

# Open Council - 27 September 2023 - for website

MEETING  
27 September 2023 10:00

PUBLISHED  
25 September 2023

## Meeting of the Council

To be held from **10:00** on Wednesday 27 September 2023  
Cornerstone, Charles Street, Cardiff, CF10 2SF

### Agenda

Sir David Warren  
Chair of the Council

Matthew Hayday  
Secretary

<b>1</b>	<b>Welcome</b>	NMC/23/65	<b>10:00</b>
<b>2</b>	<b>Apologies for absence</b>	NMC/23/66	
<b>3</b>	<b>Declarations of interest</b>	NMC/23/67	
<b>4</b>	<b>Minutes of the previous meeting</b>	NMC/23/68	
	Chair of the Council		
<b>5</b>	<b>Summary of actions</b>	NMC/23/69	
	Secretary		
<b>6</b>	<b>Chair's opening remarks</b>	NMC/23/70	<b>10:05-10:15</b> <i>(10 mins)</i>
<b>7</b>	<b>Presentation from the Chief Nursing Officer</b>	NMC/23/71	<b>10:15-10:30</b> <i>(15 mins)</i>
	Chief Nursing Officer, Wales		

### Matters for discussion

<b>8</b>	<b>Executive report</b>	NMC/23/72	<b>10:30-10:55</b> <i>(25 mins)</i>
	Chief Executive and Registrar/Executive		
<b>9</b>	<b>Fitness to Practise Caseload update</b>	NMC/23/73	<b>10:55-11:05</b> <i>(10 mins)</i>
	Executive Director, Professional Regulation		

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**10 Update on phase one of Advanced Practice review** NMC/23/74 **11:05-11:35**  
(30 mins)  
Executive Director, Professional Practice

**Refreshment break (20 mins)** **11:35-11:55**

**Matters for decision**

**11 11.1 Adroddiad Monitro'r Cynllun iaith Gymraeg ar gyfer y cyfnod rhwng 1 Ebrill 2022 a 31 Mawrth 2023** NMC/23/75 **11:55-12:10**  
(15 mins)  
**11.2 Welsh Language Scheme annual monitoring Report 1 April 2022 to 31 March 2023**  
Executive Director, People and Organisational Effectiveness

**12 Pay Gap reports and WRES survey results** NMC/23/76 **12:10-12:30**  
(20 mins)  
Executive Director, People and Organisational Effectiveness

**Matters for discussion**

**13 Update on work of Employer Link Service** NMC/23/77 **12:30-13:00**  
(30 mins)  
Executive Director, Professional Practice

**14 Remuneration Committee Report** NMC/23/78 **13:00-13:10**  
(10 mins)  
Chair, Remuneration Committee **(Oral)**

**15 Questions from observers** NMC/23/79 **13:10-13:30**  
(20 mins)  
Chair **(Oral)**

**Matters for information**

**16 Council effectiveness review: update**  
Secretary / Chair / Chief Executive and Registrar

NMC/23/80

**17 Chair's action taken since the last meeting**  
Chair

NMC/23/81

**CLOSE & LUNCH**

**13:30**

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Meeting of the Council  
Held on Wednesday 26 July 2023 virtually via Teams

## Minutes

### Council

David Warren	Chair
Claire Johnston	Member
Lindsay Foyster	Member
Eileen McEaney	Member
Margaret McGuire	Member
Derek Pretty	Member
Nadine Pemberton Jn Baptiste	Member
Ruth Walker	Member
Sue Whelan Tracy	Member
Lynne Wigans	Member
Jabulani Chikore	Associate

### NMC Officers

Andrea Sutcliffe	Chief Executive and Registrar
Helen Herniman	Executive Director, Resources and Technology Services
Lesley Maslen	Executive Director, Professional Regulation
Matthew McClelland	Executive Director, Strategy and Insight
Lise-Anne Boissiere	Executive Director, People and Organisational Effectiveness
Alice Hilken	General Counsel
Sam Foster	Executive Director, Professional Practice
Miles Wallace	Acting Assistant Director, Communications and Engagement
Matt Hayday	Secretary to the Council
Alice Horsley	Senior Governance Manager

*A list of observers is at Annexe A.*

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**Minutes**

**NMC/23/54 Welcome and Chair’s opening remarks**

1. The Chair welcomed all attendees and observers to the virtual meeting.
2. On behalf of the Council, the Chair congratulated Sue Whelan Tracy and Lynne Wigen on being reappointed as Council members for a second term.

**NMC/23/55 Apologies for absence**

1. Apologies had been received from Anna Walker, Council member, and Navjot Kaur Virk, Council Associate, and Edward Welsh, Executive Director, Communications and Engagement.
2. Nadine Pemberton Jn Baptiste had notified the Chair that she would join the meeting late due to unforeseen circumstances.

**NMC/23/56 Declarations of interest**

1. There were no declarations of interest.

**NMC/23/57 Minutes of the previous meeting**

1. It was noted that the observer question regarding environmental sustainability (number 9 at item **NMC/23/52**) had centred on the fact that the Midwifery Standards contained information and advice regarding Environmental Sustainability, but that the Nursing Standards did not, and that this had not been reflected accurately in the minutes.
2. Subject to this amendment, the minutes of the meeting on 5 July 2023 were agreed as an accurate record and signed by the Chair.

**NMC/23/58 Summary of actions**

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

**NMC/23/59 Executive report**

1. The Chief Executive and Registrar introduced the report.
2. The Executive Director, Professional Practice provided an update in respect of the NMC’s final decision to withdraw approval of Canterbury Christ Church University’s (CCCU) undergraduate midwifery degree programme. On 25 July 2023, the CCCU had informed midwifery students, who were in their second and third year, that there was an option which all parties supported with an adopting university.

The adopting university would provide both the theory and practice education required to enable the student midwives to receive their academic awards as well as to be eligible for entry to the register.

3. It was noted that overall, there would be a significant delay to the affected midwifery students in terms of completing their programme. It had taken a considerable amount of time to secure an adopting university, which had included undertaking a mapping exercise to determine the training and education needs of the student midwives. The NMC was acutely aware of the impact of the withdrawal decision on students and their welfare had been at the centre of discussions throughout the process. The NMC had escalated concerns about the delays in securing an adopting university for the affected students with both NHS England and the Office for Students, the independent regulator for higher education in England. The NMC planned to undertake a formal lessons learned exercise, the outcomes of which would be presented to the Council.
4. The Acting Executive Director, Communications and Engagement noted that the NMC had received initial findings from the independent data experts following their analysis of the data arising from Pearson VUE's third-party computer-based testing (CBT) centre in Ibadan, Nigeria (Yunnik Technologies Test Centre), which were being considered carefully. The NMC recognised that individuals affected would wish to know next steps in the process as soon as possible and a substantial update would be provided to them in early September 2023.
5. In discussion, the following points were noted:
  - a) On 19 July 2023, the Chair and Chief Executive and Registrar met the Minister of State at the Department of Health and Social Care (DHSC), Will Quince, MP. Matters discussed included the NMC's role in the implementation of the NHS England Long-term Workforce Plan (LTWP), progress being made in reducing the Fitness to Practice caseload swiftly and safely, and the approach taken to the CBT issue.
  - b) Assurance had been provided that progressing with plans for Regulatory Reform was a priority for DHSC.
  - c) The Minister had welcomed the NMC's commitment to exploring the potential delivery of nursing programmes with fewer practice learning hours, in a way which would continue to ensure safe and effective nursing care.
  - d) Relating to corporate commitment 10: *continue to ensure objective structured clinical examination (OSCE) capacity merits demand and to explore ways of improving access.*

The work to procure a partner to assist with feasibility work for creating a central booking system covering the NMC's five test centres had been temporarily paused whilst the NMC focused resources on addressing the CBT issue.

- e) OSCE test centre capacity had increased and the ability to book tests had improved significantly. In terms of managing resources and balancing risk, the Council welcomed the focus on the CBT matter, which was vital in relieving the uncertainty which was affecting hundreds of people.

## **NMC/23/60 Performance and risk report (Quarter one - April to June 2023)**

### **Progress against our 2023-2024 corporate plan and budget**

1. The Executive Director, Resources and Technology Services (RTS) introduced the report and noted that:
  - a) This was the fourth year of the NMC's five-year strategy for 2020-2025.
  - b) Three significant areas of current focus had emerged for the NMC: i) safely and swiftly reducing the FtP caseload ii) addressing the CBT issue and iii) ongoing work in relation to the decision to withdraw approval for the CCCU midwifery degree programme.
  - c) There had been good progress against plan, with minimal impact of redirection of resources to the CBT and CCCU issue in quarter one (Q1).
  - d) Two out of 22 corporate commitments were rated red; CC7 (reducing the FtP caseload) and CC15 (create a modern and accessible website). There was further work required to ensure the NMC delivered a modern and accessible website, which was currently on pause.
  - e) The overall financial position remained strong at the end of the first quarter of 2023-2024.
  - f) Income was four percent higher than budget, with application volumes from overseas candidates remaining high, as well as higher than anticipated interest rate income from cash deposits.
  - g) Expenditure on core activities was slightly below budget, which was due to timing and phasing of non-pay expenditure rather than any significant underspend.
  - h) There were potentially significant financial pressures emerging, relating to lower than anticipated staff vacancy rates, cost pressures from the CBT issue and inflation.



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A detailed financial forecasting exercise would be reported to the Council in September 2023.

2.

In discussion, the following points were noted:

- a) Inflationary pressures were a particular concern in relation to wage costs and contract renewals.
- b) The capacity for OSCE testing had been robust, with no complaints received about difficulties in securing preferred testing centre slots.
- c) Improved communication and messaging were required relating to OSCE testing capacity as well as to gather accurate data from the OSCE test centres.
- d) One out of the five test centres had not responded with data on the percentage of customers agreeing that the OSCE test centre had treated them with 'Respect and Dignity' throughout the examination process; the outstanding response was being pursued.
- e) The Council commended the NMC's management of emerging risks relating to CBT and CCU in Q1.
- f) There was some concern amongst the Council about sickness absence remaining higher than target at 7.9 days per person per year, with top reasons recorded for absence being stress and mental health.
- g) Assurance was provided that there was a range of resources available to support colleagues with their mental health and wellbeing, which were promoted as part of the induction for new colleagues, as part of ongoing learning and development, and in management training.
- h) There were plans to do a comprehensive review to improve understanding about sickness absence related to stress and mental health at the NMC, with a view to informing the health and wellbeing strategy as part of the People Plan.
- i) It was positive that staff turnover was decreasing across the NMC and that new systems had reduced the average time taken to recruit into vacant roles over the year. As a result, the vacancy rate was reducing, which was key to reducing pressure on colleagues.
- j) In relation to customer enquiries, complaints and feedback, the NMC collated themes and learning from complaints and the customer satisfaction survey to inform improvements in both the service provided and in how to respond to any issues raised.

## Corporate risk exposure report

3. The Executive Director, RTS introduced the report. In discussion, the following points were noted:
- a) There were three corporate risks rated as red: **REG18/02** (failure to address regulatory concerns about professionals on the register), **COM18/02** (failure to act in line with statutory or wider legal obligations) and **STR20/02** (failure to deliver strategic ambitions for 2020-2025).
  - b) The scoring of risk **STR20/02** was increased to red to reflect the need to deprioritise some strategic objectives to focus on immediate areas of risk, such as the CBT and CCCU issues.
  - c) Quarterly cross-directorate risk register reviews allowed for the identification of risks reported in several areas of the NMC and which when combined were significant or 'compound risks'. Assurance was provided that there were no compound risks which were not already reflected on the corporate risk register.
4. Summing up, the Chair acknowledged the need for resource to be redirected to adverse incidents in Q1, including the CBT and CCCU issues. He stressed the importance for the Council of monitoring the impact of these issues and the related pressure on the NMC as a whole. On behalf of the Council, the Chair thanked the Executive for the comprehensive performance and risk report.

**Action:** Report the outcomes of the detailed financial forecasting exercise to Council in September 2023.  
**For:** Executive Director, RTS.  
**By:** 27 September 2023.

*Secretary's note: Nadine Pemberton Jn Baptiste joined the meeting.*

### NMC/23/61 Fitness to Practise Caseload Update

1. The Executive Director, Professional Regulation, updated the Council on the Fitness to Practise (FtP) caseload. Points highlighted included:
- a) A correction to the monitoring and compliance dashboard at C1, which was missing two words and should have read, 'It also shows the total number of undertakings offered by Case Examiners that were accepted, were still active and *being reviewed*.'
  - b) There had been a small reduction in the caseload in Q1, but the strong downward trajectory established at the year-end had not continued between April-June 2023.

- c) In Q1 there had been a slight increase in the level of referrals against forecast, which would be monitored to identify any emerging trends.
- d) The CBT issue had affected casework progress at the Screening stage.
- e) In July, Employer Link Service (ELS) colleagues began to make Screening enquiries and decisions, having been allocated an initial caseload of approximately 200, with a view to making up some of the shortfall in Q1. ELS colleagues would bring expertise and a fresh perspective to casework at Screening as well as identifying patterns where employers could be doing more, unlocking the NMC's enquires and information requests.
- f) The Investigations team was delivering well against target, with the caseload having slightly decreased over Q1. The return to the office two days per week was proving positive in terms of collaboration and knowledge sharing.
- g) A pilot of the effectiveness of end-to-end case ownership was to begin in September.
- h) The new Assistant Director, FtP would join the NMC in August, further strengthening the Professional Regulation directorate senior management team.
- i) There would be more FtP hearings held physically rather than virtually, in recognition of the benefits of doing so.
- j) Staff vacancies had reduced significantly which was positive, although currently there was resource directed to training and developing new starters.

2.

In discussion, the following points were noted:

- a) The programme of improvement continued to focus on delivering new ways of working which would reduce the caseload safely, swiftly and sustainably, which was commended.
- b) The Executive Director, Professional Regulation was confident that the target of 4,000 cases by March 2024 was achievable, with improvements being embedded at every stage of the process.
- c) The Council acknowledged that the FtP process was complex, and that caseload reduction would not always be linear.
- d) Assurance was provided that reducing the FtP caseload was the corporate priority for the whole NMC.
- e) The redeployment of ELS colleagues to work with the Screening team had been managed sensitively and positively, and the flexibility of colleagues involved was applauded.

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- f) The open FtP cases which related to midwives was 4.8 percent, which was lower than the 5.3 percent population of midwives on the register. The Insight Report examined FtP cases relating to midwives, and other contextual factors and trends in midwifery practice, and was due to be published in the coming weeks. Trends in midwifery and FtP cases would be monitored closely as part of the Insight Report.
- g) There were multiple sources of learning including from the new referral form and the referrals helpline, and ELS colleagues working in Screening, which would be available by the end of quarter two.
- h) The transition from Chromebooks to the new laptops in Summer 2022 had been beneficial. There was currently significant support provided to FtP from colleagues working on the modernisation of technology services (MOTS) programme, with early testing and modelling for new systems to ensure maximum benefit and a smooth transition.

3. Summing up on behalf of the Council, the Chair thanked the Executive Director, Professional Regulation, and her team for the update. The Council welcomed the clear assurance provided that reducing the FtP caseload safely and swiftly was the top corporate priority for the whole NMC, with colleagues coming together across the organisation to ensure its delivery. The Executive's confidence in the achievability of the target caseload of 4,000 by March 2024 was encouraging, although Council acknowledged that this was challenging, and that caseload reduction would not always be linear. The Chair noted that the Council would continue to review the FtP caseload update at each Open meeting.

**NMC/23/62 Questions from observers**

1. The Council noted one written question submitted by an observer and the response provided by the Executive Director, Professional Regulation. A full written response would be sent to the Observer, shared with the Council, and published on the website (**annexe B**).

**NMC/23/63 Appointments Board annual report to Council 2022-2023**

1. The Council noted the Appointments Board annual report for 2022-2023. In discussion, the following points were noted:

- a) The Chair thanked the Chair and members of the Appointments Board for their work during the year.

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- b) There had been a ten-month gap between the end of one Board member’s term in August 2022 and the appointment of a new member in July 2023, which was due to aligning with Council member and Associate recruitment processes for efficiency.
- c) Plans were in place to ensure continuity of Board membership in 2024, with four members’ terms due to end in the year, including recruiting early to some of the vacancies as shadow members. A shadow member had already been appointed to start in October 2023, with the potential to become a full member from April 2024.
- d) Attendance rates for induction and training for panel members was commendable. In line with the NMC’s Equality, Diversity and Inclusion (EDI) Action Plan, enhanced EDI training had been delivered to 285 Panel Members (99 percent) in 2022, which was welcomed.

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**NMC/23/64 Chair’s actions taken since the last meeting**

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

**Closing remarks**

- 1. The Chair thanked all attendees for joining the meeting.
- 2. The next Open Council meeting was on 27 September 2023 and would be held in Cardiff, Wales.

***Confirmed by the Council as a correct record:***

**SIGNATURE:** .....

**DATE:** .....

## Annexe A: Observers

First Name	Surname	Job Title	Company
Katja	Jung	RMN and Lecturer	Middlesex University
Peter	Bell	Apprentice Nurse	Member of the public
Shakira	Houssein	Associate	Central London community healthcare trust.
Sarah	Hull	Modern Matron	King's College Hospital Foundation Trust
Lisa	De Jonge	Lead Nurse	King's College Hospital NHS Foundation Trust
Kate	Fawcett	Senior Scrutiny Officer	Professional Standards Authority
Annemarie	Lewis	Professional Lead	Open University
Tasija	Cruz	Nursing (England)	Middx uni
Swizzle	Dias	Student Nurse	Barts Health NHS Trust
Emily	Westbrook	Nursing Workforce Governance Programme Manager	University College London Hospital
James	Penry-Davey	Charge Nurse Partner	Capsticks LLP
Shruti	Sheth	Senior Nurse Reporter	RCNi
William	Trivedi	Reporter	Nursing in Practice - Cogora

### NMC staff observing

Rob	Beaton	Head of Corporate Planning	NMC
Dillon	Rose	Performance and Risk	NMC
Jonathan	Deacon	Employer Link Officer	NMC
Renée	Caffyn	MI Team Manager	NMC
Adam	Talbot	Executive Assistant	NMC
Libby	Small	Senior Executive Business Manager	NMC
Janice	Cheong	Senior EDI Policy Officer	NMC
Genevieve	Stevens	Senior Executive Business Manager	NMC
Edward	Baxter-Derrington	Executive Assistant	NMC
Clare	Quinlivan	Intelligence Sharing Officer	NMC
Orfhlaith	Kearney	Senior Digital Communications Officer	NMC
Carys	Allott	Senior Press Officer	NMC
Beth	Faircliffe	Senior Internal Communications Officer	NMC
		Events Manager	NMC

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## Annexe B

### Observer question – Council meeting 26 July 2023

**Question submitted by Mr Peter Bell, member of the Public:**

#### **FtP support for registrants**

*'The Council has previously committed to ensuring that any unrepresented registrant at an FtP hearing would have access to pro-bono representation (minuted in previous Council papers).*

*The NMC has also run a pilot pro-bono representation project with an external organisation.*

*However, there has been no further report on the progress of either of these initiatives nor any commitment by the Council as to when the situation where an unrepresented registrant is facing an FtP hearing with the NMC represented by a barrister (or solicitor) and the registrant is unrepresented, would be addressed (equality of arms).*

*The Council does not accurately record when registrants fail to attend FtP hearings and whether or not that registrant was represented, i.e. whether the Council does not have statistics available regarding hearings that took place wholly in the absence of an unrepresented registrant.*

*Your FOI response*

*([https://www.whatdotheyknow.com/request/fitness\\_to\\_practice\\_unrepresente](https://www.whatdotheyknow.com/request/fitness_to_practice_unrepresente)) states:*

*"Our data reporting does not allow us to see whether a nurse, midwife, nursing associate or their potential representative attended specific hearings either virtually or in person."*

*However statistics are available which show that between April 2022 and March 2023, there were 369 FtP hearings where the registrant was unrepresented and 337 FtP hearing where the registrant was represented. Does the Council have any concerns regarding the number of FtP hearings where the registrant was unrepresented? (More than 50% of hearings).*

*Could I ask the Council when the above matters related to Fitness to Practise will be discussed again at a public Council meeting and an update provided?*

*Could I further ask if Council members are aware of the support currently offered to registrants who are facing an FtP hearing? Are Council members aware that the support helpline is limited to wellbeing support and no practical support is provided by the helpline regarding access to other agencies who could provide legal and procedural advice to registrants regarding the FtP process?*

*Does the Council think that this support for their registrants during the stressful, often long, wait for an FtP hearing is adequate to mitigate the risks which are clearly apparent to registrants' mental health (bearing in mind the deaths of registrants awaiting an FtP hearing which are reported in the most recent FtP Annual Report)?'*

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**Response provided by the Executive Director, Professional Regulation:**

We very much recognise the importance of providing appropriate support for professionals involved in our fitness to practise process and are committed to doing what we can to better engage and ensure support for professionals undergoing fitness to practise proceedings, particularly where they do not have legal representation.

In 2019 and 2020 we reported that we were considering introducing a pro-bono legal advice service for unrepresented professionals. However, having considered the complexities which could arise from the NMC delivering or funding such a service directly we decided instead to invest in an alternative approach, which we consider to be more appropriate at this time. We introduced a new role - a Professional Support and Engagement Lead, whose dedicated role it is to develop and improve how we engage and support professionals through the fitness to practise process (with a specific focus on unrepresented professionals). In parallel, we have also invested in appointing a Strategic Safeguarding lead, who works with our Professional Support and Engagement Lead to ensure we are alert to and able to manage wellbeing and safeguarding issues. Both are working closely with Fitness to Practise teams to build our capabilities in this critical area.

Some of our Professional Support and Engagement Lead's specific work includes:

- Exploring how we might improve signposting unrepresented professionals to other organisations who might provide independent legal advice.
- Ensuring our panels, legal assessors and case presenters act in a person-centred, empathetic way and avoid legal jargon which some people might not understand.
- Delivering a new casework approach for unrepresented professionals, for example through phone calls and tailored written communications.
- Reviewing the information provided on our website to improve accessibility and clarity, and continuing to review how we can offer enhanced support to professionals with particular needs.
- Helping our operational teams to provide tailored support to professionals with particular needs and also overseeing the independent support phoneline we have provided since 2019 for professionals, though as the question mentions, this does focus on wellbeing.

We will continue to build on and evaluate our progress in this critical area, which is key to ensuring that our proceedings are inclusive and fair to all. We will be updating the Council during their Seminar meeting in November. A further key priority at the NMC is reducing the fitness to practise caseload and reducing delays for everyone involved, as we know this has a distressing impact on people and their wellbeing.



## Council

### Summary of actions

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

Secretary: Matthew Hayday  
Phone: 020 7681 5516  
[matthew.hayday@nmc-uk.org](mailto:matthew.hayday@nmc-uk.org)

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Minute	Meeting date	Title / theme	Status	Action	Action owner	Update	Due date
NMC/23/17	29 March 2023	<b>Maternity</b>	Complete.	<p>Invite Dr Bill Kirkup to attend a Council Seminar to discuss midwifery regulation and the NMC's role in improving safety in maternity services.</p> <p><b>*NMC/23/32</b> from 17 May 2023 Consider who to invite alongside Dr Bill Kirkup to discuss midwifery regulation and the NMC's role in improving safety in maternity services at a Council Seminar. (*Raised in discussing the action log).</p>	<b>Chief Executive and Registrar / Secretary</b>	<p>Dr Bill Kirkup has been invited to attend a Council Seminar session in November, January or March 2023-2024. We are awaiting a response and have noted the item on the Council Forward Planner.</p> <p>Once we have heard back from Dr Kirkup we will consider how to structure the discussion and who else it may be appropriate to invite.</p>	<p><del>17 May 2023 / 5 July 2023 / 26 July 2023 / 27 September 2023</del></p>

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NMC/23/47	5 July 2023	<b>Executive report</b>	Complete.	<b>Long term Workforce Plan (LTWP)</b> Provide an update on the NMC's work in response to the NHS England LTWP.	<b>Chief Executive and Registrar</b>	An update is provided in the Executive Report, which is an agenda item for the meeting.	27 September 2023
NMC/23/47	5 July 2023	<b>Executive report</b>	Complete.	<b>Advanced Practice</b> Provide an update on the work relating to advanced practice at September Council.	<b>Executive Director, Professional Practice</b>	This is an agenda item for the meeting.	27 September 2023
NMC/23/60	26 July 2023	<b>Performance and risk report (Quarter one - April to June 2023)</b>	Complete.	<b>Financial forecasting</b> Report the outcomes of the detailed financial forecasting exercise to Council in September 2023.	<b>Executive Director, Resources and Technology Services</b>	An update is provided in the Executive Report, which is an agenda item for the meeting.	27 September 2023

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<b>Key</b>	
In progress	For items not yet due
Rescheduled	Where work has been deliberately replanned/rephased
Overdue	Unplanned delay to the work
Complete	Completed actions are reported once as Complete
Closed	Only use once an item is moved to the archive

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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 2023–2024, up to September 2023.

**Core regulatory function:** All regulatory functions.

**Strategic priority:** All priorities for period 2023-2024.

**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 key developments since the last written report for the Council presented on 5 July 2023. A verbal update was provided at the Council meeting on 26 July 2023.
  - 2 The report consists of highlights from the external environment, key issues and our strategic engagement work up to September 2023.

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

**Discussion: Lucy Letby**

- 4 On 18 August 2023, neonatal nurse Lucy Letby was found guilty of murdering seven babies and attempting to murder six more. That afternoon we [published a statement](#) in response to the verdicts, and shared this with our key partners including the Department of Health and Social Care (DHSC) and NHS England (NHSE). Our thoughts and sympathies are with the parents, families and babies whose lives have been terribly impacted by these heinous and heart-breaking crimes.
- 5 Ms Letby had been referred by her employer to our Fitness to Practise (FtP) process in July 2018 when she was initially arrested. We had paused progress with this case while the criminal investigation and proceedings rightly took precedence. We are now moving forward with our regulatory processes, seeking to strike Ms Letby off the register.
- 6 Serious questions were raised during the trial and subsequently about the way in which leaders at the Countess of Chester Hospital responded to concerns that clinicians raised about Ms Letby. These include Alison Kelly, who was the Director of Nursing at the time the crimes took place in 2015 and 2016 and until 2021. In the days following the verdict, we confirmed to enquiring journalists that we hold a FtP referral for Ms Kelly. This referral had also been paused pending the outcome of the criminal trial, and we are now moving forward to consider any necessary regulatory action.
- 7 We welcome the UK Government’s decision for a statutory inquiry to be held into the circumstances around the crimes committed by Ms Letby. The Chief Executive and Registrar has written to the inquiry chair The Rt Hon Lady Justice Thirlwall to say that we are fully committed to supporting the future inquiry in any way we can. We are considering how we can best prepare ourselves for the inquiry by reviewing our involvement in this case and wider, related issues.

- 8 An oral update will be provided at the Council meeting on any further developments.

**Quality assurance of education at Canterbury Christ Church University (CCCU)**

- 9 In May 2023, we withdrew approval of CCCU's midwifery programme due to concerns about the safety and quality of the course. We made this decision in the best interests of women, babies, and families. Since then, we have been working with CCCU and NHSE on alternative arrangements to enable the affected students to continue their education.
- 10 After engagement with several different universities, CCCU has progressed with the University of Surrey adopting their second and third year students. Our Quality Assurance Board has approved the transitional arrangements and a supporting bridging module. We expect the new programmes to begin in September 2023.
- 11 We have attended meetings with staff and students to provide support around the new arrangements.
- 12 We have had further meetings with the Parliamentary Under Secretary of State at DHSC and Members of Parliament representing Kent constituencies to keep them updated on this work.
- 13 Separately, CCCU has also reported to us that it has miscalculated the number of practice learning hours completed by its nursing students. Practice learning hours are an important part of our education standards, which assure us that students have the skills, knowledge and experience they need to be able to deliver safe and effective care by the time they join the register.
- 14 Affected first and second year students should be able to make up their placement hours across the remainder of their programmes; however final year students will need to make up a shortfall of up to eight weeks, which will delay their course completion.
- 15 We recognise this is a very difficult situation for the students affected and we are pleased the university has committed to support them recognising the financial and wellbeing impact on them.
- 16 We have informed our partners of this issue and written to all other approved education institutions to be assured that this was an isolated error.

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## Computer-based testing (CBT)

- 17 In week commencing 18 September 2023, we plan to write to all professionals who took their CBT at the Yunnik Technologies test centre in Nigeria, informing them of the outcome of our initial investigation.
- 18 We have concluded that there is evidence of widespread fraud at this test centre where we believe a large number of candidates fraudulently obtained their CBT, probably by use of a proxy tester, where someone takes the test on behalf of someone else. Due to the evidence of widespread fraud at the Yunnik centre, we are unable to be confident in any of the CBT results obtained at Yunnik. We therefore consider all CBT results obtained there to be invalid.
- 19 Of the 1955 people that took their test at the centre we wrote to:
  - 19.1 48 people on the register to inform them that we considered it more likely than not that their test result was obtained fraudulently. We explained that we will be asking an independent panel to consider these concerns.
  - 19.2 669 people in the application process to inform them that we considered it more likely than not that their test result was obtained fraudulently. If they submit a complete application to join the NMC's register, this will be considered by an Assistant Registrar.
  - 19.3 466 people on the register, informing them that based on current evidence, we do not consider that their test was obtained fraudulently. If they take and pass a new CBT they will be able to remain on the register.
  - 19.4 772 people in the application process, informing them that, based on current evidence, we do not consider that their test result was obtained fraudulently. If they pass a new CBT they are likely to be able to successfully apply to join the register (as long as there are no concerns with other aspects of their application).
- 20 All individuals will have the opportunity to retake the test in line with our existing policy, which means they can have up to three attempts. The test fee will be covered by test provider Pearson VUE.
- 21 We have identified a small number of cases where it appears that individuals have provided irregular English language evidence.
- 22 We have also identified a small number of cases with what appear to be non-compliant ID practices.
- 23 We have continued to work closely with our partners including DHSC, NHSE, devolved administrations, trade unions, the Nigerian Charitable Nurses Association, NHS Employers, Global Majority



Chief Nurses Group and others to ensure our communications activity is as clear as possible and that people get the support they need. We have been grateful for the cooperation and collaboration we have received from all these organisations and their leaders.

### **International registration**

- 24 We are monitoring the impact of the changes to our English language requirements introduced earlier this year, ahead of a full evaluation report in July 2024.
- 25 We are providing support to employers and internationally trained applicants to navigate our new application process, and to be equipped to effectively communicate and deliver good care for those they serve.
- 26 We have worked with DHSC to improve the legislation which will implement the European Free Trade Association (EFTA) trade agreement, particularly on English language testing and our ability to apply the Test of Competence. The agreed changes will help maintain public safety because we will be able to continue to apply the same rigorous standards to European applicants that we apply to any other nation.

