

Open 6 July 2022

MEETING
6 July 2022 09:30

PUBLISHED
1 July 2022

Meeting of the Council

To be held from **09:30** on Wednesday 6 July 2022
Council Chamber, 23 Portland Place, London W1B 1PZ

Agenda

Sir David Warren
Chair of the Council

Fionnuala Gill
Secretary

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|----------|--|-----------|--|
| 1 | Welcome and Chair's opening remarks | NMC/22/50 | 09:30 |
| 2 | Apologies for absence | NMC/22/51 | |
| 3 | Declarations of interest | NMC/22/52 | |
| 4 | Minutes of the previous meeting | NMC/22/53 | |
| | Chair of the Council | | |
| 5 | Summary of actions | NMC/22/54 | |
| | Secretary | | |
| 6 | Executive report | NMC/22/55 | 09:40-10:10
<i>(30 mins)</i> |
| | Chief Executive and Registrar/Executive | | |
| 7 | Audit Committee Annual Report 2021-2022 | NMC/22/56 | 10:10-10:25
<i>(15 mins)</i> |
| | Chair, Audit Committee | | |

Matters for decision

- | | | | |
|----------|---|-----------|--|
| 8 | Draft Annual Report and Accounts 2021-2022 | NMC/22/57 | 10:25-10:55
<i>(30 mins)</i> |
| | Chief Executive and Registrar | | |

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9 **Draft Annual Fitness to Practise Report 2021-2022** NMC/22/58 **10:55-11:25**
(30 mins)
Interim Assistant Director, Professional Regulation

Refreshments (20 mins)

11:25-11:45

10 **Pay Gap Annual Reports 2022** NMC/22/59 **11:45-12:10**
(25 mins)
Acting Executive Director, People and Organisational Effectiveness

11 **Health and Safety Annual Report 2021-2022** NMC/22/60 **12:10-12:20**
(10 mins)
Executive Director, Resources and Technology Services

12 **Council Allowances** NMC/22/61 **12:20-12:40**
(20 mins)
Secretary

13 **Assistant Registrar Appointment** NMC/22/62 **12:40-12:45**
(5 mins)
Interim Assistant Director, Professional Regulation

Matters for discussion

14 **Questions from observers** NMC/22/63 **12:45-13:00**
Chair (Oral) (15 mins)

Matters for information

15 **Chair's action taken since the last meeting** NMC/22/64
Chair

CLOSE & LUNCH (30 mins)

13:00

Meeting of the Council
Held on 26 May 2022, The Playhouse, Derry-Londonderry, Northern Ireland

Minutes

Council

Sir David Warren	Chair
Karen Cox	Member
Anna Walker	Member
Claire Johnston	Member
Derek Pretty	Member
Eileen McEneaney	Member
Sir Hugh Bayley	Member
Dr Lynne Wiggins	Member
Margaret McGuire	Member
Marta Phillips	Member
Ruth Walker	Member
Dr Gloria Rowland	Associate
Tracey MacCormack	Associate

NMC Officers

Andrea Sutcliffe	Chief Executive and Registrar
Emma Broadbent	Acting Executive Director, People and Organisational Effectiveness
Helen Herniman	Executive Director, Resources and Technology Services
Matthew McClelland	Executive Director, Strategy and Insight
Linda Everet	Interim Deputy 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

Also present

Maria McIlgorm	Chief Nursing Officer, Northern Ireland
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A list of observers is at Annexe A.

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Minutes

NMC/22/34 Welcome and Chair’s opening remarks

1. The Chair welcomed all attendees to the first Council meeting in Northern Ireland since 2016. Council members had visited various settings and met with a wide range of colleagues and partners the previous day. The Chair thanked everyone who took time out of their very busy working day to talk about their work and the challenges for nursing and midwifery in Northern Ireland.
2. The Chair extended a special welcome to Margaret McGuire, new Council member for Scotland, as well as Maria McIlgorm, Chief Nursing Officer (CNO) for Northern Ireland. The Chair thanked the CNO and her team for all their invaluable help and support for the Council’s visit and meeting in Northern Ireland.
3. On behalf of the Council, the Chair congratulated:
 - **Marta Phillips** on her recent appointment to the Board of Barking, Havering and Redbridge University Hospital Trust.
 - **Lynne Wigans** and our Northern Ireland member, **Eileen McEaney**, who both recently revalidated.

NMC/22/35 Apologies for absence

1. Apologies were received from Sue Whelan Tracy, Council member.

NMC/22/36 Declarations of interest

1. The following declarations of interest were recorded:
 - a) **NMC/22/40: English Language testing** All Registrant Council members, Associates and Geraldine Walters declared an interest.
 - b) **NMC/22/41: Education: Future Pre-Registration Programme Standards – proposal to consult** All Registrant Council members, Associates and Geraldine Walters declared an interest.
 - c) **NMC/22/42: Education: Post-Registration Standards** All Registrant Council members, Associates and Geraldine Walters declared an interest.
 - d) **NMC/22/45 Fitness to Practise caseload update** All Registrant Council members, Associates and Geraldine Walters declared an interest.
2. These interests were not considered material such as to require the individuals concerned to withdraw from discussion or decisions.

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NMC/22/37 Minutes of the previous meeting

1. The commitment to explore the possibility of a joint meeting between the Council of the NMC and the General Medical Council (GMC) should be recorded as an action. Following the appointment of the new Chair of the GMC, Dame Carrie MacEwen, in May 2022, the possibility of a joint meeting could be progressed, and an update would be provided in July 2022.
2. Subject to this amendment, the minutes of the meeting on 30 March 2022 were agreed as an accurate record and signed by the Chair.

NMC/22/38 Summary of actions

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

NMC/22/39 Presentation on the Northern Ireland Nursing and Midwifery Task Group

1. The CNO gave a presentation on the work of the Nursing and Midwifery Task Group and plans for implementation of the resulting strategy. She thanked colleagues observing the meeting for their ongoing support with the programme of work.
2. In discussion the following points were noted:
 - a) Many of the experiences and challenges in health and social care in Northern Ireland were relevant across all four countries. The CNOs for Northern Ireland, Scotland, Wales, and England were committed to working together and met on a fortnightly basis to share learning and expertise.
 - b) The focus on population health within the strategy was striking; it may be valuable for the Council to consider this, alongside the focus on workforce pressures.
 - c) The proposed new post- registration standards to be discussed later on the agenda demonstrated the potential for community public health nurses to have an impact on public health as outlined in the strategy presented by the CNO.
 - d) A key aim of the strategy in Northern Ireland was to create the conditions that supported professionals to always work within the NMC Code. The NMC Code and proficiency standards sought to ensure professionals were equipped with everything they needed to know and do to provide safe and effective care.
3. Summing up, the Chair welcomed the highly informative presentation on the picture in Northern Ireland. There was scope to work collaboratively so that where possible, the NMC's policy and regulatory work contributed to, and was supportive of, work to implement the aims of the strategy arising from the work of the Task Group.

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NMC/22/40 English Language testing - proposal to consult

1. The Executive Director, Strategy and Insight, introduced the paper.
2. Following a review of the evidence base for current English language competence requirements, and stakeholder engagement, there may be a case for change. It was proposed to seek additional evidence through a public consultation on three specific potential changes:
 - a) The scores we accept for language tests, including how applicants can combine scores across test sittings;
 - b) Whether we can accept evidence of non-registered practice in English supported by an employer reference or other evidence;
 - c) Whether we can accept non-nursing or midwifery post-graduate qualifications taught and examined in English.
3. The consultation would begin in June 2022 for eight weeks. The outcomes and any proposed changes would be submitted to Council in September 2022, with a view to implementing any approved changes from October 2022.
4. In discussion the following points were noted:
 - a) Effective communication in English was essential to safe, kind, person-centred care. Any changes to English language requirements must be based on evidence and not a result of workforce, political or other pressures.
 - b) Although there had been an increase in the number of successful appeals by applicants to the Registration Appeals Panel, this had not been a factor in deciding to review the position. As a matter of course, we would regularly review the English language requirements, but the review had been accelerated due to the considerable amount of stakeholder feedback on the current approach over the past year.
 - c) The shorter consultation period of eight weeks compared to the normal 12 weeks reflected stakeholder support for an accelerated review.
 - d) Fitness to Practise data indicated that the frequency of cases in which English language was the reason for, or component in, a referral was low, but of course any instance of patient harm was one too many.
 - e) The consultation would explore the possible safeguards that would be required in addition to employer references as ‘acceptable evidence’. It was likely that a number of different assurances would be required. The support from UNISON in helping to co-produce requirements around employer references was appreciated.
 - f) It was not possible to draw simple international comparisons, for example, in the United States, English language requirements were a mix of Federal and State requirements.

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- g) The consultation would explore whether the standards should remain the same for both nursing and midwifery.
- h) One of the current English language tests accepted (IELTS) was not sector specific or tailored to the professions on our register. We were reviewing other English language tests available on the market which might be accepted.
- i) Collaboration between the NMC and employers was important in supporting professionals trained outside the UK to integrate socially and understand local idioms.
- j) Any new issues raised during the consultation would be taken on board.
- k) The question of what the various pass rates meant was always difficult and the question to be considered was whether we had set the bar at the right level. The question of how results from more than one attempt at the test were combined would also be reviewed.

5.

Decision: The Council approved that we publicly consult on amending our English Language requirements.

NMC/22/41 Education: Future Pre-Registration Programme Standards – proposal to consult

- 1. The Executive Director, Professional Practice, introduced the paper, which sought approval to consult on proposed changes to pre-registration nursing and midwifery education programme standards following UK departure from the EU. The proposed consultation would be launched in July 2022. The aim was to bring final proposals to the Council for consideration in January 2023.
- 2. In discussion the following points were noted:
 - a) A Steering Group of senior stakeholders from the four countries with an independent Chair, Professor Jean White CBE, had been established to consider the strategic implications and provide advice to inform the Executive’s recommendations to Council.
 - b) There was concern that the proposed new standard requiring midwifery students to have more than one placement experience may create hardship or barriers, such as long distance travel. Consideration would be given to whether short secondments, experience elsewhere within the same provider or other activities would satisfy the requirements so as to avoid this. It was also important to ensure that universities were able to deliver against the programme standards. Unintended consequences of this proposal should be considered carefully as part of the consultation.
 - c) Students would be consulted to seek views and experiences about flexibility with regard to the use of simulated practice learning.

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- d) It was valuable for UK-trained professionals to be able to gain experience working in EU countries; it would be preferable to avoid creating any barriers to this, if possible. But the focus of the education standards was on the requirements for practising in the UK. As the knowledge and skills competencies would be unchanged, the changes to programme standards should not be a barrier to working in the EU. However, it would be for EU states to determine what requirements UK-trained professionals would need to meet to work in the EU.
- e) The importance of considering the different context and views of stakeholders in each of the four countries was noted. The implications of professionals being able to work across the border between Northern Ireland and the Republic of Ireland would need to be taken into account in determining any change. Northern Ireland could make a policy decision to retain the current EU Directive pre-registration programme standards, in addition to the new UK standards. Colleagues in Northern Ireland were urged to contribute to the consultation.
- f) The consultation would run for 10 weeks, rather than the usual 12 weeks, as there had already been considerable stakeholder consultation in 2021. Checks at the midway point of the consultation period would be undertaken to ensure sufficient input was being received from the wide range of stakeholders we would want to contribute. The level of responses would be kept under close review and the consultation could be extended if required.

3.

Decisions: Council agreed to proceed to public consultation on:

- **The draft amended Standards for pre-registration nursing programmes;**
- **The draft amended Standards for pre-registration midwifery programmes; and**
- **The draft amended standards for other programmes and education standards impacted:**
 - **Standards for pre-registration nursing associate programmes;**
 - **Standards for return to practice programmes;**
 - **Standards for prescribing programmes, and**
 - **Part 1: Standards framework for nursing and midwifery education.**

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NMC/22/42 Education: Post-Registration Standards

1. The Executive Director, Professional Practice, introduced the paper. The proposed new standards were the product of co-production and extensive consultation. She offered thanks to CNOs in Northern Ireland, Wales, Scotland, and England for their support for the standards and welcomed the positive support from the Queen’s Nursing Institute.

2. The Executive Director read a statement from the Independent Chair of the Steering Group, Dr David Foster whose advice had informed the Executive’s recommendations to the Council. *The statement is included at Annexe B.*

3. In discussion the following points were noted:
 - a) The considerable effort, work, and engagement to develop revised standards was commended.
 - b) As previously noted, the new standards of proficiency for specialist community public health nurses (SCPHN) would ensure future SCPHN professionals were well placed to lead and influence public health services.
 - c) There remained a mix of views on whether prescribing should be a requirement or optional. Some felt it would be helpful to make it mandatory to future-proof the standards, others that it was not necessary for all roles, so should be optional. The four CNOs had supported an optional approach, recognising that this would need to be addressed in the future development of standards for advanced practice. There were also questions about whether universities would have the infrastructure to deliver this aspect if the requirement was made mandatory at this time.
 - d) The transition period for the implementation of the new post-registration standards over a two-year period would enable the NMC to continue to mitigate any future risks.
 - e) There was assurance that these new post-registration standards would form a bridge to exploring whether regulation of advanced practice was needed. However, it was important to recognise that the development of standards for advanced practice would take at least three years and possibly more if a multi-disciplinary approach was adopted involving joint work with the Health and Care Professionals Council and General Medical Council.

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4. **Decisions: The Council approved:**
- 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;
 - 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;
 - 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; and
 - the transitional arrangements related to the above standards.

5. Summing up, the Chair noted that this was the final piece of work completing the extensive Education programme started in 2016 to ensure our proficiency and education programme standards equipped the nursing and midwifery professionals of the future. The Chair thanked the Executive Director, Professional Practice, and her team for the tremendous effort that had gone into both these standards and the whole education programme. This was a significant and impressive achievement.

NMC/22/43 Equality, Diversity, and Inclusion Action Plan

1. The Acting Executive Director, People and Organisational Effectiveness introduced the Equality, Diversity, and Inclusion (EDI) Action Plan for the next three years. The Council had previously approved the framework for EDI and the action plan set out the work that would be progressed to deliver this.

2. In discussion the following points were noted:
- a) The significant challenge represented by the work proposed in the plan was recognised. It would be crucial to put in place a clear implementation plan with milestones and measures so Council could scrutinise progress. The Acting Executive Director gave assurance that work was underway on an implementation plan; this was a key focus for the newly appointed Head of EDI.
 - b) While the Acting Executive Director, People and Organisational Effectiveness had overall responsibility, each Executive Director had responsibility for progressing specific actions and shared responsibility for collectively delivering across all areas of the NMC’s work. It was important that there should be clarity about who was accountable for delivery and for taking action to address matters when things went off track.

- c) Colleagues from diverse backgrounds were under-represented at senior grades: clarity about how they could be supported to secure progression was needed.
- d) The review of recruitment processes and implementation of inclusive new ways of attracting, recruiting, and promoting diverse colleagues should be progressed by the end of year one, rather than year two as indicated in the draft timeframe. An electronic system to track colleagues' progression internally was being installed in year one, which would allow access to evidence to show progress against the action by the end of year two.
- e) Inequalities suffered by those from working class backgrounds, particularly White males, were often overlooked. There was a low percentage of male professionals on our register, particularly in midwifery. This was even more pronounced in Northern Ireland, as the CNO's earlier presentation had highlighted. Consideration should be given in the plan to ways to address this.
- f) The commitment to the development of more effective Equality Impact Assessments was commended, as these could be an important vehicle for change if done in the right way.
- g) The recent '*Birthright*' report highlighted the inequalities suffered by Black mothers and babies and by midwifery professionals from Black and minority ethnic backgrounds. We had given evidence to this inquiry and were now analysing the report to identify any actions arising. This would also be considered by the midwifery Panel.

3. Summing up, the Chair noted the importance of this work; equality, diversity and inclusion needed to run through every aspect of our work and be embedded in every policy, process, and function both as a regulator and as an employer. Council would wish to maintain close oversight and scrutiny of progress against the action plan, through regular reports.

Decision: Council approved the proposed priority themes and actions in the EDI plan.

4.

Action:	Develop clear milestones and measure and report progress on the
For:	EDI Action Plan as part of quarterly performance reporting.
By:	Acting Executive Director, People and Organisational Effectiveness
	27 July 2022

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

1. The Chief Executive and Registrar introduced the Executive Report. In discussion the following points were noted:
 - a) Midwifery and maternity safety remained an area of focus. While the independent review of maternity services at Shrewsbury and Telford Hospital NHS Trust (Ockenden Review) did not identify any immediate actions for the NMC to address, we had considered the findings as a matter of priority. The NMC’s response to the Secretary of State for Health and Social Care dated 12 May 2022 sets out the steps being taken in light of the Ockenden Review.
 - b) The recently opened new Test of Competence Centre run by Leeds University would further increase capacity for international applicants. The support and advice provided to Leeds by colleagues from Ulster University was much appreciated.
 - c) The annual registration data report and leaver’s survey for 2021-2022 had been published. The total number of nurses, midwives and nursing associates on our permanent register grew from 731,900 to 758.303 between April 2021 and March 2022, with 48% of new joiners trained overseas.
 - d) The NMC was sponsoring the Student Innovation in Practice category at the Student Nursing Times Awards on 27 May 2022. There were nine students from Ulster University nominated and the Council offered congratulations to the nominees.
 - e) We continued to engage with stakeholders on the probable changes to the structure of the register under Regulatory Reform, including a constructive recent meeting with the Royal College of Nursing (RCN).

Performance against our corporate plan and budget 2021-2022

2. The Executive Director, Resources and Technology Services, introduced the performance and financial monitoring report for year-end 2021-2022 and the corporate risk exposure report.
3. It was noted that, of the ten corporate commitments to be delivered in 2021-2022, the majority were amber, including many relating to the People Plan. At the same time there was a significant underspend against the original budget, with a surplus of £5.7m and a £15m variation against the original budgeted deficit of £9.3m. The Council was keen to understand what was being done to get work back on track.

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4. Pressures on recruitment and retention were noted. It was concerning to see the number of colleagues leaving within six months of joining the organisation; this should be monitored closely.
5. Similarly, the targets missed in responding to complaints and enquiries was a concern. The Executive recognised the need for improvement. Resourcing was being reviewed with a view to expanding the team which was dealing with increasingly complex requests. MPs' cases were usually the most complex. Consideration was being given to how processes could be streamlined; the suggestion of triaging would be explored. The NMC was also building a new change and continuous improvement function to ensure learning from complaints and other sources.
6. In reference to corporate risk exposure, the legal and compliance risk (COM18/02) was expected to reduce once the NMC had delivered some critical planned actions such as a new safeguarding lead and beginning to implement the EDI Plan. More detail would be presented to Council in July.

NMC/22/45 Fitness to Practise caseload update

1. The Interim Deputy Director, Professional Regulation, updated the Council on progress. The NMC had not achieved the aim of reducing the caseload, but it had been stabilised. The distressing impact on all those involved in cases was understood and reducing the caseload and the time taken to make decisions remained the top corporate priority.
2. In discussion, the following points were noted:
 - a) It was concerning that the 2021-2022 targets to reduce the caseload had not been met, though good that this had now stabilised. This was the top corporate priority, but it remained stubbornly red. The Council would wish to be clear what was now being done to make a difference and what support it could provide with this.
 - b) The Executive advised that the scope of the improvement programme was being reviewed to focus on those key areas where most impact could be achieved and in particular to tackle the substantial number of cases awaiting decision at screening.
 - c) Retention of casework colleagues in Professional Regulation was a key issue. There were also concerns related to underspend against forecast.
 - d) A new Executive Director, Professional Regulation, had been appointed and would join the organisation in August 2022. In the interim, senior members of the Professional Regulation management team were each being supported by a member of the Executive.

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NMC/22/46 Questions from observers

1. The Chair invited questions and comments from observers.

Workforce challenges

A Unison representative raised concerns about the current pressures and challenges. Many colleagues felt they were working in circumstances that did not meet acceptable professional standards or protect the public; as a result they were fearful of jeopardising their professional registration each time they came on shift.

The Chief Executive and Registrar said that we appreciated the very difficult circumstances professionals faced. We had learnt a lot about the specific challenges in Northern Ireland in the visits, meetings, and discussions over the past two days. Our Employer Link Service was also constantly engaging with Trusts and employers to understand local circumstances and fed that information back. We sought to use the information and intelligence we obtained from our regulatory work and our data to inform and influence the wider system. The NMC recognised that it was critical to take account of the context in which professionals were working; this was now core to our approach when considering fitness to practise referrals and why we asked professionals to engage with us as soon as possible and let us have their reflections on both what had happened and the circumstances. The Executive Director, Professional Practice added that our role only related to regulating individual professionals not the working environment; we did though seek to use our influence to alert others to wider system issues. The Code was there to support and help professionals including by guiding them in facing difficult decisions and managing upwards.

Health Visitors and the future register

An observer asked about how Health Visitors would be protected under Regulatory Reform, noting that this was currently a separate part of the Register but was unlikely to feature in any future standards for advanced nursing practice.

The Executive Director, Strategy and Insight, advised that under Regulatory Reform, the Government would legislate on the future structure of our, and other health and care professional, registers. We did not yet know with certainty how the future register would be structured. As the approval of the post-registration standards had made clear, we were committed to implementing the standards for specialist community public health nursing, including health visitors, and had no intention to withdraw them given their value and importance to the sector. We were keen to hear the views of all the professionals we regulated and would be continuing to engage with the representative bodies on these issues.

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Safe staffing and staff pay

An RCN representative referred to previous and possible future industrial action by Northern Ireland professionals and asked how the NMC could help ensure Government action on safe staffing legislation and pay. The Chief Executive and Registrar said that these issues were outside the NMC’s statutory role which did not permit involvement in political activities or lobbying Government. As previously noted, the NMC sought to ensure that the information we held was available to and shared with Government and health and care system partners.

Equality, Diversity, and Inclusion

A Unison representative welcomed the Equality Diversity and Inclusion plan approved at the meeting and commended the progress made over recent years by the NMC. She suggested there was scope to do more in two key areas:

- Ensuring that the quality assurance of education programmes was more rigorous with universities making sure that programmes focused on health inequalities. Listening to students on this would give important insights.
- In relation to progression, through NMC staff colleagues thinking ‘outside the box’, as Council had in introducing the Associates scheme. There may be scope for example to work with other regulators to ensure staff had a wide range of progression opportunities.

Fitness to practise caseload

On the Fitness to Practise caseload, the Unison representative suggested that considerable progress might be made by allocating cases awaiting decision to the most senior clinical and legal decision-makers.

Registration Fee

The Unison representative also asked whether, given the cost of living pressures and pay challenges faced by professionals, the NMC could use some of its budget surplus to reduce the registration fee. The Executive Director, Resources and Technology Services, advised that the Registration Fee had not been increased since 2015 and we were committed to holding it at the current level for as long as possible. The rises in inflation would also have an impact on NMC expenditure meaning that our costs would also rise; the funds held were already committed to long term investment programmes on technology and accommodation.

Retention

The Deputy Chief Nursing Officer noted that a recent Northern Ireland survey and the NMC Leavers' survey had both highlighted the challenge of retention; there would be value in working together to tackle this. The Chief Executive and Registrar said that the NMC would continue to share data and insight and do what it could to support through its influence. Through our communications, we also sought to promote to existing and potential registrants the extensive and varied opportunities which the nursing and midwifery professions offered. We had promoted the often unrecognised opportunities in prison health care linked to the Council's visit to Her Majesty's Prison Magilligan the previous day.

Violence and aggression experienced by professionals

An observer raised the increase in violence and aggression directed towards professionals in recent years and asked what support and guidance the NMC could provide. The Executive Director, Professional Practice, said that the Code helped colleagues to build skills to deal with difficult decisions and situations. It was incumbent on everyone - employers, employees or others - present to ensure that no-one was subjected to violence or aggression in the workplace.

The Chair thanked all those who had commented and asked questions for their thoughtful and considered contributions.

The Council noted that a written question had been received from an individual not attending the meeting and that the individual would be provided with an interim response on the question formally taken at the 6 July Open meeting.

NMC/22/47 Audit Committee Report

1. The Council noted the report of the Audit Committee meeting on 27 April 2022.
2. It was disappointing that the appraisal completion rate had reduced; effective appraisal processes were crucial to effective management and oversight. The Executive gave assurance that it was committed to ensuring an improvement in appraisal completion rates for 2021-2022.

NMC/22/48 Investment Committee Report

1. The Council noted the report of the Investment Committee meeting on 20 April 2022. The Committee had sought and received assurance that there was no direct investment of NMC funds in Russia or Belarus.

