applicant is asked to take one of our approved language tests. Applicants have the right of appeal to a Registration Appeal Panel (RAP) who can accept any evidence presented as long as it meets the criteria set out in the guidance.

**Stakeholder engagement to date**

11     We held a round table meeting on 18 November 2021 attended by representatives from international registrant and applicant groups, employers, test providers, and registrants who have experience of our English language processes. The feedback we received about the issues facing international applicants providing English language evidence included:

11.1 There are a number of internationally trained nurses who are not able to meet the required scores in the language tests and therefore are unable to register with the NMC. In some cases they hold post-graduate qualifications taught in English, and/or have substantial experience of working in unregulated roles in health or social care in the UK. As there is a workforce crisis in health and social care we should reduce our required test standards and accept alternative evidence.

11.2 Our requirements are discriminatory and support exploitation of international nurses.

11.3 There are many countries whose primary language is English but they do not appear on our list of accepted English speaking countries (based on a list developed by the UK Border Agency).

11.4 Lack of supervised support or lack of time to access support to help prepare for English language tests.

11.5 Complaints that we only allow test combining within a period of six months and have set the minimum standard to be achieved in each domain too high.

12 We presented to the Public Voice Forum session on 10 March 2022. In summary, there was strong agreement that good communication in English is important for patient care; and support for testing reading, listening, writing and speaking.

13 We have established an External Advisory Group (EAG) to help inform our consultation approach. The EAG met on 29 April 2022 and explored three specific areas:

13.1 what level we should set for the tests we accept;

13.2 whether we should accept unregistered practice in the UK supported by an employer reference; and

13.3 whether we should accept post graduate qualifications taught in English.

14 Overall, from the EAG discussions it is clear there is an appetite for change but there were mixed views on the specifics of the options and evidence we discussed and no clear consensus at this stage.

**Evidence base to date**

15 Our research team has carried out a literature review looking at how other regulators set standards for language tests and what tests they accept.

This has shown us that our approach to setting the acceptable standard for our language tests broadly aligns with practice both in the UK and internationally. There are, however, tests that other regulators accept that we do not yet accept. The literature review is attached for information at **Annexe 3**.

16 **Criteria for accepting tests**: We have commissioned the Centre for Research in English Language Learning and Assessment (CRELLA) at the University of Bedford to help advise how we might expand the range of tests we accept fairly. CRELLA's initial view is that our criteria for accepting language tests are appropriate, and we therefore do not propose including changes to these criteria in the consultation. Once we have concluded the review and updated our guidance, we will consider expanding the tests that we accept.

17 **Test standards we require**: The standards for the tests that we accept are set at an overall 7 in International English Language Testing System (IELTS) or B in the Occupational English Test (OET). Both these standards map to the Common European Framework of Reference (CEFR). CEFR is a set of widely used benchmarks for language ability, made up of six consecutive levels. Both our required standards map to scale C1 - a 'proficient' user.

18 We asked OET to conduct a standard setting review on the domains of reading, listening and speaking (a similar exercise was carried out on writing in 2019) to inform the review. They worked with a diverse panel of people with relevant knowledge and experience of nursing practice in the UK, including international recruitment leads, clinical educators and UK trained and internationally qualified nurses. In the panel's judgement, the current standards for reading and listening are set at the minimum acceptable level.

19 However, for speaking the panel arrived at a recommendation approximately half a point below our current standard, which would be a C+ (IELTS 6.5). The report concluded that this domain warrants further consideration and that we should seek further evidence before we made any changes, particularly because this would represent a change to our standards, not just to the types of evidence we accept.

20 **Appeals evidence**: Appeals information is an important source of qualitative evidence, as they have the opportunity to consider other types of evidence in combination. For example, RAPs are sometimes presented with employers' references confirming language competence in conjunction with other evidence. Data on current appeals numbers can be found in **Annexe 4**.

**Consultation**

21    As noted above, some stakeholders have asked us to consider two key areas as part of the review. Firstly, they have asked us to review the test standards that we set. Secondly, they have asked us to consider accepting alternative evidence given the workforce pressures currently facing the health and social care sector.

22    While staffing shortages are important context, they are not a determinative factor and as a matter of principle it is essential that the requirements we set give assurance that applicants have the knowledge of English necessary for safe and effective practice in the UK in line with the Order.

23    Having analysed the feedback and evidence we have received to date, we think there is more we can do to be flexible in the types of evidence that we accept which would still allow us to have confidence that everyone on our register has the necessary knowledge of English.

24    We would like to consult on three specific changes:

24.1    The scores we accept for language tests, including how applicants can combine scores across test sittings.

24.2    Whether we can accept evidence of non-registered practice in English supported by an employer reference or other evidence.

24.3    Whether we can accept non-nursing or midwifery post-graduate qualifications taught and examined in English.

25    We also plan to consult on whether the English language requirements should be the same for internationally trained midwives, nurses, and nursing associates.

26    More details on the policy development area and rationale can be found in **Annexe 1.**

**Who we will consult and how**

27    With Council's agreement, we propose to launch a public consultation for a period of eight weeks starting in June 2022. We have decided to shorten the consultation period from our standard approach of 12 weeks consultation to reflect stakeholder support for an accelerated review.

28    The consultation will be another opportunity for us to engage with diverse voices and audiences to enable us to better understand the equality impacts of our English language requirements.

29    The consultation document will be approved by the Chief Executive and Executive Director of Strategy & Insight prior to publication. We expect to provide a full report on the consultation findings and final recommendations to Council in September 2022. We can then begin to implement any resultant changes from October 2022.

30    **Recommendation: The Council is recommended to approve that we publicly consult on amending our English language requirements (as set out in paragraph 25)**.

**Next Steps**

31    Following Council agreement, we will go to out to consult on these proposed changes in June 2022.

**Midwifery implications:**    32    According to our data, we receive more international applications from nurses than midwives or nursing associates. As noted above, we will consult on whether the English language standards for midwives should be the same as for other professions on our register.

33    We discussed the review at the Midwifery Panel on 1 March 2022.

**Public protection implications:**    34    Whilst we want to ensure the register is accessible, all those on the register must demonstrate that they have the necessary knowledge of English to be capable of the safe and effective practice of nursing or midwifery or practice as a nursing associate in England. This is a necessary requirement which meets the NMC's overarching objectives.

**Resource implications:**    35    The costs of the consultation have already been agreed as part of business planning for 2022-2023.

**Equality diversity and inclusion implications:**    36    This review is an opportunity to further our aims and objectives under the Public Sector Equality Duty and deliver a fair, flexible and objective process. We have developed a new Equality Impact Assessment (EQIA) for English language requirements which will help us demonstrate that any changes we make are evidenced and proportionate.

37    As part of the consultation and through the EAG supporting this work, we will continue to ask stakeholders to comment on the new EQIA and contribute their own data, where appropriate. We will publish Welsh and Easy Read versions of the consultation document.

38   We have already identified that we need to develop clear internal decision-making guidance on language for Assistant Registrars and for Registration Appeal Panel to ensure we take an evidence-based, consistent and fair approach.

**Stakeholder engagement**

39   We have engaged with external stakeholders prior to and throughout the review process to date, and the consultation will provide us further opportunities to do so.

**Risk implications:**

40   We must manage two competing risks. One is that we require evidence that is disproportionately difficult and therefore prevents qualified applicants from joining the register, thus exacerbating the shortage of professionals. The other is that we set our requirements too low and risk allowing applicants onto the register who are not capable of safe and effective practice.

41   Our research over the years has shown us that there is limited concrete evidence upon which to make policy decisions in this area. Like many regulators our current policy has relied on a mixture of policy judgement, stakeholder insight and some limited evidence. This review will provide us with a stronger and newer evidence base to support our decision making but this will remain a contentious and high risk area.

**Regulatory Reform:**

42   There are no direct regulatory reform implications to address at this point. We will continue to set English language requirements following changes to our legislation. We may in future be required to do so by means of standards rather than guidance.

**Legal implications:**

43   Our English language requirements must be a necessary, proportionate and lawful means of achieving our statutory objectives. Any decisions made as part of the review must follow the provisions laid out in article 5A of the Nursing and Midwifery Order 2001.

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## Annexe 1: Proposed areas for consultation

| Policy area | Rationale |
|---|---|
| **Test standards and requirements– *potential changes to the testing requirements and standards we set*** | |
| **Standards we set** for tests and how **test scores can be combined**. At the moment we require:<br><br>• **Either** overall 7 in International English Language Testing System (IELTS) **or** B in OET. Both these standards map to [Common European Framework of Reference](#) (CEFR) scale C1 – a 'proficient' user<br><br>Applicants can meet these standards by **combining** two test scores taken within six months of each other **providing** that no score in any domain falls below IELTS 6.5 or OET C+<br><br>• IELTS standard 6.5 and 6 and OET C+ and C map to CEFR scale B2 - an 'independent' user<br><br>An example is provided at **Annexe 2** | **Standard we set**<br><br>The panel taking part in the OET standard setting exercise into the three domains of reading, listening and speaking concluded that the standards we set for reading and listening are set at the appropriate standard. However they were of the view that the speaking score could be reduced to 320/C+ for OET, which is 6.5 for IELTS and B2 on the CEFR scale. The report recommends that we seek further evidence to before making any changes.<br><br>We will therefore seek further views on this.<br><br>**Test combining**<br><br>We propose to seek views on what the minimum scores should be in each domain on each test and on the period of time we should allow between tests. |
| **Evidence – *potential changes to the evidence we accept*** | |
| Whether we can accept evidence of non-registered practice in English supported by either a reference from the relevant employer or other evidence. | This proposal marks the biggest area of change in terms of our current requirements. This would provide Assistant Registrars with further information to consider and could reduce the number of appeals in this area. |

|  | Other regulators in the UK accept employer references in certain circumstances. For example the GMC accept a prospective employer reference form for doctors who have offers of employment in the UK. The person who has assessed the doctor's English language skills as part of the selection process completes the form. This should be a senior supervisor/consultant with clinical oversight and who will have ongoing responsibility for supervising the doctor in a clinical capacity.<br><br>The form must then be endorsed by the Responsible Officer (The role of the responsible officer is to ensure organisations have in place processes that provide a framework within which doctors are encouraged to maintain and improve their practice).<br><br>We will seek views on how we might recognise non-registered practice in health and care, where applicants have been trained in a non-English speaking country and what support we would require from employers, in particular how we might replicate the assurance that the GMC have from Responsible Officers.<br><br>We will ask for views on the following areas:<br><br>• Should applicants be working at a particular level (for example Band 4 or equivalent)?<br>• Should there be a minimum time in practice and how long should that be?<br>• What level should the referee be in the organisation?<br>• Can we replicate the approach we have taken in revalidation with confirmers?<br>• Should there be a co-signatory?<br>• Should this be available to applicants who have just failed to achieve the necessary scores in one of the language tests?<br>• Is there a role for systems regulators to give us assurance as to the systems for signing off references? |
|--|--|

| Whether we can accept non-nursing or midwifery qualifications taught and examined in English. | We will seek views on whether we should consider this form of evidence and how we might satisfy ourselves that it meets the criteria we set out in the guidance, in particular how might we verify that the course:<br><br>• Covers all four domains of language evidence<br>• Clearly demonstrates the applicant can read, write, communicate and interact with patients, service users, relatives and healthcare professionals effectively in English as a nurse, midwife or in a role comparable to that of a nursing associate. |
|---|---|

**Nursing & Midwifery Council**

# Annexe 2: Example of test combining

## Required test scores

- Overall 7 in IELTS (International English language Testing System) or B in OET (Occupational English Test).Both these standards map to Common European Framework of Reference (CEFR) scale C1 – a 'proficient' user.
- IELTS standard 6.5 and 6 and OET C+ and C map to CEFR scale B2 – an 'independent' user
- Applicants can meet our requirements by combining two test scores taken within 6 months of each other providing that no score in any domain falls below IELTS 6.5 or OET C+

| IELTS | Listening | Reading | Writing | Speaking |
|-------|-----------|---------|---------|----------|
| Test 1 | 7 | 6.5 | 6.5 | 7 |
| Test 2 | 6.5 | 7 | 7.5 | 8 |

| OET | Listening | Reading | Writing | Speaking |
|-----|-----------|---------|---------|----------|
| Test 1 | C+ | B | B | B |
| Test 2 | B | B | C+ | B |

**Nursing & Midwifery Council**

## Annexe 3: Language Testing using IELTS and OET: An update of the 2019 evidence review

## Purpose of briefing

1    This report revisits a synthesis of English language testing among health and care regulators to inform our understanding of policy within the sector. The initial analysis was conducted in 2018 and was updated in 2019. The current update highlights changes since the 2019 review.

## Background

2    The NMC recognises its duty to periodically review its registration processes to make sure they are in line with our regulatory requirements and that such processes remain fair to applicants.

3    Currently, the NMC requires that all professionals applying to join the register have the necessary knowledge of English to communicate clearly and effectively. The types of evidence the NMC accepts are as follows:

   3.1    Recent achievement of required scores in the International English Language Testing System (IELTS) or Occupational English Test (OET)

   3.2    A pre-registration nursing, midwifery or nursing associate qualification taught and examined in English, or;

   3.3    Recent practice of at least one year in a majority English speaking country.

4    The latest review of English language testing standards in the sector was completed in 2019 and is available here. The present document is looking to revisit the questions answered during the 2019 review to identify possible changes to the approach of other regulators.

5    Analysis focuses only on changes since the last review. More specifically, the update revisits the following:

   5.1    What types of English language tests are accepted by UK healthcare regulators and majority English speaking regulators of nursing and midwifery?

   5.2    What are the minimum accepted IELTS and OET scores for those regulators?

   5.3    The equivalence of IELTS and OET

6    Some of the questions answered in the 2019 report were not revisited, as they were answered at that point and remain valid until today. Those questions are:

6.1    How regulators decide on minimum requirements for IELTS/OET?

6.2    How applicable is IELTS/OET to healthcare and nursing/midwifery?

6.3    What have been the reported inequalities related to IELTS and OET?

6.4    How valid are IELTS and OET test scores?

7    Findings are therefore presented under the following sections:

7.1    Section 1: Summary

7.2    Section 2: Which regulators accept IELTS and OET

7.3    Section 3: What are the minimum required assessment pass scores?

7.4    Section 4: Are IELTS and OET equivalent?

## Methods

8    The tables and information from the 2019 report were updated through desk research to bring them in line with March 2022. We visited the regulators websites and located their current English language requirements, as well as the IELTS and OET websites to identify any changes in the tests and their content.

## Section 1: Summary

9    Both in the 2019 review and its current update, all nursing regulators across the world and healthcare regulators in the UK accept IELTS. Additionally, IELTS is accepted by all midwifery regulators globally, apart from the USA ones.

10    OET is gradually being accepted by more healthcare regulators in the UK and overseas. The General Pharmaceutical Council and some nursing regulators in the USA have been added to list.

11    IELTS and OET average minimum scores remain largely unchanged since 2019. One of the changes that is worth pointing out came from the Nursing and Midwifery Board of Ireland that lowered the minimum required scores for both the IELTS and OET writing component, aligning with the ones NMC accepts.

12    Regulators of nursing in the USA accept lower scores for both IELTS and OET than the sector average. The lowest IELTS average score is accepted by the South African nursing regulator.

13    The IELTS average minimum score that NMC accepts aligns with most other nursing and midwifery regulators across the world, as well as with other healthcare regulators in the UK. 11 out the 15 regulators we looked at accept the same minimum average score (7.0), 2 require a higher one (7.5) and 2 require lower scores (6.0 and 6.5).

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14      The OET scores that NMC accepts are mostly the same with the rest regulators that accept this test, although in writing we accept lower scores. More specifically:

14.1    For listening, the NMC requires the same minimum score (B) as 6 out of 8 regulators. The other two regulators require a lower score (C+).

14.2    For the reading component, the NMC requires a B, which is the same as 5 out the 8 regulators. The remaining three require a C+.

14.3    Similarly, for speaking the NMC requires a B, as 5 of the 8 regulators. two out of the remaining three require a C+ and one requires a C.

14.4    Lastly, the NMC requires a C+ in writing, aligning with 3 more regulators. The rest of the 5 regulators require a higher score of B.

## Section 2: Which regulators accept IELTS and OET?

15      Analysis of regular standards has been split into two sections

15.1    Language tests accepted by health and care regulators in the UK

15.2    Language tests accepted by nursing and midwifery regulators globally

16      Differences in the information published in the tables since the last publication are highlighted in gold.

**English language tests accepted by nursing and midwifery regulators across the world.**

17      Table 1 below summarises the tests accepted by nursing and midwifery regulators in primarily English-speaking countries across the world[1].

18      Since 2019 and the last review, there have only been a couple of changes in the tests accepted by regulators in the USA.

18.1    The Test of Spoken English (TSE) is no longer referenced by American regulators, as it has been superseded by the speaking portion of the test of English as a foreign language internet-based test (TOEFL iBT).

18.2    OET is being accepted by some nursing regulatory bodies[2].

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[1] Please note that we looked only at the countries that were involved in the previous versions of the review. We have not looked into the exhaustive list of countries the NMC accepts as majority English speaking countries.
[2] Nursing Regulatory bodies (NRBs) are jurisdictional governmental agencies responsible for the regulation of nursing practice. There are 59 NRBs in the US.

*Table 1 - Tests accepted by nursing and midwifery regulators across the world*

| Country | Nursing | | Midwifery | | |
| | IELTS | OET | IELTS | OET | Other |
|---|---|---|---|---|---|
| UK (NMC) | ✓ | ✓ | ✓ | ✓ | None |
| Ireland | ✓ | ✓ | ✓ | ✓ | None |
| Australia | ✓ | ✓ | ✓ | ✓ | The Nursing and Midwifery Board of Australia also accepts TOEFL iBT and PTE Academic[3]. |
| New Zealand | ✓ | ✓ | ✓ | ✓ | None |
| Canada | ✓ | x | ✓ | x | Canadian English Language Benchmark Assessment for Nurses (CELBAN). For midwifery, there are provincial or territorial midwifery regulatory authorities and internationally trained midwives need to complete a Canadian bridging or gap training program approved or recognised by one of them. All of them accept IELTS. |
| USA | ✓ | ✓[4] | x | x | TOEFL iBT[5,6] |
| South Africa | ✓ | x | ✓ | x | None |

Note: Gold highlighted cells indicate changes since the 2019 review

**English language tests accepted by health and care regulators in the UK**

19   The General Pharmaceutical Council revised its guidance to accept OET in 2021. Prior to that only the NMC and the GMC accepted it, as shown in table 2.

20   The General Optical Council is the only UK healthcare regulator that still only accepts IELTS. The rest appear to be open in accepting other tests although OET is not clearly mentioned.

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[3] In 2019, the Nursing and Midwifery Board of Australia (NMBA) updated English language skills standards for all applicants for accredited nursing and midwifery programs.

[4] "Doctors and nurses applying for positions in the United States can now validate their English language proficiency with OET". The test is accepted by the Educational Commission for Foreign Medical Graduates|Foundation for Advancement of International Medical Education and Research (ECFMG|FAIMER), Florida Board of Nursing, Oregon State Board of Nursing and Washington State Nursing Care Quality Assurance Commission.

[5] The American immigration process requires either IELTS or the TOEFL/TSE (Test of English as a Foreign Language/Test of Spoken English), which is a first step before obtaining employment.

[6] In order to practice midwifery in the US, an individual must take a national certification exam. In order to take the exam, which is offered by the American Midwifery Certification Board (AMCB) and leads to the credential CNM or CM, the individual must have a graduate degree from a US midwifery education program that is accredited by the Accreditation Commission for Midwifery Education (ACME). This means that most midwives educated abroad will need to take at least one additional course from an ACME-accredited program. Once the individual has successfully passed the AMCB exam, they must then obtain a license from the state in which they intend to practice. Each state has a different licensing procedure (for more information, look here). In the language requirements mentioned in the information document for midwives educated abroad published by the American College of nurse-midwives (ACNM), only TOEFL is clearly mentioned (the document is fully accessible here).

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*Table 2 – Tests accepted by UK healthcare regulators*

| Regulator | IELTS | OET | Other |
|-----------|-------|-----|-------|
| Nursing and Midwifery Council | ✔ | ✔ | None |
| General Medical Council | ✔ | ✔ | None |
| General Dental Council | ✔ | may be considered | may be considered[7] |
| General Pharmaceutical Council | ✔ | ✔[8] | None |
| General Optical Council | ✔ | x | None |
| Health and Care Professions Council | ✔ | may be considered | may be considered[9] |
| General Osteopathic Council | ✔ | may be considered | TOEFL, Cambridge English Language Assessment, and others provided that the score achieved is equivalent to C1 of the Common European Framework[10]. |
| General Chiropractic Council | ✔ | may be considered | TOEFL and others provided that the score achieved is equivalent to C1 of the Common European Framework. |

Note: Gold highlighted cells indicate changes since the 2019 review

## Section 3: What are the minimum required assessment pass scores?

21    In this section, we revisit the accepted scores of IELTS and OET. To showcase changes since the last publication we have highlighted changes in gold.

**IELTS scores**

22    In this section we revisit the IELTS scores accepted by nursing and midwifery regulators across the world and by healthcare regulators in the UK.

23    Most of the regulators listed in table 3, have not changed their IELTS score requirements since our last review. The only changes are:

23.1   The Irish regulator that has lowered the accepted scores for speaking and writing from 7.0 to 6.5

23.2   The American nursing regulator and the Canadian midwifery regulators were not previously included in the table and comparison and that is the reason why they are highlighted.

24    The NMC is aligned with the rest of the nursing and midwifery regulators across the world:

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[7] GDC state: "There are many ways in which an applicant may be able to satisfy us that they have the necessary knowledge of English for registration. If evidence other than those we have listed is provided they must meet the criteria we have set out i.e. the evidence must be robust, recent and readily verifiable by the GDC".
[8] The General Pharmaceutical Council has revised its guidance on evidence of English language skills to include the Pharmacy Occupational English Language Test (OET) as evidence of English language competence.
[9] HCPC states: "If you propose to rely upon a non-IELTS test score that is not listed below, it will be your responsibility to provide evidence that it is comparable to the requisite IELTS levels."
[10] GOsC states: "Whilst any test demonstrating that you meet level C1 of the Common European Framework for Languages will be sufficient, the preferred testing system of the GOsC is the IELTS system".

24.1 The midwifery regulator in New Zealand accepts a higher score than the NMC (7.5 vs 7.0), while the USA and South African regulators accept lower scores (6.5 and 6.0 respectively).

24.2 For the writing component, the NMC accepts the same score as the Irish regulator (6.5), a higher score than the USA (6.0) but lower than Australian (7.0), New Zealand (7.0) and Canadian (7.0) regulators.

25 The average and writing component scores accepted by NMC for IELTS is also consistent with most other UK heath regulators:

25.1 Only the GMC requires a higher average score (7.5 vs 7.0).

25.2 The writing score accepted by the NMC (6.5) is consistent with two regulators: the GDC and the HCPC. Four regulators accept a higher writing score (GMC, GPHc, GOSc, GCC at 7.0) and one accepts a lower writing score (GOC at 6.0).

*Table 3 – IELTS test scores across regulators*

| Regulator | Overall (average) | Listening (minimum) | Reading (minimum) | Speaking (minimum) | Writing (minimum) |
|---|---|---|---|---|---|
| UK (NMC) | 7.0 | 7.0 | 7.0 | 7.0 | 6.5 |
| Ireland[11] | 7.0 | 6.5 | 6.5 | 6.5 | 6.5 |
| Australia[12] | 7.0 | 7.0 | 7.0 | 7.0 | 7.0 |
| New Zealand (nursing) | 7.0 | 7.0 | 7.0 | 7.0 | 7.0 |
| New Zealand (midwifery)[13] | 7.5 | 7.0 | 7.0 | 7.0 | 7.0 |
| Canada (nursing) | 7.0 | 7.5 | 6.5 | 7.0 | 7.0 |
| Canada (midwifery) | 7.0 | 7.0 | 7.0 | 7.0 | 7.0 |
| USA (nursing[14]) | 6.5 | 6.0 | 6.0 | 6.0 | 6.0 |
| South Africa | 6.0 | not stated | not stated | not stated | not stated |
| General Medical Council | 7.5 | 7.0 | 7.0 | 7.0 | 7.0 |
| General Dental Council | 7.0 | 6.5 | 6.5 | 6.5 | 6.5 |
| General Pharmaceutical Council | 7.0 | 7.0 | 7.0 | 7.0 | 7.0 |
| General Optical Council | 7.0 | 6.0 | 6.0 | 7.0 | 6.0 |

[11] Overall IELTS score of 7.0 with a minimum of 7.0 in any three components and 6.5 in any one component.
[12] Scores needed from one sitting – see standard. Two sittings are acceptable, within 6 months of one another, but in each sitting an overall minimum of 7.0 is needed, each component must be 7.0 across the two sittings, and no component should be below 6.5.
[13] The Midwifery Council of New Zealand asks for an overall pass score of no less than 7.5, with no less than 7 in any of the four bands.
[14] Band score result of 6.5 overall with a minimum of 6.0 in any one module (Resource Manual on the Licensure of Internationally Educated Nurses, (2015) NCSBN, p.12, last accessed 24/02/22)

| Regulator | Overall (average) | Listening (minimum) | Reading (minimum) | Speaking (minimum) | Writing (minimum) |
|---|---|---|---|---|---|
| UK (NMC) | 7.0 | 7.0 | 7.0 | 7.0 | 6.5 |
| Health and Care Professions Council[15] | 7.0 | 6.5 | 6.5 | 6.5 | 6.5 |
| General Osteopathic Council | 7.0 | 7.0 | 7.0 | 7.0 | 7.0 |
| General Chiropractic Council | 7.0 | 7.0 | 7.0 | 7.0 | 7.0 |

Note: Gold highlighted cells indicate changes since the 2019 review

**OET Scores**

26    In this section we revisit the OET scores accepted by nursing and midwifery regulators across the world and by healthcare regulators in the UK.

27    There are a few additions in the regulators included in table 4, as more American nursing regulators have started accepting OET.

28    The OET scores accepted by the NMC are consistent with most of the by nursing and midwifery regulators across the world and by other healthcare regulators in the UK. More specifically:

28.1    For listening, reading and speaking, the scores accepted by the NMC are the same with most regulators. Ireland accepts a lower score for reading and speaking (C+ vs B), while two federal regulators in the USA (Florida and Washington) accept lowers scores for listening, reading (C+ vs B) and speaking (Florida C+ vs B, Washington C vs B).

28.2    For the writing component, the score accepted by the NMC is consistent with two USA federal regulators (Washington and Florida) and Ireland. Other regulators in the UK and internationally accept higher scores (Australia, New Zealand, USA GMC, GPhC require a B vs C+)

*Table 4 – OET scores across nursing and midwifery regulators (and GMC)*

| Regulator | Listening (minimum) | Reading (minimum) | Speaking (minimum) | Writing (minimum) |
|---|---|---|---|---|
| Nursing and Midwifery Council | B | B | B | C+ |
| Ireland[16] | B | C+ | C+ | C+ |
| Australia | B | B | B | B |
| New Zealand (nursing & midwifery) | B | B | B | B |
| GMC | B | B | B | B |

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[15] Excludes speech and language therapists – higher scores are needed - overall 8.0, and 7.5 for the four language skills as communication is deemed a core professional skill for these roles (and these requirements are written into their professional Standards of proficiency).
[16] The Nursing and Midwifery Board of Ireland as for OET with Grade B in three components and C+ in one component.

| Regulator | Listening (minimum) | Reading (minimum) | Speaking (minimum) | Writing (minimum) |
|---|---|---|---|---|
| General Pharmaceutical Council | B | B | B | B |
| USA (ECFMF, Oregon State Board of Nursing)[17],[18] | B | B | B | B |
| USA (Florida Board of Nursing)[19] | C+ | C+ | C+ | C+ |
| USA (Washington State Nursing Care Quality Assurance Commission)[20] | C+ | C+ | C | C+ |

Note: Gold highlighted cells indicate changes since the 2019 review

## Section 4: Are IELTS and OET equivalent?

29   In table 5 we are presenting the differences between IELTS and OET tests since the last review. To draw attention to the changes, we have highlighted them in gold.

30   In terms of similarities, both tests:

30.1   assess people's abilities in listening, reading, speaking and writing

30.2   ask participants to articulate their own opinions both in writing and speaking

30.3   require answers in different formats.

31   The main difference between the two English competence tests is the context in which questions are set. OET is specifically designed for healthcare professionals and uses examples reflecting real-life workplace tasks, whereas IELTS is based on general social interactions with examples from everyday life.

32   Moreover, we can see some changes that have happened within the last few years in both IELTS and OET. Starting from the changes in IELTS:

32.1   In the listening component, there are more types of formats used to assess people's understanding; previously only multiple-choice and gap filling formats were used.

32.2   In the reading component, there are also different and more types of formats used (previously the formats used were solely multiple choice, gap-filling, heading matching and true/false options). Additionally, the topics on which the tasks of the reading component are based are not only generic, but for two of them focus on social and workplace survival.

32.3   The speaking section of the IELTS exam has remained unchanged.

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[17] To meet ECFMG's requirements, applicants must attain a minimum score of 350 (Grade B) on each of the four measured sub-tests of OET Medicine (Listening, Reading, Writing, and Speaking) in one test administration.
[18] Oregon State Board of Nursing requires a B in all categories.
[19] A minimum score of 300 on the Occupational English Test (OET).
[20] The Washington State Nursing requires a minimum score of 300 in listening, reading and writing, and a minimum score of 280 in speaking.

32.4    Lastly, in the writing component people sitting the test are no longer asked to interpret information on graphs, diagrams or tables. Instead, they are presented with a situation and are requested to write a letter about it.

33    Looking at the changes in the OET exam:

33.1    The listening component now comprises of three instead of two parts and includes a short workplace extract and a presentation on top of a consultation. Previously a monologue was the second part of the listening component, but it has now been dropped. The format of this section has also changed to include multiple choice questions as well as gap filling one.