### **Industrial action**

- 27 Action by professionals on our register has largely concluded across England, Scotland and Wales after pay deals were accepted by the majority of nursing and midwifery unions. However, Unite members in England rejected the UK Government's pay deal and continue to be balloted on an individual Trust basis to extend the mandate for industrial action. Unite strike action took place across London Trusts in mid-September.
- 28 Isle of Man Royal College of Nursing (RCN) members planned to undertake strike action on 14 September 2023, with a further two days of action planned for 18 and 19 October 2023. This was after a 6 percent pay increase with a £1,000 lump sum payment had been offered by the healthcare provider, Manx Care - short of the 15 percent the RCN was seeking.
- 29 The lack of a functioning executive, and resultant lack of clarity on whether the England pay deal will also be applied in Northern Ireland, has meant that UNISON is proposing a 48-hour walkout in September 2023. The RCN is also proposing action if no further progress is made.

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- 30 We are monitoring the wider situation for potential impact on our professions, which in England includes joint strike action for junior doctors and consultants, initiated by the British Medical Association, throughout September and October, plus ongoing disputes involving the Society of Radiographers.

### **Workforce**

- 31 On 3 August 2023, we published our first [Spotlight on Nursing and Midwifery report](#), sharing insights from our work to support workforce planning, sector wide learning and improvement for the benefit of people who receive care. The report's themes show how good care can be affected by discrimination faced by international professionals, and by inconsistent support for new recruits to the professions. It also highlighted themes from our FtP data about when maternity care goes wrong.
- 32 Simultaneously, we launched our new [NMC Insights](#) hub on the website, which brings together our research, data, insights and work with partners in one place.
- 33 We are beginning engagement with stakeholders for next year's *Spotlight* report, including discussing possible themes and content with our strategic groups and research professionals from think tanks, academia, other regulators and partner organisations.
- 34 In August 2023, [we provided written evidence](#) to the Times Health Commission, which aims to address the most urgent challenges facing health and social care in England, and produce recommendations in ten areas to improve care in the future.
- 35 Our unique data and insight highlighted the workforce challenges preventing nursing and midwifery professionals from delivering safe, person-centred care on a consistent basis. It also outlined our role in addressing these challenges and recommendations for partners and decision-makers across the UK.
- 36 Our Chief Executive and Registrar met the Chairwoman of the Commission on 12 September 2023 to understand how we can further inform its work. The report is due in January 2024.

### **Four nation workforce planning**

- 37 On 19 July 2023, the Chair and Chief Executive and Registrar, met with the Minister of State for Health of UK at DHSC, to discuss our response to NHSE's *Long Term Workforce Plan* (published 30 June 2023). This sets out its ambition to put staffing on a sustainable footing and improve care for the public.

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- 38 The Plan recommends the NMC considers a reduction in nursing practice hours to support an increase in nursing training capacity.
- 39 We have reiterated our commitment to exploring this and are scoping what further evidence, four-country engagement and innovation would be required.
- 40 We are awaiting further information from NHSE on oversight arrangements for the implementation of the Plan and our role in supporting this.
- 41 In response to the Plan’s focus on the NHS workforce in England, we continue to engage with the NHSE’s Chief Nurse for Adult Social Care about the need for parity of esteem for nurses working across health and social care.
- 42 To support the delivery of the Scottish Government’s *National Workforce Strategy for Health and Social Care*, a Nursing and Midwifery Taskforce has been established. The Taskforce aims to identify key activities that will support the two professions and build a respected and empowered workforce for the future. Our Executive Director of Professional Practice is representing the NMC on the Taskforce, which last met on 28 August 2023.
- 43 We have engaged with officials in Northern Ireland, Scotland and Wales about band 4 nursing roles.

**Maternity safety and midwifery regulation**

- 44 In response to previously published reports on the concerns within maternity services in England, we have been delivering *Midwifery Matters* - a programme for professionals focused on midwifery practice, standards, and culture. Eleven sessions have been delivered to date, receiving positive feedback from professionals who felt better informed, and welcomed the practical case scenarios to support their understanding.
- 45 We are engaging with several working groups across the UK to support the development of future policies on maternity safety. These include:
- 45.1 On 20 July 2023, the UK Government responded to the report from Dr Bill Kirkup CBE, *Reading the signals* on maternity and neonatal services in East Kent. He invited us to join the Maternity and Neonatal Outcomes Forum, led by NHSE, to consider how the recommendations from the report can be implemented. We have also been invited to join the UK Government’s Maternity and Neonatal National Oversight Group. Both will meet in September 2023.

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- 45.2 Since 22 June 2023, our Senior Midwifery Adviser has been part of an Expert Group, commissioned by the Department of Health in Northern Ireland, to take a comprehensive look at midwifery services. The subsequent report, *Enabling Safe Quality Midwifery Services and Care in Northern Ireland*, is expected to be published in September 2023 and will have recommendations for policy, practice, education and research in Northern Ireland.
- 45.3 We have engaged with the Nursing and Midwifery Board of Ireland (NMBI) around safe transfers and regulation of midwives (and nurses) across the Irish border. This includes a new post-qualification registration arrangement for nursing and midwifery students educated in Northern Ireland, considering the regulatory and quality assurance requirements of the NMBI.
- 46 In July 2023, we launched our campaigns for midwives and the public which focused on encouraging listening and partnership working within antenatal care. The campaign, [For every pregnancy](#), aimed at increasing women’s understanding of what they can expect from their midwives, has so far been seen more than 700,000 times and there have been more than 129,500 views of the campaign video.
- 47 On 20 September 2023, we are holding a webinar where midwives and students will hear from two women who recently received antenatal care, bringing to life what our standards say about the importance of partnership and listening in improving the quality of maternity care.

### Standards implementation

- 48 We want to support the professionals on our register in their practice and to encourage and empower them to better understand [The Code](#) and our [standards](#), so they can practice in a way that delivers the best possible care for people. This includes:
- 48.1 On 26 September 2023, we will host the last of our four nations’ *Future Professional* events at the University of South Wales, which was postponed due to industrial action. The event will focus on our new post-registration standards and how they lead to people receiving the best possible care. We have invited professionals on the register, educators, students, employers and key partners in Wales.

## Supporting our professions, influencing the sector

- 49 Ahead of the upcoming UK General Election, our Public Affairs team will be attending the Liberal Democrat, Conservative and Labour party conferences in September and October 2023. We will use this insight to consider how manifestos may impact our current and future corporate priorities, the professionals we regulate and the public.
- 50 We are engaging stakeholders across the devolved nations on key issues and priority areas of work, including advanced practice, CBT and CCCU. In addition:
- 50.1 On 31 August 2023, we met with the Minister for Health and Social Service in Wales, particularly to discuss our *Spotlight* report and how we can work together on workforce culture and retention.
- 50.2 On 12 September 2023, we met with the General Medical Council and Minister for Public Health, Sport and Wellbeing of Scotland, to discuss the Patient Safety Commission for Scotland Bill.

## Hearing the public voice

- 51 The Public Voice Forum met on 6 September 2023 and discussed professional misconduct and behaviours which concern us as a regulator. The discussion focused on three areas: sexual misconduct, domestic abuse, and abuse and neglect of children and vulnerable adults. Members shared their views on how they think a regulator should treat such concerns.
- 52 Members also discussed our *Spotlight* report and shared their views on the metrics they think are important to feature in future reports, which highlight people's experience of care.

## Regulatory reform

- 53 The changes we would like to make to our legislation will require a formal government consultation, which we expect in Summer 2024. We are scoping our approach and its accessibility. We will seek responses from our partners, professionals and the public, so that our insight is representative of people who use services, to be confident that our new regulatory processes support their diverse needs.

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- 54 In August and September 2023, we discussed the proposed changes to our legal framework with specialist community public health nurse (SCPHN) and Specialist Practitioner Qualification (SPQ) professionals, partners, representative bodies and our Professional Strategic Advisory Group.
- 55 Through stakeholders, we have gathered additional insight on how professionals within certain protected characteristics could be affected by our reforms. Discussions focused on age and gender to strengthen our current equality impact assessment and inform our legislation, the policies we adopt and their implementation.

**Developing our 2025-2030 strategy**

- 56 We have been speaking to a range of stakeholders, professionals and members of the public to identify future areas of focus to meet our vision of safe, kind and effective nursing and midwifery care for everyone.
- 57 Key emerging themes include how we can use our unique data and insight to improve standards of care for the public; the role of revalidation in upholding those high standards of care, and a continued focus on equality, diversity and inclusion (EDI).
- 58 We expect to share our proposed strategic themes with Council in November 2023, which we will then engage on further in 2024.

**Professional Standards Authority report**

- 59 On 5 September 2023, the Professional Standards Authority (PSA) published its annual review of our performance for 2022-2023. The PSA judged that we met 17 out of their 18 Standards of Good Regulation (SGR). For the fourth consecutive year, the standard we did not meet was Standard 15, relating to timeliness of FtP case progression.
- 60 We fully accept the PSA’s findings and reducing our FtP caseload remains our top organisational priority. We are making improvements and focusing our resources to ensure we reach decisions on cases as quickly and safely as possible.
- 61 The report also highlights several areas of our work where we have performed well, including the quality of engagement with our stakeholders, our work to update our pre-registration education standards, our ongoing work to address inequalities and disparities within our regulatory processes, and the changes we made to our English Language requirements.

- 62 Every three years the PSA carry out a periodic review of our performance against the 18 SGRs. Our periodic review period started in July 2023 and runs until June 2024. We have assigned a lead for each of the 18 SGRs to support gathering evidence for this and future PSA annual reviews.

### **Financial forecasting and budget update**

- 63 Our financial position remains secure and in-line with the budget agreed by Council in March 2023, with income to the end of July exceeding budget by £1.5 million and with total spend below budget by £0.6 million. When the budget was agreed, we planned for a deficit of £8 million for financial year 2023-2024, with free reserves reducing from £44 million to £30 million by the year end. Both the planned deficit and the reduction in free reserves reflected our commitment to reduce the FtP caseload, as well as to invest in technology and accommodation to improve our performance and reduce costs in the medium to long term.
- 64 Following an initial re-forecast, we now expect our full year net operating position to show a deficit nearer to £3 million and free reserves of around £36 million.
- 65 This change is due to total income expected to be about £4 million (3.7 percent) ahead of budget at nearly £107 million in the full year, while costs remain broadly stable. Increased income reflects our cautious position on the numbers of applications budgeted to join the register from overseas professionals, and the impact of higher than expected interest rates on our income from cash deposits.
- 66 A key risk to this forecast lies in options that are being considered with respect to addressing our FtP caseload. To ensure progress in reducing the caseload safely and swiftly, costs could increase in the short term and, therefore bring our overall deficit for the year nearer to budget. Looking further ahead to future years, significant cost pressure risks exist in several areas, for instance with inflation remaining higher than expected, and with some cost savings taking longer to achieve than anticipated. We will be assessing these in more detail during our annual business planning and budgeting exercise due to start in September 2023.

### **Settlement agreement with previous employee**

- 67 The Remuneration Committee approved a settlement agreement reached with a previous employee under the governance arrangements approved by the Council. The Committee was satisfied on the basis of information provided by the Executive and it was approved in line with our non-contractual payment policy. The

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settlement agreement was for a non-contractual payment of £21,000.

68 In connection, the Remuneration Committee also approved a non-contractual payment of £3,600.

**Midwifery implications:**

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

70 Midwifery is considered within our corporate plan and through core business discussions when setting standards, reviewing education programmes, adding, or removing midwives from the register, when considering FtP concerns related to midwifery, and monitoring the wider sector.

71 We discuss maternity safety within our monthly monitoring of corporate risk exposure for corporate risk EXP18/01 (Risk that we fail to meet external expectations which significantly affects our ability to maintain the trust of stakeholders, the public and people on the register in how we regulate).

72 We have identified maternity safety as a risk factor within the Corporate Risk Register and continue to monitor this and act as appropriate. We monitor the quality of midwifery pre-registration education through our regulatory processes to help support and influence maternity safety.

**Public protection implications:**

73 Public protection is a key driver of the risks identified within our corporate risk register. Risks being well managed is inherent to ensuring effective public protection.

**Resource implications:**

74 None in addition to those within our corporate budget.

**Equality diversity and inclusion implications:**

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

76 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.

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



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78 We continue to monitor risk exposure from discrimination and unfairness across our corporate risk register. We have integrated EDI into our regular performance monitoring as part of corporate commitment 9.

**Stakeholder engagement:**

79 Discussed within this paper.

**Risk implications:**

80 Risk implications are dealt with in the paper.

**Regulatory reform:**

81 See paragraph 53-55.

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

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

**Legal implications:**

84 No legal implications arising from this paper.

## Council

### Fitness to Practise caseload update

**Action:** For discussion.

**Issue:** To update the Council on our work to reduce the Fitness to Practise (FtP) caseload safely and swiftly, which is our number one corporate priority to address.

**Core regulatory function:** Professional Regulation.

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

**Decision required:** None.

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

- Annexe 1: FtP Performance Dashboard August 2023

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

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**Context:**

- 1 This report provides an update on our work to reduce the Fitness to Practise (FtP) caseload safely and swiftly.
- 2 The Council is invited to consider and comment on this update.
- 3 The Professional Standards Authority (PSA) recently published its monitoring report of our performance. We met 17 of the 18 Standards of Good Regulation but again failed to meet the FtP timeliness standard as we are taking too long to conclude cases.
- 4 We aim to have less than 4,000 cases in our caseload by the end of March 2024 and are focused on resolving cases that have been with us the longest.
- 5 The charts at **Annexe 1** show some progress in terms of the volume of cases we hold but also show how our timeliness is improving at the earlier stages of the FtP process.

**Four country factors:**

- 6 Our backlog of cases impacts professionals on our register, employers, people who use the services of our professionals and families across each of the four nations.
- 7 The number of cases received for each of the four nations are broadly in proportion to the number of individuals registered there. The numbers where a country of registration has been identified are as follows:

Country of registration	Screening	Investigations	Case Examiners	Adjudication	Grand total
England	1,106	1,396	300	803	3,605
Scotland	134	184	37	92	447
Wales	78	78	24	74	254
Northern Ireland	53	87	5	29	174
Overseas	25	35	5	32	97
Not identified	757	3	0	2	762
<b>Grand total</b>	<b>2,153</b>	<b>1,783</b>	<b>371</b>	<b>1,032</b>	<b>5,339</b>

**Discussion:**

**Summary of our current position**

- 8 At the July 2023 Council meeting we reported a decrease in caseload to 5,534 from 5,563 at end of May.
- 9 Our caseload has again decreased, at the end of August it had reached 5,339. The rate of progress continues to be behind plan and we had expected to have a caseload of 4,836 at this point of the reporting year.

- 10 We continue to see the number of referrals received exceed the assumed levels in our plans. We have identified a significant increase in volumes received from employers, and we are analysing the cases for trends to inform any remedial action required. Referral volumes are in chart B1 in **Annexe 1**.
- 11 The volume of referrals is impacting our decision making at Screening, as the same resource is used to assess new referrals and make screening decisions. We are also seeing an increase in interim order applications for new referrals compared to the same period last year. A focus on progressing some of our older cases and higher risk cases earlier in the year impacted on decision numbers but we are recovering from that and in two of the last three months we saw over 500 decisions from our teams.
- 12 In July we trained colleagues from our Employer Link Service on Screening decision making. They were given 200 of our older cases to progress. The team had made decisions on 14 of those cases by the end of August and we expect their efforts to make a material impact from September onwards both on the number of decisions we make and on the median age of cases at Screening, which has been on a steady downward trajectory this year.
- 13 At the Investigations stage our caseload has slightly decreased, however, our output levels are under pressure due to employee turnover. Notwithstanding our vacancy issues, the team has completed the number of investigations we had planned to at this point in the year, flexing resource as required to meet our planned output numbers whilst reducing the age of the caseload.
- 14 As previously reported our Case Examiner decision numbers have been above 100 per month since we started the financial year, with the last three months producing more than 150 decisions per month. The team have been prioritising cases that might close and that has contributed to an increase in the median age of the caseload at this stage.
- 15 We have seen increased decision numbers at the Adjudication stage, in part driven by our new Agreed Removal approach. However, the caseload at Adjudication continues to increase and the median age of the caseload is on an upward trajectory.

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- 16 Over the summer we ran a large panel member and legal assessor recruitment campaign and expect to appoint significant numbers of panel members and legal assessors which will enable us to run a greater number of Adjudication events. Notwithstanding future capacity increases we are currently improving the efficiency and effectiveness of our events with a renewed focus on pre-hearing preparation.
  - 17 A total of 17 colleagues from across the wider organisation have been mobilised to provide hands on support to work down process backlogs that exist at different points of the process.
  - 18 More specifically five people are working to complete additional investigative work identified as necessary by our legal teams, a further five are completing legal reviews which will enable us to list a higher number of cases. The remaining seven are supporting case progression and administrative tasks at the Screening, Case Examiner and Adjudication stages of our process.
  - 19 The teams that prepare and present our hearings are having to manage a significant volume of applications to the High Court to extend interim orders. This is a direct result of the age of our caseload. To mitigate this, we are prioritising the progress of cases with interim orders throughout the process and have commenced focused work to both reduce the volume of applications we need to make and the amount of work involved in making them.
  - 20 Critically we have also brought in the services of a workforce planning consultant to develop a new FtP workforce model. The model will enable assessment of the volumes of cases at each point in the process and our ability to meet demand based on our current level of resource. It will help us to understand pinch points across the system, which are hampering case progression, and to identify opportunities to flex our resource to deal with backlogs and progress cases ready for decision. It is also helping us to identify opportunities to streamline roles and work more effectively in a whole system way.

**Upcoming activity and our improvement programme**

- 21 Having reviewed our performance over the first five months of the year we are looking at several changes to our improvement approach that will enable us to get as close to 4,000 cases as possible by the end of this financial year. This includes:

- 21.1 Making more targeted interventions.

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- 21.2 Revamping our operational governance so we can more easily assess the impact of our change work.
- 21.3 A refresh of our quality frameworks across the FtP system.
- 21.4 Better engagement with panel members to ensure we are providing them with appropriate support and they can understand our expectations around timely management of hearings.
- 21.5 More intelligent allocation of panel members to hearings (linked to performance and expertise).
- 21.6 Support from the General Counsel team in a pilot of new approaches to case preparation post Case Examiner decision (more proactive engagement to achieve the right outcome for the case as early as possible and a more proportionate approach to sufficiency of evidence and charging).
- 22 We have seen some significant improvements in performance at Investigations and the Case Examiner stages this year so our more immediate focus will be on supporting Screening to get back to the levels of performance we saw last year and delivering on the opportunities for significant improvement at the Adjudication stage of our process.
- 23 The scale of work the team in Professional Regulation are due to undertake in the coming months is significant. As well as our immediate work to reduce the FtP caseload the team are playing key roles in the development of requirements for the new case management system, leading the return of the entire directorate back to the office for two days per week from October onwards as well as preparing to facilitate and respond to the PSA’s annual performance review. All of this work is important and will move us forwards as a directorate but will have to be carefully managed to ensure the activities do not detract from our caseload reduction aims.

**Midwifery implications:**

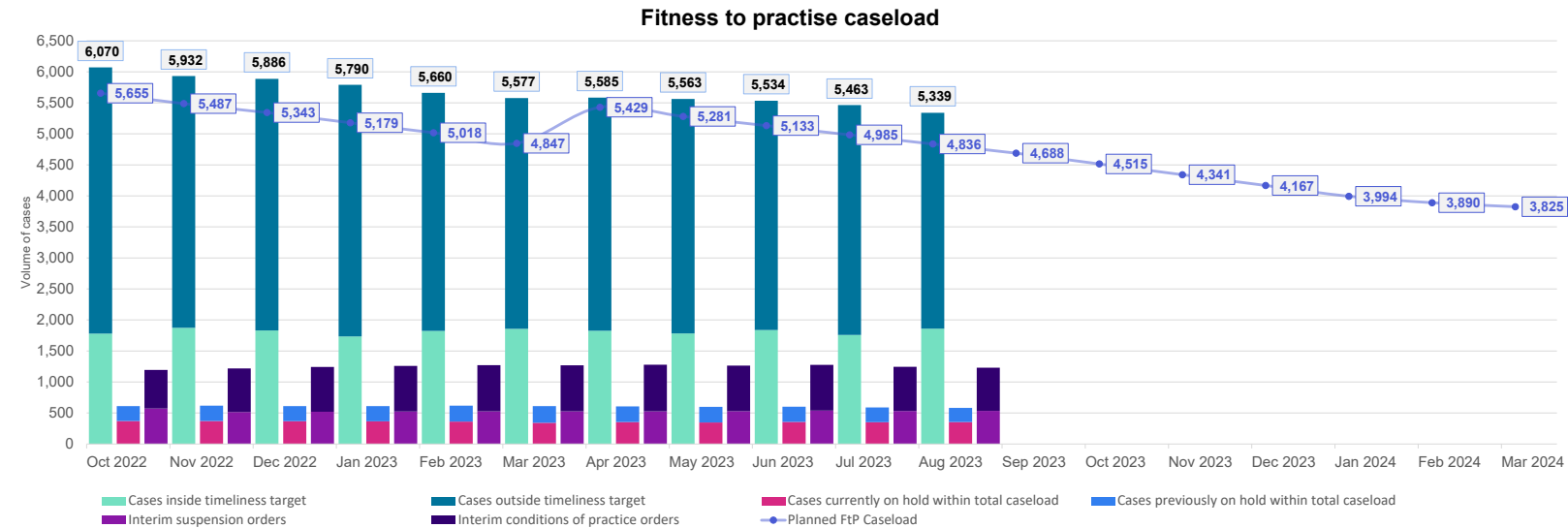
- 24 There are no implications which are specific to midwifery to consider.
- 25 We currently have 264 open cases that relate to midwives, this is approximately 4.9 percent of our total caseload.
- 26 This is less than we would expect on the basis that midwives made up 5.3 percent of the population of the register at 31 March 2023.

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<b>Public protection implications:</b>	27	Reducing the FtP caseload will protect the public by delivering a greater volume of more timely and more proportionate decisions across FtP and avoiding the current delays in the process.	3.
			4.
<b>Resource implications:</b>	28	We continue to assess the cost of activity associated with caseload reduction and allocate resources to support our number one priority.	5.
			6.
<b>Equality diversity and inclusion implications:</b>	29	We are aware that certain groups are over-represented in the referrals we receive and therefore having a backlog will further impact those groups disproportionately.	7.
	30	However, we have not identified any adverse implications of our approach which is to manage the caseload by progressing our highest risk and oldest cases as a priority.	8.
<b>Stakeholder engagement:</b>	31	Our key stakeholder groups remain concerned at the limited progress in resolving our backlog but are engaging with us to resolve specific cases.	9.
<b>Risk implications:</b>	32	A risk that our combined operational and change activities fail to deliver increased output across the FtP process. This would impact on our ability to meet corporate commitment one to: "Reduce the FtP caseload and improve how we handle people's concerns about nursing and midwifery professionals".	10.
	33	We are mitigating this risk by focusing our efforts on a smaller number of activities that we believe will have the greatest impact and increasing the direct support being provided from other directorates across the organisation.	11.
			12.
<b>Regulatory reform:</b>	34	Swift and safe reduction of the FtP caseload is a prerequisite for effective delivery of regulatory reform and will ensure the teams are well placed to adjust to significant changes in ways of working.	13.
			14.
<b>Legal implications:</b>	35	Timely and effective management of our FtP cases is critical to the fulfilment of our statutory public protection function. Ensuring that we manage our FtP caseload effectively and in line with our NMC values, reduces the risk of legal challenge.	15.
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### Fitness to Practise Council performance dashboard August 2023

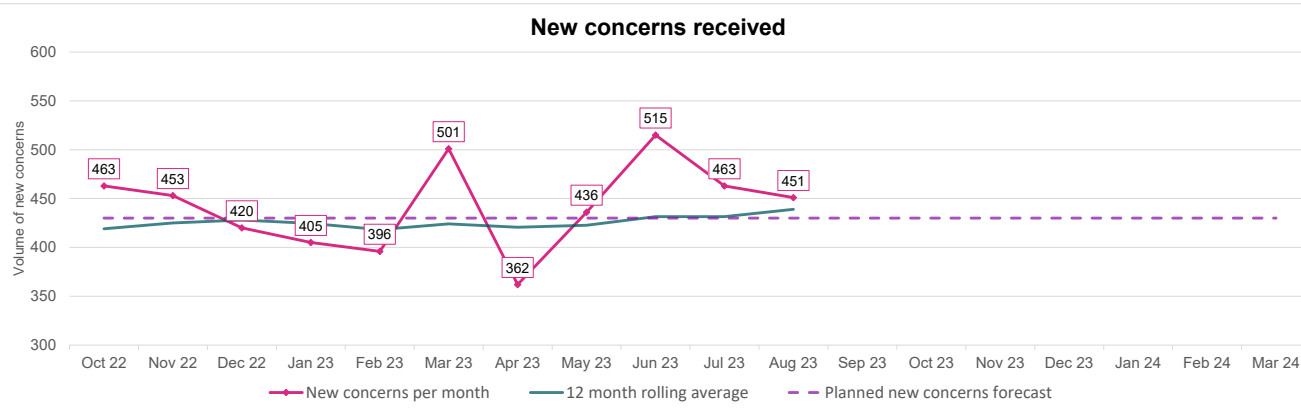
The chart below shows the total fitness to practise caseload broken down into the cases that are within and outside our timeliness targets. The chart also shows within that caseload the cases that are currently on hold for a third party investigation and those that have previously been on hold but are now active. It also shows the number of interim suspension orders and interim conditions of practice orders for the cases that are still open without a final outcome. We have also provided our planned total FIP caseload based on operating assumptions for the current and previous financial year.

A1



The chart below shows the total number of new concerns we have received into fitness to practise on a monthly basis, and also our rolling 12 month average for the concerns we have received. The chart also includes our planned forecast for referrals for the financial year.

B1



#### C1 Monitoring and Compliance

**Substantive order review caseload: 437**

**Undertakings caseload: 79**

The figures above show the total number of substantive orders that are subject to review following a decision by a Fitness to Practise Committee Panel at a hearing or meeting. It also shows the total number of undertakings offered by Case Examiners that were accepted, were still active and being reviewed.

#### Commentary August 2023

So far in this financial year we have received 2,227 referrals against an assumption of 2,150. Referral numbers above planned numbers puts pressure on our decision making capacity at Screening.

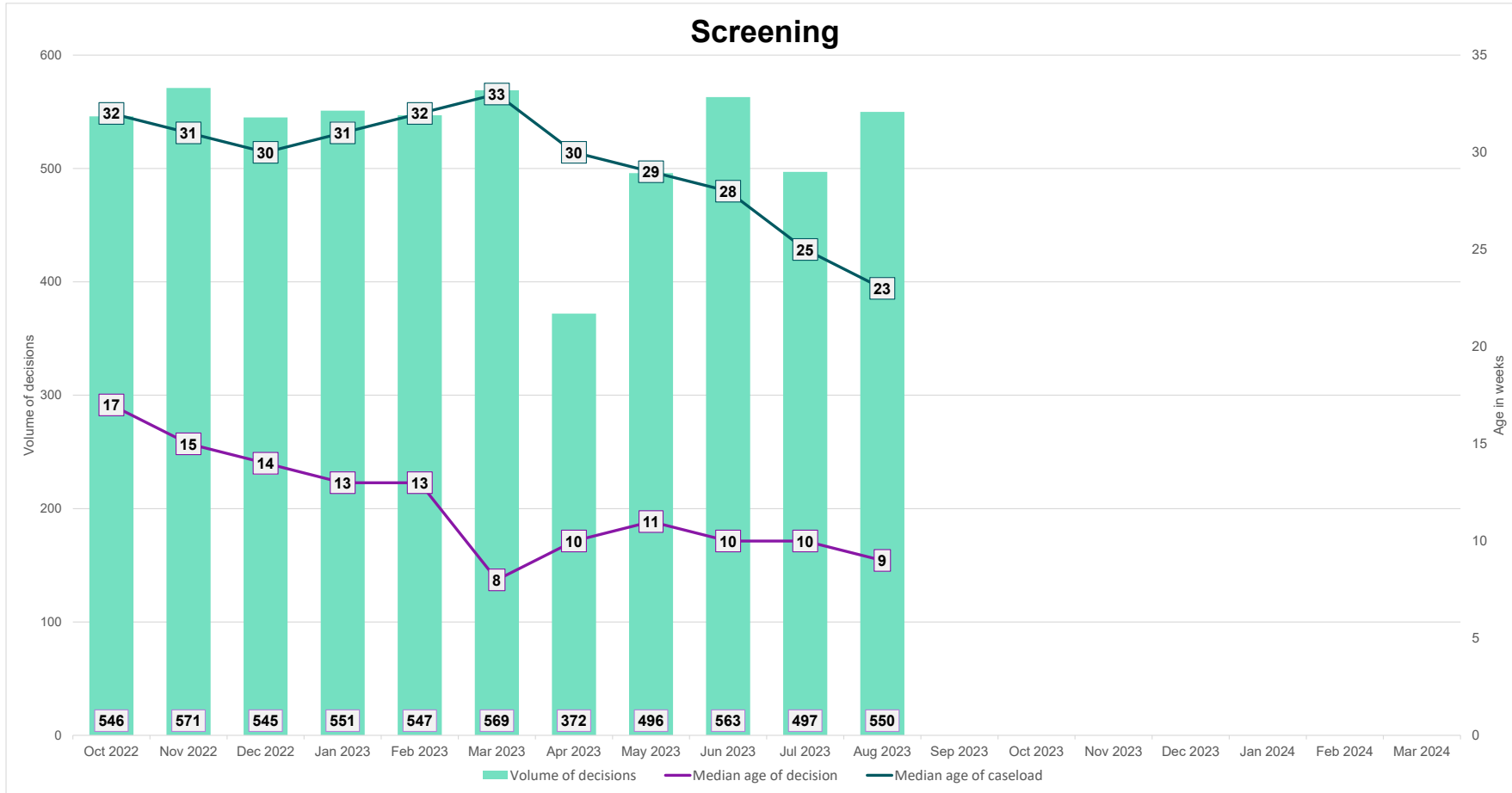
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# Fitness to Practise Council performance dashboard August 2023

The charts below provide a performance summary for the Screening stage of our fitness to practise process. The bar charts provide the total number of decisions or completed cases within the month, and the line charts show both the median age of decisions/completed cases in weeks and the other shows the median age of the open caseload at that stage.

D1



### Commentary August 2023

So far in this financial year we have made 2,478 screening decisions against an assumption of 2,875. Our decision making at Screening has been impacted by a focus on progressing older and higher risk cases in April and May and in more recent months referral numbers were above our planned levels.