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NMC/22/49 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 the warmth of the welcome and the hospitality that had been extended to the Council by colleagues in Northern Ireland. The Council and Executive had learnt a great deal and was determined to build on the effective engagement of the last few days. On behalf of the Council, the Chair thanked Eileen McEaney, the designated member for Northern Ireland, for her invaluable help and support in making this visit such a success.

Confirmed by the Council as a correct record;

SIGNATURE:

DATE:

Observers

First Name	Surname	Job Title	Organisation
Alan	Philson	Nurse	Western Health and Social Care (HSC) Trust
Anne	McCormack	Eating Disorder Therapist	Northern HSC Trust
Anne	Witherow	Assistant Director Nursing	Western HSC Trust
Brona	Shaw	Deputy Director for Nursing and User Experience	Belfast HSC Trust
Bronagh	Scott	Chair	Northern Ireland Practice & Education Council
Caitlin	NiChathail	Area Organiser	UNISON
Caolan	O'Kane	Nursing Student	Ulster University
Carole	McKenna	Senior Professional Officer	Northern Ireland Practice and Education Council (NIPEC)
Caroline	Quinn	RNLD	Northern HSC Trust
Cathy	McCusker	Senior Professional Officer	NIPEC
Corinna	Magill	Ward Sister	Northern HSC Trust
Dale	Spence	Midwifery Officer	Department of Health, NI
Debbie	Goode	Senior Lecturer in Nursing	Ulster University
Deirdre	Campbell	Resuscitation Officer	Belfast HSC Trust
Denise	Broderick	Locality Manager	South Eastern HSC Trust
Diane	Lyttle	Lecturer in Nursing	Ulster University
Donna	Keenan	Interim Executive Director Nursing	Western HSC Trust
Dorothy	Murray	Health Visitor	Northern HSC Trust
Eilish	Madden	Family Nurse	Public Health Nursing, NHSCT
Eunice	Strahan	Professional Officer	NIPEC
Evelyn	Mooney	Lecturer in Nursing	The Open University
Fiona	Bradley	Senior Professional Officer	NIPEC
Fiona	Devlin	Chair of Board	RCN, Northern Ireland
Frances	Armstrong	Neonatal Sister	Belfast HSC Trust
Frances	Dundee	RMN	Northern HSC Trust
Gail	Adams	Head of Professional Services	UNISON
Geraldine	McKendry	Professional Officer	Northern Ireland Practice and Education Council
Gillian	Murphy	Deputy Director of Nursing	Northern HSC Trust
Glen	Lyttle	Senior Nurse Advisor	Belfast HSC Trust
Heather	Finlay	Head	HSC Clinical Education Centre Business Services Organisation
Heather	Weir	Chief Executive Officer	Northern Ireland Hospice
Henry	Sproule	Lecturer	Ulster University
Jacqui	Lowry	Senior Nurse Advisor	Belfast HSC Trust

Jane	Kennedy	National Head, GMC Northern Ireland	General Medical Council
Janet	Taylor	Public Health Nurse Manager	South Eastern HSC Trust
Janine	Stockdale	Senior Lecturer in Midwifery Education	School of Nursing and Midwifery
Judith	Shevlin	Senior Community Mental Health Nurse	Northern HSC Trust
Julie	McVeigh	Staff Nurse	South Eastern HSC Trust
Karen	McCutcheon	Professor	Queen's University Belfast
Karen	Jenkins	Divisional Nurse Medicine and Emergency Medicine	Northern HSC Trust
Karen	Murray	Director for Northern Ireland	Royal College of Midwives
Kelly	Doherty	Community Nurse Learning Disability	Northern HSC Trust
Kieran	McCormick	Managing Director	Balmoral Healthcare Agency
Kirby	Mullan	Nursing Student	Ulster University
Lavelle	Keys	Midwife	Queen's University Belfast
Leona	Kelly	Nursing Student	Ulster University
Lesley	Mitchell	Assistant Director of Acute Services (Nursing)	North West Cancer Centre, Altnagelvin Hospital, Derry
Linda	Kelly	Chief Executive	NIPEC
Lisa	Veale	Community Nurse (Currently on DNSPQ)	Livewell
Lucy	Mckillop	District nursing sister	Northern HSC Trust
Lynn	Woolsey	Deputy Chief Nursing Officer	Department of Health, NI
Maeve	McGuigan	Lead Nurse - Public Health Nursing	Northern HSC Trust
Maria	Loughran	Lead Nurse	Northern HSC Trust
Marian	Robertson	Lead Nurse East Belfast GP Federation	East Belfast GP Federation
Marie	Doran	Nursing Officer Public Health	Department of Health, NI
Mary Frances	McManus	Deputy Chief Nursing Officer	Department of Health NI
Marysia	Graffin	District Nurse	Northern HSC Trust
Maura	Devlin	Former NMC Council member, Northern Ireland	
Megan	Timoney	Nursing Student	Ulster University
Nadia	Keegan	Student Nurse	Ulster University
Neal	Cook	Associate Head of School of Nursing	Ulster University
Nuala	Devlin	Lecturer	Queen's University Belfast
Owen	Barr	Professor of Nursing and Intellectual Disabilities	Ulster University

Pamela	Page	Quality Assurance deputy director	Mott MacDonald
Patricia	McNeilly	Interim Nursing Officer	Department of Health, NI
Pauline	Quinn	Service Improvement manager Mental health	Northern HSC Trust
Peter	Johnston	Paediatric Lead Nurse	Northern HSC Trust
Rita	Devlin	Director	RCN Northern Ireland
Sabrina	Kelly	Deputy Sister	Belfast HSC Trust
Sally	Convery	Macmillan Service Lead for Palliative Care	Northern HSC Trust
Sarah (Belle)	Stevenson	Nursing Student	Ulster University
Shannon	Conway	Student Nurse	Ulster University
Sharon	Neill	Nurse Lecturer	Ulster University
Shirley	Stronge	Senior Education Manager	Clinical Education Centre Belfast
Sinead	Kernan	Midwife / PhD Student	Queen's University Belfast
Sinead	Doyle	Lead Nurse	Western HSC Trust
Siobhan	Donald	Assistant Director of Nursing	Public Health Agency
Sonja	McIlpatrick	Professor of Nursing and Palliative Care	Ulster University
Susanne	Thomas O'Boyle	Lead Midwife Continuity of Midwifery Care	Belfast HSC Trust
Suzanne	Pullins	Executive Director of Nursing	Northern HSC Trust
Taiye	Uyinmwun	Applicant for Registration	
Teresa	Shaw	Staff Nurse	Belfast HSC Trust
Theresa	Maynes	Lecturer in Nursing	Ulster University
Tracie	Fleming	Interim Assistant Director Nursing	Northern HSC Trust
Ursula	Chaney	Lecturer	Ulster University
Yvonne	McWhirter	Lead Examiner	Magee CTC

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Statement from David Foster, Independent Chair of the Post-registration steering group

I am sorry that I cannot be with you in-person in Northern Ireland today. The Council will hear about the support, collaboration and challenges that we have faced together to co-produce new standards of proficiency for SCPHN, new standards of proficiency for community nursing SPQs and associated programme standards. No one was in any doubt that the current standards were in need of review and that it was right that we focused on modernising and developing new standards that are underpinned by a contemporary evidence base.

As Chair of the post registration steering group I have witnessed the dedication, passion, expertise and commitment of stakeholders from across the UK who have contributed to this complex, and at times controversial, review as we sought to modernise and streamline regulatory standards for future professionals who will lead public health nursing and community nursing practice and services, address health inequalities and provide person-centred specialist care and support to the people, communities and populations that they serve.

The approach taken by the NMC to involve everyone took on a new meaning during the pandemic as they quickly adapted their ways of working, engagement and consultation and I am grateful to them for their professionalism and support.

The Council can be assured that all processes have been followed in line with the agreed governance – and although there were times when decisions had to be revisited, everyone listened and came together to make decisions that will ensure that these new post-registration standards will influence the future practice of SCPHN and nurses with a community nursing SPQ for years to come. Education providers and their practice partners will be able to develop innovative and inclusive post-registration programmes that will support future professionals to meet the proficiencies within their intended field of SCPHN or community nursing SPQ practice. I echo the recommendations that have been provided to the Council and look forward to your decision.

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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 26 May 2022

Minute	Action	Action owner	Report back date	Progress to date
NMC/22/37	<p>Minutes of the previous meeting</p> <p>Update on possible joint meeting of the Councils of the NMC and the General Medical Council (GMC).</p>	Secretary to the Council	6 July 2022 (update)	We are engaging with GMC colleagues around possible dates for this.
NMC/22/43	<p>Equality, Diversity, and Inclusion Action Plan</p> <p>Develop clear milestones and measure and report progress on the Equality, Diversity and Inclusion (EDI) Action Plan as part of quarterly performance reporting.</p>	Acting Executive Director, People and Organisational Effectiveness	27 July 2022	Not yet due.

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	<p>Performance and risk report</p> <p>Reflect sustainability and climate issues in the risk report.</p>	<p>Executive Director, Resources and Technology Services</p>	<p>26 May 2022 / 6 July 2022</p>	<p>As sustainability is a cross-cutting issue, instead of a specific risk we are considering adding it to relevant risks as appropriate, most likely at project and programme level but not exclusively. We will track sustainability in our performance reporting as agreed in our corporate plan.</p>

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

Minute	Action	Action owner	Report back date	Progress to date
NMC/21/97	<p>Fitness to Practise Improvement Programme</p> <p>Consider provision of additional information around performance against the Key Performance Indicator (KPI) target on interim orders.</p>	Professional Regulation	30 March 2022 / 26 May 2022 / 6 July 2022	We reported in May 2022 that we are analysing our performance in handling interim orders; this work is ongoing and we will report back when complete. As previously advised, we expect the KPI to improve over time as the caseload reduces and our efficiency improves.

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Council

Executive Report

Action: For discussion.

Issue: The Council is invited to consider the Executive's report on key developments during 2022-2023, up to June 2022.

Core regulatory function: All regulatory functions.

Strategic priority: All priorities for period 2022-2023.

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 This paper is produced by the Executive and provides an update on recent activity and the external environment.

Four country factors: 2 The issues discussed apply across all four UK countries unless highlighted.

Stakeholder engagement: 3 Discussed within this paper.

Discussion: Covid-19 pandemic

4 The latest data shows that the total number of people on the temporary register as of 31 May 2022 was 14,292, compared to 14,593 on 30 April. During this period 187 people transferred from the temporary register to our permanent register.

5 We plan to email professionals on our temporary register and employers later in July to remind them that the temporary register will close on 30 September 2022. We will encourage those who wish to continue to practice to join the permanent register, and signpost supporting information.

Regulatory reform

6 We remain in regular contact with the Department of Health and Social Care (DHSC) officials to collaborate on what our future legislation will look like, and the anticipated timeline.

7 Our broad programme of external engagement with our partners continues. We have now held the first of a series of regular meetings with representative bodies about the implications of regulatory reform, and have held our first webinar with employers.

8 We have begun work to recruit professionals on our register and members of the public to focus groups which will take place in the autumn. We will use the focus groups to explore in more detail changes to the structure of the register, and changes to how Fitness to Practise (FtP) processes operate.

9 On 20 June 2022, our Chair, Chief Executive and Registrar, and Executive Director, Strategy and Insight met with Edward Argar, Minister of State for Health to discuss our preparatory work for regulatory reform and likely proposals, and agreed to meet on a regular basis. We also took the opportunity to talk through international registration, post-registration and education programme standards.

Maternity safety

- 10 Birthrights published *Systemic Racism, Not Broken Bodies* on 23 May 2022. We had provided evidence to this inquiry, and we welcomed the report. The following day, Five X More published the results of *The Black maternity experiences survey*. Both reports highlighted the poor experiences of Black, Brown and Mixed ethnicity women in maternity care.
- 11 An interim report on the Independent Thematic Review of Maternity Services at NHS Nottingham University Hospitals was published on 26 May 2022. We are considering its findings in light of other reports into maternity safety and our ongoing work in this area.
- 12 We are engaging with the new review team in Nottingham and have written to Donna Ockenden, the review lead.

International registration

- 13 On 17 June 2022 we launched our English Language Review consultation, inviting professionals and stakeholders to share their views on the current requirements and potential changes. The consultation closes on 12 August 2022.
- 14 We emailed professionals on our register on 20 June 2022 to encourage them to take part. Throughout the consultation period, we will be engaging with a wide range of professionals, members of the public, and partner organisations to hear their views on our proposals. We will use the feedback we receive during the consultation to shape recommendations to the Council in September.

Implementation of our standards

- 15 Following Council approval, we plan to publish our updated post-registration standards on 7 July 2022. The approval received a warm reception and support from stakeholders.
- 16 On 11 and 12 July 2022 we will email all of the professionals on our register with a link to the new standards, as well as placing them in the context of our wider standards work.

Hearing the public voice and adopting a person-centred approach

- 17 The Public Voice Forum met on 16 June 2022. The group discussed what regulatory reform might mean for people's experience of FtP, the latest NMC data report and the Ockenden Shrewsbury and Telford maternity safety review.

- 18 On 27 and 28 June 2022 we met Healthwatch England and Action against Medical Accidents respectively, to share current priorities and continue our early engagement on regulatory reform.

Data and Insight

- 19 As the Council is aware, our annual registration data report and leavers survey was published on 18 May 2022.
- 20 The Royal College of Nursing (RCN) quoted the data report's figures on international joiners in their report *Nursing Under Unsustainable Pressure: Staffing for Safe and Effective Care*, published on 6 June 2022. The RCN called on governments across the UK to invest in expanding the domestic workforce and to ensure international recruitment is transparent and free from exploitation.
- 21 The RCN's report also made recommendations for the NMC and other regulators. We responded on 15 June 2022, outlining how we are developing our use of insight and providing background on our statutory role in setting standards.
- 22 Our Chief Executive and Registrar and the RCN General Secretary & Chief Executive will meet on 30 June 2022 to discuss how our organisations can work together for safe, effective and kind care, and explore opportunities regulatory reform may bring for changes to how we set standards for professions.
- 23 The RCN report was debated in the House of Lords on 16 June 2022 where Baroness Tyler, who opened the debate, and Baroness Merron, who represented the opposition, both mentioned our data.

Equality, diversity and inclusion and accessibility

- 24 On 9 June 2022, we sponsored the Black Asian Minority Ethnic (BAME) Midwife of the Year category at the National BAME Health and Care Awards attended by Council Associate Tracey MacCormack, our Assistant Director of Professional Regulation, who judged on our behalf, and the Chief Executive and Registrar. The winner was Rukeya Miah, Deputy Associate Director of Nursing and Senior Midwife at Bradford Teaching Hospitals NHS Trust.
- 25 On 16 June 2022, our Chief Executive and Registrar, Senior Midwifery Advisor and Equality, Diversity and Inclusion Manager met with Jane Bekoe, Race Matters Project Lead at the Royal College of Midwives, to discuss the project and share the NMC's work on Equality, Diversity and Inclusion (EDI).

- 26 On 6 July 2022, the Nursing Standard published a podcast episode focusing on EDI featuring our Chief Executive and Registrar.

Public affairs and senior stakeholder engagement

- 27 On 31 May 2022, our Chief Executive and Registrar chaired our monthly engagement meeting with the Chief Nursing Officers, Chief Midwifery Officers and midwifery leads of the four UK countries. We discussed key upcoming priorities, including challenges affecting professionals, regulatory reform, the English language consultation and the upcoming education programme standards consultation.
- 28 On 1 June 2022, we congratulated those recognised in this year's Queen's Birthday Honours list. We were delighted to see recognition for Anne Trotter, NMC Assistant Director of Professional Practice, who was awarded a British Empire Medal (BEM) for services to public health, and Professor Mary Renfrew, who led the development of our Future Midwife standards, who was made an Officer of the Order of the British Empire (OBE) for services to midwifery.
- 29 Other well deserved awards were made to Gill Walton, Chief Executive and General Secretary, Royal College of Midwives (RCM), made a Commander of the Order of the British Empire (CBE) for services to midwifery; Ruth May, Chief Nursing Officer for England, made a Dame Commander of the Order of the British Empire, for services to nursing, midwifery and the NHS; Liz Fenton, Deputy Chief Nurse, Health Education England, made an OBE, for services to the nursing profession; and John Unsworth, Chair, Queen's Nursing Institute, made an OBE, for services to community nursing and community nurse education. We have written to congratulate all the professionals on our register and key partners who received honours.
- 30 Our Chief Executive and Registrar had a regular catch up with Matthew Style, Director General, NHS Policy and Performance, DHSC on 24 June 2022. Topics discussed included regulatory reform, the objective structured clinical examination (OSCE) capacity and our English language consultation.
- 31 On 27 June 2022, our Chair, Chief Executive and Registrar and Executive Director, Professional Practice met Baroness Eluned Morgan, Minister for Health and Social Services in the Welsh Government. Topics discussed included our registration data report, our FtP caseload, capturing Welsh language on our register and our English language consultation.

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32 Our Professional Strategic Advisory Group is due to meet on 30 June 2022. Panel members will discuss current NMC consultations on English language and education programme standards. Teresa Chinn, WeNurses founder, and Joanne Bosanquet, Chief Executive, Foundation of Nursing Studies, will lead a discussion on professionals’ use of social media.

33 On 10 June 2022, the DHSC and the Department for Work and Pensions announced changes to ‘fit note’ legislation. From 1 July 2022, registered nurses will be permitted to issue fit notes in England, Scotland and Wales. When launched, we will share communications via our website and newsletters to explain this change and the implications for professionals.

Midwifery implications:

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

Public protection implications:

35 None.

Resource implications:

36 None.

Equality diversity and inclusion implications:

37 We have a legal obligation to comply with the public sector equality duty and equivalent legislation in Northern Ireland.

38 We are integrating EDI into everything that we do to make our processes fair for everyone. This includes improving our guidance, decision-making tools, training and induction, and our engagement and communications to make a significant difference to drive out discrimination and promote inclusion.

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

Risk implications:

40 None.

Regulatory reform:

41 See paragraphs 6 to 9.

Legal implications:

42 None.

Council

Audit Committee Annual Report 2021-2022

Action: For discussion

Issue: Provides the Audit Committee's annual report to the Council 2021-2022.

Core regulatory function: Supporting functions.

Strategic priority: 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 authors or the Audit Committee Chair named below.

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Chair: Marta Phillips

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Context:

- 1 This is the Audit Committee’s annual report for 2021-2022. The Committee met four times during 2021-2022 and has since met in April 2022 and June 2022 of the current financial year and matters addressed in these meetings are also included.
- 2 The remit of the Audit Committee is to support the Council and the Executive by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of financial statements and the annual report.
- 3 The key issues covered in this report are:
 - 3.1 The Committee’s membership and effectiveness.
 - 3.2 Internal Audit work programme 2021-2022 and annual opinion.
 - 3.3 Internal controls and risk management.
 - 3.4 External audit and National Audit Office (NAO) audit report findings.
 - 3.5 The Annual Report and Accounts 2021-2022, and the Fitness to Practise (FtP) Annual Report 2021-2022.

Committee membership and attendance

- 4 Following appointment as Chair of Council, Sir David Warren initially attended two meeting(s) ex officio. The Chair has decided that, in accordance with good governance, he will not in future attend the Committee.
- 5 The Committee has welcomed the continued regular attendance of the Chief Executive and Registrar, as Accounting Officer.
- 6 Having served as the NMC’s external auditors since 2003-2004, haysmactynyre stepped down as our auditors in June 2021. Following an open competitive tender process, overseen by the Committee, HW Fisher LLP were appointed by Council in September 2021 and have since regularly attended Committee meetings.
- 7 The Committee has also welcomed the consistent attendance of the Internal Auditors (RSM) and the National Audit Office (NAO) at its meetings. In keeping with good practice, the Committee has held a private meeting with the auditors.

Committee effectiveness review

- 8 The Committee undertakes an annual review of its effectiveness taking account of NAO good practice. The Committee has taken forward actions identified in the 2020-2021 review, including taking a more strategic approach to oversight of risk management and more streamlined regular reporting.
- 9 The Committee considered the 2021-2022 review outcomes on 8 June 2022. The Committee had positive and constructive discussions and identified some actions that could be take forward to improve its effectiveness, in particular:
 - 9.1 Reviewing how personnel matters and the work of People and Organisational Development department is scrutinised.
 - 9.2 The potential for providing development sessions to Audit Committee, and potentially the wider Council, on issues such as cyber security.
 - 9.3 The potential for providing Council with an annual report of legal cases.
 - 9.4 Ensuring it continues to remain focused on equality, diversity and inclusion (EDI) implications by scrutinising EDI content within papers.
- 10 **Four country factors:** The Committee is mindful of the need to ensure that the NMC is compliant with relevant legislation in all four countries, for example charity law.

Discussion: Internal audit

- 11 In April 2021 the Committee approved the Internal Audit work programme for 2021–2022.
- 12 During the year, the Committee monitored progress against the Internal Audit work programme and against audit recommendations at each meeting. The planned Internal Audit programme was completed on schedule and a total of nine assignments were carried out:

Assignment	Assessment
Education – Emergency and Recovery Standards	Substantial Assurance
Modernisation of Technology Services	
Payroll	
Core financial controls	Reasonable Assurance
Employment tax report payroll	
People – Equality, Diversity and Inclusion.	
Fitness to Practise: Management of Caseload	
People – Starters and Onboarding	Partial Assurance
New ways of working	Advisory report

- 13 The Committee was pleased to note the strong Executive engagement with internal audit activity and that, in general, internal audit recommendations were progressed and implemented by management.
- 14 However, a number of internal audit recommendations relating to People Services functions were not progressed due to a combination of challenges within the team and with outdated systems.
- 15 The Committee agreed a plan of action with management including prioritisation of audit and other key business improvement outcomes and will monitor progress closely.
- 16 The Head of Internal Audit’s annual internal audit opinion and report concluded that:

“The organisation has an adequate and effective framework for risk management, governance and internal control. However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective.”
- 17 The Committee discussed the opinion and report and was satisfied that this was a true and fair reflection of the current level of assurance.

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- 18 The Committee reviews the effectiveness of internal audit services on an annual basis and the 2021-2022 annual review was considered on 8 June 2022. The Committee noted that the internal Audit Effectiveness review was positive with some useful points for development, particularly around communication.
- 19 RSM’s contract was due to expire in June 2022. Given the satisfactory performance of the internal audit service, in February 2021, Audit Committee agreed to the use of a framework agreement to appoint RSM for a further four years to June 2026.
- 20 The Committee has approved the Internal Audit work programme for 2022–2023. It will continue to review the work programme and will amend the plan should new priorities emerge.

Internal controls and risk management

- 21 As indicated, the Committee agreed to take a more strategic approach to oversight and scrutiny of risk management, given significant improvements achieved in recent years. The Committee now focuses on how Executive Directors and directorates are implementing risk management in practice including through strengthened comprehensive assurance reviews from Executive Directors and an annual review of risk management effectiveness.
- 22 Since October 2021, the Committee has considered two comprehensive assurance reviews (CAR): a review of Communications and Engagement in October 2021 and Information Technology in February 2022.
- 23 The Committee considered the annual review of risk management effectiveness in April 2022. The Committee endorsed the overall conclusion that there can be reasonable assurance that our internal control environment operates adequately at corporate and directorate level. The Committee noted plans to continue strengthening our internal controls and risk assurance, including strengthening our appraisal completion rates.

Whistleblowing

- 24 The Committee reviewed an update on the whistleblowing policy at each meeting. During 2021–2022 there were three invocations of the internal whistleblowing policy (2020-2021: none).
- 25 Of the three concerns raised during 2021-2022, one was found to be a complaint rather than a whistleblowing issue and was progressed accordingly. The other two were:

25.1 A concern that some Fitness to Practise Panel Members were being discriminated against on the basis of their race; and that some Panel Members and Legal Assessors lacked integrity and work ethic. Follow up discussions took place with the person who raised the concern; areas for improvement were identified and an action plan to address these is in place. Progress against this is overseen by the Appointments Board. The individual who raised the concern was satisfied with how the concern was addressed and the action being taken.

25.2 An allegation that the organisation was not appropriately managing reports of potential bullying and harassment. A review was overseen by the Chair of Audit Committee and lead Audit Committee member and this matter has now been concluded. The Chair of Audit Committee and lead Audit Committee member were content with the outcome.

26 So far no concerns have been raised during 2022-2023.

Serious event reviews (SERs) and data breaches

27 The Committee now reviews SERs every six months. This included a full year report in June with analysis of trends and figures for incidents reported during the financial year 2021-2022.

28 Throughout the year the Committee has made suggestions for improving the SER reporting and processes, and welcomed the formation of a Change and Continuous Improvement function which will help strengthen our ability to identify thematic trends and mitigate root causes of recurring SERs.

