

# Open Council - 22 November 2023 - for website

MEETING  
22 November 2023 09:00 GMT

PUBLISHED  
15 November 2023

## Meeting of the Council

To be held from **09:00** on Wednesday 22 November 2023  
Council Chamber, 23 Portland Place, London W1B 1PZ

### Agenda

Sir David Warren  
Chair of the Council

Matthew Hayday  
Council Secretary

**1 Welcome and Chair's opening remarks** NMC/23/82 **09:00**

**2 Apologies for absence** NMC/23/83

**3 Declarations of interest** NMC/23/84

**4 Minutes of the previous meeting** NMC/23/85

Chair of the Council

**5 Summary of actions** NMC/23/86

Secretary

### Matters for discussion

**6 Executive report, including performance and risk report (quarter two – July to September)** NMC/23/87 **09:10-09:55**  
(45 mins)

Chief Executive and Registrar/Executive

### Matter for decision

**7 Whistleblowing concerns – Terms of Reference for Investigation by Ijeoma Omambala KC** NMC/23/88 **09:55-10:15**  
(20 mins)

Executive Director, People and Organisational Effectiveness

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**Refreshment break (20 mins)**

**10:15-  
10:35**

### **Matters for discussion**

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|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------|
| <b>8</b>  | <b>Fitness to Practise caseload update</b><br>Executive Director, Professional Regulation                                                          | NMC/23/89 | <b>10:35-<br/>11:15</b><br>(40 mins) |
| <b>9</b>  | <b>Professional Standards Authority annual performance review for 2022-2023</b><br><br>Executive Director, People and Organisational Effectiveness | NMC/23/90 | <b>11:15-<br/>11:35</b><br>(20 mins) |
| <b>10</b> | <b>Education QA annual report 2022-2023</b><br><br>Executive Director, Professional Practice                                                       | NMC/23/91 | <b>11:35-<br/>12:05</b><br>(30 mins) |

### **Matters for decision**

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|-----------|--------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------|
| <b>11</b> | <b>Safeguarding Policy annual review</b><br><br>Executive Director, People and Organisational Effectiveness        | NMC/23/92 | <b>12:05-<br/>12:25</b><br>(20 mins) |
| <b>12</b> | <b>Panel Member/Legal Assessor appointments</b><br><br>Executive Director, People and Organisational Effectiveness | NMC/23/93 | <b>12:25-<br/>12:35</b><br>(10 mins) |
| <b>13</b> | <b>Removal of an Assistant Registrar</b><br><br>Executive Director, People and Organisational Effectiveness        | NMC/23/94 | <b>12:35-<br/>12:45</b><br>(10 mins) |

### **Matters for discussion**

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|-----------|----------------------------------------------|-------------------------|---------------------------------------|
| <b>14</b> | <b>Questions from observers</b><br><br>Chair | NMC/23/95<br><br>(Oral) | <b>12:45 -<br/>13:00</b><br>(15 mins) |
|-----------|----------------------------------------------|-------------------------|---------------------------------------|

### **Matters for information**

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| <b>15</b> | <b>Appointments Board reports</b><br>Chair, Appointments Board    | NMC/23/96 |
| <b>16</b> | <b>Audit Committee report</b><br>Chair, Audit Committee           | NMC/23/97 |
| <b>17</b> | <b>Investment Committee report</b><br>Chair, Investment Committee | NMC/23/98 |
| <b>18</b> | <b>Chair's actions taken since the last meeting</b><br>Chair      | NMC/23/99 |

**CLOSE & LUNCH**

**13:00**

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Meeting of the Council  
Held on Wednesday 27 September 2023 at Cornerstone, Cardiff

## Minutes

### Council

David Warren	Chair
Claire Johnston	Member
Lindsay Foyster	Member
Margaret McGuire	Member
Derek Pretty	Member
Anna Walker	Member
Ruth Walker	Member
Sue Whelan Tracy	Member
Lynne Wiggins	Member
Navjot Kaur Virk	Associate
Jabulani Chikore	Associate

### NMC Officers

Andrea Sutcliffe	Chief Executive and Registrar
Helen Herniman	Executive Director, Resources and Technology Services
Matthew McClelland	Executive Director, Strategy and Insight
Ruth Bailey	Executive Director, People and Organisational Effectiveness
Alice Hilken	General Counsel
Sam Foster	Executive Director, Professional Practice
Edward Welsh	Acting Assistant Director, Communications and Engagement
Sam Donohue	Assistant Director, National and Regional Outreach
Sharon Clement-Thomas	Regulation Advisors, Employer Link Service
	Secretary to the Council
Matt Hayday	Senior Governance Manager
Alice Horsley	Governance Manager
Sharon Dawson	
<b>Also present</b>	Chief Nursing Officer, Wales
Sue Tranka	

*A list of observers is at Annexe A.*

## Minutes

### NMC/23/65 Welcome

1. The Chair welcomed all attendees to the Council meeting in Wales. Council members and Associates had visited various services and met with a wide range of colleagues and partners the previous day, which had been inspirational. The Chair thanked everyone who took time out of their very busy working day to talk about their work and the challenges and achievements for nursing and midwifery in Wales.
2. The Chair noted that the NMC had also held the Post-Registration Launch Event at the University of South Wales the previous day. The event was the final one of four, and previously delayed, celebrations of the new post-registration standards. It marked the end of the NMC's six year education change programme, in which the way the proficiency and education and training standards set was modernised. This included the NMC's standards of proficiency for nurses, midwives and nursing associates, as well as other standards set comprising return to practice, prescribing, an education standards framework that includes Standards for Student Supervision and Assessment, and the suite of education programme standards.
3. The Chair extended a special welcome to Sue Tranka, Chief Nursing Officer for Wales, and thanked her for the support her and her teams had provided to make these visits happen.

### NMC/23/66 Apologies for absence

1. Apologies were received from Eileen McEneaney and Nadine Pemberton Jn Baptiste, Council members, Miles Wallace, Acting Executive Director, Communications and Engagement, and Lesley Maslen, Executive Director, Professional Regulation

### NMC/23/67 Declarations of interest

1. The following declarations of interest were recorded:
  - a) **NMC/23/73: Fitness to Practise Caseload update**  
All registrant Council members, Associates and Sam Foster declared an interest.
  - b) **NMC/23/:74 Update on phase one of Advanced Practice review**  
All registrant Council members, Associates and Sam Foster declared an interest.
2. The interests were not considered material such as to require the individuals concerned to withdraw from discussion or decisions.

**NMC/23/68 Minutes of the previous meeting**

1. The minutes of the meeting on 26 July 2023 were agreed as an accurate record and signed by the Chair.

**NMC/23/69 Summary of actions**

1. The Council noted progress on actions arising from previous meetings.
2. Arising from **NMC/23/17** – Maternity: Efforts were ongoing to arrange a date for Dr Kirkup to attend a Council Seminar to discuss maternity issues. The Council would welcome this discussion as soon as possible, given the current issues related to maternity services.
3. Relating to **NMC/23/62** (Annexe B) – Response to observer question in the minutes: The commitment to update the Council at the November Seminar about the provision of appropriate support to professionals involved in the NMC’s FtP process would be recorded as an action.

**NMC/23/70 Chair’s opening remarks**

1. The Chair noted that on 26 September 2023, whistleblowing concerns raised about the NMC were the subject of an article in *The Independent* online newspaper. The article set out strong criticism about the internal culture at the NMC and some of the regulatory decisions it had taken as a result of that alleged culture. The NMC was in the process of securing independent experts to investigate the concerns raised and was committed to being transparent about the scope of that work and the findings.
2. The Chair stated how extremely seriously these concerns were taken by the Council, which regularly scrutinised cultural issues at the NMC, as well as the effectiveness of the NMC’s regulatory decisions. The Chair said that he was sorry there was concern from anyone about the culture at the NMC. Whilst he was proud to be the Chair of the NMC, it was recognised that the organisation did not get things right every time, and it was important to appreciate there were problems, to learn lessons, and to improve constantly. On behalf of the Council, the Chair noted that members were committed to working with Executive Directors, to ensure people within and outside the NMC were encouraged to raise concerns, and that concerns raised were addressed urgently and transparently. The Council and Executive were committed to upholding the values of the NMC; fairness, collaboration, kindness, and ambition, as well as celebrating diversity and inclusivity, and tackling discrimination, to ensure the organisation was strong and effective in achieving its statutory duties and core objectives.

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3. It was highlighted that there were issues relating to the NMC's culture to be discussed on the agenda for the meeting, including the Pay Gap results and the Workforce Race Equality Standard (WRES) survey data.

**NMC/23/71 Presentation from the Chief Nursing Officer**

1. The CNO welcomed the Council to Wales and made a brief presentation. The following points were noted:
- a) The CNO hoped the Council had found the health and social care visits the previous day to have provided a valuable insight into the work of nursing and midwifery professionals in Wales, as well as a Welsh perspective.
  - b) The opportunity to demonstrate the level of care provided in Wales was valued.
  - c) The Council were encouraged to visit West Wales next time, to gain an understanding of the distinct issues facing professionals in more rural areas of the country.
  - d) There was a strong and valued professional relationship between the NMC and Wales.
  - e) The Minister, the CNO office Wales, and the NMC Chair and the Chief Executive and Registrar had regular meetings to discuss emerging issues in Wales and across the UK.
  - f) The Executive Director, Professional Practice and CNO office, Wales, were working closely on a number of professional issues, including in respect of Band 4 nursing roles.
  - g) Ruth Walker, designated Registrant Council member for Wales, kept the CNO Wales abreast of NMC business, which was much appreciated.
  - h) The expression of deep appreciation to the nursing and midwifery professionals working in Wales, who were the 'life blood' of the health service.
  - i) Acknowledgement that professionals were working in the toughest of conditions, with flu and mental health issues being a significant challenge, alongside the pandemic.
  - j) The CNO office was focused on supporting nurses and midwives to establish a workforce where professionals thrive, including by investing in professional development, improving work life balance and professional wellbeing, and implementing flexible retirement options.
  - k) In relation to the NMC's next strategy for the period 2025-2030, the priorities from the perspective of the CNO Wales were inclusivity and Welsh language, promoting compassion and

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kindness as well openness and honesty, and support for workforce issues.

2.

Summing up, the Chair thanked the CNO for her eloquent and heartfelt tribute to nursing and midwifery professionals in Wales.

**NMC/23/72 Executive report**

1.

Ahead of discussing the content of the report, the Chief Executive and Registrar provided a brief response to whistleblowing concerns raised about the NMC published in *The Independent*. The article raised concerns about the culture of the NMC and the way some fitness to practise cases had been handled. These were serious issues, which the NMC was taking extremely seriously.

2.

The Chief Executive and Registrar stated that she was sorry there was concern from anyone about the culture at the NMC. It was essential people feel able to speak up without fear. Making the NMC a great place for all colleagues to work, where diversity was celebrated, inclusion promoted, and discrimination tackled was a top priority for the Chief Executive and Registrar and the Executive team. Ensuring support for fitness to practise teams and independent panels to make appropriate decisions in sometimes very difficult cases had always been an important focus.

3.

To help ensure the NMC was responding fully and taking all the learning away from these concerns, external experts were being invited in to look both at the cases raised and what more the NMC could do to strengthen its approach as necessary; the NMC would also ask someone to look at the culture issues raised, the ongoing work already underway through the People Plan, and the Equality, Diversity and Inclusion (EDI) plan and, again, what more the NMC could do.

4.

The Chief Executive and Registrar emphasised the NMC’s commitment to being an organisation that learns and improves. As the Council was aware, these were areas that the NMC had focused on; however, it was acknowledged that there much more to do. The NMC would be transparent about the findings of the reviews, including any further actions that were planned. The Chief Executive and Registrar noted her commitment to bring regular reports to the Council and the Remuneration Committee on progress.

5.

The Chief Executive and Registrar then introduced the Executive Report.

6.

In relation to the Lucy Letby case and statutory inquiry, the Chief Executive and Registrar said first that the NMC’s thoughts continue to be with the parents, families and babies affected by these heinous crimes.

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7. The NMC was proceeding with the case to seek to strike Ms Letby off the register. Despite Ms Letby's decision to appeal her convictions, the Fitness to Practise process was continuing and the NMC was working to ensure that it could be completed as quickly as possible. As the Council would appreciate, the NMC was following the FtP process as set out in legislation. Following the sentencing decision by the criminal courts, the NMC collected all relevant court documentation. Case Examiners considered that material and based on the nature and seriousness of the conviction, have referred the case to the FtP committee.
8. It was expected that a panel of the NMC's FtP committee would consider the case in late November, and this would conclude the FtP process. There were some statutory timeframes involved, including a requirement that the NMC allow time to seek a response from Ms Letby. It was the panel of the FtP committee who must decide if Ms Letby's fitness to practise was impaired and who would impose a sanction in that instance. As had been made clear, the NMC would be asking the panel to impose a strike off, the only sanction that was appropriate given the seriousness of Ms Letby's criminal convictions.
9. In addition to proceeding with the live referrals for Lucy Letby, and the Director of Nursing at the Countess of Chester at the time, Alison Kelly, the NMC was also working through any other immediate operational or policy actions it needed to take, as well as reviewing its handling of the cases throughout and preparing for the public inquiry. The Chief Executive and Registrar would keep the Council informed of progress.
10. The Executive Director, Professional Practice provided an update in respect of the NMC's decision to withdraw approval of Canterbury Christ Church University's (CCCU) undergraduate midwifery degree programme. CCCU had progressed with the University of Surrey adopting their second and third year students. It was expected that the supporting bridging module would begin in October 2023. The NMC had attended meetings with staff and students to provide support for the new arrangements, and the significant impact on those affected was acknowledged.
11. The Executive Director, Professional Practice also noted that separately, CCCU had reported to the NMC that it had miscalculated the number of practice learning hours completed by some of its nursing students. Affected third year students would have to make up the shortfall of up to eight weeks, which would delay the completion of their degree course. The NMC had written to all approved education institutions to confirm this was an isolated incident, and there would be an internal review to ensure the quality assurance team learned lessons from the matter.

12. The Chief Executive and Registrar confirmed that the NMC had written to professionals who had taken their computer based test (CBT) at the Yunnik Technologies test centre in Nigeria, informing them of the outcomes of its initial investigation. The investigation concluded that there was evidence of widespread fraud at the Yunnik Technologies CBT centre, probably by use of a proxy tester, with all CBT results obtained there considered by the NMC to be invalid. There had been a high open rate of the letters and few queries or concerns raised. The NMC had opened the Contact Centre on the Saturday following the sending of the letters so people could raise concerns if they needed to. It was noted that there had already been 676 people rebook to take their CBT by December 2023, and five people had already taken the test and passed.
13. The Chief Executive and Registrar reiterated how important it had been for the NMC to address the CBT issue seriously. This was not to undermine the incredible contribution that internationally educated nurses and midwives made across the health and care system and the NMC had been clear with employers that they needed to guard against any racism or discrimination that could arise. The Chief Executive and Registrar was very grateful for the tremendous work that NMC colleagues have put in to manage this situation with painstaking care, and was also grateful to the NMC's partners, including the Welsh CNO team, employers, and unions, for their collaboration throughout.
14. The Executive Director, Strategy and Insight reported that the response to the first Insight Report, 'Spotlight in Nursing and Midwifery', published on 3 August 2023, had been positive, including comments received from Unison, the Royal College of Nursing, and the Public Voice Forum, amongst others: the report had had high impact.
15. The Executive Director, Professional Practice provided an update on activity relating to four nation workforce planning. Key areas of work included an international comparison of nursing and midwifery practice hours, in response to the recommendation the NMC considers reducing nursing practice hours to support an increase in nursing training capacity. An update on Future Programme Standards including the potential delivery of nursing programmes in fewer practice learning hours would be provided to Council at Seminar in October 2023.
16. In discussion, the following points were noted:
- a) The Public Voice Forum met on 6 September 2023 and discussed the work the NMC was doing to strengthen its approach to FtP cases involving sexual misconduct, child abuse and safeguarding, which had been highlighted by the whistleblower in *The Independent* article as areas of concern. It was acknowledged that the NMC needed to be clearer in the advice provided for colleagues and panel members and this

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discussion was an important part of the organisation's external engagement. It was expected that new guidance would be published in February 2024.

- b) It was positive that the Professional Standards Authority (PSA) judged the NMC as meeting 17 of the 18 standards of good regulation, although it was disappointing that for the fourth year running the standard relating to the timeliness of FtP cases had not been met. The work underway to address the timeliness of FtP cases would be discussed in the next item.
- c) The visit to maternity services at the Prince Charles Hospital had been very informative. It was important that a Seminar discussion on midwifery regulation and the NMC's role in improving safety in maternity services was not delayed.
- d) The NMC had published principles of preceptorship in 2020 in collaboration with the CNOs and Chief Midwifery Officers (CMidO)/Midwifery leads across the four countries of the UK. Each country had its own preceptorship framework and oversight arrangements that embedded the NMC's principles in relation to their provider organisations and workforce.
- e) During the visit to the Welsh Ambulance Service, it was insightful to learn how Band 4 roles made a significant difference in terms of career development and routes into nursing to support public safety.
- f) The Executive Director, Professional Practice and Executive Director, Strategy and Insight, were collating intelligence across the four UK countries to inform the development of Band 4 nursing family roles. This included learning from the nursing associate role that the NMC had regulated in England since 2019.
- g) The NMC's intention to attend three political party conferences in 2023 was welcomed, particularly as nursing and midwifery was receiving significant public attention.

### **NMC/23/73 Fitness to Practise Caseload Update**

1. The Chief Executive and Registrar introduced the update, noting that the Executive Director, Professional Regulation had stayed in London to provide direct support for the teams affected by the publication in *The Independent*. The article included allegations from the whistleblower that by seeking to close cases at all costs, the NMC was not making safe decisions. The Chief Executive and Registrar assured the Council that this was not the case. The NMC aimed to reduce the caseload swiftly and understood the damaging impact a lengthy process had on

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everyone involved, but had always made clear that this needed to be done safely.

2. The Chief Executive and Registrar highlighted the following points in the paper:

- a) Progress in caseload reduction efforts continued, albeit at a slower rate than anticipated at the start of the year.
- b) The NMC had failed to meet standard 15 of the standards of good regulation relating to the timeliness of case progression, and remained committed to improving performance in terms of timeliness.
- c) Progress was being made in terms of timeliness at the earliest stages of the FtP process, with the median age of cases at those stages starting to come down as the oldest cases were addressed.
- d) Plans were being reviewed to ensure colleagues were focussed on the right initiatives, with the right resources in place to ensure the NMC continued to progress with a swift and safe reduction in the caseload. This included the development of workforce planning tools using external expertise. This would help with identifying resource requirements and where resources could most effectively be directed to reduce the caseload.
- e) Confirmation that very high numbers of referrals had continued into September, which had put significant pressure on the Screening team.
- f) Colleagues in the Screening team were dealing with a high number of new interim order considerations, which decreased the capacity the NMC had to resolve cases at the Screening stage, which in turn impacted significantly on current capacity to reduce the caseload. The impact of the higher referral rate should not be understated.
- g) In November, the Executive Director, Professional Regulation would update the Council on whether there was a need to refine further the plans for caseload reduction and improving timeliness.

3. In discussion, the following points were noted:

- a) It was disappointing that caseload reduction was slower than anticipated at the start of the year. It was important to consider whether resourcing and sequencing of work was appropriate.
- b) At the update at the next meeting, it would be helpful to see further detail emerging from the external report into FtP processes.
- c) The request in a future update for further information on the improvements which the Modernisation of Technology Services

- (MoTS) would afford.
- d) It would also be helpful for future updates to include more FtP quality performance data.
  - e) The work with the Employer Link Service to understand the reason for the increase in employer referrals was welcomed. The Council looked forward to receiving further information on the underlying reasons for this increase.
  - f) There was support available for people involved in the FtP process from NMC Regulation Advisors and the support line, and the NMC encouraged individuals to seek support as required from their representative bodies and trade unions.

4. Summing up, the Chair highlighted that the safety of the public was paramount to the NMC's regulatory responsibility. The Council looked forward to receiving a more detailed update on the FtP caseload in November.

**Action:** Provide a detailed update on the FtP caseload, including whether there was a need to refine further the plans for caseload reduction and improving timeliness.

**For:** Executive Director, Professional Regulation

**By:** 22 November 2023.

**NMC/23/74 Update on phase one of Advanced Practice review**

1. The Executive Director, Professional Practice introduced the paper, which set out an update on phase one of the Advanced Practice (AP) review. Since May 2023, key updates included:
  - a) The appointment of Kay Fawcett OBE as the independent Chair of the AP Steering Group.
  - b) The inaugural steering group, consisting of key stakeholders from across the UK, was held on 4 September 2023.
  - c) Progress on key lines of enquiry, including comparative analysis of the approach of other professional regulators in the regulation of AP.
  - d) The securing of support from the four Chief Nursing Officers and Chief Midwifery Officers/Lead Midwives, and Social Care through securing part time nursing and midwifery adviser secondments to the NMC.
2. The Executive Director, Professional Practice presented two patient stories, one demonstrating title confusion, scope of practice, and public understanding and the other the perspectives of people using services.
3. In discussion, the following points were noted:
  - a) Collaboration with the UK health and care regulators and a joint

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- statement on AP was important.
- b) Acknowledgment that the Health and Care Professions Council (HCPC) had previously reviewed and concluded that it was not the right time to regulate AP across the 15 health and care professions it regulated, but that did not mean it was not the right thing to do in the future. The HCPC had agreed to be on the steering group and there was good collaboration on the matter.
  - c) Public protection was at the centre of considerations in respect of the AP review, and supporting the workforce, retention, and career progression of professionals were also key outcomes.
  - d) Feedback from colleagues hosting the site visits the previous day had been positive in respect of the NMC AP review.
  - e) Consideration be given to whether the key lines of enquiry account fully for the changed health and care landscape post-pandemic, for example in respect of changes to GP services, as well as the digital agenda.
  - f) The scoping of the potential of a new key line of enquiry that included consideration of any impact on internationally educated nurses and midwives was welcome.

4. Summing up, the Chair thanked the Executive for the valuable update. The Council looked forward to receiving formal recommendations in respect of phase one of the AP review at its meeting in January 2024.

**NMC/23/75 Welsh Language Scheme annual monitoring Report 1 April 2022 to 31 March 2023**

1. The Executive Director, People and Organisational Effectiveness introduced the report. It was highlighted that the Welsh language scheme which had been in place since 2011 would be replaced by the new Welsh Language Standards Regulations (WLSR) on 6 December 2023. The implementation of the new Standards was one of the NMC's corporate commitments, with progress reported to the Executive Board and the Council.
2. In discussion, the following points were noted:
  - a) Activity for 2023-2024 would be focused on effective embedding and demonstrating of compliance with the WLSR, with good progress toward implementation made to-date.
  - b) Future activity would focus on being more proactive, including the offer to correspond with the NMC in Welsh in initial FtP letters from Autumn 2023, and the creation of automated telephone services available in Welsh before the December deadline.

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- c) Assurance was provided that the NMC was on track to meet the extended deadline to produce application forms to join the register in Welsh by December 2025.
- d) The Council commended the NMC's commitment to Welsh language and noted the significant progress the organisation had made with this work in recent years.

3.

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

**NMC/23/76**

**Pay Gap reports and Workforce Race Equality Standards (WRES) survey results**

1.

The Executive Director, People and Organisational Effectiveness noted the following points in relation to *The Independent* article:

- a) Acknowledgement of the concerns raised about the NMC's culture and the personal commitment to developing a safe and inclusive working environment where all colleagues are supported to thrive, so the NMC could effectively deliver on its primary purpose to protect the public.
- b) She had been appointed 10 months ago along with Lise-Anne Boissiere, with whom she job-shared, to address a number of systemic issues around people, culture, equality and inclusion.
- c) Their priority had been to put in place the building blocks to deliver sustainable and long-term change in the organisation, which they believed would provide the foundations for tackling the issues raised in the pay gap and WRES reports. These included recruiting more people to the Professional Regulation teams, recognising the build-up of FtP cases during the pandemic, a new NMC-wide management training programme, a new approach to appraisals and to pay and reward, to make it fairer and transparent, and improvements to the approach to recruitment, ensuring minimisation of bias from decision making, for example in using anonymised CVs.
- d) Despite these changes, it was accepted that some colleagues do not feel that they were being listened to or that progress was being made sufficiently quickly.
- e) She and Lise-Anne Boissiere welcomed the further scrutiny being commissioned from the independent experts and would learn from and act on any recommendations from that work, ensuring it was embedded in the people plan. Alongside this the Executive Directors, People and Organisational Effectiveness would continue to listen to colleagues about their lived experience and feed this into the programme of work.

2.

The Executive Director, People and Organisational Effectiveness then introduced the Pay Gap reports and the WRES survey 2023. The following points were highlighted:

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- a) The WRES report showed that Black and Minority Ethnic (BME) colleagues experiencing internal harassment, bullying, abuse and discrimination had increased since last year.
  - b) It was regrettable that this appeared to be people's lived experience in the organisation. The people team and the approach to the management of casework was being strengthened, with investment in mediation and developing a new Fair Treatment Ambassadors scheme to increase the routes for people to raise concerns.
  - c) Whilst overall representation rates for BME colleagues and women were increasing, the NMC gender pay gap and ethnicity pay gap was widening.
  - d) Black and minority ethnic colleagues' perceptions of equal opportunities for career progression had also worsened.
  - e) To tackle this, the NMC needed to focus on increasing representation at senior levels in the organisation by supporting NMC colleagues to develop and progress in their careers in the NMC. The NMC was continuing to invest in its successful Rising Together programme which supported colleagues in junior roles with their career progression. The scheme included a high number of BME colleagues and, to support career development, the NMC was strengthening the scheme to improve outcomes for its graduates.
  - f) The NMC would also be more proactive in developing its external networks to attract BME colleagues to senior positions in the organisation.
  - g) The NMC was introducing mandatory training for all vacancy holders to build confidence and develop a more consistent approach to inclusive recruitment.
  - h) There was work ongoing with the networks to improve diversity of recruitment panels, with the impact of this being tracked by setting targets for the recruitment and promotion of women and BME candidates/colleagues at Grade 6 and above.
  - i) There was a need to strengthen the learning and development offer for all colleagues across the NMC.
  - j) There were small signs of improvement, with the latest People Survey showing that the engagement score had increased from 7.0 to 7.3. The Net Promoter Score from the survey which was calculated by the 39 percent of people who were promoters (scoring 9 or 10 on key questions) reduced by the detractors (those scoring 0 to 6) had moved up from 3 to 14. The representation rates have increased overall with around 40 percent of colleagues from BME backgrounds and a quarter of senior colleagues. The NMC's turnover rate had decreased over the last 12 months from 12.9 percent to 10.1 percent and the turnover rate was lower for BME colleagues than for white colleagues.

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In discussion, the following points were noted:

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- a) The Council commended the detailed paper, although its content was not comfortable reading.
- b) In relation to BME colleagues’ feeling that there was a lack of equal opportunity for career progression, it would be helpful to understand what colleagues felt were the barriers to progression.
- c) Consideration should be given to the under representation of men in junior roles at the NMC.
- d) Assurance that the NMC was examining ways to invest in apprenticeship schemes and other ways to improve diversity in terms of socioeconomic background.
- e) The Pay Gap Reports should include outcome measures, to capture how improvements would be measured.

4. The Chief Executive and Registrar highlighted that creating an environment which truly celebrated diversity, promoted inclusion, and tackled discrimination, was a priority for all Executive Directors and colleagues across the NMC.

5. The Chair noted that the Council attached significant importance to the work related to this agenda item and was dedicated to improving EDI at the NMC.

6. **Decision: the Council:**
- **Approved the publication of the Pay Gaps Report 2023, subject to the inclusion of outcome measures**
  - **Noted the WRES Report**
  - **Agreed priorities in three key areas of recruitment, targeted development and progression, and reasonable adjustments to collectively support the narrowing of the NMC’s pay gaps.**

**NMC/23/77 Update on work of Employer Link Service**

1. The Assistant Director, National and Regional Outreach introduced the update on the work of the Employer Link Service (ELS). It was noted that the ELS team was established in 2016, with the aim to increase the visibility for the NMC and provide support for employers of professionals on the register. The ELS team had grown since its inception and had strong links with employers in each of the four UK countries, with Regulation Advisors allocated across the UK,

2. The Regulation Advisor for Wales, ELS, provided an overview on the engagement in Wales. It was noted that the ELS had frequent communication with all Health Boards in Wales over the last year offering support, regulatory advice, sharing information, and delivering supportive engagement sessions.

3. In discussion, the following points were noted:
  - a) The Council commended the work undertaken by the ELS team, which had developed and expanded significantly.
  - b) In July 2023, the full team had been deployed to support FtP colleagues with work to address the caseload, with 200 cases at Screening stage allocated to ELS colleagues. The learnings from this work would be shared to inform the development of the overall FtP improvement programme.
  - c) To be more strategic in the future, a review of data and trends would inform work priorities for the ELS team, in particular in respect to disproportionate referrals.
4. Summing up, the Chair thanked ELS colleagues for their work, which provided a vital link between employers and the NMC.

**NMC/23/78 Remuneration Committee Report**

1. The Chair of the Remuneration Committee provided an oral report on the Committee’s activity following its meeting on 18 September. The following points were highlighted:
  - a) The Committee had received the first quarterly update on the new People Plan, which it had approved in June 2023.
  - b) The three-year plan had four pillars covering ‘belonging in NMC’, ‘growing and empowering colleagues’, ‘improving HR services’ and ‘preparing for the future’.
  - c) The first year of the new People Plan focused on stabilising core people services and laying the foundation for the future, with good progress made.
  - d) The successful implementation of the NMC’s new Pay and Reward plans and the delivery of Managements Essentials to over 360 people who manage and lead NMC teams was highlighted.
  - e) The Committee agreed to the implementation of the new ‘Ambitious Appraisals’ programme as planned in September 2023, but to postpone the implementation of the link between performance and pay from April 2024 to January 2025, so that a full year of appraisals was in place.
  - f) The Committee welcomed the report that the People and EDI teams were working closely on improvements to recruitment training, which would start being rolled out in October 2023, and the next phase of the NMC’s Rising Together programme, ‘Rising Higher’ which would be live next year. Both projects aimed at improving diversity representation at senior grades as part of planned work to reduce pay gaps.
  - g) The Committee requested a new set of outcome measures be provided for the People Plan, which would be presented its next meeting in December, alongside the results of the staff survey.

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- a) The Committee welcomed the good progress on the casework improvement plan, which covered investment in training, a new grievance policy and improved oversight and governance. Although there was more work to do and the Committee would continue to monitor the implementation.
- b) The Committee also reviewed data on casework, which it now received quarterly.
- c) At its next scheduled meeting in December, the Committee would focus on the concerns raised about the NMC’s culture, and Council colleagues who had expressed interest in observing the meeting were welcome to join.

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**NMC/23/79 Questions from observers**

- 1. The Chair invited questions and comments from observers (see **Annexe B**).

**Action:** Detail clearly what it was the NMC does and promote understanding about its role and responsibilities.  
**For:** Executive Director, Communications and Engagement.  
**By:** 22 November 2023.

**NMC/23/80 Council effectiveness review: update**

- 1. The Secretary, Chair and Chief Executive and Registrar gave an update on the Council effectiveness review.

**NMC/23/81 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.

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

**SIGNATURE:** .....

**DATE:** .....

## Annexe A: Observers

First name	Surname	Job title	Organisation
Abi	Holmes	Director of Midwifery	Children and Women's Services Clinical Board University Hospital Wales
Alison	Lester-Owen	Principle Lecturer and Professional Lead- Nursing	Wrexham (Glyndwr) University
Alyson	Davies	Associate Professor Children's Nursing	Swansea University
Amanda	Jones		
Andy	Jones	DoN	Cardiff & Vale UHB
Anna	Harries	Head of Nursing, Professional standards & digital	Velindre University NHS Trust
Beryl	Mansel	Associate Professor	Swansea University
CariAnne	Mulholland	Education Liaison Nurse	Hwyel Dda University Health Board
Carole	Rees	Nurse Adviser	DVLA
Carole	Bell	Director of Nursing and Quality	Welsh Health Specialised Services Committee (WHSSC)
Catherine	Norris	Head of Nurisng	Swansea University School of Health and Social Care
Ceri	Howard	Specialist Nurse - Immunisation	PHW NHS Trust
Chantel	Patel		
Claire	Birchall	Interim Executive Director of Quality, Nursing	Public Health Wales
Daren	Prince		
David	Munday	Lead professional officer	Unite the union
Debbie	South	Head of Region	Caron Group
Donna	Newell	Named Lead for Safeguarding	Public Health Wales
Elizabeth	Mason	Head of School	Bangor University
Emma	Davies	Professional Standards and Regulation Manager	HEIW
Emma	Davies	Nurse Staffing Levels Lead	Cardiff and Vale UHB
Gail	Adams	Head of Professional Services	UNISON
Gethin	Matthews-Jones	Head of GMC Wales/ Pennaeth CMC Cymru	General Medical Council
Gill	Knight	Nursing Officer	Welsh Government
Hannah	Russon	Lead Nurse for Education & Development	Velindre University NHS Trust
Hazel	Powell	Deputy Executive Director of Nursing	Swansea Bay University Health Board

Ian	Mathieson	Associate Dean, Health and Social Care	University of South Wales
Iwan	Dowe		
Jason	Roberts	Executive Nurse Director	CAVUHB
Jayne	Cutter	Head of the School of Health and Social Care	Swansea University
Joanne	Todd	Nurse adviser	DVLA
Judith	Cutter	Consultant midwife	Cardiff and vale university health board
Julie	Richards	Director for RCM Wales	Royal College of Midwives
Karen	Jewell	Chief Midwifery Officer	Welsh Government
Karen	Griffiths		
Kaye	Jones-Mahoney	Senior Lecturer Adult Nursing	Cardiff University
Kevyn Joseph	Beltran	Nurse	UHP trust Derriford hospital
Lindsay	Butcher	Student Nurse	Teesside University
Lisa	Llewelyn	Director of Nurse & Health Professional Education	Health Education and Improvement Wales
Lowri	Rizzo	Lecturer	Cardiff University
Lynne	Cullen	Head of Region	Caron Group
Marianne	Jenkins	Consultant Nurse Practitioner	Cardiff & Vale UHB
Marie	Davies	Deputy Director of Nursing & Midwifery	Powys Teaching Health Board
Matthew	Walters	Operational Senior Nurse	Velindre Cancer Centre
Michelle	Martin	RN	NHS
Michelle	Harry	Senior Research Nurse Manager	NHS
Michelle	Moseley	Education & Lifelong Learning Advisor	Royal College of Nursing
Miranda	Williams	Senior Nurse Education	Swansea Bay University Health Board
Nicolw	Williams	Executive Director Nursing, AHP & Health Science	Velindre University NHS Trust
Patrick	Dwan		
Peter	Bell	Member of the	Public
Philip	Stammers	Nurse	Civil service
Rachel	Armstrong	Education Liaison Nurse	Hywel Dda University Health Board
Rae	Ellison	Education Liaison Nurse	Hywel Dda University Health Board
Rebecca	Aylward	Deputy Executive Nurse Director	Cardiff & Vale UHB
Ruby	Handley-stone	Professional Advisor Education	Royal College of Midwives
Ruth Wyn	Williams	Nursing Officer Learning Disability	Welsh Government

Sandra	Fender	Director of Recruitment in Healthcare	Cardiff University
Sarah	Wood	Advanced clinical practice corporate lead	South Tees NHSFT
Sarah	Kingdom-mills	Regional Lead Care Home Education Facilitator	Health Education Improvement Wales
Sarah	Fox	Head of Midwifery	Cwm Taf Morgannwg University Health Board
Sarah	Aubrey	Lead Midwife for Education	University of South Wales
Sarah	Owen	Quality and Safety Manager	Velindre Cancer Centre
Sian	Williams	Education Liaison Nurse	NHS
Simon	Cassidy	Head of Placement Experience and Improvement	Health Education and Improvement Wales
Sue	Tranka	Chief Nursing Officer, Wales	Welsh Government
Susan	Ward	Senior lecturer and head of nursing	Cardiff university
Susie	Moore	Associate Professor in Midwifery	Swansea University
Tracey	Meek	Nurse adviser	DVLA
Vivienne	Cooper-Thorne	Head of Nursing	Velindre University NHS Trust
Wendy	Shamsaee	Nurse	Civil Service



## Annexe B

### Observer questions – Council meeting 27 September 2023

1 **Number of professionals working at the NMC, particularly in FtP casework**

Jason Roberts, Executive Nurse Director, asked whether there was appetite to increase the number of nursing and midwifery professionals working at the NMC, to strengthen the professional knowledge in FtP.

The Chief Executive and Registrar responded to say that colleagues who had worked as registrants brought a wealth of clinical knowledge and contextual understanding, which was highly valuable to the NMC. However, it was vital to balance this with the need to ensure there was no perception of self-regulation. It was also noted that all FtP Panels consist of at least one independent registrant panel member.

2 **Clarifying the role of the NMC**

Gail Adams, Head of Professional Services, UNISON, noted that in light of the recent criticism published in the Independent, it was fair and appropriate to acknowledge the good work of the NMC.

Separately, Ms Adams also highlighted that some individuals thought the NMC was a union and that it was important to raise awareness and provide clarity about its role.

In response, the Chief Executive and Registrar noted her thanks for the generous comments made by Ms Adams. The comments about the lack of understanding about the NMC's role were acknowledged and accepted. The Chief Executive and Registrar agreed that the Communications and Engagement directorate would work to address this by setting out clearly and promoting understanding about the role of the NMC.

3 **Response to the Independent article and transparency**

David Munday, Lead Professional Officer, Unite the Union, noted his agreement with the positive comments made by Ms Adams.

Mr Munday asked in the interest of transparency whether the internal report referenced in the Independent article would be shared publicly. Additionally, would the NMC commit to making its Open Council meetings available online in 2024, both by live streaming and by uploading recordings.



The Chief Executive and Registrar responded to note the internal report referenced had been commissioned in 2022 and had been shared with all NMC colleagues involved, who were all in FtP teams. The report supported management decision-making and the development of the People Plan. Whilst it would not be appropriate to publish the report itself, a summary of its findings and the work it had informed was available on the NMC's website, alongside the statement published in response to the Independent article.

Whilst the Chief Executive and Registrar would commit to live streaming Open Council meetings, this would not be by 2024, as the current technology at the NMC's offices would not support this. The ability to live stream Open Council meetings was a key outcome for the project to refurbish 23 Portland Place. The Chair noted he would welcome live streaming of Open Council meetings.

#### **Changes to the FtP Process**

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Gill Knight, Nursing Officer, Welsh Government, asked whether there were any planned changes to the FtP process following learnings from the casework undertaken by ELS colleagues and in light of the Lucy Letby case.

The Chief Executive and Registrar noted that the FtP improvement programme was continuously looking at ways to change and improve the process. In relation to the Lucy Letby case, the NMC was moving forward with its regulatory action to strike her off the register. In terms of any changes in response to this case, there would be discussion with external partners and consideration about how best to collaborate in future.

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#### **Preceptorship**

Michelle Moseley, Education and Lifelong Learning Advisor, Royal College of Nursing, Wales, asked whether principles of preceptorship would be further reviewed and embedded.

The Assistant Director, Education and Standards, noted that the principles of preceptorship would be considered as a part of the review of the Code in 2025, in collaboration with the CNOs and CMO/midwifery leads across the four countries of the UK.

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#### **Advanced Practice**

In relation to the Advanced Practice review, Marianne Jenkins, Consultant Nurse Practitioner, asked whether the NMC was working with the General Medical Council (GMC) to ensure

there was no confusion between the role of the Physician Associate and the advanced nurse practitioner.

The Assistant Director, Education and Standards responded to confirm this point would be considered, and that the NMC was working in collaboration with the GMC and had held a joint-regulatory roundtable.