33.2    The reading component has also expanded to include three instead of two tasks.

33.3    The speaking and writing sections have remained unchanged.

*Table 5 - Key differences between IELTS and OET components*

| Component | IELTS[21] | OET |
|---|---|---|
| Listening | - Two conversations (one paired, one in a group) about social needs<br>- Two information-giving monologues (e.g. a lecture)<br>- Various formats: multiple-choice; matching lists with options; labelling plans/maps/diagrams; gap-fill; sentence completion; short-answer questions | - Three parts based on a consultation between patient and health professional, and a short workplace extract and a presentation<br>- Requires a gap fill and multiple-choice answer formats. |
| Reading | - Three tasks based on i) 'social survival', ii)'workplace survival', iii) 'general reading'<br>- Various formats: multiple-choice; identifying information; identifying views/claims; matching information; matching headings/features/sentence endings; sentence completion; summary completion; labelling diagrams; short-answer questions | - Three tasks relating to health topics, using gap-fill answers; multiple choice; matching and short answer questions |
| Speaking | - Questions about personal background (e.g. hometown, schooling, hobbies)<br>- Give personal opinion on selected topic, with prompts of what to cover<br>- Talk about the topic above in more detail, exploring more abstract ideas and issues | - Nursing specific<br>- Two role play discussions with mock patient/carer<br>- Assessing skills such as intelligibility; fluency; appropriateness of language; grammar and expression; relationship-building; understanding perspective; structure; information-gathering and information-giving |

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[21] Baghaei, S; Mohammad S.B; Yamini, M. (2021) Learning Objectives of IELTS Listening and Reading Tests: Focusing on Revised Bloom's Taxonomy, Research in English Language Pedagogy (RELP)

| | | |
|---|---|---|
| Writing | - <mark>Presented with a situation and asked to write a letter requesting information about it</mark> (e.g. writing to a renting agency about heating problems)<br>- Write short essay giving opinion on a generic subject. | - Nursing specific<br>- Write a referral letter for a patient using data from patient notes<br>- Assessing skills such as: purpose; content; conciseness and clarity; genre and style; organisation and layout; language |

Note: Gold highlighted cells indicate changes since the 2019 review

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## Annexe 4: NMC Registration Appeals data for international applicants

1    There were 495 English language referrals made to an Assistant Registrar (AR) in the time period between 1 January 2020 and 7 April 2022.

2    Of these AR referrals, 163 were accepted and 318 required the applicant to take an EL test. The rest required further information.

**English language appeals**

3    There were 32 English language appeals concluded from 1 November 2019 until 1 April 2022. Registration panels can use their professional judgement to make decisions about whether applicants have the necessary English language skills. They often hear from applicants directly at hearings and take into consideration a wider range of evidence.

4    Table 11 shows the outcomes of the 32 appeals that were concluded from 1 November 2019 until 1 April 2022:

| Outcome | Total |
|---|---|
| Allowed | 20 |
| Dismissed | 4 |
| Conceded[1] | 4 |
| Withdrawn | 4 |
| Total | 32 |

5    We analysed 23 decisions made where appeals were allowed or conceded, omitting one case which was allowed. This is because that decision has not yet been circulated or published.

6    The reasons these 23 appeals were allowed or conceded included:

   6.1    Demonstration of adequate English language skills during the panel hearing or via appellant submissions

   6.2    Witness statements or testimony confirmed adequate English language skills in the course of professional practice

   6.3    Lack of concerns raised about the appellant in their professional life, or evidence of safe and effective practice given by appellant

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[1] If the Assistant Registrar decides that new information sufficiently addresses their original concerns and now satisfies them that the applicant is capable of safe and effective practice, they can decide that they no longer wish to defend the appeal. This is called 'conceding' the appeal.

6.4 The appellant's training course had taken place primarily or predominantly in English

6.5 Employer/senior staff/trustees showed continued faith in the appellant's ability to practice safely and effectively and provided statements to this effect

6.6 Statement from education provider supported appellant's English language ability

6.7 Appellant's previous educational record showed adequate English language ability

6.8 Appellant had passed Test of Competence

6.9 Discrepancy between scores in different areas of test

6.10 Registration previously denied because evidence was not correctly categorised by NMC

7 It should be noted that the vast majority of allowed appeals included several grounds for allowing the appeal.

## Complaints regarding English language requirements

8 We have received 74 complaints regarding our English language requirements since mid-2019.

9 These complaints involved:

9.1 Issues with achieving the tests scores.

9.2 Types of evidence we accept being too rigid, including verification of evidence type 2 and clinical interaction criteria.

9.3 Issues with the majority English speaking country list not being inclusive enough.

9.4 Perceptions that our EL processes are discriminatory or racist.

9.5 Complaints about the test providers we use.

9.6 Issues about guidance and how we evidence our decisions.

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# Council

# Education: Future Pre-Registration Programme Standards – proposal to consult

| | |
|---|---|
| **Action:** | For decision. |
| **Issue:** | Seeks approval to consult on proposed changes to pre-registration nursing and midwifery education programme standards following the UK departure from the EU. |
| **Core regulatory function:** | Professional Practice. |
| **Strategic priority:** | Strategic aim 1: Improvement and innovation<br>Strategic aim 2: Proactive support for our professions<br>Strategic aim 4: Engaging and empowering the public, professionals and partners |
| **Decision required:** | The Council is recommended to agree to proceed to public consultation on:<br>• The draft amended Standards for pre-registration nursing programmes (paragraph 34.1)<br>• The draft amended Standards for pre-registration midwifery programmes (paragraph 34.2)<br>• Amendments to other education standards that are impacted by these changes (paragraph 34.3) |
| **Annexes:** | The following annexes are attached to this paper:<br><br>• Annexe 1: Summary of proposed changes to the standards |
| **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:** **Background**

1    The departure of the United Kingdom (UK) from the European Union (EU) gives us scope to consider the extent to which our education programme standards should reflect the requirements of the Mutual Recognition of Professional Qualifications Directive (2005/36/EC - 'the Directive') in future. Currently, our standards incorporate the content of the Directive in the following areas: selection, admission and progression, curriculum, practice learning and supervision, and assessment.

2    In December 2020 we commissioned two independent research reports to help understand the impact of the Directive's requirements for the education of nurses and midwives, and to test whether there would be any benefit in changing our standards. Harlow Consulting undertook a desk-based review, consisting of an evidence review and an international benchmarking exercise. Traverse undertook qualitative research which included extensive engagement with key partners across the four UK countries and a survey of stakeholders, which generated 6,266 responses.

3    We presented the results of the research to Council at its meeting on 29 September 2021 (NMC/21/76). There was limited evidence and stakeholder consensus for change. While the majority of stakeholders expressed caution, some saw this as an opportunity to allow adoption of more contemporary education and training methods and modalities which are prohibited by the EU Directive. A programme of work was proposed to further explore those areas with good evidence and stakeholder support, with a commitment to continuing to bolster evidence and support to justify further change in future.

4    The Council therefore approved work to explore changes in relation to:

4.1    The EU requirements for student selection and admission for both nursing and midwifery.

4.2    Increasing the flexibility regarding the use of simulation, with the potential to explore increasing simulated practice learning using a range of modalities, up to 600 hours, for nursing only.

4.3    Removing the EU Directive knowledge and skills requirements from within the programme standards, where these are now incorporated in our NMC standards of proficiency for pre-registration Nursing and Midwifery.

4.4    Prescription of placement settings, and whether these could be retained, modernised or removed for nursing and midwifery.

4.5     Exploring specific areas where there is an appetite for more radical change, where there are currently evidence gaps and a lack of consensus (specifically exploration of the context of overseas programmes which are delivered using less practice learning hours).

5       The Council also approved:

5.1     Retaining the numbers of specific experiences required during midwifery education (such as number of births), as this requires further exploration with subject matter experts (paragraph 21).

5.2     Retaining the current minimum programme length of three years and the total number of hours (4,600) for nursing and midwifery, and the same standards for recognition of prior learning for nursing.

5.3     In relation to midwifery, prioritising embedding and evaluating our new midwifery standards before making any wider changes. Stakeholders, including our Midwifery Panel, felt that, ideally, further research would be required. We have committed to continue to explore these issues with stakeholders so that further changes can be considered in the future, as more evidence is generated.

6       The proposals in this paper allow us to progress those changes that are more widely supported and agreed, and will be of benefit, with the expectation of making further changes as more evidence and confidence is built.

**Methodology**

7       We developed a governance structure with external representation to evaluate all the available evidence and coproduce additional or amended standards within the scope of the work agreed by Council. This structure consisted of:

7.1     **Standards Development Groups (SDGs):** One group for nursing, and one for midwifery, with expert stakeholder representation from across the four countries, to consider the detail of the proposals and make recommendations.

7.2     **Policy Advisory Group (PAG):** An internal NMC group with standards development specialists, policy and legal representation, to ensure all SDG recommendations were consistent with our legal obligations and our strategy.

7.3    **Steering Group:** A group of external senior stakeholders from the four countries with an independent Chair, Professor Jean White CBE, to consider the strategic implications of all proposals and to provide advice to the Executive Board to inform the Executive's recommendations to Council.

8    To date we have held 12 SDG meetings, 5 PAG meetings and 4 Steering Group meetings. During the consultation, the Steering Group will continue to meet to consider opportunities for further work going forward. After the consultation, the groups above will review the findings and oversee any final changes to the draft proposals before they return to the Executive Board, ahead of recommendation for approval to Council in January 2023.

**Four country factors:**   9    Our education programme standards apply equally to the four countries, but it is imperative that we consider the different context and views of stakeholders in each country in this work. We have considered these factors through co-production with external representatives and regular communications with key partners across the four countries.

10    Any move away from the EU Directive has also been discussed in relation to the implications of professionals being able to work across the border between NI and the Republic of Ireland.

**Stakeholder engagement:**   11    We are committed to thorough stakeholder engagement and coproduction as demonstrated throughout the paper.

**Discussion:**   12    This section of the paper describes the methodology and outputs of the steering group discussions.

**Selection and admission to nursing and midwifery programmes**

13    The EU Directive requires an applicant to have at least 10 years of general education prior to entry to a pre-registration nursing programme in general care (Adult), depending on the nature of the programme, i.e. vocational or higher education, with evidence of certification or equivalent at A level for access to university or higher education. This requirement is included in our current programme standards and is applied to all four fields of nursing.

14    The Nursing SDG considered this requirement and felt that the concept of 'general education' is arbitrary, open to interpretation and can mean different things in different locations. It could also present a barrier to some applicants prior to admission to programmes. Removing this would widen participation to those from excluded groups, such as those from travelling communities and refuges.

Page 4 of 12

15    It was also noted that approved education institutions (AEIs) are responsible for the selection and admission criteria. The main concern raised in the midwifery SDG was the potential for students to be admitted to programmes who were under the age of 18, if the time period was removed. Our standards do not stipulate a minimum age, and it was concluded that age is not an indication of maturity or readiness for a nursing or midwifery programme. It was noted that appropriate safeguarding should be in place for students of all ages and people receiving care, which mitigates any risks. A new standard regarding age and safeguarding is proposed to be added to the Part 1: Standards framework for nursing and midwifery education.

16    The Policy Advisory Group and Steering Group agreed to propose the removal of the standard referencing the EU Directive, with an amendment to indicate that AEIs are fully responsible for setting the entry criteria for their programmes. They also agreed to the additional standard. Oversight will be retained through our monitoring of AEIs in our education quality assurance processes.

17    The proposals are:

17.1    For nursing, the amended standard states: *Meet the entry criteria for the programme as set out by the AEI* and are suitable for their intended field of nursing practice: adult, mental health, learning disabilities and children's nursing.

17.2    For midwifery the amended standard states: Meet the entry requirements for the programme as set out by the AEI and are suitable for midwifery practice.

17.3    New standard states: Ensure that for students below the age of 18 on admission to their intended programme, appropriate safeguarding measures are in place to support them and people in their care.

18    All other programme standards have been reviewed and alignment has been made for the Standards for pre-registration nursing associate programmes.

**Knowledge and skills in nursing and midwifery**

19    The EU Directive mandates some items of knowledge, skills and specific learning experiences. We set out to determine if this content is already met or exceeded in our standards of proficiency.

20    The Nursing SDG considered that our future nurse standards surpass the knowledge and skills mandated by the EU Directive. Furthermore, there was agreement that removing reference to the EU Directive would improve the language to better reflect contemporary nursing practice and be more inclusive of the four fields of nursing.

21    The Midwifery SDG similarly agreed that the EU Directive knowledge and skills inclusions are exceeded by our future midwife standards. However, those specific learning experiences, which Council agreed to retain (paragraph 5.1) have been integrated into the draft programme standards, which are shown in **Annexe 1**. The language used has also been modernised in line with our 2019 Standards of proficiency for pre-registration midwifery.

22    The proposals are therefore:

22.1   For nursing: to remove reference to the EU Directive within the programme standards.

22.2   For midwifery: to remove reference to the EU Directive and to integrate the specific learning experiences within the programme standards.

**Standards on nursing and midwifery placement settings**

23    The EU Directive in relation to nursing and midwifery mandates that certain types of practice placements be undertaken by students. The objective of this element of the work was to ascertain whether meeting our standards of proficiency is contingent upon students having particular placement experiences and therefore whether these requirements can be safely removed.

24    The Nursing SDG considered the list of placement settings mandated by the EU Directive. There was agreement that the terminology in this list is dated and does not reflect contemporary practice, language and service design. The Midwifery SDG discussed the EU requirements for placement settings for midwifery students. These requirements are less prescriptive than those for nursing, but for the same reasons, it was agreed that these requirements can be removed. The Midwifery SDG proposed an additional standard to ensure diversity of placement providers for student midwives. It was agreed that a requirement for student midwives to experience different maternity placement providers would enhance student learning by enabling them to experience different models of maternity service delivery, leadership and culture.

25    The Policy Advisory Group and Steering Group also agreed that the standards on nursing and midwifery placement settings are met within our standards. They also agreed with the proposal for a new standard on diversity of placement providers for student midwives.

26    The proposal is:

26.1    For nursing: to remove reference to the EU Directive within the programme standards.

26.2    For midwifery: to remove reference to the EU Directive within the programme standards and to add a new standard that reads: *ensure students experience different maternity placement providers.*

**The use of simulation in nursing programmes**

27    The EU Directive describes clinical instruction (practice learning) as learning "in direct contact with a healthy or sick individual and / or community." This has been interpreted as restricting the use of simulation within the required 2,300 hours of practice learning. Council has recognised the opportunity to increase flexibility by allowing the use of up to 600 hours of simulation within nursing programmes.

28    A key consideration is that, in response to the Covid-19 pandemic, at its meeting on 24 November 2021, Council approved a recovery standard RN6(D) (NMC/21/100). This allowed up to 600 hours of simulation to be used if there was insufficient opportunity for students to have direct contact with people and communities. It was agreed that this standard would apply until the work on future programme standards has been completed.

29    It was agreed that simulation should be defined within our standards, but that this definition must be sufficiently broad and future proofed to allow innovation.

30    The proposals indicate that the use of simulation for up to 600 of the overall 2,300 practice learning hours is an appropriate measure for this phase of the work and should be subject to review as further evidence emerges. In addition, the standards should include a refined definition of simulation.

31    The proposal is therefore for one new and one amended standard:

31.1    *Ensure where simulation is used, it does not exceed 600 hours of the 2,300 hours practice learning experience. (Amended from standard 3.4).*

31.2 *Ensure technology and simulation opportunities are used effectively and proportionately across the curriculum to support supervision, learning and assessment. (New standard at 2.10).*

32 Additionally, the proposed amended definition for simulation is:

32.1 *An educational method which uses a variety of modalities to support students in developing their knowledge, behaviours and skills, with the opportunity for repetition, feedback, evaluation and reflection to achieve their programme outcomes and be confirmed as capable of safe and effective practice.*

33 These proposals have a small impact on our programme standards for nursing associates, prescribing and return to practice. These changes are captured in **Annexe 1**.

**Recommendation**

**34 The Council is recommended to agree to proceed to public consultation on:**

34.1 The draft amended Standards for pre-registration nursing programmes;

34.2 The draft amended Standards for pre-registration midwifery programmes, and

34.3 The draft amended standards for other programmes and education standards impacted:

34.3.1 Standards for pre-registration nursing associate programmes;

34.3.2 Standards for return to practice programmes;

34.3.3 Standards for prescribing programmes, and

34.3.4 Part 1: Standards framework for nursing and midwifery education

**Continuing work to extend the evidence base**

35 During the research and evidence gathering phase of this project, we asked Harlow Consulting to conduct an international benchmarking exercise that evaluated the length and composition of some overseas nursing and midwifery programmes. This work concluded that some overseas programmes have significantly fewer practice hours than the 2,300 required for UK programmes.

36   We have now commenced an internally led piece of research to build on these findings by analysing the context in which these programmes are delivered. For example, overseas programmes that use fewer practice hours may have different arrangements for the use of simulation and preceptorship.

37   We will be progressing this work in partnership with the Nursing SDG and plan to report on its findings in full to Council at its meeting in January 2023.

**Next Steps**

38   Should Council agree, we propose to launch a public consultation for a period of 10 weeks on our proposals commencing in July 2022. The consultation will be hosted by our appointed independent research company, Britain Thinks, and will be supported by the NMC Communications and Engagement directorate. Additionally, we plan that user testing of the draft amended standards is conducted simultaneously by an appointed independent research company.

39   The resulting independent reports will guide a period of post-consultation assimilation, during which we will consider the detail of feedback received and discuss any changes that need to be made to our proposals with stakeholders. We expect that the final proposals will be submitted for Council approval at its meeting in January 2023.

**Midwifery implications:**   40   Midwifery implications and engagement are reported above. The implications of the outcomes of reviews and inquiries into maternity services that have been completed or are ongoing have been taken into account throughout this work, as has the advice of the NMC midwifery panel.

**Public protection implications:**   41   The primary function of our education programme standards is to ensure that AEIs design nursing and midwifery programmes for students to meet the required standards of proficiency for safe and effective practice and to register with us.

42   Changing our standards based on limited evidence and consensus is a risk which we have mitigated against by working collaboratively and in agreement with subject matter experts, professional associations and lead professionals from each country of the UK.

43   Enabling the use of simulated practice learning to account for some practice learning hours is considered a positive way to promote safe and effective practice. AEIs need to meet the same practice learning standards and apply the same governance to simulated practice learning as they do for direct practice learning, which we will take steps to quality assure through our routine processes.

| **Resource implications:** | 44 | The independent consultation will be hosted by Britain Thinks and user testing will be carried out by an appointed independent research company. |
|---|---|---|
| | 45 | All of the activity is within the allocated budget for this project. |

| **Equality diversity and inclusion implications:** | 46 | Equality, diversity and inclusion considerations have been central to this project since inception. We have captured these in an equality impact assessment (EQIA). A document has been prepared for phase one of the work and a second document will be produced for subsequent phases of the work. Action plans have been put in place to maintain inclusivity throughout the project including the phase one survey conducted by Traverse, and the membership of the Steering Group, Policy Advisory Group and the two Standards Development Groups to ensure diversity and inclusion with respect to four country representation, professional roles and protected characteristics. |
|---|---|---|

47 In summary the EQIA has addressed the following areas:

47.1 The proposal to remove the 10-12 years of 'general education' from the selection and admission criteria for both nursing and midwifery has the potential for positive impacts as it creates alternative routes to education, potentially widening participation and in turn advances equality of opportunity. One of the challenges for AEIs and their Practice Learning Partners (PLPs) is the potential to admit people under 18 years of age.

47.2 The opportunity for practice learning using simulation can have both negative and positive impacts. It can broaden the opportunities to address EDI issues and to develop understanding, empathy and compassion for disability and accessibility related experiences. However, care needs to be taken that there are no unintended negative consequences of 'disability' simulation. Further unintended consequences of using simulation with respect to skin tone, age and sex, found heterogeneity in simulation technology; suggesting limitations to educators' abilities to represent the full array of service users, conditions, and scenarios encountered in medicine, nursing, midwifery and training. Embedding racial and skin tone diversity into pre-registration nursing education, would enable AEIs and their PLPs to foster good relationships, increase diversity awareness and support improved care for people and reduce health inequalities.

There may be challenges for some AEIs and their PLPs with the high cost of developing certain technology required for simulation, and the need to have staff able to work with and the resources required for this approach to learning which could result in unequal access to the latest equipment and therefore simulated practice learning experiences.

47.3    The knowledge and skills requirements in the UK are incorporated in the standards of proficiency rather than the programme standards. Our new standards of proficiency for both nursing and midwifery already exceed the EU directive requirements in this regard. Therefore, no gaps in knowledge and skills were identified. We expect positive impacts in terms of being more inclusive of the four fields of nursing and updating the language to reflect contemporary nursing and midwifery practice.

**Risk implications:**    48    There is an ongoing risk to this project from the Covid-19 pandemic, including staff absence, and external stakeholders not being able to participate due to illness or acute pressure on health and social care services. We continue to mitigate this risk by meeting remotely with our Standards Development Groups and Steering Group.

49    There is a risk of poor engagement with the consultation due to the overlap with the planned consultation on English language requirements. We continue to mitigate this with through staggered start dates and effective messaging to stakeholders to ensure we allow our audiences a chance to meaningfully respond to both consultations.

50    There is a risk that the timeline for this project is subject to delay. We need to ensure that AEIs have enough time to address any amendments resulting from our proposals for implementation in the academic year beginning in September 2023. For this to happen, the latest that we can seek Council approval for our final proposals is January 2023. We are mitigating this risk by closely monitoring timelines and allowing extra time wherever possible.

**Regulatory reform:**    51    There are no direct implications arising from Regulatory Reform. We will continue to set education standards in the future, as a key regulatory function.

| **Legal implications:** | 52 | We are required to set the standards necessary for education institutions to deliver nursing and midwifery programmes so that they can ensure that the students on their programmes achieve the standards of proficiency for joining the relevant part of the register (Article 15(1) of the Order). Education institutions and their programmes are approved and monitored in line with our Quality Assurance activities (Article 15-19 of the Order), |
| | 53 | Before establishing the standards, Council is required to consult (Article 3 of the Order). |
| | 54 | In developing our standards we have acted in law with public law principles and obligations and must fulfil our Public Sector Equality Duty under the Equality Act 2010 and relevant legislation in Northern Ireland. |

# Summary of changes to our standards

**Nursing & Midwifery Council**

| Standards impacted | Key changes (draft programme standards can be found [here](#)) |
|---|---|
| Standards for pre-registration nursing programmes (removal of all references to the EU Directive (EU D) and Annexe 1) | • Removal of the reference to the EU D on general education, with amendment to standard 1.1<br>• Removal of the standard 2.11 and 4.11 with reference to the mapping of content and competences to the EU D knowledge, skills and placements<br>• The move and reword of standard 3.4 from section 3 to section 2 as standard 2.10 on simulation<br>• The amendment of standard 2.12 to include 4,600 hours and removal of the reference to the EU D<br>• New standard in 3.4 on simulation hours<br>• Removal of Annexe 1 Directive 2005/36/EC of the European Parliament and of the Council on the recognition of professional qualifications Article 31<br>• Amended the definition of simulation in the glossary |
| Standards for pre-registration midwifery programmes (removal of all references to the EU D and Annexe 1) | • Removal of standard 1.5.1 and reference to the EU D and replace with a new standard on meeting AEI entry requirements<br>• Remove the reference to the EU D in 1.10 but keep the standard<br>• Remove the reference to the EU D and EU member states in standard 2.9 and standard 2.9.2 respectively. Standards 2.9.1 and 2.9.2 are strengthened in terms of minimum length and hours<br>• Reviewed the EU D practice learning experiences and developed into new standard 3.5 and subsequent list; developed 3.6 into 3.5.5 with a move of what was standard 3.5 to 3.6 and a new standard 3.7 ensuring experience in different midwifery providers<br>• Removal of standard 4.8 referring to the EU directive<br>• Removal of Annexe 1 Extract from Directive 2005/36/EC of the European Parliament and of the council on the recognition of professional qualifications Article 40<br>• Amended the definition of simulation in the glossary |

64

# Summary of changes to our standards

| Standards impacted | Changes to align with those in nursing/midwifery |
|---|---|
| Standards for pre-registration nursing associate programmes | • Added a new standard at 1.1.1 to align with the changes to the nursing standards on the entry criteria set by the AEI<br>• Remove the reference to the EU D in standard 2.6.2<br>• The move and reword of standard 3.3 from section 3 to section 2 as standard 2.8 on simulation<br>• Amended the definition of simulation in the glossary |
| Standards for pre-registration return to practice programmes | • The move and reword of standard 3.4 from section 3 to section 2 as standard 2.11 on simulation<br>• Amended the definition of simulation in the glossary |
| Standards for pre-registration prescribing programmes | • The move and reword of standard 3.3 from section 3 to section 2 as standard 2.7 on simulation<br>• Amended the definition of simulation in the glossary |
| Standards framework for nursing and midwifery programmes | • Due to changes to number of years for general education, a new standard has been added as 2.9 to ensure safeguarding measures for those admitted under the age of 18.<br>• Amended the definition of simulation in the glossary |

Item 9
NMC/22/42
26 May 2022

# Council

# Education: Post Registration standards

**Action:** For decision.

**Issue:** Seeks Council's approval of new standards of proficiency for specialist community public health nurses; new standards of proficiency for community nursing specialist practice qualifications and associated post-registration programme standards.

**Core regulatory function:** Professional Practice.

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

**Decision required:** The Council is recommended by the Executive to approve the following:

- new standards of proficiency for specialist community public health nurses, as the standards of proficiency for entry to the SCPHN part of the register (established under Article 5(2) of the Nursing and Midwifery Order 2001 ('the Order') and will take effect on 1 September 2022 (paragraph 22);
- new standards of proficiency for community nursing specialist practice qualifications, as the standards of proficiency (established under Article 19(6) of the Order) and will take effect on 1 September 2022 (paragraph 35);
- new standards for post registration programmes, established under Articles 15(1) and 19(6) of the Order) and will take effect on 1 September 2022 (paragraph 42); and
- the transitional arrangements related to the above standards. (paragraphs 43-47).

**Annexes:** The following annexe is attached to this paper:

- Annexe 1: Summary of the post-registration standards project timeline and key milestones

**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 Nursing and Midwifery Council has a statutory duty to maintain and revise the standards of proficiency it sets for registrants and standards for education and training, to ensure that they are fit for purpose and continue to protect the public. Post-registration standards were last published in 2001 and 2004.

2    Revision of the post-registration standards is the final phase of the strategic education change programme agreed by the Council in March 2016 (NMC/16/24).

3    The Council has received regular updates on the review of these post-registration standards since January 2020 and approved draft standards for consultation in January 2021 (NMC/21/07).

4    We appointed Dr David Foster OBE as the independent chair to lead the post-registration standards steering group (PRSSG) in 2019.The focus of this review has been the co-production of ambitious new outcome focused post- registration standards for Specialist Community Public Health Nurses (SCPHN), community nursing Specialist Practice Qualification (SPQ) annotations and associated post-registration programme standards.

5    Our proposed new outcome focused standards of proficiency for SCPHNs will ensure that future SCPHN professionals are ideally placed to lead and influence public health services, are culturally competent, address health inequalities and make a difference to the health and the wellbeing of people of all ages, and across communities and populations.

6    Equally our proposed new outcome focused standards of proficiency for community nursing specialist practice qualifications reflect the specialist knowledge, skills and attributes required by nurses working in the community in any roles which involve more autonomous decision making for those registered nurses managing greater clinical complexity and risk, both in terms of the people they care for and the services they work within, which in turn may be integrated with other agencies, professionals and disciplines.

7    Importantly our post-registration standards review has been designed to form a bridge to our 2020-2025 strategy commitment to explore whether regulation of advanced practice is needed.

8    Our proposed new post-registration programme standards highlight the need for these programmes to adopt an inclusive approach to recruitment, selection and progression, ensuring admissions and all other academic processes on the student journey are open, fair, and transparent, and demonstrate an understanding of and take measures to address underrepresentation.

Curricula for specialist community public health nurses and community nursing specialist practice qualifications may be flexible to accommodate opportunities for shared learning, but must be clearly tailored and relevant to individual post registration students' intended field of practice.

9    To summarise the whole process, there has been a rigorous review of the evidence, and extensive engagement with professional stakeholders and members of the public and advocacy groups. We held an extended 16 week public consultation, followed by assimilation of the independent findings of the consultation with stakeholders, and user testing.

10   Dr David Foster OBE chaired the final two meetings of the PRSSG in late April 2022. The PRSSG membership discussed the outcomes of assimilation of the responses to the consultation in line with the agreed post-consultation governance. The PRSSG received and discussed the final suite of refined standards that had been incorporated and were provided with a small window of opportunity to submit any final necessary points for the standards team to consider. The members were sufficiently assured that the refined suite of post-registration draft standards meet the expectations set, and supported approval of the standards by Council.

11   The Council is being asked to approve the draft post-registration Standards on the basis that all proper procedures have been followed, rather than the wording of these draft standards. The Executive Board is satisfied that this is the case and recommends approval of the draft Standards to the Council as set out below.

**Four country factors:**

12   Our SCPHN and community nursing SPQ standards apply UK wide. Four nation representation at all levels of the project has been evident throughout to support the co-production of these new post-registration standards. This includes four country representation on the PRSSG, in the consultation assimilation teams, standards reference groups and in the wider post-registration standards community of interest.

13   The four UK nations' public health, primary and community nursing strategy and policy positions have informed these updated standards.

14   The Four CNOs have been closely involved in this work and recognise the need for updated post-registration standards, and their role as a bridge to our future work on advanced practice.

15    The four CNOs have indicated that they are broadly supportive of format and content of the proposed post-registration standards. Specifically and in relation to prescribing practice, the CNOs suggest that opportunities to include prescribing into SCPHN and community nursing SPQ programmes should be optional at this time.

16    In addition, the CNOs are supportive of the work we will begin later this year in exploring the need for the regulation of advanced practice and as with the post registration standards review are eager to continue to work in partnership with us on this future focused project.

**Discussion:    The development of SCPHN standards of proficiency**

17    In agreement with the PRSSG and Council, we committed to co-producing new ambitious standards of proficiency for health visiting (HV), school nursing (SN) and occupational health nursing (OH) fields of SCPHN practice.

18    This work has been led by independent SCPHN HV, SN and OHN chairs in partnership with external stakeholders. Together they have actively participated in shaping the new SCPHN proficiency standards to support and care for people, communities and populations across the life course in specialist community public health nursing roles.

19    There has been strong levels of agreement in relation to the direction of travel and the proposed format, structure and content for the draft SCPHN standards of proficiency. This means the structure of the standards remains the same; however, we have made a number of refinements and strengthened aspects of the introductory narrative and added new outcome proficiencies to reflect the importance given to these areas in the consultation responses. This includes:

19.1    improvements to the readability of the standards, refinements and strengthening of specific aspects including mental health and well-being, leading services, managing risk, safeguarding, infant nutrition and cultural competence;

19.2    reaching consensus on the issue of prescribing, and recommending that an independent/ supplementary prescribing qualification (V300) should be optional within all SCPHN programmes, and;

19.3    reaching consensus on the retention of the broader SCPHN public health nurse (PHN) qualification to enable these future professionals to address population needs without having the field specific SCPHN focus on infants, children and young people (HV and SN) or working adults (OHN).

This broader SCPHN qualification intends to be appropriate for professionals in other public health nursing roles or emerging roles in the future. These SCPHN professionals can address health inequalities and enable access to public health nursing support and care to those people and parts of the population who cannot easily access public health nursing or other services without the need for a general practitioner referral. This could include, for example, people who are homeless, veteran health, those not in work or who are older.