Anti-fraud, bribery, and corruption

29 The Committee received an update on anti-fraud, bribery, and corruption at each meeting. No instances of fraud, bribery or corruption were detected and there were no reported incidents or offences in the NMC's supply chain under the Modern Slavery Act 2015. The Committee reviewed an updated Modern Slavery Statement.

Single tender actions (STAs)

30 The Committee reviews STA logs every six months as an indicator of the health of the procurement function. In 2021-2022, the number of STAs has remained broadly consistent with previous year (2020-2021: 17, 2021-2022: 18), whilst the Committee is not concerned by the number of STAs, it welcomed plans to reduce the number of STAs to less than 12 a year.

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Committee's views on governance, risk management and control

- 31 The Committee has reflected on a range of issues including the Internal Audit annual opinion and report 2021-2022, the findings of the External Auditors and NAO and the views of the Chief Executive and Registrar, in her capacity as Accounting Officer.
- 32 In considering the Internal Audit annual opinion and report for 2021-2022, the Committee accepted the annual opinion of the Internal Auditors that the NMC has an adequate and effective framework for risk management, governance and internal controls. The Internal Auditors have identified further enhancements to the framework to ensure that it remains adequate and effective, but have confirmed that nothing has arisen which they would consider to be a significant control issue.
- 33 The Committee has also considered the view of the Executive, which is that the Audit Committee can take reasonable assurance that the NMC is adequately managing risk both corporately and operationally, and that the internal control environment remains strong.
- 34 Overall, the Committee's view is that the Council can have confidence that arrangements for governance, risk management and controls are satisfactory, notwithstanding the fact that there is further work to be done. The Committee will continue to closely monitor progress on the proposed improvements.

External audit and NAO

- 35 The Committee approved the arrangements proposed by the External Auditors (HW Fisher) and the National Audit Office (NAO) for the external audit and certification of the NMC's annual accounts for the year ending March 2022.
- 36 At its meeting on 27 June 2022, the Committee reviewed the external auditor's findings reports and letter of representation, as well as an update on the NAO audit. In considering in the letters of representation, the Committee noted that these were standard provisions and that it was content to recommend these to Council for signing by the Chair of Trustees and Chief Executive and Registrar as Accounting Officer.

Integrity of financial statements and draft Annual Report and Accounts 2021-2022

- 37 The Committee carried out its annual review of accounting policies and agreed a number of small changes in relation to Covid-19 and the going concern, accounting for government grants, depreciation policy and investment policy.

38 The Committee scrutinised the draft Annual Report and Accounts 2020–2021, including the Annual Governance Statement, in April and June 2022. The Committee endorsed the Annual Report and Accounts for approval by the Council at its meeting on 6 July 2022.

Draft Fitness to Practise annual report 2021-2022

39 The Committee scrutinised the draft Annual Fitness to Practise Report 2021–2022 in June 2022. The Committee endorsed the draft for approval by the Council at its meeting on 6 July 2022.

Midwifery implications: 40 No midwifery implications arising directly from this report.

Public protection implications: 41 No public protection implications arising directly from this report.

Resource implications: 42 No resource implications arising directly from this report.

Equality diversity and inclusion implications: 43 In its 2021 effectiveness review the Committee identified its approach to EDI as an area for refinement. The findings of the 2022 review noted that this had improved but that this could continue to be strengthened.

Stakeholder engagement: 44 No stakeholder engagement implications arising directly from this report.

Risk implications: 45 The role of the Audit Committee is to give assurance to Council that the NMC has effective governance, risk management and internal controls in place.

Regulatory reform 46 The implications of regulatory reform will become an increasing area of focus for the Committee in 2022-2023.

Legal implications: 47 None.

Council

Draft Annual Report and Accounts 2021-2022

Action: For decision.

Issue: Presents the draft NMC Annual Report and Accounts for the year ended 31 March 2022 for approval, along with the letters of representation to the external auditors and National Audit Office (NAO).

Core regulatory function: Supporting functions.

Strategic priority: All Strategic Priorities.

Decision required: The Council is recommended to review the annual report and accounts at **Annexe 1** and:

- Confirm it is content that the NMC is a going concern (**Annexe 2**) (paragraph 28);
- Authorise the Chair and Chief Executive to sign the letter of representation to the external auditors (**Annexe 3**) (paragraph 30.1);
- Authorise the Chair and Chief Executive to sign the letter of representation to the NAO (**Annexe 4**) (paragraph 30.2);
- Approve the draft Annual Report and Accounts 2021–2022 for submission to Parliament (paragraph 32 and **Annexe 1**).

Annexes: The following annexes are attached to this paper:

- Annexe 1*: Draft Annual Report and Accounts 2021-2022
- Annexe 2: Review of going concern
- Annexe 3: Letter of representation to the external auditors
- Annexe 4: Letter of representation to the NAO

***Please note that Annexe 1 is not included in the public Council papers. This is so that we comply with strict rules not to publish the content of the report before it is submitted to Parliament.**

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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 Under the Nursing and Midwifery Order 2001 (“the Order”), the Council is required to prepare an Annual Report and Accounts.
- 2 The Order requires the accounts to be audited by independent auditors appointed by the NMC and certified by the Comptroller and Auditor General (the National Audit Office). NAO good practice guidance has been taken into account in preparing the annual report and accounts.
- 3 Once approved by the Council, the Annual Report and Accounts must be submitted to the Privy Council for laying before Parliament.
- 4 The Annual Report and Accounts also serves as the Trustees’ report to the Charity Commission for England and Wales and the Office of the Scottish Charity Regulator and must comply with their requirements. The Annual Report makes clear how we have delivered public benefit and taken it into account in our activities and decisions.

Four country factors:

- 5 The Annual Report and Accounts reflect our UK-wide remit.
- 6 As well as laying the report in the UK Parliament, we will share the report with the Scottish Parliament, the Welsh Assembly and the Northern Ireland Assembly.
- 7 In accordance with our duties under the Welsh Language Act 1993, the Annual Report and Accounts will be published in English and Welsh.

Discussion

Draft Annual Report and Accounts 2021-2022

- 8 The draft Annual Report and Accounts is at **Annexe 1**. This is an important accountability document for Parliament; for the charity regulators; for the public we serve; and for the professionals on our register.

Performance review

- 9 The Annual Report includes a high level review of our performance; describing how we have delivered our statutory responsibilities and public benefit and how this has made a difference for the public we serve, the professionals we regulate and our partners and stakeholders.

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- 10 The review provides an account of progress against our corporate commitments, noting that whilst we achieved a great deal in 2021-2022 - such as consulting on and agreeing new standards for specialist community nursing and specialist community public health nurses post-registration qualifications – we did not make the progress we wanted in reducing our fitness to practise caseload. This remains our number one priority for 2022-2023.
- 11 During 2021-2022, we also published our equality, diversity and inclusion (EDI) plan which sets out how we will integrate EDI into all our work. To reflect this approach, we have embedded our EDI work throughout the report. As in previous years, EDI data tables will also be published on the website, as will similar data on revalidation.

Strategic Plan 2022-2025

- 12 The strategy section provides an overview of our five year strategy, as approved at Council in March 2020 (NMC/20/22) and a summary of our corporate plan for 2022-2025, as approved by the Council in March 2022 (NMC/22/24).

Financial review

- 13 This provides a high level summary of our financial position including key variances compared to 2020-2021 and to the budget for 2021–2022, and a summary of the reserves and investment policies.

Remuneration report

- 14 The Remuneration Committee reviewed the Remuneration Report on 16 May 2022 and, subject to final amends, was content to recommend it to the Council for approval.
- 15 This includes details of allowances and expenses paid to the Council and to the Executive.
- 16 When Council meetings are in London, members of the Executive team attend evening meals with Council. Those meals are considered to be a taxable benefit in kind for Council members, Associates and the Executive. Expenses incurred traveling to and from London are also considered a taxable benefit in kind for Council members and Associates. The NMC pays the income tax arising through a PAYE settlement agreement with HMRC, and the value of the benefit is shown gross including the attributable income tax. During 2021-2022, due to the Covid-19 pandemic only one such meal took place, in March 2022.
- 17 In 2020-2021 and 2021-2022, some Council members and Associates were reimbursed for time spent on NMC activities before or after their term. These payments have been included in the allowances totals for those individuals with an explanatory footnote.

- 18 The report also includes a summary of findings from our pay gap reports. The full reports are at item 10 of the agenda.

Annual Governance Statement

- 19 The Annual Governance statement is intended to provide an overview of the the dynamics and control structure of the organisation; an assessment of the principal risks to corporate objectives and key disclosures relating to information security lapses.
- 20 As stated in the Annual Governance Statement, our overall assessment is that there is reasonable assurance that there are adequate arrangements in place for governance, risk management and control. We recognise the need to address and strengthen our controls in relation to our Learning and Development and Retention processes, and to maintain a high level of scrutiny over the recovery of our fitness to practise caseload and the progression of the Modernisation of Technology Services programme.

Accounts

- 21 The draft accounts have been prepared in accordance with the Privy Council's determination (**Annexe 1**, appendix 1). This requires us to apply the Charities' SORP (FRS 102) and, as appropriate, the Government's Financial Reporting Manual (FReM) in preparing the accounts.
- 22 Aspects in the accounts to note are:
- 22.1 The year-end surplus of income over expenditure of £7.5m, and net increase in funds of £7.0m.
- 22.2 The 12 percent increase in the average number of employees and 13 percent increase in payroll costs (annexe 1, note 9 to the accounts).
- 22.3 The £32.8m equity investments (annexe 1, balance sheet and note 13 to the accounts).
- 22.4 The increase in provision relating to an Employment Tribunal case from £1.2m to £2.5m (annexe 1, note 17 to the accounts).
- 22.5 The closure of the Defined Benefit pension scheme to future accrual (annexe 1, note 18 to the accounts).

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- 22.6 The reduction in the value of the pension deficit (annexe 1, balance sheet). The FRS102 defined benefit pension scheme valuation moved to a surplus during the financial year. Legal advice has confirmed that recovery of the surplus is a remote possibility. FRS102 states that "An entity shall recognise a plan surplus as a defined benefit plan asset only to the extent that it is able to recover the surplus". Therefore an asset ceiling adjustment has been applied to bring the net position, shown on the face of the balance sheet as 'Defined benefit pension scheme liability', to nil.
- 23 A post-balance sheet review will be carried out to ensure that no material events relevant to the accounts have taken place between the financial year-end and the signing of the accounts. At this point no relevant material events have occurred. An update will be given at the meeting.
- Review of going concern**
- 24 As part of its review of the Annual Report and Accounts each year, the Council needs to consider whether the NMC is a 'going concern'. The draft letters of representation to both our auditors, HW Fisher, and the NAO, need to include the Council's confirmation that the NMC is a going concern.
- 25 Going concern is always a key consideration for auditors since the financial statements of any entity are normally prepared on the basis that it will continue to operate for the foreseeable future and certainly at least a year from the date the accounts are signed.
- 26 The Executive's view is that our position as regards going concern is a strong one. We have significant financial reserves and cash, well able to absorb the planned deficit for this year and next. We have robust mechanisms in place for monitoring our position and financial plans, including a specific review of the plan and budget in September 2022, agreed by the Council when it approved the budget in March 2022 (NMC/22/24). We have a secure source of income in the form of registrants' fees. No changes are anticipated through regulatory reform that would alter the need for regulation.
- 27 More detail is given at note 1, Notes to the Accounts, **Annexe 1** and at **Annexe 2**.
- 28 **Recommendation: The Council is recommended to confirm that in its view the NMC is a going concern.**

Letters of representation

- 29 At its meeting on 27 June 2022, the Audit Committee considered the draft External Audit Findings Report 2021–2022 and draft letter of representation issued by the independent auditors (**Annexe 3**). The Committee also considered the NAO Completion Report 2021–2022, including the draft letter of representation to the NAO (**Annexe 4**). The Committee was content to recommend to the Council that it authorise the Chair and Chief Executive to sign the draft letters of representation. A verbal update will be given at the meeting if there are any changes to the draft letters of representation.
- 30 **Recommendation: Subject to any updates at the meeting, the Council is recommended to:**
- 30.1 **authorise the Chair and Chief Executive to sign the letter of representation to the external auditors on behalf of the Council members as Trustees (Annexe 3)**
- 30.2 **authorise the Chair and Chief Executive to sign the letter of representation to the NAO (Annexe 4).**
- 31 The Audit Committee reviewed the Annual Report and Accounts on 8 June 2022 and 27 June 2022 and its comments have been reflected in the draft. The Committee recommends the Annual Report and Accounts to the Council for approval.
- 32 **Recommendation: Subject to any comments, the Council is invited to approve the Annual Report and Accounts for submission to Parliament.**

Next Steps

- 33 Subject to the Council's approval and the post balance sheet review, the Annual Report and Accounts will be signed, electronically, by the Chair of Council and by the Chief Executive and Registrar, as Accounting Officer.
- 34 The Annual Report and Accounts will be submitted to the Privy Council on 18 July 2022, to be laid before Parliament before the summer recess on 21 July 2022, along with the Annual Fitness to Practise report for 2021–2022.
- 35 The Annual Report and Accounts will also be submitted to the Charity Commission for England and Wales and the Office of the Scottish Charity Regulator in advance of their respective deadlines of 31 January 2023 and 31 December 2022.

Communications

- 36 Once laid before Parliament, the Annual Report and Accounts will be published on the NMC website, along with the Annual Fitness to Practise Report. The Reports will also be published in Welsh.
- 37 We are also producing a shorter, more accessible summary of both reports, as well as an *Easy Read* version.
- 38 After submission to Parliament, the Reports will be sent out electronically to each of the devolved administrations, our stakeholders and partners across the four countries, to those we work with and internally to colleagues.

Midwifery implications:

- 39 The Annual Report and Accounts reflect our work on midwifery.

Public protection implications:

- 40 The Annual Report and Accounts set out how we fulfil our regulatory role to protect the public.

Resource implications:

- 41 Staff and other resources to compile the Annual Report and Accounts are absorbed within the budgets of the Governance team and the Resources and Technology Services directorate. Audit costs are met from within the Resources and Technology Services directorate budget. Costs of printing and Welsh translation are met from within the Governance budget.

Equality diversity and inclusion implications:

- 42 As required by the Order, our Annual Report must describe the arrangements we have put in place for complying with our obligations and adhering to good practice in relation to equality and diversity. We have sought to strengthen EDI content by more effectively embedding it throughout the report.

- 43 Supplementary EDI data tables will also published on the website and shared with stakeholders.

- 44 As usual, the report will be published in both English and Welsh.

Stakeholder engagement:

- 45 Following submission to and publication by Parliament, the Annual Report and Accounts will be distributed (electronically) to key stakeholders as well as being placed on the NMC website.

Risk implications:

46 Failure to meet our statutory and charitable reporting requirements could undermine trust and confidence in our work.

Regulatory reform

47 We know that regulatory reform will require us to produce reports for each of the devolved nations. Whilst this does not directly impact this year's report, we will be taking forward work in 2022-2023 to consider how we can develop our approach to meet additional reporting and data requirements.

Legal implications:

48 The Annual Report and Accounts complies with the requirements of the Nursing and Midwifery Order 2001, the Charity Commission for England and Wales, the Office of the Scottish Charity Regulator and The Nursing and Midwifery Order 2001 (Form of Accounts) Determination 2010.

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Annual Report and Accounts 2021-2022

Review of going concern

Issue

1. As part of its review of the annual report and accounts each year, Council needs to consider whether the NMC is a 'going concern'. The standard letters of representation to both our auditors, HW Fisher and the NAO, include Council's confirmation that the NMC is a going concern. Going concern is also addressed within the accounts themselves as part of Note 1.

Context

2. This note and the attached schedules represent the information that Council needs to consider whether the NMC is a going concern.
3. Going concern is always a consideration for auditors since the financial statements of any organisation are normally prepared on the basis that it will continue to operate for the foreseeable future and meet its liabilities as they fall due. The 'foreseeable future' in this context can be taken to be a period of at least 12 months from the end of the reporting period and quite typically at least a year after the accounts are signed.
4. The focus on going concern by auditors for all organisations is accentuated this year. In addition to the on-going uncertainties from the Covid-19 pandemic, there is significant economic and financial instability being driven by factors such as the sharp rise in inflation and interest rates, the invasion of Ukraine, and wider uncertain UK economic performance. There is also focus since we are working towards a budget that sees us operating to a deficit for the next three years and since the Department of Health and Social Care (DHSC) has been consulting on reform of the health regulators in the UK.

Discussion

5. The Executive's view is that our position as regards going concern is a strong one. Our income, nearly all derived from registrant fees, is very reliable certainly in the short term with registrant numbers continuing to increase: we had some 758,000 people on our permanent register at 31 March 2022, around 26,000 more than a year before.
6. Although we set a £10 million deficit budget for 2022-2023 (see **schedule 1** to this note) and indicative deficit budgets of £9 million for 2023-2024, and £5 million for 2024-2025, this needs to be taken in the context of the strong financial position shown in the accounts at 31 March 2022. These show total reserves of £76 million and free reserves of £47 million. Our cash in hand and on three month deposits was over £70 million at the same date, with readily cashable stock market investments representing a further £33 million.

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7. Our management accounts for the first two months to 31 May 2022, at **schedule 2**, show that since 31 March 2022 total reserves and free reserves remain broadly the same at £76 million and £47 million respectively. Cash in hand and on deposit has fallen slightly to £67 million and the total value of stock market investments has also fallen to £32 million. While we expect reserves to fall during the year in line with the deficit budget set for 2022-2023, there is plenty of capacity to do this without any implications for going concern. We are not currently expecting any major variance to our budget for the rest of the year.
8. We maintain strong systems of financial management with monthly reports to the Executive Board and quarterly financial reports to Council. Council is also specifically reviewing the financial position at its meeting in September, with the aim of providing assurance that we are able to balance our finances in future years. One aspect of this will be to assess the impact, and our response to it, of the inflationary pressures that we recognise have increased further since the budget was agreed. However, we have sufficient free reserves and cash available to manage current inflationary pressures without any impact on our assessment of going concern.
9. On the issue of regulatory reform on which the DHSC completed a consultation exercise in June 2021, there is clearly a presumption that the regulatory activities that we undertake will continue. In addition, there is no expectation that there will be changes to our regulatory activity enacted in law before October 2024 at the earliest.

Attached:

- Schedule 1: budget 2022-2023 and indicative plans for later years**
- Schedule 2: management accounts at 31 May 2022**

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Table 1	Forecast	Budget	Budget	Budget
Income & expenditure (£m)*	2021 - 22	2022 - 23	2023 - 24	2024 - 25
By Strategy Year	Year 2	Year 3	Year 4	Year 5
Income				
Registration fees	89.2	91.2	93.2	95.5
Other	7.8	5.3	5.2	5.1
Total Income	97.0	96.5	98.4	100.6
Expenditure				
<u>Core business</u>				
Professional Regulation ^	44.4	49.2	46.8	43.9
Resources & Technology Services ^	16.8	18.6	18.7	18.3
People & Organisational Effectiveness ^	10.5	10.8	10.3	10.1
Professional Practice ^^	4.7	6.5	6.6	6.4
Strategy & Insight ^^	2.8	3.1	3.3	3.3
Communications & Engagement	3.1	3.2	3.1	3.0
Directorate - Core Business Expenditure	82.3	91.4	88.8	85.1
<u>Corporate</u>				
Depreciation	4.9	6.0	7.8	7.3
PSA Fee	2.0	2.0	2.0	2.0
Apprenticeship Levy	0.2	0.2	0.2	0.2
Other (incl. increases in pay, inflation, provisions)	1.5	4.1	6.7	9.4
Total Corporate Expenditure	8.6	12.3	16.7	18.9
Total Core Business	90.9	103.7	105.5	104.0
Programmes & Projects including capital expenditure (see table 2)	8.3	11.6	15.6	10.7
Subtotal including capital expenditure	99.2	115.3	121.1	114.7
Capital Expenditure	6.6	8.7	13.3	9.2
Subtotal excluding capital expenditure	92.6	106.6	107.8	105.5
Unrealised Gains/(Losses)	-	-	-	-
Net Surplus/(Deficit) excluding capital expenditure	4.4	(10.1)	(9.4)	(4.9)
Total Reserves	73.9	63.6	54.3	49.4
Free Reserves	44.3	31.5	16.6	9.7

Note: *Figures are subject to rounding

^ Impacted by Change & CI initiative – cost of staff within the scope are included in POE

^^ ELS team is moved under Professional Practice structure

Table 2: Programmes & projects (£m) By Strategy Year	Forecast 2021 - 22 Year 2	Budget 2022 - 23 Year 3	Budget 2023 - 24 Year 4	Budget 2024 - 25 Year 5
Accommodation Programme – Edinburgh Office	2.5	-	-	-
Accommodation Programme - 23 Portland Place	-	0.8	7.7	9.2
Modernisation of Technology Services (MoTS)	3.5	6.0	5.5	-
FtP Improvement Programme	0.5	0.6	0.4	-
People Plan 2021+	0.4	0.2	-	-
Technology Improvements	-	0.5	0.3	0.3
Modern Workplace for Me	0.7	1.4	-	-
Website Redevelopment Programme	-	0.1	0.3	-
Insight Programme	-	0.3	0.2	0.1
Education QA IT Project	-	0.7	0.2	-
Regulatory Reform (see table 3)	0.7	1.0	1.0	1.1
Programmes & projects including capital expenditure	8.3	11.6	15.6	10.7

Table 3: Regulatory Reform (£m) By Strategy Year	Forecast 2021 - 22 Year 2	Budget 2022 - 23 Year 3	Budget 2023 - 24 Year 4	Budget 2024 - 25 Year 5
Strategy & Insight	0.7	0.8	0.7	0.6
Communications & Engagement	-	0.1	0.1	-
Professional Regulation	-	-	-	0.4
People & Organisational Effectiveness	-	0.1	0.1	-
Resources & Technology Services	-	-	0.1	0.1
Total Regulatory Reform	0.7	1.0	1.0	1.1

Note: excludes cost of some support and policy work stream staff included in core business. 2022-23 includes five additional posts budgeted for from July 2022. Recruitment to these and posts will not take place until there is greater clarity as to the timing of the legislative timetable.

Table 4: Budgeted full time equivalent employees (FTE) By Strategy Year	Forecast 2021 - 22 Year 2	Budget 2022 - 23 Year 3	Budget 2023 - 24 Year 4	Budget 2024 - 25 Year 5
Professional Regulation ^	678.5	781.2	648.7	638.7
Resources & Technology Services ^	121.4	139.6	141.6	140.6
People & Organisational Effectiveness ^	150.5	157.6	150.5	141.2
Professional Practice ^^	53.4	62.8	63.8	60.8
Strategy & Insight ^^	58.0	66.0	65.0	64.0
Communications & Engagement	36.6	44.6	44.2	40.2
Total budgeted FTE employees *	1,098.4	1,251.8	1,113.8	1,085.5

Note:

*FTE attributed to individual Directorates include people employed on projects and programmes

^Impacted by Change & CI initiative – roles within the scope are now under POE structure

^^ELS team is moved under Professional Practice structure

Table 5: Forecast cashflow (£m) * By Strategy Year	31 March 2022 Year 2	31 March 2023 Year 3	31 March 2024 Year 4	31 March 2025 Year 5
Cashflow from operating activities				
Surplus/(deficit)	4.4	(10.1)	(9.4)	(4.9)
Adjustment for non-cash transactions	4.9	6.0	7.8	7.3
Unrealised (Gains)/Losses from Stock Market Investments	-	-	-	-
Interest/Dividend income from Stock Market Investments	(0.6)	(0.6)	(0.6)	(0.6)
(Increase)/decrease in current assets	0.7	(0.1)	(0.1)	(0.1)
Increase/(decrease) in liabilities	(4.1)	(0.4)	1.3	1.5
Pension deficit payments	(1.9)	(1.3)	-	-
Net cash inflow/(outflow) from operating activities	3.4	(6.4)	(1.0)	3.2
Cashflow from investing activities				
Capital expenditure	(6.6)	(8.7)	(13.3)	(9.2)
Cashflow from financing activities[^]				
Stock Market Investments	-	-	-	-
Interest/Dividend income from Stock Market Investments	-	-	-	-
Net cash inflow/(outflow) from financing activities	-	-	-	-
Net increase/(decrease) in cash & cash equivalent for the year	(3.2)	(15.1)	(14.3)	(6.0)
Cash & fixed term deposits at beginning of year	67.9	64.7	49.6	35.3
Cash & cash equivalent at end of year	64.7	49.6	35.3	29.3

Note: *Figures are subject to rounding

[^] interest/dividends from stock market investments are assumed to be reinvested so not a source of cash.