- 7 **Independent article, publishing whistleblowing concerns**  
An observer asked whether the NMC would share the outcomes of the independent review of the concerns raised about its culture, racism and discrimination in respect of its FtP process on completion.

The Chief Executive and Registrar responded to note the NMC was in the process of securing independent experts to investigate the concerns raised and was committed to being transparent about the scope of that work and the findings.

- 8 **Use of language**  
Sue Tranka, CNO, Wales, asked why the Fitness to Practise Annual Report 2022-2023 singled out internationally educated registrants in each of the four countries. In relation to the WRES report, Sue asked for the decision to group individuals into one BME category to be reconsidered for future reports. The CNO also highlighted the importance of language and called for NMC colleagues to consider the use of the terms Black and Minority Ethnic (BME), Black Asian and Minority Ethnic (BAME), Global Majority, and /internationally Educated, and for the consistent use of terms.

The Chief Executive and Registrar fully understood and appreciated the importance of language. It was noted that the terms and format used for the NMC's WRES report followed the NHS England WRES report. The use of the term 'Internationally Educated' professional had a specific purpose for the NMC as it described the different route to join the register taken by these individuals, and their different needs once registered to ensure they had access to the appropriate support.

The Executive Director, Strategy and Insight clarified that the table in the FtP Annual report specified country of registered address, not the country of registration. The individuals with overseas addresses may not be internationally educated.

- 9 **Open Justice**  
Peter Bell submitted a written question in advance of the meeting.

He asked if the NMC had submitted a response to the recent consultation on Open Justice by HM's Courts and Tribunals Service (HMCTS) and if so if the NMC's response was available for the public.

The NMC's General Counsel informed the meeting that the NMC did not plan to respond to HMCTS's consultation, as it concerned matters relating to the UK's Courts and Tribunals service rather than the NMC's fitness to practise committee or registration appeal hearings. However, the NMC would certainly be keen to learn from any outcomes of the consultation. The NMC was absolutely committed to transparency and open justice in its hearings, which also had to be balanced with privacy considerations and fairness. Much consideration was given to these issues during the pandemic when hearings moved to be held virtually, with hearings being held publicly unless there was a specific reason.

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#### **Fitness to Practise Information Handling Guidance**

Mr Bell's written submission added that he had submitted a request in 2018 for access to papers at an FtP hearing, which was delayed by the NMC for 7 weeks before being put to the panel, and which was then refused by the panel, partly because of the delay in the request reaching them.

Mr Bell stated that the question of the powers available to an FtP panel in such circumstances was raised by representatives of registrants and the position remains unclear. The NMC position at the time was that the panel did not have jurisdiction to hear an application under the Open Justice principle but the panel determined that they did have such powers and proceeded to hear the application. He asked the Council whether any progress on reviewing this matter has been made, and whether there is anything he might be able to do to assist with this, particularly any changes to the Rules which might better support the Open Justice principle.

In response to Mr Bell in writing following the meeting, and with thanks for his offer to assist, it was noted that since 2018 our Fitness to Practise Information Handling Guidance had been published, clarifying the position with regard to requests for hearing bundles by third parties. Paragraphs 50-52 in the information handling guidance [ftp-information-handling-guidance.pdf \(nmc.org.uk\)](https://www.nmc.org.uk/ftp-information-handling-guidance.pdf) set out the approach the NMC would take to such a request, the reasons for that, and a link for individuals to make requests in advance of a hearing.

### **Pro-bono legal advice service for unrepresented registrants**

Mr Bell also submitted in writing, a follow-up question to the one he submitted on 26 July 2023, relating to FtP support for registrants.

*‘Our commitments for 2019–2020 Accountable owner: Director, Fitness to Practise*

*To improve the level of support that we provide for nurses, midwives, and nursing associates who go through our fitness to practise process, we will:*

- *provide better information and sign-posting to sources of support by the end of quarter two*
- *launch an emotional support helpline by the end of quarter three*
- *introduce a pro-bono legal advice service for unrepresented registrants, in partnership with a law school, by the end of quarter two*

*The commitment was quite clear. An accountable owner, the Director of Fitness to Practise was identified; a timescale was identified – end of quarter two; and the commitment was clearly stated as was the method of provision (in partnership with a law school).*

*In response to my questions at the last meeting, the Executive Director of Professional Regulations stated:*

*“In 2019 and 2020 we reported that we were considering introducing a pro-bono legal advice service for unrepresented professionals.”*

*There appears to be some degree of difference in the level of commitment from the clearly stated commitment in the Corporate Plan for 2019/20 – which uses the phrase “our commitments for 2019/20” and the description used by the current Executive Director “...reported that we were considering introducing ...”*

*Are you able to tell me the date of the Council meeting where I will be able to read in the minutes this abandonment of the Corporate Commitment in the 2019/20 plan (with an implementation date of 2<sup>nd</sup> quarter 2019/20) and the replacement with the “considering introducing” status of this action?*

*I asked a number of questions regarding this Corporate Commitment and, to my mind, the response I received did not really address my questions directly, but appeared to answer a different set of questions.*

*Could I ask the Council to look again at the questions that I asked, and consider whether they have been answered adequately.'*

In response to Mr Bell following the meeting, it was noted that this specific issue was put on hold due to the Covid-19 pandemic. However, since then, we have shifted our focus to other kinds of support we can provide to unrepresented registrants, with particular needs, during the life of an FtP case, up to and including a hearing. To help us with this work, two senior appointments had been made; a Strategic Safeguarding Lead and a Professional Support and Engagement Lead. We recognise there is more work to be done and we are preparing to discuss this at Council Seminar in January 2024 to consider the next steps. An update on the outcome of this discussion would be provided.

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## 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.

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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>	In progress	<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</p>	<b>Chief Executive and Registrar / Secretary</b>	We have received acknowledgement from Dr Kirkup's office in DHSC and await confirmation of whether he is available to join our January, February or March seminar. If Dr Kirkup is not available for any of these sessions, we will proceed to arrange the maternity discussion in any event and consider other potential attendees.	<p>17 May 2023 / 5 July 2023 / 26 July 2023 / 27 September 2023 / 22 November 2023</p> <p>31 January 2024</p>

				Council Seminar. (*Raised in discussing the action log).			
NMC/23/62 Annexe B	26 July 2023	<b>Observer question relating to Fitness to Practise (FtP) support for registrants</b>	Complete	Commitment to update the Council at the November Seminar about the provision of appropriate support to professionals involved in the NMC's FtP process would be recorded as an action.	<b>Executive Director, Professional Regulation</b>	An item on support provided to professionals during the FtP process has been scheduled for the Council Seminar in January 2024, to include a summary of the NMC's work on this over the last year as well as a discussion on upcoming plans.	22 November 2023.
NMC/23/73	27 September 2023	<b>FtP Caseload Update</b>	Complete	Provide a detailed update on the FtP caseload, including whether there was a need to refine further the plans for caseload reduction and improving	<b>Executive Director, Professional Regulation</b>	An update on the FtP caseload is an agenda item.	22 November 2023



				timeliness.			
NMC/23/79	27 September 2023	<b>Communicating the NMC's role and responsibilities</b>	Complete	Detail clearly what it was the NMC does and promote understanding about its role and responsibilities.	<b>Executive Director, Communications and Engagement</b>	<p>To promote understanding of its role and responsibilities, the NMC:</p> <ul style="list-style-type: none"> <li>• Employs strategic communications to deploy a consistent narrative to explain what the NMC does across all communications and engagement activity.</li> <li>• Devises and runs campaigns to show proactively how the NMC supports nursing and midwifery professionals to improve everyone's health and well being.</li> <li>• Encourages NMC colleagues to explain how what we do protects the public to differentiate ourselves from other organisations in the health and care sector.</li> </ul> <p>The Executive Report at item 6 on the agenda sets out details of the new resources the NMC has published to students to support their understanding of the NMC's role and how it supports them to learn to deliver safe, kind and effective care to people.</p>	22 November 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 November 2023.

**Core regulatory function:** All regulatory functions

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

**Decision required:** None.

**Annexes:**

The following annexes are attached to this paper:

- Annexe 1: Performance against our Corporate Plan for 2023-2024
- Annexe 2: Corporate Risk Exposure Report
- Annexe 3: NMC People Plan – quarterly updates and highlights in Q2

**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 report for Council presented on 27 September 2023.
- 2 The report consists of highlights from the external environment, key issues and our strategic engagement work up to November 2023.

**Four country factors:**

- 3 The issues discussed apply across all four UK countries unless highlighted.

**Discussion Concerns raised in the Independent**

- 4 On 26 September 2023, *The Independent* published the details of concerns that had been raised about the NMC. The concerns can be summarised as:
  - 4.1 Our approach to Fitness to Practise (FtP) casework, with particular reference to cases involving discrimination, sexual misconduct, child protection and safeguarding issues.
  - 4.2 NMC culture, including concerns around racism and sexism.
  - 4.3 Openness and transparency at the NMC and people’s ability to speak up.
- 5 The concerns were reinforced in three subsequent articles from *The Independent*.
- 6 We are very sorry that anyone has experienced discrimination at the NMC. We are committed to driving change in response to the concerns raised and will be transparent in doing so.
- 7 We have appointed Ijeoma Omambala KC to lead two independent investigations, which we expect will conclude in the new year. The Terms of Reference will be considered by Council at Item 7 on the Agenda.
  - 7.1 The first investigation is into the way we have responded to the concerns raised. Our duty of care to all NMC colleagues and our commitments under data protection mean we will not be able to publish the full investigation report, but we will publish an executive summary containing key findings and recommendations.
  - 7.2 The second investigation is into the FtP cases highlighted in the concerns raised. Ms Omambala will also identify whether she needs to look at other cases that are relevant to the concerns that have been raised.

Through her investigation, Ms Omambala will seek to identify if, and how, our culture influences our decision-making. She will look for common themes and areas of improvement in how we handle our casework and our FtP guidance. We will publish this report in full.

- 8 A third external investigation will begin soon. It will focus on the concerns raised about our culture. To support this work, we have set up an advisory group of diverse colleagues to share experiences and suggestions with our Council and Executive Board. The group will help us to appoint the most appropriate independent expert(s) to investigate the right issues in relation to our people and our culture, as well as helping us to look at the actions we are already committed to delivering in the shorter term. We hope this third investigation will conclude in spring 2024.
- 9 The Charity Commission has opened a regulatory compliance case into the concerns raised. We are engaging with them fully on this.
- 10 We are also keeping our other partners up to date on the progress of the investigations, including the four UK Chief Nursing Officers, the Department of Health and Social Care (DHSC), the Professional Standards Authority (PSA) and the Equality and Human Rights Commission.
- 11 The concerns raised are serious and we are committed to putting them right. To do that we will listen, learn, and most importantly act, responding to the concerns raised with care, rigour, and a dedication to keeping people safe.
- 12 On 19 October 2023, *The Independent* published a fifth article about the number of referrals we have closed at screening, which has increased in recent years. We explained in a statement on our website why this is the right approach to take and enables us to better protect the public. For professionals, it means fewer people spending lengthy periods of time under investigation, only to be told they have no case to answer. For referrers, it means a decision and closure at the earliest opportunity. And for us, it means our investigation teams are focused on the most serious, evidenced concerns.
- 13 In 2022, an independent review of 50 screening closure decisions found our decisions met our duties to protect public safety, and were appropriate and proportionate.

## Lucy Letby and the Thirlwall inquiry

- 14 On Wednesday 1 November 2023, we wrote to the Countess of Chester Hospital NHS Foundation Trust, as the referrer of Lucy Letby, to inform them we would hold an FtP hearing for Ms Letby on 12-13 December 2023. The hearing is taking place two weeks later than originally anticipated because we needed to ensure sufficient time was given to communicating with Ms Letby given she is currently incarcerated.
- 15 After the letter was sent to the Trust, we briefed some of our closest stakeholders, to make sure they learned about the next steps in our process directly from us. These were the four Chief Nursing Officers, the Minister of State at the DHSC, the Chief Executive of the PSA, and the nursing trade unions and representative bodies.
- 16 We are one of several organisations named in the Thirlwall Inquiry's [Terms of Reference](#). We will work very closely with the Inquiry to provide any relevant information about our regulatory policies, guidance and decision-making processes, and about any regulatory decisions we have made in relation to Lucy Letby and any related cases.
- 17 The Thirlwall Inquiry team is working quickly: we have already been asked to provide some initial information. We expect it will confirm its future timelines before the end of the year.

## Computer-based testing (CBT)

- 18 Since writing to individuals and employers impacted by CBT in September 2023, 1,137 out of 1,955 individuals have booked or taken tests as of 27 October 2023.
- 19 The first Assistant Registrar decisions related to applicants to join the register who took their CBT at the Yunnik test centre will take place on 29 November 2023, with further meetings scheduled weekly throughout the remainder of the year.
- 20 We are planning for a maximum of 48 fraudulent entry cases and for these hearings to take place in Q4 2023-2024.
- 21 We held a cross-organisational working group meeting on 11 October 2023 to update on our progress in relation to this issue and a further one is planned for the end of November.

## **Covid-19 Emergency Temporary Register**

- 22 On 11 September 2023, we received a letter from the Minister of State for Health and Social Care confirming that we must close the Covid-19 temporary register at the end of March 2024, rather than September 2024.
- 23 As of 31 October 2023, there were 1,230 professionals on the temporary register. Our focus now is to support professionals currently on the Covid-19 temporary register to join the permanent register so they can continue delivering care to people after the end of March 2024. We wrote to all professionals on 18 September 2023 with information on next steps.

## **International registration**

- 24 Following engagement with DHSC, we have now developed an implementation plan for the UK-European Free Trade Association (EFTA) trade agreement. This will offer applicants from Iceland, Norway and Liechtenstein a smooth path to joining our register by preserving our current effective registration processes while maintaining public safety by upholding our high standards.
- 25 We are engaging with DHSC on how the amendments to our current Order that facilitate this agreement will carry over to a new Order, developed as part of regulatory reform.

## **Industrial action**

- 26 We are monitoring and regularly engaging with key partners on the impact of industrial action on our professionals and people who use services.
- 27 In Northern Ireland, the Royal College of Midwives, UNISON, and Unite, all conducted strike action in late September, with further dates yet to be announced. The Royal College of Nursing has not announced a ballot to renew its strike mandate in Northern Ireland.
- 28 In England, the NHS Staff Council is co-ordinating a number of steering groups with NHS England and trade union involvement, focussing on the non-pay elements of the NHS deal including evaluation of Agenda for Change.
- 29 In Scotland, the Nursing and Midwifery Taskforce's work is ongoing with workstreams including attraction, retention, wellbeing, leadership and culture. The Chief Nursing Officer for Scotland has welcomed NMC engagement, which involves contributions from our Executive Director of Professional Practice and Assistant Director of Professional Practice.

- 30 In Wales, industrial action involving nurses and midwives concluded in September 2023. An equivalent taskforce to implement non-pay elements of the deal, including flexible working arrangements, is yet to be announced.

#### **Four nation workforce planning**

- 31 We regularly engage with the Scottish Cabinet Secretary, the Welsh Minister for Health and Social Care and the Northern Irish Permanent Secretary at the Northern Irish Department of Health. We are sharing our data and insight to inform their workforce plans and strategies, to ensure our professionals are supported to deliver kind, safe and effective care for the public.
- 32 Our Assistant Director, Strategy and Insight continued to engage with the Chief Nursing Officer for England's team to support their work to develop a professional strategy for nursing and midwifery.
- 33 On 3 October 2023, our Executive Director of Strategy and Insight, as lead director for Scotland, visited the Royal Victoria Hospital in Dundee, NHS Tayside. He learned about the work of NMC registered professionals in supporting integrated care. He also visited the Scottish Social Services Council to discuss areas of shared priority.
- 34 On 13 October 2023, our Executive Director of Professional Practice, as lead director for Wales, joined the Welsh Chief Nursing Officer conference and spoke as part of a panel.
- 35 On 17 October 2023, our Chief Executive and Registrar, Assistant Director of Professional Regulation, and Head of Specialist Services met with Maria McIlgorm, Chief Nursing Officer for Northern Ireland, and her colleagues regarding our FtP work relating to Muckamore Abbey Hospital.
- 36 On 30 October 2023, our Assistant Director for National and Regional Outreach joined a meeting held by Chief Nursing Officers to discuss band 4 nursing roles in Northern Ireland, Scotland and Wales.
- 37 On 30 November 2023, we will publish our mid-year registration data reports. We are working to ensure the reports are as accessible and useful as possible, drawing out key insights that our partners and stakeholders can use to support their workforce planning.



## Maternity safety and midwifery regulation

- 38 We are engaging with several working groups across the UK to support the development of future policies on maternity safety to ensure women, babies and families receive the care they have a right to expect.
- 39 We attended the first Maternity and Neonatal National Oversight Group on 19 September 2023. In preparation for the next meeting, we are reviewing our data and research so that we can provide relevant insights as requested by the Chair. We also attended the first Maternity and Neonatal New Action Forum on 27 September 2023. We met with DHSC on 14 November 2023 to discuss our ideas for change in relation to recommendations two and three of the independent review into East Kent maternity services. These recommendations call for relevant bodies to report on how compassionate care and effective team working can be embedded, improved and sustained.
- 40 Our Employer Liaison Service and NMC Senior Midwifery Advisors have been delivering our Midwifery Matters at the NMC programme. This programme for professionals explains our role and emphasises the benefits of a positive relationship between midwives and the NMC so that we can support them to deliver care for women, babies and families. We share practical examples of how our standards support midwives in their practice, particularly when faced with challenging situations. We delivered nine sessions in 2022-2023. In 2023-24 we aim to deliver a minimum of one session per region/nation per quarter, prioritising high risk units.
- 41 On 3 October 2023, our Chief Executive and Registrar met with Kate Brintworth, the new Chief Midwifery Officer for England. They discussed her priorities in post, areas of shared interest and opportunities for collaboration. Kate also spoke to our Midwifery Panel on 4 October 2023. She stressed the importance of being honest and humble about the improvements that are needed across maternity services.
- 42 The panel also discussed the experiences of internationally educated midwives. We used the forum to generate ideas for additional research we could commission to better understand the challenges facing this group of professionals. We also discussed practical options that could be taken forward to improve their experiences so that they are supported to deliver safe, kind and effective care for women, babies and families.

## Maternity safety campaigns

- 43 On 20 September 2023, we held a webinar as part of our *The best maternity care happens in partnership* campaign where two women who had recently received antenatal care talked about the strong relationship they had with their midwife and the impact they felt this had on the care they received. The webinar received excellent feedback from midwives and students who said they would apply what they had learned in their practice. The campaign featured an aid to help midwives take part in reflective conversations, which has received positive feedback at maternity and midwifery events we have attended.
- 44 We also promoted listening to women in midwifery care when we supported Baby Loss Awareness Week in October 2023. We shared an interview with a specialist bereavement midwife who spoke about the importance of compassionate communication.

## Advanced practice

- 45 As part of our advanced practice review, engagement is taking place throughout November and December around our key lines of enquiry. This will help ensure our recommendations to Council have been informed by feedback from the public and stakeholders. To ensure we can fully account for what we hear during this engagement, we will be presenting our options to Council in March 2023 rather than January 2023.
- 46 Since the last Council meeting, we have discussed advanced practice with the Public Voice Forum and we held two workshops at Health Education England's Centre for Advancing Practice Conference. We also held a webinar on 7 November attended by 350 people.
- 47 We have planned further engagement between now and Christmas including workshops with employers, educators, researchers, learners and people working in specialist practice. We are also conducting a representative survey with members of the public and four workshops, one in each country of the UK, with members of the public. We will also host further meetings of the steering group, public advisory group, and joint regulatory group.

## 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.

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- 49 On 26 September 2023, we hosted the last of our four Future Professional events at the University of South Wales (USW). Delegates including professionals, educators, students, employers, and key partners in Wales heard from NMC colleagues; from Sue Tranka, CNO for Wales; and from three USW specialist community public health nurse (SCPHN) students. They discussed the importance of our new post-registration standards in helping deliver excellent care for people and communities.
- 50 Our next standards campaign will be on the importance of good leadership. We plan to launch this the week commencing 27 November 2023. It will feature a diverse range of leaders explaining how good leadership engenders good care.

**Resources for students**

- 51 On 31 October 2023, we published new resources to support students’ understanding of the NMC and how we support them to learn to deliver safe, kind and effective care to people:
- 51.1 A series of three webinar-style videos, aimed at students during different points in their course which explain who we are and what we do to help improve understanding of the NMC’s roles and responsibilities.
  - 51.2 A new animation to explain how our Standards for Student Supervision and Assessment (SSSA) provide the structure and guidance that students need to support them on their placements.
  - 51.3 Updates to our SSSA supporting information hub to improve its user accessibility, and to account for recent changes to our post-registration and education programme standards.
- 52 We sent these resources to all our approved education institutions and we have received some positive initial feedback. We expect the resources to help students to deliver the best possible care to people during their placements and when they qualify.

**Supporting our professions, influencing the sector**

- 53 On 20 October 2023, the Care Quality Commission (CQC) published their State of Health and Adult Social Care in England 2022-2023 report. Our response highlighted the report’s focus on midwifery care which makes clear discrimination is undermining the quality of care professionals provide.

This is leading to worse health outcomes for mothers, babies and families. We took the opportunity to share our, 'The best midwifery care happens in partnership' campaign which encourages a strong and positive relationship between midwives, women and families.

- 54 On 12 October 2023, we responded to Skills for Care findings on adult social care in 2022-2023. We welcomed a small increase in filled registered nursing posts but noted it is still 35 percent lower than 10 years ago – a precarious situation exacerbated by high turnover which impacts on the continuity of care that communities need. We emphasised that any long-term workplace plan needs to support social care nurses who are a lifeline for people and communities.
- 55 Our joint annual report with other healthcare professional regulators Whistleblowing Disclosures was published on 27 September 2023. In 2022-2023, we took 167 forms of action in relation to 137 whistleblowing disclosures, compared to 152 the previous year. We referred 47 disclosures to other regulators so that they could take action.
- 56 In September and October 2023, our Public Affairs team attended the Liberal Democrat, Conservative and Labour party conferences. Each conference provided opportunities to better understand each political party's priorities ahead of a UK general election and allowed us to engage with key political and sector-wide stakeholders. We are using the intelligence gathered at the party conferences to shape a longer-term public affairs engagement plan.

### **Hearing the public voice**

- 57 The annual Public Voice Forum in-person event was held in Manchester on 9 November 2023. Discussion topics included the advanced practice review and an update from our Chief Executive and Registrar on the NMC's current issues. The group also spent time considering its achievements and impact to date, its experience as members, and suggestions on developing the forum further.
- 58 The Forum will meet again on 28 November 2023 for its quarterly virtual meeting. Members will hear an update on the independent investigations relating to NMC culture and fitness to practise processes. They will continue their discussions on developing how we work together, started at the Manchester in-person event. They will also input to the review of our involvement payment and expenses policy for the public.

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<b>Midwifery implications:</b>	59	Midwifery updates are covered in the body of the report.
	60	Midwifery is considered within our corporate plan and through core business discussions when setting standards, reviewing education programmes, adding, or removing midwives from the register, when considering Fitness to Practise concerns related to midwifery, and monitoring the wider sector.
	61	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).
	62	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.
<b>Public protection implications:</b>	63	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.
<b>Resource implications:</b>	64	None in addition to those within our corporate budget.
<b>Equality diversity and inclusion implications:</b>	65	We have a legal obligation to comply with the public sector equality duty across everything that we do and equivalent legislation in Northern Ireland.
	66	We are integrating equality, diversity and inclusion (EDI) into everything that we do to make our processes fair for everyone. This includes improving our guidance, decision-making tools, training and induction, and our engagement and communications to make a significant difference to drive out discrimination and promote inclusion.
	67	We have a specific commitment within our corporate plan to support our ambitions to be fair and promote inclusion.
	68	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.

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<b>Stakeholder engagement:</b>	69	Discussed within this paper.
<b>Risk implications:</b>	70	Risk implications are dealt with in the paper
<b>Regulatory reform:</b>	71	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.
	72	We monitor the Regulatory Reform programme through monthly reporting to the Change Board and within our quarterly corporate performance monitoring to the Council.
<b>Legal implications:</b>	73	No legal implications arising from this paper.

## **Annexe 1, section 1. Executive summary**

### **Overview**

- 1 This executive summary provides an overview of areas that the Executive would like to highlight to the Council from our performance results and risk exposure report for 2023-2024 at quarter two (July to September 2023).

### **Progress against our 22 corporate commitments**

- 2 Our three-year corporate plan and budget sets out 22 corporate commitments (CC) that will frame our work up until the end of our strategy period in 2025. Of our 22 CCs:

- 2.1 17 are actively being worked on during 2023-2024.

- 2.2 One was completed in 2022-2023 (CC1 – post registration standards).

- 2.3 One was moved into our next strategic period (CC4 – review revalidation).

- 2.4 One will now be delivered as part of core business as the scope has reduced (CC6 – evaluate protected learning time for nursing associates).

- 2.5 One has been closed in Q2 (CC10 – continue to ensure objective structured clinical examination (OSCE) capacity meets demand and to explore ways of improving access).

- 2.6 One has been paused until 2024 (CC17 – improve our organisational structure).

- 3 Each commitment is underpinned by a set of milestones for the year which were agreed in March 2023 and which we track to make our traffic light assessments presented at **annexe 1**, sections 2-3.

- 4 Overview of traffic light assessments at Q2:

- 4.1 Ten CCs were rated as green, five were amber due to some uncertainty or delays and two were red (CC7: reducing the fitness to practise (FtP) caseload, CC15: create a modern and accessible website).

- 4.2 Our forecast for the year end 31 March 2024 shows that ten are anticipated as green and six are expected to be amber, reflecting some risk or uncertainty.

- 4.3 One commitment (CC15: create a modern and accessible website) is expected to remain red throughout the year to reflect uncertainty, delays or capacity and resource limitations.

- 5 In addition to our CCs, we continue to monitor the implementation of Welsh Language Standards. This was rated green for Q2 and year end.



- 6 We keep our plans under continuous review to ensure that they remain robust, prioritised, and achievable. Our business planning activity and wider prioritisation work will result in some movement in our corporate commitments to ensure that we focus on the right things.

### Financial Performance Report – Q2 2023-2024 summary

- 7 Our overall financial position remains strong at the end of Q2 with good levels of free reserves and with a healthy level of cash and investments. This will be needed to support additional significant investment to fund revised FTP plans for caseload reduction which will impact the financial position this year and future years.
- 8 Detailed financial information and commentary is at **annexe 1** section 4. Key points to note:
- 8.1 Our total income is six percent higher than budget mainly due to the rising numbers on our register driven by the continuing high volume of international applications. Income from cash deposits and dividends from our stock market investments are also ahead of budget, reflecting increased interest rates and our continued work to place deposits where returns are high.
- 8.2 Expenditure on our core business activities is two percent below budget largely due to timing of non-pay expenditure, but we expect to catch up later in the year. Overspend on budget in the Professional Regulation directorate is predominantly incurred in FtP operations and caused by the growing number of High Court interim order extensions and increased average length of substantive hearings.
- 8.3 Actual spend on projects is £1.3 million (22 percent) behind budget mainly due to accommodation programme phasing and the current phase of Modernisation of Technology Services (MoTS) achieving spend below budget which will be utilised to fund future phases of work. Both items are capital in nature, so the slippage does not affect our net deficit but does mean our free reserves are higher than planned in the short term.
- 9 We also have unrealised losses on our investments of £1 million over the six months to September. This is to be expected given wider stock market fluctuations and is within our risk appetite for fluctuations in the value of a portfolio that is held for the long term. The Investment Committee is obtaining additional assurance through detailed discussions with our investment managers to ensure appropriate investment strategies are in place.
- 10 Our initial re-forecast is showing a net deficit of nearly £3 million compared to the budgeted net deficit of £8 million. The reduction is mainly due to increased income by £4 million and slight underspends, in particular, depreciation which is expected to be lower than anticipated by £0.4 million due to timing of capital expenditure.



£0.6 million we had set aside for pension deficit payments is no longer required for that, with only a small amount re-purposed for the re-procurement of the defined contribution pension scheme. Directorate core costs are broadly in line with budget.

- 11 There are significant pressures emerging that will alter this forecast. We are currently developing new plans which require significant additional investment to reduce the FtP caseload and bring our overall deficit for the year nearer to budget this year.
- 12 Looking further ahead to future years, significant cost pressure risks exist in several areas, for instance with inflation remaining higher than expected, and some future cost savings taking longer to achieve than anticipated. We are currently assessing these in more detail and will report back to Council in February 2024 as part of the business planning and budget process.

### **Progress against corporate Key Performance Indicators (KPIs)**

- 13 At **annexe 1 section 3**, we have provided relevant exception comments alongside our KPI tables.
- 14 A summary of our highlights:
- 15 FtP: Reducing our FtP caseload remains our top priority and greatest area of corporate risk. Our caseload has marginally decreased by 89 cases between April and September 2023 due to higher referrals. The caseload increased in September with 578 new cases, and reduced team capacity due to annual leave and sickness absence. We have progressed initiatives to focus on older or complex cases at screening.
- 16 **OSCE test centres:** There are two KPIs that measure objective structure clinical examinations (OSCE). These are:
  - 16.1 Percentage of customers who agreed that the OSCE test centre treated them with 'respect and dignity' throughout the examination process (target: 95 percent). We achieved above target for Q2 with an average of 98.5 percent.
  - 16.2 Number of OSCE tests offered per month across our five test centres (target: more than 3,000 offered per month). We achieved above target for Q2 with an average of 4,775 tests offered per month.
- 17 **Customer contact through our contact centre:** Performance during Q2 was above target with an average of 96.5 percent of call attempts handled (target: 90 percent). Compared to the same period in 2022-2023, we saw a 15 percent increase in calls answered and 13 percent fewer emails.
- 18 **Percentage of customers reporting that the contact centre handled their call with kindness:** Performance during Q2 on treating people with kindness is rated as amber, reflecting that we are marginally under our target with an average of

95.3 percent (target: 96 percent). We continue to record and monitor calls to ensure they are handled with kindness.

- 19 **Customer satisfaction:** Our average customer satisfaction score was above target for Q2 with an average of 89 percent (target: 85 percent).
- 20 **Resolving customer complaints within 20 days:** The average time for handling complaints within 20 working days was broadly on target for Q2 with an average of 92.3 percent (target: 90 percent). We have adopted a different approach to collaborating with local teams to resolve complaints more effectively.
- 21 **MP enquiries responded to within 20 days:** We were above target for Q2 with 100 percent (target: 90 percent). We received 14 MP enquiries. There has been a significant improvement in the process, as previously delays to responses were often due to the level of input required from across the business to respond to complex enquiries.
- 22 **Information requests:** Processing within statutory timeframes was above target for Q2 with an average of 95 percent (target: 90 percent). We received eight percent fewer requests than Q1. We will keep this under review as information requests can be complex and time-consuming, potentially requiring more resources.
- 23 **NMC workforce:** There continues to be a lack of capacity in some areas due to an increase in work arising from the Canterbury Christ Church University and computer-based testing issues. These issues were largely unknown at the time of producing our business plans, and this has created additional pressure on capacity. We are continuing to deliver the MoTS improvements, where our focus continues to be systems in Professional Regulation and the implementation of the best practice hub within FtP.
- 24 Our overall full time equivalent (FTE) workforce at the end of Q2 was 1,152 FTE increasing from 1,149 at end of Q1 and remains behind our average annual target of 1,208.
- 25 At the end of Q2 our permanent employee turnover stood at 9.6 percent, reducing from 11.8 percent at the end of Q1. This is within our acceptable range.
- 26 Our overall permanent workforce has continued to increase in Q2. More permanent employees joined the NMC than left since April 2023 (61 joiners compared to 43 leavers).
- 27 Employee sickness absence remained higher than our target with an average of 7.9 days per person annually at Q2 (target 6.5 days). The top reason for sickness was mental health absence across most directorates. We will continue to monitor this trend, particularly over the winter months, and the underlying reasons. We will also continue to raise awareness of the support and wellbeing resources available to colleagues including the Thrive app and our Mental Health First Aiders.

## Corporate risk exposure

- 28 At **annexe 2** we have provided our corporate risk exposure report where we continue to report by exception. We maintain a full risk register alongside this.
- 29 We are currently responding to a number of issues which are currently impacting our workforce, financial position and ability to protect the public and that may impact our risk landscape. Our exposure report at annexe 2 provides further details.
- 30 On 7 November 2023, the Executive discussed our current issues and emerging risks to improve the efficacy of our risk management framework. We are reviewing the types of controls that we have around each risk, and the different levels of assurance that monitor those controls, to ensure we have early warning of risk triggers. This piece of work is in its early stages, and we expect to see progression during quarters 3 and 4, pending the newly updated corporate risk register for 2024-2025.
- 31 Three corporate risks are rated as red: **REG18/02** (failure to address regulatory concerns about professionals on our register), to reflect our ongoing concerns regarding reducing the FtP caseload swiftly and safely; **COM18/02** (we do not act in line with our statutory or wider legal obligations) to reflect some sensitive legal issues that we are currently managing; and **STR20/02** (risk that we fail to deliver our strategic ambitions for 2020-2025), to reflect that colleagues may have to deprioritise strategic work to focus on unplanned incidents. We are taking action in all these areas and will revisit this risk score once we have completed our business planning.
- 32 Our remaining risks are rated as either amber or green. We are progressing specific mitigations in key areas as detailed in our risk exposure report at **annexe 2**.
- 33 **Compound risks:** We have looked across all directorate and corporate risks and we have found that the capacity and capability of our people is highlighted as a causation across most areas. Our People Plan will help to address this, with key initiatives for staff development and more effective appraisals.
- 34 The Council are invited to reflect on our current risk exposure.

## Annexe 1, section 2. Progress against our corporate commitments for 2023–2024

### Progress against our corporate commitments

Commitment	Q1 actual (2023-24)	Q2 actual (2023-24)	Year end forecast (at Q2)	Comments
<b>Commitment 2</b> Provide greater flexibility in nursing and midwifery pre-registration education and training by launching new standards for pre-registration education in the UK.	Green	Green	Green	<b>On track:</b> The implementation of the Future Programme Standards (2023) is ongoing, with a deadline for adoption by Approved Education Institutes (AEIs) in January 2025. The next phase focuses on nursing and midwifery practice learning quality, with two upcoming reviews: one on practice learning in the UK and another on international literature regarding effective practice learning environments.
<b>Commitment 3</b> Review regulation of advanced nursing and midwifery practice.	Green	Green	Green	<b>On track:</b> In July 2023, an independent chair was appointed to the Advanced Practice Steering Group. In September 2023, the Steering Group held its inaugural meeting and conducted the first joint regulatory roundtable to explore collaboration opportunities. They established governance and a timeline for phase one, including an agreement with four Chief Nursing Officers (CNOs) and Chief Midwifery Officers (CMOs) for secondments of nurse and midwife advisers from the four nations to support the project.
<b>Commitment 5</b> Implement a new data-driven and proportionate approach to education quality assurance (QA) which enables us to have a more holistic oversight of institutions and their programmes to make appropriate interventions.	Green	Green	Green	<b>On track:</b> Work is ongoing to develop a data-driven quality assurance approach with dashboards set for completion in November/December 2023. Additional data sets from Higher Education Statistics Agency (HESA), including student attrition and attainment by protected characteristics, have been procured. These dashboards will guide interventions, particularly focusing on equality and diversity. Procurement of a new QA Service Provider is underway, with an emphasis on agility and flexibility in the contract. Legal advice is pending before publishing the procurement, following successful pre-market engagement.