20    The refined standards consist of:

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

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

21    Taken together these new SCPHN standards of proficiency will prepare future professionals with the necessary knowledge, skills and attributes, that seek to prevent health risks, improve people's health and address health inequalities across the diverse communities and populations they serve.

22    **Recommendation: We recommend that Council approve the new standards of proficiency for specialist community public health nurses as the standards of proficiency for entry to the SCPHN part of the register (established under Article 5(2) of the Order) and will take effect on 1 September 2022.**

**The development of standards of proficiency for community nursing specialist practice qualifications**

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

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

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

26    Following extensive pre-consultation engagement, there were concerns about the loss of the current community field specific SPQ annotations. This led to a new proposal put to the PRSSG in December 2020. In January 2021, the Council agreed to retain all of the existing community nursing SPQs and to have an additional community nursing SPQ in health and social care, with no predetermined field of practice specified (NMC/21/07).

27    This new proposal sought to accommodate the range of roles in health and social care in the community that exist now, and others that may be developed in the future. We went on to consult on this position.

28    Following consultation there were strong levels of agreement in relation to the applicability of these draft standards to all the current fields of community nursing SPQs; for the new SPQ; and for the proposed format, structure and content. A small number of respondents disagreed, taking the view that individual field specific standards for each of the fields of community nursing SPQs were needed.

29    During post-consultation assimilation we revisited all the evidence from our pre-consultation engagement and independent consultation findings to determine whether field specific standards were needed. A consensus was reached that indicated that the proposed high level regulatory community nursing SPQ standards are applicable to different fields of community nursing practice.

30    We were anxious to mitigate the concerns of those who felt that the standards might not be sufficiently specific for individual specialties. We approached this by adapting the wording within the standards of proficiency to highlight that proficiencies must be met within a nurse's intended field of practice. In addition, the programme standards ensure that education providers and their partners must develop curricula that are sufficiently detailed, and differentiate the evidence base and application for all of the intended fields of practice programme routes they will seek approval for.

31    Equally, student learning in theory and practice must be supported by professionals with the relevant expertise for the student's intended field of specialist community nursing. Education providers may also opt to include mapping to other national frameworks and/or voluntary standards that are role specific when developing their curricula.

32 Following the conclusion of the assimilation activity, the structure and format of the standards remains the same; however, we have made a number of refinements and strengthened aspects of the introductory narrative, refined some of the platform headings and added new outcome proficiencies to reflect the importance given to feedback in the consultation responses. This includes:

32.1 improving the readability of the standards, refinements and strengthening of specific aspects including risk and risk management, self-care, patient education and supported self management, teaching, education and professional development, leadership, autonomy and accountability;

32.2 seeking to reach consensus on the issue of prescribing, and recommending that an independent/supplementary prescribing qualification (V300) should be mandatory for all community nursing SPQs. Although many were of the view that this was needed, not all fields of practice were of the view that prescribing was necessary, and;

32.3 reaching consensus on the applicability of the standards for the proposed new additional community SPQ in health and social care to enable future professionals to have high levels of autonomy and lead on the care of people with complex needs in other community settings; for example adult social care, health and justice, homeless and inclusion health and in hospices.

33 The refined standards consist of one set of standards that applies to the five existing community nursing SPQs we have now: community children's nursing, community learning disabilities nursing, community mental health nursing, district nursing and general practice nursing, and for those in other identified field(s) of community nursing practice.

34 Taken together these proficiencies, developed in an appropriately structured educational programme that is tailored to the future post-registration student's intended field of practice, will provide nurses undertaking community nursing specialist practice qualifications with the knowledge, skills and behaviours they need to work within their intended field of community nursing practice.

**35 Recommendation: We recommend that Council approve the new standards of proficiency for community nursing specialist practice qualifications as the standards of proficiency (established under Article 19(6) of the Order) and will take effect on 1 September 2022.**

**The development of draft standards for post-registration programmes**

36    The programme standards specify to education providers how specific programmes should support the student journey. An independent chair was appointed and a group convened to co-produce post-registration programme standards for SCPHN and SPQ.

37    We consulted on one post-registration programme standards document that would include: common standards that apply to both SCPHN and community nursing SPQ programmes; standards that only apply to SCPHN programmes; and standards that only apply to SPQ programmes. The development of these programme standards followed the same layout and format to other programme standards that we published in 2018 and 2019.

38    There has been strong levels of agreement in relation to the direction of travel and the proposed format, structure and content for the draft programme standards for post-registration programmes.

39    There were high levels of agreement for the requirements for supervision and assessment within the programme standards that align with the standards for student supervision that we consulted on in 2017. The Council approved these standards in 2018 (NMC/18/25) as the successor to our previous standards to support learning and assessment in practice (2008).

40    Such a positive level of agreement was slightly surprising as concerns regarding the impact of withdrawal of approved NMC practice teacher programmes continued. This is an area we quality assure as part of programme approval and we will focus on this aspect as part of our implementation activity.  We will also be considering the specific requirements for supervision and assessment as part of our future work on advanced practice.

41    This means the structure of the standards remains the same, however we have made a number of refinements and strengthened aspects of the introductory narrative and some outcome standards to reflect the importance given to these areas in the consultation responses. This includes:

    41.1    strengthening the requirements and added a standard for curricula, programme design and resource that accommodates routes that reflect all the intended fields of SCPHN and SPQ practice that the education provider is seeking approval for,

    41.2    adding a standard to indicate a minimum length of programme,

41.3    adding a standard to indicate the need for students' learning to culminate in a period of practice learning, and

41.4    strengthening the requirements for the preparation for practice supervision and practice assessor role for post-registration students in line with our standards for student supervision and assessment that were published in 2018.

**42**    **Recommendation: It is recommended that Council approve the new standards for post-registration programmes, (established under Articles 15(1) and 19(6) of the Order) and will take effect on 1 September 2022.**

### Transitional arrangements

43    Article 3(15) of the Order 2001 requires Council to publish the standards it sets. We will publish the new standards documents shortly and share them with all our approved education institutions.

44    All new programme approvals after 1 September 2022 must be made against:

- the new standards of proficiency for specialist community public health nurses and/or the new standards of proficiency for community nursing specialist practice qualifications; and

- the new standards for post-registration programmes leading to Specialist community public health nurse qualifications and/or programmes leading to community nursing specialist practice qualifications.

45    All post-registration education providers must have new programmes approved against the new standards by 1 September 2024. No students will be able to commence a programme approved against the 2004 SCPHN standards or the 2001 SPQ standards from 1 September 2024.

46    In line with the Council's earlier decision on 29 January 2020 (NMC/20/09):

46.1    we have not set standards of proficiency for the SCPHN family health nurse field of practice. This means that students will not be able to commence a SCPHN programme that leads to the SCPHN (FHN) qualification from 1 September 2024.

46.2    the standards for the four existing 2001 SPQs that do not have a community nursing focus will be withdrawn on 31 August 2023. All underpinning circulars related to existing SCPHN and SPQ standards will be withdrawn from the relevant transitional dates.

47  **Recommendation: Council is asked to approve the transitional arrangements (paragraphs 43-46) related to the above standards.**

**Next Steps and implications**

48  If the Council approves the recommended decisions:

- we will activate the full communication and engagement plan needed for implementation and approval of new SCPHN and community nursing SPQ programmes in line with our Quality assurance framework.

- we will publish the post-registration consultation response document and the completed equality impact assessment on our website.

49  The closure of the post-registration project will also signal the successful conclusion of our transformational education change programme. This means that we will have a cohesive suite of standards for the first time since the NMC was formed.  Our dedicated standards team will move onto new Professional Practice projects.

**Midwifery implications:**

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

51  Midwives' views were sought throughout the post-registration project, and in particular to ensure that there is continuity of care for parents and infants, and to enable a safe transfer from the midwife to the SCPHN health visitor.

52  Several members of the PRSSG are midwives, including the independent chair and the CEO of the Royal College of Midwives (RCM) and have contributed to the discussions and recommendations.

**Public protection implications:**

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

54  Our existing post-registration standards are out of date therefore it is necessary to update and modernise the SCPHN and community nursing SPQ proficiency and associated programme standards.

Page 11 of 14

55    The robust evidence base that informed the development of these standards should enhance public protection and benefit people receiving support and care from future SCPHNs and specialist community nurses who will have knowledge and skills surpassing those needed for initial registration as a nurse or midwife.

**Resource implications:**

56    The costs of revising existing post-registration standards are covered by the existing education programme budget and Professional Practice directorate staff resource that was agreed previously.

57    Staff and budget costs to support the publication of the new standards, the formal launch events, implementation activity and quality assurance of new post registration programmes is secured for the 2022-2023 financial year. Recruitment of new additional subject matter experts in community and public health nursing to support implementation will begin shortly.

**Equality diversity and inclusion implications:**

58    Understanding the wider determinants of health and addressing health inequalities wherever they may occur within communities and populations are integral to both SCPHN and community nursing SPQ professional practice. We have taken every opportunity to explicitly state the knowledge, skills and attributes that these future professionals will need to achieve proficiency.

59    In keeping with previously published education and training standards, the post-registration programme standards emphasise the need for inclusive approaches for those nurses and midwives seeking to undertake SCPHN and SPQ programmes, and what approved education institutions and their practice partners will do to address underrepresentation. It is important that these professionals are reflective of the communities and populations they serve.

60    Equality and diversity considerations have been central to our standards development work at all stages. All proposals have been subject to equality impact assessments and rigorous user testing. Equality impacts and consultation responses were deliberated on for all refinements to the proposed final drafts of all the standards documents to ensure that they meet all relevant legislative requirements and actively promote equality and diversity in the provision of SCPHN and community nursing SPQ education.

Page 12 of 14

| **Stakeholder engagement:** | 61 | We appointed five independent subject matter chairs to support the stakeholder engagement, drafting and consultation assimilation activity. |
|---|---|---|

62    The range and depth of our stakeholder engagement as part of the development of these standards and during the public consultation in 2021 was set out in papers presented to the Council in 2020 and 2021. Although we had to adjust quickly to the pandemic and its restrictions, we saw higher levels of engagement than previous projects. We were particularly pleased to hear the views of members of the public and seldom heard groups coming through strongly. The timeline of the post-registration standards review and key milestones is summarised in **Annexe 1**.

63    More recently, the levels of engagement for the post-consultation assimilation activity has been impressive. This included representation from the four UK nations including the CNOs representatives, advocacy groups, the Council of Deans of Health (CoDH), and a significant number of professional bodies and trade unions.

64    Once we know the Council's decision on the approval of these standards, we will commence a programme of UK wide stakeholder engagement to support their implementation across the UK. This activity will complement the quality assurance of new programmes in ensuring that our ambitious new post-registration standards are rolled-out effectively.

65    We will work closely with the offices of the four CNOs to confirm dates for the formal launch of these standards later this year.

**Risk implications:**    66    The pandemic, the roll out of the national vaccine programme and subsequent plans for recovery, has at times had an impact on the milestones and timeline for the project.  We collaborated closely with all our stakeholders on any changes to the project's delivery and were guided by expert public health advice at all times. We were able to quickly adjust and run this complex project differently, and will take this learning into future projects.

67    We managed the risk of divergence in how our standards are utilised in the four nations, by sustained, productive dialogue and engagement with the four CNOs (and their regional leads), together with our unwavering commitment to co-production, ways of working and governance across the PRSSG and assimilation group activity. Our plans for implementation and preparation for quality assurance of new post-registration programmes will enable us to work closely with stakeholders to mitigate future risks to successful implementation of these standards.

68 Although there is a potential risk that these new standards will not exist in this way in the longer term, we have ensured that these new post-registration standards will form a bridge to exploring whether the regulation of advanced practice is needed. Our planned work in supporting the implementation of new post-registration standards will enable us to continue to monitor and mitigate any future risks.
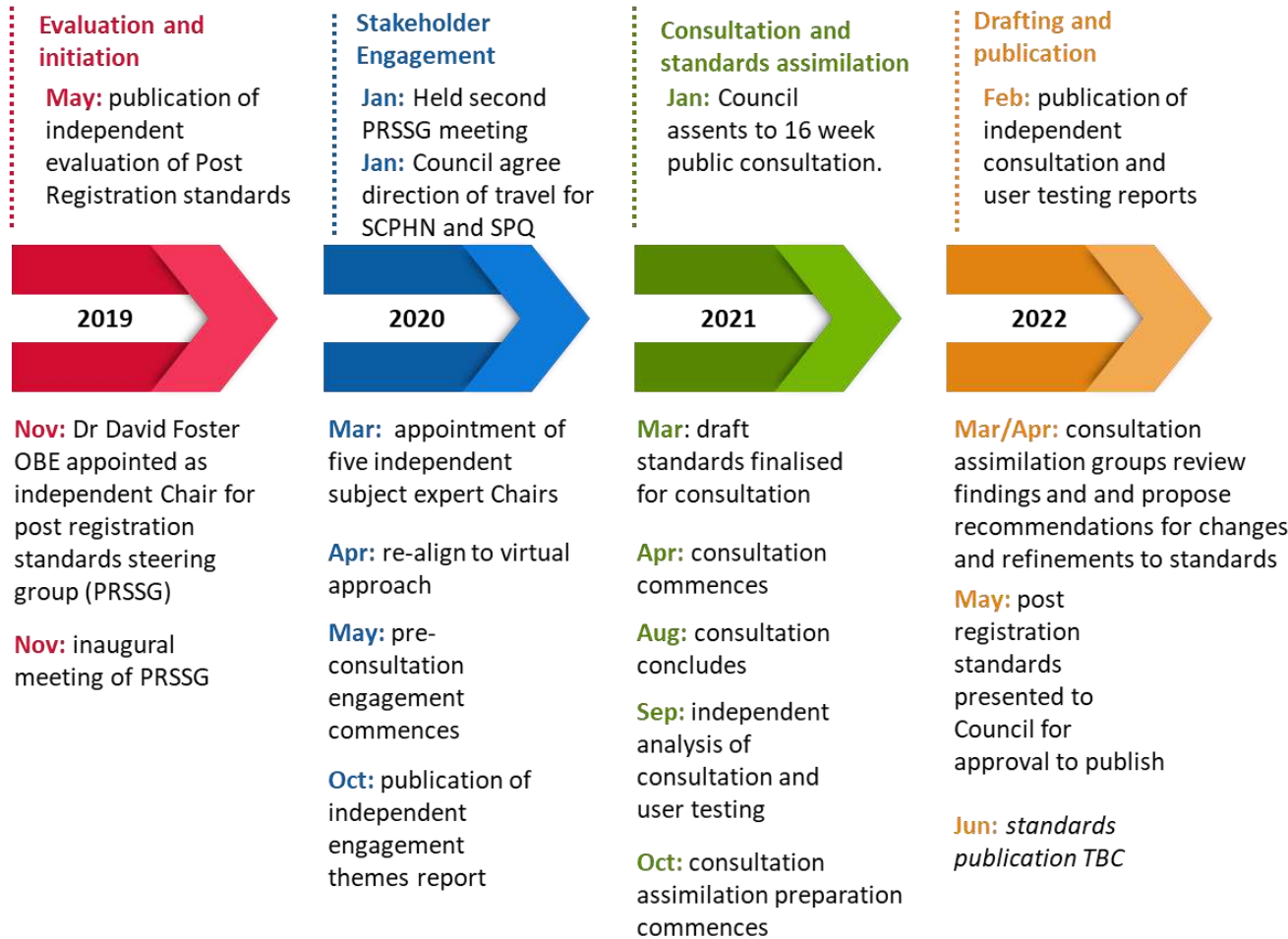
**Regulatory reform:**

69 Regulatory reform provides us with an opportunity to consider the future regulation of post-registration qualifications, including the decisions to make when setting post-registration standards of proficiency and education and training necessary for public protection and patient safety, together with the recording of future qualifications and noting this on our register.

70 Our work on regulatory reform to improve our register will include consideration of the SCPHN part of the register and will take account of the new ambitious SCPHN standards and their role in shaping safe and effective public health practice.

**Legal implications:**

71 The SCPHN part of the register is for registered nurses or midwives with an additional qualification as a health visitor (HV), school nurse (SN), occupational health nurse (OHN) and public health nurse (PHN). The SPQs are recordable qualifications that meet our standards but do not lead to admission to a part of the register (Article 7 of the Parts and Entries Order).

72 The standards of proficiency for specialist community public health nurses are established under Article 5(2) of the Nursing and Midwifery Order. The standards of proficiency for specialist community nurses (SPQs) are established under of the Nursing and Midwifery Order 2001. The programme standards are established under Article 15(1) and form part of our standards of education and training aimed at education institutions to enable them to deliver programmes leading to SCPHN and SPQ qualifications.

The standards established under these provisions are all subject to Quality Assurance activities in Articles 15(3) to 19 of the Order.

73 In developing our standards, we have to act in line with our public law principles and must fulfil our Public Sector Equality Duty (PSED) under the Equality Act 2010 and relevant legislation in Northern Ireland. We provide detail about our activities to support our PSED at paragraph 57.

Page 14 of 14

Nursing & Midwifery Council

# Post registration standards chronology

Nursing & Midwifery Council

**Evaluation and initiation**

**May:** publication of independent evaluation of Post Registration standards

**Stakeholder Engagement**

**Jan:** Held second PRSSG meeting
**Jan:** Council agree direction of travel for SCPHN and SPQ

**Consultation and standards assimilation**

**Jan:** Council assents to 16 week public consultation.

**Drafting and publication**

**Feb:** publication of independent consultation and user testing reports

**2019**

**2020**

**2021**

**2022**

**Nov:** Dr David Foster OBE appointed as independent Chair for post registration standards steering group (PRSSG)

**Nov:** inaugural meeting of PRSSG

**Mar:** appointment of five independent subject expert Chairs

**Apr:** re-align to virtual approach

**May:** pre-consultation engagement commences

**Oct:** publication of independent engagement themes report

**Mar**: draft standards finalised for consultation

**Apr:** consultation commences

**Aug:** consultation concludes

**Sep:** independent analysis of consultation and user testing

**Oct:** consultation assimilation preparation commences

**Mar/Apr:** consultation assimilation groups review findings and and propose recommendations for changes and refinements to standards

**May:** post registration standards presented to Council for approval to publish

**Jun:** *standards publication TBC*

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Midwifery
Council

# Council

# Equality Diversity and Inclusion Action Plan

**Action:**  For decision

**Issue:**  The Council is invited to approve the proposed priority themes and actions for our regulatory and workforce equality, diversity and inclusion (EDI) work over the next three years.

**Core regulatory function:**  All regulatory and supporting functions

**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:**  The Council is recommended to approve the proposed priority themes and actions for our regulatory and workforce equality, diversity and inclusion (EDI) work in our EDI plan (paragraph 13).

**Annexes:**  The following annexe is attached to this paper:

- Annexe 1: The NMC's EDI Plan – Presentation for Council

- Annexe 2: Indicative Timeline of EDI plan

- Annexe 3: Learning Lessons and Improving our Handling of Discrimination Cases Report

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

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**Context:** **Building on our approved EDI objectives**

1    A robust plan on improving our EDI work will help us ensure we can perform effectively as a regulator and employer and support the organisation to achieve our vision of safe, effective and kind nursing and midwifery. In September 2021, the Council approved [four guiding EDI objectives](#).

2    The four approved EDI objectives are:

   2.1    Reflect our values as a regulator that prioritises the needs and wellbeing of the nursing and midwifery professionals and the public.

   2.2    Make sure we show good equality practice as an employer.

   2.3    Use EDI data in a strategic and coordinated way, both internally and with partners across the health and care sector.

   2.4    Tackle health inequalities by using our platform to advocate for better care for everyone accessing services.

3    In March 2022, the Council approved the Corporate Plan 2022-23 with an EDI corporate priority to:

   **Tackle discrimination and inequality and promote diversity and inclusion to make sure that our processes are fair for everyone**.

4    To support the delivery of our EDI objectives and corporate priority, the EDI team has consulted on detailed actions and deliverables, with colleagues from all directorates within the NMC.

5    Proposed actions have been developed and shaped by this consultation, in addition to the use of our data, research and evidence, including external benchmark feedback on key priority areas such as disability and race. Actions have been aligned with directorate business plans, and are designed to deliver against the corporate strategy in line with our organisational values of fairness, ambition, kindness and collaboration.

   **Priority EDI themes and actions for approval**

6    We have collated our detailed actions under 10 priority themes for our EDI work at the NMC over the next three years. Some of the key deliverables which support each of these themes are outlined in the presentation at **Annexe 1**, and cover both our EDI work as a regulator and as an employer.

7    We have identified particular areas of work that we anticipate will have a high impact on our EDI progress as an organisation.

These are:

7.1 Improving the capability and ownership of managers and leaders across the organisation on EDI

7.2 Ensuring we have the right EDI data and evidence, and delivering phase two of our Ambitious for Change research to develop a set of targeted actions

7.3 Tackling barriers and improving processes where there is evidence of different outcomes due to discrimination or bias.

8 **Annexe 1** sets out our vision and key milestones across years one, two and three of the plan, including these areas of work. **Annexe 2** sets out an indicative timeline of activity for our EDI plan across the next three years.

**Our approach to meeting the needs of different groups**

9 We have taken an intersectional approach in this plan by developing proposed actions that reflect the needs and experiences of people with a range of protected characteristics and acknowledge that some people face multiple disadvantages.

10 Our EDI plan has been designed to consider all protected characteristics covered by the Equality Act 2010 in all our policies and processes. However, where evidence leads us to, we will focus on issues that disproportionately impact specific people and groups. For example, prioritising the recruitment and progression of Black and minority ethnic colleagues internally; learning from our review into Fitness to Practise cases which relate to discrimination and in particular racism; and reviewing our processes and policies to ensure we are an inclusive, accessible organisation for disabled people.

11 Our focus for the remaining three years of our current strategy is to address existing EDI risks, raise the level of capability and competence of all colleagues, and make adjustments to our processes and ways of working. All of this will place the organisation in a strong position to introduce more innovative and ambitious EDI work in our next corporate strategy from 2025.

**Four country factors:**

12 We have recognised the need to understand, capture and use intelligence about the equality differences between the four UK countries, within our detailed action plan. Actions include reporting on our data by the four UK countries, broadening our engagement across the UK, strengthening our Welsh Language governance process and ensuring we build in compliance with specific equality legislation in Northern Ireland.

| **Discussion:** | **13** | **Recommendation: The Council is recommended to approve the proposed priority themes and actions for our regulatory and workforce equality, diversity and inclusion (EDI) work in our EDI plan.** |
|---|---|---|

**Next Steps**

14 We will disseminate our plan to key stakeholders and consult with them about how we can collaborate to achieve our EDI objectives for both the NMC and the nursing and midwifery sector as a whole.

15 We will work with colleagues from across the NMC to implement the plan and develop a monitoring framework to measure progress against our milestones. Amongst other evidence gathering, we will measure the impact of our work through our annual data sets, external benchmarking and regular surveys.

16 Senior oversight and accountability for the success of the plan will be the responsibility of our EDI Leadership Group, with regular reporting to the Executive Board and Council as part of our corporate performance reporting.

**Midwifery implications:** 17 The regulatory elements of our action plan contain specific midwifery actions. These include plans to analyse our data to enable us to articulate and address particular equality issues facing midwifery professionals, as well as actions to use our regulatory intelligence and platform to support and work with partners on tackling health inequalities – notably those faced by women and people using maternity services.

**Public protection implications:** 18 Upholding equality and dismantling barriers and discrimination in our processes and behaviours is necessary for public protection. The EDI actions that will have the most direct impact on the public are around understanding our role in addressing health inequalities. In addition, our plans to build the EDI competence of all colleagues will have a positive impact in our interactions with members of the public, particularly those who face institutional barriers and inequality.

**Resource implications:** 19 This plan cuts across the entire organisation and touches all of our colleagues and teams, who are ultimately responsible for delivering the majority of these actions. The plan also includes some specialist EDI work, which will be carried out by the in-house EDI team, who will be pivotal in supporting the organisation to meet our objectives.

Page 4 of 6

20  Some of the system and governance improvements required for this plan may incur additional costs to the organisation, as reflected in directorate business plans. The action plans aim to identify where areas may require additional resource or have financial implications, and were developed in consultation with the teams responsible for delivery.

**Equality diversity and inclusion implications:**

21  The proposed priority themes and detailed actions are designed to help us deliver our approved EDI objectives and hold ourselves accountable in our ambitions and responsibilities under the equality legislation in the UK, including the Public Sector Equality Duty, and additional equality legislation in Northern Ireland.

22  As implementation of the plan progresses, equality impact assessments (EQIAs) will be completed at a local level on some actions, particularly those that involve implementing or changing a system, process or have a significant impact on people.

**Stakeholder engagement:**

23  We had already received some external feedback on our processes and behaviours before the development of these plans as a result of our regular benchmarking exercises, including evidence and feedback from the NHS Workforce Race Equality Standard submissions, Business Disability Forum's Disability Standard, Stonewall's Workplace Equality Index, and the Executive and Council workshops delivered by an external race equality consultant in 2021.

24  We are working with communication and engagement colleagues through the *Together in Practice* campaign working group to capture the views of stakeholders via our groups, forums and external meetings, and to engage them in the delivery of the EDI plan.

**Risk implications:**

25  There is a risk of failure to embed equality, diversity and inclusion, and therefore a risk of non-compliance with our legal duties under the Equality Act 2010 in our regulatory and corporate functions. Implementing a cross-organisational, regularly monitored EDI plan will help to mitigate this risk. The EDI team will support colleagues to monitor risks associated with the EDI plan and escalate any concerns accordingly.

**Regulatory reform:**

26  A dedicated section of the EDI plan focuses on the ways that delivering our regulatory reform programme of work can and should enhance our EDI capabilities and produce opportunities to strengthen our processes and structures. This has been developed with colleagues who lead on regulatory reform.

**Legal implications:**    27    The proposed EDI actions will enable us to proactively meet our legal obligations under the Equality Act 2010; in particular by fulfilling all aspects of our Public Sector Equality Duty and equivalent legislation in Northern Ireland.

# The NMC's EDI plan for 2022-2025

# Outline

- The legislative framework

- Our journey to EDI maturity

- The 10 key themes of our EDI plan

- Looking at the plan through a lens on race

- Milestones at the end of Years 1, 2 and 3

- Monitoring and implementation

- Next steps

# Legislative framework

The Equality Act 2010, in particular the Public Sector Equality Duty (PSED) and relevant Northern Ireland legislation, underpins everything we do.

We have ensured that our EDI plan reflects how we will show due regard to the need to:

- Eliminate discrimination
- Advance equality of opportunity
- Foster good relations

The EDI Plan demonstrates how we will meet our duties under the PSED, ensuring that we comply with equalities legislation and drive good equality practice across the NMC.

# Our journey to EDI maturity

**Maturity Levels**

Level 5: Continuous Improvement

Level 4: Managed and Focused

Level 3: Structure and Proactive

Level 2: Reactive

Level 1: Ad hoc and Static

Our EDI Plan 2022-25 maps our journey towards best practice, focusing on the structures and systems which enable us to proactively anticipate challenges and address them in a managed and focused way.

At the end of the period covered by our EDI plan, we aim to be closing in on level 4 as shown on this maturity model diagram.

# Our journey to EDI maturity

Our EDI plan seeks to build solid internal foundations at the NMC and put us in a better position to respond to the wider external environment. Our priorities over the next three years will continue to be shaped by significant developments across the sector, in particular any emerging evidence of discrimination faced by people who use services and healthcare professionals.

Likewise, the plan takes account of the continued growth in international recruitment and the need to support our increasingly diverse community of professionals.

By increasing our equality capabilities we will ensure we can contribute effectively to sector-wide equality topics. For example – evidence that conversion therapy practises are found in health and care services, or how professionals can best address the needs of women, and be inclusive of trans communities, in healthcare provision.

# Our journey to EDI maturity

We aim to create an environment where employees feel respected and understand their individual role in relation to EDI, working together to create an organisation which values their contributions.

We are committed to ensuring we have fair and accessible processes for nursing and midwifery professionals, holding people to account where there is evidence of discrimination, and to supporting those on our register to uphold equality diversity and inclusion in their work in order to deliver safe and effective care for all people and communities.

We will work with external partners to hear from a range of voices, actively seeking out those who are seldom heard and often marginalised. We will work to openly share our equality insight and intelligence so that we can collectively make a greater impact on tackling inequality and discrimination across the sector. We want to show leadership and be a trusted, fair and inclusive voice on the issues that matter most to people.

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# The 10 key themes in our EDI plan:

**NMC Nursing & Midwifery Council**

1. Strengthen our EDI governance

2. Take a more sophisticated approach to collecting and using EDI data

3. Learn from EDI evidence to create targeted interventions

4. Co-produce EDI solutions through collaboration with informed, diverse external partners

5. Use regulatory reform as a vehicle to embed EDI in our structures and ways of working

6. Map and improve EDI-informed decision-making

7. Enhance the EDI competency and accountability of our leaders

8. Enhance the EDI capability of all colleagues

9. Address evidence of discrimination or barriers in our processes

10. Use our influence to support the prevention and reduction of health inequalities

# By the end of Year 1 we will have…

- shared our learning on the impact of Covid-19 on different equality groups and how we can monitor the long-term implications of the pandemic;

- published the second stage of our Ambitious for Change research findings and be implementing a targeted action plan to improve our processes;

- completed a mapping exercise of our equality stakeholder engagement and built new relationships with diverse groups;

- published a detailed analysis of the equality impacts of our regulatory reform activities, informed by stakeholder views;

- updated guidance on the diversity data monitoring categories we use;

- senior leaders who have shared, and are working towards, their EDI objectives;

- a refreshed and improved equality impact assessment toolkit and have trained colleagues on how to embed EDI considerations in their decision-making;

- implemented our new Applicant Tracker System, and will have begun to use this to capture more comprehensive, intelligent EDI data from our recruitment and promotion processes;

- reviewed and updated the mechanisms currently in place for colleagues to report, and receive support with, bullying, harassment and discrimination.

# By the end of Year 2 we will have…

Nursing & Midwifery Council

- the ability to produce nuanced data sets which inform our interventions for colleagues and professionals;

- have a better grasp on the differences in outcomes for professionals across the four UK countries, with localised data available to more clearly identify where inequalities exist;

- undertaken a detailed review into our regulatory decision-making and the robustness of our safeguards against bias occurring in order to identify opportunities to strengthen our approach;

- a cross-organisational approach to improving disability equality through our working group and its activity;

- a solid understanding of the gaps in our organisational learning on EDI and have begun to fill these by developing and delivering a comprehensive EDI learning and development programme tailored for specific roles;

- reviewed our recruitment processes and implemented inclusive new ways of attracting, recruiting and promoting diverse groups.