Table 6: Forecast/Budget Balance Sheet (£m)* By Strategy Year	31 March 2021 Year 1	31 March 2022 Year 2	31 March 2023 Year 3	31 March 2024 Year 4	31 March 2025 Year 5
Non-current assets					
Tangible Assets	27.7	29.5	32.1	37.7	39.5
Stock Market Investments [^]	31.3	39.9	32.5	33.1	33.7
Total non-current assets	59.0	61.4	64.6	70.8	73.2
Current Assets					
Cash	67.9	64.7	49.6	35.3	29.3
Debtors	4.1	3.4	3.4	3.5	3.6
Total current Assets	72.0	68.1	53.0	38.8	32.9
Total Assets	131.0	129.5	117.6	109.6	106.1
Liabilities					
Deferred Income	(41.9)	(41.4)	(42.3)	(43.3)	(44.4)
Other creditors, accruals, provisions	(16.5)	(12.9)	(11.7)	(12.0)	(12.3)
Total Liabilities	(58.4)	(54.3)	(54.0)	(55.3)	(56.7)
Net Assets excluding pension liability	72.6	75.2	63.6	54.3	49.4
Pension Liability ^{^^}	(3.2)	(1.3)	-	-	-
Net Assets, Total Reserves	69.4	73.9	63.6	54.3	49.4
Free Reserves	41.7	44.3	31.5	16.6	9.7

Note: *Figures are subject to rounding

[^] the increase in stock market investments reflects investment income being reinvested rather than any assumptions about capital growth which is assumed to be nil.

^{^^} the pension liability is subject to actuarial review at the year end for accounts purposes and to the triennial review as at 31 March 2022.

Nursing and Midwifery Council Financial Monitoring Report

£'m	May 2022 Year-to-Date				Full Year
	Actual	Budget	Var.	Var. (%)	Budget
Income					
Income	15.5	15.1	0.5	3%	91.2
Other	1.4	0.9	0.6	63%	5.3
Total Income	17.0	15.9	1.1	7%	96.5
Expenditure					
<u>Core Business</u>					
Professional Regulation	7.8	7.4	(0.3)	(4%)	51.4
Resources & Technology Services	2.8	3.0	0.2	6%	19.2
People & Organisational Effectiveness	1.8	1.8	0.1	4%	11.6
Professional Practice	0.8	1.0	0.2	16%	6.7
Strategy & Insight	0.5	0.5	(0.0)	(1%)	3.3
Communications & Engagement	0.5	0.6	0.1	9%	3.4
Directorate - Core Business	14.2	14.3	0.1	1%	95.6
<u>Corporate</u>					
Depreciation	1.1	1.0	(0.1)	(10%)	6.0
PSA Fee	0.3	0.3	-	-	2.0
Apprenticeship Levy	0.0	0.0	0.0	7%	0.2
Other***	0.3	-	0.3	-	0.1
Total Corporate	1.7	1.3	(0.4)	(31%)	8.4
Total Core Business	15.9	15.6	-	-	104.0
Surplus/(Deficit) excluding Programmes	1.1	0.3	0.8	-	(7.5)
Programmes & Projects					
Modernisation of Technology Services (including QA IT)	0.5	0.6	0.1	15%	6.7
Modern Workplace for Me	0.9	0.1	(0.7)	-	1.4
Regulatory Reform	0.1	0.1	0.0	1%	1.0
Accommodation Project	-	-	-	-	0.8
FTP Improvement Programme	0.1	0.0	0.1	-	0.6
Technology Improvements	-	-	-	-	0.5
Insight Programme	-	-	-	-	0.3
Website Redevelopment Programme	-	-	-	-	0.1
Total Programmes/Projects	1.5	0.8	(0.7)	(93%)	11.4
Total Expenditure including capex	17.5	16.4	(1.1)	(7%)	115.4
Capital Expenditure	1.3	0.6	(0.7)	-	8.7
Total expenditure excluding capex	16.2	15.8	(0.4)	(2%)	106.7
Surplus/(Deficit) excluding Capex and before Unrealised Gains/(Losses)	0.8	0.1	0.7	-	(10.2)
Unrealised Gains/(Losses) *	(1.1)	-	(1.1)	-	-
Net Surplus/(Deficit) after Unrealised Gains/(Losses)	(0.3)	0.1	(0.4)	-	(10.2)
Free Reserves **	47.2	44.7	2.4	5%	31.5

Note: Figures are subject to rounding

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

** The increase in Free Reserves compared to budget is largely due to the actuarial gain on the Defined Benefit pension scheme as at March 2022 calculated in April 2022

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

NMC YTD Income & Expenditure by Expense Category May 2022

Expense Category (£'m)	Actual	Budget	Var	Var %
Income	17.0	15.9	1.1	7%
Expenditure				
Staff Sals & Other Staff Related Costs	10.2	9.7	(0.5)	(5%)
Professional & Legal	2.2	2.4	0.2	7%
External Communications	0.1	0.1	0.0	11%
Office Administration	2.1	2.0	(0.1)	(5%)
Building Costs	0.7	0.7	0.0	6%
Other costs	0.1	0.1	0.0	20%
External Party Expenses	0.8	0.9	0.1	10%
Total	16.2	15.8	(0.4)	(3%)
Surplus/(Deficit) excluding Capex and before Unrealised Gains/(Losses)	0.8	0.1	0.7	-
Unrealised Gains	(1.1)	-	(1.1)	-
Net Income/(Expenditure) after Unrealised Gains/(Losses)	(0.3)	0.1	(0.4)	-

Income includes - Registration fees, overseas application fees, interest income & miscellaneous income

External Party Expenses include non-NMC staff expenses e.g. Panellists, Witnesses, Committee Allowances

Office Administration costs comprise of Telecoms, IT, Postage, Stationeries and other admin costs

Other costs include In-house catering, members allowances, members expenses, council recruitment

Balance Sheet (£'m)	Mar-22	May-22	Change	Change %
Fixed Assets				
Tangible Assets	28.7	28.9	0.2	1%
Investments	32.8	31.9	(0.9)	(3%)
Total Fixed Assets	61.5	60.8	(0.7)	(1%)
Current Assets				
Debtors	3.3	3.1	(0.2)	(7%)
Fixed term bank deposits	49.1	48.2	(1.0)	(2.0%)
Cash	20.9	18.8	(2.0)	(10%)
Total Current Assets	73.3	70.1	(3.2)	(4%)
Total Assets	134.8	130.8	(4.0)	(3%)
Liabilities				
Creditors	(55.2)	(52.9)	2.4	(4%)
Provisions	(3.3)	(1.9)	1.3	(40%)
Total Liabilities	(58.5)	(54.8)	3.7	(6%)
Net Assets (excl pension liability)	76.3	76.0	(0.3)	(0%)
Pension Liability	-	-	-	-
Total Net Assets	76.3	76.0	(0.3)	(0%)
Free Reserves	47.6	47.2	(0.5)	(1.0%)

Statement of Cash Flows	May-21 (£'m)	May-22 (£'m)
Cashflow from operating activities		
Surplus/(Deficit) (YTD)	1.6	(0.3)
Adjustment for depreciation (non-cash)	0.8	1.1
(Gains)/Losses on Investments	(0.7)	1.1
Investment/Dividend income	(0.1)	(0.2)
(Increase)/Decrease in current assets	1.6	0.2
Increase/(Decrease) in liabilities	(3.4)	(3.7)
Pension Deficit Payments	(0.3)	-
Net Cash inflow/(outflow) from operating activities	(0.5)	(1.7)
Cashflow from investing activities		
Capital Expenditure (YTD)	(0.8)	(1.3)
Net Cash inflow/(outflow) from investing activities	(0.8)	(1.3)
Cashflow from financing activities		
Capital Market Investments	-	-
Net Cash inflow/(outflow) from financing activities	-	-
Cumulative net increase/(decrease) in cash and cash equivalent at month end	(1.3)	(3.0)
Cash & Cash Equivalent at the beginning of the year	67.9	70.0
Cash & Cash Equivalent at the end of the month	66.6	67.0

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Item 8: Annexe 3

NMC/22/57

6 July 2022

LETTER OF REPRESENTATION

Nursing and Midwifery Council
23 Portland Place
London
W1B 1PZ

DATE

HW Fisher LLP
 Chartered Accountants
 Acre House
 11-15 William Road
 London NW1 3ER

Your ref: CAR/JML/N79700

Dear Sirs

FINANCIAL STATEMENTS AND AUDIT FOR THE YEAR ENDED 31 MARCH 2022

This representation letter is provided in connection with your audit of the financial statements of the Nursing and Midwifery Council (NMC) for the year ended 31 March 2022 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view of the results and financial position of the NMC in accordance with the requirements of the Charities Act 2011 and the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006 as well as in accordance with the United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice, including Financial Reporting Standard 102).

Financial Statements

1. We acknowledge our responsibility, as set out in the terms of your engagement dated 18 January 2022, for preparing financial statements in accordance with the Charities Act 2011 and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice), which give a true and fair view of the financial position of NMC as of 31 March 2022, of its incoming resources and application of resources, including its income and expenditure, for the year then ended and for making accurate representations to you.
2. Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable.

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3. We have no plans or intentions that may materially alter the carrying value and where relevant the fair value measurements or classification of assets and liabilities reflected in the financial statements.
 4. We have disclosed all known actual or possible litigation and claims whose effects should be considered when preparing the financial statements and these have been disclosed in accordance with the requirements of accounting standards.
 5. Related party relationships and transactions have been appropriately accounted for and disclosed and we are not aware of further related party matters that require disclosure.
 6. All events since the balance sheet date which require disclosure or which would materially affect the amounts in the financial statements have been adjusted or included in the financial statements.
 7. We confirm the financial statements are free of material misstatements, including omissions.
 8. We confirm that the NMC has considered its cashflow forecasts for the foreseeable future, being a minimum of twelve months from the date of approval of the financial statements, and has a reasonable expectation of adequate resources to continue in operation for that period. Thus the going concern basis has been adopted in preparing the financial statements. We confirm that the disclosures in the accounting policies are an accurate reflection of the reasons for our consideration that the financial statements should be drawn up on a going concern basis.
 9. We confirm the following additional matters relevant to the financial statements:
 - a. **Panellists Provision.** We are satisfied that the provision of £2.5m in relation to unpaid holiday pay and employer minimum pension contributions for all existing panel members correctly reflects the professional and legal advice that we have received and our view in terms of the likely liability.
 - b. **Pensions.** The surplus on NMC's Defined Benefit Pension Scheme as calculated in accordance with FRS102 of £5.8m has not been recognised in the financial statements. In our view, having considered the trust deed and rules relation to the scheme and having taken both legal and actuarial advice, we do not consider that NMC has an unconditional right to the surplus.

Information provided

10. All accounting records and relevant information have been made available to you for the purpose of your audit. We have provided to you all other information requested and given unrestricted access to persons within the entity from whom you have deemed it necessary to request information. All other records and related

information, including minutes of all management and shareholder meetings have been made available to you.

11. All transactions undertaken by NMC have been properly reflected in the accounting records and are reflected in the financial statements.
12. We acknowledge our responsibility for the design, implementation and maintenance of controls to prevent and detect fraud. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
13. We have disclosed to you all information in relation to fraud or suspected fraud that we are aware of and that affects the entity and involves, management, employees who have a significant role in internal control, or others, where fraud could have a material effect on the financial statements.
14. We confirm that we are not aware of any possible or actual instance of noncompliance with those laws and regulations which provide a legal framework within which the NMC conducts its business and which could affect the financial statements. NMC has complied with all aspects of contractual agreements that could have a material effect on the financial statements in the event of non-compliance.
15. We confirm that we have disclosed to you the identity of NMC's related parties and all related party relationships and transactions relevant to NMC that we are aware of.
16. NMC has satisfactory title to all assets, and there are no liens or encumbrances on the assets.
17. There are no liabilities, contingent liabilities or guarantees to third parties other than those disclosed in the financial statements.
18. NMC has at no time during the year entered into any arrangement, transaction or agreement to provide credit facilities (including loans, quasi loans or credit transactions) for those charged with governance, nor to guarantee or provide security for such matters, except as disclosed in the financial statements.
19. We confirm that the following is a complete list of all serious incidents reported to the Charity Commission from the start of the financial year to the date of this letter:
 - Incident dated 11 May 2022 – regarding a nurse who died whilst under a Fitness to Practise investigation

In addition, we confirm that there are no further matters of which we are aware which we consider should be reported to the Charity Commission.

We confirm to the best of our knowledge and belief that the above representations are made on the basis of enquiries of management and staff with relevant knowledge and

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experience and, where appropriate, of inspection of supporting documentation sufficient to satisfy ourselves that we can properly make each of the above representations to you.

We acknowledge our legal responsibilities regarding disclosure of information to you as auditors and confirm that so far as we are aware, there is no relevant audit information needed by you in connection with preparing your audit report of which you are unaware. Each person charged with governance has taken all the steps that he ought to have taken as a person charged with governance in order to make himself aware of any relevant audit information and to establish that you are aware of that information.

Yours faithfully

Signed on behalf of NMC by:

Chair

Chief Executive and Registrar

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The Comptroller and Auditor General
National Audit Office
157-197 Buckingham Palace Road
Victoria
LONDON
SW1W 9SP

LETTER OF REPRESENTATION: Nursing and Midwifery Council 2021-22

We acknowledge as Accounting Officer and Chair of the Nursing and Midwifery Council our responsibility for preparing accounts that give a true and fair view of the state of affairs, net income and cash flows of the Nursing and Midwifery Council for the year ended 31 March 2022.

In preparing the accounts, we were required to:

- observe the financial statements direction issued by the Privy Council, including the relevant accounting and disclosure requirements (a) in compliance with the accounting principles and disclosure requirements contained in the Charities' SoRP; and (b) having regard to the requirements of the FReM to the extent that those requirements clarify, or build on, the requirements of the Charities SoRP, and apply appropriate accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards have been followed and disclosed and explain any material departures in the accounts; and
- make an assessment that the Nursing and Midwifery Council is a going concern and will continue to be in operation throughout the next year; and ensure that this has been appropriately disclosed in the financial statements.

We confirm that for the financial year ended 31 March 2022:

- neither we nor my staff authorised a course of action, the financial impact of which is that transactions infringe the requirements of regularity as set out in Managing Public Money (insofar as it applies to us);
- having considered and enquired as to the Nursing and Midwifery Council's compliance with law and regulations, we have disclosed to you any actual or potential non-compliance that could have a material effect on the ability of the Nursing and Midwifery Council to conduct its business or whose effects should be considered when preparing financial statements;
- all accounting records have been provided to you for the purpose of your audit. All other records and related information, including minutes of all management meetings which you have requested have been supplied to you;
- all transactions undertaken by the Nursing and Midwifery Council have been recorded in the accounting records and are properly reflected in the financial statements; and
- the information provided regarding the identification of related parties is complete; and the related party disclosures in the financial statements are adequate.

All material accounting policies as adopted are detailed in Note 1 to the financial statements.

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INTERNAL CONTROL

We acknowledge as Accounting Officer and Chair of the Nursing and Midwifery Council our responsibility for the design and implementation of internal controls to prevent and detect error and we have disclosed to you the results of our assessment of the risk that the financial statements could be materially misstated.

We confirm that we have reviewed the effectiveness of the system of internal control and that the disclosures we have made are in accordance with HM Treasury guidance on the Governance Statement.

FRAUD

We acknowledge as Accounting Officer and Chair of the Nursing and Midwifery Council our responsibility for the design and implementation of internal controls to prevent and detect fraud and we have disclosed to you the results of our assessment of the risk that the financial statements could be materially misstated as a result of fraud.

We have disclosed to you any knowledge of fraud or suspected fraud affecting the Nursing and Midwifery Council involving management, employees who have significant roles in internal control, or others where the fraud could have a material effect on the financial statements.

We have disclosed to you any knowledge of any allegations of fraud or suspected fraud, affecting the Nursing and Midwifery Council’s financial statements communicated by employees, former employees, analysts, regulators or others.

ACCOUNTING ESTIMATES

We acknowledge as Accounting Officer and Chair of the Nursing and Midwifery Council our responsibility to make judgments and estimates on a reasonable basis.

We confirm that the methods, the data, and the significant assumptions used by the Nursing and Midwifery Council in making accounting estimates and related disclosures are appropriate to achieve recognition, measurement or disclosure that is reasonable in the context of the Charities’ SoRP.

GOING CONCERN

We have assessed whether the going concern basis of accounting is appropriate for the Nursing and Midwifery Council. The plans for future actions upon which this assessment is based including the assumed future need of our regulatory function are feasible. The assumptions made in my assessment are reasonable and appropriate in the context of the Charities’ SoRP.

ASSETS

General

All assets included in the balance sheet were in existence at the reporting date and owned by the Nursing and Midwifery Council, and free from any lien, encumbrance or charge, except as disclosed in the financial

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statements. The balance sheet includes all tangible and intangible assets owned by the Nursing and Midwifery Council.

Non-Current Assets

All assets over £5,000 are capitalised. Depreciation is calculated to reduce the net book amount of each asset to a nominal value of £1 by the end of its estimated useful life in the Nursing and Midwifery Council's operations.

Other Current Assets

On realisation in the ordinary course of the Nursing and Midwifery Council's operations the other current assets in the balance sheet are expected to produce at least the amounts at which they are stated. Adequate provision has been made against all amounts owing to the Nursing and Midwifery Council which are known, or may be expected, to be irrecoverable.

LIABILITIES

General

All liabilities have been recorded in the balance sheet in accordance with the Charities' SoRP.

Provisions and Contingent Liabilities

Provision is made in the financial statements for:

- Dilapidations;
- Pensions – Early Retirement; and
- Panellists Holiday Pay

Other than the provisions disclosed in the accounts, no other provisions were required at year-end relating to litigation or claims against the Nursing and Midwifery Council.

We have disclosed to you all actual or possible litigation and claims whose effects should be considered when preparing the financial statements. All such matters have been accounted for and disclosed in accordance with the Charities' SoRP.

I am not aware of any action which is or may be brought against the Nursing and Midwifery Council under the Insolvency Act 1986.

Pension Scheme

We are satisfied, in respect of retirement benefits and schemes, that:

- all retirement benefits and schemes, including UK, foreign, funded and unfunded, approved or unapproved, statutory, contractual or implicit, have been identified and properly accounted for;
- all settlements and curtailments have been identified and properly accounted for;
- all events which relate to the determination of pension liabilities have been brought to the actuary's attention;
- the actual assumptions underlying the valuation of the scheme liabilities accord with the directors' best estimates of future events and are consistent with the directors' knowledge of the business;
- the actuary's calculations have been based on complete and up-to-date member data (as far as is appropriate regarding the adopted methodology); and
- the amounts included in the financial statements derived from the work of the actuary are appropriate.

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OTHER DISCLOSURES

Results

Except as disclosed in the financial statements, the results for the year were not materially affected by transactions of a sort not usually undertaken by the Nursing and Midwifery Council, or circumstances of an exceptional or non-recurring nature.

Unadjusted Errors

No errors have been brought to our attention as unadjusted.

Events after the Reporting Period

All matters regarding events occurring subsequent to the date of the financial statements, and for which the Charities' SoRP requires adjustment or disclosure, have been adjusted or disclosed.

Restatements of comparative information

I consider the impact of the following errors identified in prior period financial statements to be material and have therefore restated the comparative information accordingly.

Tangible fixed assets with a net book value of £10,881k in 20-21 have been reclassified as intangible fixed assets and shown in the comparative column in the 21-22 Balance Sheet accordingly.

Privy Council Determinations

Expenditure incurred and income received are consistent with determinations given by the Privy Council.

Sir David Warren KCMG

Chair

[Date]

Andrea Sutcliffe CBE

Chief Executive and Registrar

[Date]

Council

Annual Fitness to Practise Report 2021–2022

Action:	For decision.
Issue:	Presents the draft Annual Fitness to Practise Report 2021–2022 for approval.
Core regulatory function:	Professional Regulation.
Strategic priority:	Strategic aim 1: Improvement and innovation Strategic aim 3: More visible and informed Strategic aim 5: Insight and influence
Decision required:	The Council is recommended to approve the draft Annual Fitness to Practise Report 2021–2022 for submission to Parliament (paragraph 10).
Annexes:	The following annexe is attached to this paper: <ul style="list-style-type: none">Annexe 1: Draft Annual Fitness to Practise Report 2021–2022. <p>* Please note that Annexe 1 is not included in the public Council papers. This is so that we comply with strict rules not to publish the content of the report before it is submitted to Parliament.</p>
Further information:	If you require clarification about any point in the paper or would like further information please contact the author or the director named below. Author: Janice Cheong Janice.cheong@nmc-uk.org Chief Executive: Andrea Sutcliffe andrea.sutcliffe@nmc-uk.org

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- Context:**
- 1 Under the Nursing and Midwifery Order 2001, the Council is required to prepare annually for Parliament “a statistical report which indicates the efficiency and effectiveness of, and which includes a description of, the arrangements which the Council has put in place under article 21(1)(b) to protect members of the public from registrants whose fitness to practise is impaired, together with the Council’s observations on the report”.
 - 2 Following approval by the Council, the Annual Fitness to Practise Report, together with the Annual Report and Accounts, must be submitted to the Privy Council for laying before Parliament.
 - 3 The draft report for 2021–2022 is attached for the Council to review. The Audit Committee reviewed the draft report on 8 June 2022 and its comments have been reflected in the draft at **Annexe 1**.
- Four country factors:**
- 4 The Annual Fitness to Practise Report reflects the NMC’s UK wide remit and includes all cases we have dealt with in 2021–2022 from all four of the UK countries. Copies of the report will be sent to the devolved legislatures in Wales, Scotland and Northern Ireland.
- Discussion:**
- 5 The report follows a similar format to previous years.
 - 6 Where the same data is provided, the data within the report is consistent with the statutory Annual Report and Accounts.
 - 7 The key message in the report is that we have not achieved the desired caseload reduction but have made progress and also stabilised the growth. We are keen to emphasise that we recognise many people are having to wait too long for their case to be progressed and we are sorry for the additional distress these delays may be causing. A reduction of the caseload is very much our focus for this new financial year: we aim to reach a caseload of 5,000 cases by March 2023 (caseload was 6,469 at 31 March 2022).
 - 7.1 Key impacts from our improvement work so far have been:
 - 7.1.1 Continuing to see a reduction in incoming referrals: 5,291 which is down from 5,547 in 2020–2021, and largely reflects an enduring downward trend in the number of referrals from employers since we established the employer link service.
 - 7.1.2 Concluding 78 percent of cases at the end of screening, where we are satisfied that regulatory action is not warranted (68 percent in 2020– 2021), in line with our aim to make final decisions on cases at the earliest possible opportunity.

7.1.3 Seeing steady improvement in outputs at the Case Examiner stage and also in the number of adjudication events we are able to hold each day. Also we have been able to conclude more cases without the need for a hearing.

8 Nevertheless, we did not meet our corporate KPI targets:

8.1 Target: Close 80 percent of cases within 15 months from receipt. Performance: We closed 62 percent of cases within 15 months.

8.2 Target: Impose 80 percent of interim orders within 28 days of receipt. Performance: 77 percent of interim orders were imposed within 28 days.

9 The report also provides an account of:

9.1 learning and the steps we have taken with regard to progressing our equality, diversity and inclusion agenda; and

9.2 how we have increased the level and type of support we provide to people involved in a fitness to practise case.

10 **Recommendation: The Council is recommended to approve the draft Annual Fitness to Practise Report 2021–2022 for submission to Parliament.**

Next steps

11 The Annual Fitness to Practise Report will be submitted to the Privy Council to be laid before Parliament before the summer recess, along with the Annual Report and Accounts for 2021–2022.

Midwifery implications:

12 We have provided a breakdown of our data to show the proportion of nurses, midwives and nursing associates for various sections in the statistical summary. Although there has been a slight increase in the proportion of referrals about midwives, we do not believe this to be statistically significant. We continue to monitor the impact of wider maternity services issues on referrals about midwives so that we can manage these effectively and efficiently.

Public protection implications:

13 There are no public protection issues which arise directly from the production of the Annual Fitness to Practise Report. Publication of the report, through highlighting our work and sharing the areas of practice most likely to result in a referral resulting in a sanction contributes to furthering our overarching purpose of public protection.