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Commitment	Q1 actual (2023-24)	Q2 actual (2023-24)	Year end forecast (at Q2)	Comments
<p><b>Commitment 7</b> Reduce our fitness to practise (FtP) caseload and make improvements to how we regulate to ensure that we process cases in a timely, proportionate, and efficient way.</p>	Red	Red	Amber	<p><b>Delayed:</b></p> <p>Please refer to the FtP caseload paper on the agenda for more details.</p> <p>We were behind target at the 6-month point, but still reducing caseload in 3 parts of the FtP process (screening, investigations and case examiners). We started to move some of the oldest cases through the process at all stages.</p> <p>Our amber forecast reflects that we expect to continue to see an overall reduction in the caseload despite the compounding factor that the volume of concerns raised to the NMC has increased in the first six months of the year. Our overall level of decision making has increased significantly compared to 2022-2023. Improvements are planned for the latter part of the year and 2024-2025 that will move us towards sustainable improvement in our caseload in the medium to longer term.</p>
<p><b>Commitment 8</b> Work with the Department of Health and Social Care to deliver a substantial programme of regulatory reform to remove legal barriers that limit improvements in the way we regulate.</p>	Amber	Green	Green	<p><b>On track:</b> In July 2023, the Programme Board approved new milestones. Policy positions were finalised, except for some dependent on changes to legal drafting for Anaesthesia Associates and Physician Associates (AAPAO).</p> <p>Policy development continued for the NMC Order, including key asks and transitional provisions.</p> <p>Rules drafting reached the engagement ready milestone and engagement with external stakeholders on regulatory reform changes took place. The latest drafting for AAPAO was received in September 2023, and the Department of Health and Social care (DHSC) plans to lay it in Parliament by December 2023. Timetable discussions with DHSC are ongoing to assess potential programme impacts.</p>

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Commitment	Q1 actual (2023-24)	Q2 actual (2023-24)	Year end forecast (at Q2)	Comments
<p><b>Commitment 9</b> Tackle discrimination and inequality and promote diversity and inclusion to make sure that our processes are fair to everyone.</p> <p>(Our EDI plan is linked to our People Plan at commitment 17, specifically where we are delivering actions internally for employees, such as increasing awareness through training, and improving data monitoring to increase our EDI insights)</p>	Amber	Amber	Amber	<p><b>On track but with some uncertainties about resource capacity:</b> An independent audit of FtP decision-making processes is underway by external contractors, with results expected in 2024. This audit will be integrated into ongoing internal and external reviews focusing on decision-making fairness and consistency. Our <i>Ambitious for Change</i> research is advancing, including efforts to understand differences for disabled professionals in revalidation and analysing employer referral data. However, limited capacity has affected some initiatives, such as conversations with employers submitting disproportionate referrals. The organisation has incorporated EDI workforce actions into the refreshed People Plan, with strengthened EQIA (Equality Impact Assessment) work in regulatory reform supported by targeted stakeholder engagement. Employee networks are being enhanced with external expert support, particularly the BeMe network via training and networking opportunities.</p>
<p><b>Commitment 10</b> Continue to ensure objective structured clinical examination (OSCE) capacity meets demand and to explore ways of improving access.</p>	Amber	Closed	Closed	<p><b>Closed:</b> The feasibility work on a centralised booking system was initially paused to address anomalous data regarding a specific test centre running computer-based tests. However, during Q2, the Northumbria test centre expanded its capacity, adding 10,000 test slots per year and there have been no recent issues with test location choices or capacity. Consequently, this is no longer a priority this year, but it will be periodically reviewed and reconsidered if feedback suggests it would benefit candidates.</p>
<p><b>Commitment 11</b> Deliver policy and legislative change to enable new approaches to international registrations, including a review of English language guidance, to ensure that it is fair.</p>	Amber	Green	Green	<p><b>On track:</b> The final Statutory Instrument for the European Free Trade Agreement (EFTA) trade deal is now available. Initial reviews by the General Counsel Team and Policy Team suggest that our processes will remain unchanged, allowing us to meet the planned implementation requirements by December 2023.</p>

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Commitment	Q1 actual (2023-24)	Q2 actual (2023-24)	Year end forecast (at Q2)	Comments
				<p>The Executive Board discussed recognising international qualifications in October 2023 and an update will be provided in our Q3 report.</p> <p>The first phase of the English language review concluded by the end of Q2 and proceeding as expected.</p>
<p><b>Commitment 12</b> Maintain the Covid-19 emergency register.</p>	<p>Green</p>	<p>Green</p>	<p>Green</p>	<p><b>On track:</b> The DHSC has asked NMC to close the Covid-19 emergency register by the end of March 2024. In Q2, efforts were made to inform all individuals on this register of its closure. We are developing an operational closure plan and will continue to survey registrants as part of this process.</p>

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Commitment	Q1 actual (2023-24)	Q2 actual (2023-24)	Year end forecast (at Q2)	Comments
<p><b>Commitment 13</b> Build trust in professional regulation through targeted campaigns to build an awareness of who we are, what we do, and what we stand for.</p>	Amber	Amber	Amber	<p><b>Marginally delayed:</b> In July and August 2023, we successfully executed simultaneous campaigns targeting professionals and the public, focusing on collaborative maternity care. Initial analytics reveal the public campaign reached over 700,000 people, with 129,500 video views, while the resource for midwives reached 24,000 professionals.</p> <p>A webinar held in September 2023, engaged over 150 midwives and student midwives in sharing partnership experiences.</p> <p>Due to external communication demands, the postponed professional and student campaigns will resume in mid-November 2023 and early 2024, respectively, facilitated by a new Instagram account.</p> <p>Additional campaigns for holistic nursing and multidisciplinary care are scheduled for Q4 2024, and audience perception research will inform our 2024-2026 engagement priorities.</p>

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Commitment	Q1 actual (2023-24)	Q2 actual (2023-24)	Year end forecast (at Q2)	Comments
<p><b>Commitment 14</b> Expand our national and local outreach to embed regulation, support, and influence at local level (evolving our Employer Link Service into a broader outreach and in-reach service).</p>	Green	Amber	Amber	<p><b>On track but with some uncertainties about resource capacity:</b> Recruitment for an additional regulation advisor role has been completed, with one advisor specifically designated to support the independent sector due to increased demand. Recruitment for a new advisor level role has been delayed due to resource allocation for CBT and PR support.</p> <p>The "Welcome to the UK" delivery is progressing well. Efforts are being made to engage nurse agencies in Northern Ireland and we are working with an external partner to develop workstream parameters, overlapping with a policy review. Midwifery and Professional Behaviours and Patient Safety sessions are planned, although capacity and service challenges persist. These programs were presented to the Midwifery Panel in October 2023.</p>
<p><b>Commitment 15</b> Create a modern and accessible website that effectively portrays our values, delivers our core services, and enhances our communications and engagement.</p>	Red	Red	Red	<p><b>Off track with some uncertainty on the outcome:</b> This project has currently been paused as we reassess priority activity. As a result, no additional actions have been taken since the first quarter of the year.</p>
<p><b>Commitment 16</b> Improve our insight and use it to enhance our regulatory impact and influence in the sector.</p>	Amber	Green	Green	<p><b>On track:</b> In August 2023, we released the first annual insight publication. Notably, updates to enhance data collection for work locations as part of the revalidation process are in development and set to go live in November 2023. Requirements gathering has begun for other affected processes such as FtP, Education, and Registration.</p>

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Commitment	Q1 actual (2023-24)	Q2 actual (2023-24)	Year end forecast (at Q2)	Comments
				In Q1, the Executive Board approved modifications to the diversity monitoring approach. Efforts are underway to implement changes, including adjustments to the internal HR system anticipated in Q3.
<b>Commitment 17</b> Deliver our People Plan that supports our colleagues to be engaged, retained, and supported to deliver our strategy.	Green	Green	Green	<b>On track:</b> Key accomplishments include successful implementation of Total Reward changes in line with the 2023-2024 pay award and effective implementation of a new pay policy. NMC people briefings are now integrated as routine, with robust attendance and follow-up Q&A sessions on Workplace. We have achieved success in the pilot and rollout of the Management Essentials programme, receiving positive feedback from over 300 participants. Casework training for HR and legal, including investigatory and grievance resolution, is complete. We refreshed the HR Business Partner and HR advice offer in June and July, emphasising the support provided to managers and Senior Leadership Teams (SLTs). We are focused on enhancing recruitment practices with training to promote inclusive recruitment and collaboration with the BMe network to involve junior colleagues in panels for roles at grade 6 and above. 'Rising Together' is progressing well with talent progression within 'Rising Higher' still to launch.
<b>Commitment 19</b> Update digital systems that support how we regulate to improve the experience for customers and colleagues. <i>(Modernisation of technology services programme – MoTS)</i>	Amber	Amber	Amber	<b>On track with some delays:</b> The Wiser Release 2.0 was successfully completed in July 2023, achieving 70 percent of the project's goal to transition the register onto D365. Key tasks related to contact details now operate exclusively on D365. However, technical complexities and the need to incorporate three additional features have pushed the final Release 3.0 from October 2023 to February 2024.  Education QA is awaiting a release window for the final set of functional enhancements, expected in December 2023. Council approved the business case for Phase 3b, which encompasses archiving Wiser, upgrading NMC online portals, modernising FtP systems, and preparing a case management solution.

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Commitment	Q1 actual (2023-24)	Q2 actual (2023-24)	Year end forecast (at Q2)	Comments
				<p>A Change Request Steering Group has been established to assess and prioritise change requests, benefiting business operations. The programme will implement further changes in November 2024 to enhance user experience and data integrity.</p> <p>Despite challenges, such as delays in Release 3.0, programme status remains amber for Q2, with active risk management within the governance structure.</p>
<p><b>Commitment 20</b> Deliver contemporary IT through our technology improvement programme and core business to improve our efficiency.</p>	Green	Green	Green	<p><b>On track:</b> We have now migrated the first servers to Azure and will continue to migrate the remaining servers during 2023. The project plan has been re-baselined and anticipated completion date is Q3 2023. This is due to key resource also working on the MoTS programme. Some systems (such as Wisser) cannot be moved to the cloud and will remain on premise until they are retired as part of the MoTS programme.</p>
<p><b>Commitment 21</b> Create modern workspaces that support wellbeing and collaboration (five-year programme).</p>	Green	Green	Green	<p><b>On track:</b> For 23 Portland Place (23PP), architect Ellis Williams has facilitated workshops, engaging approximately 230 colleagues so far on refurbishment plans. We have made key appointments of specialist service providers in areas like acoustics, approved inspection, and structural engineering. The process to secure experts in building engineering, town planning, fire engineering, party wall, and IT/AV security is underway, demonstrating our commitment to enhancing our built environment.</p> <p>Within 2 Stratford Place (2SP), discussions regarding lease extensions with the landlord are ongoing, with a positive response and no immediate development plans for the building. Professional Regulation colleagues visited alternative serviced office locations, giving positive feedback on these.</p>

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Commitment	Q1 actual (2023-24)	Q2 actual (2023-24)	Year end forecast (at Q2)	Comments
<b>Commitment 22</b> Implement an NMC sustainability and environmental plan.	Green	Amber	Amber	<b>Delayed:</b> In collaboration with our external experts, Public Service Consultants Limited (PSC), a comprehensive draft plan has been developed to outline our objectives for achieving net zero and carbon neutrality. Council reviewed this plan in July 2023. Although implementation has been hindered by competing priorities, we have made substantial progress in advancing implementation strategies. Key dimensions, such as integrating sustainability into procurements, are actively being pursued.
Implementation of Welsh language standards	Green	Green	Green	<b>On track:</b> We are on track to achieve compliance with standards by December 2023. A communication plan has been developed and initiated to inform colleagues about their obligations under the standards. Updates to initial FtP template letters are underway, and an automated interactive voice response system in Welsh is expected by the end of November 2023.

**Commitment 1:** Deliver a new set of ambitious post-registration standards focusing on community nursing practice - completed in 2022-23.


**Commitment 4:** Review revalidation requirements for nursing and midwifery professionals - moved to our next strategy period from 2025.


**Commitment 6:** Evaluate whether protected learning time for nursing associates - will be delivered within core business with a reduced scope.

**Commitment 18:** Improve the way we are structured so that we can deliver our strategy - paused until 2024.

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### Annexe 1, section 3. Detailed progress against our key performance indicators (KPIs)

 Fitness to practise KPIs	Target	Apr	May	Jun	Jul	Aug	Sep
Volume of the overall fitness to practise caseload (closing caseload) (month actual)	Reduce	5,589	5,563	5,534	5,463	5,384	5,500
Percentage of interim orders imposed within 28 days of opening the case (month actual)	80%	62.7%	66.7%	73.3%	66.7%	71.7%	76.9%
Percentage of fitness to practise cases concluded within 15 months of being opened (month actual)	Monitor	56.5%	60.8%	64%	57.1%	63.5%	58.2%
<p><b>Exception comments</b></p> <p><b>Volume of the overall fitness to practise caseload:</b> During September 2023 we saw an increase of 116 cases compared to August 2023. This was due to high referral rates (the highest monthly figure seen since 2016). The caseload has slightly decreased by 89 cases between April and September 2023.</p> <p><b>Percentage of interim orders imposed within 28 days of opening the case:</b> Below target for Q2. An average of 69.7 percent of interim orders were imposed within 28 days of opening a case between April and September 2023. We expect this to increase because of improvement work.</p>							

 Registrations, OCSE and contact centre KPIs	Target	Apr	May	Jun	Jul	Aug	Sep
<b>Registrations:</b> Percentage of UK initial registration applications completed with no concern within 1 day	97%	98.6%	98.6%	99.5%	99.6%	98.8%	98.5%
Percentage of UK initial registration applications completed where concerns are raised within 60 days	90%	100%	95.8%	90.5%	100.0%	100.0%	99.3%
Percentage of overseas registrations applications assessed within 30 days	95%	98.1%	99.7%	99.9%	99.9%	99.6%	99.8%
<b>Readmissions:</b> Percentage of readmissions applications completed within 21 days	90%	98.1%	98.4%	98.8%	98.6%	97.8%	96.2%
<b>OSCE:</b> Percentage of customers who agreed that the objective structure clinical examination (OSCE) test centre treated them with 'respect and dignity' throughout the examination process	95%	98.9%	98.5%	99.6%	98.0%	98.6%	98.9%
Number of OSCE tests offered per month across our 5 test centres	>3000	4,184	4,481	4,946	4,790	4,951	4,585
Number of test takers	Monitor only	4,008	4,262	4,511	4,610	4,581	4,220
<b>Contact centre:</b> Percentage of call attempts handled	90%	89.6%	82%	90.4%	96.0%	97.7%	95.8%
Total number of calls into the contact centre	Monitor only	14,869	18,835	17,009	16,007	18,288	20,159
Total number of calls answered by the contact centre	Monitor only	13,326	15,436	15,377	15,366	17,863	19,304
Percentage of customers reporting that the contact centre handled their call with kindness	96%	96.4%	96.2%	93.1%	95.4%	95.7%	94.8%
Number of emails handled	Monitor only	3,006	3,590	3,598	4,185	5,094	5,058

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### Exception comments

**UK initial registration applications where concerns are raised completed within 60 days:** We have been above target for registration applications with concerns for eight months consecutively.


#### Contact centre

- **Percentage of call attempts handled:** We have been above target for four consecutive months.
- We have processed 96,672 calls since April 2023, an increase of 15 percent compared to the same period in 2022-2023 (84,133 calls in 2022-23 between April and September).
- We have processed 24,531 emails since April 2023, down 13.1 percent compared to the same period in 2022-2023 (28,234 emails in 2022-2023 between April and September).

We take a flexible approach to resourcing which we review monthly. If our contact centre has spare capacity, we may redeploy colleagues to support other activities. Recently contact centre colleagues have been supporting FtP, International Registrations, and Registrations Investigations.

**Percentage of customers reporting that the contact centre handled their call with kindness:** Below target for Q2 with an average of 95.3 percent. We have been under target since June 2023, reasons are currently being investigated with calls being recorded and monitored.

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 Enquiries and complaints KPIs	Target	Apr	May	Jun	Jul	Aug	Sep
Percentage of complaints handled within 20 working days	90%	89.7%	89.5%	92.1%	95.0%	88.0%	94.0%
Number of complaints handled	Monitor only	96/107	111/124	118/128	125/131	119/135	116/124
Percentage of information requests responded to within their statutory timeframes	90%	95.0%	91.0%	98.0%	96.0%	93.0%	96.0%
Number of information requests handled	Monitor only	188	156	182	161	176	149
Percentage of MP enquiries responded to in 20 days	90%	80.0%	33.3%	100%	100%	100%	100%
Percentage of enquiries responded to in 20 days	90%	100%	100%	100%	100%	100%	85.7%
Percentage of customers highly satisfied/satisfied with the service received	85%	92.0%	90.0%	86.0%	92.0%	88.0%	86.0%
Number of feedback surveys completed	Monitor only	524	651	665	720	733	770

### Exception comments – customer enquiries, complaints, and feedback

**Complaints:** Performance for complaints handling dipped marginally below target for April, May and August 2023, low volumes disproportionately affect the numbers. The total number of complaints increased by 27 percent compared to the same period in 2022-2023 (591 complaints in 2022-2023 between April and September).


**Information requests responded to within statutory timeframes:** Continued to be above target for Q2. The total number of information requests increased by 25 percent compared to the same period in 2022-2023 (808 Information requests in 2022-2023 between April and September).

**General enquiries:** We were above target for 5 out of 6 months between April and September. We saw an increase in September with half of the enquiries received relating to the Lucy Letby case. We continue to seek ways to improve our response times.

**MP enquiries:** We were above target for 4 out of 6 months between April and September, performance for handling MP enquiries dipped below target for April and May, we continue to see small volumes disproportionally affecting the overall percentage with some MP enquiries requiring responses from multiple parties. Since April we have responded to 25 MP enquiries out of 28 (15 MP enquiries in 2022-2023 between April and September).

**Satisfaction:** Continued to be above target for Q2.



 People KPIs	Target	Apr	May	Jun	Jul	Aug	Sep
Number of full time equivalent (FTE) NMC employees (month actual)	1,208 (annual av.)	1,120	1,131	1,149	1,138	1,139	1,152
Percentage of agency and contractors (as a percentage of total FTE) (month actual)	Monitor only	6.2%	7.2%	6.3%	5.7%	5.6%	5.2%
Percentage of all NMC turnover (permanent employees only) (12 months rolling)	10-15%*	12.2%	12.3%	11.8%	10.5%	10.1%	9.6%
Total number of new starters (permanent) (month actual)	Monitor only	10	6	18	7	5	15
Total number of leavers (permanent) (month actual)	Monitor only	5	10	7	5	5	11
Percentage of new starters leaving within 6 months of joining (12 month rolling)	12.5%	9%	10.5%	10.5%	11.7%	11.6%	13.6%
Number of new starters leaving within 6 months of joining (month actual)	Monitor only	0	0	0	1	0	1
Average number of days of sickness per employee (days)	6.5	7.6	8.3	7.7	7.8	7.8	8
Employee engagement score (out of 10) (annually)*	7.5	Next survey due in 2024-25 (annually).					7.3
Employee net promoter score (annually)*	Positive score						15
Employee perception of internal communications effectiveness score (out of 10) (annually)*	7						7.7

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### Exception comments - people

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

We have tailored how we apply traffic lights for our *percentage of all NMC turnover* KPI. Traffic lights are now applied as: 12.5% or below = green, 12.5% to 15% = amber, above 15% = red. This is to provide more nuance when interpreting the data.

\* As per the last survey in August 2022:

- Employee engagement score (out of 10) was rated 7
- Employee net promoter score was rated at positive score 3
- Employee perception of internal communications effectiveness score (out of 10) was rated at 7.7

**Full time equivalent (FTE):** FTE remained below budget due to delays and challenges in our recruitment. 43 people have left the NMC and 61 people have joined as permanent colleagues since April 2023. This means that more new permanent employees have joined than left.

**Turnover:** Above target for Q2.

**Sickness absence:** sickness absence remains higher than target but stable averaging at 7.9 days per person per year. The top reasons for absence are stress, and mental health.

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## Traffic light definitions

	RED	AMBER	GREEN
<b>Corporate Commitments</b>	<p><b>Significant concerns</b></p> <ul style="list-style-type: none"> <li>• Expected to fail to deliver against its milestones</li> <li>• Actions are needed immediately to help the commitment to be delivered.</li> </ul>	<p><b>Some concerns</b></p> <ul style="list-style-type: none"> <li>• Expected to partially deliver against its milestones – some delays</li> <li>• Will make significant progress towards benefits/outcomes, but some aspects are delayed</li> <li>• Or actions are being taken to bring the commitment back on track</li> <li>• Or there are some uncertainties or risks that we need to monitor and managed</li> </ul>	<p><b>No concerns - on track</b></p> <ul style="list-style-type: none"> <li>• Expected to deliver against its milestones and realise benefits</li> </ul>
<b>KPIs</b>	<p><b>Significantly below target</b> More than 8 percent below target</p>	<p><b>Off target</b> Below target between 1 to 8 percent</p>	<p><b>Within range</b> On or above target</p>

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**Annexe 1, section 4: Financial position**  
**Table 1 – Income & Expenditure to 30 September 2023**

£'m	September 2023 Year-to-Date				Full Year	
	Actual	Budget	Var.	Var. (%)	Budget	Forecast
<b>Income</b>						
Registration fees	48.4	47.0	1.4	3%	94.8	96.4
Other	5.6	4.1	1.5	37%	8.2	10.5
	<b>54.0</b>	<b>51.5</b>	<b>2.9</b>	<b>6%</b>	<b>103.0</b>	<b>106.9</b>
<b>Expenditure</b>						
<u>Core Business</u>						
Professional Regulation	27.0	26.4	(0.6)	(2%)	52.0	52.9
Resources & Technology Services	8.9	9.3	0.4	4%	19.2	19.3
People & Organisational Effectiveness	5.7	5.9	0.2	3%	12.2	12.0
Professional Practice	2.5	2.9	0.4	15%	6.7	6.4
Strategy & Insight	2.0	2.2	0.2	9%	4.5	4.3
Communications & Engagement	1.7	1.7	-	-	3.5	3.6
Total Directorate - Core Business	47.8	48.4	0.6	1.2%	98.0	98.5
<u>Corporate</u>						
Depreciation	1.7	2.0	0.3	15%	3.9	3.5
PSA Fee	1.1	1.0	(0.1)	(10%)	2.1	2.0
Apprenticeship Levy*	0.1	0.1	-	-	0.3	0.3
Contingency	0.3	-	(0.3)	-	1.0	1.0
Panellists - Attendance Allowance	-	-	-	-	1.1	1.1
FTP additional provision	0.8	1.2	0.4	34%	2.4	1.8
Other costs (Pension Deficit liability)	0.0	0.1	0.1	>100%	0.6	0.1
Total Corporate	4.1	4.4	0.3	7%	11.3	9.8
<b>Total Core Business</b>	<b>51.9</b>	<b>52.9</b>	<b>1.0</b>	<b>2%</b>	<b>109.3</b>	<b>108.3</b>
<b>Surplus/(Deficit) excluding Programmes</b>	<b>2.1</b>	<b>(1.8)</b>	<b>3.9</b>	<b>&gt;100%</b>	<b>(6.3)</b>	<b>(1.4)</b>
<b>Programmes &amp; Projects</b>						
Accommodation Project	0.1	0.4	0.3	67%	1.7	0.6
Modernisation of Technology Services	3.7	4.3	0.6	14%	8.2	7.7
Technology Improvements	0.2	0.2	-	-	0.4	0.4
Modern Workplace for Me	0.0	0.2	0.2	85%	0.3	0.3
Website Redevelopment Programme	-	0.1	0.1	-	0.2	0.1
Regulatory Reform	0.5	0.6	0.1	17%	1.2	1.2
Insight Programme	-	-	-	-	0.2	0.2
<b>Total Programmes/Projects</b>	<b>4.5</b>	<b>5.8</b>	<b>1.3</b>	<b>22%</b>	<b>12.2</b>	<b>10.5</b>
<b>Total Expenditure including capex</b>	<b>56.4</b>	<b>58.7</b>	<b>2.3</b>	<b>4%</b>	<b>121.5</b>	<b>118.8</b>
Capital Expenditure	4.2	5.3	1.1	21%	10.4	8.9
<b>Total expenditure excluding capex</b>	<b>52.2</b>	<b>53.4</b>	<b>1.2</b>	<b>2%</b>	<b>111.1</b>	<b>109.9</b>
<b>Net Income</b>	<b>1.8</b>	<b>(2.3)</b>	<b>4.1</b>	<b>&gt;100%</b>	<b>(8.0)</b>	<b>(3.0)</b>
Unrealised Gains/(Losses)	(1.0)	-	(1.0)	-	-	-
<b>Net Surplus/(Deficit) excluding capex</b>	<b>0.8</b>	<b>(2.3)</b>	<b>3.1</b>	<b>&gt;100%</b>	<b>(8.0)</b>	<b>(3.0)</b>
<b>Free Reserves</b>	<b>42.7</b>	<b>38.6</b>	<b>4.1</b>	<b>11%</b>	<b>29.2</b>	<b>36.5</b>

*Note: figures are subject to rounding*

\* Apprenticeship Levy is a tax paid to HMRC. It is collected monthly through PAYE.

**Table 2 – Balance sheet as at 30 September 2023**

£'m	Mar-23	Sep-23	Change	Change %
<b>Fixed Assets</b>				
Tangible and Intangible Fixed Assets	32.3	34.9	2.6	8%
Investments	34.7	34.2	(0.5)	(1%)
<b>Total Fixed Assets</b>	<b>67.0</b>	<b>69.1</b>	<b>2.1</b>	<b>3%</b>
<b>Current Assets</b>				
Debtors	3.8	3.4	(0.4)	(11%)
Fixed term bank deposits	57.4	57.9	0.5	0.9%
Cash	9.8	10.5	0.7	7%
<b>Total Current Assets</b>	<b>71.0</b>	<b>71.8</b>	<b>0.8</b>	<b>1%</b>
<b>Total Assets</b>	<b>138.0</b>	<b>140.9</b>	<b>2.9</b>	<b>2%</b>
<b>Liabilities</b>				
Creditors	(58.0)	(60.0)	(2)	(3%)
Provisions	(3.2)	(3.4)	(0.2)	(5%)
<b>Total Liabilities</b>	<b>(61.2)</b>	<b>(63.4)</b>	<b>(2.1)</b>	<b>(3%)</b>
<b>Net Assets</b>	<b>76.8</b>	<b>77.5</b>	<b>0.7</b>	<b>0.9%</b>
<b>Total Reserves</b>	<b>76.8</b>	<b>77.5</b>	<b>0.7</b>	<b>0.9%</b>
<b>Free Reserves</b>	<b>44.5</b>	<b>42.7</b>	<b>(1.8)</b>	<b>(5%)</b>

Note: Figures are subject to rounding

**Table 3 – Cash flow statement at 30 September 2023**

£'m	30 Sep 2022	30 Sep 2023
<b>Cashflow from operating activities</b>		
Surplus/(Deficit) (YTD)	(2.9)	0.8
Adjustment for Depreciation (Non-cash)	3.3	1.7
(Gains)/Losses on Investments	3.9	1.0
Investment/Dividend income	(0.5)	(0.5)
(Increase)/Decrease in current assets	1.1	0.3
Increase/(Decrease) in liabilities	2.7	2.1
<b>Net Cash inflow/(outflow) from operating activities</b>	<b>7.6</b>	<b>5.4</b>
<b>Cashflow from investing activities</b>		
Capital Expenditure (YTD)	(3.2)	(4.2)
<b>Net Cash inflow/(outflow) from investing activities</b>	<b>(3.2)</b>	<b>(4.2)</b>
<b>Cashflow from financing activities</b>		
Capital Market Investments	(3.0)	-
<b>Net Cash inflow/(outflow) from financing activities</b>	<b>(3.0)</b>	<b>-</b>
<b>Cumulative net increase/(decrease) in cash and cash equivalent at month end</b>	<b>1.4</b>	<b>1.2</b>
Cash & Cash Equivalent at the beginning of the year	70.0	67.2
<b>Cash &amp; Cash Equivalent at the end of the month</b>	<b>71.4</b>	<b>68.4</b>

Note: Figures are subject to rounding

**Table 4 – Movement in free reserves year to date**

Free Reserves	Actual	Budget
Free reserves as at 1 April - Opening Balance	44.5	44.2
Net surplus/(deficit) for financial period	0.8	(2.3)
Depreciation	1.7	2.0
Less Capital Investment	(4.2)	(5.3)
<b>Free reserves - Closing Balance</b>	<b>42.7</b>	<b>38.6</b>

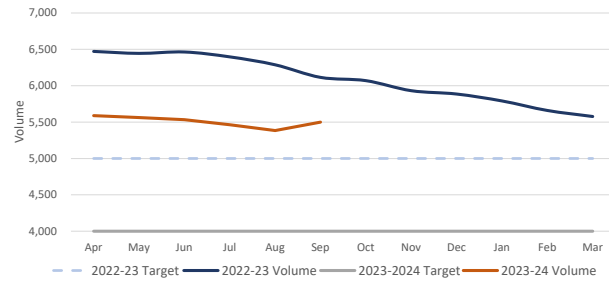
Note: Figures are subject to rounding

**Annexe 1 section 5. KPI Trend Dashboards**

**Professional Regulation - Fitness to Practise**

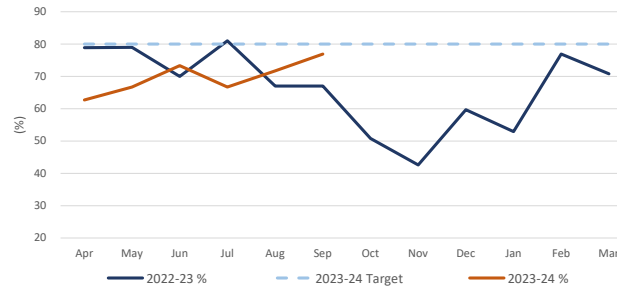
**1. Fitness to practise caseload (closing caseload) (Volume)**

The overall volume has been reducing.



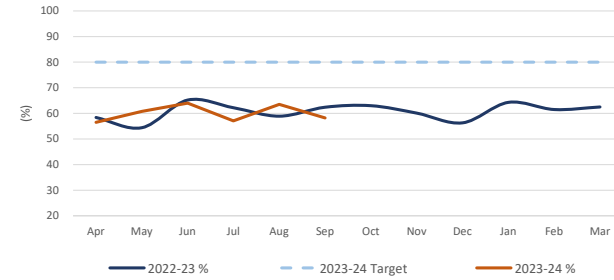
**2. Interim orders imposed within 28 days of opening the case (month actual %)**

Below target.



**3. Fitness to practise cases concluded within 15 months of being opened (month actual %)**

Below target.  
 Work continues to improve timeliness

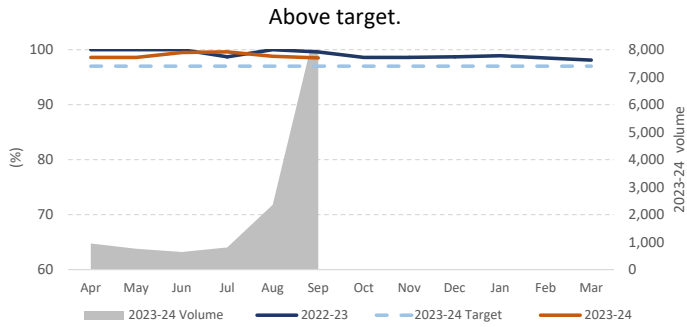


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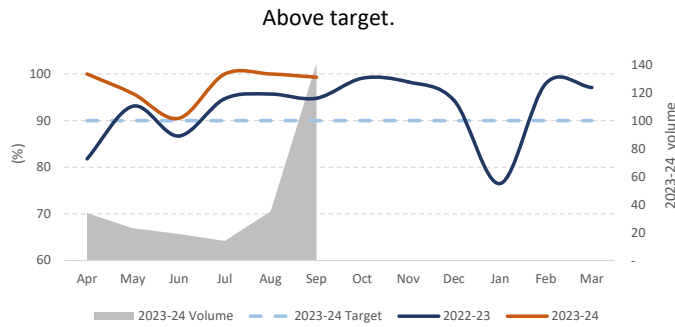
# Professional Regulation - Registrations

## Registrations

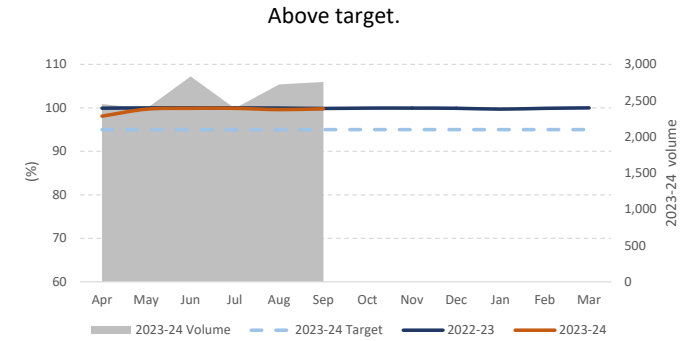
**4. UK registration completed with no concern within 1 day (% and volume)**



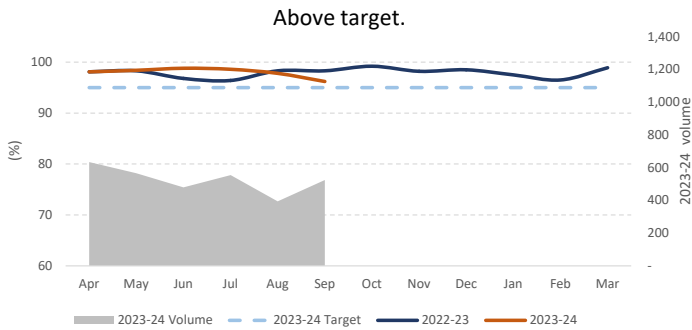
**5. UK registrations requiring additional scrutiny within 60 days (% and volume)**



**6. Overseas registration assessed within 30 days (% and volume)**

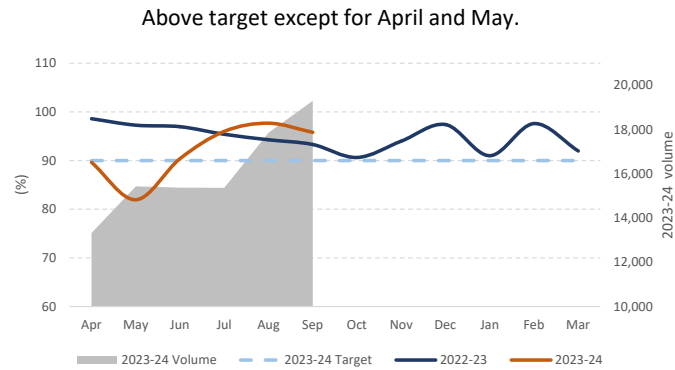


**7. Readmission applications completed within 21 days (% and volume)**



## Contact Centre

**8. Call attempts handled (% and volume)**

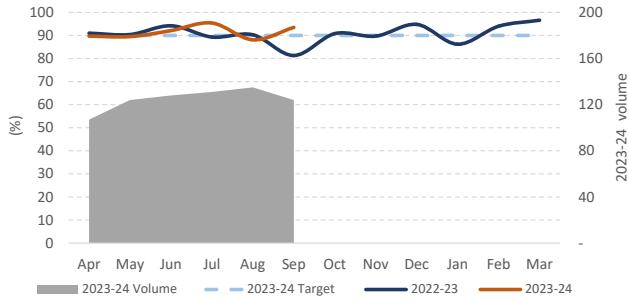


Fitness to Practise - see item 8.

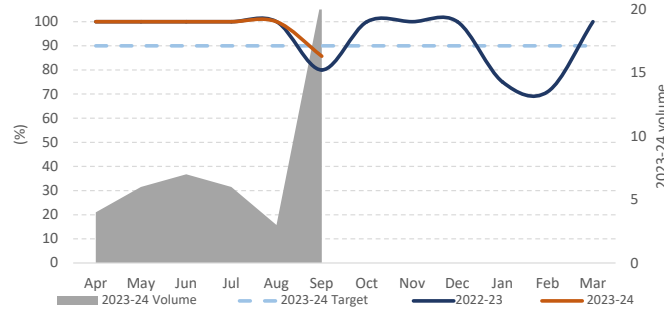
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# Customer enquiries, complaints and feedback

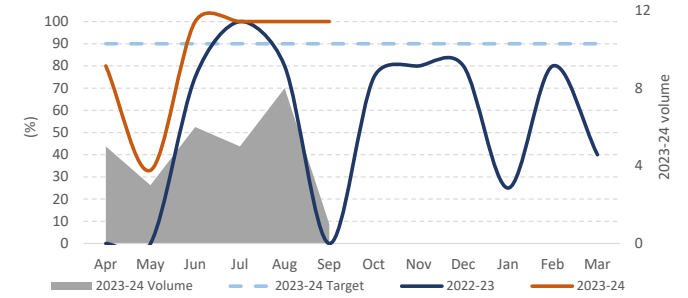
**9. Customer complaints responded to within 20 days**  
Marginally below target for April, May and August.



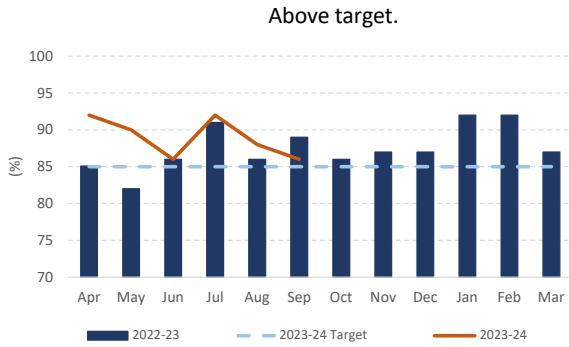
**10. Enquiries responded to in 20 days**  
Below target for September.



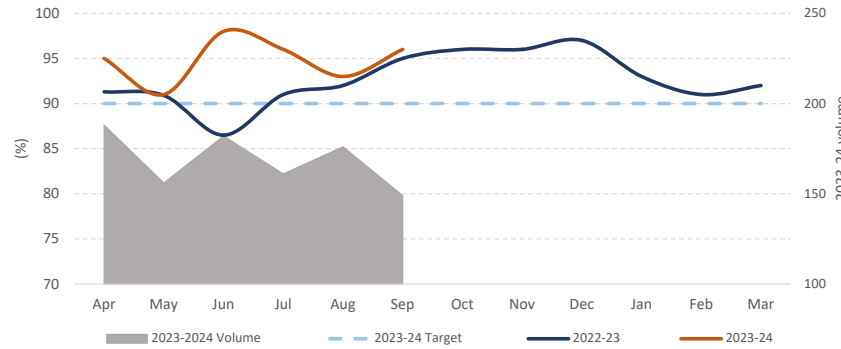
**11. MP Enquiries responded to in 20 days**  
Below target for April and May.



**12. Customers rating our service as good or very good**  
Above target.



**13. Information requests responded to in statutory timeframes**  
Above target.





**Enquiries and Complaints Performance dashboard**  
**Q2 2023-2024**

Q2 performance		
Corporate Complaints	Complaints responded to	390
	Performance against KPI	92.3%
Enquiries	Enquiries responded to	30
	Performance against KPI	90%
MP complaints	MP complaints responded to	14
	Performance against KPI	100%
Information requests	Information requests (volume)	487
	Information requests responded to on time (%)	95%
Customer feedback	Feedback surveys	2223
	Rated service as good/ very good (%)	88%

Learning points in date range (35 in total across the business)			
	Directorate	Number	Action
Complaints, MPs and Enquiries	Professional Regulation	22	As a result of complaints feedback, we have updated our recorded details for the Kenyan regulator, who had changed their service address for processing verifications.  We worked with the Quality of Decision Making Team on how best to direct referrers to the new Screening Decision Review Request form on the website. We have agreed when to direct them to the form and when to take further internal action to make sure review requests are processed most efficiently.
	EDI	1	We identified that we need to make our diversity monitoring form clearer with regard to the options given to registrants about their gender identity. The EDI Team is updating this form to clarify what the options mean
Information requests	We will shortly be able to record delay reasons on MS Dynamics for any requests which go overdue. This will enable us to monitor and tackle trends which cause this rather than the ad-hoc approach we have needed to use thus far.		

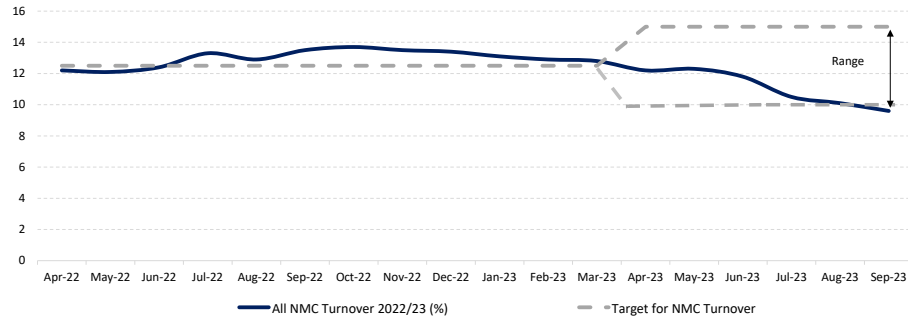
Hot topics in Q2	
Complaints, MPs and Enquiries	We received nine cross-organisational enquiries regarding the case of Lucy Letby, not just in relation to how we are managing her fitness to practise case but also about her colleagues whose practise we are also investigating.
	We received six complaints about our employer confirmation service having slowed down since a technology update. We worked with the contact centre managers to establish the extent of this.
	We are monitoring external interest/ enquiries regarding in the articles published in the Independent with Digital Communications and Media colleagues.
Information requests	The requests received have been varied for quarter two of 2023/24. We have not received requests on particular topics. We continue to receive handfuls of requests about the demographics/ geographics of our register but even these have been quite varied.

Year to date performance													
		April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Corporate Complaints	Complaints responded to	107	124	128	131	135	124						
	Performance against KPI	90%	89.5%	92.1%	95.4%	88.1%	93.5%						
Enquiries	Enquiries responded to	4	6	7	6	3	21						
	Performance against KPI	100%	100%	100%	100%	100%	87.5%						
MP complaints	MP complaints responded to	5	3	6	5	8	1						
	Performance against KPI	80%	33%	100%	100%	100%	100%						
Information requests	Information requests (volume)	188	156	182	162	176	149						
	Information requests responded to on time (%)	95%	91%	98%	98%	92%	96%						
Customer feedback	Surveys sent	524	651	665	720	733	770						
	Rated service as good/ very good	92%	90%	86%	92%	88%	86%						

# Our people

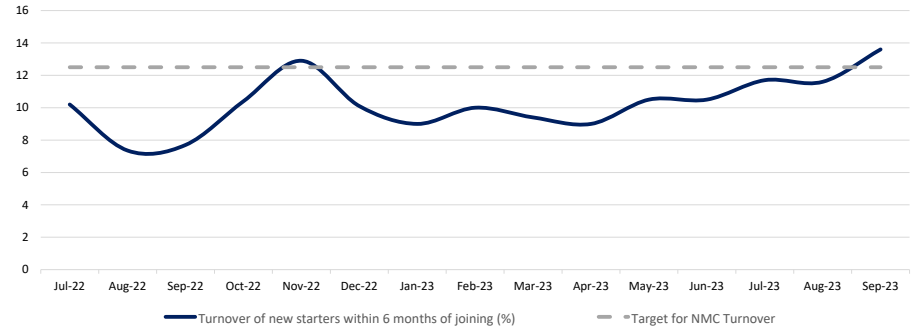
## 14. Total NMC employee turnover (%)

Within the acceptable range for Q2.



## 15. Turnover of new starters within 6 months of joining (%)

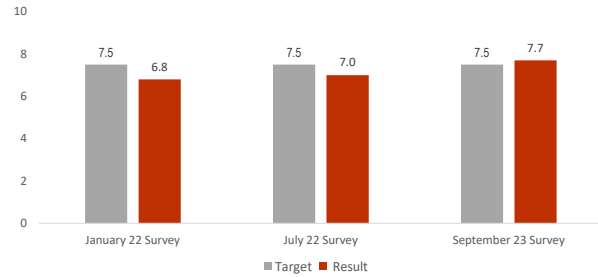
Below target for July and August.