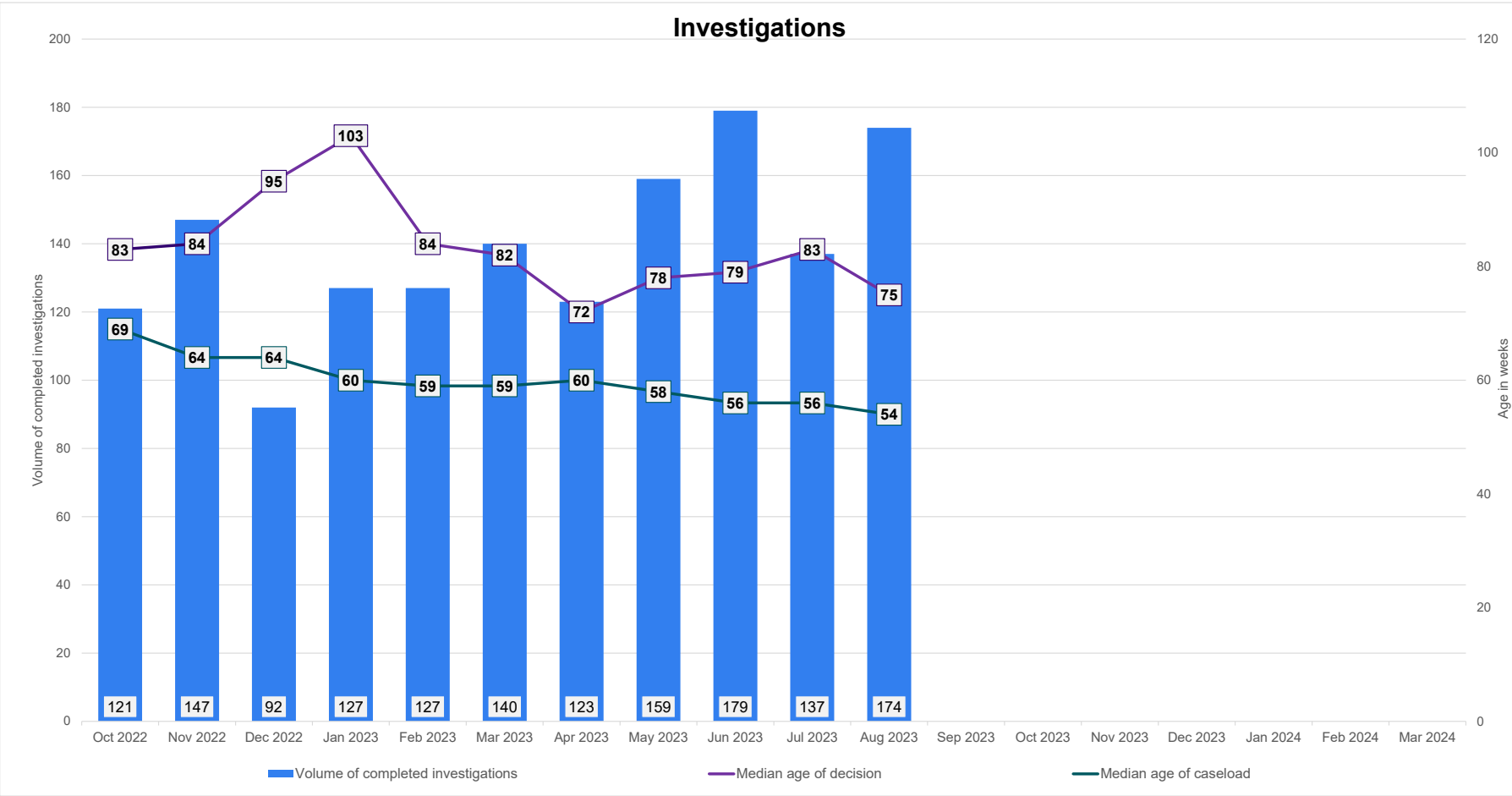
Whilst we have seen 14% fewer decisions than planned so far this year, the impact of our focus on case age can be seen by the decrease in the median age of the caseload.

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# Fitness to Practise Council performance dashboard August 2023

The charts below provide a performance summary for the Investigations stage of our fitness to practise process. The bar charts provide the total number of decisions or completed cases within the month, and the line charts show both the median age of decisions/completed cases in weeks and the other shows the median age of the open caseload at that stage.

D2



**Commentary August 2023**

So far in this financial year we have completed 772 investigations against an assumption of 770.

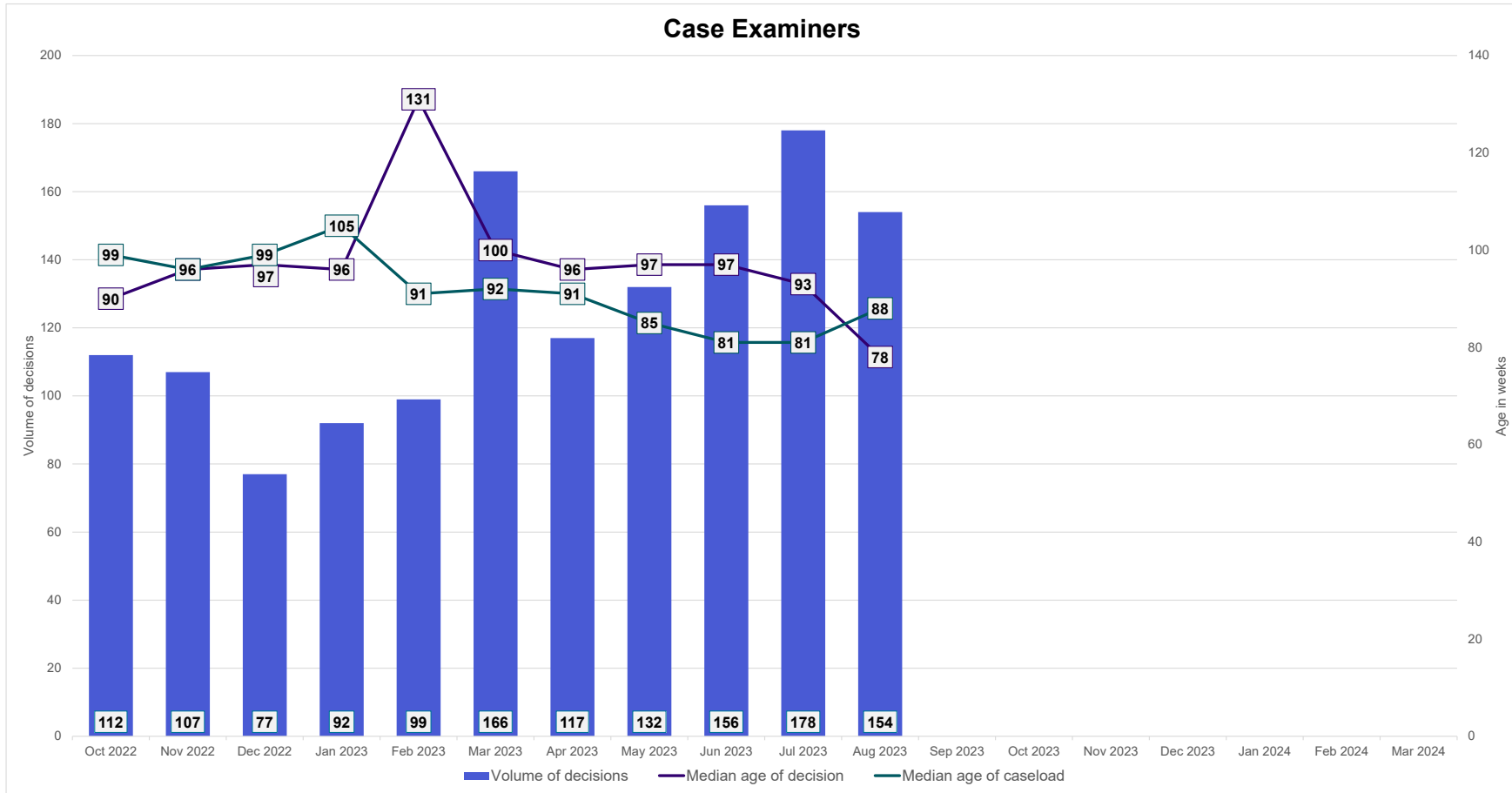
We have performed in line with total expected investigations so far this year, the impact of our focus on case age can be seen by the decrease in the median age of the caseload.

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## Fitness to Practise Council performance dashboard August 2023

The charts below provide a performance summary for the Case Examiner stage of our fitness to practise process. The bar charts provide the total number of decisions or completed cases within the month, and the line charts show both the median age of decisions/completed cases in weeks and the other shows the median age of the open caseload at that stage.

D3



### Commentary August 2023

So far in this financial year we have made 737 decisions at the Case Examiner stage against an assumption of 770.

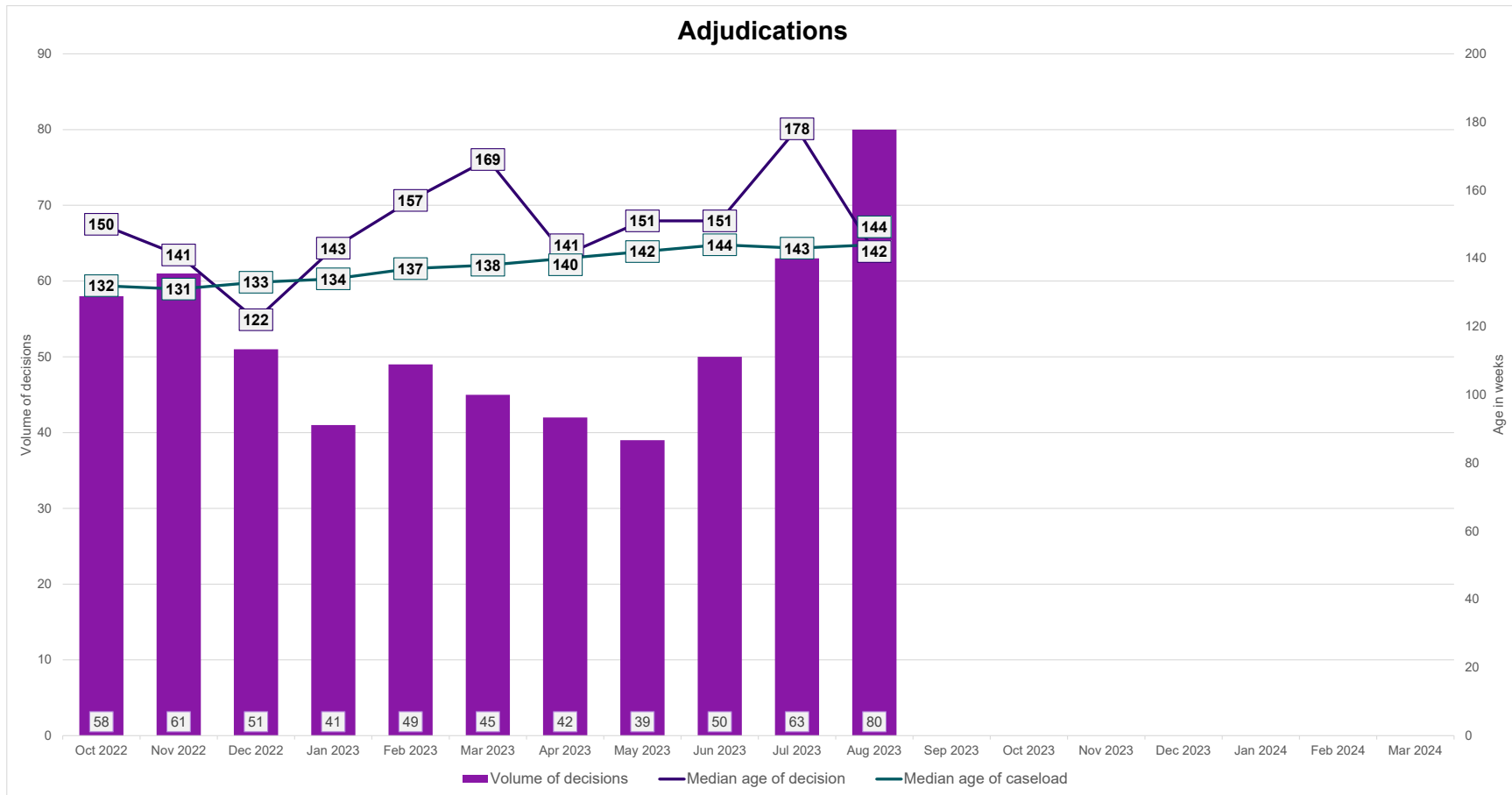
We have made 4% less decisions than planned so far this year however our performance has been improving since revisions to our templates towards the end of May. We have seen less impact on median case age as we've focussed our efforts on cases where our investigations teams recommended no case to answer in June, July and August.

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## Fitness to Practise Council performance dashboard August 2023

The charts below provide a performance summary for the Adjudication stage of our fitness to practise process. The bar charts provide the total number of decisions or completed cases within the month, and the line charts show both the median age of decisions/completed cases in weeks and the other shows the median age of the open caseload at that stage.

**D4**



### Commentary August 2023

So far in this financial year we have made 274 decisions at the Adjudication stage against an assumption of 350.

We have made 22% less decisions than planned so far this year and the Adjudication stage is an area where we are planning a range of improvements to reverse the rise in caseload and subsequent increase in the age of the cases that are awaiting a decision.

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## Council

### Update on phase one of the Advanced Practice review

**Action:** For noting.

**Issue:** To update the Council on progress on phase one of the Advanced Practice review.

**Core regulatory function:** Professional Practice.

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

**Decision required:** None.

**Annexes:** The following annexes are attached to this paper:

- Annex 1: Summary of key lines of enquiry for Advanced Practice.
- Annex 2: Timeline for phase one of the Advanced Practice project.

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

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Executive Director: Sam Foster  
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- Context:**
- 1 Our 2020-2025 strategy commits us to undertaking a comprehensive review of advanced nurse practice including consideration of whether additional regulation is needed.
  - 2 Our publication of new post-registration standards in July 2022 describes these standards as a bridge to our next phase of work, on Advanced Practice (AP).
  - 3 Our 2022-2023 corporate plan included a discovery phase during which we commissioned two independent research organisations to undertake work on our behalf and took the decision to extend the scope of this early evidence gathering phase to include midwifery.
  - 4 The Council previously considered a paper on this topic on 17 May 2023 where we discussed the independent report by the Nuffield Trust and how its findings had informed our proposals and next steps (see NMC/23/35).
  - 5 At that meeting Council agreed that we could proceed to appoint an independent chair of the AP Steering Group and additional adviser posts to support the agreed key lines of enquiry for this phase of the project.
  - 6 This paper provides an update on our progress to date.
- Four country factors:**
- 7 This review includes all four countries of the UK.
  - 8 Currently all four UK nations have their own AP frameworks based on four pillars of AP namely clinical, education, research and leadership/management.
  - 9 Each nation’s approach to commissioning, career progression, service delivery and transformation, and recognition and oversight of AP roles varies.
- Discussion:**
- 10 Following a transparent and competitive recruitment process we appointed Kay Fawcett OBE as the independent chair of the AP Steering Group.
  - 11 The inaugural AP Steering Group meeting was held on 4 September 2023 where representatives from the four UK nations chief nursing officers and chief midwifery officers/ midwifery leads, key representatives from professional bodies and fora, trade unions, and key stakeholders from different sectors and settings met to discuss and agree their role and responsibilities and discuss progress of the key lines of enquiry (KLOE). (See **Annexe 1**).

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- 12 This first Steering Group provided rich discussions and highlighted challenges and opportunities that exist currently. We emphasised our commitment to collaborate with stakeholders and were keen for organisations to share their knowledge and existing work in this area so we can meaningfully pool our resources.
- 13 Two key subgroups that will inform the Steering Group’s discussions and future recommendations have been established:
- 13.1 a public advisory group where representatives for the public, and charity/advocacy groups will meet and discuss the options from the perspective of people using health and care services. To further enhance these perspectives representatives of this group will sit on the steering group to ensure the public voice features strongly in those discussions and recommendations.
- 13.2 a nursing and midwifery specialities group representing different nursing and midwifery professional specialisms, and fields of nursing practice to enable us to elicit the views of nursing and midwifery professionals who lead and manage services and deliver care for people with a diverse range of health needs and conditions.

**Next Steps**

- 14 As indicated to the Council in May in exploring whether additional regulation of AP is needed, we will continue to embed our overarching objective, the protection of the public, and with the related objectives of maintaining public confidence in our professions and promoting professional standards.
- 15 We are commissioning input from an economist to support the development of accurate cost/benefit analysis in line with KLOE seven (see **Annexe 1**).
- 16 We will continue to develop the key lines of enquiry, and prepare options that we will bring to the Council in January 2023.
- 17 We will continue to engage with key stakeholders to test initial findings and assumptions and discuss these outcomes with the steering group and subgroups.
- 18 We will collaborate with other professional regulators to develop a shared definition of AP and agree our joint position on AP.

## Implications

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- 19 We are on track to successfully complete phase one of this project by January 2024.
- 20 The continued support from the four nation Chief Nursing Officers (CNOs) and Chief Midwifery Officers (CMOs)/midwifery leads is invaluable and will enable us to maintain our commitment to coproduction and achieve the outcomes of each KLOE. Taken together this work will inform an evidence base for the range of options, identification of their individual benefits and risks and selection of a recommended option.
- Midwifery implications:**
- 21 AP in midwifery differs in scope and development within the UK as it takes account of the level of autonomy that all midwives have at point of entry to the register that differs to nurses.
- 22 We are managing the onboarding of midwifery adviser nominations from the four CMOs/lead midwives to support the scope of the KLOEs to enable both commonalities and distinct differences can be drawn out through their enquiry and findings.
- Public protection implications:**
- 23 People receiving care from nurses and midwives in AP roles is beneficial. Professionals with an advanced knowledge base will demonstrate advanced communication skills, make timely person-centred decisions, provide continuity of care and support people to navigate their care pathway seamlessly across different specialities and settings, and professions as part of their day-to-day practice.
- 24 However, the Nuffield Trust report highlights latent implications for public protection in recognising that AP in the UK involves professionals leading and delivering complex care activities, and tasks that inherently carry a risk to people using services and, with the growth of professionals in AP roles, this risk is likely to increase.
- 25 The KLOEs will ensure we consider an expanded evidence base with the Steering Group and key stakeholders before finalising the options we will present to the Council.
- 26 Establishing a focused group that represents the public and people who use services that links directly to the AP Steering Group will ensure that the public voice is integral to this work and the development of options.



**Resource implications:**

- 27 An initial business case has been approved for our work on reviewing AP. This includes an overall budget of £468,135 held by the Professional Practice directorate for 2023-2024.
- 28 The budget for the 2023-2024 year includes the additional staff costs with other staff costs included within the previously agreed Professional Practice staff budget. The costs for a senior project manager and project support officer are already covered within the existing budget held by the Change and Continuous Improvement department. Costs for Communications and Engagement, evidence and research and regulatory reform staff resource are included in their agreed respective budgets.
- 29 Currently there is an outline budget of £518,706 for the 2024-2025 year. We will finalise the budget after the January 2024 Council decision on its preferred option and the activity needed to successfully deliver this project on time, to scope and within budget.

**Equality diversity and inclusion implications:**

- 30 The discovery stage of the project had taken account of our public sector equality duty when commissioning the independent research review.
- 31 We know from our earlier work on post-registration standards that under-representation of professionals with these qualifications already exists. The reasons for this are varied and include lack of access, support, opportunity, and funding. We do not know who or how many on our register are in AP roles. With the support of the four country advisers, we are creating a fuller picture to present to the Council in January 2024.
- 32 Given the changes to the diversity of our register we are exploring the opportunity to add an additional KLOE that considers the opportunities and barriers with regards to access and education and training, for AP roles and qualifications for internationally educated nurses and midwives.
- 33 An equality impact assessment (EQIA) for phase one activity is in draft form and will be reviewed and updated regularly.

**Stakeholder engagement:**

- 34 We continue to informally update the four nation CNOs and CMOs /midwifery leads on the progress of this work.
- 35 We have updated the Midwifery Panel and the Professional Strategic Advisory Group on our plans for phase one and the KLOEs and will return to these groups with an update in the autumn.
- 36 We held a joint-regulatory roundtable with professional regulators and the Professional Standards Authority (PSA) on 29 June. The

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meeting was positive, and we shared the commonalities and differences in how professionals in AP roles are regulated. We agreed to continue to meet and collaborate on the development of a shared statement on advanced practice and move towards developing a shared definition of advanced practice. Further meetings are arranged and a representative from the Health and Care Professions Council sits on the AP Steering Group.

- 37 All key messages about this review are on our website, and we have established an AP community of interest. Over 800 people have signed up to be kept informed and a selection of that community of interest will be invited to be critical friends on the KLOE work.
- 38 We are planning a roundtable with professionals actively involved in AP research to better understand key areas of active research.
- 39 We are speaking to the Public Voice Forum at its in-person event in November 2023.

**Risk implications:**

- 40 This is a complex project and there is a risk that delays in recruiting to the additional four nation nursing and midwifery AP adviser posts will delay this initial phase and project timeline (see **Annexe 2**). This is being managed through timely secondments processes and in utilising support available via the AP community of practice.
- 41 Project management support is in place and the outline project plan, timeline, milestones and risk register for phase one of this project have been agreed as part of the overall governance of this project.
- 42 Completing the KLOEs will enable us to consider the risks to public protection, safety, and confidence alongside the development of options for regulatory action, the benefits and risks of each, and the potential of alternative options that sit within our support and influence strategy commitments.
- 43 Phase two of this project is dependent on the January 2024 Council's decision on its preferred option. Once known, updated planning, interdependencies, timelines and milestones will be finalised and agreed.

**Regulatory reform:**

- 44 Regulatory reform will introduce changes to the way we regulate post-registration qualifications. The proposals include using new powers to make sure the register reflects registrants' current practice.
- 45 We are working closely with regulatory reform colleagues regarding future proposals for the possible regulation of advanced practice. Ongoing discussions will include consideration of revalidation

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requirements, protection of qualifications where only professionals who have our qualifications will be able to use relevant job titles, amendment on request and information from Fitness to Practise decisions.

**Legal implications:**

- 46 Standards of Education and Training for AP could be set under the existing provisions in the Nursing and Midwifery Order 2001 ('the Order'). When establishing standards, the usual provisions under Article 15-18 of the Order would apply, as would the requirement for consultation under Article 3(14).
- 47 It would be possible to add an annotation for a new AP recordable qualification to the Register under the existing provisions of the Parts & Entries Order.
- 48 Currently there is no power to remove a recorded qualification once the entry on the Register has been made nor can we protect the title advanced nurse practitioner or advanced midwife practitioner. Therefore, it is imperative that this work aligns closely with the work we are doing on regulatory reform as outlined in paragraph 44-45.
- 49 We will be seeking new legal advice from the General Counsel Team as needed to support the options and recommendations we will bring to the Council in January 2024.

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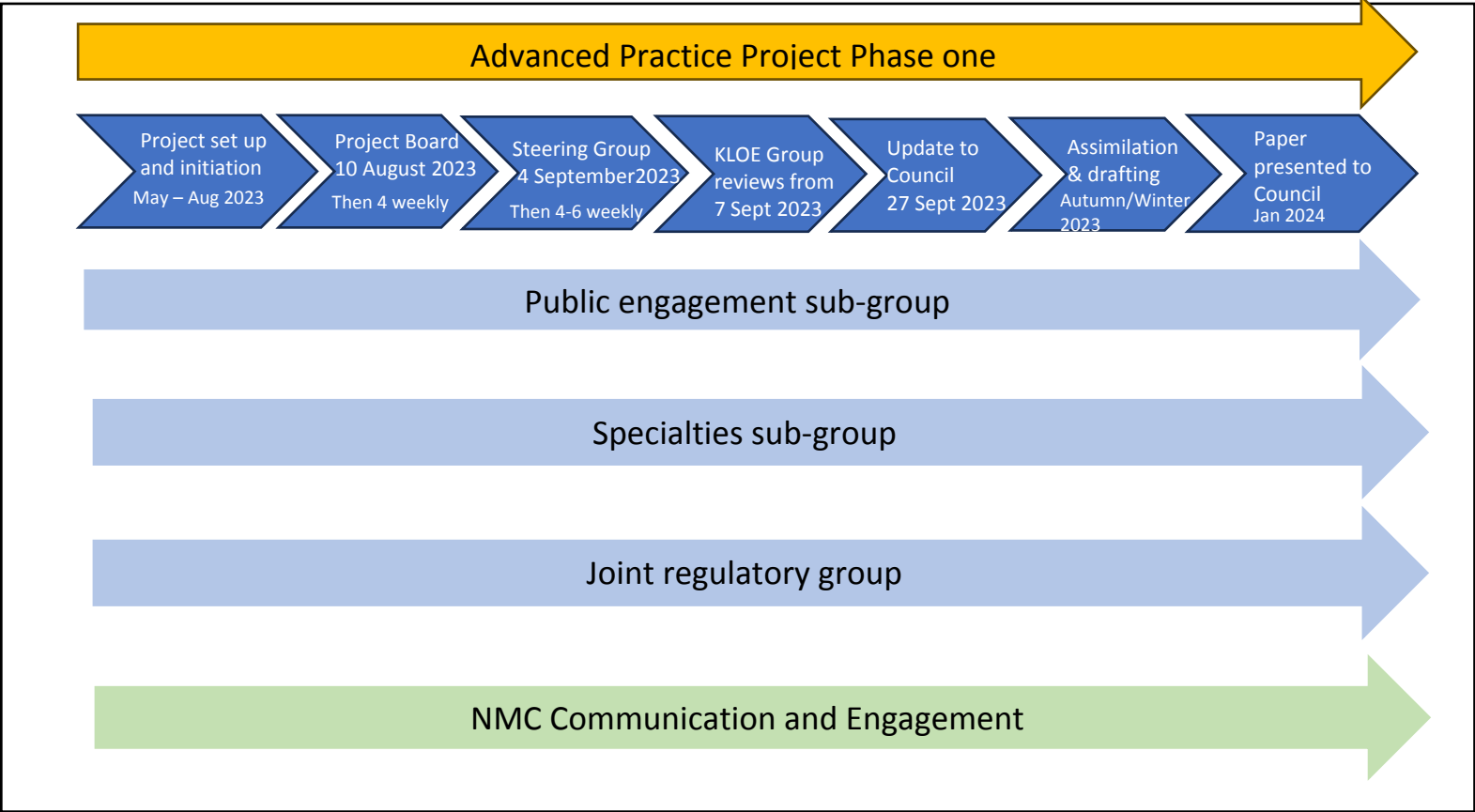
## Summary of Key Lines of Enquiry for Advanced Practice

1. Comparative analysis of current Advanced Practice (AP) frameworks across the four countries of the UK and potential for developing a unified UK wide AP framework
2. Examine and compare AP models in other countries and identify elements for us to adapt to the UK context
3. Scope of practice and level of practice considerations in the regulation of AP (regulating specialist versus generalist AP)
4. Task shifting rationale (tasks formerly undertaken by other professionals now being done by nurses) and balancing with person centred care principles
5. Supervision, assessment and continued professional development of AP professionals
6. Comparative analysis of approach by other professional regulators in the regulation of AP
7. The economic cost/benefit analysis to support our findings and recommendations
8. Review the risks and benefits associated with AP overall particularly from a public protection point of view and the specific risks and benefits of the different potential options of regulating AP
9. Potential new key lines of enquiry (KLOE): Consider the opportunities and barriers with regards to access and education and training, for AP roles and qualifications for internationally educated nurses and midwives

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Item 10: **Annexe 2**  
 NMC/23/74  
 27 September 2023

**Timeline for phase one of the Advanced Practice project**



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## Cyngor

### Adroddiad monitro blynyddol y Cynllun Iaith Gymraeg 1 Ebrill 2022 i 31 Mawrth 2023

**Cam  
Gweithredu:** I'w benderfynu

**Mater:** Mae'r papur hwn yn ceisio cymeradwyaeth y Cyngor i'r Adroddiad Monitro Blynyddol ar gydymffurfio â'r Cynllun Iaith Gymraeg.

**Swyddogaeth  
reoleiddio  
graidd:** Swyddogaethau ategol  
Pob swyddogaeth reoleiddio

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

**Penderfyniad  
sy'n ofynnol:** Argymhellir bod y Cyngor yn:

- cymeradwyo'r Adroddiad Monitro Blynyddol drafft. Cymeradwywyd yr adroddiad gan y Bwrdd Gweithredol, yn amodol ar fân newidiadau, drwy ohebiaeth ar 25 Awst 2022. Disgwylir i'r adroddiad gael ei gyflwyno i Gomisiynydd y Gymraeg erbyn 30 Medi 2023.