# By the end of Year 3 we will have…

- strong relationships with diverse people and groups to enable us to consult with confidence on our work and know we are receiving feedback which represents a range of communities;

- consistency in the way we consider, monitor and learn from equality concerns raised in the contextual information provided by professionals in FtP cases;

- a firmer grasp on what data and evidence we hold on the experiences and outcomes of people receiving poorer care in health services, and be sharing our insight and data with partners to tackle sector-wide issues;

- built an accurate dataset and insight into equality issues in health provision which will inform the review of the Code in the next strategic period;

- ensured that the move to a Unitary Board style Council under regulatory reform is underpinned by our EDI commitments and is more reflective of the diversity of the people we serve;

- a bank of EDI representatives to ensure a trained EDI lead is on every recruitment panel, and begun to map the impact of changes to our recruitment processes;

- comprehensive EDI data to inform our business planning processes;

- a new set of ambitious goals for our equality work for 2025 onwards.

# Looking at the plan through a lens on race

The action plan looks at inequalities through an intersectional and holistic lens. However, the ways we will tackle specific race disparities for colleagues, professionals and people who use services, are embedded and specifically articulated throughout. For example:

- Understand and improve mechanisms to report discrimination, bullying and harassment
- Map career progression of colleagues and create targeted actions to improve this, including our Rising Together mentoring programme
- Develop actions to address discrimination-based disproportionality identified through Ambitious for Change
- Consider targets for reducing discrimination-based disproportionality in our regulatory processes, and work with employers on fairer referrals
- Mitigate against bias in decision-making and the way we scrutinise evidence
- Review our approach to English Language testing
- Work with stakeholders on health inequalities facing ethnic minority groups

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# The change we expect to see

Our colleagues will be upskilled, competent and confident on relevant EDI topics, from new starters to senior leaders. Our targeted actions will start to address disparities in outcomes in our own processes, and we will be able to support partners working to tackle inequalities outside of the NMC with robust and localised data, insight and intelligence.

We will be clear on where bias may occur and we will have seen colleagues and teams undertaking reflection, training and development opportunities to ensure our decision-making is free from discrimination and bias. We will see an increase in diversity across all tiers of our workforce and begin to see a reduction in our gender, ethnicity and disability pay gaps.

Professionals, people using our services and our partners should have increased confidence in our approach to EDI, having witnessed evidence-based, targeted and sustained action and our commitment to continually improving our processes and influencing change across the sector.

We will be in a position to embed best practice EDI considerations in our next NMC Strategy for 2025 and beyond.

# How we'll know we're making progress

We'll use a range of internal and external measures to make sure we are held accountable for making progress on our EDI ambitions.

This includes feedback from colleagues via our internal Your Voice survey and our EDI employee networks, and stakeholder views via benchmarks, i.e. the NHS Workforce Race Equality Standard, Business Disability Forum's Disability Standard and Stonewall's Workplace Equality Index.

The EDI team will coordinate the implementation of this plan with the support of corporate change and project management teams. Delivery teams will implement the majority of the actions within the plan, under the leadership of EDI Leadership Group members and the scrutiny of members of Executive Board and Council.

Nursing & Midwifery Council

13

# Next steps

➢ Finish developing full implementation plan with clear metrics and milestones

➢ Update colleagues on our plans post approval and support them to start working on their actions

➢ Get the views of stakeholders via our groups, forums and external meetings

➢ Prepare a final document for external publication in early autumn

➢ Regular review and reporting against progress.

NMC Nursing & Midwifery Council

| Priority theme | High-level action | Year 1 (2022-23) | | | | Year 2 (2023-24) | | | | Year 3 (2024-25) | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| **1. Strengthen our EDI governance** | Implement a refreshed approach to equality impact assessments | | ■ | ■ | | | | | | | | | |
| | Embed EDI into business planning, corporate performance reporting and how we understand and report corporate risk | | ■ | ■ | ■ | ■ | | | | | | | |
| | Support the new Change and Continuous Improvement function to embed EDI | | ■ | ■ | | | | | | | | | |
| | Review and strengthen internal and external EDI policies | | ■ | ■ | | | | | | | | | |
| | Ensure regular internal and external reporting of our EDI activity | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| | Establish clear governance processes for monitoring local issues across all four UK countries, i.e. compliance with our Welsh Language Scheme and Northern Irish equalities legislation | | ■ | ■ | | | ■ | ■ | | | ■ | ■ | |
| **2. Take a more sophisticated approach to collecting and using EDI data** | Address diversity data gaps for employees | | ■ | ■ | ■ | | | | | | | | |
| | Review all categories in our diversity data monitoring guidance, and undertake work to consider the inclusion of socioeconomic status data monitoring | | ■ | | | ■ | ■ | | | | | | |
| | Collect and report on our insight into EDI issues across all four UK countries | | | | | ■ | ■ | ■ | | | | | |
| | Improve our EDI data collection systems | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| | Make our evidence and data more accessible | | | | ■ | ■ | ■ | ■ | | | | | |
| **3. Learn from EDI evidence to create targeted interventions** | Develop actions to monitor and address evidence of different regulatory outcomes from our EDI research, data and intelligence | ■ | ■ | ■ | | | | | | | | | |
| | Learn from our in-house research and external research and evidence | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | | | | |
| | Learn from external feedback on our processes (benchmarks, complaints, Serious Event Reviews) by implementing recommendations and continuing to submit to external benchmarks | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| | Learn from activity such as exit interviews and implement actions to improve colleagues' experience | | ■ | ■ | | | | | | | | | |
| **4. Co-produce EDI solutions through collaboration with informed, diverse external partners** | Identify and address gaps in our external stakeholder relationships with those representing EDI issues in order to ensure diverse, informed engagement on our work | | ■ | ■ | ■ | | | | | | | | |
| | Collaborate with partners on race and progression issues for employees | | | | | ■ | | | | | | | |
| | Collaborate with employers and other partners on shared challenges around differential regulatory outcomes for professionals | | | | ■ | ■ | ■ | ■ | | | | | |
| | Work with suppliers on their EDI responsibilities, i.e. supporting Mott MacDonald with diversifying their quality assurance visitors | | | | | ■ | ■ | | | | | | |
| | Identify and take up opportunities for joint work on tackling health inequalities | | | | | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| **5. Use regulatory reform as a vehicle to embed EDI in our structures and ways of working** | Develop and publish thorough, informed equality impact assessments on the different elements of the Regulatory Reform programme | ■ | ■ | ■ | | | | | | | | | |
| | Work with partners, stakeholders and the public to understand the potential EDI implications and opportunities of proposed changes under regulatory reform | ■ | ■ | ■ | | ■ | ■ | | | | | | |
| | Identify opportunities to better embed EDI in our regulatory functions as part of regulatory reform | | | | | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| **6. Map and improve EDI-informed decision making** | Map regulatory decision making points to assess whether appropriate mitigations against bias risks are in place | | | | | ■ | ■ | ■ | | | | | |
| | Upskill colleagues to apply context and scrutinise evidence effectively | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| | Improve diversity of decision makers including at Council, Executive Board and panels | | | | | | | ■ | ■ | ■ | ■ | ■ | ■ |

| Priority theme | High-level action | Year 1 (2022-23) | | | | Year 2 (2023-24) | | | | Year 3 (2024-25) | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| **7. Enhance the EDI competency and accountability of our leaders** | Review the purpose and structure of EDI Leadership Group | ■ | ■ | | | | | | | | | | |
| | Targeted EDI initiatives and development for senior leaders | | ■ | ■ | | | | | | | | | |
| | Build and support a pipeline of diverse, talented colleagues | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | | | | |
| | Build EDI into the introduction of the new Unitary Board | | | | | ■ | ■ | ■ | ■ | | | | |
| | Set leadership EDI objectives for senior leaders | ■ | ■ | | | | | | | | | | |
| **8. Enhance the EDI capability of all colleagues** | Carry out EDI learning and development gap analysis across the organisation and development of training and activity to fill learning gaps | ■ | ■ | ■ | ■ | | | | | | | | |
| | Deliver targeted training and capability-building where there are areas of concern such as learning from cases involving discrimination | ■ | ■ | ■ | ■ | ■ | | | | | | | |
| | Produce tools and guidance to support colleagues to feel confident to tackle key issues such as race inequality | | | | | ■ | ■ | | | | | | |
| **9. Address evidence of discrimination or barriers in our processes** | Carry out targeted work on internal recruitment and promotion processes | | ■ | ■ | ■ | ■ | ■ | ■ | ■ | | | | |
| | Tighten mechanisms around internal discrimination, bullying and harassment | | ■ | ■ | ■ | | | | | | | | |
| | Create disability working group to act on Business Disability Forum feedback | | ■ | ■ | | | | | | | | | |
| | Improve accessibility in our communications, particularly through the NMC and Me project | | | ■ | | | | | | | | | |
| | Evaluate new guidance and training following review of handling discrimination cases | | | | | | | | | ■ | | | |
| | Influence and reduce disproportionate Fitness to Practise referrals | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| | Keep impact of Covid-19 changes under review | ■ | ■ | | | | | | ■ | | | | ■ |
| | Review and strengthen organisational competence on minimising the negative impact of our actions on the mental health of colleagues, professionals and customers | | | | | | ■ | ■ | | | | | |
| | Review our approach to English Language testing | ■ | ■ | | | | | | | | | | |
| | Support internal employee networks and forums to identify and raise EDI concerns | ■ | ■ | | | | | | | | | | |
| **10. Use our influence to support the prevention and reduction of health inequalities** | Respond to consultations and develop guidance on our regulatory role where relevant i.e. our policy on conversion therapy | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| | Sponsor and support external programmes and research which address health inequalities | | | | | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| | Map the evidence on health inequalities we come into contact with through our regulatory processes with partners | | | ■ | | | | | | | | | |
| | Continue our commitment to embed EDI within our standards, quality assurance and revalidation | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| | Strengthen our support to Approved Education Institutions (AEIs) to embed EDI within their curriculum and practices | | | | | | ■ | | | | | | |
| | Carry out preparatory work to ensure EDI considerations are a core part of the 2025 - 2026 Code review | | | | | | | | | | | ■ | ■ |
| **Total number of actions allocated to each quarter** | | **19** | **32** | **30** | **27** | **25** | **25** | **21** | **18** | **12** | **12** | **13** | **13** |

Item 10: **Annexe 3**
NMC/22/43
26 May 2022

# Council

# Update on Learning Lessons and Improving our Handling of Discrimination Cases Report

**Action:** For discussion

**Issue:** To provide the Council with an update on the actions that arose from the 'Looking back, learning lessons and improving – handling of discrimination cases' report. ['the 'Report']

**Core regulatory function:** Professional Regulation
Supporting functions

**Strategic priority:** Strategic aim 1: Improvement and innovation
Strategic aim 3: More visible and informed
Strategic aim 4: Engaging and empowering the public, professionals and partners
Strategic aim 5: Insight and influence
Strategic aim 6: Fit for the future organisation

**Decision required:** None.

**Annexes:** None.

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

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**Context:**   1   In November 2021 (NMC/21/98), we presented to the Council at their meeting a report that looked at our handling of a fitness to practise case which sought to identify learning about how to improve our processes, guidance and training as well as our general approach to cases involving an allegation of discrimination. We committed to providing a progress report to Council in May 2022.

2   This paper provides an update on progress against the planned actions set out in the published report, and some further details about additional work undertaken.

3   Our key determinant of success will be the impact of these changes on the operation of our processes and our ability to adequately identify and respond to issues of discrimination, both those who are potentially responsible for but also those who have been subject to discriminatory behaviour.

**Four country factors:**   4   The learning from the Report and the subsequent actions are applicable to our activity across all four countries.

**Discussion**   5   The Report found that the errors in our handling of the case derived from three main issues:

5.1   The application of our fitness to practise strategic approach to certain types of cases, particularly where the concerns are not about a professional's clinical practice, could be misunderstood by some NMC colleagues.

5.2   The absence of sufficient guidance in these areas meant that the strategy principles, taken in isolation, contributed to a decision which did not fully reflect the seriousness of the nurse's conduct, and its impact on patients and the public.

5.3   Equality, diversity and inclusion (EDI) training for our colleagues and Panel Members did not go far enough to explain the impact of discriminatory behavior on patients and the public, and how it can impact on a professional's fitness to practise.

6   We committed to a number of actions and updates on these are below.

**Updating our public facing information and guidance**

7   We have updated the relevant parts of our online guidance on the seriousness of discrimination, victimisation and bullying, why this is difficult to put right, and how this could result in harm.

8    We have also strengthened our guidance to make it clear that comprehensive insight, remorse and evidence of strengthened practice would be required from an early stage.

9    Looking forward:

9.1    We are continuing to look at how we can further embed the guidance into our ways of working.

9.2    In July 2022 we will be making further updates to guidance that will include specific reference to bullying and harassment (including sexual harassment) between colleagues.

**Review and refine our guidance, training and case management protocols provided to colleagues**

10   The published report explains the actions we have already taken, which included additional training that was provided to colleagues working on our Fitness to Practise (FtP) processes. We also updated the training for new Panel Members in light of our learning.

11   We have committed to developing a comprehensive EDI training package for NMC colleagues, including an overview of the Public Sector Equality Duty, our obligations under the Equality Act and our approach to regulating professionals where concerns have been raised about racism or other forms of discrimination. That work is now being tracked in the EDI Action Plan which is presented alongside this paper **(Item 10, Annexe 1**).

12   As a starting point for developing a comprehensive EDI training package, we have undertaken an initial gap analysis to identify what exists and what is needed to improve priority areas. This has been embedded into Year 1 of the EDI Action Plan.

13   We have also developed and piloted enhanced training for Lawyers. We are now looking at how best to roll this out and embed this into our training programme for Lawyers. The Executive Board have also committed to undertaking this training.

**Provide independent Panel Members with more regular, learning material on high priority issues like equality, diversity and inclusion**.

14   In February 2022, we launched our Panel Member Refresher Training Programme, which was approved and overseen by the Appointments Board. This was an enhanced EDI training session developed with our EDI team and it seeks to strengthen Panel Members' understanding of how to create an inclusive hearing environment and working in an inclusive way.

15    We recognise that we are at the beginning of the process when it comes to developing and enhancing our Panel Member training and there is still more work for us to do. The Panel Support Team will consider how to provide future learning material as part of the next planning cycle for Panel Member training in September and the EDI Action Plan sets out specific actions to develop refreshed and enhanced training for Panel Members

**Engage with external stakeholders and experts to help us continually improve our approach**

16    Business in the Community's Race at Work Programme have supported us to build, deliver and measure meaningful race equality actions into our work. They also helped to shape the Panel Member training.

17    We are engaging with other key stakeholders who have provided their insights on our processes, and the disproportionate number of referrals of BME nurses to the NMC.

**Carry out an independent audit of our fitness to practise cases under phase 2 of our Ambitious for Change work.**

18    The audit will examine how we treat allegations about discrimination either from, or about professionals with different diversity characteristics, and differences in how far professionals with different diversity characteristics progress through our process.

19    There have been delays in commissioning the independent review due to difficulties attracting suppliers to undertake this work. However, quotes are expected from two potential suppliers in the coming weeks. The Research Team hope to be able to share the findings from this work in autumn.

20    A meeting is scheduled in May with the external advisory group in order to share findings and a draft proposal for actions pertaining to employer referrals and the difference in revalidation rates and referrals to fitness to practise. This will be published in July and although the independent review is ongoing, progress will also be shared on this.

**Additional action**

21    Following previous Council feedback we are:

21.1    Working to improve the diversity of panels as we recruit Panel Members. We undertake adverse impact analysis exercises at key points of the campaign to ensure that our decision making is not putting any group of people at a disadvantage. Progress is reported to Appointments Board.

21.2 We have considered Council's comments on whether colleagues from black and minority ethnic backgrounds should be involved in cases of race discrimination and have determined that this alone would not necessarily be an appropriate approach, and is inconsistent with our approach on other types of cases. It is vitally important that we engage with relevant groups to ensure our guidance and training is appropriate and we are doing that as we develop the EDI training programme and further guidance updates. This will ensure colleagues are provided with the necessary tools to prepare and decide on a full range of cases fairly, regardless of their background. Ensuring colleagues are trained and reflective of the diversity of the professionals we regulate is a key aim of our EDI Plan.

21.3 We are working to ensure there is sufficient diversity in all roles, including our decision making teams. In February 2022, 35.7 percent of the NMC's workforce was from a Black or minority ethnic background. This will continue to be monitored and we have identified a number of actions being taken through the EDI plan and the People Plan to improve this.

21.4 We have considered Council's feedback on the importance of tracking societal issues and we are working on a mechanism that triggers a review of relevant policies and processes to ensure they are up-to-date and effective in dealing with important societal issues.

### Next Steps

22 This will be the final update provided to Council specifically on the recommendations arising from the Report as the remaining actions are being taken forward and reported on through the EDI Action Plan.

23 We are developing metrics and milestones for the EDI Action Plan to evaluate the impact of the improvements that we have made.

25 More broadly across the organisation, we are taking forward a number of actions and initiatives through our People Plan and the Leadership and Development Plan that prioritise EDI and how we handle issues of discrimination through our regulatory processes.

**Midwifery implications:** 26 There are no differences in policy, practice or application of this paper for the midwifery profession.

| | | |
|---|---|---|
| **Public protection implications:** | 27 | The actions that we are taking as outlined in this paper will ensure the continued protection of the public through our decisions, and increase confidence in our ability to appropriately address cases involving discrimination. |
| **Resource implications:** | 28 | Costs to deliver enhanced EDI training have been built into the 2022-2023 budget. Costs for Panel Member training are included within the Panel Support budget. |
| **Equality diversity and inclusion implications:** | 29 | The work outlined in the report is about addressing concerns about how cases involving allegations of discrimination were dealt with. The findings and recommendations of the report will improve the way these cases are dealt with. |
| **Stakeholder engagement:** | 30 | Business in the Community (BITC)'s Race at Work Programme have supported us to build, deliver and measure meaningful race equality actions into our work. Additionally, other key stakeholders have provided insights on processes. |
| **Risk implications:** | 31 | There is a risk if we do not fulfil the work outlined in this action plan we will not provide our colleagues and Panel Members with the right tools and knowledge to reach the right outcomes in cases involving discrimination. |
| **Regulatory reform:** | 32 | None. |
| **Legal implications:** | 33 | The actions outlined in this paper will ensure we fulfil: |

33.1  Our regulatory duties under the Nursing & Midwifery Order 2001.

33.2  Duties under the Equality Act 2010 including our Public Sector Equality Duty.

Item 11.1
NMC/22/44
26 May 2022

**Nursing & Midwifery Council**

# 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 May 2022 and performance and risk for the year to 31 March 2022.

**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 Corporate Plan 2021-2022

Annexe 2: Corporate Risk Exposure Report

Annexe 3: Letter to Secretary of State regarding Ockenden Review (12 May 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 This paper is produced by the Executive and provides an update on the external environment. It also reports on our performance against our corporate plan and budget for 2021-2022, and risks facing the organisation.

2 The report consists of three sections:

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

2.2 Our performance report providing status updates against our corporate plan and budget for 2021-2022 **(Annexe 1)**.

2.3 Our corporate risk position at 31 March 2022 **(Annexe 2)**;

3 There is a separate update report on the Fitness to Practise (FtP) Improvement Programme at item 11.2.

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

**Stakeholder engagement:** 5 Discussed within this paper.

**Discussion:** **Covid-19 pandemic**

6 The latest data shows that the total number of people on the temporary register as of 30 April was 14,593, down from 15,292 on 28 February 2022. During this period 416 people transferred from the temporary register to our permanent register.

7 On 27 April 2022 we emailed temporary registrants and employers to remind them that the temporary register will close on 30 September 2022. We encouraged those who wish to continue practising to join the permanent register, and signposted to supporting information.

**Regulatory reform**

8 In March 2022 we responded to the Department of Health and Social Care's (DHSC's) consultation *Healthcare regulation: deciding when statutory regulation is appropriate.*

9    We are engaging with DHSC and General Medical Council (GMC) on likely future proposed changes to the GMC's Order following regulatory reform. Once published, it is likely this legislation will set the template for many of the changes we expect to see to our own legal framework. We understand the DHSC plans to consult on the GMC Order later this year.

10   We will continue our broad programme of external engagement on regulatory reform and from Summer 2022 we will host a series of regular meetings with unions and representative bodies. At these meetings we will discuss the implications of regulatory reform and build on previous conversations.

11   On 17 May 2022, we discussed the likely changes we will see to the structure of our register under regulatory reform with the Royal College of Nursing (RCN) Executive Board to understand the impact of the changes on the RCN's members better.

**Maternity safety**

12   The Secretary of State for Health and Social Care wrote to us on 14 April 2022 to ask what steps the NMC is taking in light of the Independent review of maternity services at Shrewsbury and Telford Hospital NHS Trust (the Ockenden Review). We responded on 12 May 2022 setting out the main changes to our regulatory processes during the period covered by the Review (2000 to 2019); further changes we plan to make in response; and areas where wider regulatory and systems changes are needed to support our ambitions, including regulatory reform. This letter is attached at **Annexe 3**.

13   While the Review did not identify any immediate actions for the NMC to address, since sharing our statement with Council on 30 March 2022 we have considered the Review's findings as a matter of priority to ensure that our regulatory systems and processes can help to address the issues highlighted.

14   Given the seriousness of the concerns raised in the review, we wrote to all midwives on our register on 22 April 2022 to share key resources to help them with challenges they are encountering. We also shared this message with student midwives, through the lead midwives for education.

15   Our Midwifery Panel will meet on 19 May 2022. It will discuss the sector's response to the Ockenden Review and how to collaboratively take forward the resulting recommendations.

16   We will continue to report to Council as our response continues over the period ahead.

**International registrations**

17    The Chief Executive and Registrar opened the new Competence Test Centre at Leeds Teaching Hospitals NHS Trust on 29 April 2022 with the Chief Executive and Chief Nurse of Leeds Teaching Hospitals NHS Trust. The centre was fully operational from 9 May 2022.

18    In April 2022 the DHSC asked us to notify our stakeholders that after 1 January 2023 it will be reviewing EU standstill provisions for applicants from the European Economic Area (EEA). Until the completion of the review, EEA candidates with relevant qualifications will continue to gain automatic recognition of their qualifications. We wrote to our key stakeholders on 28 April 2022 about the implications of this policy change and have updated the information on our website.

**Implementation of our standards**

19    On 25 April 2022, we hosted a webinar on the updated professional Duty of Candour (published in March 2022), jointly with the GMC. It explained the professional Duty of Candour to attendees, including professionals on the NMC and GMC registers, employers and students. 517 people attended live and can also be viewed on the website.

**Hearing the public voice and adopting a person-centered approach**

20    Research to support what it means to be person-centered as a regulator continues with focus groups with professionals and students.

21    The Public Voice Forum is up and running. We are looking to recruit a small number of further members from Scotland, Northern Ireland and Wales to ensure we have engagement and views from all four nations. Our current stakeholder mapping exercise will support us in achieving this by identifying opportunities to collaborate.

**Data and Insight**

22    We published our corporate plan 2022-2025 as approved by Council in March 2022 (NMC/22/24) on 10 May 2022 together with a summary report of our audience perceptions research

23    We expect to publish our annual registration data report and leaver's survey for 2021-2022 on 18 May 2022. Between April 2021 and March 2022, the total number of nurses, midwives and nursing associates on our permanent register grew from 731,900 to 758,303.

24 Our survey of people who left the permanent register between January 2021 and December 2021 highlighted that the three most commonly selected reasons were the same as in previous years: retirement (42.9 percent); personal circumstances (21.7 percent); and too much pressure (18.3 percent). 36.5 percent of respondents stated that the Covid-19 pandemic had had either 'some' or a 'strong' influence on their decision to leave the register.

**Equality, diversity and inclusion and accessibility**

25 This year we are sponsoring three places, one for each of the devolved administrations on the Florence Nightingale Foundation's Windrush Nurses and Midwives Leadership Programme. The programme, funded by Health Education England (HEE), is normally only open to applicants from England.

**Public affairs and senior stakeholder engagement**

26 On 4 April 2022, our Chief Executive and Registrar had an introductory meeting with the new National Director of Healthwatch England, Louise Ansari. They discussed regulatory reform, shared priorities and agreed to regular future engagement to continue our working relationship.

27 Our Chief Executive and Registrar gave private oral evidence to the Committee of Standards in Public Life as part of a review on Leading in Practice on 7 April 2022. Topics covered included the NMC's core values and how our Code and standards of proficiency support professionals demonstrate ethical leadership.

28 Our Chief Executive and Registrar met with Matthew Style, Director General, NHS Policy and Performance Group at the DHSC on 26 April 2022. This meeting focused on the Ockenden Review and nursing and midwifery retention.

29 Our Chief Executive and Registrar and Acting Executive Director for Communications and Engagement met with Maria McIlgorm, Chief Nursing Officer (CNO) for Northern Ireland and her team on 7 April 2022. This was an introductory meeting to share priorities and agree future ways of working.

30 Our Director of Professional Practice presented at the CNO Wales Annual Conference in Cardiff on 8 April 2022. The presentation touched on our role as a regulator and upcoming activities including regulatory reform, post-registration standards and consultations.

31 On International Day of the Midwife on 5 May 2022 and International Nurses' Day on 12 May 2022 we thanked and celebrated the nurses, nursing associates and midwives on our register. We shared our messaging on social media and visited work and educational settings.

32    We are sponsoring the Student Innovation in Practice category at Student Nursing Times Awards on 27 May 2022. A range of students have been invited as guests of the NMC to the awards ceremony.

**Midwifery implications:**

33    Midwifery updates are covered in the body of the report.

34    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 FtP concerns related to midwifery, and monitoring the wider sector.

35    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).

36    We have identified midwifery safety as a risk factor within the corporate risk exposure report and corporate risk register and continue to monitor this and take action as appropriate.

**Public protection implications:**

37    Public protection is a key driver of the risks identified within **Annexe 2**. Risks being well managed is inherent to ensuring effective public protection.

**Resource implications:**

38    None in addition to those within our corporate budget.  Performance and risk monitoring is a corporate requirement and is resourced from within core business budget.

**Equality diversity and inclusion implications:**

39    We have a legal obligation to comply with the public sector equality duty across everything that we do and equivalent legislation in Northern Ireland.

40    We are integrating Equality, Diversity and Inclusion (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.

41    We have a specific commitment within our corporate plan to support our ambitions to be fair and promote inclusion.

42    We continue to monitor risk exposure from discrimination and unfairness across our corporate risk register. From 2022-2023, we intend to integrate monitoring of EDI into our regular performance monitoring following agreement of the proposed EDI action plan being considered separately on this agenda.

**Risk implications:**    43    Risk implications are dealt with in the paper.

**Regulatory reform:**    44    See paragraphs 9 to 11.

45    Progress of our Regulatory Reform programme is discussed at commitment 6 within **Annexe 1**.

46    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.

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

48    Our main risk exposure at the time of writing is the implication of the timelines for reform being extended. Internal discussions continue regarding the implications on our strategy regarding dependencies with other strategic work.

**Legal implications:**    49    None beyond those discussed within corporate risk COM18/02 (Risk that we do not act in a legal manner or fail to meet our public obligations or comply with legal or compliance requirements) which we monitor on a monthly basis through our corporate risk processes with the General Counsel Team.

50    Key areas of risk exposure continue to be EDI, safeguarding, data protection, and FtP. We have a range of actions that we intend to deliver throughout the year to reduce our risk exposure.

# Performance against our corporate plan for 2021 – 2022

## Section 1 Executive Summary

### Overview

1   This executive summary provides an overview of areas that the Executive Board would like to highlight to the Council from our performance results and risk exposure report for 2021-2022 at year-end.

2   We continued to experience significant delays because of the pandemic and have reported to the Council throughout the year that a number of areas from our 2021-2022 corporate plan needed to be deferred into 2022-2023 so that we could refocus our resources onto managing the impact of Covid-19.  This has resulted in surpluses within our corporate budget when we had budgeted for a deficit.

3   As we move into year three of our five-year strategy, we will revert our focus back to delivering our strategy aims as we learn to live with Covid 19.

### Performance highlights for 2021-2022

### Progress against our 10 corporate commitments for 2021-2022

4   Each of our corporate commitments are underpinned by a set of milestones which we have used to make our traffic light assessments.

5   The status of our ten corporate commitments at March 2022 is that one commitment is rated as red and six commitments are rated as amber. Three commitments are rated as green/on track.

6   There are two key changes compared to our quarter three report:

- **Commitment 1 (fitness to practise improvement programme)** turns to red to reflect that we have not reduced the caseload.  We forecasted a red year-end rating at Q3.
- **Commitment 3 (post-registration standards)** turns to amber (from green) to reflect that we needed to extend the overall timelines for this work to enable stakeholder engagement in our consultation assimilation activity.

### Progress against our corporate KPIs

7   **Fitness to practise**: Our closing fitness to practise (FTP) caseload was 6,469 cases at 31 March 2022. This is marginally higher than last year's closing caseload (which was 6,357 at 31 March 2021) and significantly off our target of 5,200 cases.

8   We had planned for the caseload to start reducing from July 2021, however, we experienced an elongated period of stabilisation to stop the caseload growing further.

9    A high caseload puts pressure on our people and resources, and FTP concerns take longer to resolve.  We stated at the start of the year that our timeliness KPI for concluding cases within 15 months would be significantly below target for the whole year as we implemented our FTP improvement programme.  The full year average was 61.7 percent cases concluded within 15 months against a target of 80 percent. We have previously reported that we received more complaints and subject access requests as a result of the delays.

10   Our fitness to practise improvement programme is discussed in more detail at item 11b, including an overview of our caseload stabilisation.

11   Imposing interim orders within 28 days of opening a case was also impacted during the year with 6 months where we did not meet our target of 80 percent. This was due to capacity issues within the decisions at Screening team which we have been mitigating.  Our full year average was 76.5 percent. Performance began to improve in the final two quarters of the year.

12   **Our people**: Turnover steadily rose throughout the year.  Turnover in March 22 was11.8 percent against 10 percent. In the previous year (2020-2021), turnover was very low due to the pandemic, so we expected it to rise as covid restrictions were lifted and people had more confidence to move jobs. The labour market remains competitive, and we expect this to continue into 2022-2023. As part of our People Plan, we will deliver a number of new initiatives from April 2022 which are designed to attract and retain talent.

13   Employee sickness ended the year at an average of 7.6 days of absence per person per annum against a target of 6.5 days. The top reasons for absence were Covid-19 and mental health. We will continue to monitor trends.

14   **Sector engagement**: we continued to manage dependencies with our external stakeholders and partners to enable them meaningfully engage with us. The impact of Covid-19 on the sector meant that our stakeholders' capacity was reduced and that we needed to extend our timelines and approaches so that we could collaborate.  For example, we extended our timelines to engage with us about our proposed new standards for post registration for community nursing, and when delivering our new test of competence for overseas applicants who wanted to join our register.