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Equality diversity and inclusion implications:	14	We have made reference in the report on page 23 to how our work has supported our corporate EDI aims, including a reflection of our learning from how we handled a particular case concerning racist and discriminatory behaviour.	3.
	15	We do not include equality and diversity data within the report. Supplementary EDI data tables will be published on the website and shared with stakeholders and this includes data about fitness to practise concerns, outcomes and panel members by protected characteristics.	4.
	16	As usual, the report will be published in both English and Welsh.	5.
Stakeholder engagement:	17	As well as laying the report before Parliament, the report will be shared with stakeholders. This includes the publication of a summary version which highlights key aspects from our statutory annual reports.	6.
	18	The report conforms to AA accessibility standards.	7.
Risk implications:	19	Inaccurate reporting could compromise public confidence in the NMC. We have a number of quality checks in place to ensure our reporting is as accurate as possible. Completely eliminating the possibility of all error is unlikely, given the size and complexity of the dataset. On page 12 of the report, we have re-stated the number of people on the register at 31 March 2021 as 731,900, after we identified that a small number of test records and duplicate registration entries had been included in last year's figure (731,918) in error. We are undertaking a serious event review so that we can identify the learning and further reduce the risk of error for the future.	8.
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Regulatory reform:	20	Reference has been made in the report about how the changes from our improvement programme work have considered and will support the anticipated new ways of working in fitness to practise. In 2022–2023 we will continue our improvement work and this will closely tie in with the planning for regulatory reform.	11.
	21	Regulatory reform will require us to produce reports for each of the devolved nations. Whilst this does not directly impact this year's report, the governance team will be taking forward work in 2022–2023 with colleagues to consider how we can develop our approach to meet additional reporting and data requirements	12.
			13.
Legal implications:	22	We ensure that our statutory annual reports meet the legislative requirements set out in the Nursing and Midwifery Order 2001 (as amended).	14.
			15.

Council

Pay Gap Annual Reports 2022

Action: For decision

Issue: Presents the NMC's gender, ethnicity and disability pay gap report for approval for publication.

Core regulatory function: All regulatory functions

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

Decision required: **The Council is recommended to approve the publication of the Pay Gap Report 2022 (Paragraph 35).**

Annexe: The following annexe is attached to this paper:

- Annexe 1: NMC Pay Gap Report 2022: gender, ethnicity, and disability

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

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Workforce EDI Manager
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Mark.egan@nmc-uk.org

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Laura.marks@nmc-uk.org

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Context:

- 1 In March 2022, the Council approved the Corporate Plan 2022-2023 (**NMC/22/24**) with a corporate priority to:
Tackle discrimination and inequality and promote diversity and inclusion to make sure that our processes are fair for everyone.
- 2 To support this corporate priority, the Council approved our Equality, Diversity, and Inclusion (EDI) Action Plan in May 2022 (**NMC/22/43**), which contains actions in relation to understanding, analysing and publishing our pay gap data and the actions we will take to tackle areas where gaps exist.
- 3 This report presents analysis of three pay gap areas: gender, ethnicity, and disability. As an employer with over 250 employees, we have had a legal duty since 2017 to report our gender pay gap data. We publish our ethnicity and disability pay gap data to be transparent, and to help us set and monitor actions to tackle inequality where this exists.
- 4 The following represents the requirements for our gender pay gap reporting, using a snapshot date of 5 April each year:
 - 4.1 The difference between the pay of all men and women employees using the **mean** (numerical) average
 - 4.2 The difference in pay between men and women who are paid at the **median** (midpoint of a group of numbers) point of all males or females
 - 4.3 The proportion of men and women within the quartiles of their pay bands
 - 4.4 Eligibility for bonuses, and the actual distribution of bonus awards (as NMC does not offer bonuses, we do not need to report on this section).
- 5 This is the sixth year we have published our gender pay gap report, and we have published our ethnicity and disability pay reports since 2020 using the same methodology.
- 6 A pay gap compares the average pay for different groups of people. It is different from equal pay, which instead looks at whether people are paid the same for work of equal value. Our analysis highlights that there are no significant pay differences on the basis of gender, ethnicity or disability when we compare employees doing the same (or 'like for like') roles.

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Four country factors: 7 The legislation that underpins the production of the annual gender pay gap report (the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017) does not apply in Northern Ireland.

Stakeholder engagement: 8 This report relates to internal workforce data and does not require external stakeholder engagement.

Discussion: 9 Our pay gap report has this year been consolidated into one report (see **Annexe 1**) covering gender, ethnicity, and disability. This supports us to approach tackling our pay gaps through a holistic lens and recognise that we need to embed an intersectional approach to the actions we take. However, we have continued to report on all three pay gaps separately for data analysis purposes and have highlighted actions that will have a specific focus, for example on gender equality, race equality or disability equality in the workplace.

Gender Pay Gap

10 Our gender pay gap report for 2022 shows that:

10.1 Our **mean** gender pay gap has increased from 4.9 percent in 2021 to 6.2 percent in 2022.

10.2 Our **median** gender pay gap has increased from 8.3 percent in 2021 to 12.7 percent in 2022.

11 Compared to 2021, our mean gender pay gap has increased by 1.3 percentage points, and our median gender pay gap has increased by 4.4 percentage points.

12 In the past year the number of people working at the NMC increased by 7.3 percent (from 988 to 1,060 employees). This was partly due to us increasing the number of employees as part of our fitness to practice improvement programme, and this increase has mainly been in lower grades. The increase in our gender pay gap can be partly explained by this change, as we know there are higher proportions of women in these roles.

Ethnicity Pay Gap

13 Our ethnicity pay gap for 2022 shows that:

13.1 Our **mean** ethnicity pay gap has increased from 23.7 percent in 2021 to 25.5 percent in 2022

13.2 Our **median** ethnicity pay gap has remained the same at 27.1 percent.

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- 14 Compared to 2021, our mean ethnicity pay gap has increased by 1.8 percentage points, and our median ethnicity pay gap has stayed the same.
- 15 Our ethnicity pay gap exists for multiple reasons, the main being the underrepresentation of BME colleagues at senior grades in the organisation. We have seen an increase in white employees of two percent in our upper quartile in 2021-2022, which contains our highest paid employees.
- 16 We have committed to disaggregating this data further into ethnicity groups and will present this, as well as further analysis of cross-referenced pay gap data (across gender and ethnicity) to our Executive Board. This 'deep dive' into the data will help us understand more specifically where our pay gaps exist, and where there may be potential barriers to progression between certain pay grades.

Disability Pay Gap

- 17 Our disability pay gap report for 2022 shows that:
- 17.1 Our **mean** disability pay gap has increased from -3.4 percent in 2021 to -4.4 percent in 2022.
- 17.2 Our **median** disability pay gap has increased from -9.8 percent in 2021 to -11.8 percent in 2022.
- 18 Compared to 2021, our mean disability pay gap has increased by one percentage point, and our median disability pay gap has increased by -2 percent.
- 19 This is an inverse pay gap, in that it shows the average salary is higher for colleagues with disabilities than those without a disability. We recognise that under-reporting of disability in the workforce may be a cause of the inverse disability pay gap, as our data shows that people in our upper pay quartile are more likely to declare their disability status. Our data declarations overall for colleagues with a disability are below the national average: approximately 20 percent of the UK working age population have a disability, whereas just 7 percent of the NMC workforce have declared a disability. Further work is needed in terms of data declaration. This result does not imply that disabled colleagues necessarily have a more favourable pay position than non-disabled colleagues as it is statistically unreliable due to the low disclosure rate.

Reducing our pay gaps

- 20 Pay gaps are an important indicator of workplace equality and we must take further action to address the increase in our gaps, though we recognise that any action can take many years to begin to translate into having any numerical impact.
- 21 One of the ways we tackle our pay gaps is through our annual pay review. In this year's pay review we focused our increases on the lowest paid employees at the NMC. This reduced our mean gender pay gap by 0.5 percent, our mean ethnicity pay gap by 0.2 percent and our mean disability pay gap by 0.5 percent. We recognise the impact of this is small and in 2022, we are taking much more meaningful action to understand and address our pay gaps further.
- 22 The main way we are doing this is through the recent launch of tangible, measurable actions in our new EDI Action Plan (including specific race equality-focused actions) and People Plan 2022-2025. The actions in these two plans set out a specific ambition to positively impact the recruitment, progression, and retention of under-represented colleagues over a three-year period.
- 23 Our immediate priorities are to procure and implement a new Applicant Tracker System and review our approach to resourcing and talent management with a specific focus on women and BME colleagues. The new system (provisional live date September 2022) will also capture all internal vacancies as a process relevant to capturing talent pool and progression statistics of our existing workforce. Something we are currently unable to do.
- 24 We have also committed to improving the capability and confidence of our leaders and managers on EDI, including on topics such as inclusive recruitment, and providing support for colleagues through learning, development and our Rising Together mentoring programme which specifically focuses on career progression for under-represented colleagues.
- 25 Rising Together has the potential to inform us with rich information as to a better understanding of our ethnicity pay gap and the drivers for this gap. We want to amplify and enlarge this programme and launch others which focus on developing leaders.

Our Pay Gap Action Plan

- 26 We have work to do as an employer to address the challenges shown by our pay gap data. We have developed a clear, focused action plan to support our EDI Plan and will be held to account for our progress. And we are continuing to work closely with our employee networks and other stakeholders to help us.

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- 27 Actions which directly relate to tackling our pay gaps in our People Plan (2022-2025) and EDI Plan are:
- 27.1 To review and strengthen our internal recruitment and promotion processes to improve outcomes for underrepresented groups, including procuring and implementing a new Applicant Tracker System, launching a revised Resourcing Policy which will include secondments, and mandating inclusive recruitment training for recruiters and hiring managers.
 - 27.2 To listen and learn from evidence such as exit interviews and recently appointed internal candidates to support us create targeted interventions
 - 27.3 To implement positive action into our new management fundamentals and leadership development programmes from 2022 to support the progression of under-represented groups
 - 27.4 For our senior leaders to develop and publish EDI objectives which ensure they take accountability for improving EDI outcomes in their Directorates
 - 27.5 To implement the learning and recommendations from the 2021 leadership report produced by an external race equality consultant
 - 27.6 To promote and find role models for part time and job share working at every level with a particular focus on senior roles.

Measuring progress and next steps

- 28 We will use a range of internal and external measures to make sure we are held accountable for making positive progress on our equality ambitions and closing our pay gaps. This includes analysing our pay gap data intersectionally and in more depth to understand where recruitment and career progression barriers exist.
- 29 We will collect feedback from colleagues via our internal Your Voice survey and our EDI employee networks, and stakeholder views via benchmarks such as the NHS Workforce Race Equality Standard and the Business Disability Forum’s Disability Smart Audit.

- 30 We also have ambitions to transform how we describe and offer our roles, promoting flexibility and part time options and close the gaps that are often driven by lack of flexibility, particularly in senior posts. This and other ambitions are part of longer-term culture change and will be incrementally measurable over time. We know that gender occupational segregation occurs widely in the lower paid quartile, often because part time roles are lower paid roles in the UK economy. Research shows that women sometimes swap pay and seniority for flexibility, especially when returning to work after parental leave, or when aiming to work on a part time basis at the height of their career. Job share or part time seniority can still be a rarity and not a norm, which we want to change over time.
- 31 The actions to tackle our pay gaps will be monitored as part of our EDI action plan under the leadership of EDI Leadership Group members and the scrutiny of members of Executive Board and Council.
- 32 **The Council is recommended to approve the publication of the Pay Gap Report 2022.**

Midwifery implications:

33 This paper relates to workforce data and is not applicable to midwifery.

Public protection implications:

34 None

Resource implications:

35 None

Equality diversity and inclusion implications:

36 Our pay gap report is one of a variety of indicators used by the NMC to assess our progress in meeting our EDI objectives and ensure compliance with relevant equality legislation.

Risk implications:

37 There is a risk of failure to embed EDI and a further increase in our pay gaps and the effective implementation of our cross-organisational EDI Plan and People 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:

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Legal implications:

- 39 Production of the Gender Pay Gap report ensures that we are compliant with our legal obligations under the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017.

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Draft Pay Gaps Report 2022 Gender, Ethnicity and Disability Pay Gaps at the NMC

NB: this document is a version for NMC Council. A fully designed version will be published in July 2022.

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CEO Foreword

As the regulator of more than 758,000 nursing and midwifery professionals and employer of more than 1,000 colleagues, the Council and Executive Board of the NMC are determined that all our work must be built on a solid foundation of tackling discrimination, advancing equality, valuing diversity and promoting inclusion. Analysing the information we hold is key to understanding where we should be focusing our efforts and these pay gap reports raise important issues for us to address.

I am personally disappointed, and I know my senior colleagues feel the same, that our pay gaps for gender and ethnicity have increased and the number of colleagues declaring a disability is lower than expected so probably distorting that data. We have much more to do but recognise that action can take time to achieve the impact we want to see.

The pay gaps set out in this report do not mean we have an equal pay issue – our grading structure ensures that colleagues are rewarded fairly for the work they do at each level. What the pay gaps do demonstrate though is that we have an under-representation of women and people from Black and minority ethnic (BME) backgrounds at senior levels in the organisation. This has been exacerbated in 2021-2022 as our additional recruitment, largely to address the high fitness to practise caseload, has resulted in proportionately more women and more people from BME backgrounds in lower grades.

We absolutely committed to establishing stronger foundations to tackle our pay gaps, including the launch of our new People Plan and Equality, Diversity and Inclusion (EDI) Action Plan.

We particularly need to focus on race inequality, and have embedded specific actions in our EDI action plan to improve race equality and support the progression of BME colleagues.

We know we cannot be complacent about our gender gap. We are a predominantly female organisation and yet we see women are underrepresented in senior management roles, and men are underrepresented in junior roles compared to the overall employee population.

We also need to make sure all colleagues feel confident to declare their disability so we can ensure they are properly supported and able to progress in the organisation too.

In previous years we have published separate reports for gender, ethnicity and disability pay gaps. I'm glad we have pulled everything together into this one report this year. There's a lot for us to do as the report makes very clear. It will take a concerted effort on behalf of the whole leadership team and all managers to make the difference we want to see across the organisation so everyone can flourish and develop their careers with us.

You have my personal commitment that that's exactly what we will do.

Andrea Sutcliffe CBE
Chief Executive and Registrar

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Our 2022 pay gap reports

What are pay gaps?

Pay gaps are an equality measure that shows the difference in average and median earnings for different groups of people in an organisation. At the NMC we publish our gender, ethnicity and disability pay gaps each year. Publishing our gender pay gap is a legal requirement, and we voluntarily publish our ethnicity and disability pay gaps as part of our commitment to transparency and improvement in these areas.

Gender pay gap

As an employer with over 250 employees, we have had a legal duty since 2017 to publish our gender pay gap data and a written statement on our website, and report our data to the online government pay gap reporting service.

The gender pay gap measures the gap between the average pay for women against the average pay for men.

Ethnicity pay gap

The ethnicity pay gap measures the difference between the average pay for Black and ethnic minority colleagues, and the average pay for white colleagues. We publish our ethnicity pay gap using the same criteria as the gender pay gap to be transparent and to help us set actions to tackle race inequality.

Disability pay gap

We also publish our data on the average pay for disabled and non-disabled colleagues using the same criteria. This is to help us understand where gaps may exist, and what actions we need to take to improve disability equality in the workforce.

At a glance: what does our data show?

This page sets out our pay gap data as of April 2022. We don't award bonuses at the NMC, so we don't report a bonus gap.

What's the difference between mean and median?

The mean pay gap measures the average pay for one group against another, for example the average pay for women in an organisation compared to the average pay for men.

The median pay gap compares the 'middle' pay for one group against another, when all values are ranged from low to high. The median is less affected by outliers when compared to the mean.

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Gender

Gender pay gap	2022	2021	Difference
Mean	6.2%	4.9%	+1.3%
Median	12.7%	8.3%	+4.4%

Ethnicity

Ethnicity pay gap	2022	2021	Difference
Mean	25.5%	23.7%	+1.8%
Median	27.1%	27.1%	0.0%

Disability

Disability Pay Gap	2022	2021	Difference
Mean	-4.4%	-3.4%	-1.0%
Median	-11.8%	-9.8%	-2.0%

What does this data mean?

Why do we have pay gaps?

Our gender and ethnicity pay gaps exist for many different reasons, a primary one being the underrepresentation of Black and ethnic minority people in higher grades at the NMC. This is the main reason we have a median ethnicity pay gap. An under-representation of women in the middle upper quartiles is the reason we have median gender pay gap. We recognise that under-reporting of disability in the workforce may be a cause of the inverse disability pay gap, as our data shows that people in our upper pay quartile are more likely to declare their disability status. Our data declarations overall for colleagues with a disability are below the national average: approximately 20 percent of the UK working age population have a disability, whereas just 7 percent of the NMC workforce have declared a disability.

In the past year the number of people working at the NMC increased by 7.3 percent (from 988 to 1,060 employees). This was partly due to us increasing the number of employees as part of our fitness to practise improvement programme, and this increase has mainly been in lower grades. The increase in our gender pay gap can be partly explained by this change, as we know there are higher proportions of women in these roles. The increase in our ethnicity pay gap is mainly because our upper quartile, which contains our highest paid employees, has seen a 2 percent increase in white employees over the last year.

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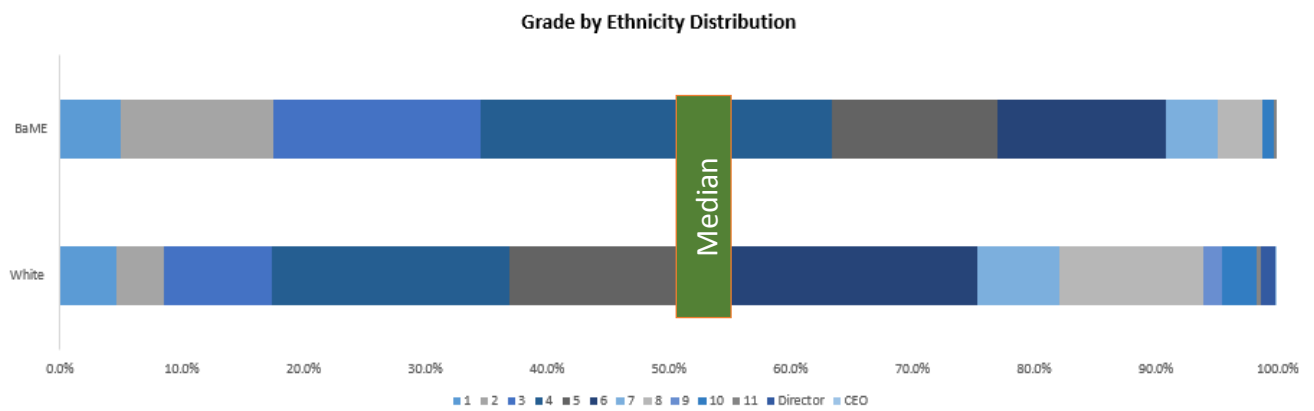
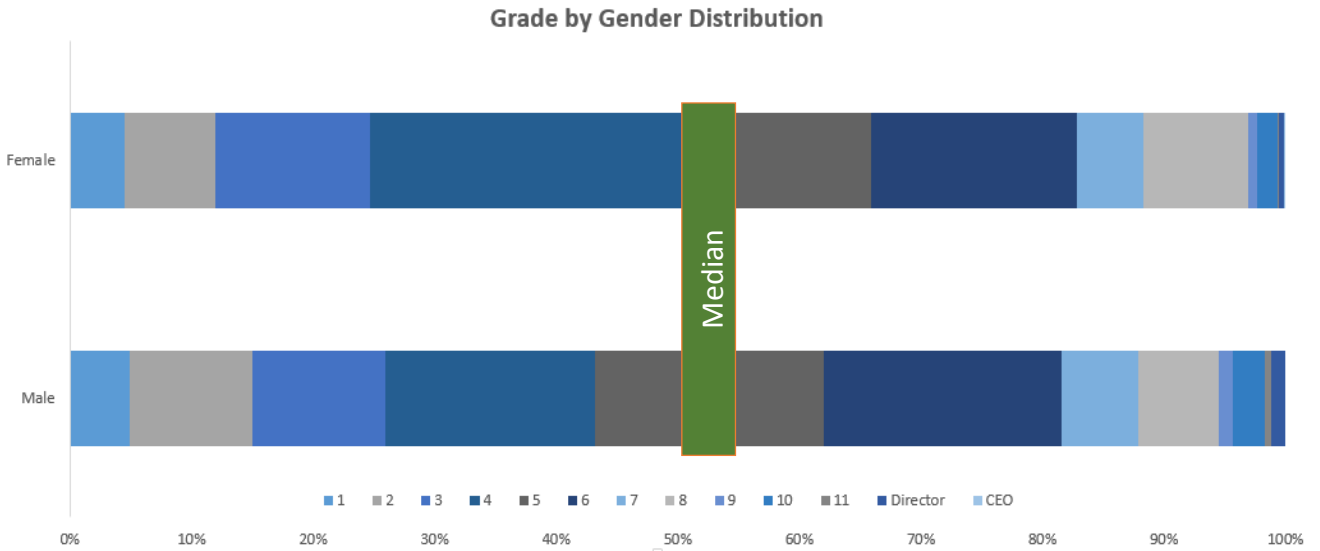
What is the difference between pay gaps and equal pay?

Pay gaps vs equal pay

A pay gap compares the average pay for different groups of people. It's different from equal pay, which instead looks at whether people are paid the same for work of equal value and whether there is pay inequity across protected characteristics for people in the same or similarly graded roles.

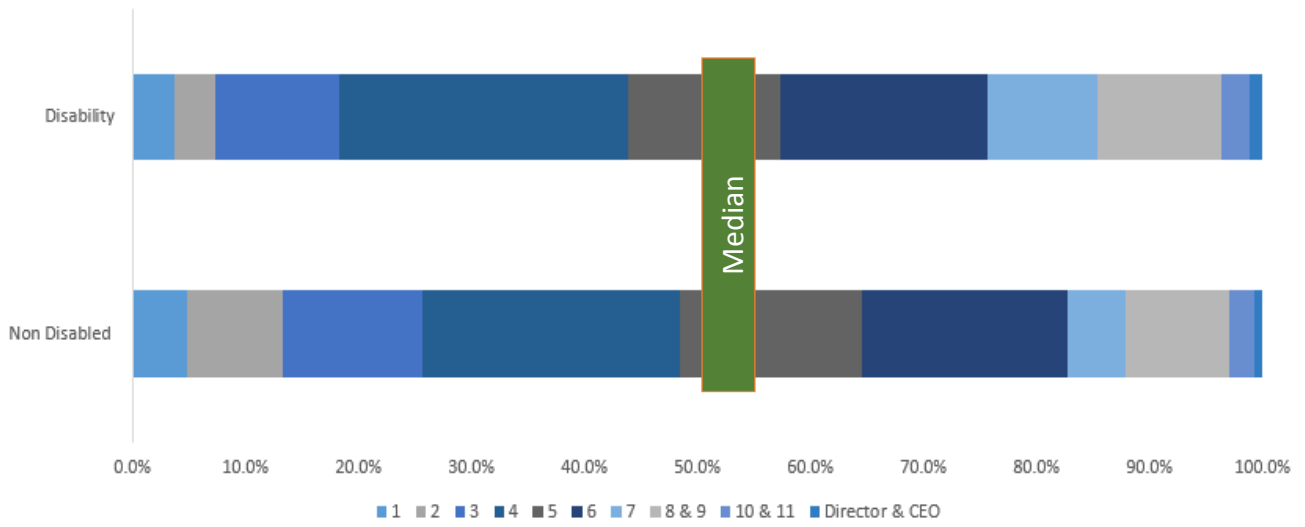
Our analysis highlights that there are no significant pay differences on the basis of gender, ethnicity or disability when we compare employees doing the same (or 'like for like') roles.