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

- Atodiad 1: Adroddiad Monitro Blynyddol Cynllun Iaith Gymraeg yr NMC, 2022 - 2023

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

Awdur: Alexa Halabi  
[Alexa.Halabi@nmc-uk.org](mailto:Alexa.Halabi@nmc-uk.org)

Cyfarwyddwr Gweithredol: Lise-Anne  
Boissiere  
[bailey.boissiere@nmc-uk.org](mailto:bailey.boissiere@nmc-uk.org)

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- Cyd-destun:** 1 Mae'r NMC, fel corff cyhoeddus sy'n arfer swyddogaethau statudol yng Nghymru, yn ddarostyngedig i Ddeddf yr Iaith Gymraeg 1993 sy'n ei gwneud yn ofynnol i ni:
- 1.1 Sefydlu'r egwyddor y dylid trin y Gymraeg a'r Saesneg ar y sail eu bod yn gyfartal wrth gynnal busnes cyhoeddus.
- 1.2 Hwyluso'r defnydd o'r Gymraeg.
- 2 Mae ein Cynllun Iaith Gymraeg yn ein hymrwymo i gyflwyno Adroddiad Monitro Blynyddol ar ein cydymffurfedd â'r cynllun i Gomisiynydd y Gymraeg.
- 3 Bydd y Cynllun Iaith Gymraeg yn cael ei ddisodli gan [Reoliadau Safonau'r Gymraeg](#) newydd (WLSR) ar 6 Rhagfyr 2023. Mae gweithredu'r Safonau newydd yn un o'n hymrwymiadau corfforaethol ac mae cynnydd yn cael ei adrodd i'r Bwrdd Gweithredol a'r Cyngor.
- Pedwar ffactor gwlad:** 4 Mae'r adroddiad hwn yn arbennig o berthnasol i bobl sy'n byw ac yn gweithio yng Nghymru, a siaradwyr Cymraeg.
- Trafodaeth:** 5 Fel sy'n ofynnol o dan Ddeddf yr Iaith Gymraeg, rydym wedi bod â chynllun iaith Gymraeg cymeradwy ar waith ers 2011. Bob blwyddyn, rydym yn darparu Adroddiad Monitro Blynyddol i Gomisiynydd y Gymraeg (y Comisiynydd), sy'n amlinellu'r camau rydym wedi'u cymryd i gydymffurfio â'r cynllun ac i hybu'r defnydd o'r Gymraeg.
- 6 Mae ein 11eg Hadroddiad Monitro Blynyddol cynllun yr iaith Gymraeg drafft ar gyfer y cyfnod 1 Ebrill 2022 i 31 Mawrth 2023 ynghlwm (Atodiad 1).
- 7 Rydym yn hyderus ein bod wedi cydymffurfio'n llwyddiannus â'n cynllun iaith Gymraeg rhwng 1 Ebrill 2022 a 31 Mawrth 2023. Mae ein Hadroddiad Monitro Blynyddol yn amlinellu ehangder y gweithgarwch rydym wedi'i wneud yn ystod y cyfnod adrodd i gefnogi ein cynllun iaith Gymraeg.
- 8 Cymeradwywyd yr Adroddiad Monitro Blynyddol gan y Bwrdd Gweithredol gyda mân newidiadau, ar 25 Awst 2023, ac ers hynny mae wedi'i gyfieithu i'r Gymraeg i'w gyflwyno i'r Cyngor. Yn dilyn cyfarfod y Cyngor, disgwylir i'r Adroddiad Monitro Blynyddol gael ei gyflwyno i'r Comisiynydd erbyn 30 Medi 2023.
- 9 **Argymhelliad: Gwahoddir y Cyngor i gymeradwyo'r Adroddiad Monitro Blynyddol drafft.**

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			2.
<b>Goblygiadau ynghylch bydwreigiaeth:</b>	10	Nid oes gan yr Adroddiad Monitro Blynyddol unrhyw oblygiadau uniongyrchol i fydwreigiaeth.	3.
<b>Goblygiadau ynghylch diogelu'r cyhoedd:</b>	11	Nid oes unrhyw oblygiadau uniongyrchol i ddiogelu'r cyhoedd. Mae sicrhau ein bod yn trin y Gymraeg a'r Saesneg yn gyfartal yn sicrhau bod siaradwyr Cymraeg yn cael cyfle cyfartal i gyrchu ein gwasanaethau, sy'n hanfodol i gefnogi ein nodau o ran diogelu'r cyhoedd.	4.
			5.
<b>Goblygiadau ynghylch adnoddau:</b>	12	Mae'r goblygiadau ynghylch adnoddau sy'n deillio o'r Adroddiad Monitro Blynyddol yn ymwneud â llunio, cyfieithu a chyhoeddi'r adroddiad, a gwmpesir o fewn yr adnoddau presennol.	6.
			7.
<b>Goblygiadau ynghylch cydraddoldeb, amrywiaeth a chynhwysiant:</b>	13	Mae ystyriaethau ynghylch y Gymraeg wedi'u cynnwys yn ein pecyn cymorth asesu'r effaith ar gydraddoldeb a byddant yn cael eu hadolygu'n barhaus i sicrhau ein bod yn cynnal yr ymrwymadau a wnaed yn ein Cynllun yn ein holl waith.	8.
<b>Ymgysylltu â rhanddeiliaid:</b>	14	Mae'r adroddiad yn cynnwys gwybodaeth am y modd yr ymgysylltodd siaradwyr Cymraeg â'n gweithgareddau sefydliadol yn ystod y cyfnod adrodd.	9.
			10
<b>Goblygiadau ynghylch risg:</b>	15	Nid oes unrhyw risgiau yn gysylltiedig â'r Adroddiad Blynyddol.	
<b>Diwygio rheoleiddiol:</b>	16	Nid oes unrhyw oblygiadau uniongyrchol i'n rhaglen diwygio rheoleiddiol.	11
			12
<b>Goblygiadau cyfreithiol:</b>	17	Rydym yn cydymffurfio â'r cynllun presennol ac nid oes unrhyw oblygiadau cyfreithiol yn codi o'r adroddiad.	13
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# Adroddiad Monitro Blynyddol Cynllun Iaith Gymraeg

1 Ebrill 2022–31 Mawrth 2023

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# Amdanom ni

**Ein gweledigaeth yw ymarfer nyrsio a bydwreigiaeth diogel, effeithiol a charedig sy'n gwella iechyd a lles pawb. Fel rheoleiddiwr annibynnol dros 788,000 o weithwyr nyrsio a bydwreigiaeth proffesiynol, mae gennym rôl bwysig i'w chwarae i wireddu hyn.**

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

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

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

# Ein Hymrwymiad i'r Gymraeg

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

Nod yr adroddiad monitro blynyddol hwn yw crynhoi ein cynnydd wrth weithredu ein Cynllun Iaith Gymraeg yn ystod y cyfnod 1 Ebrill 2022 i 31 Mawrth 2023, yn unol â gofynion Comisiynydd y Gymraeg. Mae adroddiad cryno (yn seiliedig ar gwestiynau gan Swyddfa Comisiynydd y Gymraeg) i'w weld yn Atodiad 1.

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

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# Blaenoriaeth Strategol

**Mae ein Strategaeth bresennol, a gyhoeddwyd ym mis Ebrill 2020, i fod i ddod i ben ym mis Mawrth 2025 ac rydym yn datblygu ein Strategaeth 2025 - 2030. Rydym yn parhau i fod yn ymrwymedig i'r cysylltiadau cryf ar draws pedair gwlad y DU ac rydym yn gwerthfawrogi'r cyd-destunau amrywiol ym meysydd gwleidyddol, darparu gwasanaethau a chynllunio'r gweithlu; rydym yn ymroddedig i 'adolygu a datblygu ein presenoldeb' yng Nghymru a rhannau eraill o'r DU.**

Rydym wedi cynnwys gweithredu Safonau'r Gymraeg fel un o'n 22 ymrwymiad corfforaethol.

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

## Teg

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

## Caredig

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

## Cydweithredol

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

## Uchelgeisiol

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

# Llywodraethu ein gwaith iaith Gymraeg

## Mae aelodau o'r Cyngor, y Tîm Gweithredol a'n holl gydweithwyr yn chwarae rhan wrth gyflawni ein cynllun iaith Gymraeg.

Ym mis Mawrth 2023 ymunodd Sam Foster â'r NMC fel Cyfarwyddwr Gweithredol Ymarfer Proffesiynol a chymerodd Sam hefyd y rôl fel Cyfarwyddwr Arweiniol Cymru, gan gymryd drosodd oddi wrth Gerry Walters a adawodd yr NMC ym mis Tachwedd 2022. Yn y rôl hon, mae Sam yn goruchwyllo ymgysylltiad â rhanddeiliaid yng Nghymru ar lefel strategol ac yn cadeirio ein gweithgor mewnol Cymru.

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

# Gweithgareddau Diweddar

**Yn ystod y cyfnod adrodd rhwng 1 Ebrill 2022 a 31 Mawrth 2023, fe wnaeth yr NMC gynnal nifer o gyfarfodydd a digwyddiadau gyda rhanddeiliaid allweddol yng Nghymru, gan gynnwys:**

- Bob chwe wythnos, cyfarfu Andrea Sutcliffe (Prif Weithredwr a Chofrestrydd), Gerry Walters (Cyfarwyddwr Gweithredol Ymarfer Proffesiynol) neu Sam Donohue (Cyfarwyddwr Cynorthwyol, Allgymorth yn yr NMC) â Sue Tranka (Prif Swyddog Nyrsio (CNO) Cymru), i drafod gwaith allweddol ar gyfer yr NMC, gan gynnwys briffio Sue ar gyhoeddiadau allweddol ac adroddiadau data blynyddol.
- Mynychodd Andrea Sutcliffe, Gerry Walters, a Sam Donohue gyfarfodydd misol Prif Swyddog Nyrsio a Phrif Swyddog Bydwreigiaeth y pedair gwlad (CMidO) i gasglu a rhannu diweddariadau gyda'r Prif Swyddogion Nyrsio a'r Prif Swyddog Bydwreigiaeth. Mae Sue Tranka, Gill Knight (Swyddog Nyrsio) a Karen Jewel (Prif Swyddog Bydwreigiaeth Cymru) yn mynychu'r cyfarfodydd hyn.
- Ar 5 Mai 2022, ymwelodd Andrea Sutcliffe a Gerry Walters â Chanolfan Gydweithredol Sefydliad Iechyd y Byd ar gyfer Datblygu Bydwreigiaeth (WHO CC) ac Uned y Menywod, Ysbyty Athrofaol Cymru i ddatlunio diwrnod rhyngwladol y fydwraig.
- Ar 17 Gorffennaf 2022, cyfarfu Andrea Sutcliffe, a David Warren (Cadeirydd y Cyngor) â Gweinidog Iechyd Cymru, y Farwnes Morgan o Drelái i roi'r wybodaeth ddiweddaraf iddi ar faterion a blaenoriaethau allweddol ar gyfer yr NMC.
- Ar 28 Gorffennaf 2022, mynychodd Gerry Walters gyfarfod cyffredinol blynyddol Addysg a Gwella Iechyd Cymru (AaGIC).
- Ar 4 Awst 2022, cyflwynodd Gerry Walters wybodaeth am nyrsio band 4 yn nigwyddiad bord gron Coleg Brenhinol Nyrsio Cymru.

- Ar 14 Medi 2022, roedd Gerry Walters yn siaradwr gwadd yng ngwobrau Nyrs y Flwyddyn yr RCN 'sgwrs wrth ymyl tân' yng Nghymru.
- Mae Jenny Collard, Pennaeth Polisi Rheoleiddio, wedi cyfarfod â GMC Cymru a rheoleiddwyr eraill yn fisol ers mis Medi 2022. Fe fuont yn trafod y Rheoliadau Safonau Iaith Gymraeg newydd i sicrhau dull gweithredu cyson ac i rannu dysgu.
- Ar 31 Hydref 2022, fe wnaeth Gerry Walters, Sam Donohue, a Sharon Clement-Thomas (Cynghorydd Rheoleiddio) gyfarfod â Sara Mosely, Pennaeth CMC Cymru.
- Ar 1 Chwefror 2023, fe wnaeth Andrea Sutcliffe a David Warren gyfarfod â Gweinidog Iechyd Cymru, y Farwnes Morgan o Drelái i roi diweddariadau pellach ar ein gwaith.
- Ar 22 Chwefror 2023, fe wnaeth Matt Hayday (Ysgrifennydd y Cyngor) ac Alex Urquhart (Uwch Swyddog Ymgysylltu â Rhanddeiliaid) gyfarfod â Gill Knight i drafod cynlluniau i gynnal cyfarfod Cyngor Agored yng Nghaerdydd ar 27 Medi 2023.
- Ar 20 Mawrth 2023, fe wnaeth Andrea Sutcliffe ysgrifennu at Sue Tranka yn amlinellu ein cynlluniau i gynnal cyfarfod Cyngor Agored ar 27 Medi 2023.

# Cynnydd ar ein gweithredoedd blaenorol

**Yn ein hadroddiad monitro blynyddol blaenorol, gwnaethom ymrwymo i ganolbwyntio ar sicrhau y gallwn wreiddio a dangos ein cydymffurfedd â Rheoliadau Safonau'r Gymraeg (Rhif 8) 2022 yn effeithiol<sup>1</sup> unwaith y cyflwynwyd y rhain gan Gomisiynydd y Gymraeg.**

Fe wnaethom ymateb i'r ymgynghoriad ar ein hysbysiad cydymffurfio drafft a gyhoeddwyd gan Gomisiynydd Cymru ar 13 Rhagfyr 2022. Roeddem yn falch i'n tystiolaeth gael ei derbyn yn ein hysbysiad terfynol ar gyfer amrywiad ac estyniad amser ar gyfer safon 20 – sy'n ei gwneud yn ofynnol i ni gynhyrchu ein ffurflenni cais i ymuno â'r gofrestr yn Gymraeg. Mae hyn wedi'i gyfyngu i lwybr ymgeisio'r DU yn unig ac mae gennym tan fis Rhagfyr 2025 i'w weithredu.

Rydym wedi sefydlu bwrdd prosiect mewnol i sicrhau y cyflawnir y newidiadau y mae angen i ni eu gwneud yn effeithiol er mwyn sicrhau cydymffurfedd â'r Rheoliadau newydd.

Adroddir ar gynnydd o ran gweithredu'r Rheoliadau drwy gynllun corfforaethol ein Cyngor, er mwyn darparu gwelededd o'r gwaith ac i ddangos ein cefnogaeth a'n hymrwymiad i gyrraedd Safonau'r Gymraeg.

Rydym yn herio ein hunain i ddatblygu cynnwys creadigol a deniadol i godi ymwybyddiaeth o'r Safonau a hyrwyddo eu buddion gyda'n cydweithwyr ar draws yr NMC. Rydym yn datblygu cynllun cyfathrebu cynhwysfawr i sicrhau bod pob cydweithiwr yn ymwybodol o'n rhwymedigaethau newydd.

<sup>1</sup> [Rheoliadau Safonau'r Gymraeg \(Rhif 8\) 2022 \(legislation.gov.uk\)](https://legislation.gov.uk)

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# Gweithredoedd allweddol ar gyfer y flwyddyn nesaf

**Bydd ein gweithgareddau ar gyfer 2023 - 2024 yn canolbwyntio ar wreiddio'n effeithiol a dangos ein bod yn cydymffurfio â'r Rheoliadau Safonau'r Gymraeg newydd erbyn 6 Rhagfyr 2023. Rydym yn cynnal cyfarfod Cyngor yng Nghymru ar 27 Medi 2023 a byddwn yn rheoli'r cyfarfod hwnnw fel pe bai'r Rheoliadau mewn grym. Bydd hyn yn rhoi cyfle i ni fireinio ein canllawiau a'n gweithdrefnau gweithredu ar gyfer digwyddiadau yn y dyfodol unwaith y daw'r Rheoliadau i rym.**

Rydym wedi nodi siaradwyr Cymraeg yn ein sefydliad ac mae cydweithwyr eisoes yn manteisio ar y cyfle i ddysgu Cymraeg. Byddwn yn cynnwys y cynnig rhagweithiol i ohebu â ni yn Gymraeg yn ein llythyrau addasrwydd i ymarfer cychwynnol o'r Hydref, a rhagwelwn y bydd ein gwasanaethau ffôn awtomataidd ar gael yn Gymraeg cyn y dyddiad cau ym mis Rhagfyr.

Byddwn yn parhau i ymgysylltu â'r rheolyddion gofal iechyd eraill i rannu'r hyn a ddysgir a sicrhau dull gweithredu cyson er budd pobl sy'n defnyddio gwasanaethau iechyd a gofal.

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# Atodiad 1

## Adroddiad cryno ar weithrediad y cynllun iaith Gymraeg rhwng 1 Ebrill 2022 a 31 Mawrth 2023.

### Asesiad o effaith polisi

#### Gwybodaeth y gofynnwyd amdani

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

#### Ein gwaith

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

Yn ystod y cyfnod adrodd, rydym wedi datblygu a pharhau i ddiweddarau EqIA sy'n cwmpasu holl ffrydiau gwaith datblygu polisi ein rhaglen waith diwygio rheoleiddio. Ystyriodd yr EqIA hwn y defnydd o'r Gymraeg ar y gofrestr gyhoeddus ar ôl diwygio'r rheoliadau yng ngoleuni'r Rheoliadau Safonau'r Gymraeg newydd. Cynhaliwyd EqIA pan wnaethom ddatblygu ein polisïau ar bobl sydd wedi'u dadleoli'n orfodol, ac ymrwymwyd i gyfieithu'r holl ganllawiau i'r Gymraeg ar gais.

Fe wnaethom hefyd barhau i ystyried yr effaith ar y Gymraeg wrth i ni ddiweddarau'r EqIA ar gyfer ein hadolygiad o'n gofynion iaith Saesneg. Yn haf 2022, cyfieithwyd ein dogfen ymgynghori a'n harolwg i'r Gymraeg, a chawsom chwe ymateb yn Gymraeg. O'r 34,000 o ymatebion a gawsom, roedd bron i 900 (tri y cant) gan ymatebwyr yng Nghymru, o gymharu â'n cofrestr gyffredinol lle mae dros 38,000 o gofrestreion (pump y cant) yng Nghymru. Nid ydym wedi nodi unrhyw oblygiadau andwyol i'r Gymraeg mewn unrhyw un o'r EqIA's hyn.

Cwblhawyd adolygiadau o'n Safonau hyfedredd ar gyfer cymwysterau ymarfer arbenigol nyrsio cymunedol (SPQ) a'n Safonau hyfedredd ar gyfer nyrsys iechyd y cyhoedd cymunedol arbenigol (SCPHN) a'n Safonau ar gyfer rhaglenni ôl-gofrestru. Cymeradwywyd y safonau newydd hyn a symudwyd i'w gweithredu, a oedd yn cynnwys cwblhau EqIA ac ystyried effeithiau posibl newidiadau i'n safonau ar siaradwyr Cymraeg. Ni chanfu'r Asesiadau o'r Effaith ar Gydraddoldeb a gynhaliwyd unrhyw effeithiau na chanlyniadau anfwriadol posibl ar gyfer siaradwyr Cymraeg, ond byddwn yn parhau i gysylltu â rhanddeiliaid o bob rhan o'r DU, gan gynnwys Cymru, wrth i ni ystyried gweithredu'r safonau newydd hyn.

## Gwybodaeth y gofynnwyd amdani

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

### Ein gwaith

Nid ydym wedi cynnal unrhyw EqIA a arweiniodd at ddiwygio polisi arfaethedig neu bolisi presennol yn ystod y cyfnod adrodd hwn.

## Cyhoeddiadau

### Gwybodaeth y gofynnwyd amdani

Nifer y cyhoeddiadau sydd ar gael i'r cyhoedd.

### Ein gwaith

Mae cyfanswm o 4,097 o ddogfennau wedi'u cyhoeddi ar ein gwefan ar hyn o bryd. Mae 1,093 o'r cyhoeddiadau hyn wedi'u hanelu at y cyhoedd, ac mae 2,159 yn ddogfennau canlyniadau Addasrwydd i Ymarfer.

### Gwybodaeth y gofynnwyd amdani

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

### Ein gwaith

Mae 154 o ddogfennau ar ein gwefan sydd ar gael yn Gymraeg, gan gynnwys adroddiadau blynyddol, dogfennau safonau, dogfennau ail-ddilysu a dogfennau safonau addysg.

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

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

## Cwynion

### Gwybodaeth y gofynnwyd amdani

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

### Ein gwaith

Cawsom 192 o atgyfeiriadau mewn perthynas â nyrs gofrestrdig, bydwaig, neu gydymaith nyrsio â chyfeiriad cofrestredig yng Nghymru rhwng mis Ebrill 2022 a mis Mawrth 2023. Roedd hyn yn cyfrif am chwech y cant o'r holl bryderon.

### Gwybodaeth y gofynnwyd amdani

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

## Ein gwaith

Ni chawsom unrhyw atgyfeiriadau yn Gymraeg a oedd yn ymwneud â nyrs, bydwaig, neu gydymaith nyrsio cofrestredig â chyfeiriad cofrestredig yng Nghymru rhwng mis Ebrill 2022 a mis Mawrth 2023.

## Gwybodaeth y gofynnwyd amdani

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

## Ein gwaith

Ni dderbyniodd y tîm Ymholiadau a Chwynion Cwsmeriaid unrhyw gwynion corfforaethol mewn perthynas â chydymffurfedd yr NMC â'r cynllun iaith Gymraeg yn y cyfnod adrodd 2022-2023.

## Gwybodaeth y gofynnwyd amdani

Egluro natur unrhyw gwynion sy'n ymwneud â chydymffurfedd y Cyngor â'i gynllun iaith Gymraeg.

## Ein gwaith

Amherthnasol – ni dderbyniwyd unrhyw gwynion mewn perthynas â chydymffurfio â'r Cynllun iaith Gymraeg yn ystod y cyfnod adrodd 2022-2023.

## Gwefan

## Gwybodaeth y gofynnwyd amdani

Canran gwefan y sefydliad sydd ar gael yn Gymraeg.

## Ein gwaith

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

Mae gennym un dudalen wybodaeth yn Gymraeg ar y wefan sy'n egluro cylch gorchwyl ein sefydliad ac yn cyfeirio siaradwyr Cymraeg at wasanaethau eraill.

Yn ogystal â hyn, mae gennym dros 154 o gyhoeddiadau Cymraeg ar ein gwefan, gan gynnwys adroddiadau blynyddol, dogfennau safonau a chanllawiau ailddilysu. Mae hyn yn cynyddu presenoldeb y Gymraeg ar ein gwefan.

Rydym hefyd yn cynnig cyfieithiad i'r Gymraeg ar gais

## Gwybodaeth y gofynnwyd amdani

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

## Ein Gwaith

Rydym yn gweithio i gyfieithu ffurflenni a gwybodaeth i'r cyhoedd i'r Gymraeg yn hydref 2023 yn unol â rheoliadau'r Gymraeg.

## Gwybodaeth y gofynnwyd amdani

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

## Ein gwaith

Pryd bynnag y byddwn yn cyhoeddi dogfen i'r cyhoedd (fel dogfen gefndir ymgynghori) rydym yn sicrhau bod y fersiwn Gymraeg ar gael hefyd

## Hyrwyddo gwasanaethau Cymraeg

### Gwybodaeth y gofynnwyd amdani

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

## Ein gwaith

Rydym yn cyhoeddi 'pecynnau' o ddeunyddiau ar ein gwefan, a fydd fel arfer ar gyfer dogfennau cyhoeddus pwysig, yn cynnwys fersiwn Saesneg o gyhoeddiad, fersiwn Gymraeg a fersiwn hawdd ei darllen. Rydym yn cyfeirio at y pecynnau hyn o ddeunyddiau trwy ein cylchlythyrau a chyfathrebiadau e-bost, sy'n golygu bod pobl yn cael eu cyfeirio at dudalennau glanio sydd â'r holl fersiynau sydd ar gael wedi'u cyflwyno gyda'i gilydd er hwylustod. Mae fersiynau Cymraeg o ddogfennau bob amser yn cael eu cyflwyno'n glir ochr yn ochr â'r fersiynau Saesneg. Eleni, rydym hefyd wedi dechrau cynnwys capsïynau Cymraeg ar gyfer animeiddiadau a chynnwys fideo sydd newydd eu creu. Ar gyfer ein cylchlythyr cyhoeddus, o fis Hydref 2023, byddwn yn cynnwys yr opsiwn i ddarllen pob cylchlythyr yn Gymraeg.

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

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

### Gwybodaeth y gofynnwyd amdani

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

## Ein gwaith

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

## Achosion addasrwydd i ymarfer

### Gwybodaeth y gofynnwyd amdani

Nifer y gwrandawiadau a gynhaliwyd yng Nghymru.

#### Ein gwaith

Yn ystod 2022 – 2023 fe wnaethom gynnal pedwar gwrandawriad Pwyllgor Addasrwydd i Ymarfer (FtP) ar wahân yng Nghymru, i gyd yng Nghaerdydd. Roedd tri o'r rhain yn wrandawiadau sylweddol (yr oedd un ohonynt yn achos ar y cyd ar gyfer dau gofrestrai gwahanol) ac roedd un yn wrandawriad adolygu Gorchymyn Interim y Pwyllgor Addasrwydd i Ymarfer.

### Gwybodaeth y gofynnwyd amdani

Nifer y gwrandawiadau lle roedd tyst yn dymuno siarad Cymraeg.

#### Ein gwaith

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

### Gwybodaeth y gofynnwyd amdani

Nifer y gwrandawiadau lle cyflwynwyd tystiolaeth yn Gymraeg.

#### Ein gwaith

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

## Gwybodaeth y gofynnwyd amdani

Nifer y gwrandawiadau a gynhaliwyd yn Gymraeg.

#### Ein gwaith

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

## Hyfforddiant ymwybyddiaeth iaith

### Gwybodaeth y gofynnwyd amdani

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

#### Ein gwaith

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

Cwblhawyd 25 yn ystod y cyfnod adrodd, sy'n cyfrif am ddau y cant o'n gweithlu. Mae hyn yn fras yr un fath â'r cyfnod adrodd 2021 – 2022, lle cwblhawyd 21, sef dau y cant o'n gweithlu ar y pryd.

# Hunan-reoleiddio

## Gwybodaeth y gofynnwyd amdani

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

## Ein gwaith

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

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

Mae rhan o'n paratodau ar gyfer sicrhau cydymffurfedd â'r Rheoliadau newydd yn cynnwys datblygu prosesau a chanllawiau fel y gallwn hunanreoleiddio'n fwy effeithiol. Rydym yn datblygu un ddogfen a fydd yn codi proffil ein rhwymedigaethau o dan y Rheoliadau a hefyd yn hyrwyddo'r manteision. Bydd hyn yn cynnwys hyrwyddo gallu cydweithwyr i ddysgu Cymraeg a'r manteision a ddaw yn sgil hynny i aelodau o'r cyhoedd sy'n siarad Cymraeg.

Rydym yn datblygu proses gadarn i adolygu ein cydymffurfedd â'r safonau yn flynyddol a sicrhau bod unrhyw newidiadau'n cael eu cofnodi ar ein hadroddiad cydymffurfio ar-lein (safon 64).

Byddwn hefyd yn gwneud uwch gydweithwyr yn gyfrifol am fonitro cydymffurfedd â safonau penodol i sicrhau ein bod yn parhau i fodloni'r gofynion cydymffurfio.

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 @nmcnews  @nmcuk

Rheoleiddiwr nyrsio a bydwreigiaeth Cymru, Lloegr, yr Alban a Gogledd Iwerddon Elusen gofrestredig yng Nghymru a Lloegr (1091434) ac yn yr Alban (SC038362).

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## Council

### Welsh Language Scheme annual monitoring Report 1 April 2022 to 31 March 2023

<b>Action:</b>	For decision
<b>Issue:</b>	This paper seeks approval from the Council of the Annual Monitoring Report on compliance with the Welsh language scheme.
<b>Core regulatory function:</b>	Supporting functions All regulatory functions
<b>Strategic priority:</b>	Strategic aim 1: Improvement and innovation Strategic aim 3: More visible and informed Strategic aim 4: Engaging and empowering the public, professionals and partners
<b>Decision required:</b>	The Council is recommended to: <ul style="list-style-type: none"><li>approve the draft Annual Monitoring Report. The report was approved by the Executive Board, subject to minor edits, via correspondence on 25 August 2022. The report is due to be submitted to the Welsh Language Commissioner by 30 September 2023.</li></ul>
<b>Annexes:</b>	The following annexe is attached to this paper: <ul style="list-style-type: none"><li>Annexe 1: NMC Welsh Language Scheme Annual Monitoring Report, 2022 - 2023</li></ul>
<b>Further information:</b>	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: Alexa Halabi <a href="mailto:Alexa.Halabi@nmc-uk.org">Alexa.Halabi@nmc-uk.org</a>  Executive Director: Lise-Anne Boissiere <a href="mailto:bailey.boissiere@nmc-uk.org">bailey.boissiere@nmc-uk.org</a>

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**Context:**

1 The NMC, as a public body that exercises statutory functions in Wales, is subject to the Welsh Language Act 1993 which requires us to:

1.1 Establish the principle that the English and Welsh languages should be treated on a basis of equality in the conduct of public business.

1.2 Facilitate the use of the Welsh language.

2 Our Welsh language scheme commits us to submitting an Annual Monitoring Report on our compliance with the scheme to the Welsh Language Commissioner.

3 The Welsh language scheme will be replaced by the new [Welsh Language Standards Regulations](#) (WLSR) on 6 December 2023. The implementation of the new Standards is one of our corporate commitments and progress is being reported to the Executive Board and Council.

**Four country factors:**

4 This report is of particular relevance to people living and working in Wales, and Welsh speakers.

**Discussion:**

5 As required under the Welsh Language Act, we have had an approved Welsh language scheme in place since 2011. Each year, we provide an Annual Monitoring Report to the Welsh Language Commissioner (the Commissioner), outlining the steps we have taken to comply with the scheme and to promote the use of the Welsh language.

6 Our draft 11<sup>th</sup> Welsh language scheme Annual Monitoring Report for the period 1 April 2022 to 31 March 2023 is attached (Annexe 1).

7 We are confident that we have successfully complied with our Welsh language scheme between 1 April 2022 and 31 March 2023. Our Annual Monitoring Report outlines a breadth of activity that we have undertaken during the reporting period in support of our Welsh language scheme.

8 The Annual Monitoring Report was approved by the Executive Board with minor changes, on 25 August 2023, and has since been translated into Welsh for presentation to the Council. Following the meeting of Council, the Annual Monitoring Report is due to be submitted to the Commissioner by 30 September 2023.

9 **Recommendation: Council is invited to approve the draft Annual Monitoring Report.**

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<b>Midwifery implications:</b>	10	The Annual Monitoring Report does not have any direct implications for midwifery.	3.
<b>Public protection implications:</b>	11	There are no direct implications for public protection. Ensuring that we treat the English and Welsh languages with parity ensures that Welsh speakers have equal opportunities to access our services, which is vital to support our public protection aims.	4.
<b>Resource implications:</b>	12	Resource implications arising from the Annual Monitoring Report relate to the compilation, translation, and publication of the report, which are covered within current resources.	5.
<b>Equality diversity and inclusion implications:</b>	13	Welsh language considerations are included in our equality impact assessment toolkit and will continually be reviewed to ensure that in all of our work we uphold the commitments we have made in our Scheme.	6.
<b>Stakeholder engagement:</b>	14	The report includes information about how Welsh language speakers were engaged in our organisational activities in the reporting period.	7.
<b>Risk implications:</b>	15	There are no risks associated with the Annual Report.	8.
<b>Regulatory reform:</b>	16	There are no direct implications for our regulatory reform programme.	9.
<b>Legal implications:</b>	17	We are compliant with the current scheme and there are no legal implications arising from the report.	10.
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# Welsh Language Scheme Annual Monitoring Report

1 April 2022—31 March 2023

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# About us

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**Our vision is safe, effective and kind nursing and midwifery practice that improves everyone’s health and wellbeing. As the independent regulator of more than 788,000 nursing and midwifery professionals, we have an important role to play in making this a reality.**

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

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

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

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# Our commitment to the Welsh language

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

The aim of this annual monitoring report is to summarise our progress in implementing our Welsh language scheme during the period 1 April 2022 to 31 March 2023, in compliance with the requirements of the Welsh Language Commissioner. A summary report (based on questions from the Welsh Language Commissioner's Office) is set out in Annexe 1.

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

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# A strategic priority

**Our current Strategy, published in April 2020, is due to end in March 2025 and we are developing our 2025 – 2020 Strategy. We remain committed to the strong links across the four countries of the UK and have an appreciation of the diverse political, service delivery and workforce planning contexts; we are dedicated to ‘reviewing and developing our presence’ in Wales and other parts of the UK.**

We have included the implementation of the Welsh Language Standards as one of our 22 corporate commitments.

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

### Fair

We will ensure people interacting with our services will have fair opportunities to access information in Welsh, and can trust our commitment to the new Regulations.