15   **Contact centre**: we started the year with the contact centre not meeting their target for call handling.  This was due to a range of issues including resourcing, working from home, and call complexity. Following investment to resolve the issues, performance was restored from August 2021 and the contact centre has remained above target for the rest of the year.

16   **Customer complaints:** we experienced a rise in complaints compared to the previous year (a total of 1621 complaints compared to 1226 in 2020-2021), a rise of 32.2 percent. Our timescales for handling complaints within 20 working days were broadly on target with an average of 90 percent throughout the year except for a dip in January.

17    Complaint themes included progression of FTP cases and the handling of cases; technical issues, data handling in anonymous referrals; and issues in the registration system around obtaining verification from some overseas regulators and processing overseas applications.

18    **Information requests**: we have not met our target for handling information requests within statutory timeframes for three quarters of the year.  As previously reported, we have seen an increase in the complexity of information requests, with a significant increase in the number of subject access requests which are more resource intensive to process. The total number of information requests increased by 9.4 percent for the year when compared to the previous year (a total of 1515 information requests compared to 1385 in 2020-2021).

19    **Enquiries responded to within 20 days**: throughout the year we reported that we have not met our target of 90 percent enquires responded to enquires within 20 days (both MP and standard enquiries).  Three main factors contributed towards this: the low volume of enquiries meant that any that were processed outside of our target number of days disproportionately skewed the overall percentage, complex cases took longer, and stretched resourcing across the team to deal with more complaints and increasingly complex requests.

20    To mitigate this, we make sure that we have strong communication with people raising enquiries so that we can manage their expectations and provide regular updates. We have also reorganised the team's resources to provide more focus to resolve enquiries.

21    **Registrations**: UK registration applications completed without any concerns within 1 day remained above target across the year, as did readmission applications.

22    When processing UK registration applications with concerns (where we need to follow up) within 60 days, we did not hit target in 5 out of 12 months.  Our average performance was 94.98 percent against a target of 95 percent which is acceptable.

23    We were also pleased to implement our new process to monitor our performance for assessing overseas registrations within 30 days which reflects our post 2019 process.  Performance was above target and in Q4 we achieved an average of 9 days for first assessments.

**Progress against our corporate budget**

24    Our full year income was £97.8m to 31 March 2022. This was 5 percent above budgeted income due to a higher than expected number of registrants and an increase in overseas applications.

25    Our full year expenditure was £93.0m, a 9 percent underspend against budget across core business operations and some slippages within programmes and projects.

26      Our full year net surplus at year-end was £5.7m, which is a £15.0m variation against our budgeted deficit of £9.3m.

27      Free reserves are currently £46.3m, up from £41.5m at the same time last year and above the upper end of our target (£25m).

28      Our full financial monitoring report can be found at section 6.

**Corporate risk exposure**

29      Our corporate risk exposure report is at annexe 2.  This report summaries the key issues that continue to affect our 2021-2022 corporate risks.

30      Since our last report to the Council, we have changed the rating for two corporate risks – EXT21/03 (Covid 19 recovery) and COM18/02 (legal and compliance).

31      **EXT21/03 (Covid 19 recovery)**: in March the Executive agreed to reduce the overall risk score from 12 (amber) to 9 (amber) to reflect a reduction in the impact as the pandemic moves into the 'Living with Covid' stage. We also agreed to review this risk in September when we close the temporary register and remove recovery standards to assess any residual risks that we may need to continue monitoring, migrating them to other risks on the corporate risk register.

32      **COM18/02 (Legal and compliance)**: in March the Executive also agreed to increase the risk score from 9 (amber) to 16 (red) to reflect an increase in both likelihood and impact. We expect the increase to red to be short term whilst we deliver some critical planned actions to reduce the likelihood such as a new safeguarding lead and beginning to implement our equality, diversity and inclusion (EDI) action plan and training programme in the first half of the year.

33      **INF21/04 (Modernisation of technology services (MOTS)**: our risk exposure for MOTS has reduced over the past six months. This is due to reinforced programme governance, a clear scope of work and prioritisation, formalised change control, a fixed budget, and turnover within the team now stabilising. The Executive Board will reduce this risk from red to amber In May, reducing our likelihood of occurrence from 4 (51-80 percent) to 3 (21-50 percent), when we update the corporate risk register to reflect our new financial year for 2022-2023.

Other corporate risk themes:

34      **REG18/02 (Fitness to practise concerns)**: reducing the fitness to practise caseload to a manageable level remains a key area of focus. Our risk exposure remains rated as red, but largely stable since the last report. As discussed at item 11b, increasing our Screening decision making capacity is a priority to achieve a reduction during 2022-2023. To mitigate this risk we will increase capacity and deliver improvements over the next 24 months.

35  **EXP18/01 (Maternity Services)**: maternity safety remains an area of focus for us. Donna Ockenden published her independent review of maternity services at Shrewsbury and Telford Hospital NHS trust in March. Our response is discussed in the main part of this report. Further reports are expected over the coming months from Birthrights, East Kent Maternity Services, and Nottingham University Hospitals Trust which we will also consider and respond to.

36  **PEO18/01 (Our people):** As reported throughout the year, challenges remain regarding retention, recruitment, and the wellbeing of our people. We will continue to mitigate this in a targeted way. There is also pressure within our People teams due to a variety of complex factors; including leadership continuity at multiple levels, loss of corporate knowledge along with systems and processes that are not fit for purpose all of which are putting our people under significant pressure. We have put in place mitigations to release some pressure, including contingent specialist support and a detailed continuous improvement plan.

37  **Preparing the 2022-2023 corporate risk register:** Every year the Council and Executive Board review our corporate risk position to agree our risk appetites, to take account of our latest business plan and budget, and to consider key sector issues. Our 2022-2023 review took place on 26 April 2022.

38  The Council agreed that our risk appetites felt appropriate and that we should continue to strive for a higher (open) risk appetite when delivering our strategic aims, that our current corporate risks remained relevant and their risk ratings appropriate, and that we should consider adding in additional risks in 3 areas:

- Equality, diversity, and inclusion - to reflect our ambitious plans to tackle discrimination and promote inclusion.

- Sustainability – to reflect the potential risk of our negative impact on the environment or people within our supply chain and that we meet climate targets. Coupled with this is protecting our people and assets from the effects of climate change when they do occur (such as a weather event).

- Cyber and information security – ensuring that we have appropriate coverage of the key risk factors.

39  Our next step is to prepare the updated risk register for 2022-2023. We will discuss the issues with the Executive Board and senior leaders to that we can provide an updated register to the Council in July.

# Section 2 Progress against our ten corporate commitments for 2021–2022

## 2.1 Overview of traffic light status

| Commitment | Q1 actual | Q2 actual | Q3 actual | Q4 actual |
|---|---|---|---|---|
| **Commitment 1**: Fitness to Practise improvement programme | Amber | Amber | Amber | Red |
| **Commitment 2** New international test of competence | Green | Green | Green | Green |
| **Commitment 3** Post-registration standards | Green | Green | Green | Amber |
| **Commitment 4** Research regarding potential new pre-registration standards | Green | Green | Green | Green |
| **Commitment 5** Build people's trust in nursing and midwifery professional regulation through better understanding | Amber | Amber | Amber | Amber |
| **Commitment 6** Remove legal barriers that limit improvements in the way we regulate (regulatory reform) | Amber | Amber | Amber | Amber |
| **Commitment 7** Get smarter at using our data, insight and influence | Amber | Amber | Amber | Amber |
| **Commitment 8** improve the way our organisation is structured, and develop our people | Amber | Amber | Amber | Amber |
| **Commitment 9** Upgrade our digital tools and systems (IT improvement programme and Modernisation of Technology Services) | Amber | Amber | Amber | Amber |
| **Commitment 10** Create workspaces that support wellbeing and collaboration between those working remotely or in the office | Green | Green | Green | Green |

## 2.2 Detailed progress against our corporate commitments

| Commitment 1: Reduce the fitness to practise caseload and improve how we handle people's concerns about nursing and midwifery professionals. | Year-end Result |
|---|---|
| | **Red** |

**What we committed to deliver:**

- Maximising the deployment of people resources (e.g. periodic recruitment, flexible resourcing, streamlining how we work)

- Reducing inappropriate referrals (e.g. improvements to our website as to how and when to raise a concern, strengthening our guidance, working with employers to reduce unnecessary referrals)

- Improving the efficiency and effectiveness (improving our guidance, improving our management information, improving our correspondence, early case input)

- Proportionate decision making (taking account of context, strengthening practice regarding remediation, concluding cases at the earliest possible stage).

**What we delivered during 2021-2022**

Our red rating reflects that we have not started to reduce the caseload yet.

1. People resources: we undertook major recruitment campaigns during the year and innovated in how we recruited.  We were partially successful, but we did not achieve the desired level of capacity and underspent on our budget. Recruitment campaigns will continue, and we aim to maximise our capacity by the autumn.

We also began work to improve our support and training for new colleagues so that they become effective quicker. E.g., managing the types of cases that new starters are assigned so that we can build their confidence.

2. Reducing inappropriate referrals: referrals reduced during 2021-2022. We improved our guidance, signposting advice, and forms for referrers. Our contact centre is now able to advise on whether or not a referral is required, and we have seen a long-term downward trend in referrals from employing organisations which has been supported by our Employer Link Service (ELS).

3. Improving efficiency and effectiveness: we sustained high levels of final decisions at screening, with above 80 percent resolved at the earliest possible stage over several months.  This reduces the need for further investigation and cost.

We piloted an approach to redeploy colleagues to support Screening. We learned that this was not the most effective approach and deemed that our Screening resource should be expanded and for ELS colleagues to support on a more regular basis. We will continue to implement this in 2022-2023.

We improved capabilities to support our FTP colleagues by developing various 'how to' videos, guidance on remote access, dictation software, Egress guidance and DocuSign (e-signatures), new guidance for consensual panel determination.  This has delivered some efficiencies.  We also continued to create capacity by using virtual hearings where appropriate.

We continue to work towards removing the non - statutory barriers between our Screening and Investigations teams to stimulate cross-team working and build broader experience. This will be rolled-out to cases in Screening that would benefit from the approach next year.

4. Proportionate decision making: we have now embedded our approach to taking account of context within decision making. E.g. we reassured people on our register and our partners that we would appropriately consider the pressures of the pandemic on the sector when making decisions about concerns which were raised during the pandemic.

| Commitment 2: Update the test that international nurses and midwives take to join our register. | Year-end Result |
|---|---|
| | **Green** |

**What we committed to deliver:**

- Publish a series of resources to help stakeholders prepare for the new test of competence, including extensive stakeholder engagement (Q1)

- Introduce the new test of competence to reflect our new standards of nursing and midwifery (August 2021)

**What we delivered during 2021-2022**

Complete.  Our new test of competence was launched on 2 August 2021.

To increase our testing capacity, we also appointed two new objective structured clinical examination (OSCE)testing providers during the year. This will allow us to support more international applicants who want to join our register.

| Commitment 3: Deliver new education standards that build on ambitions for community and public health nursing in the UK. | Year-end Result |
|---|---|
| | **Amber** |

**What we committed to deliver:**

- Launching a four-month public consultation on draft post-registration standards, which equip the next generation of community and public health nurses to care for people in a rapidly changing world (complete by Q2)

- Using feedback from the consultation to revise our draft post-registration standards, to make sure they will equip the next generation of community and public health nurses with the right proficiencies to care for people in a rapidly changing world (Q3)

- Preparing to publish the new standards by liaising with partners and engaging with registrants involved in community, public health and other specialist nursing practise (from Q4)

**What we delivered during 2021-2022**

Our amber rating reflects that we extended our project timescales to make sure that we could meaningfully engage with the sector to complete our consultation assimilation activity to develop our new standards whilst the sector continued to be under pressure from the pandemic.

During the year we completed a 16-week consultation on proposed new post-registration standards during Q1 and Q2. We met with the four chief nursing officers (CNOs) during Q3 and have used their feedback to guide development of the final standards.

We are planning to publish the findings of our consultation on the post-registration education standards, along with the user testing report and equality impact assessments. This will be presented to the Council in May 2022 for sign off.  There will be residual work carried out during 2022-2023 to implement the standards.

| Commitment 4: Use evidence and research to decide whether to propose changes to our programme standards for pre-registration education. | Year-end Result |
|---|---|
| | **Green** |

**What we committed to deliver:**

- Review the evidence from the independent review and seek Council's approval to change the programme standards for nursing and midwifery, and where necessary amend the programme standards for nursing associates (Q3)

- Develop evidence based outcome focused programme standards in coproduction with key stakeholders that enable students to demonstrate safe and effective training at the point of registration (from Q3)

- Consult on the proposed amended standards (from Q4)

**What we delivered during 2021-2022**

On track.  As planned, this work will continue during 2022-2023.

The independent review took place in Q1. The Council approved our recommendation to retain our two education recovery standards until the project to review our standards following the removal of the EU Directive is completed, and new permanent standards have been approved to replace them.

Foundational work has been carried out to develop evidence based, outcome focused programme standards. We continue to consider the implications of deviating from the EU directive. The timeline has been marginally amended, with the proposed amended standards expected to be presented to Council in May 2022 prior to going out for consultation in Q2 with nursing and midwifery specific standards development groups.

| Commitment 5: Build people's trust in nursing and midwifery professional regulation through better understanding. | Year-end Result |
|---|---|
| | **Amber** |

**What we committed to deliver:**

- Carry out research that provides insight into our key audiences (the public, professionals, employers, students, and stakeholders) and how they relate to our values, our purpose, and us (Q2)

- We'll deliver a more accessible and inclusive identity – one that reflects our values and is anchored in the insight gained from our research (Q3)

- Using the insight and inclusive identity, we'll deliver evidence-based information campaigns that build our audiences' understanding of how we support safe, kind and effective care for people (Q3-Q4)

**What we delivered during 2021-2022**

Our amber status reflects that work was delayed during the year and that our campaigns were rescheduled into 2022-2023.

Our audience perceptions research began later than anticipated due to complications with the tendering process. We have now completed the research and the findings were shared with senior leaders and working groups to increase understanding of our audiences' context and perceptions of the NMC during Q4. We will deliver our campaigns in 2022–2023 using the insight that we have gained

We will launch our new inclusive and accessible identity in July.

| **Commitment 6: Work with the Government to remove legal barriers that limit improvements in the way we regulate, so we can deliver better, safer regulation for the public.** | **Year-end Result** |
|---|---|
| | **Amber** |

**What we committed to deliver:**

- Responding to the Department of Health and Social Care (DHSC) consultation on the principles of regulatory reform (Regulating healthcare professionals, protecting the public) (Q1)

- Developing our policy so that we can influence the content of the legislation (Q3)

- Developing draft model rules to inform the consultation on our legislation in 2022 (Q3)

- Preparing for the consultation on our new legislation in 2022 (Q4)

**What we delivered during 2021-2022**

Our amber status reflects confirmed delays in the timetable for reform, and ongoing uncertainty about when key parts of the programme will be delivered.

During the year we published our response to the Department of Health and Social Care's (DHSC) consultation '*regulating healthcare professionals, protecting the public*'.

We commented on the final version of the draft legislation. The DHSC consultation is due to take place in 2022, and our work has consequently been rephased.

We engaged with our expert advisory group and other stakeholders to inform our policy development.

Work on draft model rules has been rephased into 2022–2023 with first drafts ready in Q1, followed by pre-consultation engagement. The formal consultation will be launched in 2023. We continue to manage uncertainty regarding the timescales.

| **Commitment 7**: Get smarter at using our data, insight, and influence. | **Year-end Result** |
|---|---|
| | **Amber** |

**What we committed to deliver:**

- Initiate our corporate insight programme (Q1)
- Undertake a review of our internal insight capability (Q2)
- Implement comprehensive coded settings for data (during year)
- Progress our plans for an authoritative annual report on the state of our professions (throughout year)
- Deliver phase 2 of our work on people with protected characteristics to inform action to address inequalities (Q2)
- Progress collaborative work with the General Medical Council and Care Quality Commission on maternity safety in England (throughout year)

**What we delivered during 2021-2022**

Our amber status reflects delays within the programme, with some work rephased into 2022-2023. This programme will continue into 2022-2023 as planned.

We approved the business case and formally started the Insight Programme in Q1, with work commencing in key areas thereafter.

Due to issues with the tendering process for the capability review, we have adopted an internal approach as part of the Organisational Design programme which will now be delivered in 2022–2023.

To ensure the review focuses on the right skills and roles, we have agreed to wait for the outcomes from the data strategy work being led by the Chief Information Officer before progressing the capability review.

Work to implement comprehensive coded settings for data is subject to delay because of resourcing constraints in the Data and BI team.

The first annual report on the state of professions will be published in Q1 2023–24 as planned. We will continue to analyse our foundational work to form a coherent narrative.

Our 'Ambitious for Change' research on people with protected characteristics to inform action and address inequalities will be completed in 2022–23. Two of the five priorities are complete, and findings are due to be shared with our external advisory group in Q1 2022–23.

Collaboration with the General Medical Council and Care Quality Commission is on track with data being analysed across all three organisations. We will continue to refine the tool for monitoring maternity safely and implement this in 2022–23.

| **Commitment 8: Continue to improve the way our organisation is structured, and develop our people so that we can deliver our strategy. What we delivered during 2021-2022** | **Year-end Result** |
|---|---|
| | **Amber** |

**What we committed to deliver:**

- Work to develop our Organisational Design: (Outcomes of priority reviews, obtain expertise to develop operating vision, begin implementing directorate reviews) (during year)

- Develop our People Plan (Plan and develop our People Plan, Design a career progression scheme) (Q1-Q2)

- Equality, Diversity and Inclusion (refresh our EDI strategy and integrate this across everything we do) (Q2)

**What we delivered during 2021-2022**

Our amber status reflects delays within our two programmes that contributed towards this commitment.

1. Organisational Design:

Operational pressures delayed the progress of our organisational design work. However, foundational work was progressed, including delivering the first stages of a change and continuous improvement review.

Work with our external partners, Human Engine, to produce our target operating model began in Q4 and will continue in 2022-2023.  This work was delayed from Q2 to Q4.

Our programme of Directorate reviews were started in 2021-2022. Work continues but will be rephased to align with our target operating model work.


2. People Plan:

The People Plan was approved by Council in Q4. A communications plan and implementation programme will begin from Q1 2022-23.  This work was delayed during the year.

Rising Together, our 6-month inclusive mentoring programme, was run successfully with a second cohort during 2021-2022.

The equality, diversity, and inclusion (EDI) action plan has been co-produce with internal stakeholders and will be presented to Council in May 2022 for approval. The new EDI framework was delivered in Q2.  Our action planning was slightly delayed due to capacity.

| Commitment 9: Upgrade our digital tools and systems to make it easier for people to connect with us and for NMC colleagues to do their jobs well. | Year-end Result |
|---|---|
| | **Amber** |

**What we committed to deliver:**

IT improvement programme

- Improve our network performance and upgrade to the latest Windows operating system (Q4)
- Ensure that our video conferencing facilities enable us to work flexibly when we colleagues return to the office and upgrade core business systems such as secure file transfer and documents retention systems (Q2)

Modernisation of Tehcnology Services programme (MOTS)

- Move remaining day to day registration processes off our legacy system onto Microsoft Dynamics 365 (Q3)
- Plan how we'll deliver a new case management system to support improved fitness to practise processes (from Q4)

**What we delivered during 2021-2022**

Our amber rating reflects delays, resource challenges, and a change of approach across the two programmes that contributed towards this commitment.

1. IT improvement: We began the preparatory work to migrate our business systems to the cloud and have completed the technical work to enable the migration of colleagues to contemporary collaboration tools utilising Microsoft 365. The deployment of this solution to colleagues was delayed because we needed to invest in a different course of action, and our rescheduled plans were delayed as delivery timescales for new laptop equipment were extended due to supply chain issues caused by covid-19. We have identified an equivalent alternative and are in the process of launching the first user pilot in April. Overall, this work was delayed and will continue into 2022–2023.

The majority of meeting rooms at our main office in 23 Portland Place have now been upgraded to include digital capability which will increase our capacity for collaborative work. Our Edinburgh site was designed with hybrid working in mind and we have made improvements to our office at One Westfield Avenue.

The appointment of the new Chief Information Officer in 2021-2022 has provided oversight for the technology improvement programme and for MOTS. The IT roadmap will now be delivered in 2022-23 and the IT plan is expected to be on track by the end of 2022-2023.

2. MOTS: As part of Phase 2A of the MOTS programme, we migrated the majority of our remaining day to day registration processes onto Dynamics 365. Some residual work remains to be completed in 2022-2023 as part of the next phases of work.

We are on track with our planning for the next phase of the MOTS programme having done the foundational work in 2021-2022. We will also continue work to enhance our Microsoft Dynamics 365 based Education Quality Assurance solution throughout 2022-2023.

| Commitment 10: Create workspaces that support wellbeing and collaboration between those working remotely or in the office. | Year-end Result |
|---|---|
| | **Green** |

**What we committed to deliver:**

- Move our Edinburgh colleagues into new modern offices (Q2)
- Ensure a continued safe return to the office environment following the pandemic (from Q3)
- Plan for the redevelopment of 23 Portland Place (Q4)

**What we delivered during 2021-2022**

Progress towards this commitment has been positive during 2021-2022 in spite of delays and supply issues.

Our new Edinburgh premises were opened as planned during Q2 and have been a success with positive feedback from colleagues.

We continued to deliver a 'Covid secure' environment. We will continue our roll out to welcome colleagues back into the office during 2022-2023 and welcomed more colleagues back from July 2021 following our pilot.

Plans towards the redevelopment of 23 Portland Place are progressing and will continue into 2022-23.

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

| 📊 KPIs | Target | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Fitness to Practise** | | | | | | | | | | | | | |
| Volume of the overall fitness to practise caseload (closing caseload) (month actual) | Reduce | 6,373 | 6,360 | 6,392 | 6,350 | 6,443 | 6,582 | 6,595 | 6,389 | 6,423 | 6,388 | 6,451 | 6,469 |
| Percentage of Interim orders imposed within 28 days of opening the case (month actual) | 80% | 92.3% | 92% | 84.2% | 76.7% | 66.7% | 56.0% | 74.2% | 80.0% | 78.9% | 55% | 81.5% | 81.6% |
| Percentage of fitness to practise cases concluded within 15 months of being opened (month actual) | 80% | 65.6% | 65.3% | 64.3% | 63.8% | 64.5% | 50.4% | 60.0% | 67.0% | 60.1% | 62.2% | 60.3% | 56.6% |
| Percentage of fitness to practise cases at case examiners with decisions to close with 'no case to answer' or 'no current impairment' | Monitor | 60% | 63.2% | 45.4% | 59.6% | 46.7% | 49.3% | 57.9% | 55.3% | 40.2% | 49.6% | 53.6% | 47.5% |
| Percentage of cases at hearings with decisions to close with 'no case to answer' or 'no current impairment' | Monitor | 19.4% | 25% | 15.9% | 20.7% | 23.1% | 25.0% | 17.2% | 5.3% | 20.0% | 22.5% | 27.8% | 10% |
| **Exception comment**<br>See executive summary and separate paper on the FTP improvement programme. | | | | | | | | | | | | | |

| 📊 KPIs | Target | Apr | May | Jun | Ju | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Registrations** | | | | | | | | | | | | | |
| Percentage of UK initial registration applications completed with no concern within 1 day* | 97% | 98.5% | 99.7% | 100% | 99.9% | 99.9% | 100% | 98.4% | 100% | 100% | 99.9% | 100% | 100% |
| Percentage of UK initial registration applications completed where concerns are raised within 60 days* | 95% | 86.7% | 90.3% | 95.0% | 94.4% | 100% | 100% | 99.1% | 97.1% | 98.0% | 91.9% | 100% | 87.2% |
| Percentage of overseas registrations applications assessed within 30 days | 90% | 100% | 100% | 90.5% | 93.1% | 92.3% | 94.7% | (Reflecting our pre 2019 process) | | | | | |
| | | (New method reflecting post 2019 process) | | | | | | 99.5% | 99.5% | 100% | 100% | 99.9% | 100% |
| Percentage of EU applications assessed within 30 days | 90% | 96.1% | 100% | 99.2% | 98.4% | 97.4% | 96.6% | 76.2% | 87.9% | 100% | 100% | 100% | 100% |
| Percentage of readmissions applications completed within 21 days | 90% | 99% | 99.6% | 98.8% | 99.0% | 98.2% | 98.3% | 99.4% | 99.7% | 98.8% | 97.5% | 99.8% | 99.2% |

**Exception comments**

**UK initial registration applications where concerns are raised completed within 60 days:** Our full year average remained within an acceptable range at 94.98% for the year. Where the target was missed, this has been the result of a small number of applications that required more complex information from external parties. Small volumes also disproportionally affected the headline percentages. For example, the most recent drop in March 2022 was due to four applications. To mitigate delays, we have implemented a step-by-step guidance for colleagues completing the casework updates and have issued reminders to administration colleagues when updating the casework details. For cases unnecessarily held within the casework IT system, we are now able to run 'case closure' reports to check that all cases have been updated and this will capture any IT systems problems as they occur.

**New KPI measurement for Overseas registrations:** we have remained above target throughout the year. We implemented a new method for measuring the percentage of overseas registrations at the start of Q3 to provide a more accurate representation of performance against our post 2019 process.

**EU applications:** performance remained above target apart from at the start of Q3 when a small number of EU applications were completed outside of our target timeframe.  This was due to a mixture of technical issues that needed further investigation and some cases where we needed to seek further information from relevant third parties. Due to the low volumes involved in this process, this disproportionally affected the headline percentages. These issues have now been resolved.

| KPIs | Target | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Contact Centre** | | | | | | | | | | | | | |
| Percentage of call attempts handled | 90% | 78% | 69.5% | 76.3% | 87.1% | 90.1% | 95.5% | 91.5% | 96.5% | 98.0% | 94.9% | 95.8% | 95.7% |
| Number of calls answered | N/a | 13,992 | 14,353 | 18,304 | 17,996 | 18,559 | 19,547 | 17,568 | 15,130 | 12,232 | 13,760 | 13,958 | 15,924 |
| Number of emails handled | N/a | 4,205 | 4,676 | 4,397 | 4,809 | 5,863 | 6,019 | 4,859 | 4,301 | 3,779 | 4,525 | 4,744 | 5,413 |

### Exception comments

We processed 191,323 calls in 2021-2022, down 1 percent compared to 2020-2021 (193,275 calls in 2020-2021).

We processed 57,590 emails in 2021-2022, down 7.5 percent compared to 2020-2021 (62,274 emails in 2020-2021).

Our contact centre had experienced several months below target in the previous year due to a range of factors including capacity issues, challenges due to working from home, call complexity, and temporarily redeploying content centre colleagues onto more critical issues within FTP.  This continued to have an impact at the start of 2021-2022. Following investment to increase our resources, we were pleased to restore our performance back to above target from August 2021 and improve the experience for our customers.  We expect this trend to continue into 2022-2023.

In Q3, we successfully implemented our new Contact Centre telephony solution.  We expect this solution to further improve the customer experience over time, to provide greater insights about our performance, and ensure that we can work in the most efficient way whilst we continue to work in a hybrid environment.

| KPIs | Target | Q1 Actual | Q2 Actual | Q3 Actual | Q4 Actual |
|---|---|---|---|---|---|
| **Customer enquiries, complaints and feedback** | | | | | |
| Percentage of complaints handled within 20 working days | 90% | 94% | 93% | 91% | 93% |
| Number of complaints handled | Monitor | 460 | 476 | 350 | 335 |
| Percentage of information requests responded to within their statutory timeframes | 90% | 82% | 86% | 90% | 78% |
| Number of information requests handled | Monitor | 406 | 399 | 352 | 358 |
| Percentage of MP enquiries responded to in 20 days | 90% | 67% | 67% | 31% | 41% |
| Percentage of enquiries responded to in 20 days | 90% | 86% | 82% | 63% | 90% |
| Percentage of customers highly satisfied/satisfied with the service received | 85% | 84% | 86% | 87% | 88% |
| Number of feedback surveys completed | Monitor | 1237 | 509 | 747 | 951 |
| **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 (by Sept 22) | 29 | 39 | 41 | 46 |

### Exception comments

**Complaints**: performance for complaints handling was above target for each quarter. The total number of complaints increased by 32 percent for the year when compared to the previous year (a total of 1621 complaints verses 1226 complaints in 2020-2021).

**Information requests responded to within statutory timeframes**: performance for handling information requests was variable across the year. The total number of information requests increased by 9.4 percent for the year when compared to the previous year (a total of 1515 information requests compared to 1385 in 2020-2021)

**Enquiries**: Enquiry responses finished the year above target at Q4 but below target for the full year. The small volumes of enquiries have a significant impact on the overall percentage. MP enquiries tend to be more complex and take longer. When we do take longer, we ensure that we communicate our progress and next steps.

**Satisfaction**: above target. The volume of satisfaction surveys completed has continued to rise throughout the year.

**Key themes**: these include a lack of communication when a case had been allocated to a new owner in Professional Regulation; issues with our IT systems for people making international registration applications; our membership of diversity schemes; and the sharing of data.

| KPIs - Fit for the Future organisation | Target | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Our People** | | | | | | | | | | | | | |
| Number of full time equivalent (FTE) NMC employees | 1,122 | Quarter snapshot | | 1,055 | Quarter snapshot | | 1,098 | Quarter snapshot | | 1,079 | Quarter snapshot | | 1,099 |
| Percentage of agency and contractors (as a percentage of total FTE) (month actual) | N/a | 8.1% | 7.5% | 7.5% | 6.7% | 6.4% | 5.8% | 6.4% | 5.8% | 5.1% | 5.3% | 6.4% | 6.1% |
| Percentage of all NMC turnover (permanent employees only) (12 months rolling) | 10% | 5.7% | 6.5% | 6.7% | 7.7% | 9.0% | 9.7% | 9.6% | 10.3% | 10.5% | 10.8% | 12% | 11.8% |
| Total number of new starters (permanent) (month actual) | N/a | 10 | 5 | 8 | 17 | 13 | 5 | 2 | 8 | 4 | 14 | 4 | 7 |
| Total number of leavers (permanent) (month actual) | N/a | 6 | 7 | 7 | 8 | 12 | 10 | 7 | 10 | 7 | 10 | 12 | 10 |
| Percentage of new starters leaving within 6 months of joining (12 month rolling) | 10% | 9.4% | 10.7% | 10% | 7.9% | 9.7% | 11.7% | 13.5% | 10.2% | 10.9% | 13.5% | 14.6% | 14.3% |
| Number of new starters leaving within 6 months of joining (month actual) | N/a | 1 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 1 | 1 | 0 | 1 |
| Average number of days of sickness per employee (days) | 6.5 | 5.1 | 5.5 | 5.6 | 5.7 | 6.1 | 6.4 | 6.6 | 7.0 | 7.3 | 7.4 | 7.4 | 7.6 |
| Employee engagement score (out of 10) (6 monthly) | 7.5 | 6 monthly snapshot (July survey) | | | 6.7 | 6 monthly snapshot (January survey) | | | | | 6.8 | Next survey in July 2022 | |
| Employee net promoter score (6 monthly)* | 16 | | | | -3 | | | | | | -3 | | |
| Employee perception of internal communications effectiveness score (out of 10) (6 monthly) | 7 | | | | 7.6 | | | | | | 7.6 | | |

*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**

**Full Time Equivalent:** FTE remained below budget due to delays and challenges to recruit people.

**Turnover**: Turnover has continued to rise throughout the year. Increasing movement in the labour market is the main driver for this rise. 106 permanent colleagues left the organisation since April 2021.