## 16: Employee engagement score (out of 10)

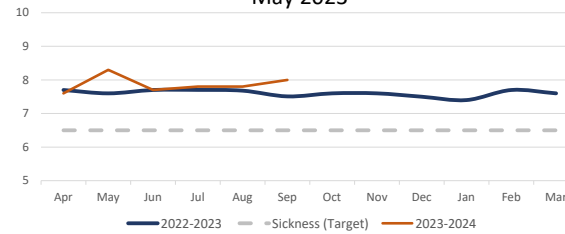
Above target.

Next survey will be due in September 2024



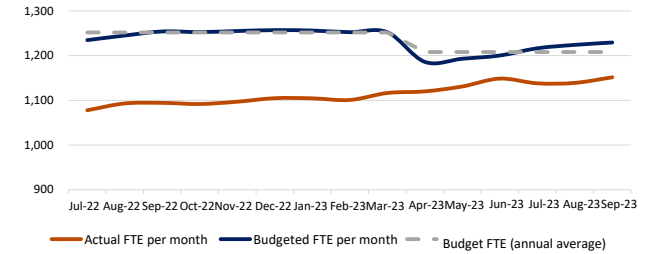
## 17. Sickness absence average days

Higher than desired level for over a year peaking in May 2023



## 18. Total Full Time Equivalent

Below target - see executive summary.



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## Annexe 2: Corporate risk exposure report (Q2 - up to 30 September 2023)

### 1. Overview of corporate risks

Highlighted are the most significant issues, reporting by exception only.

Risk ref	Current rating			Corporate risk description (L = Likelihood. I = Impact)
	L	I	L x I	
REG18/02	4	5	20	<b>We fail to take appropriate action to address a regulatory concern about a professional on our register.</b> (Risk factors: not taking timely action [aging cases], not processing cases effectively [high caseload], not delivering a sustainable improvement to how we manage cases, capacity to deliver improvements, not using or escalating insights)
REG18/01	3	5	15	<b>We fail to maintain an accurate register of people who meet our standards (including timeliness of registrations)</b> (Risk factors: effective operation of registration/revalidation processes, fraudulent applications, variability of international midwifery education)
REG22/04	3	4	12	<b>We fail to take appropriate or timely action to address a regulatory concern regarding the quality of nursing or midwifery education.</b> (Risk factors: education impacted by external pressures, binary approval options, assurance driven by approved education institutions (AEIs), weak data capture or use of insights)
REG19/03	2	4	8	<b>We do not make sure that educational standards are fit for purpose (including processes to ensure compliance with standards are met).</b> (Risk factors: keeping pace with changes in legislation, healthcare and practice, speed of programme approvals, meeting the standards of good regulation)
COM18/02	4	4	16	<b>Risk that we do not act in line with our statutory or wider legal obligations.</b> (Risk factors: gaps in knowledge about statutory or wider obligations [e.g., public sector equality duty, data protection, safeguarding and duty of care, human rights, employment law], FtP delays)
INF21/04	3	5	15	<b>Our Modernisation of Technology Services (MoTS) programme does not deliver the intended benefits for our registration system or case management system.</b> (Risk factors: retention and recruitment of programme colleagues, availability of subject matter experts, accessing external expertise, managing change requests, not improving the customer experience, failing to realise benefits)

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Risk ref	Current rating			Corporate risk description (L = Likelihood. I = Impact)
	L	I	L x I	
INF18/02	3	5	15	<p><b>Our core business technology systems fail and impedes our ability to deliver effective and robust services for stakeholders or value for money.</b></p> <p>(Risk factors: legacy systems and unsupported hardware and software, cyber vulnerabilities, outages affecting core business, not realising benefits, supplier challenges)</p>
PEO23/01	4	3	12	<p><b>People capability, capacity, and agility: We do not have a learning culture focused on empowering colleagues to do their jobs well, to deliver and, raise productivity to give the best possible service for our registrants.</b></p> <p>(Risk factors: vacancies, retention, capability of our people, wellbeing, progression, equality, and diversity)</p>
STR20/02	4	4	16	<p><b>We fail to deliver our strategic ambitions for 2020-2025</b></p> <p>(Risk factors: capacity and capability to deliver our strategy, miss strategic opportunities, pressure to adopt additional commitments, do not realise benefits, not maximising reform)</p>
FIN20/01	3	4	12	<p><b>We do not achieve our investment strategy particularly regarding long term growth; appetite for short term capital loss; alignment with our values.</b></p> <p>(Risk factors: volatility in our investments, unrealised losses)</p>
FIN21/02	3	4	12	<p><b>We do not achieve a sustainable budget or the planned financial benefits from our strategy.</b></p> <p>(Risk factors: external factors destabilise our budget, fail to spend as planned on our strategy, not managing costs effectively, not realising benefits, pension liability)</p>
EXP18/01	4	3	12	<p><b>We fail to meet external expectations, including our impact on people, which significantly affects our ability to maintain the trust and confidence of stakeholders, the public and registrants.</b></p> <p>(Risk factors: not learning from adverse events, fail to deliver regulatory change, do not maintain trust, we cannot engage with stakeholders due to competing demands, ineffective collaboration, England centric, ability to respond to sector issues)</p>
EXP22/04	3	3	9	<p><b>Climate change impacts on our ability to be an effective regulator.</b></p> <p>(Risk factors: physical risks from weather, financial risks from lowering carbon, reduced longer term productivity, policy, and regulation risks, demonstrating our commitment to climate)</p>
EXT21/03	3	3	9	<p><b>We do not recover efficiently following the coronavirus pandemic, including closing the temporary register and realising the benefits from our new ways of working.</b></p> <p>(Risk factors: monitoring impact on our own capacity and for our professionals externally)</p>

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## 2. Risk exposures: areas of uncertainty we are actively managing.

- 2.1. **REG18/02** (managing concerns) (red): Our caseload increased by 116 cases to 5,500 at the end of September 2023 (5,384 at the end of August). High referral numbers have continued to drive the increase in case numbers. We received 578 new cases in September 2023 (the highest since March 2016) up from 451 in August 2023. To help manage referrals, our new ways of working hub (formerly known as best practice hub) launched in November 2023 using the new concerns management tool. Mitigations are being delivered through our FtP improvement work including our rapid resolution team, workforce modelling to clarify our resourcing and surge support in screening, case preparation and presentation, adjudications and quality decision making, as well as additional reviews as part of existing processes to support progression of work through the various FtP stages.
- 2.2. **REG18/01** (managing an accurate register) (amber): due to anomalies found with the computer-based test (CBT), we are keeping a close watch on performance as this may impact KPIs for our contact centre or enquiries.
- 2.3. **REG22/04** (appropriate or timely action on the quality of education) (amber): Canterbury Christ Church University (CCCU): The overall level of risk exposure remains unchanged. A paper was shared at Executive Board on 2 November 2023 detailing the proposed independent review of quality assurance (QA).
- 2.4. **FIN20/01** (We do not achieve our investment strategy particularly regarding long term growth) Whilst our view remains that holding a long-term investment remains a prudent and appropriate decision that will help the NMC to keep the registration fee at its current level, to gain further insight and assurance into the management of our long term investments, a group of Investment Committee members will meet with our investment managers to further explore and understand performance issues.

## 3. Assurance: significant new mitigations and planned actions

- 3.1. **The Independent article:** We have responded to the article and have acknowledged that we have more work to do regarding concerns raised about our culture. We are appointing independent experts to conduct reviews of the concerns raised and they will advise on actions needed to embed change. We have been holding meetings and safe space discussions with colleagues to ensure that we are focusing on people’s wellbeing, as well as addressing concerns raised. This work may have an impact on other priorities such as reducing the FtP caseload, but we are yet to see any impact. We will continue to monitor the situation.
- 3.2. **CBT risk update:** We continue to work closely with our partners including DHSC, NHS England, devolved administrations, trade unions, the Nigerian Charitable Nurses Association, NHS employers, and others. We will now start to look at lessons learned from this issue.

For those that are already on the register where we have concerns, we will open fraudulent entry cases which will result in an investigation committee hearing. Feedback from those that are required to retake the test (whether we have concerns or not) has been positive, with most agreeing to retake the test without challenge. In addition, we have identified a small number of individuals who have provided irregular English language evidence and in other cases non-compliant ID practices. Next steps are currently being considered for these two items. This contributes towards risk mitigation for **REG18/01** (accurate register).

- 3.3. **Lucy Letby case:** We are fully committed to supporting the future government inquiry with teams set up to carry out the work including how the case was handled and lessons learned.
- 3.4. **International contact:** Customer contact regarding international applications remains high, although as September is our peak period for UK registrations, the percentage for international appears to have fallen slightly because of this. This contributes towards risk mitigation for **REG18/01** (accurate register).
- 3.5. **External communications:** We continue to manage a busy agenda, adapting to the most current issues and needs of our stakeholders. Our engagement priorities for next year will be identified through business planning.

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Item 6: **Annexe 3**  
NMC/23/87  
22 November 2023

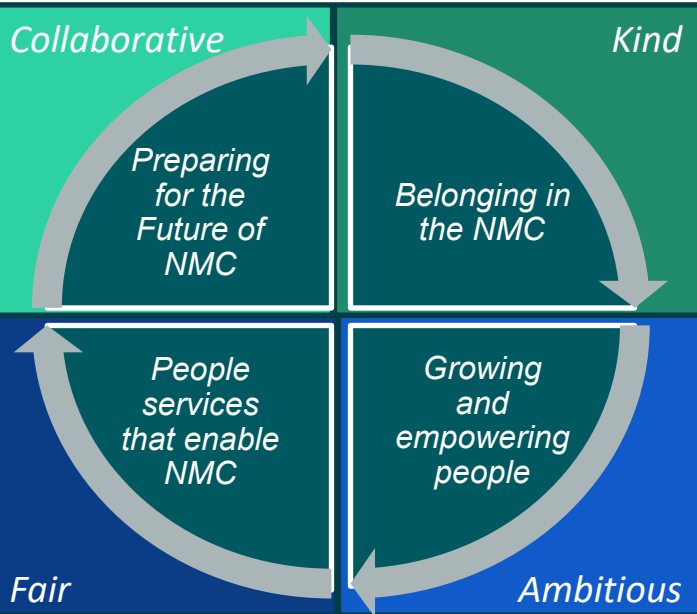
# NMC People Plan – quarterly updates and highlights in Q2

People and Culture Team



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# Reminder: People Plan Structure



## **2023/24: Stabilise core services and foundations**

The first year of the new People Plan focuses on stabilising our core people services and laying the foundation for the future and better enabling our managers and leaders.

## **2024/25: Raise ambitions and focus on learning**

The second year of the People Plan will see further improvements and accessibility of our HR policies and processes, but raise the ambition with a stronger focus on learning and development across the NMC.

## **2025/26: Ready for our new strategy**

The final year of the People Plan will further mature our approach to building the capacity, capability and agility of our workforce. With Regulatory Reform being implemented and the MOTS programme delivered, our focus will be on implementing the right structures and building people systems that empower colleagues.



# Reminder: Year 1 – high level measures

## 2023/24: Stabilise core services and foundations

The first year of the new People Plan focuses on stabilising our core people services and laying the foundation for the future and better enabling our managers and leaders.

This pack summarises year one measures. Overall colleagues should feel that investment in them and support available has improved. They should also feel there is better engagement and consistency in the work and delivery of the People and Culture Team.

Practically the measures in this plan cover 12 months from September to September. The reason for this is to align with Your Voice and other surveys.

**Please note that Your Voice scores are intentionally not included in this update and highlights report as results are still being fully analysed and partially pre-date the current People Plan.**

# Outcome and Measure – Belong



## Outcome we are aiming for

When people join the NMC, they have an excellent onboarding journey and induction. We want colleagues to feel they are listened to and who understand our commitment to equality, diversity and inclusion (EDI), our values, purpose and priorities. They will feel as though their views on reward are listened to and reward is reasonable and fair for their job.

## Quantitative /Project Measures in Q2

Designed and started delivery of quality, consistent and EDI focused recruitment training.

Developed and implemented Ambitious Appraisals policy and guidance, underpinned by programme of colleague engagement and training attended by c.800 colleagues.

Completed 5 recruitment trials in areas across PR to support to inform process improvements.

Turnover is down to 9.6 percent compared to 13.5 percent this time last year.

Continuation of roll out of new pay and reward programme- ‘pay anomalies’ reviewed by the Executive Board in September and it was confirmed that the new approach has resolved the majority of historic, and not created any new, ‘anomalies.’

All NMC People briefings are now embedded – briefings are quarterly and are well attended (c. 450 colleagues), the calls are followed up with Q&A on Workplace.

The annual *Your Voice* survey has recently been completed with analysis and action planning ongoing.

# Outcome and Measure – Grow/Empower

## Outcome we are aiming for

The consistency of management has improved compared with 2022-2023. Colleagues feel like their line management is fair, and they are being supported to be ambitious in their role and in the skills, they develop to grow. Our managers and leaders feel more trusted, autonomous and confident.

## Quantitative /Project Measures in Q2

Management Essentials rolled out. 154 colleagues have now completed the programme – with more cohorts planned.

Developed proposals for Rising Higher in 2024 to support Rising Together graduates in achieving promotions.

47 internal promotions in year-to-date 2023-2024 (compared with 37 this time last year).

51.1 percent of these promotions have been Black or minority ethnic colleagues (compared with 29.7 percent at the same time last year).

3 HR workshops have been held on various key subjects (Hybrid and Flexible Working / Managing Performance / Grievance) with a further one planned in November.

31 Managers have attended these sessions so far with positive feedback on each event.

Rising Together 2023-2023 rolled out with 57 colleagues enrolled.

# Outcome and Measure – People Services

## Outcome we are aiming for

People experience improved and more consistent people services that are always seeking to learn and are driving improved outcomes for colleagues. We are seen as more directive in achieving EDI outcomes, including closing pay gaps. Overall, we want to be recognised as the best People Team NMC colleagues have worked with in their careers.

## Quantitative /Project Measures in Q2

Completed initial programme for HR and Legal teams on casework, including more use of mediation

Set up of new People Leadership group – first meeting was on 15 August.

Refresh of People Policies so that they are relevant and useful well underway – first tranche was approved by the People and Leadership Group in August and consultation with UNISON concluded in early September. Publication ongoing.

37 colleagues from across the organisation now trained to lead HR investigations

Formal Employee Relations casework increased compared to this time last year but this likely reflects more proactive efforts to address concerns and not allowing cases to drag on ‘informally’ without resolution.

# Outcome and Measure – Future



## Outcome we are aiming for

Professional Regulation experience improved collaboration from HR and joint projects on workforce, agile and responsive recruitment, consistency in teams resources, and reducing the caseload are in place and seen as successful.

## Quantitative /Project Measures in Q2

New workforce model to support evidence-based recruitment and skills plans has been developed.

We are continuing with our targeted learning from managers on HR issues to improve capability and confidence in supporting/managing colleagues effectively with well attended sessions on a monthly basis.

Ongoing reduction in use of fixed term contracts – 20 compared to 39 this time last year.

Time to recruit is unfortunately 48 days, compared to 38 days this time last year – this appears to be predominantly linked to onboarding checks e.g. references, candidates providing information, being delayed for certain roles and we are proactively seeking to address.

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## Council

### Whistleblowing concerns – Terms of Reference for Investigations by Ijeoma Omambala KC

**Action:** For decision

**Issue:** The Council is invited to approve the Terms of Reference for the investigations being led by Ijeoma Omambala KC.

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

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

**Decision required:** Council is recommended to approve the Terms of Reference.

**Annexes:** Annexe 1: Terms of Reference for Investigations by Ijeoma Omambala KC

**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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## **Council**

# **Terms of reference for independent investigations into whistleblowing concerns**

## **Background and Purpose**

1. Concerns have been raised with the NMC about our culture, our handling of issues of racism, sexism and domestic abuse within fitness to practise cases, including how transparent we are and the ability of our employees to speak up without fear. In addition, it is said that leaders and managers' focus on the backlog of cases has meant that the NMC has failed to fully investigate cases, address discriminatory application of policies, and led to speedy but poor quality work.
2. Specific concerns have been raised in relation to the approach we have taken in some fitness to practise cases involving discrimination, sexual misconduct, domestic abuse and safeguarding. There are also concerns about how our culture is impacting our approach to the above, and about how we have responded when concerns were raised about our approach to fitness to practise cases and wider cultural issues at the NMC. These concerns have been detailed in press articles and raised as whistleblowing concerns with us.
3. We are committed to these concerns being fully investigated. This is an important learning exercise for the NMC and is part of our adoption of a just culture approach in line with our duty of care policies. By just culture we mean, supporting a culture of fairness, openness and learning in the NMC by supporting our people to feel confident to speak up when things go wrong, rather than fearing blame or detriment, and ensuring that we can explain to stakeholders what has happened and why. Whatever the findings, we are committed to learning from them.

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4. Our aim is to have a culture which is open and transparent, and aligns with our stated values of kindness, fairness, ambition and collaboration. The NMC takes its commitment to Equality, diversity and inclusion (EDI) seriously and it should be at the heart of everything we do. We want colleagues to be comfortable speaking up, to be receptive to feedback and to support the NMC (individually and collectively) to learn and improve where possible.
  
  5. In parallel with the investigations described in these terms of reference, the NMC has established a People and Culture Advisory Group, whose remit is to provide insights, advice and challenge to the delivery of an independent investigation into culture at the NMC, so that recommendations can be identified and taken forward to improve. This is expected to have four broad stages:
    - 5.1.1. Establishment of the group and its terms of reference.
  
    - 5.1.2. Appointment of an independent investigator and agreed terms of reference for an investigation into and report on concerns about the NMC's culture.
  
    - 5.1.3. Delivery of the investigation and report into concerns of culture at the NMC.
  
    - 5.1.4. Communication and implementation of recommendations and evaluation.
  
  6. The relationship between the investigations described in these terms of reference and the work to investigate wider cultural issues at the NMC is set out below.
  
  7. You are asked to investigate, report and provide recommendations on the following:
    - 7.1. Whether the whistleblowing concerns raised about fitness to practise casework are wholly or partially substantiated, indicate that our approach and decision-making are insufficient to protect the public and whether we are failing to comply with our legal obligations. You should specifically consider if this is because we are failing to understand, identify or act upon issues relating to discrimination, safeguarding or domestic abuse.



7.2. Whether there are shortcomings in our guidance, training and anything else you consider to be relevant on the issues highlighted above. If so, please identify any potential solutions so that we can take steps to address the gaps.

7.3. Whether there is evidence that the NMC's culture as set out in the whistleblowing concerns (the values, policies, procedures, practice and behaviours experienced by colleagues) has adversely impacted on our handling of these cases, identifying any issues that need to be considered in the People and Culture investigation. Please note that as stated above, the People and Culture investigation will be looking into wider cultural issues at the NMC and is governed by separate terms of reference.

7.4. How we have handled and responded to the whistleblowing concerns raised, bearing in mind our obligations (including our regulatory, charitable and wider legal obligations) and duty of care to the general public, our professionals, people raising concerns, NMC employees and associates and NMC's Council.

## Scope of investigation

8. Below are the specific terms of reference for each of the investigations that we have asked you to undertake.

### **Fitness to practise casework:**

9. The scope of this investigation is as follows:

9.1. To consider the specific cases raised through whistleblowing concerns, articles reported in the press and raised subsequently by NMC colleagues and panel members and identify if decisions and outcomes at each stage of the case sufficiently protect the public, including wider public interest issues concerning discrimination and safeguarding and whether we are operating in a person-centred way.

9.2. In relation to 9.1, to consider:

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- 9.2.1. Whether these cases demonstrate sufficient understanding, awareness and cultural competence regarding issues related to discrimination and safeguarding issues within our fitness to practise casework. If not, the extent to which this is due to gaps in our guidance or training and anything else you consider to be relevant. Please identify any specific gaps and how we can learn and make improvements.
- 9.2.2. Whether there is any evidence that organisational culture and behaviours have impacted on the handling and the outcomes of these cases. If so, please identify these so that these can be considered as part of the People and Culture investigation.
- 9.2.3. Whether there are themes and learning and any good practice for our regulatory case work, policy, guidance and training. If so, please identify these so that we can learn and improve.
- 9.3. To consider whether the work we are doing to improve the way we handle cases relating to sexual misconduct, safeguarding, domestic abuse and discrimination is sufficient to address any shortcomings identified and to reflect the public interest issues in these areas, making appropriate recommendations on any further work we can do.
- 9.4. In reviewing the cases, please consider our obligations under our Order and Rules, our charitable objectives and any wider legal obligations (such as those under the Equality, Human Rights Acts, or relevant safeguarding legislation) together with any relevant caselaw. Please also refer to the PSA Standards of Good Regulation.
- 9.5. Please prepare a report of your findings that can be published in a form which aligns with our values, duty of care and any wider obligations towards any individuals involved in the cases or wider work. Prior to publication of your report, you will share a draft copy of the report with the NMC. Our comments will be restricted to the following: factual inaccuracies, identifying missing information or gaps, ensuring that we meet our data protection and UK GDPR obligations of those involved and that the report aligns with our values.

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## Handling of whistleblowing concerns

10. The scope of this investigation is as follows:

- 10.1 To consider the NMC’s response to the whistleblowing concerns when raised by the whistleblower including whether they were treated fairly, we followed our processes and practice for similar whistleblowing cases and HR casework, the seriousness with which the concerns were treated and the appropriateness of any actions taken in light of the NMC’s obligations (including our regulatory, charitable and wider legal obligations) and duty of care towards people raising concerns, members of the public, professionals on our register, NMC employees and associates and the NMC’s Council.
- 10.2 To consider in light of 10.1 how the NMC managed and balanced its duties and responsibilities and whether it acted fairly and reasonably and in line with its commitments to equality, diversity and inclusion, whistleblowing, duty of care and reasonable adjustments policies and guidance and any other policy you consider to be relevant. Please identify if there are any areas for learning and improvement.
- 10.3 To consider best practice in the handling of whistleblowing concerns and whether there is any learning for the NMC arising from this case. This includes considering whether our whistleblowing and grievance policies, processes and practices are sufficiently distinct and also provide suitable avenues for people to raise concerns.
- 10.4 To consider the flow of information about the whistleblowing concerns raised, including whether we adhered to our privacy and data sharing responsibilities, when sharing the whistleblower’s identity with key operational staff and the extent to which their ability to perform their role would have been hindered if this level of detail had not been shared. To also assess whether the flow of information within the Executive and between the Executive and with Council enabled appropriate challenge and provided assurance on the NMC’s handling of whistleblowing concerns in line with our regulatory, charitable and wider legal obligations.

10.5 To review and recommend any areas for improvement in relation to the NMC's non-contractual payments policies, process and guidance.

10.6 Where there is any evidence or an absence of evidence that organisational culture or behaviours have impacted on our handling of the whistleblowing concerns, please share any relevant findings about NMC's culture so that these can be considered as part of the People and Culture investigation.

10.7 In line with our duty of care and obligations (including our regulatory, charitable and wider legal obligations) towards people raising concerns, members of public, professionals on our register, NMC employees and associates and the NMC's Council, please provide:

10.7.1 Recommendations for any organisational learning and improvement, including in relation to any policies, process or guidance. The recommendations will be published.

10.7.2 A confidential report detailing the extent to which the NMC responded appropriately to the specific whistleblowing concerns when raised. This report will not be published as it will contain information that could enable the whistleblower to be identified by colleagues within the organisation and we have a duty to protect the whistleblower's confidentiality.

## Your role

11. Your role in relation to the investigation, consideration of the issues and reporting will be to:

11.1. Take an independent, evidence-based and impartial approach.

11.2. Report as appropriate on scope, approach and direction of the investigation, including any key lines of inquiry. We are aware that as your investigations progress you may need to add additional elements to the scope. Before any amendments are made, this needs to be agreed with the NMC's Executive Board and Council.

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The Executive Board and Council will consider the views of the People and Culture Advisory Group when deciding whether to agree the scope.

- 11.3. Identify and request the information you require to complete your investigation.
- 11.4. Report to the PSA on emerging themes that would benefit further consideration as part of the PSA's review of the NMC's performance. Please bear this in mind when reviewing the cases we have asked you to look at.
- 11.5. As appropriate, periodically share your draft findings and insights with the NMC's People and Culture Advisory Group and with the expert appointed by the NMC to report on and investigate wider issues relating to NMC's workplace culture. You should also be receptive to the updates on their work, which will support a better understanding of the issues being uncovered.
- 11.6. Provide appropriate progress reports, including your findings and insights, to the NMC's Executive Board and Council and deliver your reports in line with agreed deadlines.
- 11.7. Throughout the investigation and in your reports, take into account our duty of care and obligations (including our regulatory, charitable and wider legal obligations) towards people raising concerns, members of the public, professionals on our register, NMC employees and associates and the NMC's Council.
- 11.8. Engage with all participants in line with our values of fairness, kindness, ambition and collaboration, working with us to ensure that participants in the investigations are provided with appropriate support and information to encourage them to take part in the investigations.
- 11.9. Adopt a person-centred approach, by which we mean understanding individuals' needs, adapting how we work with people to meet their needs, and ensuring that everything you do is underpinned by empathy and respect.

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11.10. Ensure when reviewing the fitness to practise case work, that we are continuing to meet our overarching objective of protecting the public and appropriately reflecting public interest issues, in particular those relating to discrimination, safeguarding and domestic abuse.

11.11. Take into account the expert opinion of an independent clinical adviser or advisers on the cases shared.

## **Relationship between investigations in scope of this Terms of Reference and the investigations into People and Culture and the work of the People and Culture Advisory Group**

12. Agendas and minutes of the People and Culture Advisory Group meetings will be shared with you. The purpose of this will be to inform your work on these investigations.

13. We ask that you periodically share any relevant insights about the NMC's wider workplace culture with the Advisory Group and/or independent expert which the NMC intends to engage to investigate concerns about the NMC's wider cultural workplace issues. As you take forward your investigation, we ask that you take into account any relevant insights or findings from the Investigation into People and Culture. This will support a better overall understanding of the issues. Please let us know when you wish to attend meetings of the Advisory Group and/or to meet with the independent expert in order to exchange insights.

## **Engagement of participants**

14. This is an important learning exercise for the NMC. It is important that it is not seen as, and is not, a disciplinary investigation. Participation is voluntary, although all participants will be encouraged to take part. We will offer appropriate support to all NMC participants, through our HR teams and managers. We will engage with UNISON and staff networks to ensure that we have appropriate support in place.

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15. Throughout this investigation, the NMC will seek to ensure that we live our values of kindness, fairness, ambition and collaboration, and that we fulfil our duty of care to and wider obligations towards people raising concerns, members of the public, professionals on our register and NMC employees and associates.

## Information sharing and confidentiality

16. You will explain to all individuals who are participating that it may not be possible to maintain confidentiality and in those instances you will explain to the participants why it is not possible to maintain confidentiality. At all times, you will support the NMC in ensuring that it meets its obligations under UK GDPR and acts in line with its data handling policies and guidance.

## Further information

17. If individuals would like to contact Ijeoma Omambala KC with any further information that you consider to be pertinent to this investigation you can contact Ijeoma directly via [omambala@oldsquare.co.uk](mailto:omambala@oldsquare.co.uk).

## Additional information

### Ijeoma Omambala KC

Ijeoma is a barrister who specialises in employment law, professional regulation and public law. She has particular expertise in discrimination and whistleblowing claims. She is currently a member of the EHRC preferred counsel panel.

Appointed to silk in 2020 she is also a fee paid Judge, an accredited mediator and an independent board member of the Advice, Conciliation and Arbitration Service ("ACAS") of England and Wales.

## 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 information

**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 Since we last updated Council, the work of our Fitness to Practise team has been subject to a significant degree of scrutiny in The Independent online.
  - 4 The latest article suggested we were rejecting cases that required an investigation. That is not the case and we remain committed to ensuring decisions at each stage of our process protect the public and that those decisions are made as soon as possible in our process.
  - 5 The charts at Annexe 1 show our performance and whilst we continue to see timeliness improving at the earlier stages of the FtP process, our caseload has increased for the first time in over a year.

**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 numbers of cases received for each of the four nations is 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 registered address	Screening	Investigations	Case Examiners	Adjudication	Grand total
England	1,131	1,408	278	831	3,648
Scotland	138	186	39	98	461
Wales	87	80	25	72	264
Northern Ireland	55	89	4	27	175
Overseas	24	33	7	30	94
Not identified	855	3	0	0	858
<b>Grand total</b>	<b>2,290</b>	<b>1,799</b>	<b>353</b>	<b>1,058</b>	<b>5,500</b>

**Discussion: Summary of our current position**

- 8 At the September 2023 Council meeting we reported a decrease in caseload to 5,339 from 5,534.
- 9 However, in September, we saw our caseload increase. At the end of the month it had reached 5,500, the first overall increase we have seen since our caseload began its downward trajectory last year.

- 10 We no longer think we will reach our target of 4,000 cases by the end of this financial year due to a range of issues that we are proactively addressing. But we remain committed to reducing the volume of our caseload, and we will continue to resolve cases as swiftly and safely as possible.
- 11 The number of referrals received has continued to exceed the assumed levels in our plans and in September we received 578 referrals, the highest number in the last five years and 34 percent above our planning assumption of 430. We know referral numbers are increasing for other regulators so this is not an issue unique to our work. Our operational teams are working with our regulatory intelligence unit to understand what is driving this increase. The work is ongoing but at the moment there is no specific driver that has been identified for the increased referral levels.
- 12 The increased volume of referrals adversely impacts our decision making at Screening, as the same resource is used to assess new referrals and make screening decisions.
- 13 Earlier this year we introduced our referrals helpline and made improvements to our online referral form for members of the public. These initiatives were designed to support members of the public in making more complete referrals, reducing the volumes of further enquiries our teams needed to make to progress cases, and also to signpost individuals to the right organisations to raise concerns they might have which do not fall within our remit.
- 14 Our early analysis is that 50 percent of people who contact the referral helpline go on to make a referral. For those who choose not to make a referral, we can be confident they have understood our process and, where necessary, been signposted to another organisation which would be able to help them with their concerns.
- 15 We have very limited data on the impact of the new referral form for members of the public but early indications are that we are seeing more complete referrals, with a reduction in the need for further enquiries by our Screening team.
- 16 In July 2023, colleagues from our Employer Link Service (ELS) were asked to support the Screening team. Following some training on Screening decision making, the team was allocated 200 screening cases to progress. The team reviewed all 200 cases, has made 19 decisions on Screening cases and is currently carrying out enquiries on a further 55 cases to source information needed to make a decision. Progress has been slowed by an increase in external demand on ELS support following the CBT challenge and the Lucy Letby trial and

outcome. We are currently considering returning 130 cases to FtP for progression so that these cases continue to have timely oversight. Together FtP and ELS colleagues are exploring the learning from this initiative. One area of clarity is the impact ELS can make when providing support on cases that require close liaison with employing organisations.

- 17 Further resource from other parts of the organisation has been deployed on case progression tasks throughout the process. Individuals are helping with administration, decision making on agreed removal applications and completion of investigatory work, once cases have moved into our case preparation teams. Over the coming months we will train more colleagues on how to complete legal reviews so that cases flow more easily through to a final decision in front of a panel.
- 18 At the Investigations stage our caseload has slightly decreased however, our output levels are under pressure due to employee turnover.
- 19 We are recruiting new team members, however, we are mindful of the need to provide a quality induction and training period and it will be some time before our new colleagues are performing to the levels of our more experienced team members.
- 20 A steady flow of work back from our external investigation firms continues to be essential in maintaining our output levels.
- 21 As previously reported our Case Examiner decision numbers have been above 100 per month since we started the financial year. The team has responded well to changes in our decision making approaches with a focus on providing more concise decisions and outcome numbers remain high compared to the previous reporting year.
- 22 We continue to see increased decision numbers at the Adjudication stage. We have increased the focus from senior management on making sure our cases are ready when they are put in front of a panel. Heads of department now meet weekly to go through the detail of our cases to ensure they are ready to be heard and all necessary preparation work has been completed. There is still some way to go in terms of improvement, and the caseload has grown again, but the teams are establishing a positive trajectory in outcome numbers.

## Addressing workload pressures

- 23 Recent articles in The Independent online have commented on the intense pressure felt across teams within Fitness to Practise as a result of workload.
- 24 It has been apparent for some time now that our teams are under pressure and issues around workload have been coming through in our staff surveys, especially strongly this year.
- 25 We have not been passive in this space and through our improvement work we have made changes to process, improved management support in key areas and have reduced the caseload in several areas of the business. However, it is clear there is more for us to do and the pressure of workload is keenly felt by people in all teams and at all levels.
- 26 Since July, we have been working on a new plan for sustainably reducing our caseload, ensuring that those involved receive quality outcomes in a timely way but also reflecting the needs of our teams who have been working incredibly hard to reduce the caseload for a number of years.
- 27 Whilst detailed implementation plans are still in development we have taken steps to:
- Extend a number of contracts for colleagues in front line roles so we can keep our cases moving and not exacerbate existing workload pressures for individuals.
  - Create a number of new roles in our case preparation and presentation teams which will significantly reduce management spans of control, providing managers with more time to work with smaller teams.
  - Identify other areas where extra casework support is necessary and build a business case for the creation of roles which can be used flexibly across our teams where pressure is most acute.
- 28 Increasing our resource alone is not the answer to reducing individual workload and improving timeliness across FtP. Our improvement work will:
- Look at how we can make improvements in the efficiency of our Case Preparation, Presentation and Adjudication work.
  - Build on the work of our newly formed hub team who are trialling new approaches to early concerns management which integrates our new online referral form with our new platform for case management.

- Rephase our caseload reduction profile to ensure we are moving towards improved timeliness whilst ensuring the pace at which we work is sustainable for our teams.
- Ensure our workforce modelling reflects an increase in the number of referrals we are receiving each month.

29 On 30 October 2023 we went live with a pilot team in FtP who are now progressing all new referrals from members of the public. Those referrals are made via our new revised form and feed straight into our new concerns management tool. This is the first deployment of Microsoft Dynamics in FtP. We expect significantly less time to be spent on administration at the initial stages of the FtP process and the ability to get to decisions on these cases sooner than we're currently able to.

**Upcoming activity**

30 We have previously reported that the scale of work the team in Professional Regulation is undertaking is significant.

31 At the end of October 2023 we moved to a position where we expect our teams to be in the office for at least two days a week. We are working hard to support colleagues as this is a significant change for many. We can expect some disruption to our plans whilst we all readjust to being in the office and working more collaboratively with each other again.

32 We continue to work on building requirements for our new case management system which is critical to long term sustainable caseload management and improving the experience of our teams.

33 That is alongside developing case management approaches on the new case management system. Our teams are excited at the prospect of change to our systems but we need to balance our system development work alongside the work to bring our caseload numbers down now.

34 The entire Executive Team is engaged in the process of prioritising the work of the organisation for this year and next year to ensure the Professional Regulation teams have the resources and support they need to continue to reduce our caseload.

**Midwifery implications:**

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

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36 At the end of September we had 264 open cases that relate to midwives, this was approximately 4.8 percent of the total caseload.

37 This is less than we would expect on the basis that midwives made up 5.3 percent of the population of the register as at 31 March 2023.

**Public protection implications:**

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

**Resource implications:**

39 We continue to assess the cost of activity associated with caseload reduction and allocate resources to support our number one priority.

**Equality diversity and inclusion implications:**

40 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.

41 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.

**Stakeholder engagement:**

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

**Risk implications:**

43 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”.

44 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.

**Regulatory reform:**

45 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.

**Legal implications:**

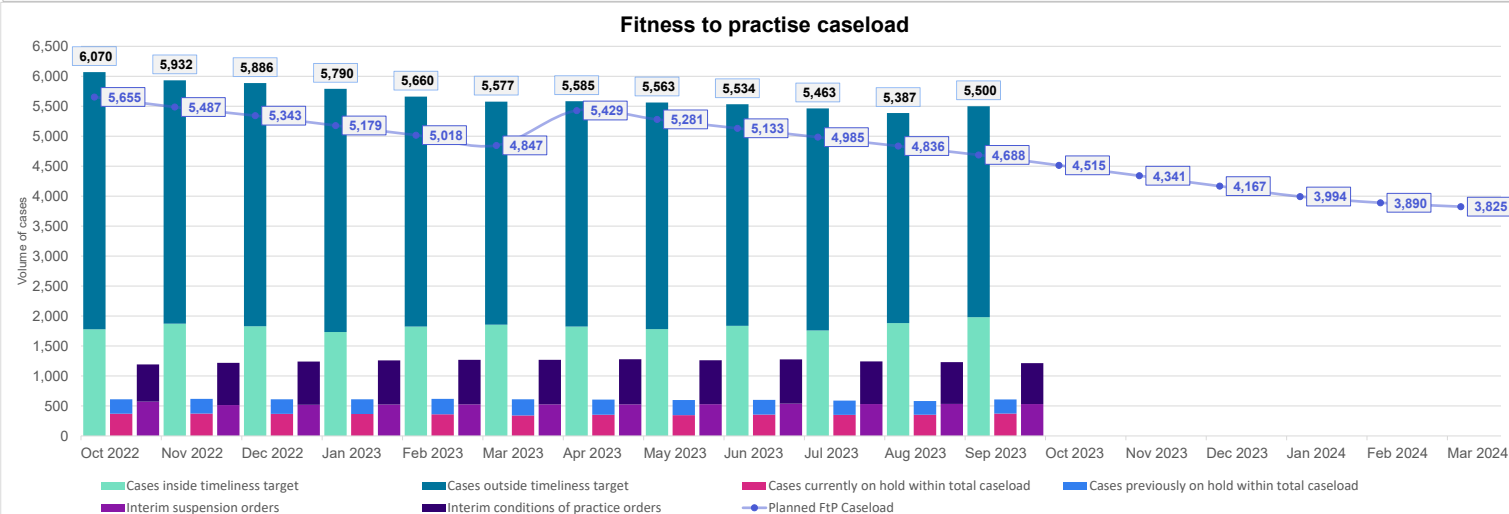
- 46 Timely and effective management of our FtP cases is critical to the fulfilment of our statutory public protection function. Ensuring that we manage our FtP caseload effectively and in line with our NMC values, reduces the risk of legal challenge.

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### Fitness to Practise Council performance dashboard September 2023

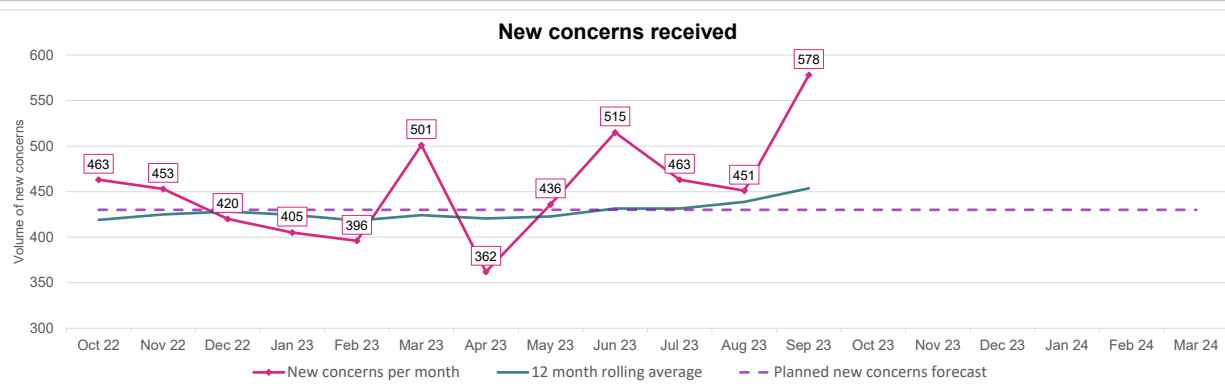
The chart below shows the total fitness to practise caseload broken down into the cases that are within and outside our timeliness targets. The chart also shows within that caseload the cases that are currently on hold for a third party investigation and those that have previously been on hold but are now active. It also shows the number of interim suspension orders and interim conditions of practise orders for the cases that are still open without a final outcome. We have also provided our planned total FtP 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: 439**  
**Undertakings caseload: 85**

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 September 2023

For 5 of the last 6 months we have seen referral numbers above what we assumed in our planning for the year. In September we logged 578 referrals which is 34% above our planning assumptions and the highest monthly number of referrals we have seen for 5 years.