### Kind

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

### Collaborative

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

### Ambitious

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

# Governance of our Welsh language work

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**Members of the Council, the Executive team and all our colleagues play a part in delivering our Welsh language scheme.**

In March 2023 Sam Foster joined the NMC as the Executive Director for Professional Practice and Sam also took on the role as Lead Director for Wales, taking over from Gerry Walters who left the NMC in November 2022. In this role, Sam oversees engagement with stakeholders in Wales at a strategic level and chairs our internal Wales working group.

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

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# Recent activity

**During the reporting period from 1 April 2022 to 31 March 2023, the NMC held a number of meetings and events with key stakeholders in Wales, including:**

- Every six weeks, Andrea Sutcliffe (Chief Executive and Registrar), Gerry Walters (Executive Director for Professional Practise) or Sam Donohue (Assistant Director, Outreach at the NMC) met with Sue Tranka (Chief Nursing Officer (CNO) for Wales), to discuss key work for the NMC, including briefing Sue on key publications and annual data reports.
- Andrea Sutcliffe, Gerry Walters, and Sam Donohue attended the monthly four nations CNO and Chief Midwifery Officer (CMidO) meetings to gather and share updates with CNOs and CMidOs. Sue Tranka, Gill Knight (Nursing Officer) and Karen Jewel (Chief Midwifery Officer for Wales) attend these meetings.
- On 5 May 2022, Andrea Sutcliffe and Gerry Walters visited the World Health Organisation Collaborating Centre for Midwifery Development (WHO CC) and Women’s Unit, University Hospital Wales to celebrate international day of the midwife.
- On 17 July 2022, Andrea Sutcliffe, and David Warren (Chair of Council) met with the Minister for Health for Wales, Baroness Morgan of Ely to update her on key issues and priorities for the NMC.
- On 28 July 2022, Gerry Walters attended the Health Education and Improvement Wales (HEIW) annual general meeting.
- On 4 August 2022, Gerry Walters presented information about band 4 nursing at the Royal College of Nursing Wales roundtable event.

- On 14 September 2022, Gerry Walters was a guest speaker at the RCN Nurse of the year awards ‘fireside chat’ in Wales.
- Jenny Collard, Head of Regulatory Policy, has met with GMC Wales and other regulators monthly since September 2022. They discussed the new Welsh Language Standards Regulations to ensure a consistent approach to implementation and to share learning.
- On 31 October 2022, Gerry Walters, Sam Donohue, and Sharon Clement-Thomas (Regulation Advisor) met with Sara Mosely, Head of the GMC Wales.
- On 1 February 2023, Andrea Sutcliffe and David Warren met with the Minister for Health for Wales, Baroness Morgan of Ely to provide further updates on our work.
- On 22 February 2023, Matt Hayday (Secretary for Council) and Alex Urquhart (Senior Stakeholder Engagement Officer) met with Gill Knight to discuss plans to hold an Open Council meeting in Cardiff on the 27 September 2023.
- On 20 March 2023, Andrea Sutcliffe wrote to Sue Tranka outlining our plans to hold an Open Council meeting on the 27 September 2023.

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# Progress on our previous actions

**In our previous annual monitoring report, we committed to focusing on ensuring that we can effectively embed and demonstrate our compliance with the Welsh Language Standards (No.8) Regulations 2022<sup>1</sup> once these were introduced by the Welsh Language Commissioner.**

We responded to the consultation on our draft compliance notice issued by the Welsh Commissioner on 13 December 2022. We were pleased to have our evidence accepted in our final notice for a variation and time extension for standard 20 – which requires us to produce our application forms to join the register in Welsh. This has been limited to the UK application route only and we have until December 2025 to implement.

We have established an internal project board to ensure effective delivery of the changes we need to make to ensure compliance with the new Regulations.

Progress on the implementation of the Regulations is reported through our Council’s corporate plan, to provide visibility of the work and to demonstrate our support and commitment to meeting the Welsh Language Standards.

We are challenging ourselves to develop creative and engaging content to both raise awareness of the Standards and promote their benefits with our colleagues across the NMC. We are developing a comprehensive communication plan to ensure all colleagues are aware of our new obligations.

<sup>1</sup> The Welsh Language Standards (No. 8) Regulations 2022 ([legislation.gov.uk](https://legislation.gov.uk))

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# Key actions for the next year

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**Our activity for 2023 - 2024 will be focused on effectively embedding and demonstrating our compliance with the new Welsh Language Standards Regulations by 6 December 2023. We are holding a Council meeting in Wales on 27 September 2023 and will be managing that meeting as if the Regulations were in force. This will give us an opportunity to refine our guidance and operating procedures for future events once the Regulations come into force.**

We have identified Welsh language speakers in our organisation and there are already colleagues taking the opportunity to learn Welsh. We will be including the proactive offer to correspond with us in Welsh in our initial fitness to practise letters from the autumn, and we anticipate our automated telephone services being available in Welsh before the December deadline.

We will continue to engage with the other healthcare regulators to share learning and ensure consistency of approach for the benefit of people who use health and care services.

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# Annexe 1

## Summary report of the implementation of the Welsh language scheme from 1 April 2022 to 31 March 2023.

### Policy impact assessment

#### Requested information

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

#### Our work

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

During the reporting period, we've developed and continued to update an EqIA covering all the policy development workstreams of our regulatory reform programme of work. This EqIA considered the use of Welsh on the public register post-regulatory reform in light of the new Welsh Language Standards Regulations. We undertook an EqIA when we developed our policies on forcibly displaced persons, and we committed to translating all guidance into Welsh upon request.

We also continued to consider the impact on Welsh language as we updated the EqIA for our review of our English language requirements. In summer 2022, we translated our consultation document and survey into Welsh, and we received six responses in Welsh. Of the 34,000 responses we received almost 900 (three percent) were from respondents in Wales, compared with our overall register where over 38,000 registrants (five percent) are in Wales. We have not identified any adverse implications on the Welsh language in any of these EqIAs.

We completed reviews of our Standards of proficiency for community nursing specialist practice qualifications (SPQ) and Standards of proficiency for specialist community public health nurses (SCPHN) and Standards for post-registration programmes. We approved these new standards and moved into implementation, which involved the completion of an EqIA and consideration of potential impacts of changes to our standards on Welsh speakers. The EqIAs undertaken did not find any potential unintended impacts or consequences for Welsh speakers, but we will continue to liaise with stakeholders from across the UK, including Wales, as we consider the implementation of these new standards.

## Requested information

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

## Our work

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

## Publications

### Requested information

Number of publications available to the public.

### Our work

There are a total number of 4,097 documents currently published on our website. 1,093 of these publications are aimed at the public, and 2,159 are Fitness to Practise outcomes documents.

### Requested information

Number of publications available to the public in Welsh.

### Our work

There are 154 documents on our website which are available in Welsh, including annual reports, standards documents, revalidation documents and education standards documents.

This is in line with our Welsh language scheme that says information aimed at patients and members of the public will be available in English and Welsh.

Standards, guidance and other technical or specialised material aimed at professionals and not directly at the public are published in English.

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

## Complaints

### Requested information

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

### Our work

We had 192 referrals in relation to a registered nurse, midwife, or nursing associate with a registered address in Wales from April 2022 to March 2023. This made up six percent of all total concerns.

### Requested information

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

### Our work

We did not receive any referrals in Welsh which related to a registered nurse, midwife, or nursing associate with a registered address in Wales from April 2022 to March 2023.

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## Requested information

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

### Our work

The Customer Enquiries and Complaints team received no corporate complaints in relation to the NMC’s compliance with the Welsh language scheme in the reporting period 2022–2023.

## Requested information

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

### Our work

Not applicable – no complaints in respect of compliance with the Welsh language scheme have been received during the reporting period 2022–2023.

## Website

### Requested information

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

### Our work

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

We have a single information page in Welsh on the website explaining our organisation’s remit and directing Welsh speakers to other services.

In addition to this, we have over 154 publications available in Welsh on our website, including annual reports, standards documents and revalidation guidance. This increases the presence of the Welsh language on our website.

We also offer a translation into Welsh on request.

### Requested information

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

### Our work

We are working to translate public facing forms and information into Welsh in Autumn 2023 in compliance with the Welsh language regulations.

### Requested information

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

### Our work

Whenever we publish a public facing document (such as a consultation background document) we make sure the Welsh language version is also made available.

# Promotion of Welsh language services

## Requested information

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

## Our work

We publish ‘packages’ of materials on our website, which for important public-facing documents, will usually include an English version of a publication, a Welsh version and an easy-read version. We signpost to these packages of materials through our newsletters and email communications, meaning that people are directed to landing pages which have all the available versions presented together for ease of access. Welsh language versions of documents are always presented clearly alongside the English language versions. This year, we have also started including Welsh captions for newly created animations and video content. For our public newsletter, from October 2023, we will be including the option to read each newsletter in Welsh.

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

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

## Requested information

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

## Our work

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

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## Fitness to practise cases

### Requested information

Number of hearings held in Wales.

### Our work

During 2022 – 2023 we held four separate Fitness to Practise (FtP) Committee hearings in Wales, all in Cardiff. Three of these were substantive hearings (one of which was a joint case for two different registrants) and one was a Fitness to Practise Committee Interim Order review hearing.

### Requested information

Number of hearings where a witness wished to speak Welsh.

### Our work

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

### Requested information

Number of hearings in which evidence was presented in Welsh.

### Our work

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

### Requested information

Number of hearings held in Welsh.

### Our work

We did not hold any hearings during the reporting period which were held in Welsh.

## Language awareness training

### Requested information

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

### Our work

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

There were 25 completions during the reporting period, which accounts for two percent of our workforce. This is broadly the same as the reporting period 2021 – 2022, where there were 21 completions, accounting for two percent of our workforce at the time.

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# Self-regulation

## Requested information

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

## Our work

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

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

Part of our preparations for ensuring compliance with the new Regulations includes developing processes and guidance so we can self-regulate more effectively. We are developing a single document which will both raise the profile of our obligations under the Regulations and also promote the benefits. This will include promoting the ability for colleagues to learn Welsh and the benefits that will bring to Welsh speaking members of the public.

We are developing a robust process to review our compliance with the standards on an annual basis and ensure that any changes are recorded on our online compliance report (standard 64).

We will also be making senior colleagues responsible for monitoring compliance with specific standards to ensure we continue to meet the compliance requirements.

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# nmc

## Nursing & Midwifery Council

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London W1B 1PZ  
+44 20 7637 7181  
[www.nmc.org.uk](http://www.nmc.org.uk)

 @nmcnews  @nmcuk

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

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## Council

### Pay Gap Reports and Workplace Race Equality Standards report (WRES) 2023

**Action:** For decision.

**Issue:** Reports for publication on the NMC's Gender, Ethnicity and Disability 2023 pay gaps reports for publication. Updates the Council on our 2023 submission to the NHS Workforce Race Equality Standard and the Workplace Race Equality Standards survey 2023.

**Core regulatory function:** Supporting functions

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

**Decision required:** Council is recommended to:

- **approve the publication of the Pay Gap Report 2023 (Annexe 1).**
- **note the WRES Report (Annexe 2).**
- **review and agree priorities in three key areas of recruitment, targeted development and progression, and reasonable adjustments. Collectively these interventions will support narrowing of our pay gaps.**

**Annexes:** The following annexes are attached to this paper:

- Annexe 1: Draft Pay Gap Reports 2023; gender, ethnicity, disability
- Annexe 2: WRES results 2023

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

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**Context:**

- 1 In March 2022 the NMC made a commitment to “tackle discrimination and inequality and promote diversity and inclusion to make sure that our processes are fair for everyone.” A key part of this is ensuring that our workforce is representative of the UK public and our registrants.
- 2 The table below sets out representation of NMC colleagues compared with Registrants and the population at large. Overall it suggests we are at least as representative and London and have a more diverse workforce than either are Register or the UK.

	White	BME	Other
NMC Register as of March 2023	69.4%	26.6	-
2021 Census for England and Wales*	81.7%	16.2%	2.1%
London (where most of our workforce is based)	53.8%	39.9%	6.3%
NMC colleagues who have <i>declared</i> their ethnicity	48.3%	39.9%	-

\* In both Scotland and Northern Ireland (reported separately) the proportion of population who did not report their ethnicity as White was less than 5 percent. Data used is .gov figures

- 3 We have published our gender pay gap for six years and, since 2020, voluntarily published our ethnicity and disability pay gaps. They are a very simplified measure of often complex workforce and societal issues, like the cost and availability of childcare for example. However, they are very useful in transparently revealing potential drivers of inequality and focusing leadership time and effort on issues that affect female, BME and disabled colleagues.

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- 4 Since reporting our pay gaps the median gender pay gap has been as low as 4.8 percent and as high as 12.7 percent. The ethnicity median pay gap has remained notably higher, the lowest mean figure was 23.7 percent and peaked at 28.7 percent. This is in part owing to the methodology; small changes in our workforce can have a big impact on the reported gap. Our reported pay gaps for 2023 are:

### Gender

Gender pay gap	2023	2022	Change
Mean	8.1%	6.2%	<b>+1.9%</b>
Median	14.6%	12.7%	<b>+1.9%</b>

### Ethnicity

Ethnicity pay gap	2023	2022	Change
Mean	27.5%	25.5%	<b>+2.0%</b>
Median	39.7%	27.1%	<b>+12.6%</b>

### Disability

Disability Pay Gap	2023	2022	Change
Mean	-6.1%	-4.4%	<b>-1.8%</b>
Median	-7.8%	-11.8%	<b>+3.9%</b>

- 5 Having analysed the data, the key drivers of our pay gaps in 2023 are:
- 5.1 Gender: An increase in female colleagues in our lower middle quartile in the last year that was greater than the growth in the upper two quartiles.
  - 5.2 Specifically, in our lower middle quartile 71 percent were women in 2022 and this increased to 76 percent in 2023. While the upper middle quartile also increased (61 percent in 2022 to 63 percent in 2023) it did not do so at the same rate, thus skewing the overall average. The top quartile also reduced one percentage point in the 12 months to 65 percent.
  - 5.3 Ethnicity: Rapid growth of BME colleagues in our lower quartile in the last year, compared to growth in the upper middle and top quartiles.

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- 5.4 Specifically, our lower quartile BME representation had been reducing gradually, from 58.5 percent in 2020 to 48.1 percent in 2022, however it increased significantly in 2023 to 55.7 percent. At the upper middle quartile the growth was 30.2 percent to 31.8 percent and upper quartile growth was 0.5 percent to 24.4 percent. Again, this imbalance drives an increase in the overall headline figure.
- 6 Overall, our data shows some things we should be proud of, we have a representative workforce, we have a mostly female senior leadership team, and the share of BME colleagues in the upper quartile has been increasing. However, the Executive Board wants to do more to close our pay gaps – particularly our ethnicity pay gap. This is because it has remained stubbornly high and the case for action is further underlined by the latest data from our NHS Workforce Race Equality Standard results.
- 7 We started participating in the NHS Workforce Race Equality Standard (WRES) in 2020. The WRES comprises two components, workforce diversity data analysis and a survey circulated to all colleagues. This information is assessed against nine key workforce race equality indicators. Since signing up to WRES, we have seen fluctuations in participation in the survey from a high of 48.7 percent in 2020 to 34.3 percent in 2023.
- 8 Our performance has improved across three indicators, BME representation across the organisation has increased, BME staff are just as likely to access non-mandatory training as white staff and the proportion of BME and White colleagues experiencing bullying, harassment and abuse from people outside the NMC has fallen. There is no change in the likelihood of BME colleagues being appointed from shortlisting.
- 9 However, across five indicators our performance worsened. Only 30.2 percent of BME colleagues who responded think that there are equal opportunities for career progression, compared to 46.3 percent of white colleagues, and the gap is widening. Last year, 38.4 percent of BME colleagues thought there were equal opportunities for career progression, compared to 43.3 percent for White colleagues. It is also significantly lower than in the NHS, where 44.4 percent of BME colleagues and 58.7 percent of White colleagues think there are equal opportunities for career progression. More BME colleagues reported experiencing discrimination at work (9.9 percent) and harassment, bullying and abuse from their colleagues (11.7 percent) than last year. In both of these measures the experience of white colleagues improved from last year.
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- 10 We have implemented or are in the process of delivering all of the commitments we made last year in our pay gap and WRES reports, and the attached reports provide an update on progress at paras 31 – 41 of Annex (i) and pages 20-22 of Annex (ii).

However, the Executive Board has decided they want to go further – and particularly target an increase in BME representation at senior levels (Level 6 and above). We plan to achieve this by:

- 10.1 **Recruitment and resourcing at all grades:** We will introduce mandatory training for all vacancy holders to build confidence and understanding and develop a more consistent approach to inclusive recruitment. We are going to reinvest colleague time freed up by the improved ATS to continuously improve the quality and reach of our job adverts and labour market engagement. We will also encourage colleagues to feedback when leaving NMC, including on publicly available reviews like Glassdoor for example to be more transparent about what it is like to work at NMC. This has been designed and tested and will go live in September.
- 10.2 **Targeted development and progression of staff through ‘Rising Together’:** Rising Together and Management Essentials are a strong starting point to develop staff, but we need to convert this into higher levels of tangible progression. Our next cohort of Rising Together will start in October 2023 and will for the first time have clear post-programme mechanisms for talent moves and possible progression (‘Rising Higher’). This has been discussed with our Be Me Network and a proposal is on the agenda for our People Leadership Group in October (before being considered by the Executive Board). It will be rolled out in April 2024.
- 10.3 **Senior recruitment:** We are going to be more proactive about identifying and sponsoring talent for recruitment to senior roles as part of improved talent and succession planning. We will use our data (working directly with EDs and their SLTs) and feedback to learn and communicate with people who have had success in realising more diverse outcomes in recruitment. We will also work with the Be Me Network to improve representation on panels for senior recruitment (and support development of BME colleagues who want to improve their own interview skills). This will be in place from Q3.
- 10.4 **Reasonable adjustments:** We are reviewing our policies and processes around reasonable adjustments to support colleagues to get the adjustments they require and to reduce barriers that might exist in different parts of the organisation.

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We will also focus on supporting colleagues to share diversity monitoring data from our HR systems including reviewing how we can monitor action short of disciplinary to improve WRES insight. We will focus specifically on increasing the number of colleagues sharing information about disability with the aim that 90 percent of colleagues in all pay quartiles have done this by the end of the financial year. This will be in place before the end 2023/24.

- 11 It will take an all NMC effort to realise these plans, and we will use the objective-setting process to ensure people are clear on their roles, responsibilities and accountabilities.
- 12 The Executive Board has agreed to review progress on these actions when it next meets in January with a view to setting a public target for improving BME representation at senior levels alongside our next Corporate Plan.
- 13 There is a considerable overlap between the actions that we intend to take to address our ethnicity pay gap and the WRES findings, but alongside actions on recruitment and career progression it's vital we are doing more to improve the experience of our BME colleagues.
- 14 There a clear disconnect between what WRES is telling us about BME colleagues' experiences of bullying, harassment and discrimination, and what we see come through our HR channels in terms of actionable complaints. As well as taking steps to ensure that our policies and processes are up-to-date and accessible to all, we are seeking to:
  - 14.1 Improve the quality of our data – by integrating WRES within Your Voice so we are able to take more proactive interventions to address concerns in different parts of the business
  - 14.2 Reinvigorating our relationships with our networks, including exploring setting up a network of Fair Treatment Ambassadors
  - 14.3 Creating more channels for informal resolution of issues (eg mediation) outside of the formal Grievance process.

**Four country factors:**

- 15 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.

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**Discussion and options appraisal:**

- 16 Annexes 1 and 2 contain the full details and additional analysis of our ethnicity, gender and disability pay gaps and WRES results.
- Ethnicity pay gap analysis, modelling internal targets:**
- 17 A significant increase in BME colleagues in junior grades is very welcome as it improves NMC diversity and generates a talent pool for more senior roles in years to come. However, even though representation at senior grades has increased over the last few years, it has not increased at the same and consistent rate and as a result we have seen a deterioration in the overall gap.
- 18 While it is hugely disappointing to see the gaps increase again this year despite progress against all priorities agreed in 2022 we are positive about the representation we have and the plan to support colleagues and candidates. It is however evident that there are no quick wins to significantly narrow our pay gaps.
- 19 We have therefore commissioned additional analysis to look at how long it would take to get to zero pay gaps for ethnicity as our currently largest and most concerning pay gap.
- 20 The analytical model looked at current ethnicity pay gap, current establishment, turnover, vacancy rates, recruitment and promotion trends in the NMC over the past two years and how the current trends will impact our pay gaps in the future. We also analysed how much our current trend would need to change to achieve a zero percent median and mean ethnicity pay gap.
- 21 The model shows that that over the seven-year period if we were to continue on our current trend over the last 12 months (do nothing) the ethnicity pay gap would never reduce to the desired level and, the mean gap would get worse over this period.
- 22 The model shows that the NMC can improve our ethnicity pay gap within 5 years with a targeted approach to recruitment and promotion, in particular recruitment of BME colleagues in our grade 6 and above roles. This will form the basis of our internal reporting to monitor progress.

**Implications**

**Midwifery implications:**

- 23 This paper is not applicable for midwifery because it discusses the NMC internal workforce only.

**Public protection implications:**

- 24 None.

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<b>Resource implications:</b>	25	Priorities and actions outlined are already resourced within the EDI and People and Culture teams. It should however be noted that for actions to be successful, every part of the NMC will need to be engaged and meeting our objectives on pay gaps and this may also mean EB prioritisation decisions if new objectives are asked for in our EDI or People Plan which like all teams, have finite resources.
<b>Equality diversity and inclusion implications:</b>	26	The pay gap and WRES reports relate directly to our equality responsibilities as an employer and seek to implement actions which will help us to eliminate discrimination, implement positive action and advance equality of opportunity for colleagues, with a particular focus on colleagues who are BME, women and disabled. Annual reports help us to track the progress and impact of the actions we are taking.
<b>Stakeholder engagement:</b>	27	The reports include benchmarking, and reference to the governments gender portal pay gap results for all and similar sized organisations in public sector not for profit.
<b>Risk implications:</b>	28	<p>Failure to draw on this analysis and implement robust actions to narrow our pay gaps and address areas of concern in our WRES survey carries a number of risks that go to the heart of all our People and Organisational Effectiveness risks, specifically:</p> <p>28.1 There is a risk that, if we do not make the shift from one of analysis of the issues into one that tries to improve equality and diversity outcomes for colleagues that we do not make progress.</p> <p>28.2 There is a further risk that we do not have positive engagement on how we find solutions to issues and empower people and support them to try new things to make progress on improving equality and diversity outcomes for colleagues and ultimately our registrants and the public.</p>
	29	All of the above carry risks that we do not recruit and retain the best people to deliver on our corporate commitments, and that we will not retain the trust and confidence of our registrants and the public.
<b>Regulatory reform:</b>	30	There are no immediate implications from regulatory reform from this report although having diverse and representative workforce will be key to effectively delivering on regulatory reform.

**Legal implications:**

- 31 We regularly assess and take action to mitigate any equal pay risks. There is an increased risk of employment tribunals if we do not take action to reduce the rates of bullying, harassment and discrimination reported in the WRES.

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Item 12: **Annexe 1**  
 NMC/23/76  
 27 September 2023

## Foreword

### Our 2023 pay gap reports

#### What are pay gaps?

- 1 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

- 2 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.
- 3 The gender pay gap measures the gap between the average pay for women against the average pay for men.

#### Ethnicity pay gap

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

#### Disability pay gap

- 5 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.

#### What's the difference between mean and median?

- 6 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.
- 7 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.

### At a glance: what does our data show?

- 8 The tables below set out our pay gap data as of April 2023. We don't award bonuses at the NMC, so we don't report a bonus gap.

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## Draft Pay Gaps Report 2023

### Gender, Ethnicity and Disability Pay Gaps at the NMC

- 9 We continue to see a positive disability pay gap although there has been some narrowing of the mean this year.
- 10 At a glance, our data shows we have seen increases in gender and ethnicity pay gaps.
- 11 However, there is some positive progress, strengths and context underlying these figures for example:
- 11.1 An overall 6.2 percent increase in the number of BME colleagues recruited at the NMC in the last 12 months, including a 0.5 percent increase in our upper quartile
  - 11.2 An increase of 1.2 percentage points in the number of colleagues with a disability.
  - 11.3 Six women sit on our Executive Board out of eight members (one role is a job share of two women) and most senior positions are held by women with 65 percent in our highest quartile.
  - 11.4 BME representation has remained largely stable at around 40 percent and those in the highest pay quartile have increased from 23 percent in 2020 to 25 percent. We have also had a notable increase in BME representation in our lowest quartile, from 48 percent to 55.7 percent, which highlights a strength in the overall diversity of NMC and an opportunity to support and develop colleagues.
- 12 While context and data are important and we have strengths to build on, data is not the same as the lived experience reported by colleagues in the WRES survey. Our overarching commitment is that we need and want to go further to reduce our pay gaps and improve our colleagues experience of working at the NMC. This report sets out how we will achieve that aim.

### Gender

Gender pay gap	2023	2022	Change
Mean	8.1%	6.2%	+1.9%
Median	14.6%	12.7%	+1.9%

### Ethnicity

Ethnicity pay gap	2023	2022	Change
Mean	27.5%	25.5%	+2.0%
Median	39.7%	27.1%	+12.6%

### Disability

Disability Pay Gap	2023	2022	Change
Mean	-6.1%	-4.4%	-1.8%
Median	-7.8%	-11.8%	+3.9%

## What does this data mean?

### Why do we have pay gaps?

- 13 Pay gaps exist for many different reasons, but most significant is unequal distribution of different groups at different grades i.e. in the NMC we have a higher proportion of women and BME colleagues in lower quartiles<sup>1</sup> of grading compared to the upper quartiles. This is the main reason our mean and median ethnicity and gender pay gaps have grown over the last twelve months as relatively small increases or decreases at specific grades can have significant impacts on pay gaps.
- 14 In the past year the number of people working at the NMC increased by 1.7 percent (from 1,060 to 1,078 employees). The main growth was in our middle grades which includes a number of appointments of legal colleagues, to help us reduce our fitness to practise caseloads.
- 15 An underrepresentation of BME colleagues in the highest quartile and an overrepresentation in our lowest quartile are the main causes of our mean and median ethnicity pay gaps. The increase from last year has mainly been caused by increased recruitment of BME colleagues in our lower and lower middle quartile roles and a reduction in white colleagues being recruited at these levels. We aspire to be an employer of choice for BME people and an increase in recruitment of BME colleagues is therefore positive. Much of this recruitment in our junior roles was in Professional Regulation which has been actively recruiting to our Stratford office which is in Newham in London, one of the most diverse and youngest areas of the country. This has been supporting us with our need for a diverse and representative range of colleagues working on fitness to practice cases. However, despite making some progress with an increase of 0.5 percentage points in BME colleagues working in our upper quartile of pay and a 1.6 percentage point increase in colleagues working in our upper middle quartile of pay, we are not making as rapid progress in increasing the representation of BME colleagues in more senior grades.
- 16 While we welcome a positive median disability pay gap, we recognise that under-reporting of disability in the workforce may be a cause of our results. Our data shows that people in our upper pay quartile are more likely to share the fact that they are disabled in diversity monitoring. We recognise that we have more to do to support colleagues across the organisation to share information around their disability as the proportion of colleagues who have told us they are disabled is below the national average. Disabled people make up approximately 20 percent of the UK working age population and 9.8 percent of NMC employees. As a result of targeted internal communications exercises, the number of colleagues who have told us they are disabled has increased from last year by 24, but we still want to improve further.

<sup>1</sup> In the NMC our lower quartile is made up largely of role in grade 1 to 3, our lower middle quartile is made up of role in grade 3 & 4, our upper middle quartile is made up of roles in grade 4 to 6 and our upper quartile is made of grade 6 plus roles

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## What is the difference between pay gaps and equal pay?

### Pay gaps vs equal pay

- 17 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.
- 18 Simply put, pay gaps are more about representation at all levels of the organisation. Equal pay is the legal requirement to pay the same for work of equal value.

### Does the NMC have an equal pay issue?

- 19 No, we do not. In addition to pay gap reporting and analysis we undertake stringent equal pay audits as part of our annual pay awards.
- 20 The table below highlights that pay differentials by gender, ethnicity and disability are well below our target of five percent. Anything above this would be considered to be a statistically significant difference. This positively highlights there are no significant pay differences when we compare employees doing the same (or 'like for like') roles across NMC. These small differences reflect distribution within pay ranges (i.e. when people were appointed) and the fact that some roles for which we pay specialist premia, in particular IT and legal, have historically had less diverse talent pools.