**Joiners**: 97 people joined NMC since April 2021 as permanent employees. Of this figure, 6 people left the NMC within 6 months of joining. We continue to monitor the reasons why to ensure that we do everything to retain the right people.

**Sickness absence**: Sickness absence has continued to rise throughout the year and went above target at Q3. The top reasons for absence remain Covid 19 and mental health.  We will continue to monitor this to draw out key trends.

**Employee engagement**: Our most recent employee engagement survey showed a slight improvement in employee engagement, though this remains below target. Our Net Promoter Score, which evaluates the overall opinion of the organisation, remains unchanged.

## Traffic light definitions

| | RED | AMBER | GREEN |
|---|---|---|---|
| **Corporate Commitments** | **Significant concerns**<br>• Expected to fail to deliver against its milestones<br>• Actions are needed immediately to help the commitment to be delivered. | **Some concerns**<br>• Expected to partially deliver against its milestones – some delays<br>• Will make significant progress towards benefits/outcomes, but some aspects are delayed<br>• Or actions are being taken to bring the commitment back on track<br>• Or there are some uncertainties or risks that we need to monitor and managed | **No concerns - on track**<br>• Expected to deliver against its milestones and realise benefits |
| **KPIs** | **Significantly below target**<br>More than 8 percent below target | **Off target**<br>Below target between 1 to 8 percent | **Within range**<br>On or above target |

## KPI Trend Dashboards

### Registrations

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

Above target every month.  FY average was 99.7%.
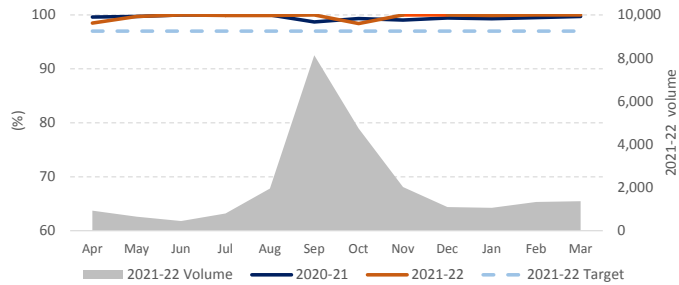


#### 2. UK registrations requiring additional scrutiny within 60 days (% and volume)

FY average was 94.9% against a target of 95%.
Below target for 5 months.  Small volumes disproportionately affect our headline percentage.
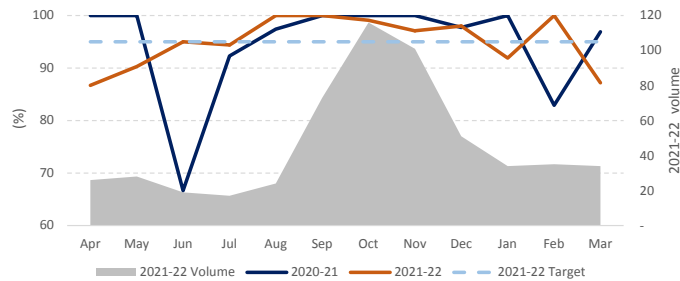


#### 3. Overseas registration assessed within 30 days (% and volume)

Above target every month.
We implemented a new method to measure this KPI to reflect the true volume of applications.
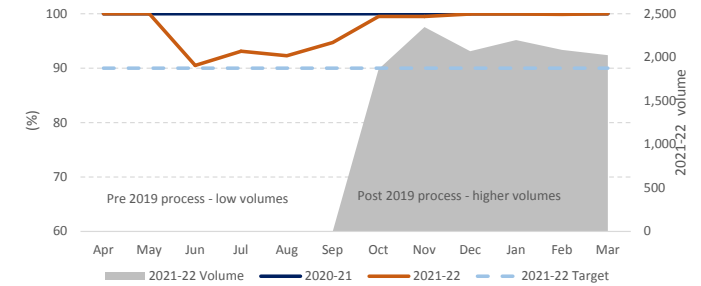


#### 4. EU applications assessed within 30 days (% and volume)

FY average was 96%.  Dips in October and November were due to a small number of applications that were impacted by technical issues and additional information requirements from third parties
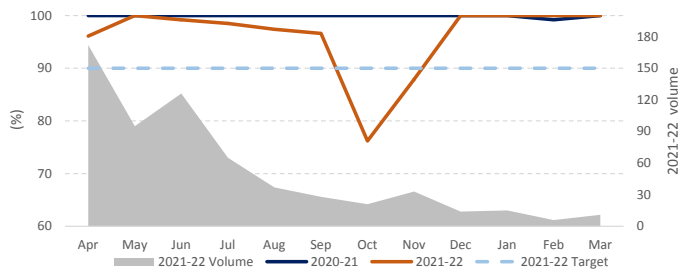


#### 5. Readmission applications completed within 21 days (% and volume)

Above target every month.  FY average was 99%.
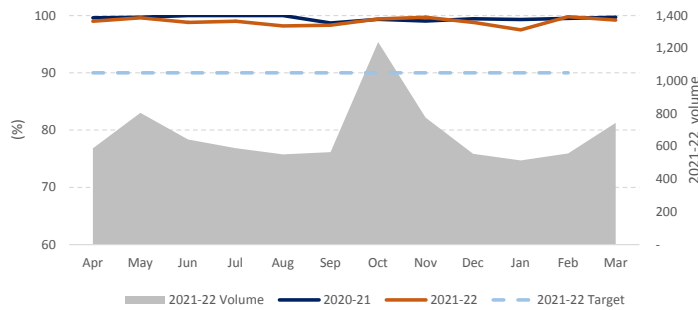


### Contact Centre

#### 6. Call attempts handled (% and volume)

Below target for the first 4 months due to a range of issues.
Performance was restored by August 2022 following mitigation.
FY average was 89%
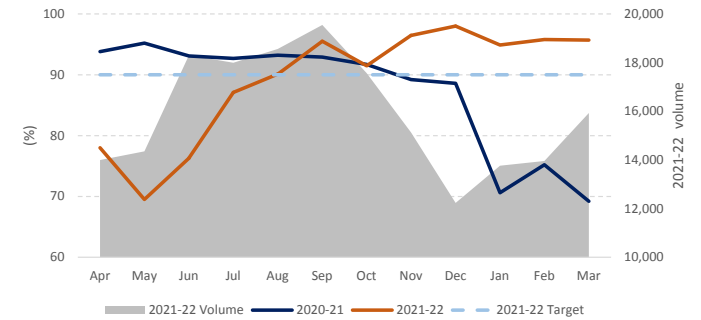


### Fitness to Practise - charts at item 11b.

## Midwifery Standards
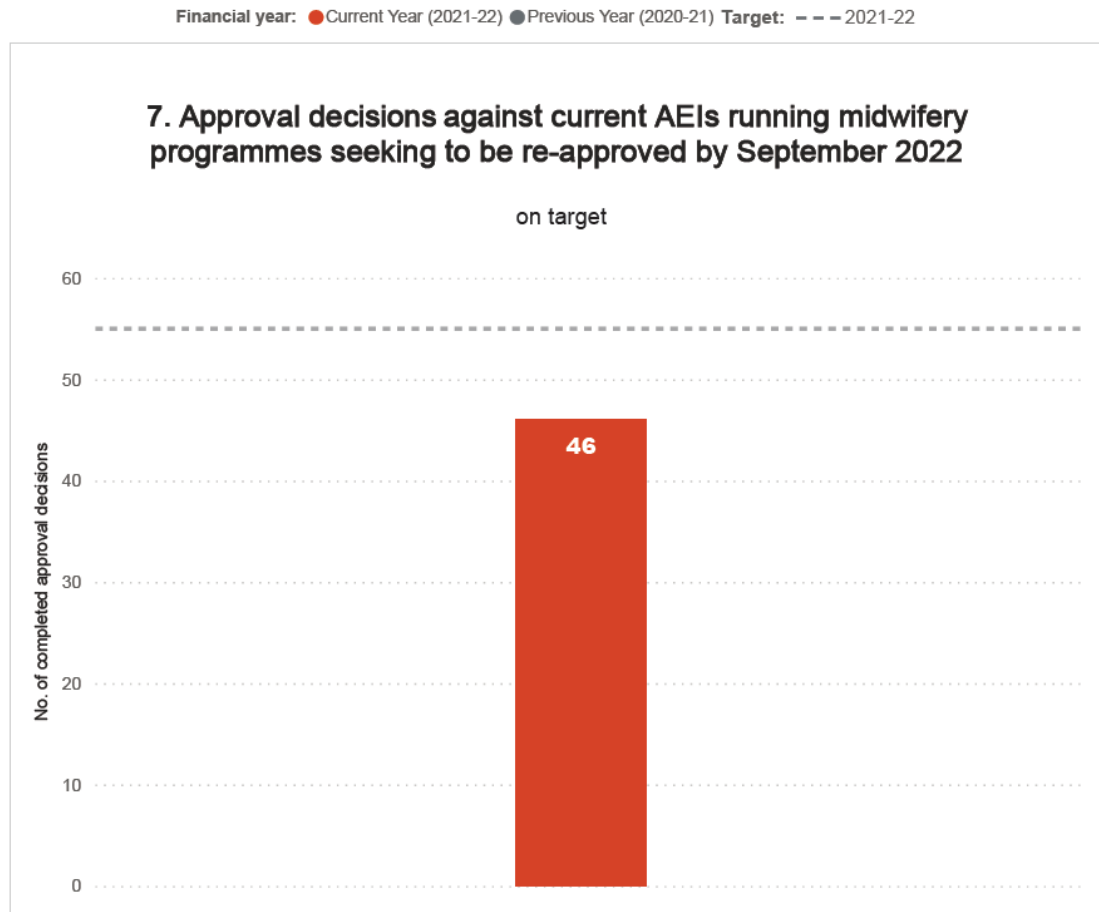
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# Customer enquiries, complaints and feedback

### 8. Customer complaints responded to within in 20 days
Below target at January 2022
Due to capacity pressures within the team



Legend: 2021-22 Volume · 2020-21 · 2021-22 · 2021-22 Target
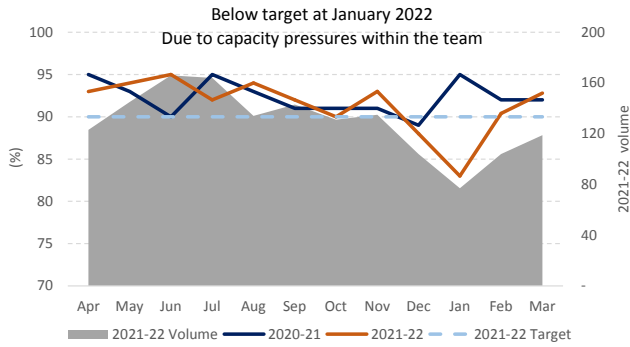
### 9. Enquiries responded to in 20 days
Below target for 7 months due to small volumes disproportionately affecting our headline percentage, complexity of enquiries, and capacity pressures



Legend: 2021-22 Volume · 2020-21 · 2021-22 · 2021-22 Target
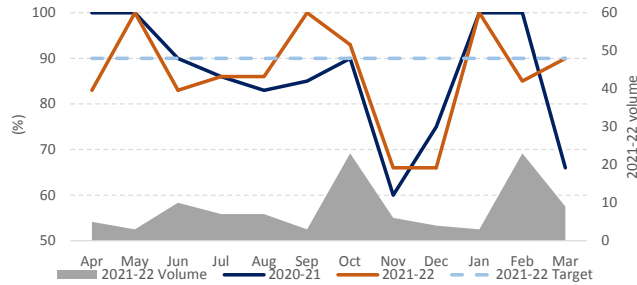
### 10. MP Enquiries responded to in 20 days
Below target for 11 months due to small volumes disproportionately affecting our headline percentage, complexity of MP enquiries which take longer, or capacity pressures



Legend: 2021-22 Volume · 2021-22 · 2021-22 Target
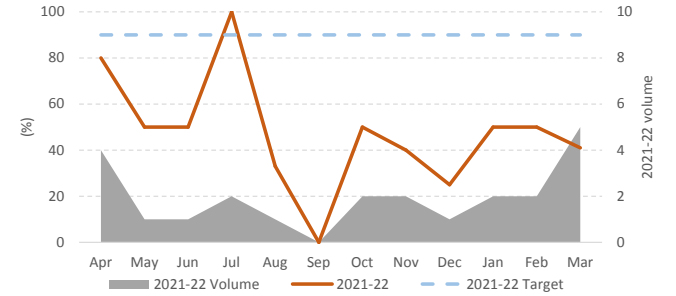
### 11. Customers rating our service as good or very good
Above target for 3 quarters of the year following a marginal dip below target in Q1.



Legend: 2020-21 · 2021-22 · 2021-22 Target
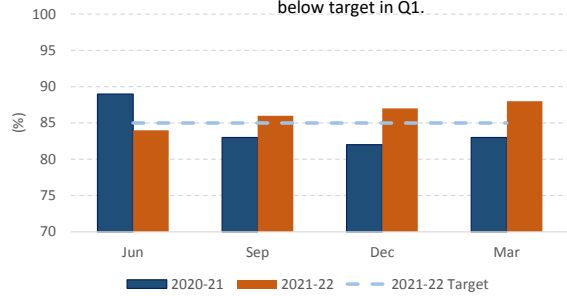
### 12. Information requests responded to in statutory timeframes
Below target for 3 quarters, due to an increase in the volume of information requests and more Subject Access Requests which are more time consuming and complex



Legend: 2020-21 · 2021-22 · 2021-22 Target
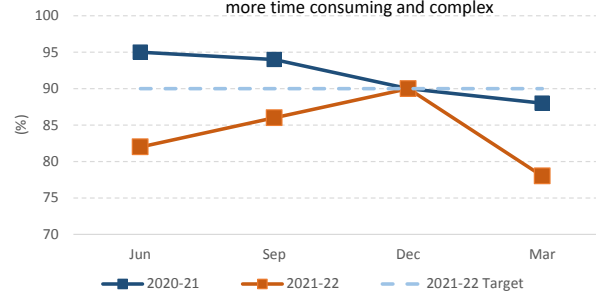
## Corporate Complaints

**92.8%**
Complaints responded to in 20 days

**Customer Feedback Dashboard at Q4**

**1 January 2022 to 31 March 2022**

335 Corporate Complaints

951 feedback surveys

358 Information requests

## Information requests

**78%**
responded to on time

### Complaints themes

We identified 32 learning points in quarter 4 in relation to the following themes:

**Professional Regulation**

We continue to receive complaints about delays to the progression of Fitness of Practise cases. We have also received some complaints from people who are not satisfied with our handling of their cases, in particular where reasons for our decisions are unclear. Our quality of decision making team have reviewed these cases, and where appropriate, put customers in touch with our public support service to provide additional support to these customers

**Data handing in anonymous referrals**

We have received a number of complaints from individuals who felt their data had been shared with case parties after asking us not to share their personal details. We are working with Professional Regulation colleagues to raise awareness of how the organisation should manage these cases.

**Registrations**

Our International Registrations Team have been made aware of the complaints that we have received from applicants around issues in obtaining verification from their overseas regulator.

### Information requests themes

- The number of cases in quarter 4 this year is similar to the same period last year. However, Subject Access Requests which are our most complex and time consuming cases, have seen a 35% increase this quarter.

- A high volume of Subject Access Requests (SARs) are from parties associated with Fitness to Practise cases.

- As in quarter three, we have received some requests about issues relating to equality, diversity and inclusion.

### Our person centred approach

- We continue to work with our customers to ensure that we are responding to their requests in the most person-centred way. For example, by supplying batches of information in response to SARs where we cannot provide all the information at once.

## Customer feedback surveys

"They offered advice and made positive suggestions. It is reassuring to see we are listened to and actions are taken immediately"

"It has been such a pleasure speaking with your staff- they know what they are doing, are reassuring and have been willing and able to help"

**41%**
**(5/12)**
MP enquiries responded to in 20 days

**90%**
**(9/10)**
Enquiries responded to in 20 days

**88%**
Customers rated our customer service as good or very good.

**2**
Unhappy customers contacted and resolved their concerns.

"It sounded like they didn't care much that I was considering leaving the register. I feel I wasn't listened to as the answers were very robotic with no sense of understanding just repeating what is already on the website."

"I felt the officer was cold and unfeeling by not thanking me for coming out of retirement to help the general public"

139

# Key insights from our customer feedback surveys for Q3 & Q4 2021-2022

## Overview

1. We have received a total of 747 completed customer feedback surveys for Q3 and 951 for Q4 (total of 1698 between October and March).

2. 87 percent of those completing the survey in Q3 rated our service as good or very good. For those completing the survey in Q4, 88 percent rated our service as good or very good (average of 88 percent between October and March).

## Themes

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

4. **Telephony**: Some customers have mentioned that they have been frustrated by poor call quality and feeling as though the Contact Centre Adviser they were speaking with has hung up the phone to them when call connection is lost. With Advisers returning to the office, there should be less instances of this type of feedback.

5. **Processes**: Customers have told us they find it reassuring and helpful when we follow up with a summary email following our interaction with them over the phone when key actions or next steps have been discussed.  We have shared this positive feedback and reminded colleagues of the value of a follow up email after certain types of call.

6. **Customer service:**

   - Customers have advised that they find it disappointing when Contact Centre Advisers do not thank them for their length of service when making the difficult decision to retire from or leave the nursing profession. We have shared this helpful feedback with Advisers and a new process has been introduced whereby individual training is given to Advisers on the customer service element of calls

   - Some customers have reported that they have found the revalidation process difficult but when contacting us, found the advice given was robotic and felt scripted. We have shared this with Contact Centre colleagues and more training has been arranged with Advisers on this process.

   - Some customers continue to raise concerns about a lack of knowledge of our processes by some of our Advisers, depending who they spoke with. This led to multiple calls. Guidance has been given to Advisers in team meetings about key areas. In addition, training and one to one feedback for Contact Centre colleagues will help those advisers whose customers have indicated they were not clear on a particular process.

- Several customers have expressed dissatisfaction with email response times which had led them to contact us by phone. They have told us that when they speak with an Adviser, rather than be assisted on the call, they are being asked to wait for a response to their email, the reason they rang in the first place. This feedback has been shared with Contact Centre colleagues. The additional Adviser training and guidance should help those unsure of a particular process to provide a helpful response.
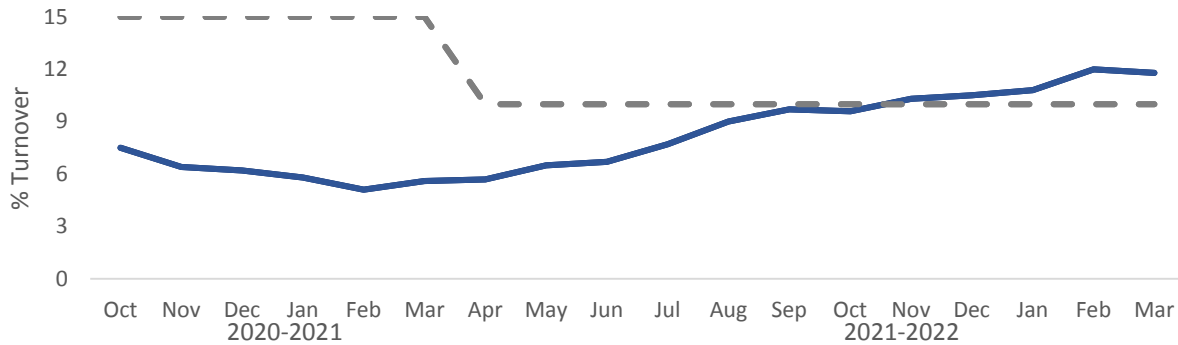
# Our people

### 13. Total NMC employee turnover %

Turnover of NMC employees has continued to rise throughout the year and is higher than our maximum desired turnover of 10%



### 14. Turnover of new starters within 6 months of joining %

Turnover of new starters within 6 months of joining has risen throughout the year and is higher than our maximum desired turnover of 10%
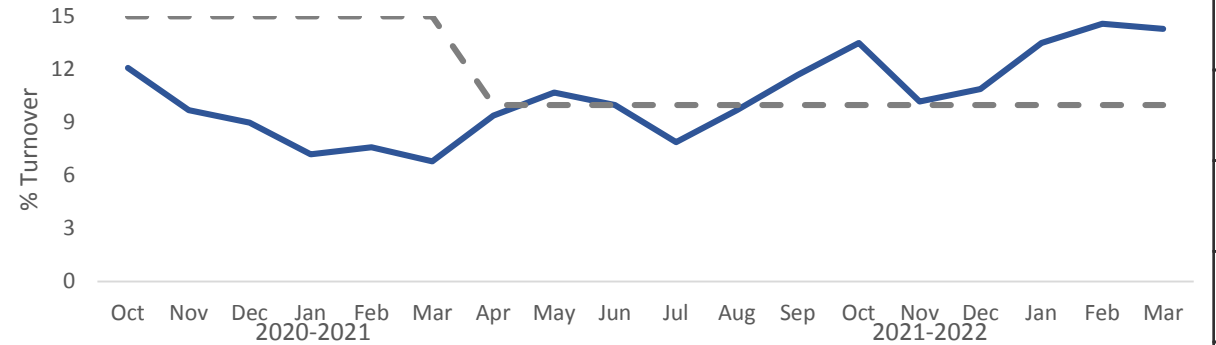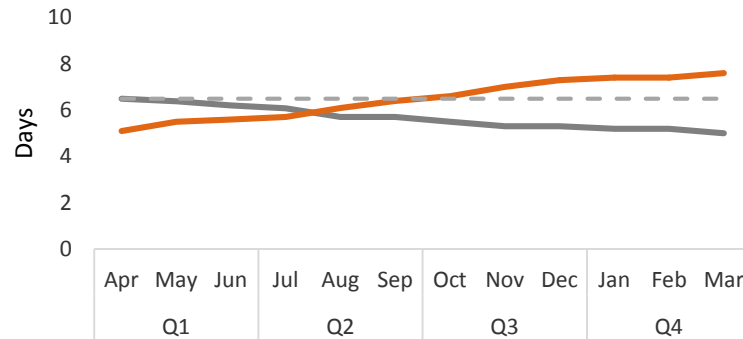


### 15. Employee engagement score (out of 10) (target 7.5)

Below target for both surveys in 21-22.
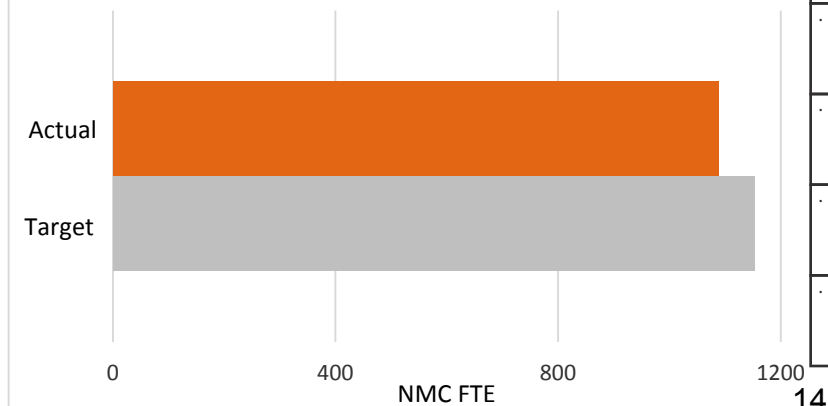Marginal improvement in the January results.
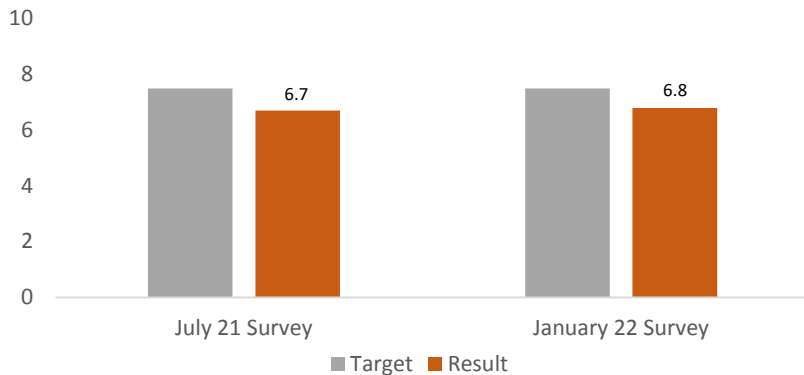


### 16. Sickness absence average days

Employee sickness continued to rise throughout the year and is now higher than our desired target of 6.5 days per person.



### 17. Total FTE

Our full year Full Time Equivalent (FTE) is lower than budgeted largely due to delays



142

# Financial monitoring report

**Table 1 – Income & Expenditure for the year to 31 March 2022**

| | March 2022 Year-to-Date | | | |
|---|---|---|---|---|
| **Income (£'m)** | **Actual** | **Budget** | **Var.** | **Var. (%)** |
| Registration fees | 89.9 | 87.9 | 2.0 | 2% |
| Other | 7.9 | 5.2 | 2.7 | 52% |
| **Total Income** | **97.8** | **93.1** | **4.7** | **5%** |
| | | | | |
| **Expenditure** | | | | |
| Core Business | | | | |
| Professional Regulation | 45.3 | 48.4 | 3.1 | 6% |
| Resources & Technology Services | 18.4 | 19.5 | 1.1 | 6% |
| People & Organisational Effectiveness | 8.1 | 8.7 | 0.6 | 7% |
| Professional Practice | 3.7 | 5.7 | 2.0 | 35% |
| Strategy & Insight | 4.2 | 4.6 | 0.4 | 10% |
| Communications & Engagement | 3.0 | 3.1 | 0.1 | 5% |
| Directorate - Core Business | 82.7 | 90.1 | 7.4 | 8% |
| | | | | |
| Corporate | | | | |
| Depreciation | 5.5 | 5.2 | (0.3) | (6%) |
| PSA Fee | 2.0 | 2.0 | - | - |
| Apprenticeship Levy | 0.2 | 0.2 | - | - |
| Other (incl. additional provisions and contingency) | 1.2 | 1.5 | 0.3 | 18% |
| Total Corporate | 8.9 | 8.9 | - | - |
| | | | | |
| **Total Core Business** | **91.6** | **99.0** | **7.4** | **7%** |
| | | | | |
| **Surplus/(Deficit) excluding Programmes** | **6.2** | **(5.9)** | **12.1** | |
| | | | | |
| **Programmes & Projects** | | | | |
| Accommodation Project | 2.4 | 3.3 | 0.9 | 27% |
| Modernisation of Technology Services | 3.4 | 4.6 | 1.2 | 27% |
| FTP Improvement Programme | 0.5 | 0.5 | - | - |
| People Strategy | 0.4 | 0.1 | (0.3) | - |
| Data, Information & Analytics | 0.1 | 0.4 | 0.3 | 73% |
| Technology Improvements | 0.0 | 0.5 | 0.5 | 99% |
| Infrastructure Programme | 0.5 | 1.0 | 0.6 | 54% |
| Regulatory Reform | 0.6 | 0.9 | 0.3 | 29% |
| Insight Programme | - | 0.3 | 0.3 | 100% |
| Education QA IT Project | 0.0 | 0.4 | 0.4 | 91% |
| **Total Programmes/Projects** | **7.9** | **12.1** | **4.2** | **35%** |
| | | | | |
| **Total Expenditure including capex** | **99.5** | **111.1** | **11.6** | **10%** |
| Capital Expenditure | 6.5 | 8.6 | 2.1 | 25% |
| **Total expenditure excluding capex** | **93.0** | **102.5** | **9.5** | **9%** |
| | | | | |
| **Net income** | **4.8** | **(9.3)** | **14.1** | **-** |
| Unrealised Gains/(Losses) | 0.9 | - | 0.9 | - |
| **Net Surplus/(Deficit) excluding capex** | **5.7** | **(9.3)** | **15.0** | |
| | | | | |
| **Free Reserves** | **46.3** | **26.1** | **20.2** | **77%** |

**Note:** figures are subject to rounding. Information is also subject to external audit and does not reflect year-end actuarial estimates relating to the Defined Benefit pension scheme as at 31 March 2022. Free reserves are defined as total reserves (or net assets) less tangible fixed assets.

## Table 2 – Balance sheet as at 31 March 2022

| Balance Sheet (£'m) | Actual 31 March 2021 | Actual 31 March 2022 | Change | Change % |
|---|---|---|---|---|
| **Fixed Assets** | | | | |
| Tangible Assets | 27.7 | 28.7 | 1.0 | 3% |
| Stock Market Investments | 31.3 | 32.8 | 1.5 | 5% |
| **Total Fixed Assets** | **59.0** | **61.5** | **2.5** | **4%** |
| | | | | |
| **Current Assets** | | | | |
| Cash & cash equivalents | 67.9 | 70.0 | 2.1 | 3% |
| Debtors | 4.0 | 3.3 | (0.7) | (18%) |
| **Total Current Assets** | **71.9** | **73.3** | **1.4** | **2%** |
| | | | | |
| **Total Assets** | **130.9** | **134.8** | **3.9** | **3%** |
| | | | | |
| **Liabilities** | | | | |
| Deferred Income | (56.5) | (55.3) | 1.2 | (2%) |
| Other creditors, accruals, provisions | (1.9) | (3.2) | (1.3) | (72%) |
| **Total Liabilities** | **(58.4)** | **(58.5)** | **(0.1)** | **(0.1%)** |
| | | | | |
| **Net Assets (excl pension liability)** | **72.6** | **76.3** | **3.8** | **5%** |
| | | | | |
| Pension Liability | (3.2) | (1.3) | 1.9 | 59% |
| | | | | |
| **Total Net Assets** | **69.3** | **75.0** | **5.7** | **8%** |
| | | | | |
| **Free Reserves** | **41.7** | **46.3** | **4.7** | **11%** |

## Table 3 – Cash flow statement to 31 March 2022

| Cashflow (£'m) | Actual 31 March 2021 | Actual 31 March 2022 | Budget 31 March 2022 |
|---|---|---|---|
| **Cashflow from operating activities** | | | |
| Surplus/(deficit) | 11.7 | 5.7 | (9.3) |
| Adjustment for non-cash transactions - depreciation | 3.3 | 5.5 | 5.2 |
| Unrealised (Gains)/Losses from Stock Market Investments | (1.0) | (0.9) | - |
| Interest/Dividend income from Stock Market Investments | (0.3) | (0.7) | (0.5) |
| (Increase)/decrease in current assets | (1.3) | 0.7 | (0.1) |
| Increase/(decrease) in liabilities | 1.4 | 0.1 | 0.2 |
| Pension deficit payments | (8.5) | (1.9) | (1.9) |
| **Net cash inflow/(outflow) from operating activities** | **5.4** | **8.6** | **(6.4)** |
| | | | |
| **Cashflow from investing activities** | | | |
| Capital expenditure | (4.5) | (6.5) | (8.6) |
| **Net cash inflow/(outflow) from investing activities** | **(4.5)** | **(6.5)** | **(8.6)** |
| | | | |
| **Cashflow from financing activities** | | | |
| Stock Market Investments | (30.0) | - | - |
| Interest/Dividend income from Stock Market Investments | - | - | 0.5 |
| **Net cash inflow/(outflow) from financing activities** | **(30.0)** | **-** | **0.5** |
| | | | |
| **Net increase/(decrease) in cash & cash equivalents for the year** | **(29.1)** | **2.1** | **(14.5)** |

| | | | |
|---|---|---|---|
| Cash & cash equivalent at the beginning of the year | 96.9 | 67.9 | 63.9 |
| **Cash & cash equivalent at the end of the year** | **67.9** | **70.0** | **49.4** |

## d. Financial commentary

### Financial Position at 31 March 2022

At the end of the financial year 2021-2022, our overall financial position remains secure, with free reserves at £46 million, up from £42 million at 31 March 2021. Our liquidity also remains strong with cash and investments at £103 million, up from £99 million a year ago.