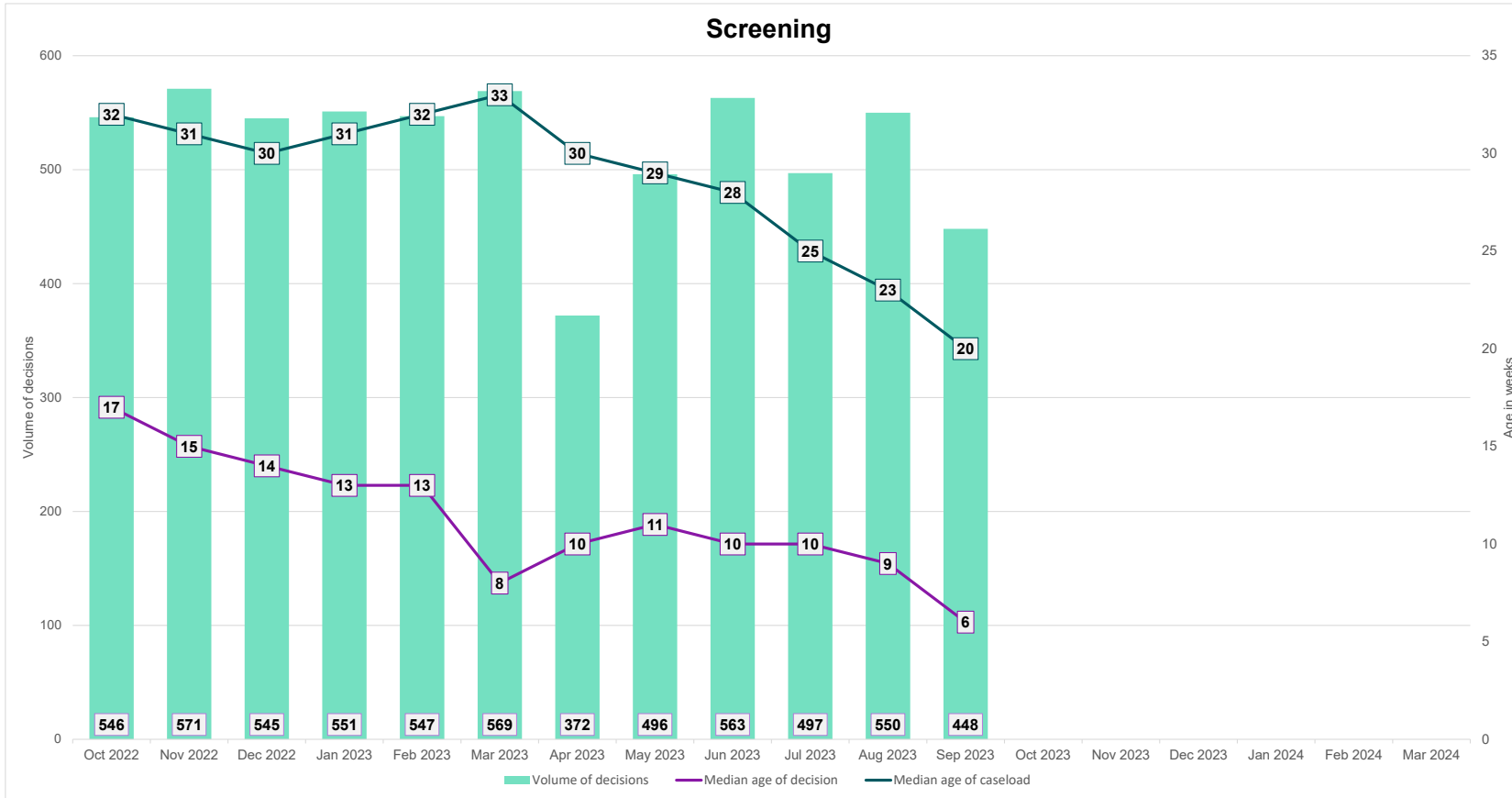
\*We previously reported a caseload figure of 5,339 for August 2023. After reviewing our data again recently, this has been adjusted to 5,387.



## Fitness to Practise Council performance dashboard September 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 September 2023

The number of decisions made by our Screening teams in September were 22% below target. Our decision making capacity was impacted by the extremely high number of new referrals that were made. This is because decision makers have to review all new referrals and ensure there are interim orders put in place where they're required to protect the public.

The median age of the caseload has come down in month however this has in part been influenced by the high referral numbers meaning a greater percentage of cases at Screening were received in the last 8 weeks.

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## Fitness to Practise Council performance dashboard September 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 September 2023

The number of investigations completed in September was slightly below planned levels in month with the teams being impacted by a significant amount of staff churn.

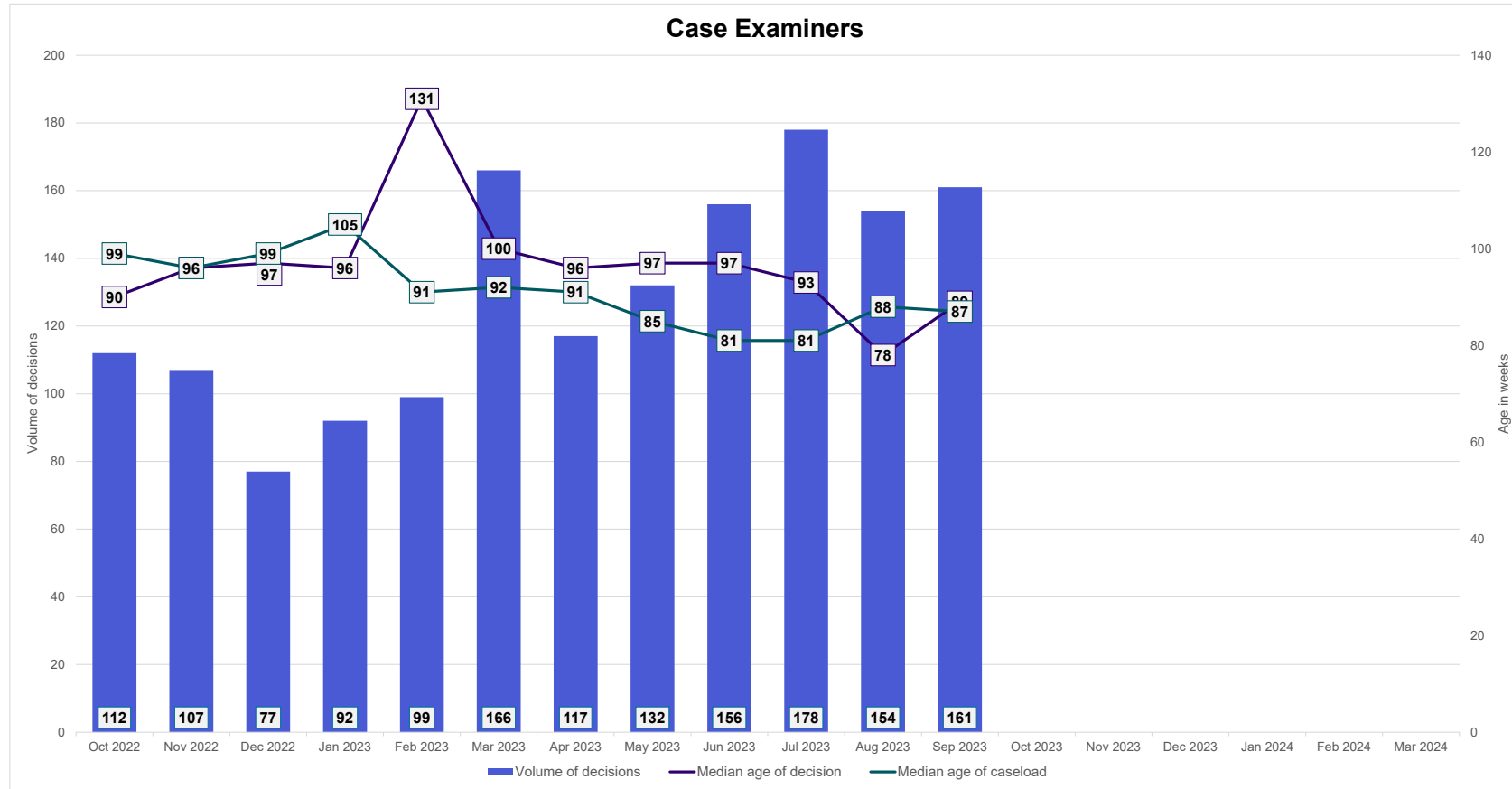
Our continued focus on our oldest cases is shown by the high average age of decision which is leading to a reduction in the median age of the caseload overall.

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## Fitness to Practise Council performance dashboard September 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 September 2023

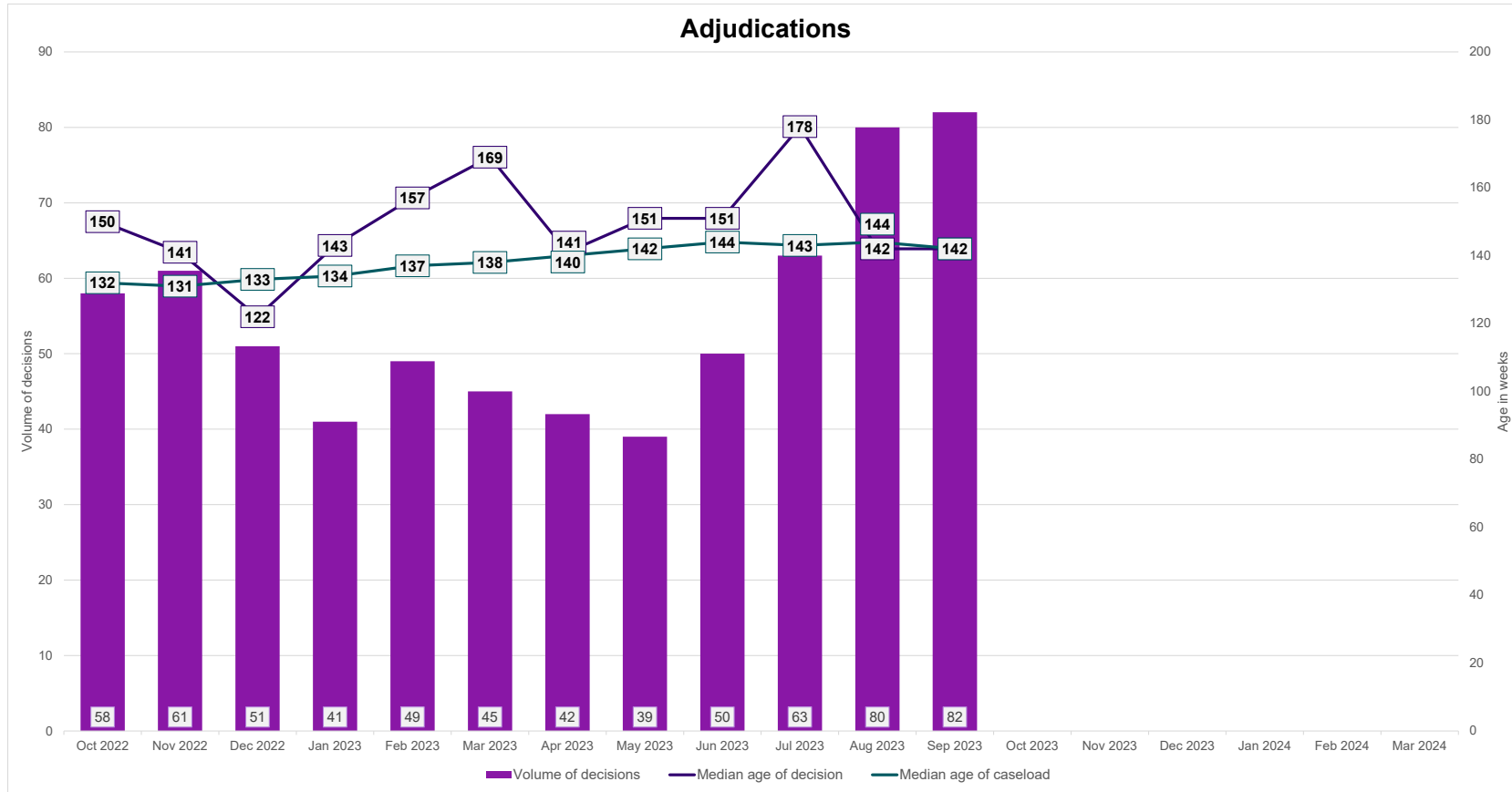
Case examiner decision numbers were slightly above planned levels for the month of September and because of that the teams caseload reduced.

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## Fitness to Practise Council performance dashboard September 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 September 2023

The number of decisions at the final stage of our process were above our planning assumptions for the second month in a row. We've put significant effort into our readiness for hearings which saw better outcome numbers.

The importance of sustaining our increased numbers of outcomes is apparent from the median age of the caseload and high age of decision for cases which require adjudication by a panel.

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## Council

### Professional Standards Authority annual performance review for 2022-2023

<b>Action:</b>	For discussion
<b>Issue:</b>	Outcome of the Professional Standards Authority (PSA) NMC performance review 2022-2023.
<b>Core regulatory function:</b>	All regulatory functions.
<b>Strategic priority:</b>	All.
<b>Decision required:</b>	None.
<b>Annexes:</b>	The following annexe is attached to this paper: <ul style="list-style-type: none"><li>• Annexe 1: PSA NMC Performance Review report for 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.

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**Context:**

- 1 The purpose of this paper is to provide the Council with an overview of the Professional Standards Authority (PSA) 2022-23 annual report of our performance and our plan to respond to any concerns. It also notes our preparation for the PSA’s Periodic Review (July 2023 – June 2024) of our performance which is underway. It is to note that PSA annual performance review report for 2022-23 predates the work we have commissioned to look at the learning from the Letby case and learning from the concerns recently raised in The Independent.
- 2 The PSA oversees ten health and social care professional regulators in the UK and reviews their performance annually against 18 Standards of Good Regulation (SOGR), with a Periodic Review (closer look) taking place every three years.
- 3 The PSA’s performance review of the NMC for 2022-2023 was published on 5 September 2023 and is included at **Annexe 1**. The PSA determined that we had met all but one of the SOGR, which was Standard 15, relating to timeliness of Fitness to Practise (FtP) case progression. This is the same outcome as the PSA’s 2021-22, 2020-2021 and 2019-2020 performance reviews. Following the 2021-22 Performance Review report, the PSA implemented its revised escalation policy, to escalate to the governments of the four nations of the UK concerns around us not meeting Standard 15 for three consecutive years. On 29 August 2023, the PSA sent a follow up letter to the governments of the four nations, confirming we had not met Standard 15 again, but acknowledged addressing that the caseload and timeliness of FtP cases is the NMC’s top priority. They also noted the work of the FtP improvement plan to address these concerns.

**Four country factors:**

- 4 In September 2023, the Chief Executive wrote to the governments of the four nations outlining our disappointment at not having met Standard 15 again. The Chief Executive set out that reducing the FtP caseload remains our top priority, we have an ambitious programme to transform professional regulation functions and are looking to reduce our caseload swiftly and safely.

**Discussion and options appraisal:**

**Performance review report 2022-2023**

- 5 Highlights in the PSA’s performance review report include:
  - 5.1 Receipt of very positive feedback on our engagement with stakeholders, describing us as collaborative and being ‘open and receptive to ideas and suggestions’.

- 5.2 Our updated pre-registration education standards, designed to give greater flexibility to deliver courses while maintaining the quality of nursing midwifery education.
- 5.3 The changes we made to our English language requirements to ensure our processes are as fair and proportionate as possible, permitting employers to provide supplementary information to support an application in some circumstances.
- 5.4 Recognition of our further research into the impact of our regulatory processes on professionals with different diversity characteristics and our action to address the disparities identified.
- 5.5 Recognition of our learning from inquiries into failings in patient care.

6 The PSA noted areas it will continue to monitor or is concerned about. These include:

*Education and Training - Changes to the pre-registration education standards (Standard 8)*

- 6.1 The PSA noted our public consultation work identified some potential risks in the changes we made to the pre-registration education standards. In particular, the PSA noted potential concerns around the increased use of simulated practice learning in nursing education and the impact this will have on students' knowledge and skills. The PSA has said it will monitor the impact of these changes as they are implemented.
- 6.2 The NMC continues to support the implementation of all our new and recently published standards through engagement with professionals and the public, supporting local and national events, and updating our supporting information. We are currently evaluating the use of simulated practise to establish best practise. It is anticipated that this will be complete by summer 2024.

*Education and Training - Quality assurance of Education (Standard 9)*

- 6.3 The PSA noted it will monitor our change in approach to quality assure education institutions to ensure they are meeting our new standards. The PSA referenced our plans to improve our use of data and insight to identify quality issues earlier.

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- 6.4 We are working to develop and strengthen our new approach to quality assurance of education. This includes making use of data from surveys to give Approved Education Institutions insights into their strengths and weaknesses. Our work to improve our use of data and insight is underway, with new Quality Assurance dashboards expected to be in use from December 2023.

#### *Registration*

- 6.5 The PSA noted that we have amended our English language requirements (Standard 11), following a public consultation. This included permitting employers to provide supplementary information in support of applications where the applicant trained in English in a country where English is not a majority spoken language, or where they narrowly missed the required test scores.
- 6.6 The PSA noted potential risks arising from permitting employers to provide supplementary information in support of applications in some circumstances, as it may result in pressures on organisations to provide references to fill registrant vacancies. They also felt that bias, including unconscious bias, could also affect a referee's view of an applicant.
- 6.7 The PSA noted actions we have taken to mitigate these risks. This includes making clear our expectations of both applicants and employers in providing supporting information and guidance for employers on how to make these assessments in a template form. In addition, we have developed a quality assurance process to verify that references are accurate and to monitor against abuse. We are monitoring closely implementation and impact of the new English Standards and a wider review will be reported to the July 2024 Council meeting.

#### *Fitness to Practise*

- 6.8 As outlined in the PSA report, again we did not meet Standard 15, the time taken to conclude FtP cases. The PSA report recognises the work we have and continue to do to address and improve the timeliness of FtP case progression, noting the overall FtP caseload, and total number of cases held for more than a year, have both decreased.
- 6.9 We fully accept the PSA's finding about timeliness of our FtP cases and that we have not met Standard 15. We understand the impact of being involved in FtP proceedings can have on all those involved, and the additional distress caused by



delays, and we apologise to all those affected. Safely reducing the FtP caseload is still our clear focus and we will continue to work hard to achieve this through our FtP improvement plan.

### **Actions in response to PSA performance review**

- 7 In readiness, and to support the ongoing Periodic Review by the PSA, we have taken a more proactive approach, assigning an Executive Director, supported by a PSA champion and nominated working leads, to be responsible for each of the 18 SOGR. They have been tasked to look at their respective SOGR, taking account of the areas of focus outlined by the PSA in their 2022-23 performance report (see paras 6 to 6.9 above), and to put in place any action required in response.
- 8 The aim of this new approach is to enable us to be able to respond to PSA enquiries in a timely manner and ensure that all relevant internal stakeholders have an opportunity to contribute. Involving a wider group of colleagues with responsibility for each of the SOGR will also help to embed the standards effectively. We are also considering learning from the Letby case and from the concerns raised in The Independent as part of our proactive approach in self-assessing our level of assurance against the 18 SOGR.

**Midwifery implications:**

- 9 There are no noted specific midwifery implications. The PSA report addresses areas of work and changes to processes/guidance that relate to all our registrants and stakeholders.

**Public protection implications:**

- 10 Taking appropriate measures to respond to learning from the PSA is essential to improve the quality of our work and increase the level of public protection that we provide through better regulation.

**Resource implications:**

- 11 We must ensure that the resources needed to address learning from the PSA are identified during the business planning process. This applies in particular to addressing the matters that have resulted in us not meeting FtP SOGR 15. A fully costed Fitness to Practise improvement plan remains in progress and will be key to addressing concerns on our performance against the FtP related standards.

**Equality diversity and inclusion implications:**

- 12 One of the General PSA SOGR covers Equality, Diversity and Inclusion (EDI). Although we met this standard, EDI considerations need to be embedded into all our activities and there is a specific EDI action plan. The EDI Standard was revised and published on 7 June 2023. We are engaging with the PSA and EDI Team to ensure

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we will be able to demonstrate we can meet the revised EDI Standard.

**Stakeholder engagement:** 13 We continue to engage with Ministers, the PSA and other stakeholders to keep them informed about our work to address the FtP caseload.

**Risk implications:** 14 Not meeting the PSA standards means we are not performing our regulatory functions effectively, and thereby we might not be effectively protecting the public. We have assigned each of the 18 SOGR to a Director, supported by a PSA champion and working leads, to ensure we respond to any opportunities for learning.

**Regulatory reform:** 15 None.

**Legal implications:** 16 None.

### Our performance review process

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

This monitoring report covers the period 1 July 2022 to 30 June 2023.

### Key findings

- The NMC has not met Standard 15 again this year, because it is still taking too long to conclude fitness to practise (FTP) cases. Safely reducing the FTP caseload remains a clear focus for the NMC and it is working to achieve this. Although the caseload has reduced during 2022/23, there is more work to do to address the backlog.
- The NMC published further research into the impact of its regulatory processes on professionals with different diversity characteristics. It is taking action to address the disparities identified.
- The NMC engages proactively with inquiries into failings in patient care. It reviews their findings and takes action to implement learning in its own work.
- We continue to receive very positive feedback from the NMC’s stakeholders about its engagement with them and its openness to collaboration.
- This year the NMC published updated pre-registration nursing and midwifery education standards which were designed to increase the flexibility of entry requirements, placement settings and learning methods.
- The NMC made changes to its English language standards this year. This included permitting employers to provide supplementary information in support of applications in some circumstances. It has implemented measures to mitigate the risks arising from this change.

### Standards met 2022/23



General Standards	5 out of 5
Guidance and Standards	2 out of 2
Education and Training	2 out of 2
Registration	4 out of 4
Fitness to Practise	4 out of 5
<b>Total</b>	<b>17 out of 18</b>

### NMC standards met 2019-22

2021/22	17/18
2020/21	17/18
2019/20	17/18



**793,402**

**professionals on the register  
(as at end of June 2023)**

## General Standards

The NMC met all five General Standards this year.

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

### Equality, diversity and inclusion

This year the NMC published the second phase of its research to better understand the impact of its regulatory processes on professionals with different diversity characteristics.<sup>1</sup> The research found evidence that professionals with certain diversity characteristics experience the NMC's revalidation and FTP processes differently. It also highlighted issues within the NMC's processes that may exacerbate difficulties for some groups. In response, the NMC has committed to take action. This includes:

- further training and development of its staff
- commissioning a review of registration appeal and FTP cases
- working with employers to give them more tailored information about the FTP referrals they make, to help identify any patterns of unfairness.

Together with NHS England and the NHS Confederation, the NMC published a resource<sup>2</sup> to help registrants who experience or witness racism. It includes practical examples and tools to help professionals discuss, explore and challenge racism safely and effectively.

The NMC routinely considers the equality, diversity and inclusion implications of changes to its policies. It is also working to improve the diversity of its decision makers.

### Learning from inquiries into failings in care

The NMC engages proactively with inquiries into failings in care. It has taken extensive action in response to their findings, including:

- Reviewing its Code and standards against the findings from the Ockenden<sup>3</sup> and East Kent<sup>4</sup> reviews.
- Reviewing contextual factors in FTP cases arising from maternity reviews to help identify potential recurring trends.
- In collaboration with the General Medical Council, delivering the Professional Behaviour Public Safety programme, which aims to provide support for multidisciplinary teams working in maternity services.

### Working with others

This year the NMC continued to engage extensively with its stakeholders to identify and manage potential risks arising to the public from its registrants. All the stakeholders who provided feedback this year commented positively on the quality of their engagement with the NMC. The NMC was described as open and receptive to ideas and suggestions and interested in working in collaboration with others.



*“Overall, we have a great working relationship with the NMC at all levels of our organisation and across several areas. We’ve particularly valued their openness in sharing learning and experiences, and their interest in working jointly on shared aims.”*

*Stakeholder feedback*

## Guidance and Standards

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

We have reported in recent years on the NMC's work to develop new post-registration standards. It published the final standards in July 2022. All post-registration education programmes must be approved against the new standards by September 2024.

In May 2023 the NMC published supporting information for nurse assessors who review claims for financial support such as Personal Independence Payments<sup>5</sup> or Continuing Healthcare.<sup>6</sup> The information highlights the requirements in the NMC's Code and standards that are most relevant to these roles.

In the past, we received a high number of concerns regarding nurse involvement in these assessments and we reported on our review of the NMC's handling of these complaints in 2017/18. We therefore welcome the NMC's guidance to registrants involved in this area of practice.

## Education and Training

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

### Education standards

The NMC amended its pre-registration education programme standards this year, following a public consultation. The changes were designed to increase the flexibility of the standards around entry requirements, placement settings and learning methods, while maintaining the quality of nursing and midwifery education.

The NMC's consultation work identified some potential risks in the changes it made, particularly around the increased use of simulated practice learning in nursing education and the impact this will have on students' knowledge and skills. We received positive feedback on this change from one stakeholder organisation, which told us that it will improve the agility of the standards to keep pace with innovation and technological developments and will help to reduce pressure on placement providers. We will monitor the impact of these changes as they are implemented.

In previous reviews we reported that the NMC planned to commission an independent evaluation of the effectiveness of protected learning time<sup>7</sup> in pre-registration nursing associate programmes. It has decided not to do this and instead, will monitor this through its core regulatory processes.

We think an evaluation of how protected learning time is working in practice would be beneficial. However, information provided by the NMC indicates that education institutions are managing this risk appropriately where concerns are identified.

### Education quality assurance

The NMC seeks assurance that education institutions meet its new standards, and it has taken action where concerns are identified. The NMC is changing its approach to quality assurance of education. It plans to improve its use of data and insight to identify quality issues earlier. We will consider the progress of this work in our periodic review next year.

## Registration

The NMC met all four Standards for Registration this year.

### Temporary register

The UK Government decided that the NMC's temporary register would remain open for a further two years from September 2022. In response, the NMC introduced the following additional safeguards:

- Applying new conditions of practice to all temporary registrants requiring them to engage in continuing professional development (CPD).
- Removing from the temporary register people who left the permanent register more than three years ago unless they have told the NMC that they are working. This is consistent with the three-year revalidation cycle.
- Removing internationally trained applicants who have not progressed their application within two years.

We think these changes are proportionate and bring requirements for temporary registrants closer into line with those with for permanent registrants. The requirement that those on the temporary register who are practising undertake CPD will provide greater assurance of their continuing fitness to practise.

### English language requirements

This year the NMC amended its English language requirements, following a public consultation. This included permitting employers to provide supplementary information in support of applications where the applicant trained in English in a country where English is not a majority spoken language, or where they narrowly missed the required test scores.

### How is the NMC supporting international registrants?

In 2022/23 a record number of people who trained outside the UK joined the NMC's register. This group accounted for 48% of the total number of joiners this year. The NMC introduced new measures to support internationally educated registrants, including the most vulnerable within this group.

The NMC's Employer Link Service has developed a half-day workshop, *Welcome to the UK Workforce*, to support internationally educated registrants who have recently come to practise in the UK. The NMC reports that this group faces challenges which, if not resolved, can impact their desire to remain in the UK and the quality of care they provide.

In February 2023 the NMC published a new policy to support forcibly displaced people to join its register safely. The NMC explained that meeting its registration requirements can be difficult for those who have moved due to conflict, persecution, terrorism, human rights abuses, or violence. For example, the required documents may have been lost or destroyed, or it may not be possible to contact third parties to verify information. The policy sets out how the NMC will take account of alternative evidence that shows how forcibly displaced applicants meet its standards for registration. It also signposts applicants to sources of support for refugees and displaced people.

We noted potential risks arising from this change. There may be pressures on organisations to provide references to fill registrant vacancies. Bias, including unconscious bias, could also affect a referee's view of an applicant. The NMC has taken action to mitigate these risks. It has been clear about its expectations of both applicants and the employers providing supporting information. It provides guidance for employers on how to make these assessments in a template form. The NMC is also developing a quality assurance process to verify that references are accurate and to monitor against



abuse. We will consider the implementation of the new requirements and the outcome of the NMC's quality assurance process in future reviews.

## Fitness to Practise

The NMC met four of five Standards for Fitness to Practise. The NMC met Standards 14, 16, 17 and 18. It did not meet Standard 15.

### Time taken to conclude FTP cases

This Standard has not been met in the NMC's last three performance reviews because of concerns about the length of time it takes to conclude FTP cases and it still remains unmet for this review. The NMC continues to implement its FTP improvement plan. It made changes to its processes throughout the year with the aim of increasing efficiency. Measures taken included:

- establishing an additional team of decision-makers at the Screening stage
- commissioning external reviews of the Screening and Adjudication processes to identify opportunities for improvement
- delivering management and leadership training for FTP managers.

The NMC's overall FTP caseload was 5,577 at the end of March 2023. This is a 14% reduction from the same point in 2022. As shown in figure 1, there has also been a reduction in the total number of cases held for more than a year. However, the number of cases open for three years or more has increased from 517 in 2021/22 to 729 in 2022/23.

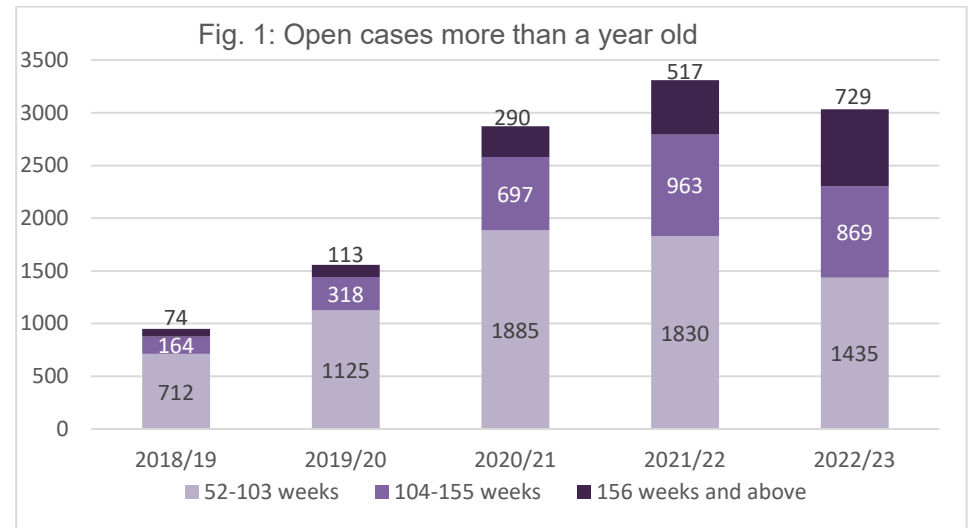
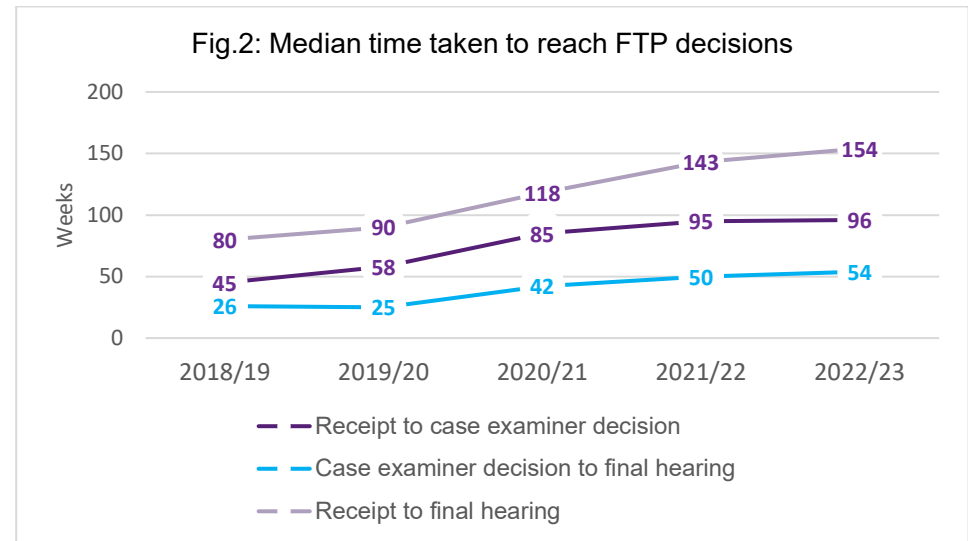


Figure 2 shows that on average it took longer for the NMC to reach decisions this year than last.



Safely reducing the FTP caseload remains a clear focus for the NMC and it is working to achieve this. Although the caseload has reduced during 2022/23 and there are fewer cases over a year old, there is more work to do to address the backlog of cases in FTP.

We will look in more detail at the impact of the changes the NMC has made to its FTP processes in our periodic review next year.

## Supporting people to raise concerns

The NMC continues to offer support to those wishing to raise concerns about its registrants. The Employer Link Service offers advice and support to employers with concerns, encouraging local resolution where this is appropriate. In December 2022, the NMC launched an FTP referrals helpline. This serves as a first step to support members of the public who are considering raising a concern about a registrant. The NMC's website includes comprehensive information about the process, what to expect, and how to access additional support.

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<sup>1</sup> [Ambitious for change. Phase two report 2022](#)

<sup>2</sup> [Combating Racial Discrimination against minority ethnic nurses, midwives and nursing associates](#), a resource produced by NHS England in partnership with the NMC and NHS Confederation.

<sup>3</sup> An [independent review](#) of maternity services at the Shrewsbury and Telford Hospital NHS Trust

<sup>4</sup> The report of the [independent investigation](#) led by Dr Bill Kirkup on maternity and neonatal services in East Kent



### Quick links/find out more

- ▶ [Find out more about our performance review process](#)
- ▶ [Read the NMC's 2021/22 performance review](#)
- ▶ [Read our Standards of Good Regulation](#)

### Professional Standards Authority for Health and Social Care

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September 2023

<sup>5</sup> Personal Independence Payment is a benefit for people who need help with daily activities because of a long-term illness or disability.

<sup>6</sup> Some people with long-term complex health needs qualify for free social care arranged and funded solely by the NHS. This is known as NHS Continuing Healthcare.

<sup>7</sup> Some students are supernumerary while on placement. This means they are not counted as part of the staff in that setting. Nursing associate students may have protected learning time instead. They will be working as part of the staff team but must also have time set aside for learning activities.



## Council

### Education Quality Assurance Annual Report 2022-2023

**Action:** For discussion

**Issue:** To provide a report to Council on the education quality assurance (QA) activity for the 2022-2023 academic year.

**Core regulatory function:** Professional Practice

**Strategic priority:** Strategic aim 1: Improvement and innovation  
Strategic aim 2: Proactive support for our professions  
Strategic aim 5: Insight and influence

**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. The purpose of this Annual report to NMC Council is to provide an update on our education quality assurance (QA) activity for the 2022-23 academic year, covering the QA of nursing, midwifery and nursing associate undergraduate and post graduate education.
2. Education QA is one of our primary regulatory functions in ensuring public protection, working to ensure that students are trained appropriately so that, at the point of registration, they are able to provide safe, kind and effective care.
3. Following the publication of our post-registration programme standards in 2022, we are now working towards the approval of all new programmes against these standards by September 2024.
4. This has been a busy year for our QA activity. This includes, for the first-time, withdrawal of approval of a programme in the best interests of women, babies and families.
5. As part of our processes, we have also strengthened our approach to empowering the student voice. This includes the introduction of Student Listening Events which have already proved to be a powerful tool in hearing students' experiences and ensuring our standards are met. Where we have potential concerns about a programme, we are also contacting students directly to invite them to share their experiences. This is an approach we will continue to build on, ensuring that the students' voice is a key part of our activity.
6. Where the number of concerns we investigate continues to remain high, we are continuing to review our approach, including exploring the new powers that we expect to receive as part of regulatory reform to further enhance our approach.
7. In order to meet our regulatory requirements, there are areas that we need to improve and strengthen. We have commissioned an independent advisor to undertake a review of the QA function.
8. Our quality assurance (QA) framework is one of the ways that we ensure better, safer care. Each year we reflect and report on the outcomes of our QA activity to ensure we are assured that students are being equipped with the relevant knowledge, skills and learning experience to practise safely at the time they join the register and that they can build on throughout their career. We also continuously look for ways to improve our approach to QA by improving our processes.
9. At the time of writing this report, the number of approved education institutions (AEIs) had increased from 92 to 97, covering 1,745 approved programmes.

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10. Alongside programme approval we continue to monitor institutions through our annual self-reporting process and concerns mechanisms.
11. Of the 92 AEIs required to undertake annual self-reporting, 21 (23 percent) did not provide sufficient assurance and reports were returned to AEIs with feedback and a request for further assurance. This is a significant improvement from last year. All AEIs subsequently provided the assurance we required.
12. We continue to monitor institutions throughout the year and make regulatory interventions where we have concerns. We are proactive in making the best possible use of our intelligence by promoting information sharing and collaborating both internally with our Regulatory Intelligence Unit and Employer Link Service, and externally with other regulators and key organisations.
13. The Nursing and Midwifery Order 2001 (the Order) sets the legislative context for the QA of nursing, midwifery and nursing associate education. Our standards comply with our legislation and provide necessary requirements for the education and training of nurses, midwives and nursing associates, and the proficiencies they have to meet to join our register.
14. This annual update examines the QA activity we have undertaken and the key themes and risks that have emerged from our QA of approved education institutions and their practice placement partners in the 2022–23 academic reporting year (from 1 September 2022 to 31 August 2023) for nursing, midwifery and nursing associate education.
15. Our role in education plays a key part in how we meet our overall objective of better, safer care.

**Four country factors:**

16. The annual update includes the findings of our QA activity across all four countries of the UK over the academic year 2022-2023.

**Discussion:**

**Part one: approval of nursing, midwifery and nursing associate education programmes**

**Approval of education institutions**

1. In the period of 1 September 2022 to 31 August 2023, five new AEIs were approved: The University of St Mark and St John, Aston University, Birmingham Newman University, Leeds Trinity University and Warwick University. This increased the number of AEIs to 97.

2. A summary of AElS and approved programmes has been included in Table 1a and 1b. The number of approved programmes has gone down this year where the old pre-registration standards against the pre-2018 standards were taught out and closed.

*Table 1a – Summary of the number of approved programmes and AElS.*

	<b>2021-2022 (comparison)</b>	<b>2022-3</b>
Total number of NMC AElS	92	97
Total number of NMC approved programmes	1802	1745
New education institutions approved to be an AEl during the reporting year	1	5
AElS approved to deliver pre-registration nursing for the first time	1	3
AElS approved to deliver pre-registration midwifery for the first time	2	1
AElS approved to deliver pre-registration nursing associates	56	58

*Table 1B: Summary of the number of approved programmes.*

	<b>2021-2022 (comparison)</b>		<b>2022-2023</b>	
	Pre-2018 standards	Post-2018 standards	Pre-2018 standards	Post-2018 standards
<b>Pre-registration nursing</b>	0	837	0	879
Pre-registration midwifery	3	105	2	112
Pre-registration nursing associate	0	96	0	103
Prescribing	6	252	0	252
Return to practice	5	123	0	127
SPQ	158	0	132	0
SCPHN	180	0	138	0

### **Approval and modification of education programmes**

17. During this period there were 15 programme approvals, 32 major modifications and two endorsements (where programmes are taught in the Channel Islands).