Equal pay	Gender	Ethnicity	Disability
April 2022	1.2%	-0.6%	1.3%

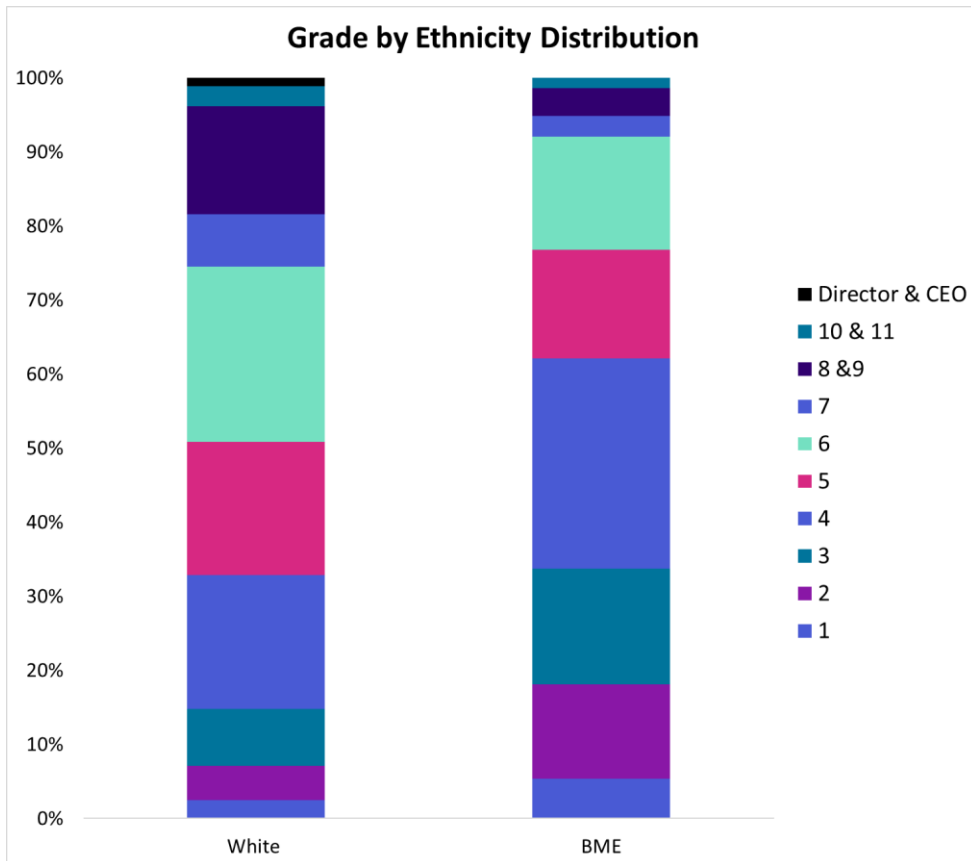
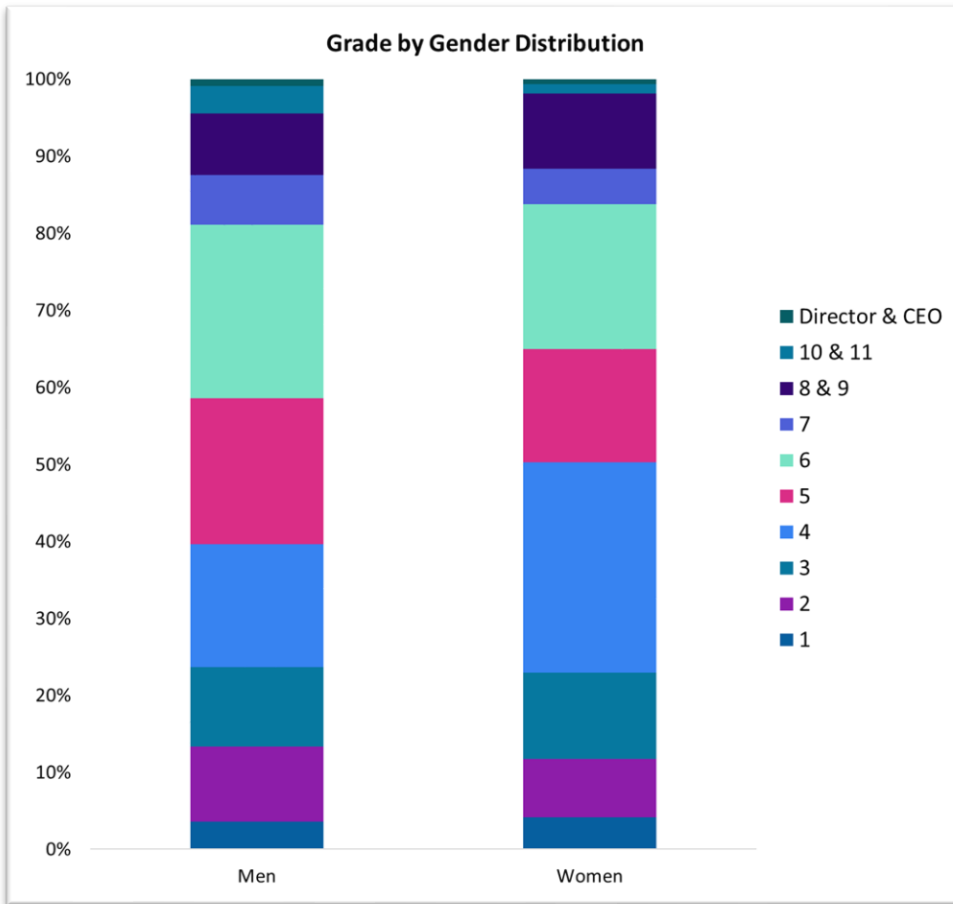
## Representation of gender, ethnicity and disability across grades at the NMC

- 21 The charts below show the distribution of NMC colleagues in each of our internal pay grades by the protected characteristics for each of the pay gaps. In the NMC internal grading system ranges from grade 1, which is our lowest paid grade, to the Director & CEO grades. The charts highlight which grade our median colleagues fall in for each protected characteristic.

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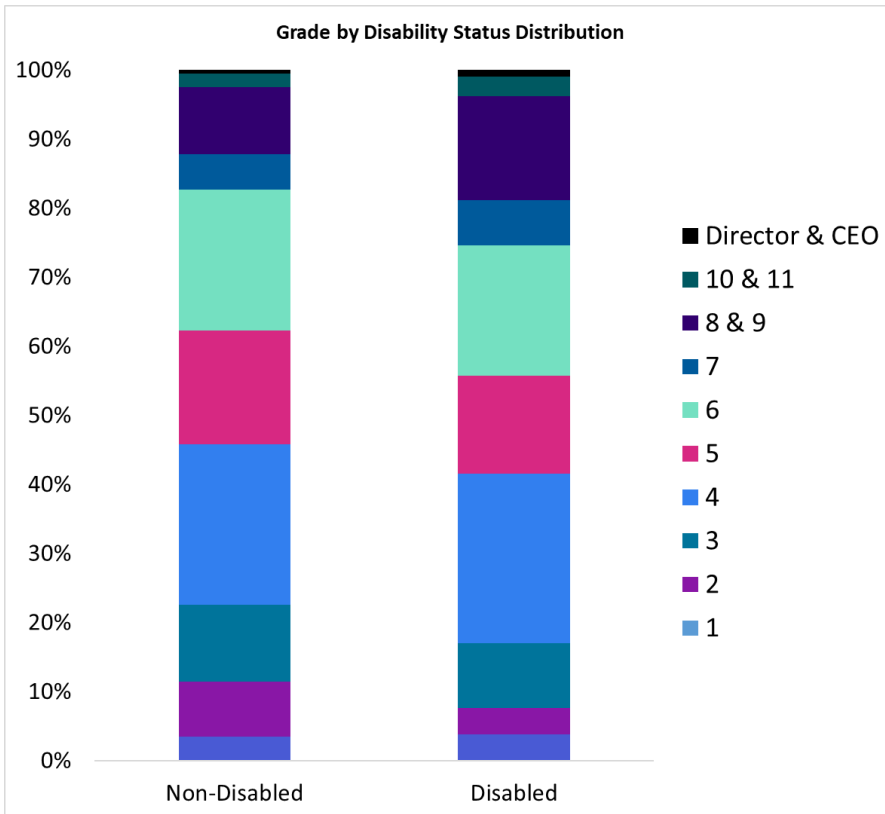


**Draft Pay Gaps Report 2023**  
**Gender, Ethnicity and Disability Pay Gaps at the NMC**



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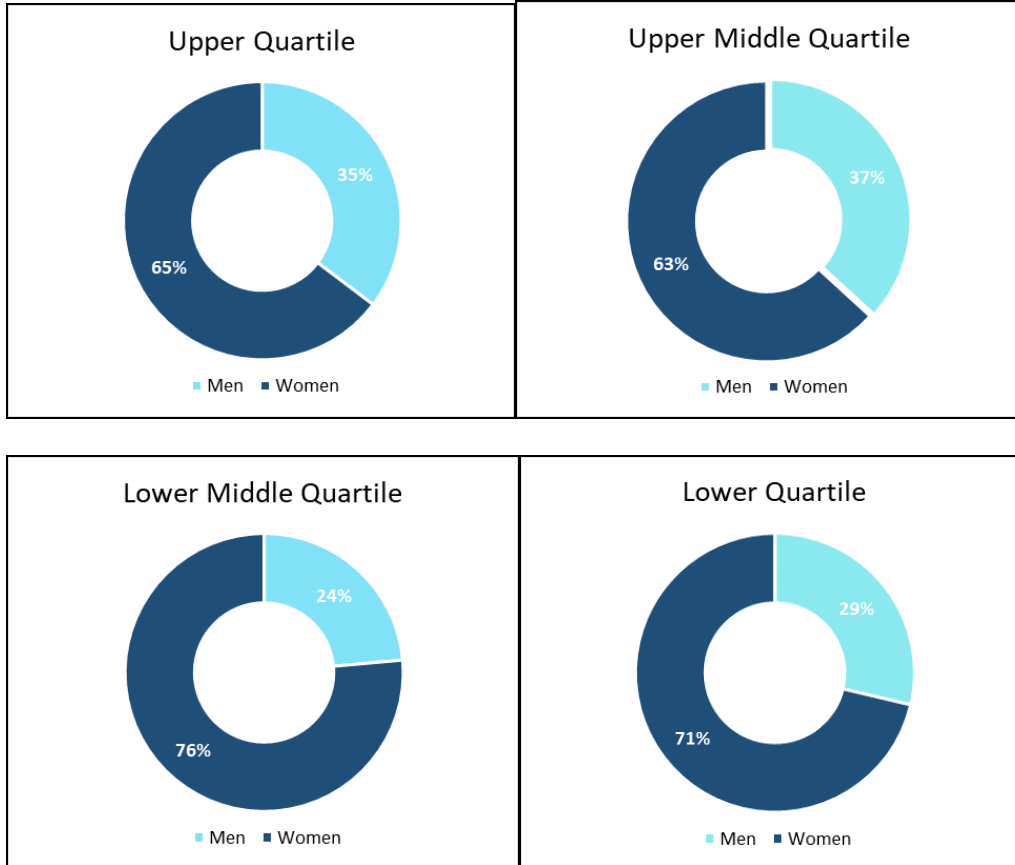
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## Workforce gender: quartiles

22 Overall, our workforce is made up of 69 percent women and 31 percent men.<sup>2</sup>



23 The proportion of women working at the NMC has slightly increased since 2022:

- 69% Women +2% vs 2022
- 31% Men -2% vs 2022

24 There were also changes in the quartiles compared to 2022:

- Upper Quartile 1.0% Increase in Men

<sup>2</sup> 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. We already allow colleagues to enter their gender identity but now, due to low numbers, for pay gap reporting and payroll they are asked to select a gender.

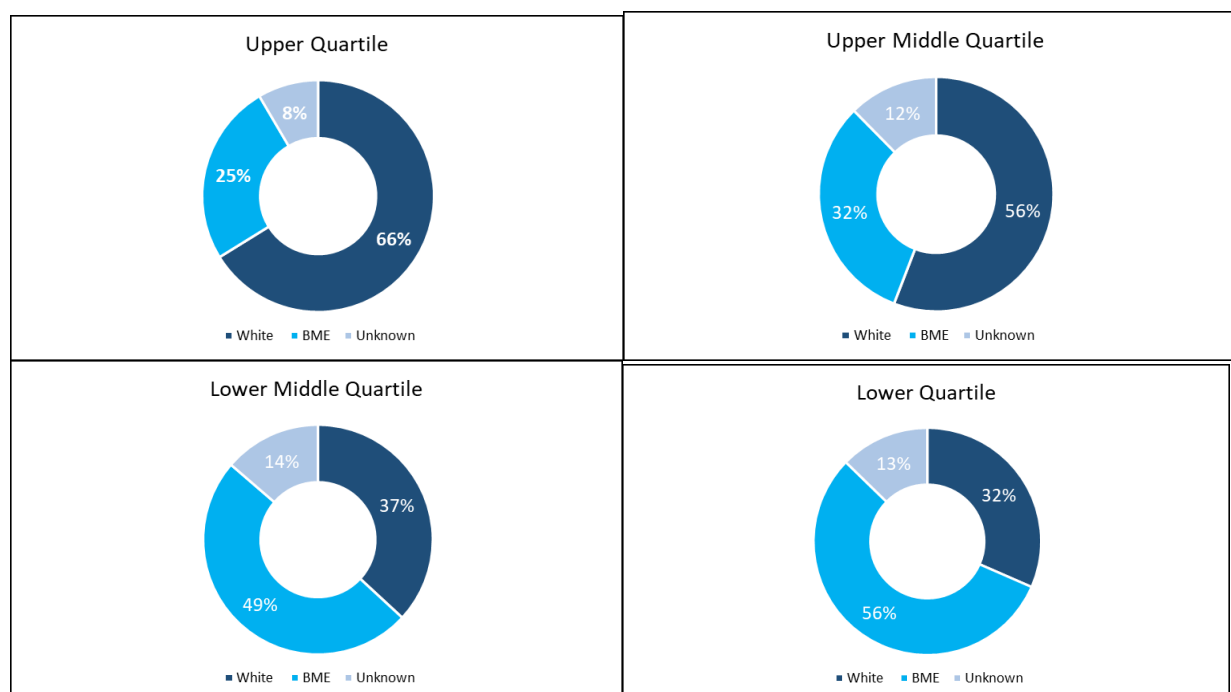
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## Draft Pay Gaps Report 2023 Gender, Ethnicity and Disability Pay Gaps at the NMC

- Upper Middle Quartile 2.1% Increase in Women
- Lower Middle Quartile 5.3% Increase in Women
- Lower Quartile 0.2% Increase in Women

### Workforce ethnicity: quartiles

25 Overall, our workforce is made up of 40 percent Black and minority ethnic colleagues and 48 percent white colleagues. 12 percent of colleagues have not shared this information in their monitoring data.



26 Since 2022 the proportion of employees sharing information around their ethnicity has slightly increased:

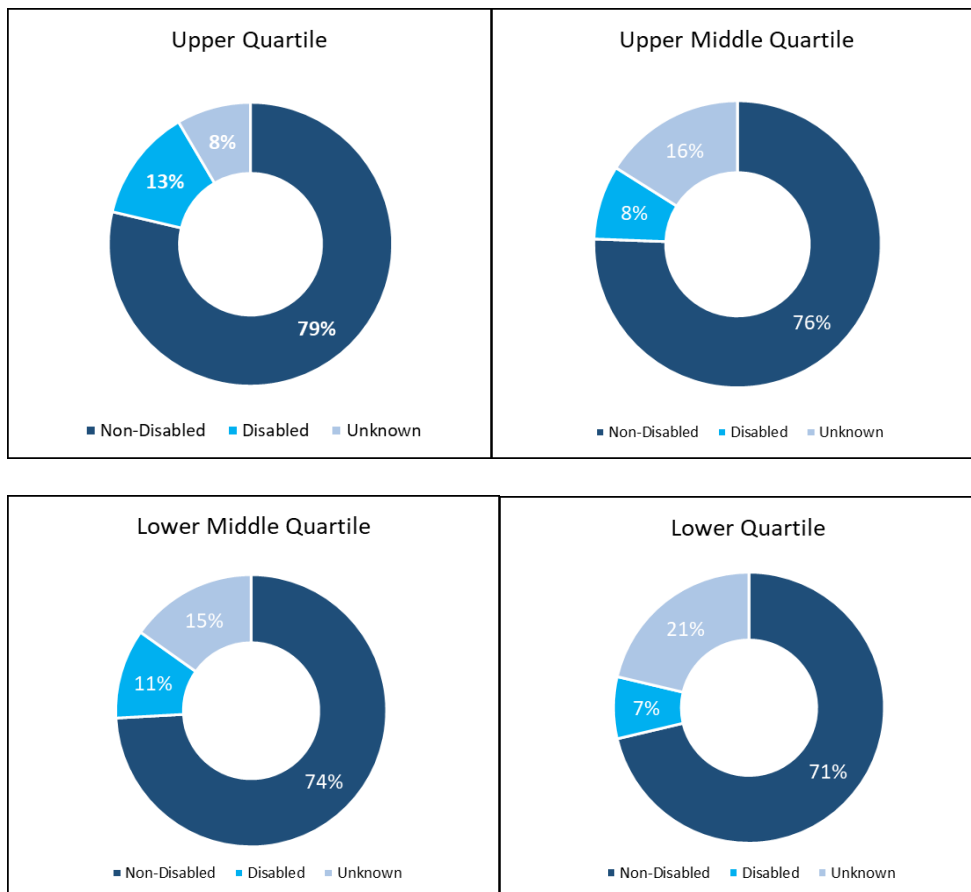
- 40% BME +2% vs 2022
- 48% White 0% vs 2022
- 12% Unknown -1% vs 2022

27 There were changes in the quartiles compared to 2022 which point to an overall increase in BME representation:

- Upper Quartile 2% increase in white employees, 0.5% increase in BME
- Upper Middle Quartile 1.5% increase in white employees, 1.6% increase in BME
- Lower Middle Quartile 3.6% decrease in white employees, 0.2% decrease in BME
- Lower Quartile 2.1% decrease in white employees, 7.7% increase in BME

## Workforce disability: quartiles

28 Overall, our workforce is made up of 9.8 percent disabled colleagues and 75 percent non-disabled colleagues. 15.1 percent of colleagues have not shared this information in their monitoring data.



29 The biggest change this year was a proportional decrease in non-disabled employees:

- 80.5% Non-disabled      -5.5% vs 2022
- 9.8% Disabled            +2.1% vs 2022
- 15.1% Unknown         +3.4% vs 2022

30 There were changes in the quartiles compared to 2022:

- Upper Quartile            4.2% **increase** in disabled employees  
3.6% **decrease** in non-disabled employees
- Upper Middle Quartile    0.1% **increase** in disabled employees  
4.0% **decrease** in non-disabled employees
- Lower Middle Quartile    4.9% **increase** in disabled employees  
8.5% **decrease** in non-disabled employees
- Lower Quartile            1.1% **decrease** in disabled employees  
5.7% **decrease** in non-disabled employees

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## What are we doing to tackle our pay gaps?

- 31 Our ethnicity and gender pay gaps have increased from last year and this is disappointing in terms of the pace of our ambition and the messages we want to convey about our organisation. Underpinning these headline figures however are some positive trends in improving the overall diversity of the NMC that show we are moving in the right direction. These include an overall increase in BME colleagues working at the NMC, reflecting increases in representation across three pay quartiles. We need to continue with our current plans as part of our overarching EDI strategy but we will need to be more targeted in our actions and prioritise activity which will support narrowing our pay gaps, with a specific focus on increasing the representation of BME colleagues at more senior grades. We will continue to deliver the actions set out in our EDI plan (2022- 2025) and have recently reviewed and significantly updated our People Plan to be even more ambitious.
- 32 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 also directly relate to tackling our gender and disability pay gaps. We recognise that sustainable 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.

### Progress at the end of year one

- 33 In 2022 we set ourselves the following aims:
- 33.1 to see an improvement in leadership accountability and oversight for EDI;
  - 33.2 to implement our new Applicant Tracker System (ATS) to post job adverts and handle candidates' applications, to support improvements in recruitment services;
  - 33.3 to establish an offer of leadership and career development, with a diverse community of colleagues accessing this to support their progression. We set out to ensure that women and Black and ethnic minority colleagues were proactively invited to join in with the development as part of our positive action.
  - 33.4 role modelling part time and job share working at every level with a particular focus on senior roles.
  - 33.5 listening to and learning from evidence such as exit interviews and recently appointed internal candidates to support us to create targeted interventions.
- 34 While it is of course hugely disappointing that it is not reflected our figures yet, all of these aims have been progressed in 2022-23 and we have put in place strong foundations for progress in 2023.
- 35 We have reshaped our approach to the oversight of the EDI plan. Our EDI Leadership Group has a refreshed terms of reference ensuring that there is clarity on its new core purpose of monitoring the progress of the EDI plan against agreed corporate EDI benchmarks and targets, drawing relevant issues to the attention of the Executive Team and ensuring an integrated approach to the promotion of EDI in major, cross-organisational projects.

- 36 We went live as scheduled with our new ATS on 1 November 2022. This will improve how we track data to learn and improve our recruitment strategies and campaigns for roles where we need to be conscious of pay gaps. While there were some difficulties in the early phase of implementation these have now been addressed and the system is working well. Qualitative feedback from a recent colleague survey, indicates significant improvements in the quality and consistency of recruitment. The ATS is also providing us with improved mechanisms to invite colleagues to share their diversity data at the start of their employment journey. The ATS alone will not have a direct impact on pay gaps. Recruiting a more diverse workforce, which is more evenly distributed across grades, relies on a multitude of factors, in particular our ability to attract a diverse talent pool and approaches taken by recruiting managers. The ATS does however increase the tools available to support inclusive recruitment, in particular in helping us take a standardised approach to the anonymisation of a range of applicant data to address unconscious bias and providing real time data on the impact of decisions we take at each stage of the recruitment process.
- 37 With regards our leadership and career development offer, we have had another hugely successful cohort of our Rising Together mentoring programme. In the third year of running this programme we saw increasing numbers of participants benefiting from a programme of mentoring, networking and formal learning. Around 30 percent of mentees got a promotion, secured a secondment or changed to a new role within 12 months of completing the programme and 95 percent rated their overall experience with the Rising Together programme as very good and excellent.
- 38 We have also launched our Management Essentials programme which is mandatory for all managers across the NMC. The programme is designed to set expectations of all NMC managers, provide a holistic framework for performance management in the hybrid workspace, provide a robust grounding for managers who have not had the chance to fully develop their skills, provide tools to help with specific situations, provide the space for managers to pause and reflect and create a community of managers who can provide peer to peer support. Equality, diversity, and inclusion runs through every single part of this programme, both for individuals who we want to support to develop and progress, but also so that all colleagues can benefit from investment in management and leadership. Improved management capability is critical to achieving consistent delivery of our EDI actions , including ensuring that underrepresented groups are encouraged, supported and nurtured to develop their careers within the NMC. With our improving representation and investment in leaders and schemes like 'Rising Together' we think we are on the right path to continue to improve our representation rates at more senior levels in the NMC.
- 39 We have also appointed our first Executive Director job-share as the Director of People and Organisational Effectiveness, role modelling that part time and job share working can be possible at every level.
- 40 We have refreshed our exit interview approach and included questions which directly address issues in relation to colleagues' experiences of equality and inclusion. This will give us richer data and additional insights to support targeted actions This data reinforces the appropriateness of actions we are already committed to as many former colleagues have cited lack of training and/or support from managers to develop their skills and potential as factors in why they left the organisation.

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41 In addition to the actions set out in last year’s pay gap report, following a Total Reward consultation with all our colleagues, we have reformed our pay structures and introduced annual pay progression steps. We have also reduced our pay ranges to continue to mitigate any equal pay issues arising. In the longer term, while we recognise that pay alone will not close pay gaps, this will mitigate the known issue of colleagues being “stuck” at specific points within long pay ranges with no visible means of progression.

**Priorities for the next 12 months:**

42 Last year we set out that by the end of 2023-24 we will aim for:

- 42.1 all colleagues to be more skilled 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;
- 42.2 fewer barriers and issues arising in relation to recruitment and progression for women and BME colleagues; an improvement in the provision of disability inclusion and reasonable adjustments; and.
- 42.3 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.

43 We remain committed to all of these things but, given the increases in our ethnicity and gender pay gaps, we recognise that we need to be more ambitious. In renewing our commitments to narrow our pay gaps we are also proposing to set new, public targets for the promotion and recruitment of women and BME colleagues and candidates at grade 6 and above. These will be set out in our new Corporate plan and we report on progress against them in our Annual report.

44 In order to meet our ambitions, our priorities for the next 12 months include:

- 44.1 **Recruitment and resourcing:** We will introduce mandatory training for all vacancy holders to build confidence and understanding and develop a more consistent approach to inclusive recruitment. We will reinvest colleague time freed up by the improved ATS to continuously improve the quality and reach of our job adverts and labour market engagement with a particular focus on addressing disparities in representation of BME colleagues in grades where they are currently underrepresented compared to junior grades.
- 44.2 **Targeted development and progression of staff:** Rising Together and Management Essentials are a strong starting point to develop colleagues, but we need to convert this into higher levels of tangible progression, particularly for BME colleagues who are overrepresented in the lower quartile. Our next cohort of Rising Together will start in October 2023 and will for the first time have clear post-programme mechanisms for talent moves and possible progression.
- 44.3 **Senior recruitment:** We are also going to be more proactive about identifying and sponsoring diverse talent for recruitment to senior roles as part of improved talent and succession planning. This will include more networking and outreach by senior colleagues to ensure that NMC is recognised as an employer of choice for people from diverse backgrounds and looking at good practice and working with external partners to reach to BME applicants.

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44.4 **Disability inclusion and reasonable adjustments:** We will review and improve our reasonable adjustments policy and process to ensure that all disabled colleagues who require reasonable adjustments receive these in a timely way. Given the individual nature of reasonable adjustments it is not possible to set a one-size-fits-all time limit on this but our refreshed guidance will make clear the importance of timely implementation of reasonable adjustments. We will also support increased use of our reasonable adjustments passport so that reasonable adjustments can be logged, regularly discussed and retained without interruption when colleagues move role or change manager. We will refresh our EDI learning materials to ensure that colleagues are supported to understand how the social model of disability is relevant to their work at the NMC and how this relates to our approach to reasonable adjustments. We will continue to work with our colleague networks and internal communication channels to increase the proportion of colleagues completing diversity data monitoring. We will focus on increasing the number of colleagues sharing information about disability with the aim that 90 percent of colleagues in all pay quartiles have done this by the end of the financial year.

- 45 We will also continue to embed our new reward structures and policy to promote transparency and progression. The new pay policy also has tighter controls for the appointment of external candidates which aim to reduce disparities between internal and external colleagues which has been source of concern for NMC colleagues.
- 46 Many of the actions we have set out above are part of part of our newly refreshed People Plan. As part of this plan, every work strand will have a clearly defined set of success factors, metrics and evaluation.

**By the end of year three:**

- 47 At the end of 2023-24 we will review progress and look at where we can go further with targeted positive action.
- 48 We hope to see gaps in representation reduced across all tiers of our workforce to support progress towards closing our pay gap. Through our approach to benchmarking and openness to engaging and learning, both from our colleagues and external stakeholders, we aim to continue to embed best practice EDI considerations in our next EDI and People Plans for 2025 and beyond.
- 49 Our People Plan and EDI Plan have further detail on actions.

**How will we know we’re making progress?**

- 50 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.
- 51 This includes continuing to conduct in-depth and intersectional analysis of the data shared by colleagues and those applying to work for us to understand where recruitment, retention and career progression barriers exist, and which groups are disproportionately affected by these barriers. This data includes pay gap information but also feedback from colleagues via our internal Your Voice survey and our recruitment and onboarding survey,

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exit interviews and our EDI employee networks, and stakeholder views via benchmarks such as the NHS Workforce Race Equality Standard.

- 52 We will measure progress against our internal target to increase senior level representation of BME colleagues and provide disaggregated information at a departmental level so that senior leaders can understand how they are supporting delivery against this.
- 53 The actions to tackle our pay gaps and progress will be monitored as part of our EDI action plan under the leadership of our EDI Leadership Group and the scrutiny of members of Executive Board and Council. Executive Board members will have EDI targets included in their objectives.
- 54 Following internal communications work to highlight the importance of sharing diversity monitoring data and how we will use it, there has been a noticeable increase in the number of colleagues inputting their diversity monitoring information in our internal HR systems, particularly in relation to ethnicity and disability. We will continue to monitor the proportion of colleagues sharing their diversity characteristics with us and take targeted action to encourage sharing among groups where rates of data sharing are low.

**Summary**

- 55 We have delivered on actions which provide a positive foundation for progress but recognise that we need to do more to address the root causes of our widening pay gaps. We welcome the additional sustained focus and impetus that our updated actions will bring to our work. These show not only our aspirations around narrowing our pay gaps but also our commitment to transparency and willingness to be held to account.
- 56 Through actions such as raising the confidence and competence of colleagues in key areas including mandatory recruitment and management essentials training, we aim to support all colleagues to deliver on our individual and collective responsibilities to address the issues causing our pay gaps.
- 57 Our work to address the challenges shown by our pay gap data will be informed and supported by our continuing positive engagement with our employee networks and other stakeholders. Our EDI and People plans set out mutually supportive and ambitious frameworks for action.
- 58 We are committed to making the changes needed to reduce our pay gaps, building on and expanding our existing commitments. We realise that sustainable change may take time but we've set out clear actions to measure ourselves against and recognise our collective responsibility for delivering on these.

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## NMC WRES Survey 2023 initial findings

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## Introduction

In 2019 the NMC made a commitment to sign up to the [NHS Workforce Race Equality Standard \(WRES\)](#), and in 2020 we submitted our first set of data to WRES in line with this pledge. We now do this on an annual basis, and in April 2023 started collecting our fourth round of data to enable us to begin to benchmark our performance and monitor progress.

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

The 2023 WRES survey ran in June and 34.3 percent of NMC colleagues responded. This is a slight decrease of 0.6 percentage points on the previous year. We will be addressing this reduction through integrating WRES within our Your Voice colleague survey, streamlining the number of survey asks across the organisation.

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

This report sets out the following:

1. NMC 2023 WRES data outcomes
2. NMC 2022 WRES data outcomes (for comparison)
3. NHS WRES 2023 report data (for comparison with NHS Trusts)

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

## A note on terminology

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

## Progress against WRES indicators: at a glance

WRES Indicator	Progress compared to 2022		Comments
Overall survey responses	<b>Worsened</b>		Down from 34.9 percent of colleagues in 2022 to 34.3 percent of colleagues in 2023
Indicator 1: BME representation across the organisation	<b>Improved</b>		Overall BME representation increased by 1.6 percent in 2023. Now 39.8 percent compared to 38.2 percent in 2022.
Indicator 2: likelihood of BME candidates being appointed	<b>No change</b>		White candidates are 1.24 times more likely to be appointed from shortlisting than BME candidates.
Indicator 3: BME employees in disciplinary processes	<b>Worsened</b>		No BME staff entered formal disciplinary process in 2022. Our HR data shows that in 2023 out of a total of 1,082 colleagues three BME colleagues went through a formal disciplinary process compared to one white colleague. Whilst this means BME colleagues were 3.64 times more likely than white colleagues to go through a formal disciplinary process; overall this represents 0.4% of all NMC colleagues.
Indicator 4: employees accessing non-mandatory training	<b>Improved</b>		BME colleagues just as likely to access non mandatory training as White colleagues.
Indicator 5: employees experiencing external harassment, bullying or abuse (HBA)	<b>Improved</b>		BME reduced to 1.9% White reduced to 0%
Indicator 6: employees experiencing internal harassment, bullying or abuse	<b>White Improved</b>	<b>BME Worsened</b>	White reduced to 8.3% (-0.9%) BME increased to 11.7% (+1.0%)
Indicator 7: perceptions of equal opportunities for career progression	<b>White Improved</b>	<b>BME Worsened</b>	Both scores are below 50% White increased to 46.3% (+3.0%) BME decreased to 30.2% (-8.2%)
Indicator 8: employees personally experiencing discrimination at work	<b>White Improved</b>	<b>BME Worsened</b>	White reduced to 4.6% (-0.7%) BME increased to 9.9% (+1.7%)

Indicator 9: BME board membership	<b>No Change</b>	There was no change in BME board membership with BME representation at board member level remaining at 5%
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## WRES Data Indicators (1-4): 2023 Initial Findings

### Indicator 1

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

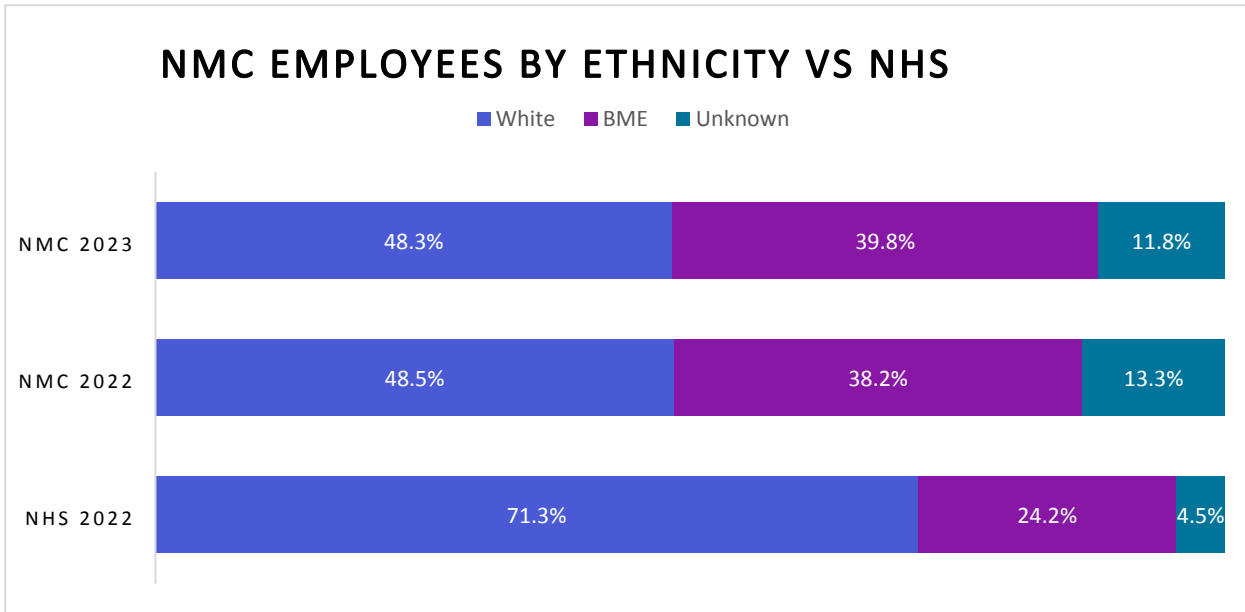
NMC pay grades do not align with the NHS AfC grades. In 2020 it was agreed with WRES that we will submit our pay data in £10k salary intervals in line with other regulators.