Our reserves continue to be higher than the upper target range of £25 million set out in our Financial Strategy. This reflects the significant investment we plan over the next three years to support our 2020-2025 Strategy. In particular, improvements in our technology, our accommodation and the Fitness to Practise (FtP) Improvement Programme to reduce our FtP caseload will all be supported from our free reserves. External risk factors, such as the level of increasing inflation, also make holding higher levels of reserves appropriate in the short term.

This year-end financial position is stronger than planned, as a result of the £5.7 million surplus made in the year. We had anticipated a deficit of £9.3 million for the year when the budget was set. The main drivers of this £15 million net variance have been:

- higher than expected income of £4.7 million, mainly due to a higher than anticipated number of registrants and overseas applications. Looking ahead, this remains a difficult area to forecast;

- unrealised gains of £0.9 million from our investment portfolio. Although we manage our investments with great care, with a balanced approach to risk in order to maximise the likelihood of positive returns in the long term, our policy is not to budget for potential gains or losses, since they are difficult to predict in the short term;

- a £7.4 million (8 percent) underspend on core business operations. While some of this is due to savings, such as fewer than anticipated physical hearings resulting in lower travel costs, most of it was due to slippage in activity as a result of re-planning or challenges in recruitment. Vacancies in key FtP case progression roles is a key example. Slippage of plans for improving Education Quality Assurance (QA) and fewer than expected course quality inspections due to deferral of universities seeking their accreditation are also key examples;

- underspends across a range of smaller, non-capital programmes, due to slippage including later than planned recruitment.

Our capital costs were £6.5 million, £2.1 million (25 percent) below budget. This is largely attributable to the lower than expected re-fit cost of the new office in Edinburgh and below budgeted expenditure on our key technology programmes.

Within corporate spend we have an unbudgeted cost of £1.3 million being the increase in our existing provision for possible panellist costs. Recent legal advice has led us to reassess and increase the size of our existing provision taking the total to £2.5 million. This provision reflects our prudent estimate of the possible wider impact of a single claim to an employment tribunal for additional sums by a FtP panellist.

## Corporate risk exposure report

The risk exposure report summarises factors that could potentially affect one or more of our corporate risks right now. It supplements the corporate risk register (CRR) and is used to make additions to the CRR as appropriate.

| Corporate risk (2021-2022) | Current Risk Assessment Score (After mitigation) | | | Risk exposure considerations since the last report | Discussion points/decisions since the last report |
|---|---|---|---|---|---|
| | L | I | I X L | *Increasing* ⬆    *Reducing* ⬇ <br> *No change* ⬌ | |
| **REG18/02** <br><br> Risk that we fail to take appropriate action to address a regulatory concern | 4 | 5 | 20 ⬌ | **Status**: Stable. <br><br> **Risk owner:** Executive Director, Professional Regulation. <br><br> **Current factors are:** <br><br> • The fitness to practise caseload remains the top threat to the organisation. We will continue to mitigate this risk through our improvement plans and additional investment to increase our capacity over the next 24 months. <br><br> • Recruitment remains a key challenge within a competitive labour market. Targeted mitigations are being implemented such as flexibility in where people are located. <br><br> • Capacity pressures within fitness to practise remain a concern. We continue to monitor the turnover figure, the vacancy rate, and sickness levels. <br><br> • We continue to struggle with lawyer resourcing and absences, we are working to understand the true impact of this. In Screening, there is pressure on decision makers, and gaps remain in the high-profile team. We continue to take local action to mitigate this. | **Actions:** None in addition to actions already being taken. |
| **INF21/04** <br><br> Risk that our Modernisation of Technology Services (MOTS) programme does not deliver the intended benefits for our registration system or case management system | 4 | 5 | 20 ⬌ | **Status**: Reducing – we will reduce this risk score to amber (reducing the likelihood) when we prepare the 2022-2023 corporate risk register to reflect strengthened programme governance and stabilised turnover within the programme team. <br><br> **Risk owner:** Executive Director, Professional Regulation. <br><br> **Current factors are:** <br><br> • The outcome of our recent internal audit of the MOTS programme, which reviewed our controls and assurances during phase 2 of the programme, provided substantial assurance that the controls were suitably designed, consistently applied, and effective. <br> • We will undertake an external audit of the MOTS programme to provide us with external assurance of the health of the programme before commencing with the next significant phase. We are currently going through the final stage of the procurement process to induct a supplier that will carry out the audit in April. The review will cover: <br><br>     o If the programme has taken on board the lessons learned in the previous phases of MOTS and adequately carried out the recommendations by the previous external review in April 2020. <br><br>     o If our approach was proportionate, cost-effective, and if we were able to successfully undertake active risk and issue management. <br><br>     o If programme is set up for commencing the next major phase of the work. | **Actions:** <br> • Finalise the procurement and conduct the independent review. <br> • Reduce the risk score when we prepare the next iteration of the risk register. |

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| Corporate risk (2021-2022) | Current Risk Assessment Score (After mitigation) | | | Risk exposure considerations since the last report | Discussion points/decisions since the last report |
|---|---|---|---|---|---|
| | L | I | I X L | Increasing ↑  Reducing ↓  No change ↔ | |
| **EXP18/01**<br><br>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 ↔ | **Status**: Stable and monitored closely.<br>**Risk owner:** Executive Director, Communications and Engagement<br>**Current factors are:**<br>• Maternity services: see the executive summary at Annexe 1.<br>• Impact of the high FtP caseload; including complaints, enquiries, and subject access requests from those impacted by fitness to practise cases.<br>• Sector recovery/overload - we continue to review engagement and maintain regular contact with our stakeholders so we don't put extra pressure on them and we have factored it in to our business planning and planned consultations.<br>• We continue to apply our audience insight to all communication and engagement activities; and audience and communication plans so that we are as impactful as possible. | **Actions:** None in addition to actions already being taken. |
| **PEO18/01**<br><br>Risk that we fail to recruit and retain an adequately skilled and engaged workforce | 4 | 4 | 16 ↔ | **Status**: Stable.<br>**Risk owner:** Executive Director, People and Organisational Effectiveness<br>**Current factors are:**<br>• **Return to the office:** We are encouraging hybrid working, enabling staff to work from where they need to be.  More colleagues have returned in some capacity over the past 2 months.<br>• **Retention and recruitment:** The turnover of permanent staff at the end of March was at 11.8 percent a slight decrease of 0.2 percent since February, but above our corporate target of 10 percent. As discussed within the executive summary, recruitment remains a challenge.<br>• The buoyant labour market continues to impact our ability to recruit to and retain people in roles across the organisation.<br>• Pressure remains within the Professional Regulation leadership team whilst we confirm the posts for several senior roles. This is being mitigated locally and should be resolved during Q1. In addition, IT roles and those within the project and programme space are also challenging to recruit to in the current market and we continue to mitigate this.<br>• **Employee sickness**: March sickness absence remains high at 7.6 days per person per annum, a 0.2 day increase compared to February. The highest causes of absence are Covid-19 and then mental ill health. | **Actions:** EDI action plan is due in May 22. |

| Corporate risk (2021-2022) | Current Risk Assessment Score (After mitigation) | | | Risk exposure considerations since the last report | Discussion points/decisions since the last report |
|---|---|---|---|---|---|
| | L | I | I X L | Increasing ↑  Reducing ↓  No change ↔ | |
| **COM18/02**<br><br>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 ⬆ | **Status**: Score increased in March 2022. We increased the rating from 9 (amber) to 16 (red) to represent an increase in both likelihood and impact. The likelihood increase reflected us needing to implement some critical planned actions over the coming months that relate to EDI, safeguarding and duty of care and information handling and sharing. We expect likelihood to return back to 3 (21-50 percent chance of occurrence) thereafter. We increased our impact score as our risk exposure for this risk better reflects our corporate risk definitions for the higher impact score, this better reflects the time and complexity to recover from legal risks if they did materialise.<br><br>**Risk owner:** General Counsel.<br><br>**Current risk factors:**<br>The Council have been briefed separately on the key issues as part of their legal activity report. | **Actions:** None in addition to actions already being taken |
| **REG18/01**<br><br>Risk that we fail to maintain an accurate register of people who meet our standards (including timeliness of registrations) | 3 | 5 | 15 ↔ | **Status**: Stable.<br><br>**Risk owner:** Executive Director, Professional Regulation.<br><br>**Key issues are:**<br><br>Public interest in the registration of international nursing and midwifery professionals, our capacity for conducting objective structured clinical examinations (OSCE) testing, and ensuring that processing times to join the register are quick and efficient.<br><br>Our new Leeds site officially opened on 9 May. It is the first site to be run by an NHS organisation rather than a university. Candidate numbers are increasing steadily at Northumbria. We work closely with NHS England and NHS Improvement (NHSE/I) and Department for Health and Social Care (DHSC) to closely monitor demand, capacity, and timing to provide assurance that demand can be met, particularly with the on-boarding of the two new test centres. We continue to engage with employers and recruiters to gain feedback which has been very positive. | **Actions:**<br><br>• We are reviewing the first batch of performance data about our new computer based testing (CBT) and OSCE tests to gain insight about their impact.<br><br>• The legacy test will close on the 31 July. Only candidates who need to re-sit the test will be permitted |
| **INF18/02**<br><br>Risk that core business ICT failure impedes our ability to deliver effective and robust services for stakeholders or value for money | 3 | 5 | 15 ↔ | **Status**: Stable.<br><br>**Risk owner:** Chief Information Officer.<br><br>**Key issues are:**<br><br>• Ensuring that our new tools are fit for purpose: we are now halfway through our laptop pilot for 140 colleagues and we continue to capture areas where we can make improvements.<br><br>• Capacity: A competitive recruitment market continues to impact our ability to recruit to and retain key IT roles. Risks remain regarding our ability to fill roles for business architects, and data and business analysts. Employee turnover is currently stable and progress has been made to fill long standing vacancies.<br><br>• Protection from cyber-attacks: We are currently in the process of addressing the recommendations from our recent penetration tests. We plan to conduct an external review of our cyber security position to ensure we continue to have a robust control framework as we move to cloud solutions. | **Actions:** None in addition to actions already being taken. |

| Risk | | | | Status / Factors | Actions |
|---|---|---|---|---|---|
| **EXT21/03**<br>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 ⬇ | **Status:** Reducing - we reduced the impact from 4 (major) to 3 (moderate) in March 2022 to reflect the pandemic moving into the next stage of 'Living with Covid'.<br><br>**Risk owner:** Chief Executive and Registrar.<br><br>**Current factors are:**<br><br>• The temporary register will formally close in September 2022 to allow eligible people time to move to the permanent register if they wish.<br><br>• Risks remain within the sector as our professionals are still under pressure, and recovery from the pandemic will continue for the foreseeable future as the sector deals with secondary impacts from the pandemic (such as backlogs for testing and treatments). We continue to keep a watching brief on this.<br><br>• Concerns continue regarding the sector having limited capacity to meaningfully engage and co-produce with us on key issues. We continue to mitigate this through our planning, prioritisation, and implementation. | **Actions:** We will review this risk at the point of closing the temporary register and removing our recovery standards in September 2022 to assess if residual risks remain. |
| **STR20/02**<br><br>Risk that we fail to deliver our strategic ambitions for 2020-2025<br><br>**Risk factors:**<br>• Prolonged recovery from the pandemic<br>• Insufficient capacity or capability<br>• We miss strategic opportunities<br>• Pressure to adopt additional commitments<br>• We don't maximise regulatory reform<br>• Our ability to act independently | 3 | 4 | 12 ⬌ | **Status**: Stable.<br><br>**Risk owner:** Executive Director, Strategy and Insight.<br><br>**Current risk factors:**<br><br>• We have agreed our three year corporate plan and budget for the remainder of our strategy up to 2025. We will review and resolve uncertainties within the plan with Council in September 2022.<br><br>• We are managing uncertainties regarding the timeline for regulatory reform, making adjustments as needed. The timeline has slipped by at least 6 months. We have mitigated uncertainty within our corporate budget and will reprioritise once we have a clear timeline. | **Actions**: None in addition to actions already being taken |
| **FIN20/01**<br><br>Risk of not achieving our investment strategy particularly with regard to: long term growth; appetite for short term capital loss; alignment with our values | 3 | 4 | 12 ⬌ | **Status**: Stable.<br><br>**Risk owner:** Executive Director, Resources and Technology Services.<br><br>**Current risk factors:**<br>• We expect financial volatility to lead to stock market fluctuations which could impact our investment portfolio in the short to medium term. Our investment manager monitors and manages the situation and provides relevant alerts to our investment committee.<br>• Our investments are intended for the future and will not impact how we fund our current strategy; we expect any fluctuations to recover over time.<br>• A recent High Court judgement (Butler-Sloss v. Charity Commission) confirms the validity of our ethical policy. | **Actions**:<br><br>• Investment Committee will review our investment policy in July 2022.<br><br>• We will continue to monitor performance<br><br>• We expect the judgement to be reflected in updated Charity Commission guidance which we will review when available. |

| | | | | | |
|---|---|---|---|---|---|
| **FIN21/02**<br><br>Risk that we do not achieve a sustainable budget or the planned financial benefits from our strategy | 3 | 4 | 12 ⬌ | **Status:** Stable.<br>**Risk owner:** Executive Director, Resources and Technology Services.<br>**Current risk factors:**<br><br>• We are managing financial volatility within the budget and will continue to monitor and make adjustments as required. We will continue to monitor the impact of inflation and rising costs on our plans and will provide a review in September. We will continue to undertake sensitivity modelling and monitoring of the external environment.<br><br>• Our ICT and accommodation plans have taken inflation into account and we will review this again in September. | **Actions**:<br><br>• We will provide an update to the Council in September regarding impacts on our budget.<br><br>• We continue to monitor the impact of supply chain issues. |
| **REG19/03**<br><br>Failure to ensure that educational standards are fit for purpose (including processes to ensure compliance with standards are met) | 2 | 4 | 8 ⬌ | **Status:** Stable.<br>**Risk owner:** Executive Director, Professional Practice.<br>**Current risk factors:**<br><br>• On the agenda for 26 May, the Council are expected to agree our new post-registration standards. They will also review changes to our programme standards for pre-registration education in the UK. | **Actions:** None in addition to actions already being taken. |

| **Risk Escalations onto corporate risk register from directorates, Corporate Change and PMO, Corporate risk and performance team** | None |
|---|---|

**Nursing & Midwifery Council**

**From the Office of the Chair and Chief Executive**

Rt Hon Sajid Javid
Secretary of State
Department of Health and Social Care
By email: PsSajidJavid@dhsc.gov.uk

12 May 2022

Dear Secretary of State

**NMC's response to the final Ockenden review**

We are writing in reply to your letter of 14 April 2022 regarding the NMC's response to the Ockenden Review. We welcome the crucial work that Donna Ockenden and her team have undertaken.

The review describes long-standing failures in maternity care and leadership at Shrewsbury and Telford Hospital NHS Trust (the Trust) and recommends actions for the Trust and maternity units across England. As the independent regulator of midwives in the UK, our responsibility is to ensure the quality of midwifery care through our regulatory powers, and to use our insight and data to work with others to support and influence the improvement of maternity services as a whole.

While the Ockenden Review did not identify any immediate actions for the NMC to address, we have considered its findings as a matter of priority to ensure that our regulatory systems and processes can help to address the issues highlighted. Given the seriousness of the concerns raised in the review, we wrote to all midwives on our register sharing our key resources to help them with the challenges they are encountering.

In this letter, we summarise:

- The main changes to our regulatory processes (these are our Code, our standards of proficiency, education and training, quality assurance of education, revalidation and fitness to practice) during the period covered by the Ockenden Review (2000 to 2019);

- Further changes we plan to make in response to the Ockenden Review; and

- Areas where wider regulatory and systems changes are needed to support our ambitions, including the regulatory reform programme which the Department of Health and Social Care is leading.

**The Code: defines the standards of behaviour and conduct we require from registered midwives**

Our Code was updated and published in 2015 following a major review. It sets standards of behaviour and conduct for midwives, nurses, and nursing associates and is organised under four headings: prioritise people, practice effectively, preserve safety, and promote professionalism and trust. We have considered the key findings of the Ockenden Review in relation to the behaviour and conduct of midwives. We believe that the provisions of the Code continue to be relevant and fit for purpose. But we are planning to review our Code again by 2025 and when we do so we will consider a wide range of evidence, including learning from this and other reviews and inquiries.

**The Standards of proficiency for midwives: define the skills, knowledge and attributes midwives require in order to join our register**

Our Midwifery Standards of proficiency were published in 2019. These are based on the best global evidence of the knowledge and skills midwives need to deliver the most effective and safest person-centred care. We developed them in partnership with midwives and families and they were also shaped by lessons learned from when care has gone wrong, including the findings from the Morecambe Bay Inquiry. The first midwives to be educated against the new standards will graduate later this year (2022). All NMC Approved Education Institutions (AEIs) in the UK will be teaching midwifery students to a new curriculum based on these new standards from the academic year 2022/2023.

We have reviewed the Midwifery Standards in the light of the Ockenden Review. We have concluded that the deficits in knowledge and skills identified in the report have been addressed in the new standards. However, we will be taking the opportunity to commission a further external, independent review of the standards following the publication of the forthcoming inquiries in East Kent and Nottingham.

Continuity of Carer

Our Midwifery Standards require students to be proficient in providing continuity of care across the continuum of pregnancy and birth. Continuity of carer is associated with safer maternity outcomes, particularly for women with higher risk pregnancy, those from minority ethnic and lower socio-economic backgrounds and those with additional needs. However, we support the Ockenden Review's recommendation that trusts should suspend use of the midwifery continuity of carer model if they have insufficient staffing to implement it safely.

We have written to AEIs to encourage them to ensure student midwives can still meet the required proficiencies for continuity of midwifery carer. If there is a lack of opportunity for student midwives to be allocated to a continuity of care team, we have suggested alternative ways that this proficiency can be achieved. We hope that improved staffing levels can be achieved in due course to enable continuation of the continuity of carer model in all settings.

**The Standards for Education and Training: standards which must be met by universities wishing to deliver educational programmes leading to midwifery registration**

Our standards framework for nursing and midwifery education as well as our standards for student supervision assessment were published in 2019.  We have reviewed these standards in light of the findings of the Ockenden Review. The majority of student midwives undertake all their practical experience in one provider organisation. This means they are not able to experience the differences in culture and leadership, and the impact of these issues on practice, that exist between different maternity units. This summer we plan to consult on the inclusion of a new standard requiring midwifery students to have placement experiences at more than one maternity services provider in order to rectify this.

**Quality Assurance: how we approve and monitor programmes leading to midwifery registration**

We implemented an improved Quality Assurance Framework in 2018, which included strengthening our monitoring processes for AEIs. Since the review of maternity services at the Trust began, we have been in close contact with Staffordshire University in relation to midwifery students placed at the Trust. We carried out an extraordinary review of their midwifery programme, and have sought regular and continuing additional assurance in relation to the quality of student education. In the light of the Ockenden Review, we plan to explore how best we can receive more direct feedback from students about their experiences in practice placements to enhance our quality assurance processes. This would improve the level of evidence we have about the quality of their education, and would be useful intelligence to share with other regulators.

Our regulatory tools in relation to quality assurance are limited. While we are able to remove approval for programmes entirely, we do not currently have any intermediate sanctions to intervene and drive improvement where there are placement providers who are a cause for concern. We are exploring options for additional regulatory tools to enhance our quality assurance activity through the Department's proposals for regulatory reform.

**Revalidation: ensuring the behaviour and conduct of midwives is aligned with the Code, and their knowledge and skills are up to date with our latest standards**

We introduced revalidation in 2015 as a mechanism for all our professionals to reflect on their practice, behaviour and conduct, and identify any knowledge and skills deficits that require further education and professional development. This ensures that, throughout their careers, midwives can continue to meet our standards as they are modernised and updated to reflect best evidence in midwifery care.

Revalidation is now embedded in practice and seen as positive. Given that our Midwifery Standards address many of the issues raised in the Ockenden recommendations, we believe that the link between revalidation and the standards needs to be further strengthened to provide support to professionals and assurance that revalidation is effective in this regard. We plan to fully review the revalidation process in 2023. In the interim, we will be writing to professionals to ask them to confirm that they

have reviewed Midwifery Standards as part of their revalidation process and have identified any deficiencies in their knowledge which need to be considered as part of their continuous professional development.

**Fitness to practise processes: supporting a just culture**

Services are stronger where professionals feel able to admit mistakes and learn from them. People should be comfortable about raising and escalating concerns, and be supported to do so in line with our standards. We launched a new approach to fitness to practise (FtP) in 2018, which is better aligned to our 'just culture' ambition and designed to take better account of the context in which issues occur so that individuals are not blamed for systemic issues.

We always take FtP action where necessary to protect the public. We are currently progressing five FtP cases connected to maternity services at the Trust. In light of the Ockenden Review, we are considering as a matter of priority whether or not there is further FtP action we need to take. We continue to work with the review team, the Trust and the police.

We acknowledge our FtP processes could be swifter. We already have a programme of improvement and investment underway to improve our performance, but regulatory reform will allow us to deliver further improvements to the speed and effectiveness of our FtP processes. We look forward to continuing our work with the Department of Health and Social Care to agree and implement proposed reforms.

In 2016, we introduced our Employer Link Service (ELS) to improve engagement with employers, support them to refer the right cases to us, and establish a line of communication around risk. ELS was in regular contact with the Ockenden Review team throughout their work to ensure that we were informed immediately of any current FtP concerns. ELS continues to engage with the Trust to ensure they remain aware of their responsibilities for making appropriate referrals to us and to provide support as they address the issues raised by the Review.

**Other opportunities for partnership working**

We note the report's suggestion that newly qualified midwives require "an opportunity to develop essential skills and competencies on which to advance their clinical practice". A key principle of our approach to regulation is that after successfully undertaking an approved programme of education and training, newly qualified midwives meet our standards of proficiency, which include all essential skills and competencies, and are fit for registration. We agree that, following registration, newly qualified midwives need a formal programme of support to translate their knowledge into everyday practice, consolidate their skills, grow in confidence and understand how to apply the Code in their practice. We have published a set of principles for preceptorship (2020) to reflect this requirement, but we have no statutory regulatory tools to enforce these. There is an opportunity for inspections, undertaken by system quality regulators across the four nations, to audit the uptake of these principles in practice to help enforce them. Regulatory reform could also assist us to create a regulatory requirement that defines adequate preceptorship.

We have emphasised above the role of our Midwifery Standards. It is critical that these are implemented effectively in practice. It is therefore important that we work with government, educators and employers to ensure this, including through the work of the Department of Health and Social Care's Maternity Support and Improvement Group, Health Education England's Maternity Programme and NHS England's Maternity Transformation Programme. We welcome the opportunity to explain the important role our Standards could play in these programmes and to discuss with you how these could most effectively be incorporated into the government's future plans. We also wish to continue working with the Care Quality Commission to make sure these standards are being adopted across all maternity units in England. As a four country regulator, we are also working with system quality regulators and other partner organisations to support implementation of our standards across the UK.

Finally, wherever midwives practice, and whatever setting they work in, they have a vital impact on the quality and safety of maternity care and the health and wellbeing of women and babies across the UK. But midwifery is not the complete picture for maternity services. It's the whole multi-disciplinary team that has to work well together, within an organisation that supports them. That is one reason our work with the General Medical Council and the Care Quality Commission is so important: the three of us are collaborating to share data, and with our help, the GMC is running a pilot to support safe cultures. That pilot, Professional Behaviour, Public Safety, will be rolled out more widely in the coming year to organisations that would most benefit from it.

We are also collaborating with both organisations to develop a more effective way of generating insight from pooled data and improved intelligence sharing. We can also assist workforce planners by sharing relevant data and the insight that gives in relation to workforce numbers, joiners and leavers.

**Conclusion**

The Ockenden Review has highlighted the failings in care that can result from stretched workforce capacity, a lack of continuing professional development, failures in leadership and organisational culture, and underlying failures to recognise or escalate concerns. Ongoing reviews at East Kent and at Nottingham, as well as evidence of unacceptable racial disparities in outcomes for women and newborn infants, signal the need for further change in maternity services. We are committed to working with you and partners to drive improvement.

Our Council takes these matters very seriously and has already discussed (in our April seminar session) the Ockenden Review and our role in tackling the issues raised. We will report on this activity in the open meetings of the Council and will share this letter in our May Council papers.
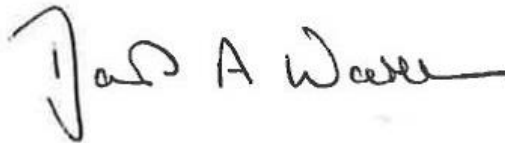
As ever, we would be more than happy to meet with you to discuss our response to the Review, our regulatory role and the benefits that regulatory reform will bring for us. If your team has any immediate questions on this work, our public affairs team at Public.Affairs@nmc-uk.org, will be happy to help them further.

Yours sincerely

Andrea Sutcliffe CBE
Chief Executive and Registrar

Sir David Warren
Chair

**Nursing & Midwifery Council**

## Council

# Fitness to Practise caseload update

| | |
|---|---|
| **Action:** | For discussion. |
| **Issue:** | To update the Council on our work to reduce the Fitness to Practise (FtP) caseload, which is a corporate priority, and invite feedback. |
| **Core regulatory function:** | Professional Regulation. |
| **Strategic priority:** | Strategic aim 1: Improvement and innovation<br>Strategic aim 2: Proactive support for our professions<br>Strategic aim 6: Fit for the future organisation |
| **Decision required:** | None. |
| **Annexes:** | The following annexes are attached to this paper:<br><br>• Annexe 1: Casework metrics<br><br>• Annexe 2: FtP Dashboard |
| **Further information:** | If you require clarification about any point in the paper or would like further information please contact the author or deputy director named below. |

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**Context:** 1 This report provides an end of year update on our work to reduce the Fitness to Practise (FtP) caseload. Our work aims to address the increase in the caseload that has arisen throughout the FtP process, predominantly arising from the impact of the Covid-19 pandemic on our organisation and the professions we regulate.

2 The Council is invited to consider and comment on this update.

3 Reducing the backlog of FtP cases was commitment number one in our corporate plan for 2021-2022.

4 Whilst we increased our decision making in 2021-2022 and stabilised our caseload, we did not reduce the caseload as we had planned. Our analysis of our performance has shaped our priorities for 2022-2023 within our business and budget planning.

5 Our plans are to raise performance across each part of Fitness to Practise. For Quarter 1 we will focus on addressing key operational challenges so that we make rapid progress towards our goal of fewer than 5000 cases by the end of March 2023.

**Four country factors:** 6 This backlog of cases impacts stakeholders across each of the four nations.

**Discussion:** 7 We did not meet the targets that we set in our corporate plan for 2021-2022 and failed to reduce the caseload. We have stabilised our caseload and arrested the growth seen in the previous two years. The table below indicates the rate of growth with a more detailed illustration available at **Annexe 1**:

| Year | Referrals received | Cases concluded | Year end closing caseload | Yearly change in caseload | |
|------|-------------------|-----------------|---------------------------|-------------|------|
|      |                   |                 |                           | **Actual** | **%** |
| 2019-2020 | 5,704 | 4,283 | 4,506 | +1,368 | +43.4 |
| 2020-2021 | 5,547 | 3,664 | 6,357 | +1,851 | +41.1 |
| 2021-2022 | 5,293 | 5,147 | 6,469 | +112 | +1.8 |

8    Our performance against the four elements of our Improvement
      Programme is summarised below:

| Area | Performance | Notes |
|------|-------------|-------|
| Avoiding inappropriate referrals | Green | Against a backdrop of an increasing register and unprecedented pressure across the Health and Social Care sector, we received fewer referrals in 2021-2022 than previous years (see table above).<br><br>We believe this has been, in part, as a result of our actions to improve the clarity of our website and other communications. |
| Making decisions at the earliest stage | Amber | We:<br><br>• revised our Screening guidance to support early decision making;<br><br>• launched our approach to taking context into account; and<br><br>• relaunched our approach to remediation –renamed 'strengthened practice'<br><br>These improvements enabled people to provide us with more information relevant to our decision making sooner in the process.<br><br>Whilst we have made progress in enabling earlier decision making, we still have just under 1000 cases that are ready to have a decision made at the Screening stage. |

Page 3 of 6

| | | |
|---|---|---|
| Making best use of resources | Red | We underspent our budget by £3.1m or 6.4 percent.<br><br>Within this, our Investigations Department underspent by 12.8 percent. Various measures to increase our performance, such as innovation in recruitment, were only partially successful. This had a significant impact on our ability to progress cases as planned. |
| Efficiency and Effectiveness | Amber | We made changes to streamline processes, remove duplication and unnecessary checks. This has not delivered the scale of benefits sought.<br><br>Embedding improvements is a key priority as we return to collaborative office working, together with identifying further efficiencies. |

9    Our priority for the first six months of the coming year is to make significant inroads into the caseload at Screening, where around 1,000 of the 3,500 cases at Screening are ready for a decision.