Representation of gender, ethnicity and disability across grades at the NMC



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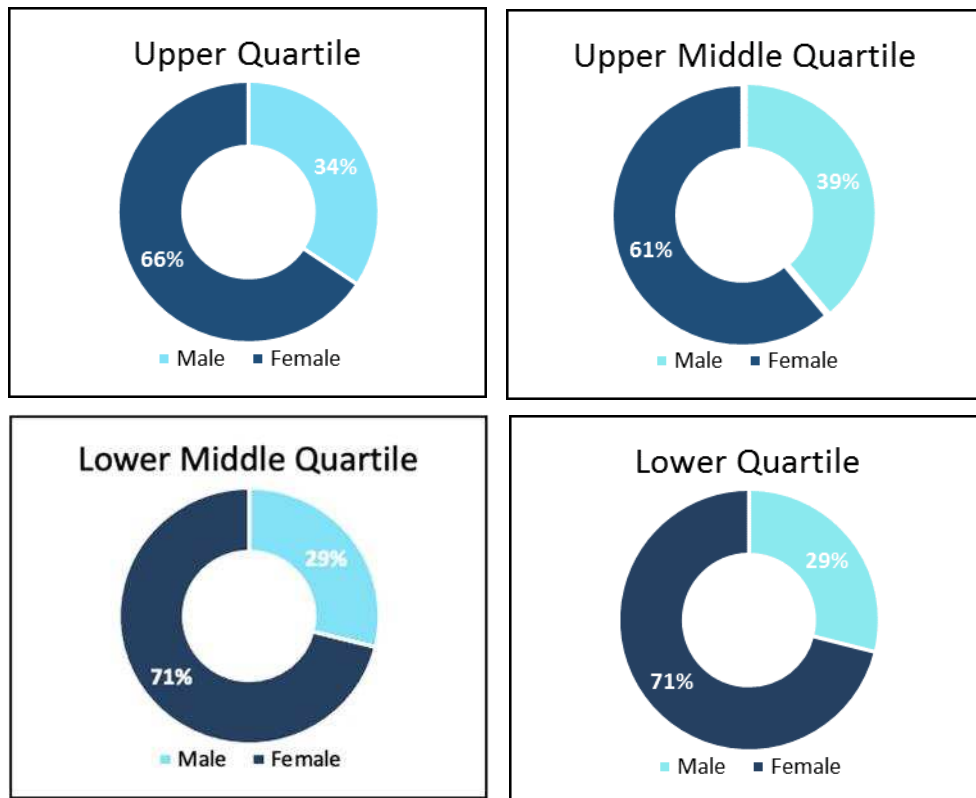
Grade by Disability Distribution



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Workforce gender: quartiles

Overall our workforce is made up of 67 percent women and 33 percent men.¹



The proportion of women working at the NMC has slightly increased since 2021:

- 67% Female +1% vs 2021
- 33% Male -1% vs 2021

There were also small changes in the quartiles compared to 2021:

- Upper Quartile 2% Increase in Women
- Upper Middle Quartile 1% Increase in Men
- Lower Middle Quartile 4% Increase in Women

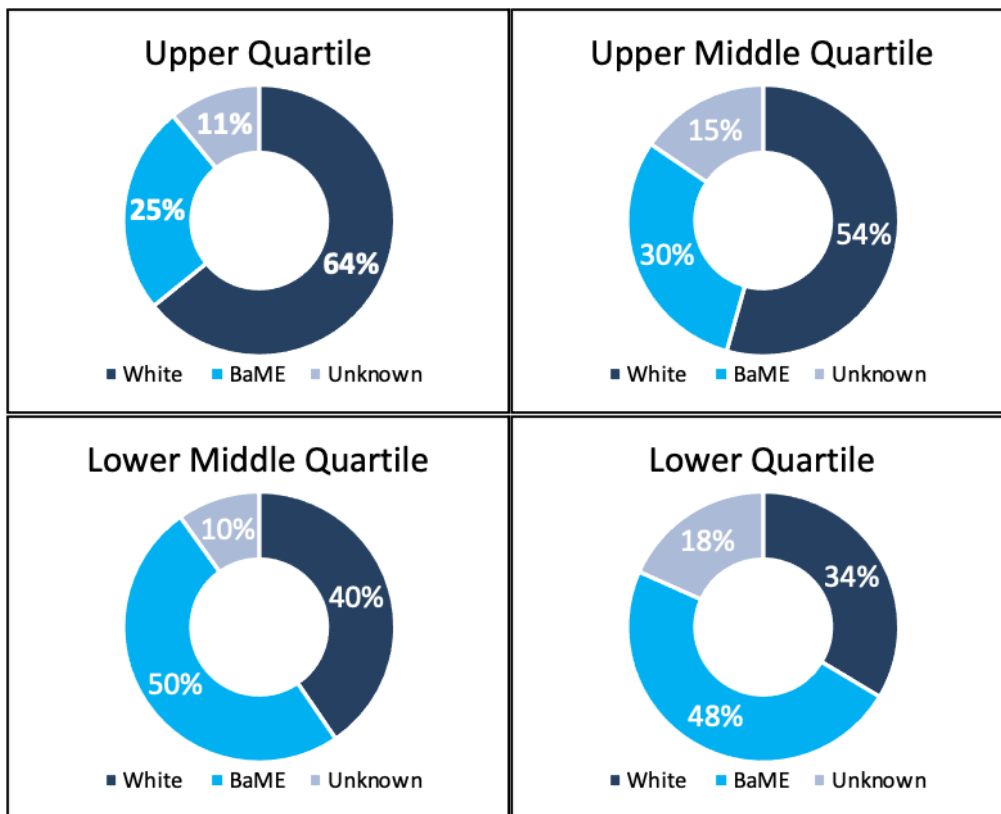
¹ We recognise that the requested data collection for statutory reporting purposes is binary, and that this does not reflect the identity of some of our colleagues. We are working to ensure our processes and policies are fully inclusive of trans and non-binary people, and acknowledge that the nature of this report as a pay gap report to compare men and women may limit our understanding of pay gaps in relation to some trans and non-binary people. We have committed to disaggregating and cross-referencing this data further.

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Workforce ethnicity: quartiles

Overall our workforce is made up of 38 percent Black and minority ethnic colleagues and 48 percent white colleagues. 13 percent of colleagues have not declared this information in their monitoring data.



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Since 2021 the proportion of employees declaring their ethnicity has slightly decreased resulting in a decrease in both white and BME employees:

- 38% BME -1% vs 2021
- 48% White -2% vs 2021
- 13% Not Disclosed +2% vs 2021

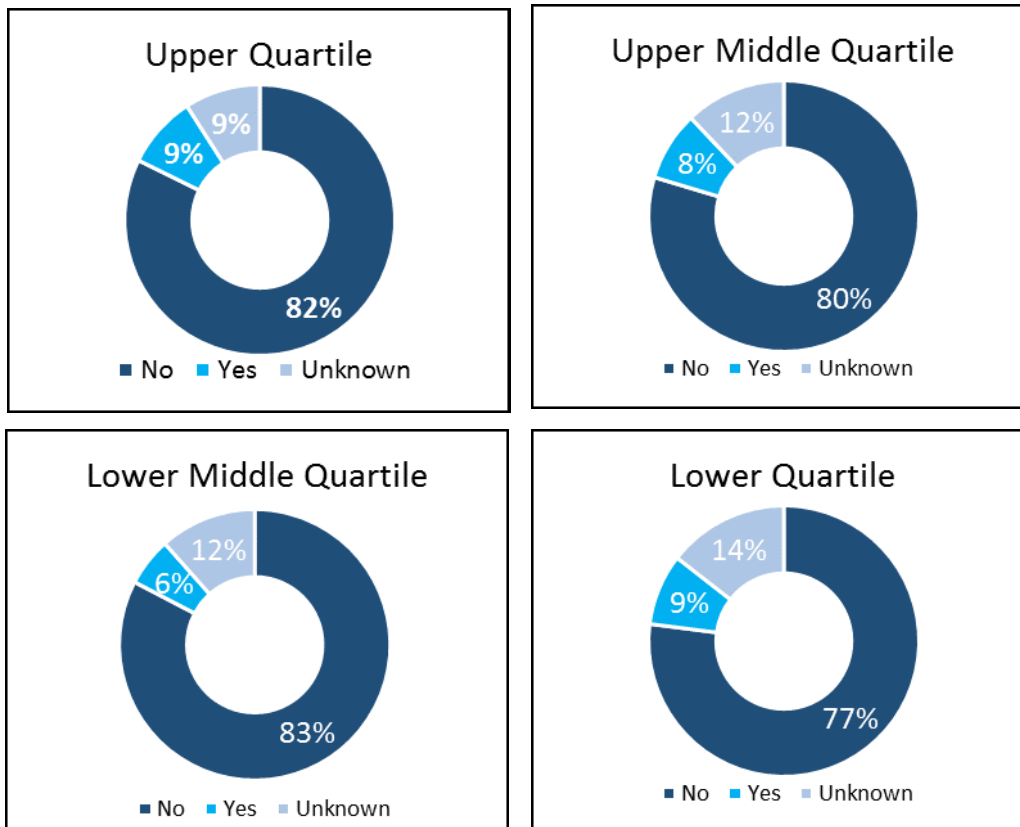
There were small changes in the quartiles compared to 2020:

Upper Quartile	2% increase in white employees
Upper Middle Quartile	3% decrease in white employees
Lower Middle Quartile	2% decrease in white employees
Lower Quartile	4% decrease in BME employees

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Workforce disability: quartiles

Overall our workforce is made up of 7.7 percent disabled colleagues and 80.5 percent non-disabled colleagues. 11.7 percent of colleagues have not declared this information in their monitoring data.



The biggest changes this year was an increase in disabled employees disclosing their disability:

- 80.5% Non disabled -3.6% vs 2021
- 7.7% Disabled +2.4% vs 2021
- 11.7% Not Declared +1.2% vs 2021

There were small changes in the quartiles compared to 2021:

Upper Quartile 4% increase in Disabled employees
Upper Middle Quartile 1% decrease in Disabled employees
Lower Middle Quartile 3% increase in Disabled employees
Lower Quartile 3% increase in Disabled employees

What are we doing to tackle our pay gaps?

We recognise that we need to take more meaningful action to address our pay gaps. We have established good foundations for this through our People Plan (2022 – 2025) and EDI Plan, both of which launched in 2022. Our EDI Plan is holistic in its approach; however, it sets out specific actions which will move the dial particularly on race equality, and actions which directly relate to tackling our gender and disability pay gaps too. We recognise that progress takes time and have set out a number of actions which we believe will have a positive impact on the recruitment, progression and retention of colleagues from under-represented groups, over a three-year period.

Our immediate priorities are:

- to review and improve our recruitment, promotion, and progression of underrepresented colleagues
- to improve the capability and confidence of our leaders and colleagues on EDI.

Actions which directly relate to tackling our pay gaps in our People Plan (2022 – 2025) and EDI Plan include:

- reviewing and strengthening our internal recruitment and promotion processes to improve outcomes for underrepresented groups
- listening and learning from evidence such as exit interviews and recently appointed internal candidates to support us create targeted interventions
- implementing positive action into our new management and leadership programmes from 2022 to support the progression of under-represented groups
- supporting our senior leaders to develop and publish EDI objectives which ensure they take accountability for improving EDI outcomes in their Directorates
- role modelling part time and job share working at every level with a particular focus on senior roles.

By the end of year one:

We hope to see an improvement in leadership accountability and oversight for EDI. We will have implemented our new Applicant Tracker System to support improvements in recruitment services, and we will have an established offer of leadership development with a diverse community of employees accessing this to support their progression. We will ensure women and Black and ethnic minority colleagues have access to these opportunities by targeting activity in areas where there is low representation of these groups and implementing positive action. By the end of year two:

Our colleagues will be more upskilled on EDI to be competent and confident on topics directly relevant to their role, and be equipped to recruit, develop and support diverse teams effectively. We will see fewer barriers and issues arising in relation to recruitment and progression for women and Black and ethnic minority colleagues, and an improvement in the provision of disability inclusion and reasonable adjustments. We also want to role model part time and job share working at every level but particularly senior roles. In our resourcing, we'd aim to make our job descriptions more modular and accessible on a part time or job share basis.

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By the end of year three:

We hope to 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. We will have business plans for each directorate which are informed by EDI data and will be able to embed best practice EDI considerations in our next NMC Strategy for 2025 and beyond.

Our People Plan and EDI Plan have further detail on these actions.

How will we 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 and pay gaps.

This includes analysing our pay gap data intersectionally and in more depth to understand where recruitment and career progression barriers exist. It also includes collecting feedback from colleagues via our internal Your Voice survey and our recruitment and onboarding survey, and our EDI employee networks, and stakeholder views via benchmarks such as the NHS Workforce Race Equality Standard and the Business Disability Forum's Disability Smart Audit.

The actions to tackle our pay gaps will be monitored as part of our EDI action plan under the leadership of EDI Leadership Group members and the scrutiny of members of Executive Board and Council.

Summary

We're taking action, but we have much more to do. We recognise our individual and collective responsibilities to address the issues causing our pay gaps. And we're committed to working with our colleagues to make change.

We have work to do as an employer to address the challenges shown by our pay gap data. We have developed a clear, focused action plan to support our EDI Plan and will be held to account for our progress. And we are continuing to work closely with our employee networks and other stakeholders to help us.

Some change can be made quickly, but some changes will take time, continued effort and, at times, uncomfortable conversations. Creating the long-lasting change needed to embed workforce equality can't be done in isolation. Collectively, we can all help create the conditions and ambitions to make this possible.

Council

Annual health and safety report 2021-2022

Action: For decision

Issue: Provide assurance on the NMC's health, safety and security arrangements and information on activity over the 12-month period from 1 April 2021 to 31 March 2022

Core regulatory function: Supporting functions

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

Decision required: The Council is recommended to approve the Annual health and safety report 2021-2022 and priorities for 2022-2023 (paragraph 32).

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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helen.henimam@nmc-uk.org

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Context:

- 1 In terms of health, safety and security the NMC is a relatively low-risk environment. However, it is still important that the Council monitors the extent to which we have formal policies, guidance and procedures in place, assuring the health, safety, welfare and security of our employees, contractors and visitors.
- 2 This annual paper reports on how we ensure compliance with health and safety requirements, our security arrangements and the assurance available to the Council.
- 3 This report formally covers the period 1 April 2021 to 31 March 2022.
- 4 The Covid-19 pandemic continued during this period, with a move more recently towards a 'living with Covid' phase.
- 5 Professional Regulation publish their own annual Fitness to Practise (FtP) report which includes the measures they undertake to support the health and well-being of Registrants and other persons who come into contact with the NMC as part of FtP's work.

Four country factors:

- 6 Each of the four UK countries produced their own legislation and guidelines with regards to the Covid-19 pandemic. These factors have been considered and included within the NMC's response to the pandemic and keeping our buildings 'Covid-19 Secure'.

Stakeholder engagement

- 7 Not applicable.

Discussion Sources of assurance

- 8 The following arrangements are in place:
 - 8.1 A Health and Safety Steering Group (HSSG), chaired by the Head of Estates under the Executive Director of Resources and Technology Services, with membership drawn from across the organisation. Over the period the group has met on four occasions.
 - 8.2 Mandatory e-learning training on health and safety for all colleagues.
 - 8.3 Training for statutory responsibilities and further training for specific roles.
 - 8.4 The health and safety policy statement signed by the Chief Executive and Registrar, Andrea Sutcliffe, is displayed on our health & safety notice boards.
 - 8.5 An NMC Health and safety guide, for colleagues.

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- 8.6 Sufficient numbers of trained first aiders and fire wardens at all sites, including refresher courses as necessary.
 - 8.7 The provision of mental health first aiders.
 - 8.8 Personal Emergency Evacuation Plans (PEEPs) undertaken where there are less abled or disabled persons.
 - 8.9 Fire Risks Assessments (FRAs) in place for all NMC buildings.
 - 8.10 Regular incident reporting.
 - 8.11 Security measures including CCTV and access control systems in place at all our properties; security guards on duty at our hearings venues.
 - 8.12 A programme of planned preventative maintenance and compliance work to the mechanical and electrical plant and associated infrastructure, fire alarm, CCTV and access control systems.
 - 8.13 A Future Ways of Working (FWW) group has been established, which looks at the return to the office and home working. It includes representation from across the organisation, as well as the Employee Forum.
 - 8.14 Health and safety also includes consideration of colleagues' health and well-being. Our colleagues in People and Organisational Effectiveness (P&OE) undertake the training of the mental health first aiders and also a number of other actions described in paragraphs 19, 20 and 24.

Reviews during the year

- 9 The Display Screen Equipment (DSE) risk assessment undertaken by colleagues updated in April 2021. This was updated in line with the majority of colleagues working from home (WFH), incorporating workload, opening discussions with the line-manager and to streamline the process.
- 10 Continuous review of our Covid-19 building risk assessments to ensure 'Covid-19 Secure' compliance in line with Government guidelines.
- 11 In conjunction with our colleagues in Learning & Development, we published all new e-learning courses with regards to health & safety. These included updated reference to working from home and links to NMC health & safety guidance.

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Training

- 12 Training has been disrupted because of the pandemic, however refresher first aid training is being undertaken virtually, with in-person starting to resume which includes defibrillator training, where possible.
- 13 Colleagues' e-learning training for health and safety is between 71-91 percent completion across all of the directorates, with an average completion of 84 percent. This is an increase on last year which had a completion range 63-85 percent.

Incident reporting

- 14 Across all sites, during the year 1 April 2021 to 31 March 2022, there was one reported health and safety incident which was actioned and recorded in our log book. This involved a plastic hatch cover falling on the shoulder of one of our external catering personnel. No treatment was necessary and the person continued with their work. All ceiling hatch covers were checked, with no further action necessary.
- 15 During the period, we undertook a major fit-out of our new offices and hearing venue at 10 George Street, Edinburgh. I am pleased to report that there were no incidents as part of the construction works. A building electrical earthing fault was traced to the local electrical sub-station, which closed the building for approximately 6 days during the works. This fault was rectified by Scottish Power at the external sub-station.
- 16 We did not have any RIDDOR incidents (Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013) that would require reporting to the Health and Safety Executive (HSE).

Covid-19 pandemic

- 17 The coronavirus (Covid-19) pandemic continued to have a major impact on the world, the UK and the organisation.
- 18 We used the basis and framework of our Business Continuity Plan to set up a Gold and Silver Command structure with a Covid-19 Joint Working Group. As part of 'living with Covid', our previous leadership structures have returned and we have also set up a FWW group, as noted above.
- 19 Actions taken during the pandemic include:
 - 19.1 The provision of sanitiser gel at all main entrances and exits and floors of all of our premises.

- 19.2 The distribution across all floors and areas of sanitiser bacterial wipes, to enable colleagues to wipe down desks and equipment at the beginning and during the day, as they wished.
- 19.3 The continuation of our planned preventative maintenance and servicing to ensure compliance of our plant and equipment, including regular changing of filters and increase in 'fresh air supply' in line with Health & Safety (HSE) guidelines
- 19.4 The testing and additional processes to ensure our water supplies remained clean and compliant with regards to Legionella and other bacteria.
- 19.5 The continuation of regular and periodic cleaning to our premises.
- 19.6 As each building re-opened, an increase in cleaning procedures, especially the use of a day cleaner and the cleaning of door handles, worksurfaces and other high touch point areas.
- 19.7 Liaison with respective building managers, where we are in multi-tenanted buildings, with additional sanitiser and cleaning regimes to common areas.
- 19.8 The continued publication on our public NMC website of our 'Covid-19 Secure' notice that the necessary actions had been taken in line with Government guidelines that our buildings were Covid-19 safe.
- 19.9 The undertaking of Covid-19 building risk assessments of all of buildings and hearing venues across the four countries. Assessments have been published on our NMC public website for colleagues and the public to view - especially for those attending in-person hearings.
- 19.10 Use of our own NMC Workplace communication platform and work undertaken by the Communications and Engagement team, providing information across a number of channels from the Executive Board via all colleague and directorate briefings.
- 19.11 Regular reporting, by colleagues in P&OE to the Executive on the number of colleagues affected by Covid-19 and during the different phases of the return to the office.

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19.11.1 Over the period, 231 colleagues reported Covid-19 absence, with some reporting more than one occurrence.

- 20 P&OE continue to offer a number of different channels of support to all colleagues including: the employee assistance programme, promotion of Thrive a well-being app, webinars and guidelines, risk assessments, group discussions, drop-in sessions, FAQs and 1-2-1 meetings; as well as supporting colleagues who, because of circumstances, had to change their working hours and, in some cases, reduced hours with no loss of pay.
- 21 Since the Government and devolved administrations started to lift Covid-19 restrictions, the NMC now considers itself to be a hybrid employer. We want colleagues to enjoy all the benefits of working from home if they can, but we also value our offices and the benefits working from our offices brings. This means all our colleagues attend an NMC office, as their contractual place of work, on a regular basis as needed by their role, directorate or team. To support this, HR have developed a Hybrid working policy and a managers' guide to support this new way of working.
- 22 We have continued to support colleagues working from home by offering additional IT and workplace equipment, if needed. We have an Amazon business account which made it easier for colleagues to order from a catalogue of equipment to suit their circumstances.
- 23 We continue to liaise with building managers, in multi-tenanted occupancy, to ensure that our premises remain safe and secure during this period.
- 24 We undertook in-person hearings across the four countries in London, Edinburgh, Belfast and Cardiff. Additional mitigating measures were put in place for hearings to allow for 1m+ social distancing. Our offices at One Westfield Avenue, Stratford, 23 Portland Place and 10 George Street, Edinburgh were also open for colleagues to use as general office space.
- 25 HR have updated personal risk assessments and are working with line managers to ensure these are completed, as necessary. This is supplemented by a people element, in terms of the physical and psychological wellbeing of colleagues and to identify any potential reasonable adjustments.

Progress against priorities for 2021–2022

- 26 Regular monitoring of incidents and accidents, and maintaining oversight of any changes to legislative requirements:

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- 26.1 *Outcome:* monitoring of accidents and near misses and relevant changes to legislation and guidelines were discussed in the Steering Group meetings, including discussions on the pandemic and support to those colleagues working from home with regards to possible health and safety implications.
- 27 To undertake appropriate measures to allow for the return to our offices for colleagues in a safe manner, in connection with Covid-19.
- 27.1 *Outcome:* our buildings have been 'Covid-19 Secure' since July 2020 with the appropriate notice and building risk assessments regularly reviewed and updated for publication on our NMC website, as part of transparency and well-being, for the public and colleagues to view.
- 27.2 Safe working measures continue following the lifting of Government and devolved administration restrictions. We remain vigilant in following the principles of having 'Covid-19 Secure' buildings.
- 27.3 Feedback included:
- 'The office is a safe space and should be communicated directly as this, to reassure people especially who have found it difficult at home for family or personal reasons. Creating safe spaces is important, emphasise that these exist.'*
(Employee Network Lead)
- 'I have always felt very safe when attending F2F Stratford hearings and feel that you all do as much as you can to ensure it is a healthy and safe environment in which to work.'*
(Lay Panel Member)
- 28 To monitor health and well-being issues that may arise from more colleagues working from home and to publicise that work-related accidents and near misses should continue to be reported to line managers and Facilities, even for those colleagues working from home.
- 28.1 *Outcome:* The increased workload, especially around FtP cases was highlighted as a health and well-being issue through the Employee Forum. The Executive Board recognised the increase in workload and have put in place a number of specific actions to help to relieve the pressures. Overall, while we have raised the messaging through undertaking DSE Risk Assessments, as well as the other channels and areas described within the report, the new phase of 'living with Covid' and the actions of our own Future Ways of Working group will need to remain a priority.

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- 29 To keep security under review for all our buildings/venues.
- 29.1 *Outcome:* We have ensured that our buildings have remained secure during the lockdowns and while our offices and hearing venues have been open. The NMC contributes to the West End Police Ward Panel meetings, which includes local residents and organisations, for example: the BBC, the Langham Hotel and Facebook. We also liaise with the police at our other buildings through the respective building management companies.
- 30 To continue working with the P&OE team to promote health and wellbeing:
- 30.1.1 *Outcome:* As well as the joint work of our Covid-19 response and FWW group, P&OE have updated their e-learning training to provide a more accessible range of learning. The 'Thrive' app offers a modern, easy to access 24/7 support to colleagues in connection with mental health and well-being. P&OE have also introduced the new People Plan and are reviewing associated policies and guidelines in light of organisational hybrid working.

Priorities for 2022–2023

- 31 In addition to regular monitoring of incidents and accidents, and maintaining oversight of any changes to legislative requirements, priorities for health and safety for the coming year are:
- 31.1 To continue to undertake appropriate measures as we return to our offices for colleagues and visitors, in a safe manner.
- 31.2 To monitor health and well-being issues that may arise from colleagues working from home and to publicise that work-related accidents and near misses should continue to be reported to line managers and Facilities, even for those colleagues who are working from home.
- 31.3 To keep security under review for all our buildings/venues.
- 31.4 To continue working with the P&OE team to promote health and wellbeing:
- 32 Recommendation: The Council is recommended to approve the Annual health and safety report 2021-2022 and priorities for 2022-2023**

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Midwifery implications:	33	Not applicable for this paper.	
Public protection implications:	34	The NMC providing a 'Covid-19 Secure' environment for visitors and the undertaking of in-person hearings and appropriate measures as we return to 'living with Covid'.	3.
			4.
Resource implications:	35	There are no material resource implications. Additional costs with regards to Covid-19, were absorbed into the overall Estates budget from savings in the reduction of general facilities operations during the period. Health, safety and security requirements are built into normal Resources and Technology Services revenue budgets. P&OE have their own budgets for health and wellbeing initiatives.	5.
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Equality diversity and inclusion implications:	36	Estates/facilities colleagues support workplace DSE assessments, as necessary. Colleagues can be referred to Occupational Health, in conjunction with P&OE, as required.	7.
	37	Personal Emergency Evacuation Plans (PEEPs) undertaken where there are less abled or disabled persons.	8.
	38	It is recognised that Covid-19 disproportionately affects certain groups, including those with existing medical conditions and people from black and ethnic minority groups or communities. This continues to be included as part of our assessment of the safe return to our offices.	9.
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Risk implications:	39	This report provides assurance that we have measures in place to address health, safety and security risks.	
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Regulatory reform:	40	Not applicable.	
			12
Legal implications:	41	Policies and guidance notes are reviewed and updated for compliance with any new legislation or best practice.	13
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Council

Review of Council allowances

Action: For decision.