- In 2023 the NMC’s workforce is 39.8 percent BME. This is **15.6** percentage points higher than the NHS trust average in 2022.
- The proportion of BME colleagues increased by **1.6** percentage points in 2023. This is mainly caused by the increase in the number of new starters rather than changes in the proportion of existing colleagues sharing diversity monitoring data in relation to their ethnicity.

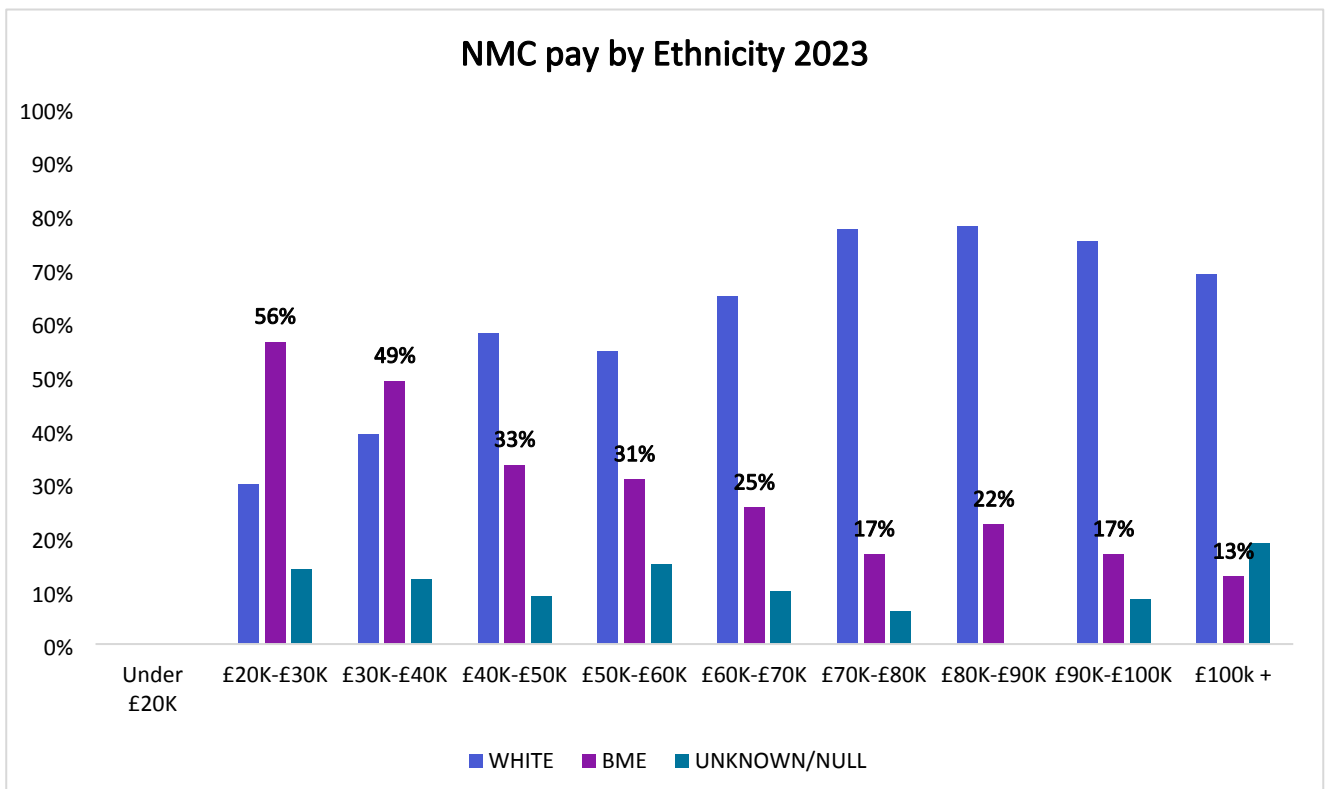
Below are the WRES survey results for the distribution of colleagues by ethnicity compared to the NHS in 2022.

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



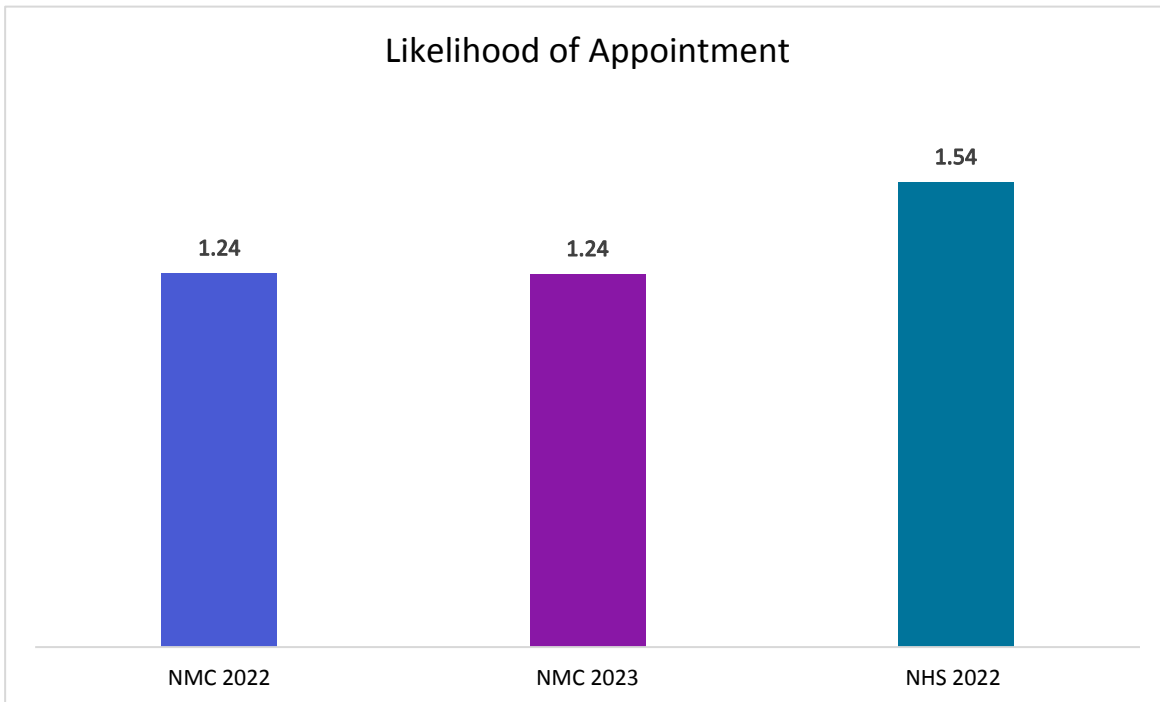
- In 2023 the NMC has 13 percent BME colleagues paid over £100K (the equivalent of VSM level in the NHS). This is an increase of 13 percent since the 2022 WRES survey.
- In 2022 NHS had 10.3 percent BME representation at VSM level.

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## Indicator 2

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

The NMC asks all candidates to share their ethnicity on an anonymised data collection form on our applicant tracking system (ATS). Below is a graph showing the likelihood of a white applicant being appointed from shortlisting in comparison to a BME applicant, and how we compare to the NHS in 2022:



- In 2023 white applicants to the NMC who were shortlisted were 1.24 times more likely to be appointed compared to BME applicants. This is unchanged since last year. However, this is the first year we have been able to use data exclusively from our ATS around shortlisting and not just appointment data from our HR systems.
- The NMC 2022 score is below the NHS score but is still in favour of white applicants.
- WRES defines an acceptable score as the non-adverse range of 0.8 to 1.25 based on the four fifths rule which the NMC falls into. The four fifths rule can be defined as '*if the selection rate for a certain group is less than 80 percent of the group with the highest selection rate, there is an adverse impact on that group*'. This means the current NMC score (1.24) is inside this range.



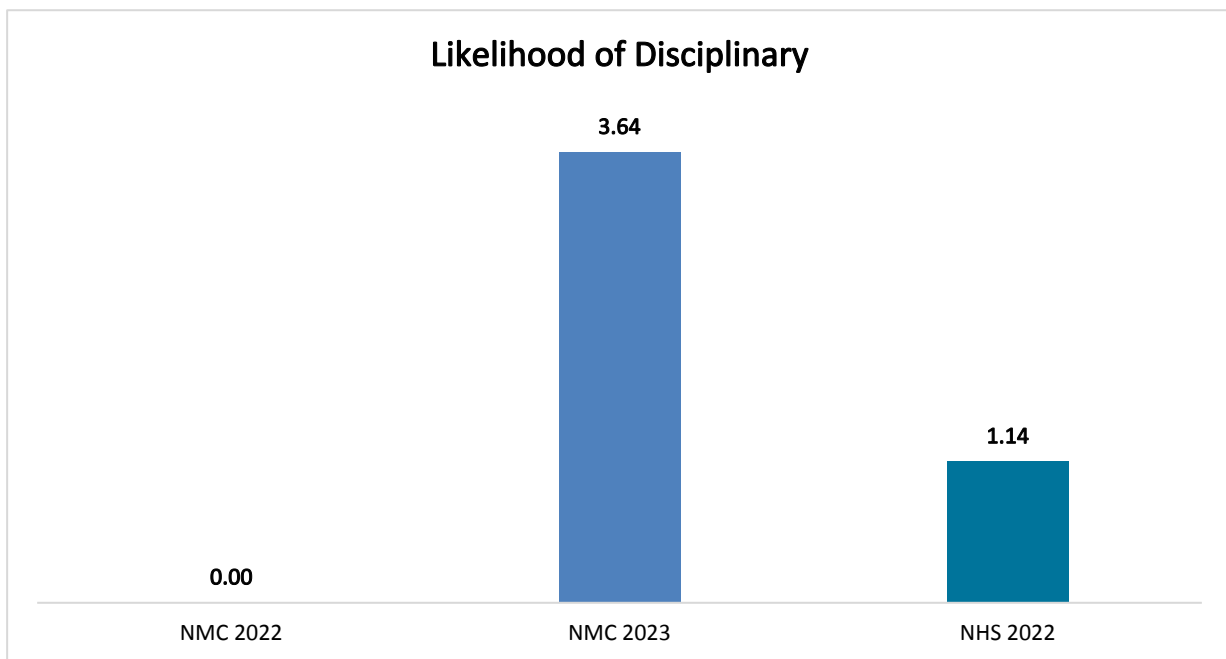
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### Indicator 3

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

The NMC collects data on all formal disciplinary investigations processes.

The graph below shows the likelihood of an employee entering a formal disciplinary process by ethnicity compared to the 2022 NHS WRES data:



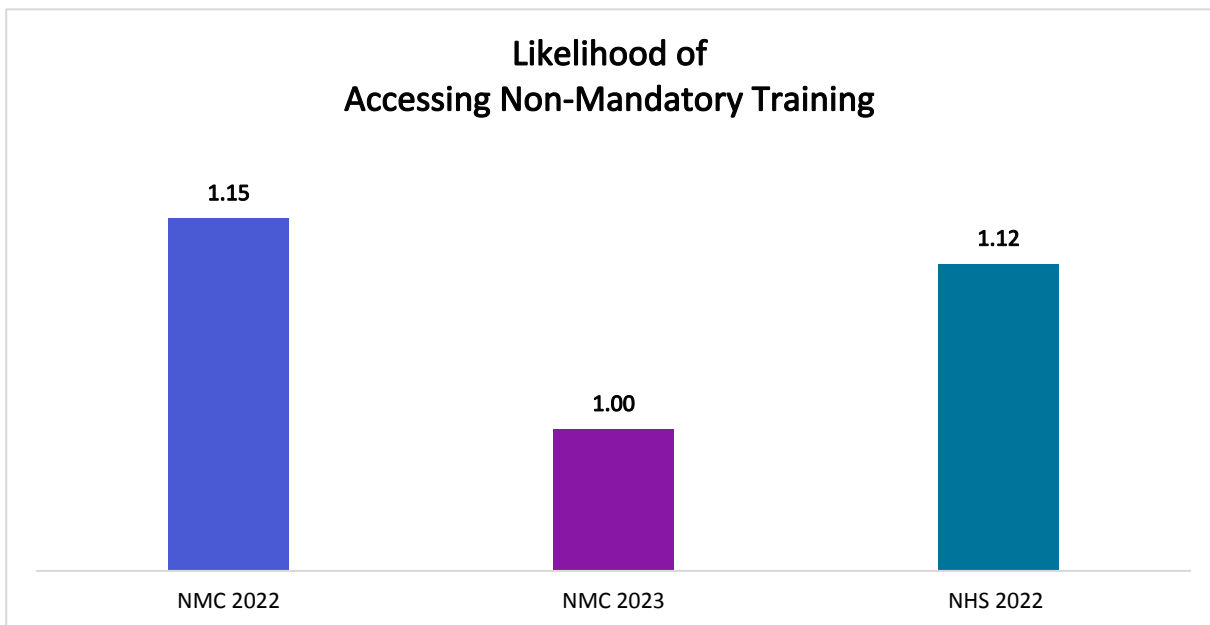
- In 2022, there were no disciplinary cases against BME colleagues, there was one against a White colleague and one was recorded as ‘prefer not to say’. There were three in 2023 compared to one white colleague hence the rise in 2023. It should be noted however that this rise is driven by very low numbers, involving four people out of a total of 1,082 colleagues or 0.004 percent of NMC colleagues.
- The NMC 2023 score is **2.5** points above NHS

## Indicator 4

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

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

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



- In 2022 there was a small disparity between the likelihood of white and BME colleagues accessing non-mandatory training, with white colleagues being slightly more likely to access training. This disparity no longer exists. Now BME and White colleagues are equally likely to access non-mandatory training.
- Across the NHS white staff are 1.12 more likely to access non-mandatory training.

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## WRES Survey Indicators (5-8): Initial Findings

### Survey methodology and data collection

#### WRES survey questions

- For indicators 5-8 we have collected our data by running the WRES Survey questions through a Survey Monkey platform, communicated to all colleagues through a range of internal mechanisms including the Chief Executive and Registrar weekly newsletter, reminders at our two-weekly leadership huddle and through Workplace, our intranet platform.
- Very similar numbers and proportions of white and BME colleagues participated compared to last year.
- In total 399 colleagues responded to the survey in 2023 which represents 34.3 percent of all colleagues
- This is down 0.6 percentage points from 2022 where 34.9 percent of all colleagues participated.

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

Ethnicity	Participation 2023	Participation 2022
White	216	208
BME	162	159
Unknown	21	24
	<b>399</b>	<b>391</b>

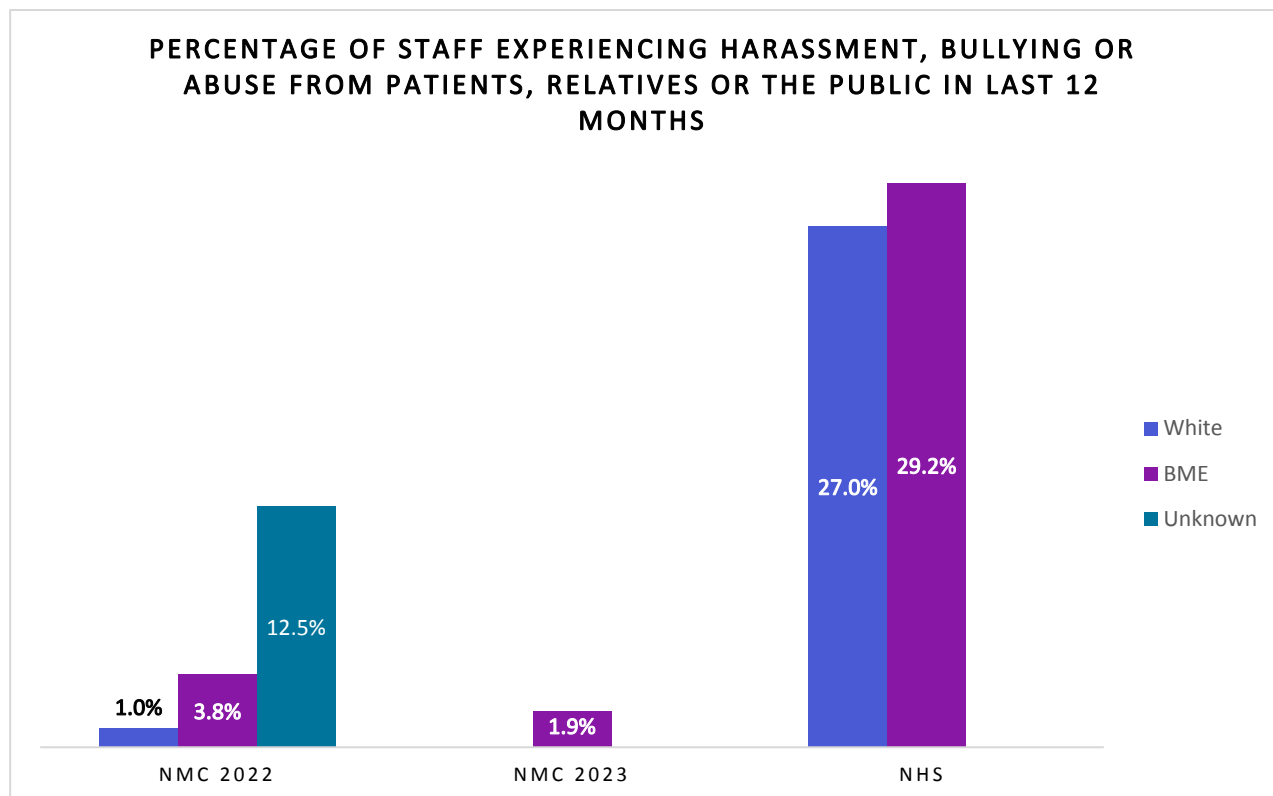
The 2023 response rate as a percentage is therefore:

- 41.7 percent of all white colleagues at the NMC responded to the 2022 WRES Survey (compared to 41.1 percent in 2022)
- 38.0 percent of all BME colleagues at the NMC responded (compared to 38.7 percent in 2022)
- 9.5 percent of colleagues whose data is 'unknown' responded (compared to 11.8 percent in 2022)

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

## Indicator 5

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



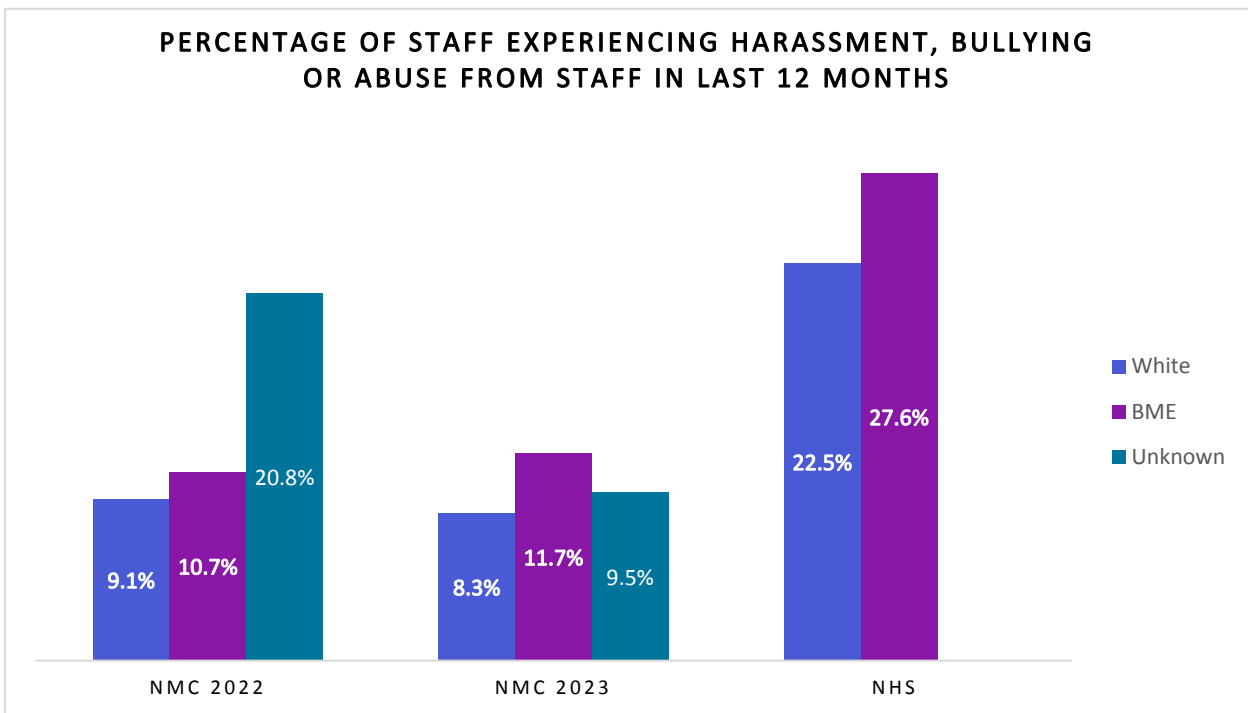
- At the NMC it is likely that the responses to this question mainly relate to the public as we do not have roles that are in regular contact with patients and relatives.
- The percentage of white and BME colleagues experiencing harassment, bullying or abuse from the public both reduced by **1.0 and 1.9** percentage points respectively since 2022 which is positive.
- However, no colleagues at the NMC should experience harassment, bullying or abuse from the public. We have a clear Duty of Care policy for the instances where this does occur, setting out the steps we will take to ensure the health, safety and wellbeing of our employees if they experience external negative public comment, abuse or harassment in the course of their NMC work and the routes for colleagues to access support.
- The NMC scores are significantly less than the NHS however this is likely to be due to many of our roles not being public facing.

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## Indicator 6

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

The graph below compares how NMC colleagues that participated in the WRES survey answered the question above in 2023 and 2022 compared to the NHS 2022 survey:



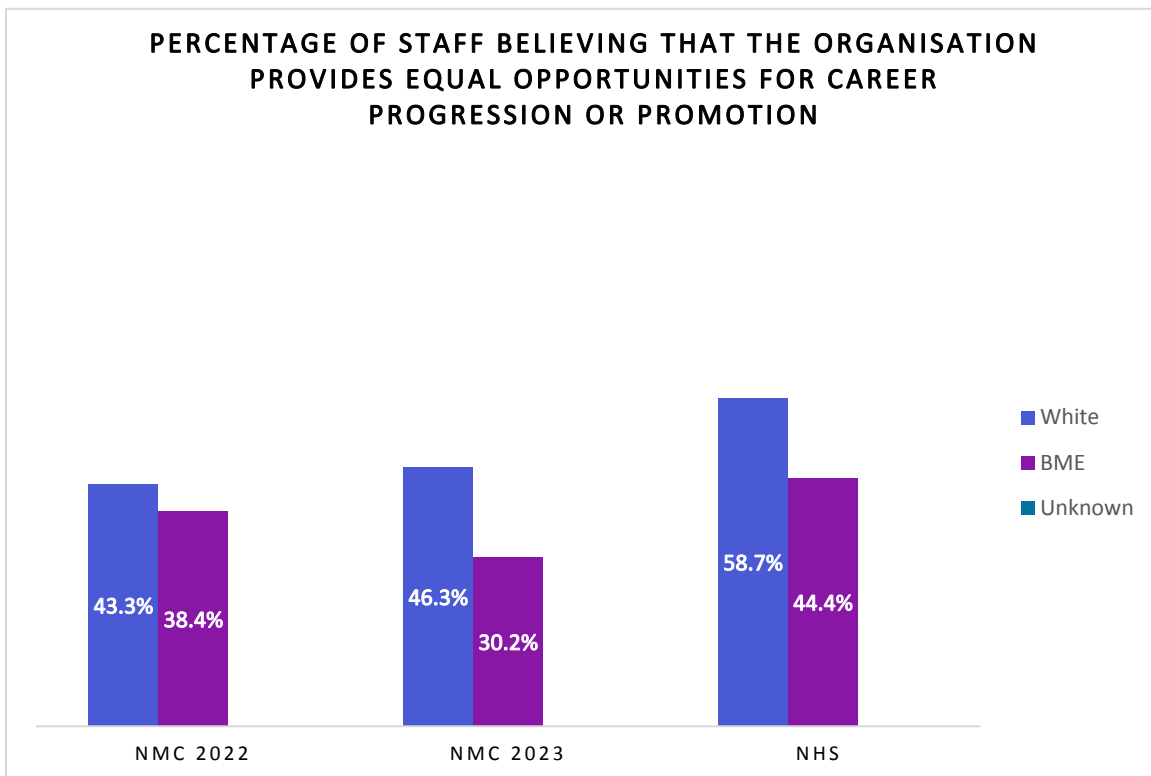
- In 2023 the percentage of colleagues experiencing harassment, bullying or abuse from staff decreased for white colleagues and increased for BME colleagues compared to the NMC in 2022. A **0.8** percentage points decrease for white colleagues and **1.0** percentage points increase for BME colleagues.
- For context, this represents 18 white respondents, 19 BME respondents and 2 respondents whose ethnicity is 'unknown'. This is 39 out of the 399 colleagues who responded to the survey or 9.8 percent.
- The NMC scores remains significantly below the NHS for both white and BME colleagues however any score above zero for colleagues whether they are white or BME is a cause for concern.

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## Indicator 7

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

The graph below compares how colleagues that participated in the WRES survey answered the question above in NMC 2023 & 2022 compared to the NHS 2022:



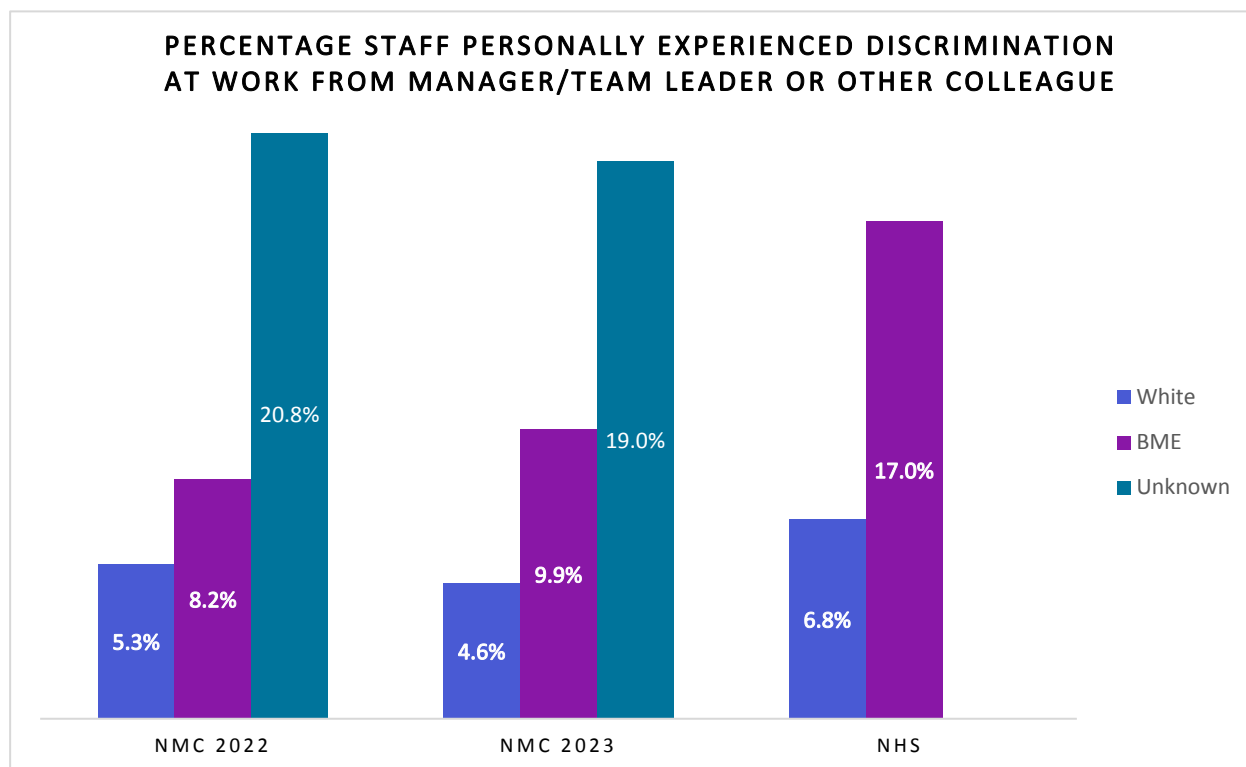
- In 2022 the percentage of white employees believing that the NMC provides equal opportunities for career progression or promotion has increased by **3.0** percentage points.
- The proportion of BME colleagues believing that the NMC provides equal opportunities has decreased by **8.2** percentage points.
- For context, this equates to 100 out of 216 white respondents agreeing there is equal opportunity for career progression, 49 out of 162 BME respondents agreeing. We are taking action to improve opportunities for career progression as part of our NMC People Plan and have specific actions aimed at improving career progression for BME colleagues.
- The NHS figures have been updated for 2022 and the previous six years as they did not include the “do not know” responses in their calculations. The NMC has always included colleagues who have responded “do not know” in our overall

scores. With this change the NMC results are closer to the NHS results than they have been previously but are still lower than the NHS results.