*Table 2: Summary of programme approval and monitoring events undertaken during 2022-3*

	Nursing Associate	Pre-reg midwifery	Pre-reg nursing	Prescribing	RT P	SCPHN	SP Q	Total
Approval	2	1	4	2	1	3	2	15
Major Modification Desktop	2	1	7	2	2	0	0	14
Major Modification Visit	3	2	10	3	0	0	0	18
Endorsement	0	1	1	0	0	0	0	2
Extraordinary Review/ Monitoring Visit/Listening Event	1	4	1	0	0	0	0	5
<b>Total</b>	8	9	22	7	3	3	2	54

18. Of the 49 approvals, modifications, and endorsements, 20 (49 percent) resulted in the visitors recommending approval with no conditions. This demonstrates an increasing trajectory across the last three years related to AEI and programme preparedness for approval against the NMC standards. Enhanced preparedness in some AEIs could be linked to them limiting the amount of proposed approval/modification activity last academic year, thereby enabling more robust development activity prior to submission of evidence to demonstrate meeting the NMC standards.

19. Following the publication of our Standards for post-registration programmes (2022), all AEIs wishing to deliver specialist community health public nursing programmes and programmes, leading to community nursing specialist practice qualifications, must undergo full approval (as opposed to a major modification of an existing programme). We anticipated a staggered approach to programme approval activity throughout 2022/23 and 2023/24, which would mirror our experiences with pre-registration programme approvals, however we have seen a significant delay in AEIs progressing to approval. Only five post-registration qualification programmes have been approved in this reporting period. In England, significantly AEIs have chosen to defer approval activity until the Institute for apprenticeships and technical education (IfATE) published their standards, and associated funding banding. During this reporting period we have seen a high number of post-registration programme applications deferred and this will impact on the timely delivery of this function in 2023/24.

To mitigate this, we have instructed our QA Partners (Mott MacDonald) to undertake a second round of recruitment to the registrant QA visitor pool, to ensure we have adequate resources in place to deliver this intensified period of approval activity.

20. Overall, in this reporting period we have seen a decrease in the number of new programmes being approved for the first time and an increase in major modifications to existing programmes, including the addition of new routes, such as apprenticeships, and in nursing, additional fields of practice. This shift in QA activity was anticipated, as approval is now indefinite, but we do not specify how regularly this must/should be done, which could create a new risk as an unintended consequence. Currently, each AEI is able to make minor modifications to their own programme internally, however, year on year these changes could accumulate and result in the programme being structurally different to the original approval. To mitigate this risk, we ask all AEIs to report on all minor modifications made during each academic year within their annual self-report. Subsequently, a greater degree of tracking is now required by the QA team to ensure we are able to closely monitor the accumulative impact of these smaller changes.

### Conditions

21. Where visitors identify that our standards are not met, they can either set conditions, or where significant concerns are raised recommend refusal of the programme. The institution must meet these conditions, which are approved by the visitor before we will approve the programme.
22. Conditions are categorised against five key risk themes. In order of the most frequently occurring conditions the risk themes were:
- 22.1 Selection, admission and progression
  - 22.2 Effective partnership working: collaboration, culture, communication and resources
  - 22.3 Practice learning
  - 22.4 Assessment, fitness for practice and award
  - 22.5 Education governance: management and quality assurance.
23. The remaining 29 visits (59 percent) have been recommended for approval subject to specific conditions being met. In total 71 NMC conditions have been applied across 49 visits. This is a decrease in the ratio of conditions per visit when compared to last year. This is positive and provides further evidence of the enhanced preparedness of AEIs going into an approval visit.

Table 3 – Total number of conditions at approval events against key risk themes

Key Risk Theme	Total
Selection, admission and progression	16
Effective partnership working: collaboration, culture, communication and resources	13
Practice learning	12
Assessment, fitness for practice and award	10
Education governance: management and quality assurance	20

24. The most frequently occurring conditions related to the key risk theme of education governance: management and QA. Conditions were generally consistent in number across all other risk themes, although slightly higher in selection, admission and recruitment.
25. Under education governance: management and QA particular conditions were applied relating to correction of errors within the programme documentation. Three of these were applied to the same programme at the same visit and related to corrections required to meet NMC standards and requirements.
26. As in previous years, other conditions related to accuracy of information for students, during 2022-2023 this was primarily about programme hours.
27. A new focused condition during 2022-2023 was related to the provision of equality, diversity and inclusion (EDI) data about student population and any actions taken to mitigate/manage attainment gaps. This follows on from the new requirement for all AELs to provide this data as part of their Gateway three submission from January 2023 onwards. This shows that EDI is higher on the agenda and provides assurance that discussion in this context is featuring as part of all education QA activity.
28. Interestingly, governance of programmes within AELs has been a common theme leading to the decision to undertake programme monitoring activity in several AELs over the last 12 months. It is feasible that the sustained focus on governance of practice learning in recent years has meant some AELs have not equally focused on internal governance and QA of the programmes they deliver.
29. Comparatively, last year most conditions related to the key risk theme of practice learning, indicating a change in the context of conditions applied. Previously it has been reported that the greatest area of known risk is likely in the practice learning

environment, so it is encouraging to note the low number of conditions mapped to this risk theme last year.

30. In Table 3 above, we have summarised all conditions assigned to AEIs following approval events within the 2022/23 academic year.
31. Whilst the reduction in conditions is welcome, we have, however, noted an increasing number of AEIs not meeting conditions at first attempt, resulting in an extended process to move the programme to a recommendation to approve. The reasons for this are not immediately clear, but it is known that these cases relate to QA activity that has resulted in a high number of complex conditions where the AEI has needed to undertake significant work with its practice learning partners to provide evidence to meet the conditions.
32. In all instances there has not been a need to move to a refusal of a programme based on deficiencies that could impact on public safety. It has been feasible for the AEI to rectify these areas and present evidence to meet the conditions in the agreed timeframe, which has been lengthened in some cases from the standard four to six weeks that is usually granted post-visit.

### **Refusals**

33. During this period no new programmes were refused approval.

### **Part two: Monitoring and Concerns**

#### Annual Self-Reporting (ASR)

34. AEIs are required to undertake and submit an annual self-assessment and self-declaration of their current NMC approved programme(s). The self-assessment provides an opportunity for AEIs and their practice learning partners to give examples or case studies of notable or innovative practice and enables them to indicate any areas of provision that they are aiming to enhance. The self-declaration section of the report requires the AEI to confirm that all approved programmes continue to meet the NMC standards; that all programme modifications have been notified to the NMC; and, that all key risks are controlled.
35. Previously the ASR template has been the same for each institution, including the core questions and a set of thematic questions each year. For the first time this year we tailored each ASR to the AEI. In particular this focused on their National Student Survey (NSS) scores as we introduced the first part of our data driven approach to QA. This also enabled us to ask specific thematic questions according to programmes offered by each AEI.



36. The NSS is a survey of all final year students about their experiences on their programme, focusing on the course content, assessment and feedback, through to support. The response rates are always high and therefore provides a strong benchmark for students' experiences of their programmes.
37. We analysed the NSS data and RAG (Red, Amber, Green) rated each AEIs' data. AEIs then received their own data RAG rated within the ASR template. For any red score the AEI was required to provide an action plan in how this was being addressed. This provides a key benchmark for us to track progress. We will continue to build on this approach, including expanding the range of data to include student progression and attainment broken down by protected characteristics. This tailored approach to each AEI ensures we are being proportionate where we have assurance, enabling more targeted interventions where we have specific concerns. The data driven approach is aimed to ensure that concerns are identified and rectified as early as possible.
38. The AEI annual self-assessment reports are reviewed and we may require AEIs to resubmit their report and provide further detailed evaluative information if the evidence provided cannot assure us that all criteria have been met.
39. 92 AEIs were required to submit an annual self-report reflecting on the academic year 1 September 2021 to the 31 August 2022 (known as ASR 21/22). 21 AEIs (23 percent) did not provide sufficient evidence for assurance and these reports were returned to the AEIs with feedback and a request for further evidence to be submitted. Most AEIs were required to provide additional assurance for one area of the ASR 21/22, however six AEIs were required to provide additional evidence in two or more areas of assurance. 19 of the AEIs provided assurance on their second submission, with two AEIs requiring a third opportunity to submit their ASR 21/22.
40. This year, 77 percent of AEIs provided assurance on their first submission of the ASR report. This is a significant increase on the ASR 20/21, when only 56 percent of AEIs provided assurance on their first submission.
41. Seven AEIs have been required to resubmit their ASR for the last three years (or more) for not providing evidence of assurance on the first submission. In 2023, the QA Team have identified a total of 16 AEIs who will be targeted for proactive support with the submission of their ASR 22/23, this is because they have not provided assurance on the first submission, in at least three of the past five yearly cycles.

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42. Through the ASR 21/22, many areas of good practice and/or innovation were identified and this was shared with AEIs through two webinars (one for nursing programmes and one for midwifery programmes). These webinars were well attended and feedback on these was positive, this will be replicated moving forward into 2023/4.
43. The ASR will continue to be a valuable tool for building our understanding of how NMC approved programmes have been implemented and operationalised, alongside the working-context and challenges of our approved education institutions. However, the effectiveness of this tool and the reliability of the data collected within it has been called into question during this reporting period. Notably, based on the ASR, Canterbury Christ Church University provided us assurance that its programmes continued to meet the NMC Standards. We now have greater awareness that a self-declaration of compliance is only effective if an AEI has accurately self-identified a risk or breach of the Standards.
44. A future aspiration of the QA team to bolster the assurance provided by the ASR, is to undertake a post-ASR annual conversation with each AEI. This would enable a deeper dive into the written narrative provided and allow us to probe the assurances we are being provided. This methodology would build upon on the success of new programme monitoring, where we have found the new format for undertaking these focused meetings to be highly effective at identifying areas for improvement.
45. All ASR submissions are currently analysed externally, by our QA delivery partner Mott MacDonald, as we do not have the internal capacity and capability to conduct this analysis. This creates a risk for the NMC, in that no one internal to the NMC has systematically reviewed all the ASRs in a proactive manner. The externally written report will highlight areas for the NMC to review, however, there is a time delay (of around four months) associated with this which could prevent timely action from being taken.

#### New programme monitoring and enhanced scrutiny

46. As we move towards a data driven approach to QA we have introduced a new system of new programme monitoring for all new AEIs, or existing AEIs running a new programme (pre or post registration) for the first time.
47. New programme monitoring lasts until after the first students from the programme join our register. This gives us the opportunity to work closely with all new programme teams and institutions who we have not worked with before, and therefore have less information on to inform our data driven approach.

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As part of new programme monitoring programmes must submit self-reports to us twice a year for those programmes, both of which are followed up by an online meeting with stakeholders or a face-to-face visit by a senior member of the QA team.

48. Our revised approach to new programme monitoring has been successfully implemented within this reporting period, following a full process review of our existing practices which we undertook in response to feedback from the senior nursing advisor (education). Previous rounds of new programme monitoring had not identified any concerns with programmes and did not feel robust or impactful.
49. As we continue to develop the data driven approach to monitoring institutions, we have also introduced a similar process to new programme monitoring for currently approved programmes referred to as enhanced scrutiny. Enhanced scrutiny is applied where we have concerns based on the data and evidence we have – for example, if there is a trend that over time student attrition on a programme is continuing to increase or if a programme has had outstanding actions to achieve at the close of the new programme monitoring period.
50. At the end of the academic year 2022/23, the QA Board have decided six AELs should have programmes placed under enhanced scrutiny. All six programmes are Nursing Associate programmes and the recommendation to the QA Board was made following their period of new programme monitoring.
51. In 2022/23, 34 AELs were engaged through new programme monitoring, covering five midwifery programmes, ten nursing programmes, 26 nursing associate programmes, one prescribing programme and two return to practice programmes (total 44 programmes).
52. All AELs are sent written feedback regarding the level of assurance gained from their new programme monitoring meetings, and if areas for improvement are identified this is followed up by the QA Team. Following new programme monitoring meeting one (undertaken in October to December 2022) 50 percent of new programmes were required to create an action plan in response to QA team feedback. This plan was then monitored by the QA team and in the second new programme monitoring meeting (undertaken in May to July 2023) this number had reduced to 39 percent of new programmes, although it is worthy of note, that the majority of action plans had been fully achieved and new areas for improvement were identified.

53. In addition to the six new programmes which are being placed on to enhanced scrutiny, two AElS have been recommended for monitoring visits following their period of new programme monitoring. These two risk-based AEl monitoring visits will take place in January to March 2024.

#### Responding to concerns

54. We continue to monitor AElS and their practice learning partners to ensure compliance with our standards. When risks emerge AElS and their practice learning partners must respond swiftly to manage and control risks appropriately. AElS should exceptionally report risks and mitigations to us and we take action when these risks are not being effectively managed and controlled locally. We also gather intelligence directly from system regulators, media scanning and whistleblowing, as well as through our Regulatory Intelligence Unit (RIU) and direct concerns raised to us by students, academic staff and/or members of the public.

55. Once we receive a concern through any of those methods they are then officially graded as:

55.1 Minor – risks to our standards not being met are minimal and unlikely to impact on the student learning environment and public safety

55.2 Major – risks to our standards not being met are high with possible impact on the student learning environment and public safety

55.3 Critical – risks to our standards not being met are high with potential significant impact on the student learning environment and public safety

56. The QA team has introduced the internal term of ‘escalating’ concern, which is used to describe a current major level concern with the potential to become a future critical concern. This is regularly correlated with high media interest or where our data and intelligence tell us other regulatory activity is underway, but not yet concluded. All escalating concerns are routinely brought to the attention of the QA Board for formal discussion and guidance on the appropriate next steps.

57. During 2022/23 we received a total of 225 new concerns, with 138 being categorised as minor, 78 as major and 3 as critical. A full summary of concerns can be found in Tables 4 and 5.

Table 4 – Number of concerns opened by source of concern and grading:

Intelligence Source	Critical	Escalating	Major	Minor	Total
Employer Link Service	0	1	1	8	10
Exceptional report	1	2	42	88	133
Health Education England	0	0	2	2	4
Media Scanning	1	2	9	10	22
Other	1	1	14	17	33
Regulatory Intelligence Unit	0	0	10	13	23
<b>Total</b>	<b>3</b>	<b>6</b>	<b>78</b>	<b>138</b>	<b>225</b>

58. Similarly to previous years, most of the exceptional reports continue to relate to issues in practice environments, including adverse system regulator reports and their impact on student learning, supervision and assessment and escalation of student concerns, and what actions have been undertaken locally to manage those concerns. However, the QA team have concerns regarding a small number of AEIs who do not appear to have submitted any exceptional reports within this reporting period, or who AEIs who do not submit exceptional reports unless they have been formally requested by the QA team. We have planned an analysis of exceptional reporting behaviour by AEI, giving consideration to their location and the provision they offer, however this work is currently on hold due to the capacity of the QA team.

59. We have seen an increase in AEIs reporting risks to the delivery of the theory aspects of their programmes. It is encouraging to see AEIs continue to actively report concerns to us.

60. Exceptional reports in relation to ‘theory’ have predominantly been related to the recruitment of appropriately experienced and qualified staff to their programme teams, notably in the smaller fields of nursing practice and midwifery. This indicates a potential risk to the quality and continuity of programme delivery.

61. Once a concern has been categorised there are a number of different regulatory interventions we can take to ensure the programmes continue to meet our standards ranging from no

further action where we have sufficient assurance from the institution, through to carrying out a monitoring visit or extraordinary review, which can lead to us withdrawing approval of a programme. A summary of regulatory interventions can be found in Table five. Further details about specific concerns are outlined in more detail below.

62. This year we have also introduced a new regulatory intervention in the form of listening events. These enable us to hear directly from students, and/or practice learning partners to understand their experiences of the programme directly. Unlike a full monitoring visit these events can be arranged quickly to hear and feedback the student and/or practice voice. The events have been well received, and we will continue to make use of them as an upstream form intervention. If we had concerns regarding an individual programme, this could be extended to an AEI listening event, where AEI staff are given the opportunity to share their perspectives.
63. We have strengthened the student voice in our monitoring visits and extraordinary reviews as well. Previously where we undertook a visit the AEI would arrange for a group of students to speak to the visitor team. With the introduction of the listening events we have rolled out a new system where we contact all the students directly inviting them to the event, and outlining the rationale. This has seen a large increase in the number of students the teams engage with, ensuring that the views reflect the breadth of experience across the student cohorts.
64. We have changed our approach to all monitoring activity, moving away from using a five risk themes approach, to using the Standards framework for nursing and midwifery education (NMC, 2018) as the consistent basis for all monitoring. This approach provides direct evidence of if, and how, the NMC standards and requirements are being met by the AEI in collaboration with its practice learning partners. It has been well-received by AEIs, QA visitors and wider stakeholders (such as NHSE) because it enable us to be systematic, as well as open, clear and transparent regarding our expectations.
65. This approach ensures that AEIs are able to present their evidence and receive specific feedback against the five headings of the standards framework: learning culture, educational governance and quality, student empowerment, educators and assessors and, curriculum and assessment.

Table 5 – Regulatory interventions taken for concerns

Regulatory Intervention	Critical	Escalating	Major	Minor	Total
Closed with no further action	0	1	40	52	93
Email for clarification	4	9	73	123	209
Call from QA Officer	0	0	0	3	3
Action plan requested	0	0	11	2	13
Call from a member of the senior team	1	1	7	9	18
Face to face meeting	0	2	6	6	14
Extraordinary Review/Monitoring Visit/Listening Event	5	0	0	0	5
<b>Total No. of Concerns</b>	<b>3</b>	<b>6</b>	<b>78</b>	<b>138</b>	<b>225</b>
<b>Total AEIs connected</b>	<b>7</b>	<b>19</b>	<b>194</b>	<b>267</b>	<b>487</b>

66. In the year 2022/23, we have had five critical concerns open, however due to strong assurance provided it has been possible for the QA Board to de-escalate two of these critical concerns to the level of major concerns (Shrewsbury and Telford NHS Foundation Trust and Muckamore Abbey Hospital).

67. For the three critical items currently open, all have had regular online meetings or calls from the senior team, with two having multiple face to face meetings, including with other regulators and government bodies to secure ongoing assurance. This ongoing assurance has also involved requesting appropriate action plans, and contingency plans for removing students. The critical items are reviewed monthly at our QA Board.

68. As part of our role as a dynamic regulator, we continue to proactively share intelligence internally with our Regulatory Intelligence Unit and Fitness to Practise colleagues as well as externally where appropriate with other professional and system regulators.

#### Canterbury Christ Church University – Midwifery programme

69. We have been working with Canterbury Christ Church University since February 2020 to address concerns around the education of its midwifery students. We first had concerns about the practice learning environment for student midwives given the well-documented and extremely serious concerns about the safety of maternity services at East Kent Hospitals University NHS Foundation Trust. Subsequently, wider concerns about the university's management of the programme, and partnership working with its practice learning partners arose during the



approval visit which ultimately led to our decision to refuse approval of the programme against our new standards in 2022.

70. Where we originally had concerns about the learning environment for midwifery students at East Kent Hospitals University NHS Foundation Trust, we engaged with the university through our normal processes to seek regular assurance that our standards were being met.
71. Separately to this process, our QA visitors as part of the joint approval event with the university against our new midwifery standards in June 2022 identified concerns, including from current students and practice partners, which led to refusal of the new programme.
72. Since August 2022, in light of the concerns raised, we met with the university monthly to seek ongoing assurances that our standards were being met and to review their action plans and contingency plans.
73. Health Education England (HEE) separately undertook its own listening event with students and the university's practice learning partners in August 2022 which identified a number of actions, reflecting areas raised during the NMC approval visit.
74. Where we identified concerns with the programme we undertook a student listening event, the first of its kind, in December 2022, ahead of the planned January approval visit. The report from that event was provided to the university who in turn submitted their observations on the report. Alongside the reports, our QA Board also received the exceptional reports submitted by the university and their action plans.
75. In February 2023, the university also decided to pause its midwifery student placements at the William Harvey Hospital, which is part of East Kent Hospitals University NHS Foundation Trust. The CQC also announced enforcement action at the William Harvey Hospital Maternity and Midwifery Services.
76. On 22 February 2023, reviewing all of the information, our QA Board took the initial decision to withdraw approval of the university's midwifery programme, because it no longer felt assured that the university was equipping midwifery students to meet NMC standards and deliver the care people have a right to expect, nor that students were learning in safe environments. This decision was communicated formally to the university on Monday 27 February.



77. The university responded to our concerns, and our QA Board met again on 6 April. The Board agreed there were aspects of the university's response that needed clarifying.
78. As a result, we gave the university extra time to provide these clarifications. The QA Board then reconvened on 26 April and, after thorough deliberation of the university's response and clarifications, made a final decision to withdraw approval of the programme. This does not stop the university seeking fresh approval of a programme against our standards in the future.
79. We carefully considered whether to give the university additional time to address our concerns. While we recognised the positive progress made in some areas, we did not feel that more time would be sufficient to address the substantial number and complexity of the issues, such that we would be assured students graduating this year would meet the standards of proficiency for joining the register.
80. Following withdrawal of the programme we have worked closely with the University, Health Education England and NHSE to support the transfer of students as smoothly and rapidly as possible so that they could complete their studies.
81. We have now approved the transfer of students to the University of Surrey, and 105 out of 112 students agreed to transfer and have begun their studies. The University of Surrey is teaching students locally to minimise the disruption to students. This will see the students graduate against the 2019 standards. Due to training against the new standards and needing to meet the deficits of their previous training, students will graduate a year to 18 months beyond their expected graduation date. Following appropriate changes and assurance, students have now been reintroduced into the William Harvey Hospital.
82. To help support the regional workforce we have also approved the University of Greenwich to run its approved midwifery programme from its Medway Campus.
83. We will be undertaking a full lesson learned activity, including with external partners, to clearly define roles and responsibilities of different organisations to streamline processes should we make the decision to withdraw approval of another programme in the future.

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Canterbury Christ Church University – Nursing programme

84. With the ongoing concerns at Canterbury Christ Church University’s midwifery programme, we had not had similar concerns with its nursing provision. This included a positive programme approval, and no concerns with its placement provision.
85. However, we are aware that the university has wrongly been counting high levels of reflective time as practice learning. The university has put in place mitigation plans which we have approved for its students to make up their missing hours.
86. We are continuing to support the university, including to seek assurances that the programme continues to meet our standards.

University of Greenwich – Midwifery programme

87. The University of Greenwich shares some of its practice learning settings with Canterbury Christ Church University. Following the feedback from Canterbury students we undertook a student listening event with the students from the University of Greenwich to provide assurance on their experiences.
88. The feedback from Greenwich midwifery students was overwhelmingly positive and provided assurance of effective and timely support from the AEI in relation to both academic and practice issues, efficient and robust student voice processes and confidence in raising and escalating concerns processes.
89. The listening event identified a small number of areas where further improvements could be made by the University of Greenwich, therefore, the QA team have agreed an action plan with the AEI and will continue to monitor this over the coming months.

Staffordshire University – Midwifery programme

90. Staffordshire University has been a critical concern since 2020. Originally due to the maternity concerns at Shrewsbury and Telford NHS Trust where it places students and subsequently in its own right. This was following an extraordinary review in 2020 that identified a number of our standards were not met, in particular around the student voice being listened to. The same issues were then identified in a follow up monitoring visit in May 2022.

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91. A final monitoring visit was undertaken in December 2022 visit. It is pleasing to report that at the December 2022 monitoring visit all key risk indicators were met and the feedback received from students was overwhelmingly more positive than when a monitoring team previously visited.
92. This outcome clearly evidences the importance and effectiveness of programme monitoring activities and the impact these can have on the quality of a programme and the overall experience of the students.
93. A student listening event is planned for December 2023, to ensure sustained progress has been made by Staffordshire University.

Anglia Ruskin University – Nursing and Nursing Associate programmes

94. The visit to Anglia Ruskin University in June 2023 was prompted by several concerns known to the QA Team, that indicated a weakness in Anglia Ruskin University’s internal governance systems.
95. Our QA delivery partners, Mott MacDonald, were instructed to undertake a monitoring visit to assess risk to the AEl’s nursing associate and pre-registration nursing programmes meeting NMC standards in both the academic and practice learning environments. This was the first monitoring visit to use the revised review plan (see points 62 and 63). The monitoring visit was undertaken over four days and the visit team comprised three registrant QA visitors and two lay QA visitors. This was necessary to cover the two programmes delivered across three campus sites and one satellite site.
96. The visit team determined that only three of the eight NMC standards (risk themes) were met and Anglia Ruskin University have submitted to the NMC QA Team an initial action plan to immediately address the risks identified.
97. Subsequently, the QA Board has determined that Anglia Ruskin University is a critical concern, and the senior QA team are now working proactively with Anglia Ruskin University to refine its action plan and closely monitor its progress and timely achievement.

Nottingham University – Midwifery programme

98. The University of Nottingham had an extraordinary review of its midwifery programme in July 2022. This visit was prompted by concerns in maternity services in Nottingham University Hospitals NHS Trust.

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The extraordinary review resulted in two unmet risk areas related to the availability of practice supervisors and practice assessors to support the number of students in practice, and the use of student feedback and evaluation to improve systems, address weaknesses and enhance programme delivery.

In response to this, the AEI developed an action plan to address these risks, which has been monitored by the NMC QA team through the critical concerns process.

99. Throughout 2022/23, regular meetings have continued with all AEIs placing midwifery students at Nottingham University Hospitals NHS Trust alongside monthly meetings with HEE/NHSE Workforce, training and education team in the Midlands.
100. The listening event in March 2023 was an opportunity to meet with students and practice learning partner representatives to follow-up on actions taken by the University of Nottingham in collaboration with Nottingham University Hospitals and seek feedback on their impact. Unfortunately, the feedback from students indicated that insufficient time had passed to establish a positive impact from actions implemented by the programme team. The team therefore continues to work with the NMC through the critical concerns process and QA board requested a monitoring visit in December 2023. This visit is currently being planned.

### Next Steps

101. Our QA report provides an update on education and QA activities throughout 2022 - 2023 including approval and monitoring activity. We have highlighted areas of challenge and how we are responding to these including seeking an independent consultant to provide us support with the QA review we plan to embark upon which is going to EB on the 17 November to agree the scope of the review.

### Midwifery implications:

102. Midwifery implications have been reflected in the QA Annual Report.
103. Of our critical concerns, the majority are in relation to midwifery programmes, and concerns within certain maternity settings. We continue to work closely with those programmes to ensure our standards continue to be met.
104. All midwifery programmes are required to have been approved against the new standards.

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- Public protection implications:** 105. There are no public protection implications arising directly from the production of this report. The report sets out the contribution our QA activity makes towards protecting the public in ensuring that our standards continue to be met.
- Resource implications:** 106. Resources to carry out our education QA activity form part of the normal operational budget of the Professional Practice directorate.  
107. As outlined previously the QA review will be conducted with support from an external consultant which will cost £33,750. Furthermore, upon completion of the QA review and the recommendations coming out of the review, we may require additional budget to help support us to strengthen our existing QA model.
- Equality diversity and inclusion implications:** 108. We are committed to ensuring that our approved nursing and midwifery programmes comply with all equality and diversity legislation. Our standards outline the commitment to EDI which we expect from AElS. In accordance with our standards and QA framework, AElS must provide evidence such as an equality and diversity policy, recruitment, selection and admissions policy, and evidence of providing support to students that promotes equality and diversity, alongside the individual EDI requirements in the programme standards.
- Stakeholder engagement:** 109. As part of our ongoing QA activity, we work closely with AElS and respond to their feedback. We also work closely with other health and care bodies to ensure key information, in particular related to concerns is shared where appropriate. This engagement has continued to increase during this reporting period.
- Risk implications:** 110. Failure by AElS to comply with our education standards could impact upon public protection, students not being appropriately supported, and that newly qualified nurses, midwives and nursing associates not meeting our proficiency standards.
- Regulatory reform:** 111. The opportunities and implications for regulatory reform have been considered within this paper
- Legal implications:** 112. The Nursing and Midwifery Order 2001 Part IV (the Order) sets the legislative context for the QA of nursing, midwifery and nursing associate education. Our Standards comply with our legislation and provide necessary requirements for the education and training of nursing, midwives and nursing and associates, and the proficiencies they have to meet to join our register.

## Council

### Policy on Safeguarding and Protecting People

**Action:** For approval and decision

**Issue:** The updated corporate safeguarding policy for sign-off by the Council.

**Core regulatory function:** All regulatory functions

**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:** Council is recommended to:  
1) Approve the Safeguarding and Protecting People Policy  
2) Approve the appointment of Eileen McEneaney as Council Lead for Safeguarding

**Annexes:** Annex 1: Policy on Safeguarding and Protecting People

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

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**Context:**

- 1 The Policy on Safeguarding and Protecting People was established in November 2018 and sets out our safeguarding obligations from a corporate perspective. The policy is currently refreshed on a yearly basis and the last policy updated was January 2022. The policy is high-level and identifies key actions that we must take as a regulator and registered charity to fulfil our safeguarding obligations. There is underpinning operational guidance and a standing operating procedure that supports colleagues to deliver our safeguarding duties. The operational guidance will provide more extensive guidance on how to respond to safeguarding need practically and also resources to support the safeguarding process. This will be completed in December 2023 and approved by the Executive Board.

**Key changes to the Corporate Safeguarding Policy**

- 2 The key changes that have been made to the policy are as follows:
  - 2.1 The policy has been streamlined so that any duplication of paragraphs has been removed and introductory paragraphs are reduced so that colleagues are directed to the practical implications of the policy at an earlier stage.
  - 2.2 The policy has been reordered to improve the cohesiveness of the document.
  - 2.3 The policy is more explicit with regards to the duties of the Council, Executive and our colleagues' duties in respect of safeguarding.
  - 2.4 The policy provides increased detail on our response to safeguarding concerns and support in place to help our colleagues deliver their obligations.
  - 2.5 There is clarity on our duties to share information and record details of conversations.

**Delivery of safeguarding work**

- 3 Following the presentation of the safeguarding annual plan to Council in May and subsequent Continuous Professional Development (CPD) session in June, the following actions have been taken to ensure that organisationally we build up resilience in managing safeguarding issues:
  - 3.1 The Strategic Safeguarding Lead has been provided with additional support with a lawyer in the General Counsel team to help assist with low to medium risk safeguarding concerns and to aid in unpicking the barriers to the delivery of our safeguarding duties.



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- 3.2 The recruitment of safeguarding champions across the organisation who will be responsible for providing support in identifying, responding to and reporting safeguarding concerns to the Safeguarding Lead and intelligence sharing.
  - 3.3 On-going training for teams who have more interactions with safeguarding issues.
  - 3.4 On-going engagement with Executive Directors and Communications teams to ensure that safeguarding is prioritised and to ensure that colleagues are empowered to lead on responding to low-risk concerns.
  - 3.5 The Strategic Safeguarding Lead is in the process of re-developing the operational safeguarding policy with the support of the safeguarding champions. The Safeguarding Champions will be launched at the end of November 2023, inline with Safeguarding Adults Week (20 – 24 November 2023). The operational safeguarding policy will be presented to Executive Board in December 2023.

**Designated Council member lead for safeguarding**

- 4 At the CPD session in June, Council members asked whether there should be a specific Council member lead on safeguarding. This would be beneficial as it will bring the NMC in line with Charity Commission guidance which recommends a lead trustee for safeguarding. Moreover, safeguarding is a high-risk area for the NMC. A nominated council member lead for safeguarding will improve our accountability for safeguarding and ensure we are fulfilling our statutory obligations, thus reducing legal risk for the NMC.
  - 4.1 An appropriate Council member for the role would bring some expertise in safeguarding matters. They would be able to support and challenge the Executive Directors with responsibility for safeguarding and the Strategic Safeguarding Lead on any safeguarding issues which needed to be brought to the attention of Council. Eileen McEneaney has been identified as the Council member for this role.

**Legal Risk**

- 5 Safeguarding is currently rated red on our legal risk register. This is in recognition that we are focused on ensuring that we have a robust infra-structure in place for safeguarding. It is anticipated that we will be move the safeguarding risk to amber in the next six months as this infrastructure is embedded.



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## Safeguarding for our colleagues

6 Where safeguarding concerns arise in respect of our colleagues, these should be reported to Human Resources (HR). HR colleagues will be responsible for putting in place responses for low-risk safeguarding issues. The safeguarding lead will support HR colleagues with addressing any medium to high-risk issues. Those with line management responsibilities are also expected to put in place reasonable support for their team members and respond to concerns.

### Four country factors:

7 We operate across all four countries of the UK. There are some differences in adult and child safeguarding legislation, policy and practice which have been reflected in the policy.

### Discussion and options appraisal:

8 **Recommendation 1: The Council is recommended to approve the Policy on Safeguarding and Protecting People**

9 **Recommendation 2: To approve the appointment of Eileen McEaney as the Council lead for safeguarding.**

## Next Steps

10 The Strategic Safeguarding Lead will take the following steps once the Policy is approved:

10.1 Ensure that the policy is uploaded to the correct iNet and NMC webpages.

10.2 Work with our communications team to promote the refreshed policy.

10.3 The accompanying operational safeguarding guidance is being updated. The Strategic Safeguarding Lead will be collaborating with the Safeguarding Champions to ensure that the operational guidance is helpful for colleagues working across the NMC.

### Midwifery implications:

11 There are no specific implications for midwifery.

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<b>Public protection implications:</b>	12	The Policy will help ensure that the NMC delivers its public protection and duty of care obligations.	3
<b>Resource implications:</b>	13	There are no financial resource implications related to the policy at this stage.	4
<b>Equality diversity and inclusion implications:</b>	14	Safeguarding and our Equality, Diversity and Inclusion (EDI) duties are closely aligned, and there has been engagement with the Head of EDI to look at where our roles may align. The Safeguarding Plan has incorporated an item to ensure that there is an equality impact assessment for safeguarding. Fundamentally, a high proportion of people who have safeguarding need also have protected characteristics, therefore safeguarding objectives are likely to support EDI objectives.	5
<b>Stakeholder engagement:</b>	15	No stakeholder engagement is required.	6
<b>Risk implications:</b>	16	Safeguarding currently has a risk rating of red on the legal risk register. A failure to give appropriate regard to safeguarding could lead to an individual or individuals experiencing serious irreparable harm or death. Safeguarding is high profile in nature, therefore a failure to discharge our duties could damage trust and confidence in the NMC. it could also undermine the delivery of our values.	7
<b>Regulatory reform:</b>	17	Not relevant to this item	8
<b>Legal implications:</b>	18	The Charity Commission sets out charitable organisations' duties in respect of safeguarding. Improving our safeguarding functions and managing our responsibilities to the public, our colleagues effectively can reduce risk of legal challenge. A failure to deliver our duties could lead to the following outcomes:	9
	18.1	Criticism or sanctions from the Charity Commission, Professionals Standards Agency or other agencies that oversee us	10
	18.2	Legal challenge under the Human Rights or Equality Acts	11
	18.3	Breaches in our Duty of Care obligations	12
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## Nursing and Midwifery Council Policy on Safeguarding and Protecting People

<b>Title</b>	Safeguarding and Protecting People Policy
<b>Summary</b>	This policy applies to all who work for or with the NMC, including Council, Committee and Panel members, colleagues and service suppliers.
<b>Approval</b>	November 2018 – approved by the Council  January 2020 – updated version approved by the Council  January 2022 – updated version approved by the Council  September 2023 – updated version to be approved by Council
<b>Policy Owner</b>	NMC Designated Safeguarding Lead – Director of People and Organisational Effectiveness
<b>Next review date</b>	September 2026 or sooner if required

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## In a nutshell

- 1 In this policy we provide an overview of our safeguarding responsibilities and support available for the reporting and referral of safeguarding concerns.
- 2 The policy is supported by operational guidance to support our teams to respond to safeguarding need. We encourage everyone who works for us and with us to read our policy to understand our safeguarding responsibilities and to refer to the policy when concerns arise.

## Introduction

- 3 Our vision is safe, effective and kind nursing and midwifery that improves everyone’s health and wellbeing. As the largest professional regulator in the UK, we have an important role to play in making this a reality.
- 4 As a regulator and registered charity, we may come into contact with people who are at risk of harm, abuse or neglect. Our safeguarding policy explains how we identify, respond and manage safeguarding concerns which arise in our role as a regulator and in any of the activities that we undertake to support and influence our professions and the public.
- 5 Our values help inform and guide us on how we behave and respond to safeguarding concerns. We do this in the following ways:
  - 5.1 **We’re fair**  
Fairness is at the heart of our safeguarding policy and arrangements. Safeguarding is an integral part of our role as a trusted, transparent regulator and employer. Organisationally, we strive to ‘do no avoidable’ harm to all those that engage with us. Safeguarding disproportionately affects people who have protected characteristics under the Equality Act 2018. Our safeguarding policy therefore serves to support the delivery of our Equality, Diversity and Inclusion (EDI) duties.
  - 5.2 **We’re kind**  
We act with kindness and in a way that values people, their insights, situations and experiences. Our safeguarding policy explains how we approach safeguarding concerns in a way that is kind and understands the difficult situations that people who we encounter may be facing.
  - 5.3 **We’re ambitious**  
We are always keen to learn, improve and update our safeguarding arrangements wherever we can.

#### 5.4 We're collaborative

Identifying and responding to safeguarding concerns involves us being able to work collaboratively with colleagues and those responsible for safeguarding outside the NMC, to ensure safeguarding concerns are raised and responded to appropriately.

### Purpose of this policy

- 6 We recognise that 'safeguarding is everyone's responsibility. In line with our legal responsibilities (which includes our statutory responsibilities<sup>1</sup> and our charitable obligations) and guidance provided by the Charity Commission (CC) and the Office of the Scottish Charity Regulator (OSCR) we are required to have a safeguarding policy. This policy reflects good practice guidance including, the Charity Governance Code and the Charity Ethical Principles (by the National Council for Voluntary Organisations' (NCVO)). In particular, the fourth principle 'Right to be safe' is reflected in this policy.
- 7 This policy details how we protect from harm all people, both adults and children at risk, who we may engage with. This includes our professionals, students and members of the public as well as our own colleagues, service suppliers and partners.
- 8 This policy sets out:
  - 8.1 The responsibilities of Council members, including in their role as trustees of the NMC, and of members of the Executive, for taking reasonable steps to protect people from harm.
  - 8.2 The key principles that all who work for, or with us, must comply with to ensure that as an organisation, we take all reasonable steps to protect people from harm, and how we will support them in doing this.
- 9 This policy is underpinned by operational guidance about safeguarding for people who work for us and with us (including service suppliers such as panel members or others who might work with us in a paid or unpaid capacity) who may become aware of a safeguarding issue that needs to be reported.
- 10 It is also underpinned by our Human Resources (HR), digital, and health and safety policies and processes and is reflected in our published policies on how we engage with those who come into contact with us, such as our [Duty of Care](#) and our [Reasonable Adjustments](#) policies. We also recognise that the health and wellbeing of our colleagues is paramount and we have procedures in place for HR and line managers to support colleagues who are require safeguarding support

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<sup>1</sup> Article 3(5) of the Nursing and Midwifery Order 2001 details our overarching duty is to protect the public and provides detail on how we do this as a regulator.

## What is safeguarding?

- 11 **Safeguarding adults at risk** is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.<sup>2</sup>
- 12 Adults at risk means anyone aged 18 or over in England, Wales and Northern Ireland, or, age 16 or over in Scotland who:
  - 12.1 Has needs for care and support (whether or not the local authority is meeting any of those needs);
  - 12.2 Is experiencing, or is at risk of, abuse or neglect; and
  - 12.3 As a result of those care and support needs, is unable to protect themselves from either the risk of, or the experience of abuse or neglect.
- 13 For the purposes of this policy, abuse or neglect could include a range of harm such as physical, psychological, institutional abuse or neglect. A full overview can be found in an operational policy. A person with a care and/or support need is someone who may need extra help to manage their life and be independent. It could include someone with a disability, long-term illness, a mental health diagnosis or addiction.
- 14 **Safeguarding children** is defined as:
  - 14.1 Protecting children from abuse and maltreatment.
  - 14.2 Preventing harm to children's health or development.
  - 14.3 Ensuring children grow up with the provision of safe and effective care.
  - 14.4 Taking action to enable all children and young people to have the best outcomes.<sup>3</sup>
- 15 As a regulator we have a key role in safeguarding. There are three areas in which safeguarding arises within our organisation:
  - 15.1 We exercise regulatory duties which are central to patient safety and public protection. Appropriately exercising these helps ensure that safeguarding risk do not arise, or where they do we respond accordingly to prevent future harm to people.