Issue: Review of Council allowances 2021-2022.

Core regulatory function: Supporting functions

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

Decision required: The Council is invited to:

- consider the report of the Independent Panel appointed to review Allowances (annexe 1) and decide whether it accepts the Independent Panel's recommendations (paragraph 17).
- agree the Remuneration Committee's recommendation that the allowance for future Associates be revisited as part of the next iteration of the scheme (paragraph 20).
- decide whether to adopt the principle of an additional annual allowance for Council Committee Chairs; and, if so, agree that the Chair of Council determine the allowance level attached to each Committee Chair role in the range of £0 to £2,500 (paragraph 24).
- agree that any increases agreed to allowances be effective from 1 April 2022 (paragraph 27).

Annexe: The following annexe is attached to this paper:

- Annexe 1: A Report by the Independent Panel on Allowances

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 Under the Nursing and Midwifery Order 2001 the Council is responsible for determining the allowances to be paid to the Chair of Council, Council members, Associates and Partner members (Chairs and members of Committees who are not members of Council).
- 2 In July 2015, the Council decided that, given there would always be a conflict of interest, any review of Council allowances should be conducted by an Independent Panel. The Council agreed that it should accept the recommendations of the Independent Panel unless it exceptionally wished to agree a lower level of allowance than that recommended (NMC/15/40c).
- 3 There have been no changes to any Council allowances since 2017-2018 (five years). A light touch review by an Independent Panel completed in February 2020 recommended a two percent increase to Council and Partner allowances. The Council took the view that an increase in allowances during Covid-19 was not appropriate and the matter should be deferred to 2020-2021. The two percent increase was not implemented.
- 4 In April 2021, the Remuneration Committee agreed (RC/21/28c) that consideration of allowances should not be deferred indefinitely and a full independent external review should be undertaken.
- 5 The Remuneration Committee considered the Independent Panel's report on 1 June 2022 and agreed to recommend to the Council that it accepted the Panel's recommendations.
- 6 The Independent Panel's report is at **Annexe 1**. The Panel's review was informed by the principles agreed by the Council to govern this work (set out in annexe 1 of the Panel's report).

Four country factors:

- 7 The Nursing and Midwifery Order 2001 requires that the Council include at least one member from each of the four UK countries. The following measures were adopted to ensure four country factors were taken into account:
 - 7.1 The membership of the Independent Panel reflected the four country perspective.
 - 7.2 The comparator data provided to the Panel included data from across the four countries.

Discussion The Panel's report and recommendations

- 8 The Panel was asked to review all Council allowances: Chair, Council, Associates and Partner members. In carrying out its review, the Panel took into account a range of factors (annexe 1, paragraph 20). This included:
 - 8.1 Current role specifications and activities undertaken.
 - 8.2 Extensive comparative benchmarking data for health and social care regulators and a broad range of other organisations.
 - 8.3 Pay for nursing and midwifery professionals across the UK, as well as for Chairs and Non-Executive Directors of NHS organisations and NHS integrated care systems in England.
 - 8.4 Executive pay framework and staff pay at the NMC.
- 9 The Panel was asked to consider whether allowances should continue to be based directly on a specific time commitment or whether the time commitment should be one of a number of factors taken into account.

Chair of Council role (paragraphs 21 to 23 of the Report)

- 10 The Panel noted that, on the advice of search consultants, the Chair of Council role had been advertised at a commitment of either two or three days a week so as not to limit the potential pool of applicants, with an allowance commensurate to actual time commitment.
- 11 The Panel understood the particular circumstances that led to this but suggested in future it would be preferable for the allowance to be set on the basis of a single time commitment. The Panel was clear Council should decide the indicative time commitment based on the needs of the role, which would bring the approach in line with that for Council members. The Panel noted that this would be indicative as the Chair was always available for urgent activities in the event of emerging issues and on call for the Chief Executive and Registrar.
- 12 The Panel noted that the NMC Chair allowance was two percent lower than the average for the closest comparators - General Medical Council (GMC), General Dental Council (GDC) and the Health and Care Professions Council (HCPC), although this was skewed by the GMC being somewhat of an outlier. With the GMC removed from the group, the current level of allowance paid to the NMC Chair is 12 percent higher than the average for this group. In considering the information available, the Panel concluded that the Chair's allowance was at an appropriate level relative to comparator organisations. The Panel therefore recommended no change to the Chair's allowance at this time.

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Council member role (paragraphs 24 to 28 of the Report)

- 13 The Panel noted that Council members generally dedicate more time than the indicative commitment of three days a month. While acknowledging that any time commitment will always be indicative, the Panel highlighted the importance of clear and fair expectations regarding workload for all roles.
- 14 In considering the Council member allowance, the Panel observed that the NMC allowance is two percent lower than the average for the NMC's closest health care regulator comparators (the GMC, GDC and HCPC). The Panel also noted that allowances had not increased since 2017; that the previous Panel had recommended a 2 percent increase from April 2019 which had not been implemented due to Covid-19; and that inflation had continued to rise since 2019.
- 15 The Panel was mindful of pay for nursing and midwifery professionals and noted that Board recruitment for the proposed NHS integrated care systems in England was underway, with allowances for Non-Executive Directors at £13,000-16,000.
- 16 Taking this and the wider evidence into account, the Panel recommended a three percent increase to the Council member allowance.
- 17 **Recommendation: The Council is asked to consider the report of the Independent Panel on Allowances (annexe 1) and decide whether it wishes to accept the Panel's recommendations as set out below.**
- 17.1 No change to the annual allowance for the Chair of Council role (paragraphs 21 to 23 of the Report).
- 17.2 The annual allowance for Council members be increased by three percent, equating to an uplift of £441.72, bringing the annual Council member allowance to £15,166 (rounded up) (paragraphs 24 to 28 of the Report).
- 17.3 The annual allowance for the Associate role continues to be based on the Partner member daily rate (paragraphs 29 to 34 of the Report).
- 17.4 The daily rate for Partner members be increased by three percent, equating to an uplift of £8.58 per day, and a new daily rate of £295 (rounded up) (paragraphs 35 to 39 of the Report).
- 17.5 The annual allowance for the Associate role be increased by three percent. This would equate to an uplift of £308.88, and a new annual allowance of £10,605 (rounded up) (paragraph 38 of the Report).

Associate allowance (paragraphs 29 to 42 of the Report)

- 18 The Associate role was introduced as a development role and does not carry the responsibilities and liabilities of a Council member appointed by the Privy Council. For these reasons, when it introduced the Associate scheme, the Council decided that allowances should be based on the Partner member rate (NMC/20/57) with Associates receiving a lower allowance for the same indicative time commitment of three days a month. The Independent Panel's view was that this approach was reasonable and appropriate and should continue.
- 19 In considering the Panel's report, the Remuneration Committee noted that experience of the scheme so far shows that Associates undertake the same activities as other members and make a valuable contribution to the work of the Council. It suggested that Council revisit the allowance for future Associates when considering the next iteration of the scheme. Proposals for this will be brought to the Open meeting on 27 July 2022.
- 20 **Recommendation: The Council is asked to agree the Remuneration Committee's recommendation that the allowance for future Associates be revisited as part of the next iteration of the scheme.**

Additional allowances (paragraphs 40 to 47 of the Report)

- 21 The Panel was asked to look at whether additional allowances should be paid to those with specific responsibilities, such as Vice Chairs and Committee Chairs. Four out of the eight other health care regulators adopt this approach as do other organisations, including in the NHS.
- 22 The Panel's view was that it was for the Council to decide whether to recognise the extra responsibility and time commitment through an additional allowance for Committee Chairs. The Panel noted that workload and responsibility may vary between Committees and suggested a range between £1,500 to £2,500 a year, should the Council adopt this approach.
- 23 If the Council decides to adopt the principle of an additional allowance for Council Committee Chairs, the Chair of Council would determine the level of allowance for each role commensurate with the workload and responsibilities involved. The level of allowance would not exceed the upper limit suggested by the Panel (£2,500) but could be less than the lower limit (£1,500) or no payment at all, for example, if a Committee has no scheduled business for a specific period.

- 24 **Recommendation: The Council is asked to decide whether to adopt the principle of an additional annual allowance for Council Committee Chairs; and, if so, agree that the Chair of Council determine the allowance level attached to each Committee Chair role in the range of £0 to £2,500.**
- 25 If the recommendation above is agreed, the Council may wish to consider reviewing the approach to the appointment of Committee Chairs, given that appointments may carry additional remuneration.

Implementation

- 26 As the independent review was conducted in the financial year 2021-2022, the Panel recommended that increases be backdated to 1 April 2021. It is open to the Council to decide that any recommendations be effective from 1 April 2022.
- 27 **Recommendation: The Council is asked to agree that any increases to allowances be effective from 1 April 2022.**

Midwifery implications:

- 28 This report does not have any direct implications for midwifery. However, in order for the Council to reflect all professions it is important that allowances are sufficient to attract and retain appropriately skilled and diverse members.

Public protection implications:

- 29 The statutory over-arching objective of the Council is public protection across the four UK countries. Allowances contribute to the ability to identify and recommend suitably high calibre Council members for appointment by the Privy Council to be able to fulfil this statutory responsibility.

Resource implications:

- 30 Under current levels the annual cost of allowances paid to Chair of Council, Council members, Associates and Partner members is £275,428. If Council were to approve the proposed changes to allowance levels, this would increase to £281,376 (just under £6,000).
- 31 If the Council accepts the principle of an additional allowance for Council Committee Chairs, this would add a maximum further £10,000 depending on the allowance level set for Chairs of Committees (within the range of £0-£2,500).
- 32 Provision is included within the Governance budget for potential changes to members' allowances.

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Equality diversity and inclusion implications:	33	In line with the Council's Standing Orders and Council allowances principles, levels of allowances should be sufficient to attract and retain individuals with the right skills and qualities from all backgrounds, cultures and walks of life. It is important that allowances are not set at levels which create a barrier or limit our ability to ensure a Council membership which reflects the diversity of the public we serve and the professions we regulate	3.
	34	An Equality Impact Assessment was undertaken which assessed the potential impact of allowances on those experiencing marginalisation. This was considered as part of the evidence which informed the Panel's decisions.	4.
	35	The membership of the Independent Panel included a member from a Black and minority ethnic background.	5.
Stakeholder engagement:	36	Not applicable.	6.
Risk implications:	37	Any consideration by the Council of its own allowances presents potential risks to trust and confidence in the Council and the NMC. Any decision should be justifiable and be able to withstand public scrutiny.	7.
	38	This risk is mitigated by:	8.
	38.1	the principles agreed by the Council that any decision made in relation to Council allowances must be sensitive to economic and financial pressures elsewhere in the public sector, including those for nurses, midwives and nursing associates;	9.
	38.2	the use of the Independent Panel to make an objective assessment; and	10
	38.3	ensuring that all matters relating to Council allowances are transparent and addressed in Open meetings.	11.
Regulatory reform:	39	We expect the changes to our legislative framework to necessitate a review of allowances, however, as the UK government has not yet provided the outcome of their consultation, the Council and the Remuneration Committee agreed that it should not be a consideration for the current review.	12
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Legal implications:	40	The Nursing and Midwifery Order 2021 provides for the Council to determine the allowances to be paid to members.	14
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A report by the Independent Panel on Allowances 2021-2022

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A report of the Independent Panel on Allowances

Background to allowances

- 1 Under the Nursing and Midwifery Order 2001, the Council is responsible for determining the allowances to be paid to Council members, including the Chair, Associates and Partner members (non-Council Chairs and members of committees).
- 2 Between 2009 and 2016 allowance levels remained static, as the Council did not feel able to make any changes due to financial constraints at the time. In July 2015, after the financial situation had been stabilised, the Council decided that, given there would always be a conflict of interest, any review of Council allowances should be conducted by an Independent Panel (NMC/15/40c). As outlined in the terms of reference, the Council should accept the recommendations put forward unless it wishes exceptionally to agree a lower level of allowance than that recommended.

Allowance reviews 2016-2017 and 2017-2018

- 3 An Independent Panel was convened in 2016 and carried out a two-stage review of Council member allowances. The Council accepted the Panel's recommendations as follows:
 - 3.1 Stage 1 review: an increase from £12,000 to £13,250 from 1 April 2016 (NMC/16/89).
 - 3.2 Stage 2 review: an increase to £14,724 from 1 April 2017 (NMC/18/10).
- 4 At the Council's request the Independent Panel undertook a separate review of the allowance for the Chair, based on a new role description and increased time commitment. In September 2017, the Council accepted the Independent Panel's recommendation to set the Chair's allowance at £78,000 from May 2018 for a three days a week time commitment (NMC/17/90).
- 5 In March 2017, following a benchmarking exercise conducted with other regulators, the Council approved an increase to Partner members' daily rates from £260 to £286 to take effect from 1 April 2017 (NMC/17/27).

Light touch review 2019-2020

- 6 In January 2018, the Council agreed that as well as a full review of allowances - which are to be undertaken every three years - a 'light touch' review could be carried out annually to ensure that allowance levels remained appropriate (NMC/18/10).
- 7 Since the review in 2016-2017 there has been one light touch review, which took place in February 2020. The Panel recommended a two percent increase to Council member and Partner member allowances to be effective from April 2019. The Panel did not recommend an uplift to the Chair's allowance as the, then, Chair had made it clear that they did not wish their allowance to be increased and because the rate had been set relatively recently.

8 The Council decided it was not appropriate to consider allowances in the midst of a pandemic and agreed the matter should be deferred to 2020-2021. In April 2021, the Remuneration Committee considered the issue once more and agreed that although it was a challenging time to consider allowances, consideration could not be deferred indefinitely, and a full independent external review should be undertaken for Council consideration in 2021-2022 (RC/21/28c).

Developments since the 2019-2020 light touch review

Chair of Council

- 9 When preparing for the selection process for our current Chair in 2021, the Remuneration Committee developed a new role specification to align with the NMC's new values and behaviours and the ambitions in our 2020-2025 Strategy.
- 10 As part of its considerations, the Remuneration Committee considered the time commitment for the role. At that time, the time commitment was 3 days a week. This had been agreed by Council in 2017 (NMC/17/90), when the Council decided to increase the time commitment expected of the Chair from two to three days a week which it considered a more honest and realistic expectation, given the known challenges at the time.
- 11 When Remuneration Committee made its recommendations in 2021, the recruitment consultants advised a more flexible time commitment would be more appropriate as a time commitment of 3 days a week may constrict the potential pool of applicants. As such, the Remuneration Committee recommended and Council agreed that the time commitment for the role should be flexible at two to three days per week (with allowance level adjusted pro rata) (NMC/21/09). The role currently involves a commitment by the Chair of three days a week.

Associates

- 12 The Council introduced the Associate scheme in July 2020 (NMC/20/57) and, as part of that decision, agreed the allowance rate for Associates. As this was after the most recent review, this is the first time Associate allowances have been considered by an independent panel.

Current allowance levels

Role	Remuneration	Date effective
Chair of Council	Annual allowance – £78,000 (3 days a week) or £52,000 (2 days a week)	1 May 2018
Council members	Annual allowance – £14,724 (approx. 3 days a month)	1 April 2017
Associates	Annual allowance - £10,296 (approx. 3 days a month)	1 January 2021
Partner members	Daily rate – £286	1 April 2017

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2021-2022 review by the Independent Panel on Allowances

The Panel

13 The biographies of members of the current Independent Panel are attached at Annexe 1. The members of the Panel are:

13.1 Professor Martin Bradley (Chair)

13.2 Kerry Holden

13.3 Jacqui Francis

Scope of the review

14 In line with normal NMC practice, any recommendations made by the Panel, which are accepted by the Council, may be backdated to April 2021.

15 The Panel's remit was to review and make recommendations to the Council on the allowance of the:

15.1 Chair of the Council;

15.2 Council members;

15.3 Associates; and

15.4 Partner members.

16 In making its recommendations, the Panel was asked to particularly consider:

16.1 Additional allowances for those with specific responsibilities, such as Vice Chairs and Committee Chairs.

16.2 Link to time commitment: whether allowances should continue to be directly based on a specific time commitment or whether the time commitment should be one of a number of factors taken into account.

16.3 Associate allowances: whether the approach to Associate allowances (linking to the Partner member rate) was appropriate, given this was the first Independent review since the role was introduced.

17 The Panel noted that the scope of the review did not include performance and that there is no link between remuneration and performance. The Panel is aware of separate arrangements that are in place for annual performance review of the Chair, Council members, Associates and Partner members. The purpose of this review is to ensure a fair rate of remuneration for members in line with their roles and responsibilities.

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Approach

18 The Panel’s review was governed by its Terms of Reference and the principles agreed by the Council in March 2019 and reviewed by Remuneration Committee in September 2021 (RC/21/54c); these are at Annexe 2. As requested by the Remuneration Committee, the review particularly took into account:

18.1 Economic, financial, and political pressures on pay for nursing and midwifery professionals and other health and care workers, in recognition of the work done during the pandemic.

18.2 Public accountability.

Regulatory Reform

19 The UK government has consulted on a number of proposals to modernise the legislation of the nine health care regulators. The NMC sees this opportunity to reform its legislative framework as a once in a generation chance to develop modern, flexible legislation that will enable it to deliver better, safer regulation. The NMC expects the changes to its legislative framework to require a review of allowances, however, as the UK government has not yet provided the outcome of their consultation, the Council and the Panel agreed that it should not be a consideration for the current review.

Sources of information

20 In reaching its decision, the Panel had regard to a number of sources of information, including:

20.1 The reports of the previous Independent Panels on allowances;

20.2 Current role specifications for the Council Chair, Council member, Associate and Partner member roles;

20.3 Outline of additional activities undertaken;

20.4 Council Standing Orders and Scheme of Delegation;

20.5 Council Code of Conduct;

20.6 Information on the role of Council members as Charity Trustees;

20.7 Feedback from recent recruitment campaigns;

20.8 Feedback from listening sessions conducted by members of the Independent Panel with Council members, Associates and Partner members, as well as findings from a recent Council survey;

20.9 Comparative benchmarking data. This included data for health care regulators and a range of other organisations. A full list of organisations considered is attached at **annexe 3**;

- 20.10 Pay for nursing and midwifery professionals across the UK, as well as for Chairs and Non-Executive Directors of NHS trusts;
- 20.11 Executive pay framework and staff pay at the NMC, effective from 1 April 2021;
- 20.12 Executive rewards trends report produced by an external reward consultant for Remuneration Committee in January 2021;
- 20.13 An Equality Impact Assessment (EqIA) which assessed the potential impact of allowances on those experiencing marginalisation; and
- 20.14 The financial position of the NMC.

Recommendations

Allowance for Chair of Council

- 21 The Panel noted that the current Chair had only recently been appointed to the role (June 2021) and had accepted the role on the basis of the current allowance.
- 22 The Panel reviewed the most recent published data for the comparator organisations and noted that the NMC Chair's equivalent daily rate was 15 percent higher than the average for health care regulators (full list of organisations at **annexe 3**). It was noted that the health care regulators vary significantly in terms of scale and complexity of operations, with the GMC, GDC and HCPC often considered the most similar to the NMC in scale and complexity. The NMC Chair receives an allowance two percent lower than the average of this group. However, the Panel noted that this figure was skewed by the GMC being somewhat of an outlier, with an equivalent day rate of £705 (£110,000 per annum) compared to the next highest rate of £423 (£55,000 per annum). With the GMC removed from consideration, the NMC is 12 percent higher. As such the Panel considered the allowance to be at a healthy level compared to comparators and did not consider it appropriate to reconsider the allowance level when it had so recently been accepted by the Chair.
- 23 The Panel noted that it was an unusual for a role of such breadth and complexity to be offered with a commitment of either two or three days per week with an allowance consequent upon this. The Panel understood the particular circumstances that led to offering the role in this way but suggested in future it would be preferable for an allowance to be offered on the basis of a single indicative time commitment, noting that the Chair was always available for urgent discussions/activities in the event of emerging issues and on call for the Chief Executive and Registrar. This would bring the approach in line with that of Council members. The Panel was clear that the indicative time commitment is for the Council to decide and should be determined by the needs of the role as set out in the role specification.

Allowance for Council members

- 24 In considering the allowance for Council members, the Panel had regard to the relative size and complexity of the NMC; the public-facing nature of the role; the challenging environment in which the organisation operated; and the market for skilled and experienced non-executive directors/board members, including evidence from Council member selection campaigns. The Panel noted that Council members were also able to claim reasonable expenses.
- 25 Bearing this context in mind, in considering its recommendation, the Panel took into account the following:
- 25.1 Inflation: The Panel noted that although inflation has risen considerably over recent months – from 0.3 percent in November 2020 to 5.1 percent in November 2021- there was uncertainty over how stable this increase was. The Panel was therefore minded to be cautious in how it factored recent dramatic increases in inflation into its recommendation.
- 25.2 As the Council decided it was not appropriate to consider allowances in the midst of the Covid-19 pandemic, there has been no increase since 2017, even though the most recent Independent Panel recommended a two percent increase from April 2019.
- 25.3 Market rate for comparators: The Panel reviewed the most recent published data for comparator organisations and observed that the NMC allowance is 2 percent lower than the average for the NMC’s closest Health Care regulator comparators (the GMC, GDC and HCPC). The Panel noted allowances were slightly above the average allowances for comparators more widely (6 percent higher than Health Care regulators, as at annexe 3).
- 25.4 Pay within the nursing and midwifery sector: The Panel noted that NHS pay body review had recommended a 3 percent increase for nursing and midwifery professionals for 2021-2022, and that that Board recruitment for the proposed NHS integrated care systems in England is underway, with NED allowances at £13,000-16,000 per annum for a time commitment of approximately 3 days per month.
- 26 Takings these points into consideration, as well as the wider evidence, the Panel recommends that the annual allowance for Council members be increased by three percent. A three percent increase would equate to an uplift of £441.72, bringing the annual Council member allowance to £15,166 (rounded up).
- 27 In making this recommendation, the Panel particularly noted that allowance levels had not increased since 2017, that the previous Panel had recommended a 2 percent increase effective from April 2019 and that inflation had continued to rise since April 2019. They also took into account pay in the wider nursing and midwifery sector.

28 In reviewing the evidence presented to it, the Panel noted that Council members generally dedicate more time than the indicative commitment of three days a month. This had come through clearly in both the findings of a recent Council survey and from listening sessions undertaken by Panel members. Whilst any time commitment will always be indicative, it is important that there are clear and fair expectations for members regarding workload.

Associates' allowance

29 The Panel noted that the allowance levels for Associates were agreed by Council on 20 July 2020 (NMC/20/57). This was after the most recent independent panel on allowances and so the current review was the first time the allowance had received independent scrutiny.

30 When introducing the role, the Council had agreed parameters of the scheme as below.

30.1 There were two main objectives for the scheme in 2020:

30.1.1 Increase the diversity of the pool of potential candidates suitable to apply for Council roles or other Board level vacancies across the public sector; and

30.1.2 Equip Associates with the experience, skills, and expertise to perform effectively in a non-Executive role in the future.

30.2 That Associates should be remunerated on the same basis as non-Council Committee (Partner) members, reflecting that they would not hold the same legal responsibilities and liabilities as Council members and would not be trustees of the charity or be accountable in the same way as Council members.

31 In considering its recommendation, the Panel took into account the following:

31.1 Market rates for comparator organisations: The Panel noted that the NMC was the first Health Care regulator to introduce an Associate role and that the first Associates only took up their role in 2020. Across the health and care sector there is a varying approach to remuneration for such schemes, with some schemes offering no remuneration (beyond reimbursement of expenses) and others providing remuneration. Direct comparison between roles is however challenging as the precise nature and nuance of the roles varies. The Panel did not consider allowances paid by comparator organisations to be as useful a barometer when making its recommendations.

31.2 The purpose of the Associate scheme and the outline of the role: the Panel considered the Associate role and how this compared to the role of Council member, in particular noting that although Associates are expected to contribute and participate in Council discussions, they are not accountable for decisions and do not hold the same legal responsibilities and liabilities as Council members, nor are they Trustees of the charity. The Panel noted that this is more similar to Partner members.

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32 Given the role of Associate does not carry the same accountability or legal responsibility as the Council member role and is primarily a development opportunity, the Panel's view was that the current approach to the allowance was reasonable and appropriate. The Panel therefore recommended that Associates continue to be remunerated on the same basis as Partner members. This allowance is considered at paragraphs 35-37, with the consequent recommendation for Associates at paragraph 38.