## Indicator 8

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

The graph below compares how colleagues that participated in the WRES survey answered the question above in NMC 2023 and 2022 compared to the NHS 2022:



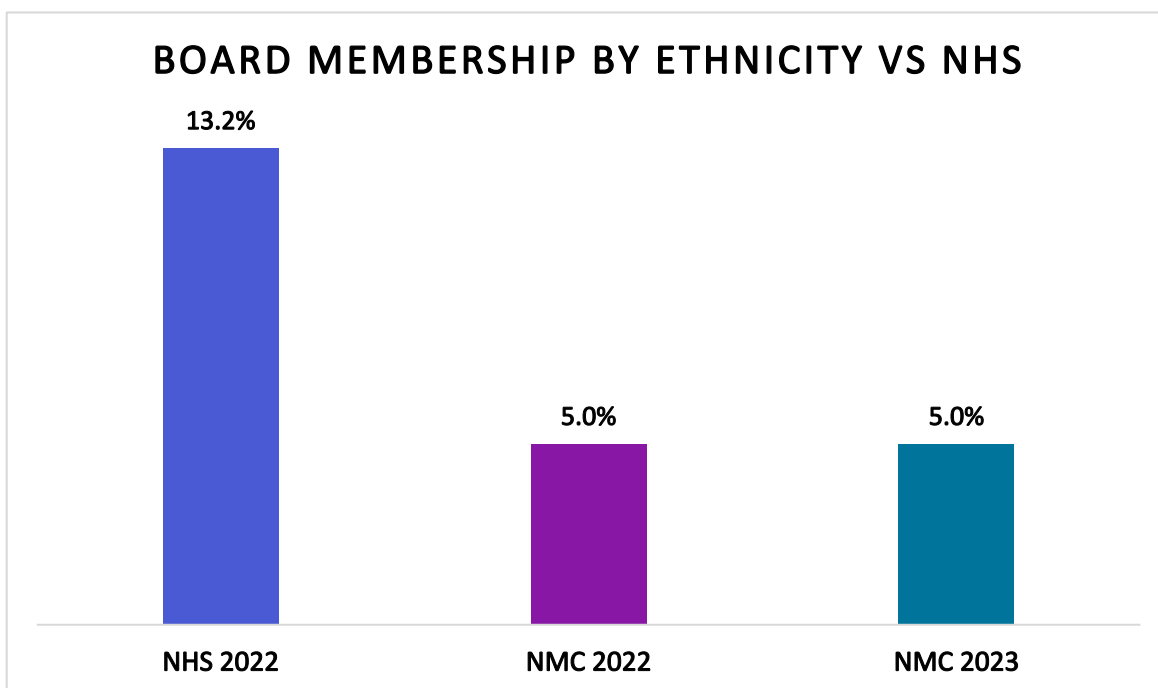
- In 2023, 9.9 percent of BME respondents said they had personally experienced discrimination at NMC in the past 12 months. This represents an increase of **1.7** percentage points from 2022.
- There was a decrease for white colleagues with 4.6 percent saying they had personally experienced discrimination; down by **0.7** percentage points from 2022.
- For context, this comprises 10 white respondents experiencing discrimination in the past 12 months, 16 BME respondents and 4 respondents for whom their ethnicity data is unknown. This represents a total of 30 NMC colleagues out of 399 colleagues who responded to the survey or 7.5% of respondents

- The scores for both BME and white colleagues are lower than the NHS in this indicator, however we are not complacent about the impact of discrimination experienced from colleagues and are tackling this through our EDI Plan.

## Indicator 9

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

The graph below shows how we compare to NMC board membership by ethnicity in 2022 and NHS 2022.



- The NMC has low BME representation at board member level, with BME colleagues representing 5.0 percent of our Board membership. This is compared to the overall NMC representation of BME colleagues at 39.8 percent.
- There was no change in BME board representation in 2023.
- The average 2022 NHS BME board member representation is 13.2 percent which means the NMC is currently 8.2 percentage points below this.

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## Conclusion

The purpose of this report is to set out the initial findings of WRES data collection. It will be presented to the Workforce Race Equality Working Group, our Executive Board and NMC colleagues before publication.

Our current WRES data reveals a mixed picture. It's positive that we have improved our performance against three of the indicators. We particularly welcome the increased BME representation across the organisation as we aim to be an employer of choice for a diverse range of candidates. However, our pay data reveals an uneven distribution of BME colleagues across pay bands which we are committed to address.

It is positive that there has been a reduction in the numbers of colleagues experiencing external harassment, bullying or abuse from people outside the NMC. We are not complacent about these figures though as there is still a small difference between BME and white colleagues' experience that we aim to address, and we are committed to work to eliminate discrimination of all kinds.

Across a number of indicators our performance worsened, fewer BME colleagues who responded to the survey think that there are equal opportunities for career progression and more BME colleagues reported experiencing discrimination at work and harassment, bullying and abuse from their colleagues than last year. In all three of these measures the experience of white colleagues improved from last year. All of these results indicate that there is more for us to do to improve the experiences of our Black and ethnic minority colleagues.

We highlighted in our report last year that we aimed to address the fall in the response rate to the WRES survey between 2021 and 2022. We have however, been unable to achieve this, maintaining approximately the same response rates as we did last year. We have already taken steps to integrate the WRES survey with our 'Your Voice' colleague surveys to address any survey fatigue that colleagues may be experiencing. This will also improve the quality of our data, so we are able to take more proactive interventions to address concerns in different parts of the NMC and better respond to the feedback received.

## What are we doing in response to our 2023 WRES data?

We will continue to deliver the actions set out in our EDI plan (2022- 2025) and have recently refreshed our People Plan to be even more ambitious and make a clearer link to our EDI plan. Our EDI Plan sets out specific actions which will address the inequality experienced by our Black and minority ethnic colleagues specifically.

Last year we highlighted a number of areas of our EDI plan that could help in addressing the issues highlighted in our WRES results including:

- Implementing our new Applicant Tracker System (ATS) to improve how we collect recruitment data and improve our recruitment process.
- Mapping the career progression of colleagues and creating targeted actions to improve this, through our Rising Together Mentoring Programme, recruitment

training and embedding a new approach to leadership and management development.

- Improving our mechanisms to report discrimination, bullying and harassment.

We introduced our new ATS in late 2022 and it is providing us with improved mechanisms to invite colleagues to share their diversity data at the start of their employment journey. This gives us a clearer picture of where any disparities exist in the different stages of the recruitment process, allowing us to design and target our interventions more effectively. Qualitative feedback from a recent colleague survey, indicates significant improvements in quality and consistency of recruitment. The ATS assists with inclusive recruitment, in particular through a standardised approach to anonymisation of a range of applicant data to address unconscious bias. We will also be introducing mandatory recruitment training for all colleagues sitting on recruitment panels. The training will support colleagues to consistently adopt inclusive approaches to recruitment.

We have a number of actions aimed at improving career progression of colleagues. We have outlined these in detail in our pay gaps report, setting out the steps we're already taking to address this and how we will build on these, prioritising actions which increase our representation of BME colleagues in more senior grades which reduce our ethnicity pay gap. These include the introduction of a Management Essentials programme which is mandatory for all managers across the NMC. The programme is designed to set expectations of all NMC managers, provide a holistic framework for performance management in the hybrid workspace, provide a robust grounding for managers who have not had the chance to fully develop their skills, provide tools to help with specific situations, provide the space for managers to pause and reflect and create a community of managers who can provide peer to peer support. Equality, diversity, and inclusion runs through every single part of this programme, both for individuals who we want to support to develop and progress, but also so that all colleagues can benefit from investment in management and leadership.

Improved management capability is critical to achieving consistent delivery of our EDI actions, including ensuring that BME colleagues across the organisation are effectively encouraged, and supported and nurtured to develop their careers within the NMC. Our Rising Together mentoring programme is in its third year and we have seen increasing numbers of participants benefiting from a programme of mentoring, networking and formal learning. Around 30 percent of mentees got a promotion, secured a secondment or changed to a new role within 12 months of completing the programme and 95 percent rated their overall experience with the Rising Together programme as very good and excellent. We will build on the success of Rising Together through the introduction in the coming year of clear post-programme mechanisms for talent moves and possible progression.

In renewing our commitments to narrow our pay gaps we are also proposing to set new, public targets for the promotion and recruitment of women and BME colleagues and candidates at grade 6 and above. These will be set out in our new Corporate plan and we will report on progress against them in our Annual report.

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Although the rise in the number of disciplinarys involving BME colleagues is small we are committed to understanding any issues which might be influencing this. To improve our insight in this area we will monitor action short of disciplinary and regularly reflect on the results of this in our People Leadership Group and Workforce Race Equality Working Group.

There a clear disconnect between what WRES is telling us about BME colleagues' experiences of bullying, harassment and discrimination, and what we see come through our HR channels in terms of actionable complaints. As well as taking steps to ensure that our policies and processes are up-to-date and accessible to all, we are seeking to:

- i. Improve the quality of our data – by integrating WRES within Your Voice so we are able to take more proactive interventions to address concerns in different parts of the business
- ii. Reinvigorating our relationships with our networks, including exploring setting up a network of Fair Treatment Ambassadors
- iii. Create more channels for informal resolution of issues to restore relationships (eg mediation) outside of the formal Grievance process.

### **How will we know we're making progress?**

We will continue to implement WRES but recognise that in order to most effectively respond to our WRES results we also need to look at them alongside other measures. We will therefore also use the monitoring of our EDI Action Plan to measure progress, other internal employee surveys including our all-colleague 'Your Voice' survey, progress in increasing senior-level representation of BME colleagues, our ethnicity pay gap data, feedback from employee networks and external stakeholder views. Like WRES, these range of measures combine different types of data, including importantly the experiences and insights of our BME colleagues.

We recognise that progress in some areas may take a number of years e.g. increasing representation at senior levels but other changes, such as the updating of policies and the establishment of alternative channels to raise issues of bullying, harassment and discrimination can be introduced more quickly.

The actions taken will be monitored as part of our EDI Action Plan under the leadership of our EDI Leadership Group members and the scrutiny of both our Executive Board and Council. We will use our Workforce Race Equality Working Group to focus our efforts in progressing in this work.

## Council

### Update on work of Employer Link Service

**Action:** For noting.

**Issue:** To update the Council on the work of the Employer Link Service (ELS).

**Core regulatory function:** Professional Practice.

**Strategic priority:** Strategic aim 1: Improvement and innovation.  
Strategic aim 2: Proactive support for our professions.  
Strategic aim 3: More visible and informed.  
Strategic aim 4: Engaging and empowering the public, professionals and partners.  
Strategic aim 5: Insight and influence.  
Strategic aim 6: Fit for the future organisation.

**Decision required:** None.

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

- Annexe 1: ELS update - Slide deck

**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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[Sam.Donohue@nmc-uk.org](mailto:Sam.Donohue@nmc-uk.org)

Executive Director: Sam Foster  
Phone: 020 7681 7929  
[Sam.Foster@nmc-uk.org](mailto:Sam.Foster@nmc-uk.org)

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- Context:**
- 1 The Employer Link Service (ELS) was established in response to the Francis Inquiry recommendations in 2016 with the aim to increase visibility of the NMC across employers of nurses and midwives in the UK.
  - 2 The ELS team has grown since its inception and has developed strong relationships with employers in all four countries, working closely with other professional and national/system regulators to share intelligence out from and into the NMC.
  - 3 The team provides support externally to employers through Fitness to Practise case list discussions, the provision of learning sessions, developing bespoke engagement materials and the provision of the employer advice line.
  - 4 The ELS work with all of the NMC directorates to provide intelligence and insight from health and care providers into our core workstreams.
  - 5 In 2022, ELS moved from the Strategy and Insight directorate into Professional Practice directorate, this transition has strengthened the internal relationship between education and practice.
  - 6 This paper provides an update of the work of the ELS, including:
    - 6.1 A review of the ELS and how we use our influence and employer support to reduce unnecessary referrals.
    - 6.2 The current and planned engagement work in Wales.
    - 6.3 The future plans for ELS.
- Four country factors:**
- 7 The ELS is a UK wide service and provides support in the four nations. The presentation sets out our work across the UK with a specific focus on Wales.
- Discussion and options appraisal:**
- 8 The ELS has been in place since 2016 and this presentation provides an opportunity for Council to hear how the service has developed into the wide ranging, field service we have today and to consider its plans for the future.
  - 9 The presentation provides an update on the following areas:
    - 9.1 Our work with employers.
    - 9.2 The NMC advice line.

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- 9.3 Intelligence sharing.
- 9.4 Prioritising the Fitness to Practise (FtP) caseload.
- 9.5 Supporting practice.
- 9.6 Welcome to the UK.
- 9.7 Engagement in Wales.
- 9.8 Workstreams for 2023-2024.

10 Council is asked to consider the update provided and share any insights or questions on the work of the ELS and its impact.

**Midwifery implications:** 11 The ELS works across the NMC’s registrant groups and provides specific support on midwifery issues. The presentation elaborates on these midwifery workstreams.

**Public protection implications:** 12 The presentation covers the contribution that the ELS makes to the delivering the public protection duty, including its work in supporting the local management of issues, sharing key messages with employers, delivering learning and support sessions and providing an employer advice line to support queries and reduce inappropriate referrals.

**Resource implications:** 13 The ELS is funded through the Professional Practice budget. The budget for ELS in 2023-2024 is £1.98 million.

**Equality diversity and inclusion implications:** 14 The ELS is committed to playing its part in delivering the NMC’s Equality, Diversity and Inclusion (EDI) responsibilities. For example, the service works with employers to ensure that inappropriate referrals to Fitness to Practise (FtP) are avoided, as well as delivering the Welcome to the UK Programme, which helps support internationally educated nurses and midwives to prepare for the cultural differences of working in the UK. The ELS plans to expand this engagement with social care and the nurse agency sector, working closely with the NMC EDI colleagues and in support of the NMC strategy.

**Stakeholder engagement:** 15 The ELS is one of the NMC’s key engagement vehicles with employers across the UK. The presentation sets out how that engagement is delivered.

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**Risk implications:** 16 The ELS has expanded its team however demand for the service continues to grow and redeployment of resource to support the FtP caseload puts additional demand on a team already working at full capacity.

**Regulatory reform:** 17 None.

**Legal implications:** 18 None.

Item 13: Annexe 1  
NMC/23/77  
27 September 2023

# Employer Link Service Update for Wales NMC Council meeting

Sam Donohue, Assistant Director, National and Regional Outreach  
Sharon Clement-Thomas, Regional Advisor, Employer Link Service



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# Aim of this session

1. To provide a review of the Employer Link Service (ELS) and how we use our influence and employer support to reduce unnecessary referrals and support Fitness to Practice
2. To outline our current and planned engagement and work in Wales
3. To present our future plans for the ELS



# 2023-2024 Regulation Advisors (RA) allocation across the UK



**Scotland** - Linda Martin

**Northern Ireland** - Pamela Craig *[0.6 wte]*

**North West & Isle of Man** – Paula Palmer-Charlery

**Midlands** -Tony Newman

**Wales** - Sharon Clement-Thomas  
*[secondment to 31 Oct]*

**South West, Jersey and Guernsey** -Michele Harrison



## Principal Regulation Advisors

Linda Kenward,  
Mark Brooke

**North East** - Kristian Garsed

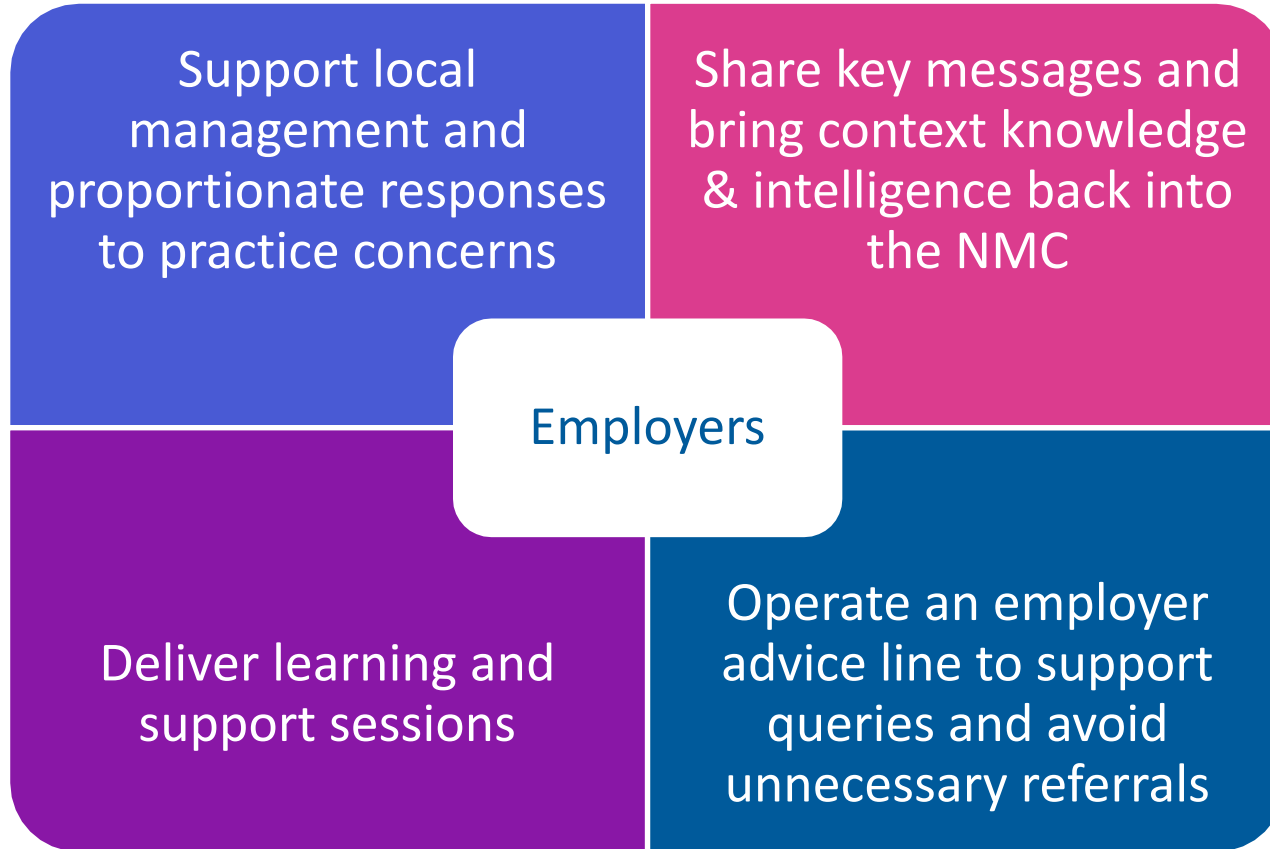
**East of England** –  
Loucia Kyprianou - *mat leave cover for Kate Lettin*

**London** – David Taylor *(secondment)*

**South East** - David Porter, Nicola Moreton *(secondment)*

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# Our work with employers



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# The NMC Employer Advice Line

The ELS Regulation Advisors (RA) offer an Employer Advice Line, open Monday to Friday throughout the year.

*This is the 3rd or 4th time I've used this service and I've found it invaluable as a support tool.*

985 requests for advice were received this year

48 percent of the employers calling for advice were **advised not to refer** at the time of the call

## Advice line calls

2022-23	2021-22	2020-21
985	744	1044

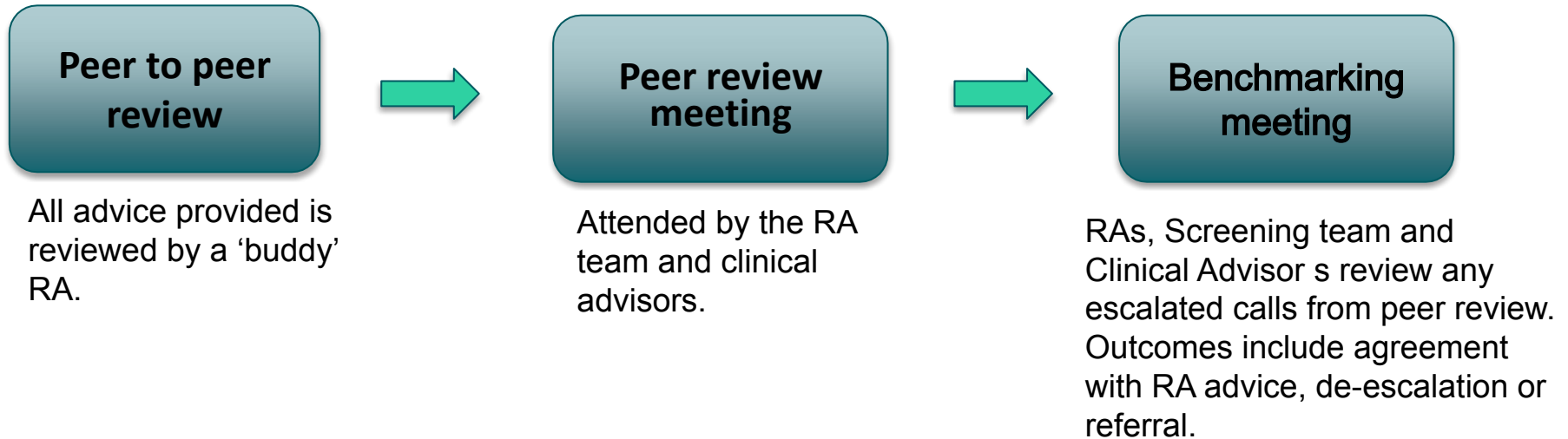
## Calls to the advice line by UK country

<b>Wales</b>	<b>60</b>
Advised not to refer at time of call	48 percent [31]
<b>Scotland</b>	<b>69</b>
Advised not to refer at time of call	49 percent [34]
<b>Northern Ireland</b>	<b>53</b>
Advised not to refer at time of call	51 percent [27]
<b>England</b>	<b>688</b>
Advised not to refer at time of call	47 percent [320]

# Advice line assurance process

The assurance process is designed to promote consistency of the advice provided, aid learning, identify themes and to uphold high standards in supporting employers and other organisations who may seek advice from ELS.

Complex or unusual cases or cases where opinions on the advice provided are divided will be discussed through the different assurance stages as required



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# How ELS shares intelligence internally within the NMC

Regulation advisors meet with other professional and national regulators

Intelligence is shared and discussed at an internal Devolved Administrations or regional meeting with colleagues from across the NMC

Intelligence for further escalation is referred to internal meetings such as Quality Assurance Board or executive led Intelligence Co-ordination Group

Areas for further discussion/heightened risk/potential themes are escalated to a monthly Intelligence Sharing meeting chaired by the Assistant Director

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# Prioritising the fitness to practise caseload

- Regulation Advisers are experienced at providing advice to employers about concerns related to an individual's fitness to practise.
- In July the Employer Link Service were asked to take on and manage 200 existing cases in our fitness to practise caseload. A streamlined process was agreed and commenced with the full team deployed in late July to review the cases.
- By 4 August all 200 cases were reviewed by ELS with 24 suitable for immediate closure. 14 of the 24 cases were agreed and progressed to closure by our screening team.
- A further process has been developed for the remaining 176 cases for potential closure following contact to the referrer or organisation with additional case closures and case progression anticipated.

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# Supporting practice

FTP Learning  
Sessions

Duty of  
Candour

Midwifery  
Matters

Professional  
Behaviours  
Patient Safety

Welcome to  
the UK

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# Welcome to the UK

- We have seen a significant increase in Internationally educated nurses and midwives join the register – 25,006 in 2022-2023.
- New to the UK but not new to practice – different support needs to newly qualified professionals are required
- Many will be joining organisations facing cultural and workforce challenges

Our data shows that as an internationally educated nurse or midwife

- you are more likely to be referred to the NMC than if you were trained in the UK.
- 50 percent of those referrals made in the first 18 months came from employers.
- Most of these were closed at the screening stage.



# Welcome to the UK programme

The Welcome to the UK programme delivers a half day face-to-face (or 2.5 hour online) interactive workshop, seeking to:

1. **Prepare internationally educated nurses and midwives for the cultural and ethical differences of working in the UK**, by using the Code to introduce professional responsibilities that may be new or different to other parts of the world.
2. **Set the tone for a positive regulatory relationship and raise awareness of the NMC's role and what it means to be regulated**, by ensuring good understanding of registration, revalidation and fitness to practise processes.
3. **Improve retention of internationally educated nurses and midwives**, by giving them a supportive introduction and bringing them together with other internationally recruited professionals to form networks.
4. **Reduce the number of NMC referrals of internationally educated nurses and midwives**, by ensuring they feel well-informed about the professional expectations of them and able to speak up when they have concerns.

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# Engagement in Wales

ELS have had frequent communication with all Health Boards in Wales over the last year offering support, regulatory advice, sharing information, and delivering supportive engagement sessions. This year this activity has included:

- 172 engagements across the Health Boards and Ambulance Service
- Regular case list reviews to support progression through FtP processes across
- 7 Nursing and Midwifery leadership sessions
- Board development session with one health board
- Welcome to the UK - 2 sessions in one board with a further planned
- Professional Standards and Midwifery Matters sessions offered to every Health Board
- 2 day in person visit planned with Chief Nursing Officer (CNO) team to one Board in October.

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# Engagement in Wales

The Regulation Advisor for Wales meets regularly to share intelligence and plan joint engagement with:

- Other professional regulators (General Medical Council (GMC), The Health and Care Professions Council) and professional bodies (Royal College of Nursing and Royal College of Midwives)
- Social Care Wales, Healthcare Inspectorate Wales (HIW), and Health Education and Improvement Wales

And is a member of the biannual Health Improvement Summit (HIW host) and quarterly regulators forum (GMC chaired).

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# Our workstreams for 2023-2024



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Thank you

NMC Employer Link Service

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## Council

### Council Effectiveness Review – Update

<b>Action:</b>	For noting
<b>Issue:</b>	To update the Council on the outcome of the recent external effectiveness review and the implementation of the recommendations.
<b>Core regulatory function:</b>	All regulatory functions
<b>Strategic priority:</b>	Strategic aim 6: Fit for the future organisation
<b>Decision required:</b>	None.
<b>Annexes:</b>	None.
<b>Further information:</b>	If you require clarification about any point in the paper or would like further information please contact the author named below.
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**Context:**

1 As part of its commitment to good governance and continuous improvement, the Council has agreed that, approximately every three years, it will engage an external partner to undertake a Council effectiveness review. This supplements the usual internal effectiveness reviews carried out annually.

2 At the Seminar in November 2022, Council considered the approach for the effectiveness review. Following this discussion, the Chair, in consultation with the Chief Executive and Registrar, agreed the specification for the review which would include a specific element on arrangements for transitioning to a unitary board structure.

3 Following a competitive quotation process, Campbell Tickell, a management consultancy, was appointed to facilitate the effectiveness review.

4 This paper provides a summary of how the review was carried out, the findings and the approach to implementing the recommendations.

**Four country factors:**

5 Not applicable for this paper.

**Discussion:**

6 Campbell Tickell undertook a broad and wide-ranging review of the effectiveness of the Council’s governance arrangements and also supported the Council and Executive in their thinking about transitioning to a unitary board and how they would need to work differently post regulatory reform.

7 The review included an online survey of Council members and Associates (13 respondents) and Executive Directors (six respondents) followed by 1:1 discussion with all Council members, Associates and Executive members, as well as a focus group with the Governance team.

8 Colleagues from Campbell Tickell observed the following meetings:

8.1 Audit Committee (virtual) – 1 March

8.2 full Council meeting (Seminar, Confidential and Open sessions – 28 & 29 March

8.3 Investment Committee (virtual) – 19 April

8.4 Remuneration Committee (virtual) – 5 June



- 9 Alongside this, a detailed document review was undertaken looking at the quality of Council and committee papers and the documents that make up the governance framework.
- 10 Campbell Tickell also joined the Council awayday in April, sharing their early thoughts and findings and leading a discussion on ways of working in a unitary board context.
- 11 Campbell Tickell shared the full findings of the review with Council at its seminar in late July. In summary, the report found that there is generally a good framework for the governance of the NMC and that there is a strong commitment to role modelling the organisation's purpose and values.
- 12 However, Campbell Tickell also observed that the prospect of regulatory reform, alongside the effectiveness review, presented an opportunity to reshape and reorientate the governance within the organisation.
- 13 It is clear from the feedback that there is a desire for the Council to be more strategic to enable it to make best use of its time to address the challenges within its control and influence the wider system issues both directly and indirectly.
- 14 One of the main structural proposals is a revision of the Council's committee structure to enhance the assurance Council receives and allow for more time for strategic items on Council agendas. A separate paper on the committee structure will be brought to a future meeting of the Council.
- 15 While the report also identifies some process and practical improvements that could be made to improve the governance arrangements across Council and its committees, there is a strong focus in the findings on developing a sense of shared endeavour between the Council and Executive and building on the existing working culture as we prepare for unitary board status.
- 16 In discussing the findings, the Council gave a clear steer that its preference was to be involved in the development and implementation of recommendations around ways of working, given the future context, and that the implementation should not be the usual implementation by action plan.
- 17 As a result, Campbell Tickell have been commissioned to support the implementation of the developmental recommendations and will hold a series of workshops, initially focusing on building upon the existing working relationship between Chair and Chief Executive and Registrar and then looking at the wider Council and Executive ways of working.

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## Next Steps

- 18 The facilitated workshops will be carried out during Q3 2023-24. Alongside this the Governance team will begin to implement the practical and process recommendations.
- 19 A progress update and the full effectiveness report will be presented to Council at its January meeting.
- Midwifery implications:** 20 None.
- Public protection implications:** 21 None. The NMC is committed to the highest standards of governance to enable Council's effective oversight of our regulatory functions. The effectiveness review is also part of our work to ensure we are well prepared for regulatory reform and the opportunities this offers to help us fulfil our public protection duty.
- Resource implications:** 22 The costs of the external facilitation sessions, £12k inc. VAT, have been absorbed into the Governance budget and expenditure has been discussed with the Procurement team.
- Equality diversity and inclusion implications:** 23 The review identifies the need for Council to reflect on its own composition and this will form part of the facilitated development session. We will also need to consider the impact of individual process changes, for example, ensuring that our report template remains accessible. The regulatory reform programme governance workstream is developing an equality impact assessment to ensure that we give consideration to these important factors as we implement this work, including the transition to unitary board status.
- Stakeholder engagement:** 24 The effectiveness review focused on how Council worked and by its nature had an internal focus.
- Risk implications:** 25 External effectiveness reviews are a strong control to avoid the risks of group think that can develop over time and help to both bring new thinking to existing governance arrangements and stimulate debate.
- Regulatory reform:** 26 The effectiveness review was designed to encompass the impact of the regulatory reform on the Council, namely the transition to a unitary board.

**Legal implications:**

27 None. The recommendations in the effectiveness review are all within the Council's power to implement or are in preparation for the Council's constitution post regulatory reform.

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