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<sup>2</sup> Care Act Statutory Guidance England

<sup>3</sup> Working Together to Safeguard Children (2018)

- 15.2 We work with many individuals who may be at risk of or experiencing harm and we have a duty to help them access support services that could benefit them.
- 15.3 We receive high volumes of intelligence that we share with other health, social care and criminal justice agencies for the purposes of keeping people safe from harm

## **Our approach to safeguarding and protecting people**

- 16 Although we do not provide direct health or care services, we exist to protect the public by enabling safe, kind and effective care and ensuring people who use services can access them safely. We recognise that we have an obligation to minimise harm to those who engage with us. This extends to all registrants, witnesses, members of the public and professionals that engage with us, as well as the colleagues that we employ at the NMC. This is reflected in our wider values, policy and guidance.
- 17 The Charity Commission and Office of the Scottish Charity Regulator places clear safeguarding expectations on charitable organisations. Responsibilities for Council, the Executive and all of those who work with the NMC are set out below.

### **The Council is responsible for:**

- 17.1 Ensuring that there is a clear and up-to-date NMC policy in place based on statutory and good practice guidance, governing our approach to protecting people from harm, and for assuring itself that effective operational processes are in place.
- 17.2 Creating a culture where safeguarding is promoted and all colleagues are aware that concerns will be taken seriously.
- 17.3 Having oversight of the NMC’s safeguarding risks and how these will be managed.
- 17.4 Regularly reviewing and monitoring the impact of our safeguarding policy and procedures.
- 17.5 Assuring itself that responsibility is taken for putting things right and dealing with incidents responsibly when things go wrong.
- 17.6 Checking that NMC colleagues act with reasonable skill and care and in the best interest of the NMC, exercising sound judgement and avoiding exposing the NMC to undue risk.

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**The Executive is responsible for:**

- 17.7 Ensuring this policy is underpinned by effective operational guidance and processes which encompass:
  - 17.7.1 Clear lines of accountability within the NMC for safeguarding.
  - 17.7.2 Training for all colleagues, appropriate to their role and continuing professional development, so that colleagues are competent in identifying and addressing concerns.
  - 17.7.3 Nominating and appointing a Designated Safeguarding Lead to advise the Executive and Council on developing and establishing our approach to safeguarding.
  - 17.7.4 The adoption of safe working practices including appropriate recruitment, vetting and barring procedures.
  - 17.7.5 Robust referral, reporting and escalation processes, working with relevant organisations across the UK as appropriate.
  - 17.7.6 Effective inter-agency working, including effective information sharing.
  - 17.7.7 Ensuring that there is a culture of openness and transparency where colleagues are empowered to raise concerns.
  - 17.7.8 Ensuring that there are sufficient resources for safeguarding, this includes financial, people and training resources.

**Everyone who works for, or with us, is expected to:**

- 17.8 Adopt approaches that do no avoidable harm to those affected by our work. We recognise that some aspects of our work can effect people’s wellbeing, such as our fitness to practise processes. We take steps to reduce any harm by adopting person-centred approach to all those who engage with us and following our Duty of Care policies.
- 17.9 Understand and be familiar with this policy and know how to recognise, respond to, report and record a safeguarding concern or any concern regarding harm to others.

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17.10 Listen to and act upon the advice of the Strategic Safeguarding Lead in responding to safeguarding concerns.

17.11 Ensure that they complete all mandatory safeguarding training.

## Our response to safeguarding concerns

18 There are many ways that we may become aware of a safeguarding concern. Whilst safeguarding risk arises across the whole of the organisation there is an enhanced risk of safeguarding concerns throughout the fitness to practise process. The risk is heightened in this area due to the vulnerable circumstances of both registrants and members of public who engage with us during the process. Safeguarding concerns may arise as a result of:

18.1 A direct disclosure to us during our work.

18.2 An allegation, concern, referral or complaint reported by another person.

18.3 An observation during a meeting.

18.4 An incident.

19 Where concerns do arise there is an expectation that colleagues follow our operational guidance on safeguarding, requiring them to take actions to manage the risk as well as inform the Safeguarding Lead, or designated alternative, who will provide advisory support.

20 We will ensure that:

20.1 Safeguarding concerns are responded to promptly, appropriately and reported in a secure and responsible way to all relevant agencies.

20.2 We comply and engage with any external processes to support the people at risk of harm, this includes sharing appropriate information.

20.3 Where possible we will engage with the people at risk of harm to ensure we act in a person-centred way that represents their wishes and best interests.

20.4 Appropriate and proportionate measures are put in place to protect from harm all those who work for, or with us, or come into contact with us.

- 20.5 Where we continue to engage with individual(s) involved, reasonable adjustments will be put in place to support them with their engagement.

## Support and training

- 21 All colleagues at the NMC are expected to undertake safeguarding training. The level of training will be dependent on the employee's role.
- 22 Our current safeguarding training and support includes:
- 22.1 An operational safeguarding policy which guides colleagues on how to respond to safeguarding concerns by:
- 22.1.1 Identifying and managing risk.
  - 22.1.2 Managing reports of incidents, allegation and risks.
  - 22.1.3 Effectively keeping records of decision making.
  - 22.1.4 Reporting to relevant authorities such as the police, social services and the Charity Commission and the Office of the Scottish Charity Regulator.
  - 22.1.5 Making reasonable adjustments or changes to reduce the risk of further incidents occurring
- 22.2 Mandatory safeguarding induction and training for all colleagues appropriate to their role, this includes training on basic safeguarding awareness so that colleagues are trained to recognise, raise and report concerns.
- 22.3 Advisory support from the Designated Safeguarding Leads and Strategic Safeguarding Lead.
- 22.4 Signposting and low-risk advisory support from our safeguarding champions
- 23 We also have systems in place for:
- 23.1 Ensuring Council, partner members and key colleagues are not subject to any Charity Commission disqualifications.
- 23.2 The safe recruitment and selection of colleagues, including basic Disclosure and Barring Services (DBS) checks or a criminal record check from Disclosure Scotland for particular roles.

23.3 Dealing with allegations or concerns relating to colleagues, including clear lines of accountability, systems of reporting and actions to be taken. The following policies are already in place and are available on our [iNet](#) :

23.3.1 Codes of Conduct for Council and partner members and Fitness to Practise panel members.

23.3.2 Dignity at work policy.

23.3.3 Grievance policy.

23.3.4 Health and safety policy.

23.3.5 Digital policy.

23.3.6 Data protection policy (including confidentiality policy).

23.3.7 Corporate complaints policy.

23.3.8 Equality, diversity and inclusion framework.

23.3.9 Disciplinary policy.

23.3.10 Anti-fraud, bribery and corruption policy.

23.3.11 Duty of care policies

23.4 Investigating and learning from any safeguarding incidents or 'near miss' events through our serious incident reporting process, and if necessary making changes to the operational guidance for colleagues. Our incident reporting approach can be found on [iNet](#).

23.5 Whistleblowing:

23.5.1 Our whistleblowing policy for those who wish to raise any concerns about the NMC is available on the [iNet](#) and the [NMC website](#).

23.5.2 Our policy for those who wish to raise concerns to the NMC in its capacity as a prescribed person (whistleblowing to us about others) is set out on the [NMC website](#).

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## Raising concerns and reporting requirements

- 24 We are committed to managing serious incidents that result in significant harm or risk significant harm to people who engage with us adequately and report any failures to do so promptly. The Safeguarding Lead, or a designated alternative, will provide advisory support on whether referrals will be made to the following agencies:
- 24.1 The police, or local safeguarding body if appropriate.
- 24.2 The Charity Commission and the Office of the Scottish Charity Regulator.
- 25 We include information on the number and nature of serious incidents, including safeguarding, in our statutory annual report and accounts.
- 26 Where lower-risk concerns are raised, it is expected that all colleagues are responsible for responding this. The Strategic Safeguarding Lead or a Safeguarding Champion will support colleagues to do this.

## Sharing information

- 27 We recognise that we have a duty to comply with the Data Protection Act (DPA) and the General Data Protection Regulations (GDPR). This means that we will share information with the appropriate agencies where there is reason to suspect a child or adult at risk is experiencing, or at risk of experiencing, harm.
- 28 Central to information sharing is appropriate recording keeping. Records relating to safeguarding concerns must be accurate, up-to-date and evidence why decisions have been made.

## Statutory framework

- 29 We operate across all four countries of the UK. There are some differences in adult and children safeguarding legislation, policy and practice in England, Northern Ireland, Scotland and Wales.
- 30 We will ensure that we maintain an up-to-date understanding of the legislative and public policy requirements in each country and that our operational guidance and processes meet the specific requirements in each of the four countries.

## Equality, Diversity and Inclusion and safeguarding

- 31 We will give equal priority to keeping all adults and children at risk safe regardless of their age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation and we recognise that some adults and children at risk are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs

or other issues. This is in line with our Equality Act 2010 and Public Sector Equality Duty obligations. More information on our EDI work can be found on our website ([Equality, diversity and inclusion - The Nursing and Midwifery Council \(nmc.org.uk\)](http://www.nmc.org.uk/equality-diversity-and-inclusion)) and iNet. pages.

## Publication and review

- 31 This policy will be published on our website, reviewed by the Council annually, and the impact monitored regularly. We will also review it following any serious incident, to ensure it remains fit for purpose.

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## Council

### Panel Member and Legal Assessor appointments

**Action:** For decision

**Issue:** To consider approvals in respect of appointment and removal of Panel Members and Legal Assessors as required by the NMC Rules.

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

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

**Decision required:** The Council is invited to accept the recommendations of the Appointments Board to:

- appoint the 129 individuals listed in Annexe 1 to serve as Panel Members of the stated Practice Committees for the period 23 November 2023 – 22 November 2027 (paragraph 13).
- appoint the 33 individuals listed in Annexe 2 to the approved list of Legal Assessors (paragraph 14).
- reappoint the Panel Member listed at Table 1 in Annexe 3 for a second four-year term from 29 January 2024 - 28 January 2028 (paragraph 17).
- remove the Panel Member listed at Table 2 in Annexe 3 from the Fitness to Practise Committee and note the removal of the Legal Assessors in Table 3 of Annexe 3 from the Legal Assessor approved list (paragraph 21).

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

- Annexe 1: Appointment of Panel Members to the Practice Committees.
- Annexe 2: Appointment of Legal Assessors
- Annexe 3: Panel Member reappointment and Panel Member and Legal Assessor resignations

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

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**Context:**

- 1 At its meeting on the 18 October 2023, the Appointments Board considered:
  - 1.1 The appointment of individuals to serve as Panel Members on the Practice Committees, and the appointment of individuals to the Legal Assessor approved list, following an external recruitment campaign.
  - 1.2 The resignation of one Panel Member.
  - 1.3 The reappointment of one Panel member for a second four-year term.
- 2 Following comprehensive and robust scrutiny, the Appointments Board has made a series of recommendations to Council on the above items which are outlined in this paper.

**Four country factors:**

- 3 The external selection campaign for Panel Member and Legal Assessors was open to applications from all four countries of the UK to ensure the membership of the Practice Committees is reflective of the UK population and the professions we regulate.
- 4 The four-country profile of the individuals who are being recommended for appointment as Panel Members in this paper is as follows: 90 percent are based in England, 1.5 percent are based in Northern Ireland, 1.5 percent are based in Scotland, and 7 percent are based in Wales.

**Discussion:**

**Appointment of Panel Members and Legal Assessors**

- 5 In May 2023 the Appointments Board approved the selection and appointment process and methodology for a campaign to appointment additional Panel Members to the Practice Committees and Legal Assessors to the approved list of Legal Assessors.
- 6 The Appointments Board was provided with assurance on the following aspects of the recruitment:
  - 6.1 The Situational Judgement Test (this presents paragraphs outlining scenarios the candidates may face in the role, each with four response options. Candidates are asked which response they would be most likely to take and which response they would be least likely to take);
  - 6.2 The application process;
  - 6.3 The interview process;

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- 6.4 The scoring criteria and cut-off thresholds for each stage;
- 6.5 Individual and overall scores for all candidates meeting the required standard.
- 7 The Board agreed a minimum cut-off level for each stage of the process. The cut-off levels were determined following the adverse impact analysis which ensured that cut-off levels did not negatively impact certain groups with a protected characteristic.
- 8 The Board reviewed the detail and rationale of the cut-off level decisions made by the Executive and agreed with the assessments made.
- 9 A thorough due diligence exercise was undertaken for each candidate recommended for appointment. For this campaign we improved our diligence processes and the visibility of our eligibility and disqualification requirements:
- 9.1 Candidates were asked to review our eligibility and disqualification criteria on application and declare that they were suitable for appointment.
- 9.2 Candidates were asked to answer eligibility questions at the interview stage to confirm that they have not in the last five years been an employee of the NMC, been a member of Council or sat on a discretionary committee of the Council. Panel Members were also asked to confirm that they had not previously been an NMC Panel Member. Legal Assessors were asked to confirm that they had 10 years post qualification experience and a valid practicing certificate.
- 9.3 The answers to 9.2 were verified through post interview due diligence.
- 10 At its meeting on 18 October 2023 the Appointments Board considered the detail of the candidates who had met the required standard, including their scores at each stage of the process, a narrative summary of their interview provided by the Search Consultants, and due diligence reports of note.
- 11 The Board considered that the narrative reports had not been sufficiently quality assured and requested further assurance and information. This additional assurance, which included more detailed information on the examples given by candidates and the scoring breakdown from the assessment panel, was provided and considered at a meeting of the Board on 7 November 2023.



Following this meeting, the Board felt it had received sufficient assurance to recommend to Council the candidates presented at Annexe 1 and Annexe 2.

- 12 The Board considered candidates where there had been information highlighted in the due diligence reporting and requested that the Executive arrange for discussions about these matters be held with the candidates and the outcomes brought back to the Board. Should any candidates be recommended for appointment by the Board following this additional process, they will be presented to a future meeting of Council.
- 13 **Recommendation: The Council is invited to accept the recommendations of the Appointments Board to appoint the 129 individuals listed in Annexe 1 to serve as Panel Members of the stated Practice Committees for the period 23 November 2023 – 22 November 2027**
- 14 **Recommendation: The Council is invited to accept the recommendations of the Appointments Board to appoint the 33 individuals listed in Annexe 2 to the approved list of Legal Assessors for the period 23 November 2023 – 22 November 2026.**

#### **Reappointment**

- 15 The Panel Member listed at Table 1 in Annexe 3 has met the required standards for reappointment. They have been the subject of peer review and are meeting or exceeding the expectations of the Panel Member performance monitoring framework.
- 16 The Appointments Board has scrutinised the performance data of the Panel Member and recommends to Council their reappointment to a second term on the Fitness to Practise Committee of four years from 29 January 2024 to 28 January 2028.
- 17 **Recommendation: The Council is invited to accept the Appointments Board recommendation that the Panel Member listed at Table 1 in Annexe 3 is appointed for a second four-year term from 29 January 2024 - 28 January 2028.**

#### **Resignations**

- 18 Rule 9 of the Nursing and Midwifery Council (Practice Committees) (Constitution) Rules 2008 sets out the reasons where a Panel Member shall be removed from office by the Council. This includes a Panel Member resigning or where they have been appointed on the basis of being a professional on our register, and their registration lapsing.

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- 19 We have received one resignation from a Panel Member of the Fitness to Practise Committee. This was presented to the Appointments Board at its meeting on 18 October 2023. The Board noted the information and has recommended that the Council remove this Panel Member from the Fitness Practise Committee.
- 20 At the same meeting the Board considered the resignations of the Legal Assessors listed at table 3 in Annexe 3. The Board considered that the Legal Assessors had not returned their signed Legal Assessor Services Agreement despite several prompts over the period February 2023 – August 2023. It was stated in the final follow up that we would assume non-completion or response by the deadline meant they no longer wanted to work with us and that they would be removed from the approved list of Legal Assessors. The Board agreed to notify Council of the removals from the Legal Assessor approved list.
- 21 **Recommendation: The Council is recommended to approve the removal of the Panel Member listed at Table 2 in Annexe 3 from the Fitness to Practise Committee and note the removal of the Legal Assessors in Table 3 of Annexe 3 from the Legal Assessor approved list.**

**Next Steps**

- 22 Following Council’s consideration of the Appointments Board recommendations, candidates will be informed of the outcome and the successful candidates will be onboarded and undertake a comprehensive induction programme approved by the Appointments Board.

**Midwifery implications:**

- 23 18 midwives and seven dual registered candidates applied for the role. Eight midwives and two dual registered registrants are recommended for appointment as Panel Members.

**Public protection implications:**

- 24 Panel Members are required to make decisions at fitness to practise events that protect the public. Panel Members also hear registration appeals to ensure people are correctly admitted to the register and therefore eligible to provide nursing and midwifery care to the public. Legal Assessors advise Panel Members on the law and applying NMC guidance when making their decisions to protect the public and uphold the public interest. We must have Panel Members and Legal Assessors who are efficient, engaged, technically proficient, empathetic in their approach, reflect the diversity of the communities we serve and are fit for the future.
- 25 The decisions of our Panel Members have significant and lasting impacts on those we regulate and members of the public who are a

party to our proceedings. We also recognise the significant impact which Panel Members have on the perception of the NMC and public confidence in what we do.

**Resource implications:**

26 No direct resource implications. The costs for Panel Member and Legal Assessor recruitment campaigns and administration of Panel Member appointments are included in existing budgets. An external selection partner was procured to deliver this campaign.

**Equality diversity and inclusion implications:**

27 We set out to appoint Panel Members who are reflective of the diversity of the UK population for Lay Members and the diversity of the register for Registrant Members, and Legal Assessors who are reflective of the diversity of the UK population.

28 The publicity campaign for the recruitment process was designed to engage with a more diverse range of applicants. We advertised the role across a broad range of media outlets to attract applicants from different backgrounds including national newspapers (online), regional publications in Scotland, Northern Ireland and Wales and trade press.

29 21 percent (13/63) of lay Panel Members recommended for appointment are from an ethnic minority background. This is in comparison to 18 per cent of the UK population (UK Census, 2021).

30 14 percent (9/66) of registrant Panel Members recommended for appointment are from an ethnic minority background. This is in comparison to 27 per cent of our register.

31 21 percent (7/33) Legal Assessors recommended for appointment are from ethnic minority backgrounds. This is in comparison to 18 percent of the UK population (UK Census, 2021).

32 Following this appointment process, the registrant Panel Member pool will remain at 14 percent of registrant Panel members who are from an ethnic minority background. We are disappointed not to have made any incremental gains towards our objective of reflective the ethnic diversity of the Register. However, we have achieved a one percent increase in ethnic diversity in the lay Panel Member pool and a 4 percent increase in the Legal Assessor pool.

33 As part of our review of this selection campaign, we will be working to understand how we can continue to diversify our Panel pool, and particularly our Registrant Panel Member pool through future campaigns.

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34 8 percent of registrant candidates, 10 percent of lay candidates, and 9 percent of Legal Assessor candidates recommended for appointment identified as having a disability.

35 8 percent of registrant candidates, 11 percent of lay candidates, and 3 percent of Legal Assessor candidates recommended for appointment described their sexual orientation as gay, lesbian, bisexual or other.

36 89 percent of registrant candidates, 59 percent of lay candidates, and 70 percent of Legal Assessor candidates recommended for appointment are female.

37 26 percent of registrant candidates, 13 percent of lay candidates, and 36 percent of Legal Assessors recommended for appointment are under 45.

**Stakeholder engagement:**

38 In order to ensure our recruitment campaign met the aim of increasing diversity, we engaged with a wide variety of relevant professional networks and interest groups to ensure wide exposure among diverse communities

**Risk implications:**

39 We have appointed sufficient Panel Members and Legal Assessors to deliver planned operational activity mitigating the operational risk that we will not have sufficient Panel Members and Legal Assessors to sit on planned hearings.

40 Failure to appoint sufficient Panel Members will prevent the NMC from sustaining current and future hearings activity which is increasing to meet our top organisational priority to reduce swiftly and safely the number of fitness to practise cases we have open. The recommendations in this paper mitigates that risk.

**Regulatory reform:**

41 We are involved in discussions about the Regulatory Reform changes with the Regulatory Reform team and how these may impact on Panel Members and Legal Assessors in the future.

**Legal implications:**

42 Rule 6(1) of the Nursing and Midwifery Council (Practice Committees) (Constitution) Rules 2008 provides that the members of each Practice Committee shall be appointed by the Council. Rule 6(7) provides that a person appointed as a member of a Practice Committee may be reappointed for a second term. Under Rule 6(8), no person may serve more than two terms of appointment as a member of a Practice Committee.

- 43 Rule 9 of the Nursing and Midwifery Council (Practice Committees) (Constitution) Rules 2008 sets out the circumstances in which a Panel Member shall be removed from office by the Council. These circumstances include where a Panel Member resigns, which a panel member may do at any time.
- 44 Under our legislation whilst Council must appoint Legal Assessors, there is no requirement for Council to take any action if a Legal Assessor resigns that appointment. Once the Legal Assessor has resigned, their name can be taken off the list by the Executive and there is no need for a Council decision.
- 45 The Council must appoint enough suitably skilled Panel Members and qualified Legal Assessors to enable the Practice Committees to expeditiously perform the functions set out in the NMC Order 2001. Panel Members and Legal Assessors must be appointed in accordance with the eligibility criteria as set out in the NMC (Practice Committees) (Constitution) Rules 2008 and the NMC Order 2001 respectively.

**Registrant Panel Members**

	<b>Name</b>	<b>Committee</b>	<b>Term Start</b>	<b>End of term</b>
1.	Alice Bradshaw	Fitness to Practise	23/11/2023	22/11/2027
2.	Alison Thomson	Fitness to Practise	23/11/2023	22/11/2027
3.	Anna-Marie Madeley	Fitness to Practise	23/11/2023	22/11/2027
4.	Anne Considine	Fitness to Practise	23/11/2023	22/11/2027
5.	Anne Murray	Fitness to Practise	23/11/2023	22/11/2027
6.	Anne Rachael Browning	Fitness to Practise	23/11/2023	22/11/2027
7.	Anne Sharpe	Fitness to Practise	23/11/2023	22/11/2027
8.	Carole McCann	Fitness to Practise	23/11/2023	22/11/2027
9.	Catherine Lund	Investigating Committee	23/11/2023	22/11/2027
10.	Catherine McCarthy	Fitness to Practise	23/11/2023	22/11/2027
11.	Catrin Macey	Fitness to Practise	23/11/2023	22/11/2027
12.	Charlotte Cooley	Fitness to Practise	23/11/2023	22/11/2027
13.	Cherry Brennan	Investigating Committee	23/11/2023	22/11/2027
14.	Claire Martin	Fitness to Practise	23/11/2023	22/11/2027
15.	Cora Presley	Fitness to Practise	23/11/2023	22/11/2027
16.	Dalvir Kandola	Fitness to Practise	23/11/2023	22/11/2027
17.	David Harling	Fitness to Practise	23/11/2023	22/11/2027
18.	Deepa Leelamany	Fitness to Practise	23/11/2023	22/11/2027
19.	Elaine Bowden	Fitness to Practise	23/11/2023	22/11/2027
20.	Elisabeth Fairbairn	Fitness to Practise	23/11/2023	22/11/2027
21.	Elizabeth Coles	Fitness to Practise	23/11/2023	22/11/2027
22.	Georgia Kontosorou	Investigating Committee	23/11/2023	22/11/2027
23.	Gillian Tate	Fitness to Practise	23/11/2023	22/11/2027
24.	Helen Reddy	Fitness to Practise	23/11/2023	22/11/2027
25.	Jane Colbourne	Fitness to Practise	23/11/2023	22/11/2027
26.	Jane Lewry	Fitness to Practise	23/11/2023	22/11/2027
27.	Janet Williams	Fitness to Practise	23/11/2023	22/11/2027
28.	Jason Flannigan-Salmon	Fitness to Practise	23/11/2023	22/11/2027
29.	Jessica Read	Investigating Committee	23/11/2023	22/11/2027
30.	Joanna Harris	Fitness to Practise	23/11/2023	22/11/2027
31.	Judith Shevlin	Investigating Committee	23/11/2023	22/11/2027
32.	Karen McCutcheon	Investigating Committee	23/11/2023	22/11/2027
33.	Kate Jones	Fitness to Practise	23/11/2023	22/11/2027
34.	Kathryn Evans	Investigating Committee	23/11/2023	22/11/2027
35.	Katrina Maclaine	Fitness to Practise	23/11/2023	22/11/2027
36.	Leanne Evans	Fitness to Practise	23/11/2023	22/11/2027
37.	Liane Powell	Investigating Committee	23/11/2023	22/11/2027
38.	Linda Holloway	Fitness to Practise	23/11/2023	22/11/2027

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39.	Lisa Holcroft	Fitness to Practise	23/11/2023	22/11/2027
40.	Mandy Tyson	Fitness to Practise	23/11/2023	22/11/2027
41.	Marianne Scott	Fitness to Practise	23/11/2023	22/11/2027
42.	Mark Dinwiddy	Fitness to Practise	23/11/2023	22/11/2027
43.	Michelle Mello	Investigating Committee	23/11/2023	22/11/2027
44.	Naomi Assame	Fitness to Practise	23/11/2023	22/11/2027
45.	Naomi Smith	Investigating Committee	23/11/2023	22/11/2027
46.	Nicola Harvey	Investigating Committee	23/11/2023	22/11/2027
47.	Patricia Ford	Fitness to Practise	23/11/2023	22/11/2027
48.	Purushotham Kamath	Fitness to Practise	23/11/2023	22/11/2027
49.	Rhiannon Eley	Fitness to Practise	23/11/2023	22/11/2027
50.	Richard Luck	Fitness to Practise	23/11/2023	22/11/2027
51.	Sally Thomas	Fitness to Practise	23/11/2023	22/11/2027
52.	Sara Morgan	Fitness to Practise	23/11/2023	22/11/2027
53.	Sarah Jane Freeman	Fitness to Practise	23/11/2023	22/11/2027
54.	Sharon Aldridge-Bent	Fitness to Practise	23/11/2023	22/11/2027
55.	Sharon Haggerty	Fitness to Practise	23/11/2023	22/11/2027
56.	Simone Thorn Heathcock	Fitness to Practise	23/11/2023	22/11/2027
57.	Siobhan Ebden	Investigating Committee	23/11/2023	22/11/2027
58.	Sukhdeep Rayt	Fitness to Practise	23/11/2023	22/11/2027
59.	Suzie Adam	Investigating Committee	23/11/2023	22/11/2027
60.	Timothy John Kemp	Fitness to Practise	23/11/2023	22/11/2027
61.	Vanessa Bailey	Fitness to Practise	23/11/2023	22/11/2027
62.	Vikki Coleman	Fitness to Practise	23/11/2023	22/11/2027
63.	Vikki Crickmore	Investigating Committee	23/11/2023	22/11/2027
64.	Vivienne Cooper-Thorne	Fitness to Practise	23/11/2023	22/11/2027
65.	Vivienne Stimpson (Evans)	Fitness to Practise	23/11/2023	22/11/2027
66.	Wendy Burton	Fitness to Practise	23/11/2023	22/11/2027



## Lay Panel Members

	<b>Name</b>	<b>Committee</b>	<b>Term Start</b>	<b>End of term</b>
1.	Alison James	Fitness to Practise	23/11/2023	22/11/2027
2.	Alison McVitty	Fitness to Practise	23/11/2023	22/11/2027
3.	Alyson Young	Fitness to Practise	23/11/2023	22/11/2027
4.	Amy Barron	Investigating Committee	23/11/2023	22/11/2027
5.	Angela Kell	Fitness to Practise	23/11/2023	22/11/2027
6.	Anjana Varshani	Fitness to Practise	23/11/2023	22/11/2027
7.	Beverley Blythe	Fitness to Practise	23/11/2023	22/11/2027
8.	Callum Lamont	Fitness to Practise	23/11/2023	22/11/2027
9.	Caroline Browne	Investigating Committee	23/11/2023	22/11/2027
10.	Carolyn Oakley	Fitness to Practise	23/11/2023	22/11/2027
11.	Carson Black	Fitness to Practise	23/11/2023	22/11/2027
12.	Chantelle Whitehead	Fitness to Practise	23/11/2023	22/11/2027
13.	Danielle Sherman	Fitness to Practise	23/11/2023	22/11/2027
14.	David Lennox	Investigating Committee	23/11/2023	22/11/2027
15.	David Raff	Fitness to Practise	23/11/2023	22/11/2027
16.	Dora Waitt	Fitness to Practise	23/11/2023	22/11/2027
17.	Elaine Weinbren	Investigating Committee	23/11/2023	22/11/2027
18.	Emma Louise Moir	Fitness to Practise	23/11/2023	22/11/2027
19.	Farrah Pradhan	Fitness to Practise	23/11/2023	22/11/2027
20.	Gill Edelman	Fitness to Practise	23/11/2023	22/11/2027
21.	Hazel Wilford	Investigating Committee	23/11/2023	22/11/2027
22.	Howard Millington	Investigating Committee	23/11/2023	22/11/2027
23.	Ian Hanson	Investigating Committee	23/11/2023	22/11/2027
24.	James Carr	Fitness to Practise	23/11/2023	22/11/2027
25.	Jane Dalton	Fitness to Practise	23/11/2023	22/11/2027
26.	Jane Malcolm	Fitness to Practise	23/11/2023	22/11/2027
27.	Joanna Bower	Fitness to Practise	23/11/2023	22/11/2027
28.	Joanne Morgan	Fitness to Practise	23/11/2023	22/11/2027
29.	Joanne Smith	Fitness to Practise	23/11/2023	22/11/2027
30.	Joanne Stewart	Fitness to Practise	23/11/2023	22/11/2027
31.	John Anderson	Investigating Committee	23/11/2023	22/11/2027
32.	John Marley	Fitness to Practise	23/11/2023	22/11/2027
33.	Julia Cutforth	Fitness to Practise	23/11/2023	22/11/2027
34.	Julian Graville	Investigating Committee	23/11/2023	22/11/2027
35.	Kamaljit Sandhu	Fitness to Practise	23/11/2023	22/11/2027
36.	Karen Naya	Fitness to Practise	23/11/2023	22/11/2027
37.	Kiran Bali	Fitness to Practise	23/11/2023	22/11/2027
38.	Kiran Musgrave	Fitness to Practise	23/11/2023	22/11/2027
39.	Kitty Grant	Fitness to Practise	23/11/2023	22/11/2027
40.	Linda Hawkins	Investigating Committee	23/11/2023	22/11/2027



41.	Lynne Vernon	Fitness to Practise	23/11/2023	22/11/2027
42.	Mandy Kilpatrick	Investigating Committee	23/11/2023	22/11/2027
43.	Margaret Jolley	Fitness to Practise	23/11/2023	22/11/2027
44.	Margaret Stoddart	Fitness to Practise	23/11/2023	22/11/2027
45.	Michaela Higgins	Fitness to Practise	23/11/2023	22/11/2027
46.	Mitchell Parker	Fitness to Practise	23/11/2023	22/11/2027
47.	Neil Slater	Investigating Committee	23/11/2023	22/11/2027
48.	Niall McDermott	Investigating Committee	23/11/2023	22/11/2027
49.	Nilla Varsani	Fitness to Practise	23/11/2023	22/11/2027
50.	Oluremi Alabi	Fitness to Practise	23/11/2023	22/11/2027
51.	Oluseye (Reni) Aina	Investigating Committee	23/11/2023	22/11/2027
52.	Paul Hepworth	Fitness to Practise	23/11/2023	22/11/2027
53.	Paula Charlesworth	Fitness to Practise	23/11/2023	22/11/2027
54.	Philippa Hardwick	Fitness to Practise	23/11/2023	22/11/2027
55.	Ray Salmon	Fitness to Practise	23/11/2023	22/11/2027
56.	Robert Marshall	Fitness to Practise	23/11/2023	22/11/2027
57.	Rohan Sivanandan	Investigating Committee	23/11/2023	22/11/2027
58.	Sabrina Sheikh	Fitness to Practise	23/11/2023	22/11/2027
59.	Saiqa Shaffi	Fitness to Practise	23/11/2023	22/11/2027
60.	Stephanie Hayle	Investigating Committee	23/11/2023	22/11/2027
61.	Tim Ward	Fitness to Practise	23/11/2023	22/11/2027
62.	Tom Manson	Investigating Committee	23/11/2023	22/11/2027
63.	Tommy McIlravey	Fitness to Practise	23/11/2023	22/11/2027

**Legal Assessors - recommendations for appointment**

	<b>Name</b>	<b>Term Start</b>	<b>End of term</b>
1.	Abigail Stamp	23/11/2023	22/11/2026
2.	Alice Robertson Rickard	23/11/2023	22/11/2026
3.	Andrew Anthony	23/11/2023	22/11/2026
4.	Andrew Gibson	23/11/2023	22/11/2026
5.	Ashraf Khan	23/11/2023	22/11/2026
6.	Charlene Bernard	23/11/2023	22/11/2026
7.	Charlotte Mitchell-Dunn	23/11/2023	22/11/2026
8.	Conor Michael Heaney	23/11/2023	22/11/2026
9.	Darren Deery	23/11/2023	22/11/2026
10.	Elisa Hopley	23/11/2023	22/11/2026
11.	Emma Boothroyd	23/11/2023	22/11/2026
12.	Gaon Hart	23/11/2023	22/11/2026
13.	Georgina Goring	23/11/2023	22/11/2026
14.	Giovanna Palmiero	23/11/2023	22/11/2026
15.	Ini Udom	23/11/2023	22/11/2026
16.	Jane Kilgannon	23/11/2023	22/11/2026
17.	Janette Brewer	23/11/2023	22/11/2026
18.	Jayne Elizabeth Wheat	23/11/2023	22/11/2026
19.	Joseph Magee	23/11/2023	22/11/2026
20.	Lizzy Acker	23/11/2023	22/11/2026
21.	Maeve Holland	23/11/2023	22/11/2026
22.	Melissa Harrison	23/11/2023	22/11/2026
23.	Natalie Amey-Smith	23/11/2023	22/11/2026
24.	Natalie Byrne	23/11/2023	22/11/2026
25.	Neil Fielding	23/11/2023	22/11/2026
26.	Nicholas Baldock	23/11/2023	22/11/2026
27.	Purnima Uppal	23/11/2023	22/11/2026
28.	Ruth Mann	23/11/2023	22/11/2026
29.	Sarah Berry	23/11/2023	22/11/2026
30.	Sarah Jack	23/11/2023	22/11/2026
31.	Sharmistha Michaels	23/11/2023	22/11/2026
32.	Tamara Pawson	23/11/2023	22/11/2026
33.	Valerie Paterson	23/11/2023	22/11/2026

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## Panel Member reappointment and Panel Member and Legal Assessor removals

### Panel Member reappointment

**Table 1**

Table 1 below lists the Panel recommended for reappointment for a second four-year term from 29 January 2024 - 28 January 2028.

	<b>Full name</b>	<b>Panel</b>	<b>Start of first term of appointment</b>	<b>End of first term of appointment</b>	<b>Peer review overall result</b>	<b>Quality decision making (DRG, PSA, HC)</b>	<b>Concerns</b>	<b>Training</b>
1	Sally Pezaro	Investigating Committee	29/01/2020	28/01/2024	Complete - no concerns	0	0	100% Complete

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## Panel Member Performance Monitoring Framework Benchmarks\*

	Peer Review (12 month rolling period)	Quality Decision Making (12 month rolling period)	Concerns (12 month rolling period)	Training (12 month rolling period)
Performance is below expectations	Areas of concern identified in feedback are not addressed within 12 months	7+	6+	Panel member has not completed all required training
Performance meets expectations	Areas of concern are addressed within 12 months	4-6	1-5	Panel member has completed all required training/but one or more not completed within deadline
Performance exceeds expectations	No areas of concern identified in peer feedback	0 - 3	0	Panel Member has completed all required training on or before the deadline date

\* Performance is considered in the round and no single indicator will be used in isolation to make an assessment on individual performance.

\* Behavioural and competency issues and concerns will be addressed by the panel support team and the standards of behaviours and competencies are set out in the Panel Member role description and Code of Conduct. Concerns which are marked against the above performance framework will be upheld concerns following an investigation in relation to serious breaches or a more minor but persistent breach. What constitutes a major or minor breach is at the discretion of the panel support team. Positive feedback on performance will also be captured and shared with Panel Members.

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## Panel Member removal

**Table 2**

Table 2 below lists the Panel Member who has resigned and should be removed from the Fitness to Practise Committee.

	<b>Name</b>	<b>Date resignation effective from</b>	<b>Practice Committee</b>
1	Sadia Zouq	06/08/2023	Fitness to Practise Committee

## Legal Assessor removals

**Table 3**

Table 3 below lists the Legal Assessors to be removed from the approved list of Legal Assessors.

	<b>Name</b>	<b>Date resignation effective from</b>
1	Jonathan Whitfield	04/09/2023
2	Michael Epstein	04/09/2023
3	Neil Mercer	04/09/2023

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## Council

### Removal of an Assistant Registrar

**Action:** For decision

**Issue:** Removal of an additional Assistant Registrar following the end of a colleague's secondment in a relevant role.

**Core regulatory function:** Professional Regulation

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

**Decision required:** The Council is recommended to rescind the appointment of the colleague named in paragraph 7 of this paper as an Assistant Registrar, as their secondment in a relevant role has ceased and they are no longer required to act on behalf of the Registrar, in accordance with Article 4 of the Nursing and Midwifery Order 2001 and the Standing Orders (paragraph 11).

**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 Executive Director named below.

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**Context:**

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

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

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

**"6.6 Deputy and Assistant Registrars**

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

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

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

3 This paper asks the Council to rescind the appointment of an Assistant Registrar following the end of a planned secondment. This is a routine administrative process and there are no other factors to consider.

**Four country factors:**

4 This applies to our regulatory work in all four countries.

**Discussion and options appraisal:**

5 In May 2021, the Council approved the appointment of a number of Assistant Registrars in the Quality of Decision Making (QDM) team to facilitate decision making for reviews of various elements of the Fitness to Practise process.

6 One of the Case Assessors that was appointed as an Assistant Registrar in May 2021 has since come to the end of their secondment. They have moved back to their substantive role where they are not required to make decisions on behalf of the Registrar.

7 The Council is asked to rescind the appointment of the following colleague as Assistant Registrar:

7.1 Ximena Hayes, CPP Case Manager

**8 Recommendation: The Council is recommended to rescind the appointment of the colleague named in paragraph 7 of this paper as an Assistant Registrar, as their secondment in a relevant role has ceased and they are no longer required to act on behalf of the Registrar, in accordance with Article 4 of the Nursing and Midwifery Order 2001 and the Standing Orders.**

**Midwifery implications:** 9 These proposals apply equally to decisions relating to midwifery.

**Public protection implications:** 10 None.

**Resource implications:** 11 None.

**Equality diversity and inclusion implications:** 12 None. This paper relates to the end of a secondment for a single individual and there are no associated EDI implications with this process.

**Stakeholder engagement:** 13 None.

**Risk implications:** 14 Leaving a colleague with Assistant Registrar powers in a role that does not require them could lead to confusion or the inadvertent use of those powers.

**Regulatory reform:** 15 None.

**Legal implications:** 16 None. The General Counsel team have advised on the removal process for an Assistant Registrar. Article 4(5) of the Order states that, where the Council appoints an assistant Registrar (AR) and that AR is authorised by the Registrar to act for them in any matter, references to the Registrar in the Order are to include references to an AR. Therefore, the provisions in the Order that apply to the Registrar will also apply to an AR.