33 It was noted that as this developmental role was designed to help increase diversity (by developing the pool of potential candidates for Council level roles), the introduction of the role had led to a differential in relation to ethnicity when considering the total population of those currently in receipt of allowances (Chair of Council, Council members, Associates and Partner members). However, any differential may reduce as the impact of the scheme, and of similar schemes across the sector, begins to be felt.

34 The Panel noted that the Associate scheme is a new initiative which is undergoing evaluation, and that if there are any significant changes to the role for any future iteration of the scheme, then the allowance should be reconsidered

Partner member rates

35 The Panel reviewed the most recent published data for comparator health care regulators and observed that the NMC Partner member daily rate was 9 percent lower than other Health Care regulators.

36 The Panel noted that as with Council member allowances the Partner member daily rate has not been considered since 2017. The Panel considered that, in line with the Council member allowance, the daily rate should be increased by three percent.

37 The Panel therefore recommends that the Partner member daily rate be increased by three percent. This would equate to an uplift of £8.58 per day, and a new day rate of £295 (rounded up).

38 As noted at paragraph 32, the Panel agreed with the approach of aligning the Associate rate with that of Partner members. The Associate rate would therefore also be increased by the same percentage increase of three percent. This would equate to an uplift of £308.88, and a new annual allowance of £10,605 (rounded up).

39 The Panel noted that although the majority of partner members serve as members of Committees, they can also serve as Chairs of Committees. The Panel considered this as part of their discussion on additional remuneration for additional responsibility (at paragraph 45).

Additional remuneration for additional responsibility

40 As outlined in its terms of reference (annexe 2) the Panel had been asked to consider whether additional allowances should be provided to those with additional responsibilities. In reflecting on this issue the Panel made recommendations on Vice Chairs of Council and Chairs of Committees.

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Vice-Chairs

- 41 The Panel reviewed the role of Vice-Chair and noted the importance of the role and responsibilities it carried, in particular standing in for the Chair if they are unable to attend a Council meeting, appraising the Chair and acting as a sounding board for members.
- 42 The Panel noted that much of the business undertaken by the Vice-Chair varies significantly from year to year, depending on the demands on the Chair and the NMC; that work undertaken is subject to negotiation; and that should there be a vacancy or if the Chair will be absent for extended periods, a statutory process must be followed to appoint a Deputy Chair. Given these points, the Panel recommends that the Vice-Chair role should not involve an additional allowance.

Council Chairs of Committees

- 43 To inform its recommendation, the Panel reflected on the following areas:
- 43.1 Market rates for comparator organisations: The Panel reviewed the most recent published data for comparator organisations and noted that 45 percent (four out of nine) of health care regulators pay additional allowances to Chairs of Committees. The average additional annual allowance was £2,500 with a range of £2,000 - £3,000.
- 43.2 Nature of the additional responsibilities: The Panel considered the remit of the Committees and the role undertaken by Chairs and agreed that such roles not only involve additional time commitment but also additional responsibility and accountability. This was confirmed by the findings of the listening sessions with Council members.
- 44 Given these considerations, the Panel recommends that the Council consider introducing an additional allowance for Committee Chairs to remunerate for the additional responsibility and time commitment. The Panel noted that the workload and responsibility may vary between Committees and that the Council could choose to vary the allowance on this basis.
- 45 If the Council were to adopt such an approach, then in line with comparator organisations, the Panel recommended an additional allowance in the range of £1,500 - £2,500 a year, based on workload and responsibility. Compared to the Council member allowance this would equate to an additional allowance of between 9.9 percent and 16.5 percent of the current annual allowance for Council members.
- 46 If the Council decides to adopt this approach, it may wish to consider whether there is a need to review the process for appointing Chairs given the appointment would carry additional remuneration.
- 47 The Panel noted that the role of Committee Chair can in some cases be undertaken by a Partner member. The Panel reflected on whether such Partner members should receive an additional allowance. The Panel concluded that because a Partner member is paid a day rate and claims for days spent on NMC business, they already receive additional remuneration compared to members of

that Committee. The Panel considered this appropriate additional remuneration and did not recommend a change to this approach.

Summary of recommendations

48 The Panel recommends:

48.1 No change to the annual allowance for the Chair of Council role.

48.2 The annual allowance for Council members be increased by three percent, equating to an uplift of £441.72, bringing the annual Council member allowance to £15,166 (rounded up).

48.3 The annual allowance for the Associate role continues to be based on the Partner member daily rate.

48.4 The daily rate for Partner members be increased by three percent, equating to an uplift of £8.58 per day, and a new daily rate of £295 (rounded up).

48.5 The annual allowance for the Associate role be increased by three percent. This would equate to an uplift of £308.88, and a new annual allowance of £10,605 (rounded up).

48.6 The Council consider introducing an additional allowance for Council Committee Chairs in the range of £1,500 - £2,500 a year to remunerate for the additional responsibility and time commitment. This would equate to an additional allowance of between 9.9 percent and 16.5 percent of the current annual allowance for Council members.

49 The Panel noted that in line with normal NMC practice, any recommendations made by the Panel, which are accepted by the Council, may be backdated to April 2021.

**Independent Panel
January 2022**

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Annexe 1: Members of the Independent Panel on Allowances 2021-2022

Martin Bradley OBE DL FRCN FQNI MSc. B.Ed. PGDip. Health Economics. PGDip. Nursing (Chair)

Professor Bradley was Chief Nursing Officer (CNO), in the Department of Health, Social Services and Public Safety (DHSSPS) from 2005 until his retirement in July 2011. Prior to taking up post as CNO he was Director of the Royal College of Nursing, Northern Ireland. His background is in general and mental health nursing, nurse education, public health and commissioning of Health and Social Services. He was Chief Nurse and Director of Health Care in the Western Health and Social Services Board from 1997 - 2003. He is Vice Chair of the Belfast Health and Social Care (HSC) Trust and Chair of the Down and Connor Committee of the Irish Bishops' Initiative on Substance Misuse. Martin was a member of the NMC's Independent Panel on Allowances when it undertook a light touch review in 2020.

During his time in DHSSPS he led on a range of initiatives, including the development of the first Palliative Care Strategy for Northern Ireland and developed a range of strategies to ensure good clinical standards in professional practice. He also chaired the National Cancer Institute (Washington) All Ireland Cancer Nursing Network.

In 2011 he was appointed Honorary Colonel of the North Irish Field Hospital and currently chairs the Reserve Forces Health Committee RFCA (NI). He is also a member of the RAMC Association and an honorary member of the QARANC Association. In 2011 he was appointed by the Irish Government to Chair a Ministerial Review of Undergraduate Nursing and Midwifery education and in 2015 a Review of Non-Medical Prescribing. He also led on the accreditation of the UK Board of Health Care Chaplaincy's Voluntary Register with the Professional Standards Authority in 2017.

In 2015 he was appointed Deputy Lord Lieutenant for Belfast. He is a past member of the UK Central Council for Nurses and Midwives and a former member of the BBC Broadcasting Council. In November 2007 he was invited by the Commonwealth Secretariat to address the Commonwealth Conference in Uganda on "Health for Women and Children - Realising the Potential."

In 2000 he was made a Fellow of the Royal College of Nursing for his services to Nurse Education and in 2011 a Fellow of the Queen's Nursing Institute in recognition of his contribution and influence on the delivery of primary care and community nursing. He is a visiting Professor of Nursing at the Ulster University. In 2013 he was awarded the OBE for services to nursing in the UK. In 2017 he was awarded an Honorary Master's Degree of the Open University in recognition of his public service to education and health care and in 2018 the Royal College of Nursing Outstanding Achievement Award for his services to health care and the voluntary sector.

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Jacqui Francis

Jacqui has over 25 years’ experience of the recruitment of ministerial appointments, executive and non-executive roles, and membership of regulators and expert bodies. As well as reviewing governance processes and supporting boards, she has a commitment to public service and the Nolan Principles. She was an accredited Public Appointments Assessor for the Office of the Commissioner for Public Appointments.

Jacqui has extensive experience as an independent panel member for several organizations. Her clients have included DEFRA, the DCMS, the Food Standards Agency, the General Medical Council, General Dental Council, Department of Health, and the Ministry of Justice.

Jacqui serves as an independent panel member for the Judicial Appointments Commission, selecting candidates for judicial office in England and Wales and tribunals. She serves as an Independent Appointments Panel member for the Bar Standards Board. Locally she is a Citizen Member of Birmingham City Council’s Independent Remuneration Panel that recommends the basic and special responsibility allowances for the 101 councillors. She is a member of the Trust Board for the Roman Catholic Diocese of Birmingham and chair of the Workforce and Remuneration Committee. Jacqui is a Trustee of The Cole Charitable Trust, a small grant making trust which supports charities in the West Midlands, Kent and Cambridgeshire areas.

Jacqui is a previous ministerial Lay Adviser appointee on the West Midlands Strategic Management Board responsible for public protection arrangements.

Jacqui achieved an MA in International Relations while working and living in the United States for seven years; she was an intern at the United Nations.

Jacqui has been a contributor to the BBC NEW 24 Paper reviews. Outside of work, Jacqui has been a volunteer at PAUSE a mental health drop-in centre for young people.

Kerry Holden FCIPD

Kerry is a Fellow of the Chartered Institute of Personnel & Development, with a 30 year career in Human Resources leadership in both the private and public sectors. She is now an Executive HR Consultant and a Member of the Central Arbitration Committee and of the Armed Forces Pay Review Body. In this latter role, she works closely with the Office of Manpower Economics. Kerry was Chair of the NMC’s Independent Panel on Allowances when it undertook a light touch review in 2020.

Originally in the retail sector, she worked for many years with Asda Stores Ltd./Wal-Mart Inc., specialising in Remuneration & Benefits, Employment & Pay Policy and Employee & Trade Union Relations. She then led the HR function of their UK Logistics Division. Kerry also operated as a Human Resources Director in the public sector. She served as Assistant Chief Officer – Personnel, Training & Diversity with one of the largest police forces, West Yorkshire Police, working with Home Office, Police Authority and Police Federation colleagues during this time. In more recent years, she has worked as a consultant to the Co-operative Group, on major people change projects, acquisitions, and Reward management.

During her career, Kerry has often represented employers in government and employer organisation consultation on the development of pay and employment policy and legislation.

Kerry returned to her native Cumbria several years ago and now undertakes Executive HR assignments for large organisations and offers business and HR support to local SMEs in the Lake District National Park.

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Annexe 2: Independent Panel on Allowances

Terms of reference

Scope

- 1 The remit of the Panel is to review and make recommendations to the Council on the appropriate level of allowance for:
 - the Chair of Council;
 - Council members;
 - Associates; and
 - Partner members.

- 2 In reviewing these allowances, the Panel should consider and make recommendations on:
 - Additional allowances for those with specific responsibilities, such as Vice Chairs and Committee Chairs.
 - Link to time commitment: whether allowances should continue to be directly based on a specific time commitment or whether the time commitment should just be a factor taken into account.
 - Associate allowances: Given this will be the first review of allowances since the Associate role was established, whether the associate allowance has been set at an appropriate rate.

Approach

- 3 The Panel's review and recommendations will be governed by the principles agreed by the Council in March 2019 (**Annexe 1**).

- 4 Alongside the issues for consideration outlined by the principles (annexe 1 paragraph 9), the Panel's review and recommendations should take into account:
 - a. The economic, financial, and political pressures on pay for nursing and midwifery professionals and other health and care workers, in recognition of the work done during the pandemic.
 - b. The public debate relating to wider senior pay.
 - c. Public accountability and the context in which any allowances' recommendations would be perceived by registrants and the communities we serve.
 - d. The views of Council, Associates and Partner members.

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- e. The previous reports and recommendations of former Independent Panels.

Membership

- 5 Membership of the Panel will include three senior and experienced members with expertise in finance, pay and HR issues. These three members will include:
 - a. an individual familiar with the NMC but not recently or currently part of the organisation or its governance;
 - b. an individual who has occupied a senior position in nursing or midwifery.
- 6 The panel should reflect the four country perspective and the diversity of the public we serve and the professionals we regulate.

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Principles for Council allowances

- 1 Under the Nursing and Midwifery Order, the Council is responsible for determining the allowances to be paid to Council members, including the Chair, and members of its committees (partner members).
- 2 In relation to Council member allowances this means that:
 - 2.1 Council members are conflicted as they each have an interest in the outcome of any decision made. However, this is not considered material or prejudicial as all members are equally affected by any decisions made.
 - 2.2 Members are placed in a very difficult position and are reluctant to take money away from delivery of regulatory functions to recompense themselves.
- 3 In the interests of good governance it is important that there is an independent, objective assessment which:
 - 3.1 enables the Council to remove itself from assessing what might constitute a fair and appropriate allowance level
 - 3.2 ensures that members are fairly and properly remunerated for the significant contribution they make
 - 3.3 is conducted in line with the [seven principles of public life](#) and NMC's values (Fair, Kind, Ambitious, Collaborative).

Independent review

- 4 An Independent Panel or similar mechanism should undertake a full review every three years and make recommendations to the Remuneration Committee and to the Council.
- 5 The Council should accept the recommendations put forward unless it wishes exceptionally to agree a lower level of allowance than that recommended.
- 6 The process for establishing any Independent Panel and reviewing/agreeing allowances will be clear and transparent. Any decisions will be made in public session Council meetings. The reports of any Independent Panel convened for this purpose will be disclosed publicly.
- 7 Benchmarking data/median pay levels should not be considered as the sole driver in determining an appropriate level of allowance. To do so would mean that allowances levels would effectively be set through decisions made by others.
- 8 Normal practice at the NMC is that any change to pay or allowances agreed in-year will be backdated to 1 April.

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Considerations to be taken into account in determining allowances

- 9 The level of allowance should:
- 9.1 be appropriate in the context of the NMC’s overall aims, objectives, performance and values;
 - 9.2 reflect the expectations, demand and commitment required of members;
 - 9.3 reflect that the Council is collectively accountable to Parliament and the public for the performance of its statutory duties;
 - 9.4 reflect the legal responsibilities of members as Charity Trustees and their collective accountability to the Charity Commission for England and Wales and the Office of the Scottish Charity Regulator;
 - 9.5 recognise the value and contribution of Council members in leading a high profile, complex organisation with a UK-wide remit;
 - 9.6 be sufficient to attract and retain individuals of the highest calibre with the right skills and qualities from all backgrounds, cultures and walks of life and not financially disadvantage those who could not otherwise afford to be on the Council;
 - 9.7 reflect appropriately that although important, financial recompense is not the only relevant factor in recruitment and retention. Other factors include personal development, fulfilment, and association with delivering public benefit;
 - 9.8 take account of comparative benchmarking data for healthcare regulators and other comparable public sector and charitable organisations, including size and complexity;
 - 9.9 take account of the market for non-executive director roles – including any evidence from Council member recruitment campaigns regarding the ability to recruit and retain high-calibre individuals;
 - 9.10 be sensitive to economic and financial pressures elsewhere in the public sector, including those for nurses, midwives, and nursing associates;
 - 9.11 take account of the pay and reward framework for the Executive and other NMC employees;
 - 9.12 meet the test of fairness, be seen as fair and reasonable to an independent-minded observer and be robust enough to withstand scrutiny and challenge;
 - 9.13 be affordable and sustainable.

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Annual ‘light touch’ review

- 10 Keeping allowance rates under regular review will help ensure that allowance levels remain appropriate and avoid the need for future large increases if rates fall behind.
- 11 The Independent Panel should undertake a ‘light touch’ review annually to consider:
 - 11.1 allowance levels paid to members of other public sector regulators of equivalent size and complexity and comparable organisations in the charity sector;
 - 11.2 available evidence from Council member recruitment campaigns;
 - 11.3 whether there is a major disparity or significant concern identified from 11.1 and 11.2 above; and
 - 11.4 whether there is a case for uprating, taking account of inflation and similar indicators and the NMC’s financial position.
- 12 The Panel will report its findings and, in the event that the ‘light touch’ review identifies significant disparities that need to be addressed, any recommendations to the Council for consideration.

Annexe 3: Comparator organisations

1. Health Care Regulators:

- 1.1. Nursing & Midwifery Council (NMC)
- 1.2. General Dental Council (GDC)
- 1.3. General Medical Council (GMC)
- 1.4. Health & Care Professions Council (HCPC)
- 1.5. General Chiropractic Council (GCC)
- 1.6. General Optical Council (GOC)
- 1.7. General Osteopathic Council (GOsC)
- 1.8. General Pharmaceutical Council (GPhC)
- 1.9. Pharmaceutical Society of Northern Ireland (PSNI)

2. Other organisations:

- 2.1. Professional Standards Authority
- 2.2. Social Work England
- 3. Northern Ireland Social Care Council
- 4. Social Care Wales
- 5. Scottish Social Services Council (SSC)
- 6. Care Quality Commission
- 7. Care Inspectorate
- 8. Regulation and Quality Improvement Authority
- 9. The Charity Commission
- 10. Office of the Scottish Charity Regulator
- 11. The Pension's Regulator
- 12. Architects Registration Board
- 13. Legal Services Board
- 14. Independent Press Standards Organisation (IPSO)
- 15. Independent Parliamentary Standards Authority

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16. Security Industry Authority
17. Gambling Commission
18. Committee on Standards in Public Life
19. Standards Commission for Scotland
20. NHS England/Improvement
21. National Institute for Health and Social Care (NICE)
22. Legal Services Ombudsman
23. Local Government Association
24. Office of Communications (Ofcom)
25. Ofgem
26. Financial Conduct Authority
27. UK Sport
28. Driver and Vehicle Standards Agency
29. Office for Nuclear Regulation
30. Pension Protection Fund

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Council

Assistant Registrar Appointment

Action: For decision

Issue: Appointment of an additional Assistant Registrar to act on the Registrar's behalf.

Core regulatory function: Professional Regulation

Strategic priority: Strategic aim 4: Engaging and empowering the public, professionals and partners
Strategic aim 6: Fit for the future organisation

Decision required: The Council is recommended to appoint Angharad Ansell-Jones as an Assistant Registrar, to act on behalf of the Registrar in relation to the matters set out in paragraph 3 and 7, in accordance with Article 4 of the Nursing and Midwifery Order 2001 and the Standing Orders (paragraph 10).

Annexe: Annexe 1: Assistant Registrar training schedule.

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 appointment of Deputy and Assistant Registrars is governed by Article 4(5) of the Nursing and Midwifery Order 2001 ('the Order'), which states:

If the Council appoints a Deputy or Assistant Registrar and that Deputy or Assistant Registrar is authorised by the Registrar to act for him in any matter, any reference in this Order to "the Registrar" shall include a reference to that Deputy or Assistant Registrar.

- 2 Standing Order 6.6 describes the process for the appointment of Deputy and Assistant Registrars by the Council:

"6.6 Deputy and Assistant Registrars

6.6.1 The Council may, upon the nomination of the Registrar, appoint a member of staff as a Deputy or Assistant Registrar.

6.6.2 The Registrar may authorise in writing any person appointed by the Council under Standing Order 6.6.1 to act on her / his behalf in any matter.

6.6.3 In determining whether to authorise a person under Standing Order 6.6.2, the Registrar shall ensure that (a) appropriate training, guidance, and procedures are available to enable the proper discharge of the delegated functions; (b) due consideration is given to (i) the segregation of duties, where appropriate; (ii) potential conflicts of interest."

- 3 This paper asks the Council to appoint an additional Assistant Registrar in the Quality of Decision Making (QDM) team to undertake the functions set out below.

3.1 Review or reconsider initial decisions not to investigate fitness to practise (FtP) cases further, following an "initial consideration of an allegation of impaired fitness to practise" under Rule 2A of the Order, where requested or otherwise appropriate

3.2 In line with the requirements of Rule 7A of the NMC (Fitness to Practise) Rules 2004, carry out reviews of Case Examiner decisions in FtP cases which:

3.2.1 Find there is no case to answer in an FtP case

3.2.2 Recommend that undertakings should be agreed with the registrant or that undertakings should no longer apply.

3.2.3 Direct that FtP allegations should not be considered further

		3.3	Make decisions on applications from NMC registrants to be granted voluntary removal from the register.	1.
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Four country factors:	4		This applies to our regulatory work in all four countries.	4.
Stakeholder engagement:	5		Not applicable for this paper.	5.
Discussion and options appraisal:	6		The purpose of the QDM team is to promote and enable high quality, consistent and fair decision making at each point of the FtP process. All decision-makers in the team need to be appointed as Assistant Registrars in order to carry out their reviewing functions. The team includes seven decision-makers ('Case Assessors'), three appointed by Council as Assistant Registrars in December 2020 (NMC/20/93) and a further three in May 2021 (NMC/21/39). The seventh Case Assessor has recently been appointed to the role and needs to be appointed as an Assistant Registrar.	6.
	7		This paper asks Council to appoint the remaining decision-maker as an Assistant Registrar, so they can carry out the full decision-making functions of their role and to enable the team to continue to carry out its work effectively. They are an experienced member of staff and their roles before joining the QDM team were within other FtP teams, most recently as a High Profile and Complex Investigations Lawyer.	7.
	8		The Registrar is satisfied that: (a) appropriate training, guidance, and procedures are available to the decision-maker to enable the proper discharge of their functions as an Assistant Registrar and; (b) due consideration has been given to (i) the segregation of duties, where appropriate and (ii) potential conflicts of interest.	8.
	9		The Council is asked to appoint Angharad Ansell-Jones as an Assistant Registrar. Angharad has undertaken the relevant training to equip them to carry out their decision-making functions as an Assistant Registrar. Guidance and procedures are also available to enable them to carry out their functions, and we have appropriate measures in place to guard against possible conflicts of interest. The schedule of training completed by Angharad is at Annexe 1 .	9.
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10 Recommendation: The Council is recommended to appoint Angharad Ansell-Jones as an Assistant Registrar, to act on behalf of the Registrar in relation to the matters set out in paragraph 3 and 7, in accordance with Article 4 of the Nursing and Midwifery Order 2001 and the Standing Orders.

Midwifery implications:

11 Assistant Registrar decisions apply to all professions in the same way

Public protection implications:

12 Review of screening decisions: Where we have made a screening decision not to investigate one or more FtP concerns further, we will review the decision if: someone is unhappy with the decision, there is reason to believe the decision or our decision making process may be flawed or, new information comes to light relevant to our decision that was not available to us at the time the decision was made. If we have missed something in our decision making process, it is important that we act quickly to address it.

13 Review of Case Examiner decisions: Assistant Registrars review Case Examiner decisions at the request of anyone (including the NMC) who is unhappy with the decision. In order to review the decision, the Assistant Registrar must be satisfied that it is in the public interest or is necessary to prevent unfairness to the nurse, midwife or nursing associate.

14 Making Voluntary Removal decisions: Voluntary removal is a way for nurses, midwives and nursing associates who have been investigated to apply to be removed from the register without the need for a full public hearing. Where voluntary removal is approved, it provides immediate public protection and supports our aim to 'reach the outcome that best protects the public at the earliest opportunity'.

Resource implications:

15 None. The training of the new Assistant Registrar has been managed within the existing budget for the QDM team.

Equality diversity and inclusion implications:

16 The creation of the QDM Team, and the appointment of Assistant Registrars, brings improved consistency to our approach to reviewing FtP decisions. This will improve our ability to identify trends in decision-making which have implications for our commitment to equality, diversity and inclusion in our FtP processes.

Risk implications:

17 To ensure consistency of decision-making in the expanded pool of Assistant Registrars we will (i) continue to provide them with relevant training; (ii) quality assure their decisions, and (iii) provide them with feedback themes and learning to ensure continuous improvement in the decision-making process.

Regulatory reform:

18 None at this time.

Legal implications:

19 Set out above in this paper.

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Assistant Registrar training schedule

Date	Training module	Delivered by
21/3/2022	Understanding screening guidance	Assistant Registrar
22/03/2022	Screening decision reviews	Assistant Registrar
23/03/2022	Risk assessment and Interim Orders	Assistant Registrar
28/03/2022	Quality of Decision Making overview and introduction to legal support	QDM Lawyers
28/03/2022	Voluntary Removal and Strike Off reviews	Assistant Registrar
29/03/2022	Evidence	QDM Lawyer
30/03/2022	Language Impairment	Assistant Registrar
04/04/2022	Causation	Assistant Registrar
06/04/2022	Power to review (Rule 7A) reviews	Assistant Registrar
06/04/2022	Post decision correspondence process	Decision Review Support Manager
11/04/2022	Covid related cases	Assistant Registrar
19/04/2022	Health	Assistant Registrar
26/04/2022	Lack of Competence	Assistant Registrar