10   Our business plan last year did not include sufficient decision makers to keep pace with improvements we made in getting cases ready for a decision. We are addressing that in the months ahead through provision of additional skilled decision-making capacity to support the permanent teams.

11   We are also increasing our decision-making capacity at Screening by creating a new team made up of external appointments and secondments. This will be aided by additional resource being made available to support recruitment. We plan for the team to be in place for a minimum three months.

12   We will seek to ensure the effectiveness of the new team by recruiting skilled individuals and working with General Counsel's team to deliver training which takes into account learning from an independent review of our decision-making process.

13   **Annexe 1** shows the overall caseload position and our decision-making trajectories.

14    Our caseload graph at **Annexe 1, Chart 1**, illustrates the need to progress cases from the first stage of our process. We are aware of, and planning for the subsequent impact on the later stages of the process; so that cases referred on after screening are progressed at the Investigation stage.

15    Our revised target is to reduce the caseload to less than 5,000 by March 2023, as a key staging post in overall reduction. Resolving the backlog of cases awaiting a decision at Screening will be a key enabler in meeting our overall target.

16    A consequence of failing to reduce the caseload as planned last year is that the age of cases at each stage of the process has increased. **Annexe 2** provides the age profile of our caseload.

17    As this shows registrants, referrers, witnesses and employers are waiting far longer for cases to be resolved than they should expect. We are sorry for this as we understand the impact it has on all involved and are committed to doing better. Our focus on caseload reduction for the coming year should positively impact the age of our caseload and lead to its reduction.

**Midwifery implications:**

18    As previously reported, elements of our programme are designed to improve our performance in relation to cases involving midwives; for example, concentrating all incoming concerns relating to midwives within a smaller team so that expertise can build more rapidly.

**Public protection implications:**

19    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:**

20    We did not make full use of the budget available to us and significantly underspent against our increased budget for 2021-2022, with the result that we did not achieve the targets we set to reduce the caseload.

21    The further work outlined above is supported through dedicated headcount which is included in the 2022-2023 budget.

**Equality diversity and inclusion implications:**

22    Our 'Ambitious for Change' programme to explore observed differences of referral rate to, progression through, and sanction arising from, our FtP processes further will inform our improvement work.

23    We will monitor improvements against our baseline EDI data to determine impact.

**Stakeholder engagement:**

24 Stakeholders are being engaged both specifically and generally. Individual projects, such as modification of our correspondence with professionals at the start of the process, have involved representative body and union input.

25 We have had positive feedback from stakeholders on the benefit of early engagement with their members.

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

**Risk implications:**

27 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".

**Regulatory reform:**

28 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:**

29 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.

Nursing &
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Council

# Caseload metrics
# Fitness to Practise Improvement Programme Update

### Overall caseload position – Chart 1

The below chart shows how over the last year we have arrested the quarterly growth in our caseload we had been experiencing since 2019.
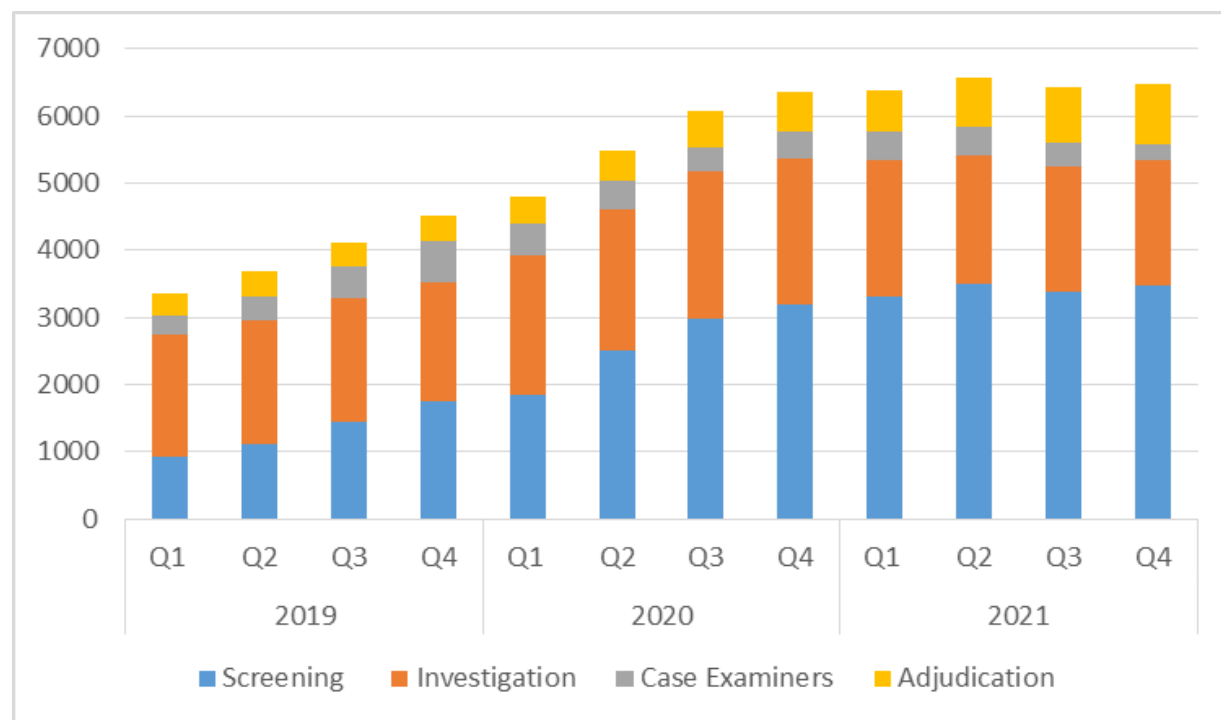
## Moving annual total case decisions – Chart 2

The chart below shows the number of decisions made on a rolling annual basis, which includes all cases clearing Screening, Investigations, Case Examiners and Adjudication.
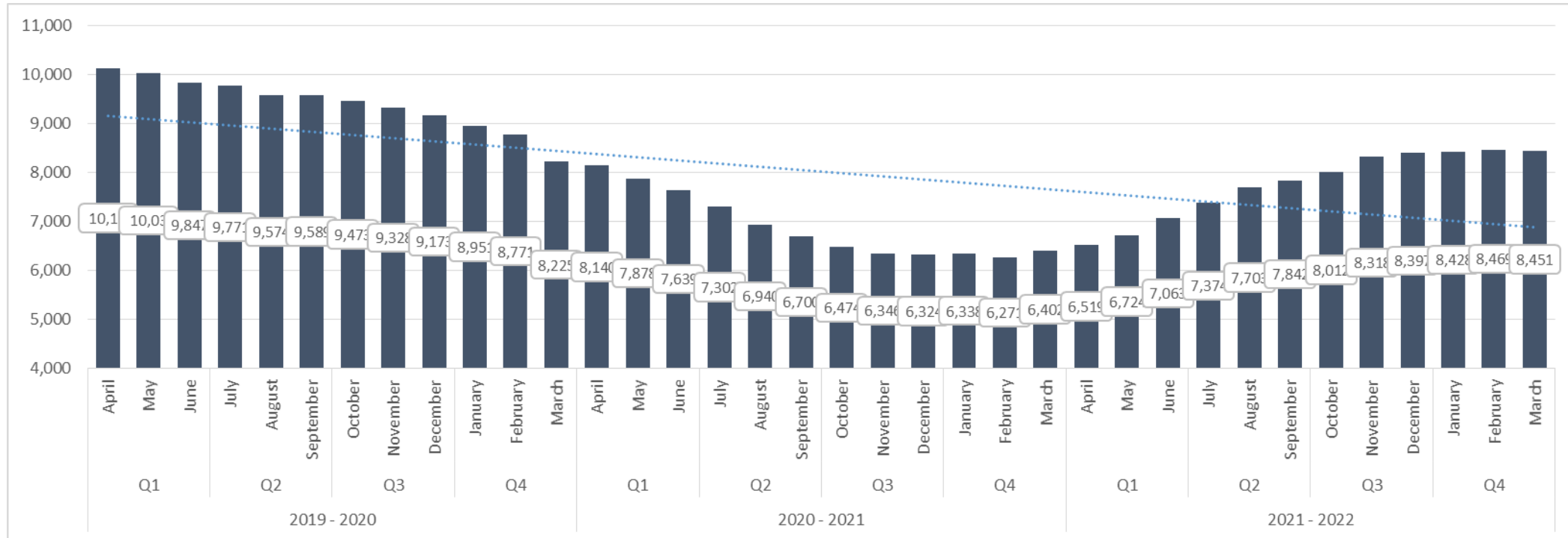
## Moving annual total case conclusions – Chart 3

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

The numbers shown below are significantly lower than in Chart 2 as they do not include any decisions to progress a case onwards from Screening, the completion of an Investigation or any decisions to progress cases onwards from Case Examiners.
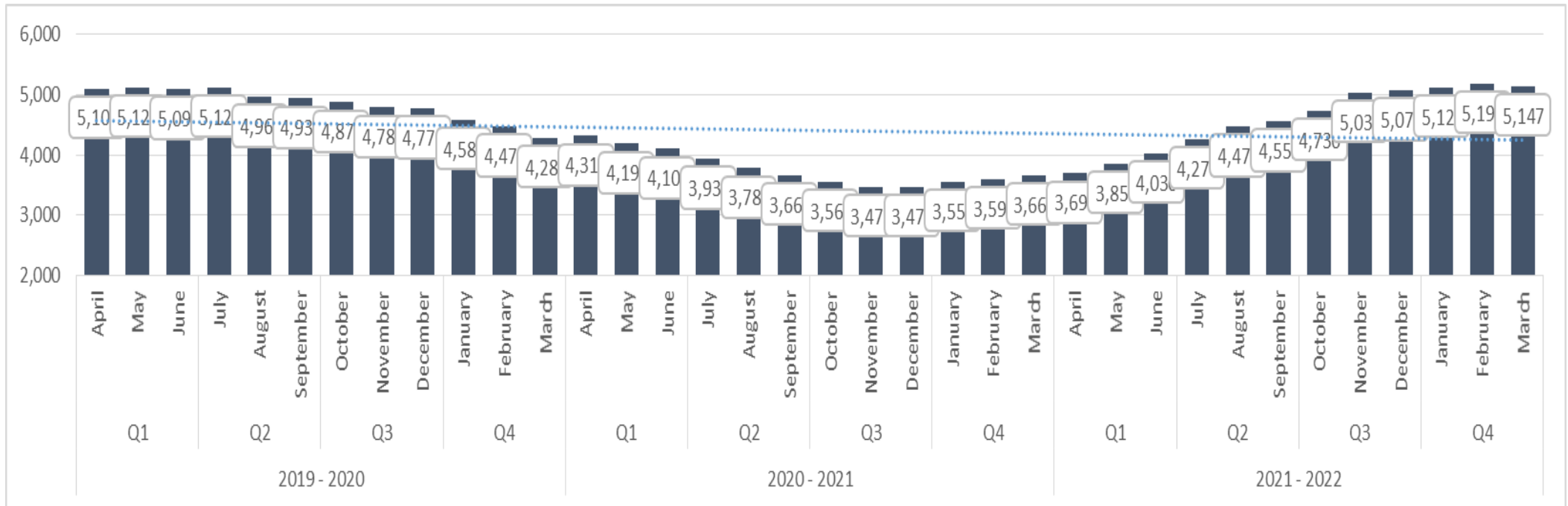
# FtP Performance Dashboard March 2022 - Final
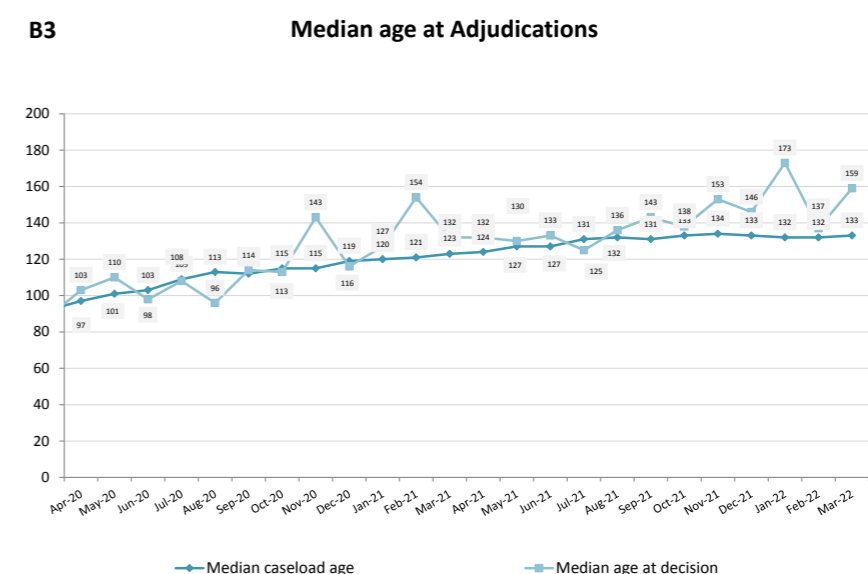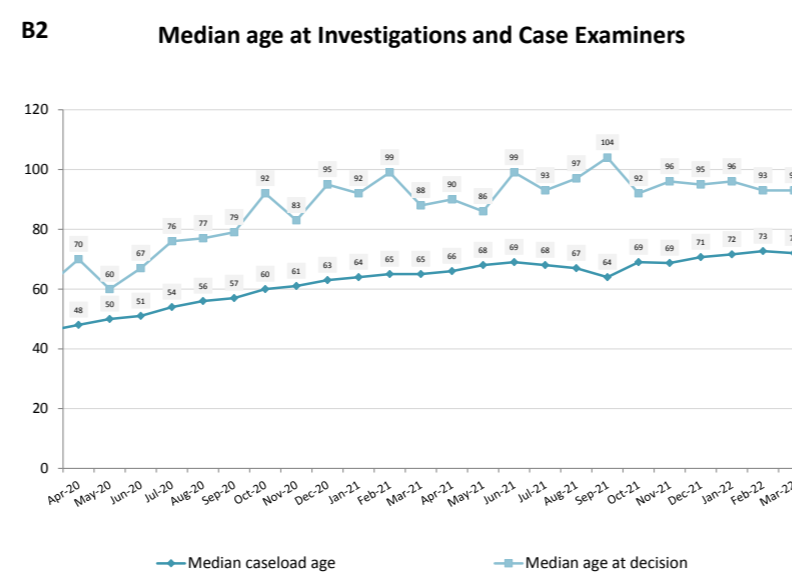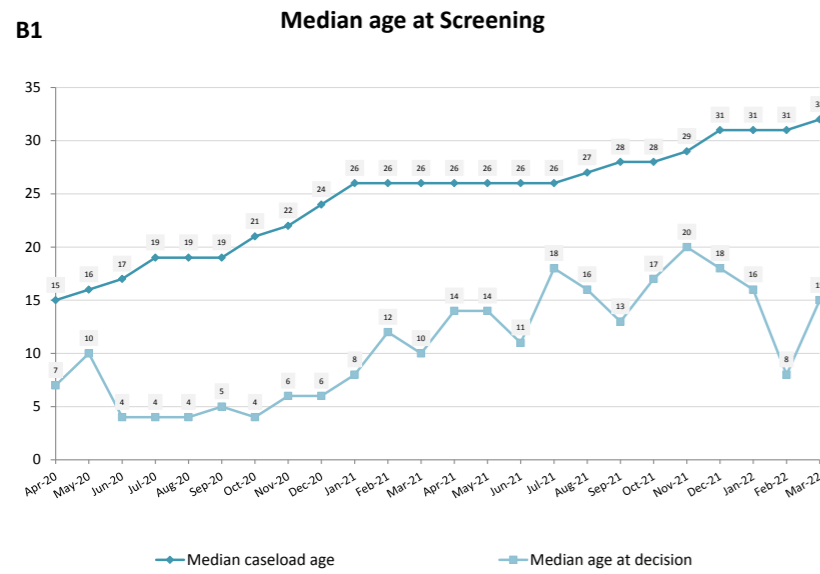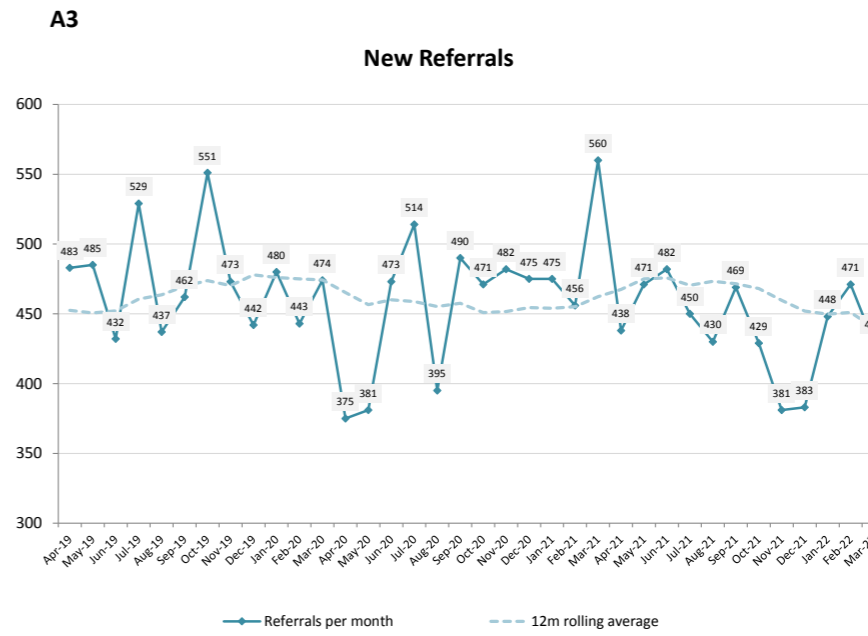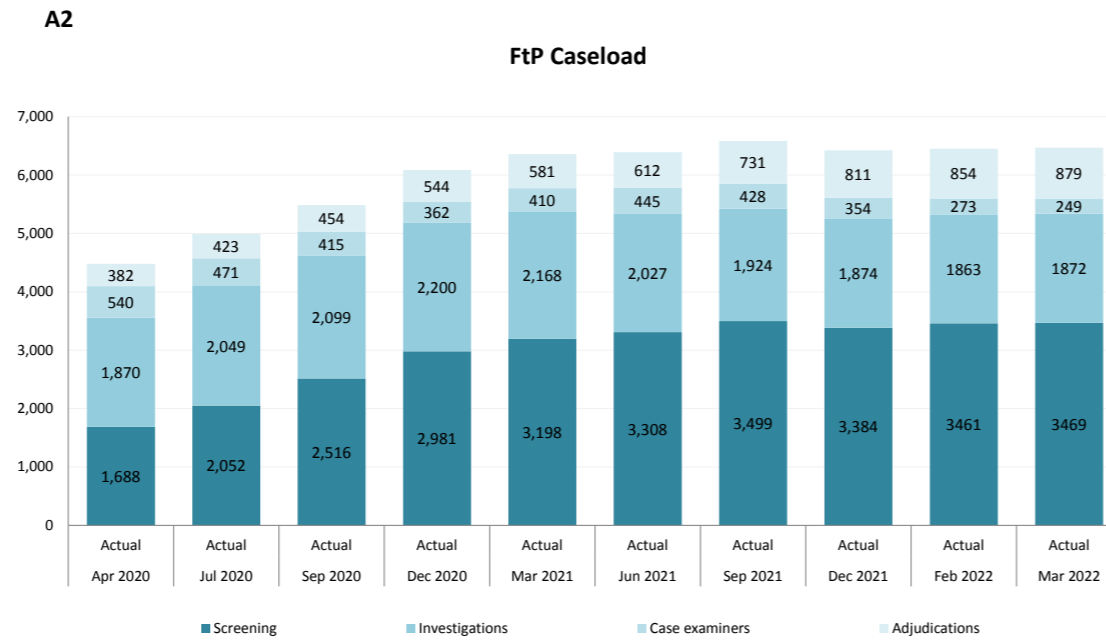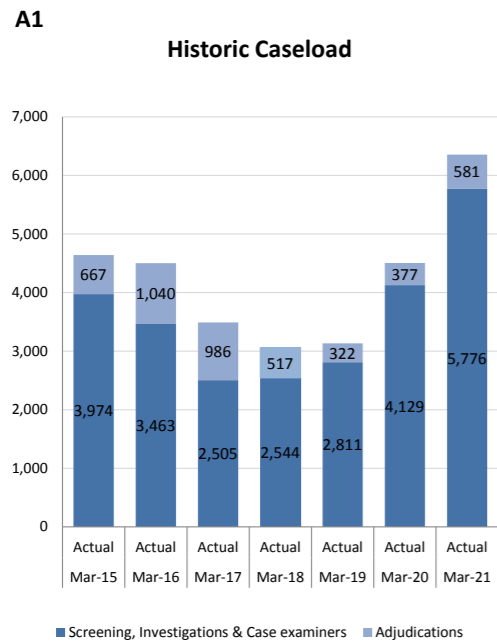
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# Council

# Audit Committee Report

**Action:**          For information.

**Issue:**          Reports on the work of the Audit Committee.

**Core**          Supporting functions.
**regulatory**
**function:**

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

**Decision**          None.
**required:**

**Annexes:**          None.

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

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**Context:** 1 Reports on the last meeting of the Audit Committee held on 27 April 2022. Key Issues considered by the Committee included:

1.1 Progress on the Internal Audit work plan and the draft internal audit opinion for 2021-2022.

1.2 Preparation for annual report and accounts

1.3 Annual review of risk management effectiveness

1.4 Annual report on whistleblowing

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

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

**Stakeholder engagement:** 3 None.

**Discussion:** **Internal Audit Work Plan**

4 The Committee considered progress against the internal audit work plan for 2021-2022.

5 There were two outstanding internal audit assignments for 2021-2022, and one additional piece of work that had been requested:

5.1 Modernisation of Technology Services (MoTS): The focus of this review is not the entirety of the MoTS programme but key governance processes that the Committee wanted assurance on. This had been issued in draft form to the Executive and had been given an opinion of substantial assurance. The Committee were pleased with the draft opinion and looked forward to reviewing the final report at its meeting in June.

5.2 New Ways of Working: The draft opinion had yet to be issued but the Internal Auditors have confirmed they do not expect it to alter the overall opinion for the year.

5.3 Microsoft Direct Award SER: The internal auditors had agreed to undertake an additional piece of work – reviewing the implementation of an action plan following a direct award of a contract – which was due to be considered the Committee's meeting in June.

Page 2 of 5

## Draft Internal Audit Opinion 2021-2022

6    The Committee considered the draft Internal Audit Opinion for 2021-2022 and welcomed the Head of Internal Audit's positive assessment, noting that the Opinion was similar to 2020-2021.

7    The Committee thanked the Internal Auditors and NMC colleagues for their collaborative approach to the audits which had produced productive outcomes for the NMC.

## Annual review of risk management effectiveness

8    The Committee considered the report on the annual assessment of risk management effectiveness of 2021-2022. This included an overview of each directorate's assessment of their risk management and internal controls.

9    The Committee was disappointed that the appraisal completion rate had reduced compared to 2020-2021, and was pleased to note that the Executive was taking a number of actions to increase completion this year.

10   Overall, the Committee was content with the assurance provided by the annual review of risk management, and noted that it aligned with the draft Internal Audit opinion.

11   The Committee noted that there had been significant improvements in this area over the last few years and congratulated the teams for the progress they have made.

## Anti-fraud, bribery and corruption 2021-2022

12   The Committee was pleased to note that no instances of fraud, bribery or corruption had been detected in 2021-2022 and that there had been no reported incidents of offences under the Modern Slavery Act 2015 in the NMC's supply chain.

13   The Committee considered and approved the Modern Slavery Statement for 2021-2022.

## Annual Report and Accounts 2021-2022

14   In line with the timetable for the production of the Annual Report and Accounts the Committee considered a draft of the Annual Governance Statement.

15   The Committee made minor amends to the statement and noted how comprehensive the draft annual governance statement was and thanked the teams responsible for developing it.

16      Council will review the Annual Report and Accounts on 6 July 2022. Ahead of this discussion, a draft of the report will be shared with Council on Board Intelligence on 1 June 2022 for comment.

**Serious event reviews and data breaches report**

17      The Committee considered the report on serious event reviews (SERs) and data breaches for the period 1 July 2021 to 31 December 2021 and the learning and actions that arose from them.

18      The Committee made a number of suggestions for improving reporting of SERs to the Committee and was pleased that the functionality issues with the database would be resolved by May 2022.

**Schedule of Insurance Arrangements**

19      The Committee considered and noted the schedule of insurance arrangements.

**Single tender actions**

20      The Committee considered and noted the annual report on single tender actions (STAs) for 2021-2022. The Committee was pleased that a target for the number of STAs was being set for 2022-2023.

**Whistleblowing**

21      The Committee reviewed the annual report on the use of the NMC's internal whistleblowing policy. The Committee is confident in the integrity of the whistleblowing policy and is assured by the thorough approach taken to investigating incidents.

**Proposed approach to the annual review of Audit Committee effectiveness**

22      The Committee approved the proposed approach to the annual review of Audit Committee effectiveness.

| | | |
|---|---|---|
| **Midwifery implications:** | 23 | No midwifery implications arising directly from this report. |
| **Public protection implications:** | 24 | No public protection issues arising directly from this report. |
| **Resource implications:** | 25 | No resource implications arising directly from this report. |

| **Equality and diversity implications:** | 26 | Our Annual Report and Accounts needs to reflect our commitment and work in equality, diversity and inclusion (EDI). The Nursing and Midwifery Order 2001, reinforces this need, requiring us to include a description of the arrangement puts in place to ensure adherence to good practice in relation to equality and diversity (50.1a). The Committee considered the Annual Governance Statement at its meeting in April (paragraphs 14-15) and will consider the full draft at its meeting on 8 June 2022.  The Committee noted the statistics for completing staff Annual reviews and commented that this had the potential to affect more junior ethnically diverse staff; it noted the plans to streamline reporting and improve these outcomes this year. |
| | 27 | The Committee will consider how it ensures EDI is embedded into all its work as part of its annual effectiveness review (paragraph 23) |
| **Risk implications:** | 28 | No risk implications arising directly from this report. |
| **Regulatory reform** | 29 | The Committee will consider the impact of regulatory reform on its terms of reference as part of its effectiveness review (paragraph 23). |
| **Legal implications:** | 30 | None identified. |

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## 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 20 April 2022. Key issues considered by the Committee included:

    1.1   Performance of the Investment Portfolio;

    1.2   The potential impact of rising inflation rates and the war in Ukraine on the portfolio's performance;

    1.3   Reviewing amends to the Investment Policy for recommendation to Council;

    1.4   Reviewing the level of the investment fund for recommendation to Council;

    1.5   The findings from the Committee's effectiveness review.

    2   The meeting took place at the Investment Fund Managers office, Sarasin and Partners LLP. As well as being the first in person meeting of the Committee since 26 February 2020, it was also a welcome opportunity to meet more of Sarasin's Investment team.

**Four country factors:**   3   Not applicable for this paper.

**Stakeholder engagement:**   4   Not applicable for this paper.

**Discussion:**   **Performance of the Investment Portfolio**

    5   The Committee reviewed and discussed the performance of the Investment Portfolio with our Investment Managers, Sarasin. The objective for the fund is a return of UK Consumer Price Index (CPI) plus 3 percent per annum.

    6   The previous quarter had been a challenging period for the economy, due to the events in Ukraine and continued rising inflation rates. Within this environment, the portfolio had produced a return over the quarter of -4.2 percent, which was below the long term objective (CPI plus 3 percent) of 1.9 percent and the composite benchmark of -1.9 percent. It was noted that for the calendar year 2021, the portfolio had produced a return of 10.7 percent against the long term objective of 8.3 percent.

7　The Committee explored the previous quarter's underperformance with the Investment Managers who agreed that the performance was disappointing. This performance was primarily due to:

7.1　Energy sector: The energy sector had performed strongly over the calendar year and, as such stocks were excluded from the NMC portfolio due to its Ethical Investment Policy, the fund had not benefited from this.

7.2　Stock selection: Some stocks had performed less well than predicted. The Managers had identified learning from such cases and their process for stock selection had been amended accordingly.

8　Given the fund's underperformance and the challenging economic environment, the Committee sought to understand how the Investment Managers proposed to mitigate the challenges posed by the events in Ukraine and rising inflation rates. The Committee also sought assurance that the long term target return of CPI plus 3 percent remained achievable.

9　The Investment Managers provided a detailed presentation, led by their Chief Investment Officer, on how their thematic approach was well placed to weather a challenging economic environment and could produce long term returns in line with our target.

10　Whilst the current economic volatility is concerning, the Committee agrees that holding a long term fund with Sarasin remains a prudent and appropriate decision. A decision that protects significant assets from the devaluing impact of inflation and, through Sarasin's expertise and robust processes, should provide long term returns to support the delivery of the NMC's work. The Committee is confident that the Investment Managers are monitoring the economic situation closely and amending their approach appropriately.

11　The Committee remains comfortable with the investment approach taken by the Investment Managers.

**Holdings in Russia or Belarus**

12　As noted in its report to March Council, the Committee has sought and received assurances that Sarasin does not hold direct investments in Russia or Belarus.

**Review of investment Policy**

13　The Committee undertook its annual review of the Investment Policy and agreed to recommend a change to the policy in relation to the impact of climate change and pollution on human health. The policy and proposed amendment will be considered by Council in July 2022.

14     The Committee also reviewed Sarasin's compliance with the current investment policy, and is confident that Sarasin has been compliant with the policy during 2021-2022.

**Scope to increasing the investment portfolio**

15     The Committee also reviewed the level of funds held in the long term portfolio, in the light of the current economic climate and will make recommendations for Council to consider in July 2022.

**Investment Committee annual effectiveness review**

16     The Committee considered the results of the annual effectiveness survey, which had been completed by Committee members, Secretary, members of the Executive and the Investment Managers.

17     Overall, the results of the survey were positive. A number of actions were identified to support the further development of the Committee around meeting length and the importance of continuing to increase the focus on diversity. These actions will be progressed and monitored by the Committee.

**Risk register**

18     The Committee discussed the portion of the corporate risk register relating to the investment risk and agreed the minor amendments made following the Committee's discussion in January 2022.

| | | |
|---|---|---|
| **Midwifery implications:** | 19 | Not applicable. |
| **Public protection implications:** | 20 | None. |
| **Resource implications:** | 21 | 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, net of investment management fees. |
| **Equality diversity and inclusion implications:** | 22 | Equality, diversity and inclusion issues were considered as part of the Committee's annual effectiveness review. The Committee should continue to increase focus on diversity. |
| | 23 | 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. |

| **Risk implications:** | 24 | The Committee will continue to discuss and monitor the risks associated with investment as discussed above. |
| --- | --- | --- |
| **Regulatory reform:** | 25 | No issues directly related to regulatory reform. |
| **Legal implications:** | 26 | None identified. |