17 Article 4(1) of the Order states that the Council is to appoint a Registrar (as set out above this would include any AR) to hold office “for such period and on such terms as the Council may determine”. The Council is therefore given broad discretion as to the terms of the appointment of an AR.



## Council

### Appointments Board report

**Action:** For noting.

**Issue:** Report to the Council on the work of the Appointments Board.

**Core regulatory function:** Supporting functions.

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

**Decision required:** None.

**Annexes:** None.

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

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Chair of Appointments Board:  
Jane Slatter

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- Context:**
- 1 Reports on the Appointments Board meeting on 18 October 2023.
  - 2 The Appointment Board's remit is to assist the Council in connection with the exercise of any function or process relating to the appointment, training and performance of Panel Members, Registration Appeal Panel Members and Legal Assessors.

- Four country factors:**
- 3 The Board is mindful that the NMC is a four country regulator and seeks to reflect this in its programme of work.
  - 4 The recent selection process for new Panel Members and Legal Assessors was open to applicants from all four UK countries.

**Discussion: Board membership**

- 5 The Board's membership is made up entirely of non-Council (partner) members to ensure an appropriate separation of the Board's work from that of the Council.
- 6 The membership of the Board is at full complement but four members' final terms end at various points in 2024, including the Chair.
- 7 Following an open and competitive recruitment process, the Board was pleased to welcome Yasmin Ullah as a designate member of the Board. Yasmin will be observing two scheduled meetings of the Board as part of her induction before taking up her formal appointment from 1 March 2024.
- 8 An open and competitive selection process will begin in the New Year to select a new Chair and two new members of the Board.

**Integration with the wider work of Council**

- 9 The Board remains committed to ensuring that its work is aligned with the Council's strategic aims, including the corporate priority to reduce swiftly and safely the number of fitness to practise cases we have open.
- 10 The Board continues to receive updates on organisational developments, including the organisation's response to the whistleblowing concerns raised in *The Independent* online newspaper.

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- 11 The Board will be informed of the findings of the investigations being carried out by Ijeoma Omambala KC over the coming months – particularly the investigation into the fitness to practise cases highlighted in those concerns. The Board is mindful that there may be recommendations arising from the reviews which will be relevant to Board’s remit. These may impact on Panel Member training and the Board’s plan for delivering high quality panel members.
- 12 The Board also received an update on the indicative timetable and preparation for Regulatory Reform.

**Plan for developing high quality panels**

- 13 The Board considered an initial draft of a new three year plan for delivering high quality Panel Members. The Board provided feedback which will inform the development of the plan before it is brought back to the Board for approval in February 2024.
- 14 The Board has an existing plan, agreed in December 2019, for delivering high quality panels which it continues to work to.

**Panel Member and Legal Assessor appointments 2023**

- 15 The Board has overseen an open and competitive combined selection process in 2023 for a new cohort of Panel Members and Legal Assessors to join the existing pools. The outcomes of the process were the major focus of the Board’s meeting on 18 October. Further assurance was sought by the Board and considered at an additional meeting on 7 November 2023.
- 16 The Board’s recommendations for appointment are the subject of a separate paper on the Council’s agenda. The Board will consider a full review of the selection process at its meeting in February 2024. Learning will be incorporated into the approach taken to future selection exercises.

**Panel Member and Legal Assessor Reappointments and Resignations**

- 17 The Board agreed recommendations to the Council on the reappointment of a Panel Member for a second term and the removal of a Panel Member who had resigned. The recommendations are the subject of a separate paper on the Council’s agenda. The Board also agreed to notify Council of the resignation of some Legal Assessors.

## Induction and training

- 18 The Board is mindful of the importance of effective training for all Panel Chairs and Members to ensure they have the knowledge and skills to make robust, consistent and proportionate decisions which protect the public and maintain confidence in the nursing and midwifery professions. The Board is committed to ensuring that this encompasses the NMC's values and behaviours and reflects the organisation's commitment to tackling discrimination and inequality and to promoting diversity and inclusion.
- 19 The Board considered an evaluation of the 2023 annual refresher training programme for Panel Members. The Board was pleased to note that 98 percent of Panel Members had completed the training and feedback was generally positive. Those Panel Members who had not yet completed the training will not be assigned to hearings until they have completed the training.
- 20 The Board approved the Panel Member training programme for 2024. The training will cover a range of themes including 'High quality decision-making and reasoning' with a specific focus on cases involving discrimination and sexual misconduct.

## Panel Member and Legal Assessor Service Agreements

- 21 The Board received an update on the review of Panel Member and Legal Assessor Services Agreements and our ongoing relationships with Panel Members and Legal Assessors. The Board is mindful of the need for clear communication and engagement with Panel Members and Legal Assessors before implementing any changes. Draft agreements and supporting policies will be considered at the Board's next meeting.

### Midwifery implications

- 22 The Panel Member pool includes registered midwives. The Board is mindful of the need to maintain sufficient numbers of midwife Panel Members to allow cases to be heard in a timely manner.

### Public protection implications:

- 23 Implementation of the three year plan for delivering high quality Panel Members aims to ensure that Panel Members make high quality decisions that protect the public and maintain public confidence in the NMC.

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**Resource implications:** 24 Panel Members are required to make decisions that protect the public. The Board must ensure that we have sufficient Panel Chairs and Members to undertake planned hearings activity.

**Equality and diversity implications:** 25 The current plan for delivering high quality Panel Members includes the following objectives in relation to equality, diversity and inclusion:

25.1 Ensuring the membership of the practice committees reflects the professions we regulate and the wider UK population.

25.2 Ensuring Panel Members are equipped with the necessary knowledge and training to ensure equality, diversity and inclusion matters are understood, supported and well managed.

**Stakeholder engagement:** 26 None arising directly from this paper.

**Risk implications:** 27 If we do not have high quality panels there is a risk that panels will not make decisions which protect the public and maintain public confidence in the effective regulation of the NMC. The Board has approved a plan for delivering high quality panels which mitigates this risk.

**Regulatory reform** 28 The Board continues to be sighted on developments in relation to Regulatory Reform, receiving an update from the Assistant Director, Regulatory Reform.

**Legal implications:** 29 None.

## Council

### Audit Committee Report

**Action:** For information.

**Issue:** Reports on the work of the Audit Committee.

**Core regulatory function:** Supporting functions.

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

**Decision required:** None.

**Annexes:** None.

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

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Chair: Derek Pretty

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**Context:** 1 Reports on the last meeting of the Audit Committee held on 1 November 2023.

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

**Discussion: Developing the NMC’s Corporate Learning Approach and Serious Event Review policy**

- 3 The Committee received an update on the work to develop the NMC’s approach to Corporate Learning and the Serious Event Review policy.
- 4 Although progress has been made – for instance with the implementation of a new incident database – progress overall is not where the Committee had expected by this point in time. Whilst the Committee has confidence that serious incidents (such as the fraudulent activity at one of the NMC’s third-party computer-based test centers in Ibadan, Nigeria) are managed effectively, further work needs to be done to:
  - 4.1 ensure colleagues are supported to agree and implement targeted actions in response to incidents;
  - 4.2 develop a strong learning culture in which there is strong awareness and understanding of incident reporting, the policies that enable it and the benefits of a learning approach to incidents.
- 5 Although delayed, the Committee is pleased that a refreshed Serious Event Process is due to be launched in the new financial year.
- 6 The Executive recognises the importance of progressing this work, and the Committee was grateful for the open and productive discussion. The Committee and Executive are in agreement that significant progress will be made ahead of the Committee’s next meeting in February 2024.

**Internal Audit work plan 2023-2024**

- 7 The Committee reviewed progress against the Internal Audit work plan 2023-2024. The Committee considered three internal audit reports:
- 8 **Coding and reference data – approved education institutions** which had received an opinion of partial assurance. The purpose of the audit was to identify how the NMC had learnt from identified coding and reference data issues and how the current process had been updated to prevent issues recurring. The report noted that plans had been in put in place to address the issue and avoid a recurrence. Further mitigating actions had been identified by the

report, as well as wider learning for the NMC's SER process, which will be taken forward by the Executive.

- 9 **General Data Protection Regulation - Risk maturity review.** This was a review of compliance with set down procedures rather than providing a specific opinion. The audit noted that the NMC had the foundations for an effective governance and accountability framework to manage its data protection risks and controls. The audit had identified some areas where controls require improvement, which will be taken forward by the Executive.
- 10 **Financial Management** The purpose of this review was to assess whether the NMC had robust financial management processes in place and ensured spend is focused on the right areas to achieve intended impact. The Committee is pleased to report that the audit produced an opinion of substantial assurance.
- 11 The Committee continues to monitor progress on clearing Internal Audit recommendations. The Committee was pleased to note that all actions that were due to be completed, had been completed.
- 12 The Committee reviewed upcoming audit reports and agreed that two new audits would be introduced to the programme: an audit on overseas registration (fraud) and an audit of SERs; both would report to the Committee in February 2024. To allow for these additional audits, the audits of "New panel members – recruitment and EDI arrangements" and "Strategy – Process check" would be moved to the 2024-2025 programme. Whilst it was agreed that these audits were important, the Committee agreed that the audits on overseas registration and SERs took priority.

### **Comprehensive Assurance Review of People Services**

- 13 The Committee received a presentation on risks, mitigations and sources of assurance in relation to People Services. The review provided an overview of how key risks were being managed and mitigated, primarily through the implementation of the People Plan.
- 14 The Committee fully supports the work being implemented through the People Plan, which will help to strengthen the organisation and mitigate key risks. It is particularly pleased to note the progress being made through Ambitious Appraisals and Management Essentials. It also recognises that the People Plan is still in relatively early stages of delivery and there is still much to do, especially in terms of EDI and maturing key People Services processes.

### **Whistleblowing, anti-fraud, bribery and corruption**

- 15 The Committee noted that no new instances of fraud, bribery or corruption had been detected since the last meeting and that there had been no reported incidents of offences under the Modern Slavery Act 2015 in the NMC's supply chain.



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- 16 The Committee received an update on the two whistleblowing cases that had been reported at its previous meeting.
- 16.1 In relation to the first case, after a thorough investigation it had been concluded there were no whistleblowing concerns within the issues raised. The issues were therefore considered through the NMC’s grievance processes. The Secretary to the Council had kept the Committee informed throughout the investigations.
- 16.2 The second case concerns the whistleblowing issues reported to the PSA, Charity Commission, Human Rights Commission and The Independent. The Committee received an update on how the investigations were being handled – this reflected the update provided to Council on 31 October 2023. The Committee is content with how the investigations are being handled, and is committed to ensuring any learning for the NMC’s whistleblowing policy and process will be embedded effectively.
- 17 The Committee received an update on how the NMC planned to identify and embed learning from:
- 17.1 The fraudulent activity at one of its third-party computer-based test centres in Ibadan, Nigeria.
- 17.2 the issues at Canterbury Christ Church University relating to their nursing and midwifery programmes.
- 18 The Committee is content with how the NMC is undertaking this work and will consider a lessons learnt report on both issues in early 2024.

**External assurance reports**

- 19 The Committee considered an update on how actions identified by two external assurance reports were being implemented.
- a) Kinetic review: Kinetic had undertaken a review of Adjudications and Case Preparation and Preparation with the aim of increasing efficiency and effectiveness. The Committee was pleased that a number of the issues identified by the Kinetic review had already been implemented and that the NMC was starting to see the impact of this. Other actions were being addressed through a holistic Fitness to Practise Improvement Plan, which would incorporate recommendations from other work, and would be considered by Council.
- b) Bip (previously Chaucer): Bip (previously Chaucer) completed a review of our Modernisation of Technology Services (MoTS) programme in April 2023. The Committee is pleased that progress has been made on implementing all critical and essential actions from that review, resulting in an upgrade of the delivery

confidence assessment from 'Amber' to 'Amber/Green'. The Committee will receive further updates on this work.

### Annual review of accounting policies

- 20 The Committee considered and agreed the accounting policies for 2023-2024. No adjustments were required, as the policies set out in the audited accounts for 2022-2023 remained relevant.

### Review of Financial regulations

- 21 Ahead of review by Council in January 2024, the Committee reviewed the NMC's Financial Regulations. These are reviewed every three years to ensure they remain appropriate to the nature of the NMC's operations. The Committee agrees with the Executive's proposed amendments which will be considered by Council in January 2024.

### Single tender actions

- 22 The Committee considered a report on single tender actions (STAs) and the STAs actions log for the period 1 April 2023 to 30 September 2023. The Committee noted that there had been six STAs during that period, which was higher than in previous years. The Executive provided a number of potential factors in the increase and at this stage the Committee is not concerned by the increase in numbers.

**Midwifery implications:** 23 No midwifery implications arising directly from this report.

**Public protection implications:** 24 It is important that any lessons that need to be learnt from serious incidents are embedded effectively.

**Resource implications:** 25 No resource implications arising directly from this report.

**Equality and diversity implications:** 26 None.

**Stakeholder engagement:** 27 None.

**Risk implications:** 28 No risk implications arising directly from this report.

**Legal implications:**

29 None identified.

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## Council

### Investment Committee Report

**Action:** For noting.

**Issue:** Reports on the work of the Investment Committee.

**Core regulatory function:** Supporting functions

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

**Decision required:** Council is recommended to approve the amend to the Investment Policy (annexe 1) to allow investment in money market funds and to approve the proposed emergency protocol (annexe 2)

**Annexes:** The following annexes are attached:

- Annexe 1: Investment Policy with proposed amends
- Annexe 2: Investment Committee Emergency protocol

**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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Chair: Derek Pretty

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- Context:**
- 1 Reports on the last meeting of the Investment Committee held on 24 October 2023. Key issues considered by the Committee included:
    - 1.1 Performance of the Investment Portfolio;
    - 1.2 The Committee’s recommendations to amend the risk register.
    - 1.3 The proposed amendment to the investment policy to enable the NMC to hold short term investments in money market funds. Subject to Council’s approval of the proposed amendment, the Committee’s decision to hold £7 million of cash deposits in a money market fund;
    - 1.4 Their discussion of the updated charity commission guidance and the review of ethical investment mechanisms
    - 1.5 The proposed emergency event protocol for ratification by Council.

**Four country factors:** 2 Not applicable for this paper.

**Discussion: Performance of the Investment Portfolio**

- 3 The Committee reviewed and discussed the performance of the Investment Portfolio with our Investment Managers, Sarasin. The long-term objective for the fund is a return of UK Consumer Price Index (CPI) plus 3 percent per annum over rolling five-year periods.
- 4 It continues to be a challenging period for investments in the stock market. Although inflation rates have lowered, they are still considerably higher than when the fund was first established and there continues to be considerable geopolitical instability; all of which have contributed to volatility in the market. Against this backdrop the portfolio’s return is still disappointing: in the last 12 months the portfolio had produced a return of 5.5 percent against a long-term objective of 9.9 percent and a composite benchmark return of 9.3 percent.
- 5 The Investment Managers agreed that the performance was disappointing. They noted that some of the underperformance was due to the strong performance of the “magnificent seven” (a set of technology companies that have performed very strongly and accounted for a significant proportion of the markets gains). Some of the magnificent seven were excluded from the NMC’s fund due to environmental, social and governance (ESG) concerns, but they recognised that they should have bought stock in others earlier.

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- 6 Given the fund's underperformance and the challenging economic environment, the Committee sought assurance that the Investment Managers' thematic approach remained an appropriate strategy. The Investment Managers recognised that their strategy had been affected by underperforming stocks but were confident that their thematic approach would lead to long term results: instead of being pulled around by market turbulence they are focused on identifying and buying equities in well run companies that will grow long term in line with the thematic opportunities identified by the Investment Managers. To gain further insight and assurance, it was agreed that a group of Committee members would meet with Sarasin to further explore the performance issues. An additional meeting of the Committee will also be held in January 2024 to scrutinise performance.
- 7 Whilst the current underperformance is concerning, the Committee agrees that holding a long-term fund with Sarasin remains a prudent and appropriate decision. Investing such funds carefully and prudently will help the NMC to keep the registration fee at its current level, which it has maintained since 2015. The fund had been established with a clear understanding that periods of volatility were to be expected and that investments needed to be made over the long-term in order to realise the targeted return. The Committee will continue to carefully monitor and scrutinise the fund's performance and the work of the fund managers, particularly around stock selection and the ability of their thematic approach to respond to economic shifts.

**Risk register**

- 8 The Committee discussed the portion of the corporate risk register relating to the investment risk. It agreed that the current economic volatility and underperformance of the fund should be reflected in the risk register by increasing, from green to amber, the risk that the fund does not reach its targeted total net return of CPI plus 3% over the long-term.

**Updated Charity Commission guidance on responsible investment**

- 9 In August 2023, the Charity Commission published its updated guidance on responsible investment. This followed a consultation in 2021 and a judgement in 2022 from the High Court on a case (Butler-Sloss) brought by two charities seeking clarification on the duties of trustees when making investment decisions.
- 10 The updated guidance confirms that charities are able to exclude specific investments from their portfolio should it not align with their charitable purpose. Where the trustees consider investments potentially conflict with the charitable purpose, they have a discretion whether to exclude such investments. In exercising this discretion they must balance all relevant factors, including the extent of any

potential conflict when weighed against the risk of financial detriment. Financial detriment can include the risk of losing support from donors and damage to trust and confidence in the charity.

- 11 The NMC's General Counsel had reviewed the guidance and was confident that the approach taken by the NMC in relation to its investment policy aligned with the Charity Commission guidance, the findings of the Butler-Sloss judgment that underpins it and the advice received from external counsel in relation to the Butler-Sloss judgment.
- 12 The Committee agrees with this assessment and is confident that there is a strong evidence base that the areas excluded by the NMC's investment policy. The full guidance can be found [here](#) and is also available to Council members on Board Intelligence on the Investment Committee shelf.

### **Review of mechanisms that ensure ethical investment**

- 13 The Committee also considered a review of the mechanisms in place to ensure ethical investment, including consideration of whether the policy is sufficiently clear on its approach to harm to health.
- 14 The Committee agrees with the Executive's view that the policy is sufficiently clear and that the current mechanisms to ensure ethical investment are appropriate; with its mixture of regular review by the Executive, the Committee and Council, along with assessment and screening on ESG factors by the investment managers.
- 15 Ethical investment is an area of considerable importance for the Committee, and the Committee will continue to reflect and challenge itself on its approach.

### **Infant formula milk**

- 16 In recognition of the controversial nature of infant formula milk and its marketing, particularly in low-income countries, the NMC's investment policy excludes all companies that derive significant (more than 5 percent) income from the sale of infant formula milk. To date this has been applied by excluding a list of significant producers of infant formula identified in a United Nations report. Our investment managers have raised the possibility of using more specific screening that is based on an assessment of poor marketing practices. The Executive is undertaking further work on this proposal and the Committee will consider the issue further at its next meeting.

### **Risk assessment of current cash deposits**

- 17 At its meeting in April 2023, the Committee requested that the Executive risk assess current cash holdings. This was not due to any immediate concerns with any of the banks or building societies that

the NMC held cash deposits with – all of which are large, well-established institutions – rather out of prudence and in line with best practice.

18 Having undertaken this review, the Executive and the Committee agreed that the current approach to cash deposits was very low risk and there was no evidence that any of the institutions were at risk of collapse. This was based on Bank of England stress testing and Moody's credit ratings. Nevertheless, the Executive and the Committee agreed that it would be sensible to hold some cash deposits in a money market fund to spread counter-party risk. This is a fund that invests in very low risk investments (i.e. short dated government bonds) and deposits to obtain a return currently in line with what the NMC gets from cash deposits at the moment; similarly they also allow rapid access to the funds without penalty. Sarasin have recommended such a fund for the NMC to use which they would manage on the NMC's behalf.

19 The NMC's investment policy currently only allows short term investments in banks or building societies, as such a minor amendment will need to be made to the policy to allow a holding in the money market fund. The proposed amendment is set out below for consideration by Council. The full policy with the amendment is attached at annexe 1.

*2.2. Manage risk: investments in the form of cash deposits are maintained only in appropriately credit rated banks or building societies regulated by the Prudential Regulation Authority or they may be held in low risk and appropriately rated money market funds. The total placed with any individual bank or building society or money market fund shall not exceed 40% of the funds within the short term portfolio.*

20 Subject to Council's approval of the above amendment, the Committee agreed to transfer £7 million of cash deposits into the money market fund. This £7 million had previously been identified as potentially appropriate for further investment in the long-term fund, however due to current economic conditions, it was agreed that the money market fund would be more appropriate.

### **Independent review of the NMC's investment policy and approach**

21 As the NMC is now more than three years into holding long term investments, it is appropriate to undertake an independent review of our investment policy and management. This will allow the NMC to:

21.1 reflect and identify any learning from holding investments during a time of economic turbulence, particularly around the level of risk the organisation is comfortable with and growth targets;



- 21.2 ensure the approach remains in line with best practice; and
- 21.3 further scrutinise the approach to ethical investments.
- 22 The Committee reflected on initial terms of reference for the review and will consider a further refinement of these at its next meeting.
- 23 The intention will be for the review to take place in summer 2024, so that any learning can be taken into account when the current contract with Sarasin nears the end of its initial five-year period.

### **Proposed emergency event protocol**

- 24 Although there is no evidence or expectation that the stock market will experience a sudden drop in value in the near future, the Committee agreed that it would be prudent to have a clear protocol for dealing with such events. The protocol attached at annexe 2 identifies a process for supporting rapid decision making in such a scenario. The Committee recommends that Council approves the process.

**Midwifery implications:** 25 No direct implications, although the NMC’s exclusion on investing in certain companies involved in infant milk formula reflects concerns regarding the misuse of such products, particularly in low-income countries.

**Public protection implications:** 26 None.

**Resource implications:** 27 No resource implications arising directly from this report. Our long-term investment policy has a target overall rate of return on invested funds of CPI plus 3 percent per annum over rolling five-year periods, net of investment management fees. Moving £7 million of cash deposits into the money market fund will have no bearing on our ability to access the funds, as such funds have similar access conditions as banks and building societies.

**Equality diversity and inclusion implications:** 28 The Committee receives a regular report on how the Investment Managers are ensuring environmental, social and governance issues – including diversity – are a core part of their investment approach.

**Stakeholder engagement:** 29 Not applicable for this paper.

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**Risk implications:** 30 The Committee will continue to discuss and monitor the risks associated with investment as discussed above.

**Regulatory reform:** 31 No issues directly related to regulatory reform.

**Legal implications:** 32 The Committee considered the implications of the updated Charity Commission guidance on responsible investment. The Committee agreed that the NMC’s approach was in line with that guidance.

## **Investment policy**

### **1. Statement of investment principles**

#### **Financial aims and objectives**

- 1.1. Our investment policy follows from our financial strategy and our organisational strategy for 2020-2025. The goals of our financial strategy are to enable the investment we need to deliver our organisational strategy, while also achieving financial sustainability and value for money, for the benefit of registrants and the public, keeping registration fees affordable and stable over time. We will promote trust and confidence in our finances and the value for money we provide through transparency and integrity in our financial conduct.
- 1.2. Our investment policy supports the aim of financial sustainability. We expect that by investing in equities, funds and bonds, we will obtain an above-inflation return over the long term, and thereby avoid or mitigate the need to increase our fees. Therefore we expect that applying part of our cash and reserves in investments will benefit nurses, midwives and nursing associates in the long term.
- 1.3. The overarching objectives for our investments are set out below.

#### **Primary**

- 1.4. **Increase real value:** We aim to achieve long term financial sustainability so that our charitable objects can be delivered indefinitely. The primary objective of our investment policy is, therefore, to generate a total return (i.e. a combination of income and growth, net of fees) of 1% above the rate of inflation on a 5 year rolling basis.
- 1.5. **Liquidity and flexibility:** Being a large organisation with substantial operating costs, it is vital that our investment assets provide diversification, flexibility and liquidity to cater for possible changes in our situation and funding requirements.

#### **Secondary**

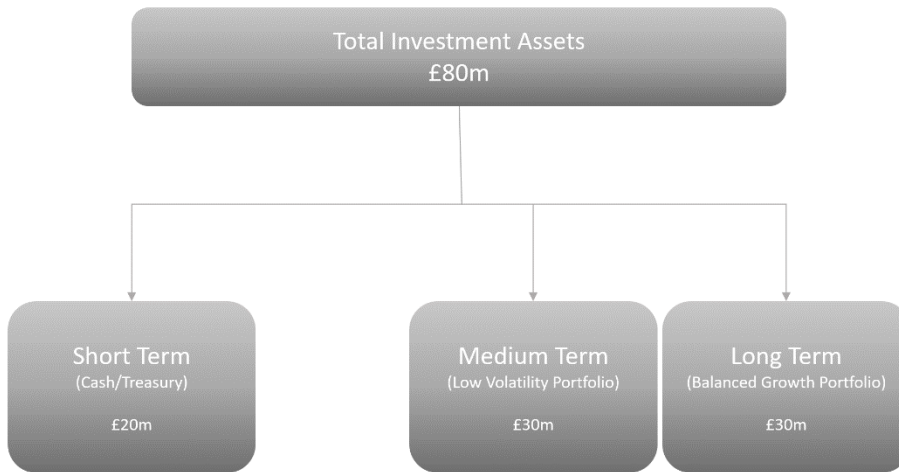
- 1.6. **Income generation:** Investment income represents a small proportion of our overall income, and while we would expect to generate some income from our investments, this should not be at the expense of our primary objectives.

#### **Investment policy and liquidity management**

- 1.7. For the purpose of our reserves policy, all investment portfolios will be treated as liquid and therefore part of free reserves.

## Investment asset overview

- 1.8. Our investment assets will be broken down into three portfolios, as shown below<sup>12</sup>:



### Short-term investment policy

- 1.9. The short-term investment policy is to hold for working capital purposes a portfolio of very low-risk, cash based investments in a target range of one to three months operating costs, the exact amount being decided on a tactical basis. In addition, the funds held in the short term portfolio need to be sufficient to cover planned capital expenditure within three years that will not be covered by fee income.
- 1.10. Further details can be found in section 2.

### Medium-term investment policy

- 1.11. This portfolio has been put in place to fund planned expenditure in three or more years that will not be covered by fee income (such as future building renovation projects).
- 1.12. Further details can be found in section 3.

### Long-term investment policy

- 1.13. Any capital not required for ongoing operational purposes or planned future projects is to be invested in the long-term portfolio. It is expected that this part of the portfolio will provide the greatest long-term protection against inflation.
- 1.14. It is accepted that these investments will rise and fall during the short term due to investment market volatility.

<sup>1</sup> The value (as at December 2018) and allocation between the three portfolios are indicative only and will change over time, in line with our requirements.

<sup>2</sup> Note that for the purpose of the investment policy, short term means up to three years, medium term means three to five years, and long term means over five years.

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**Investment risk**

1.15. Our overall appetite for investment risk is “**Cautious to Balanced**”, as described below:

*“A Cautious to Balanced investor is looking for an investment which, while giving some potential for real returns, aims to produce returns that are at least as good as those from a high street deposit account. A high level of security of their capital is a priority. While recognising that investment values will change, they would feel uncomfortable if their investments rose and fell in value very quickly.”*

1.16. It is accepted that certain elements of the investment portfolio will differ in risk level when viewed in isolation; however, we aim to ensure that the overall *blended* portfolio remains within this tolerance.

1.17. We understand that all investments carry some form of risk. While we prefer not to make any loss on investments we accept that there is always a possibility that losses may occur.

1.18. We have discussed our tolerance / capacity for loss and agreed that we want to avoid a drop of more than 10% in the nominal value of the overall portfolio over any 12-month period. We understand that there is always a possibility that this amount of loss could be exceeded, which must be considered when deciding on the allocation between the three portfolios.

**Ethical and responsible investment**

1.19. We seek a constructive and positive engagement with the corporate world. We require that our funds in the medium and long term portfolios are managed in line with our ethical investment policy set out in detail in section 5.

**Monitoring and reviewing**

1.20. It is important that we continue to monitor our investments to ensure they remain within our policy guidelines.

1.21. There will also be an ongoing requirement to review the valuations of the three portfolios so that (if appropriate) funds can be re-allocated in line with our investment policy. For example, if the value of our short-term cash investments exceeds the required amount, a discussion will take place to determine when this excess should be placed into the medium-term or the long-term portfolio, depending on our projected cash flow needs.

1.22. The following monitoring policy will be adopted to ensure this is carried out:

What	Who	Frequency	Output
Review suitability of overall investment policy and portfolio allocation	Investment committee	Half yearly (quarterly at least initially)	Report to the Council summarising findings and any proposed action
High level investment performance, policy compliance and suitability review	Investment committee		
Detailed investment performance and suitability review		Annually	
Investment portfolio ethical policy audit			
Investment policy, including ethical policy	Council	Every two years	Revised or confirmed policy
Significant deterioration in the value of any of the investment portfolios will be reported to the Chair of the Investment Committee in line with the Markets in Financial Instruments Directive (MiFID). In summary, this requires investment managers to inform us where the overall value of the portfolio depreciates by 10% compared to the previously reported value no later than the end of the business day in which the threshold is exceeded.			

**Charges**

1.23. Complete transparency is required for all charges associated with the investment portfolio. This includes, but is not limited to, fund and investment manager fees, transaction costs, investment adviser fees, commissions. A clear statement of all charges applied to the portfolio is required as part of the annual report as well as interim reports.

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## 2. Short term investment policy

### Financial aims and objectives

#### Primary

- 2.1. **Liquidity:** to maintain sufficient immediately available cash holdings to provide working capital with which to operate on a day to day basis with sufficient contingency to be able to absorb a reasonable level of unexpected cash calls, and to meet planned capital expenditure in less than three years. The maximum term for any fixed term deposits is 24 months.
- 2.2. **Manage risk:** investments in the form of cash deposits are maintained only in appropriately credit rated banks or building societies regulated by the Prudential Regulation Authority or they may be held in low risk and appropriately rated money market funds. The total placed with any individual bank or building society or money market fund shall not exceed 40% of the funds within the short term portfolio.

#### Secondary

- 2.3. **Minimise the impact of inflation on real terms value:** within the restrictions of the primary aims, maximise the income from deposits reflecting market conditions.

#### Investment risk

- 2.4. Our risk appetite for the short term portfolio is Averse. The short term portfolio will be managed in house, using bank and building society deposits, so as to reduce the risk of capital loss to the lowest level practically possible. There will be zero volatility.
- 2.5. We would expect the level of the short term portfolio to be between one and three months operating costs, so as to cover changes over the year in working capital caused by monthly variations in registrant fee receipts, plus any amounts for additional planned spend (such as major improvement or capital investment projects) falling within three years.

### 3. Medium term investment policy

#### Financial aims and objectives

##### Primary

- 3.1. **Increase real value:** The targeted total return (income plus capital growth) for this portfolio is CPI + 1% per annum (net of all fees).
- 3.2. **Manage risk / absolute return:** This portfolio will be managed within a low volatility / absolute return framework. This is to reduce the risk of crystallising losses in the event of an unforeseen liquidity requirement.
- 3.3. **Liquidity:** It is important that the underlying investments, although designed to be invested for three or more years, are readily available. We expect to be able make withdrawals from the portfolio at any time and receive the proceeds within 14 days<sup>3</sup>.

##### Secondary

- 3.4. **Low correlation to traditional (predominantly stock market based) portfolio:** We aim for the correlation of this portfolio to our long-term portfolio to be as low as it can be without jeopardising our primary objectives.
- 3.5. **Income:** We expect the medium term portfolio to generate dividend and interest income, but income should not be targeted at the expense of our primary objectives.

##### Investment risk

- 3.6. Our risk appetite for the medium term portfolio is Cautious. The medium term portfolio will be managed with the objective of avoiding a drop of more than 10% in its value on any given anniversary. We understand that all investments carry some form of risk, and we accept that there is always a possibility that losses may occur.
- 3.7. The portfolio will be managed with the objective of achieving low volatility, between 4% and 6%. Volatility is a measure of short term variation of a portfolio's value from its longer term trend. The lower the volatility, the lower the risk.
- 3.8. For clarity, a **Cautious** Investor is looking for an investment where the long-term priority is capital preservation, although acknowledging that the investment could still fall in value. The investment should aim to produce returns that are comparable with those from a high street deposit account, but have the potential for some long-term growth. A Cautious investor would feel very uncomfortable if their investment rose and fell in value very quickly.

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<sup>3</sup> When the investment policy was first approved in March 2019, the medium term investment portfolio was intended to hold funds set aside for capital projects planned for three or more years in the future. Subsequently, we brought forward our plans for investment in our systems and accommodation to start within three years, so we have not established a separate medium term portfolio, and instead we have held a larger short term portfolio. Once the current cycle of investment in systems and accommodation is completed, we may establish a separate medium term portfolio.



## 4. Long term investment policy

### Financial aims and objectives

#### Primary

- 4.1. **Increase real value:** The targeted total return (income plus capital growth) for this portfolio is CPI plus up to 3%<sup>4</sup> per annum (net of all management fees).
- 4.2. **Manage risk:** To pursue a balanced overall long-term risk.

#### Secondary

- 4.3. **Income:** We expect the long term portfolio to generate dividend and interest income, but income should not be targeted at the expense of our primary objectives.
- 4.4. **Liquidity:** It is important that the underlying investments are relatively liquid. We would expect to be able make withdrawals from the portfolio and receive the proceeds within 30 days.

#### Investment risk

- 4.5. Given the long-term nature of this portfolio and the lower risk investments held by the charity in the short and medium term portfolios, we are content to take a balanced approach to risk with the regard to the long term portfolio.
- 4.6. However, the long term portfolio will be managed with the objective of avoiding a drop of more than 20% in its value on any given anniversary.
- 4.7. We want to maximise diversification, while ensuring that the primary and secondary aims are achieved. The purpose of this diversification is to maximise opportunities for income and growth, while managing risk and both preserving and developing the capital value of the portfolio.
- 4.8. We will not set a volatility objective for the long term portfolio, but we expect volatility to be typically between 7% to 12%.
- 4.9. For clarity, a **Balanced** Investor is looking for a balance of risk and reward, and while seeking higher returns than might be obtained from cash deposits, recognises that this brings with it a higher level of risk and that the value of their investment may fluctuate in the short term. They would feel uncomfortable if the overall value of their investments were to fall significantly over a short period or if their capital was eroded.

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<sup>4</sup> The target return will be set by the Investment Committee and communicated to the investment managers. The Investment Committee may set a target lower than 3% in order to achieve the appropriate level of risk.

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**5. Ethical investment policy**

5.1. Our charitable objectives are aligned with our vision which is safe, effective and kind nursing and midwifery, improving everyone’s health and wellbeing.

5.2. Our strategy for 2020-2025 includes the following corporate social responsibility statement:

*We are committed to acting responsibly and operating sustainably in all our activities:*

- *We conduct ourselves ethically and in line with our values. Our policies outline our commitment to ethical working practices and human rights, such as the Modern Slavery policy and the ethical investment policy.*
- *We champion the values of equality, diversity and inclusion. We value the diversity of the people on our register, those they care for and our NMC colleagues. We believe that equality of opportunity is essential for people to do their jobs well.*
- *We are mindful of the mental and physical wellbeing of the people who use our services, our professions we regulate, and our colleagues.*
- *We recognise the serious impact of the climate and ecological crisis, and its effects on public health in the UK and worldwide. We are committed to acting sustainably, and supporting those working in the health and care sector to do so, particularly in reducing carbon emissions. We recognise that taking meaningful action to protect the environment, and mitigate climate change, will also benefit people’s health and wellbeing.*

*We will develop a sustainability plan with clear objectives, which will incorporate how we work as a regulator. This will cover activities such as investment, procurement, travel, energy and waste. Our plan will be available on our website and we will update people on our progress through our annual report.*

5.3. Our investments must be consistent with those objectives, with our role as a regulator of health and social care professionals in the United Kingdom, and with our organisational values. At the same time, we must have particular regard to the fact that, while investment returns should help us reduce upward pressure on registrants’ fees, our cash reserves have built up as a result of fees paid in the past by our registrants and must be protected. And we must comply with the law and the Charity Commission’s guidance on charities’ investments, which requires trustees to invest in the best interests of the charity, including the expectation of a financial return.

5.4. Therefore we will select investment managers who are skilled not only in generating good investment returns but are also committed to and expert in ethical investment. We will set an ethical investment mandate that reflects our objectives, our role and our values, and we will monitor the managers’ performance against that mandate.

5.5. Our investment mandate identifies two categories of excluded direct investment: those that are subject to absolute exclusion from our portfolio and those subject to a turnover-based exclusion.

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**Category one: absolute exclusion**

- 5.6 We exclude all direct investment in companies whose products have an inherent, fundamental conflict with our objectives, role or values. For example, smoking is inherently damaging to health; therefore our investment mandate totally excludes direct investment in companies that produce tobacco or tobacco related products.
- 5.7 There is clear evidence that pollution and climate change are causing damage to health, and of the impact of fossil fuels on both pollution and climate change. Whilst we recognise that hydrocarbon products will remain essential to the delivery of health and other services for many years to come, we exclude direct investment in companies in the Energy Sector, in order to avoid direct investment in companies that generate revenues from fossil fuels.
- 5.8 The absolute exclusions are:
  - Direct investment in any company that produces tobacco or tobacco related products
  - Direct investment in any company that produces pornography; and
  - Direct investment in any company in the Energy<sup>5</sup> Sector.

**Category two: turnover-based exclusion – direct investments**

- 5.9 The second category limits our direct investment in companies which are at increased risk of being incompatible with our objectives, role or values. For example gambling is not *inherently and unavoidably* damaging to health, so it is not included in our first category of absolute exclusions. But gambling is likely to be damaging to health if done to excess. Therefore we do not actively *want* to invest in gambling to any significant extent.
- 5.10 On the other hand, reducing our investment risk while maximising our long term returns depends on maintaining a sufficient diversification of our investments. Many companies operate through multiple subsidiaries in a wide range of sectors and markets. Therefore we need to be careful that our ethical investment policy does not exclude companies whose involvement in the given activity, and therefore the risk of conflict with our objectives, role or values, is acceptably small. To achieve an appropriate balance between our financial objectives and our ethical objectives, we apply a turnover-based exclusion: that is, we will not invest in companies who derive more than five percent of their turnover from the products or services which are at increased risk of being incompatible with our objectives, role or values.

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<sup>5</sup> This will be implemented by using Global Industry Classification Standard (GICS), excluding those companies in the Energy Equipment and Services as well as the Oil, Gas and Consumable fuels sectors. These are the two industry groups that make up the Energy Sector

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- 5.11 The turnover-based exclusions are direct investment in any company that derives more than five percent of its turnover from:
- gambling;
  - alcohol;
  - armaments;
  - infant formula milk.

**Category three: turnover-based exclusion - indirect investment**

- 5.12 When we invest indirectly, for example through a fund or unit trust, the indirect investment vehicle must not hold direct investments in companies that derive more than ten percent of their turnover from producing:
- tobacco;
  - pornography;
  - gambling;
  - alcohol; or
  - armaments.

We do not apply turnover-based exclusions on indirect investment in companies producing infant formula milk, or companies in the Energy Sector, because it would be impractical. Indirect investment vehicles that exclude those sectors are not available.

**Review of the ethical investment policy**

- 5.13 Our investment policy and performance is reviewed by the Investment Committee, who report back to Council. The investment mandate will be reviewed at least annually by the Investment Committee, who will consider whether there should be changes to the companies or sectors in either of the two categories, or changes in the exclusions for indirect investment. With respect to the policy on the energy sector in particular, as well as exclusions being reviewed at least annually, the exclusions will be reconsidered if the investment manager, between annual reviews, presents a strong case to invest. The case to accept such investment would need to show, in relation to the proposed investment, evidence of compliance with the Paris Agreement, and a share price which was low enough to warrant investment.

**UNPRI**

- 5.14 In addition to this there is an expectation that each manager can demonstrate due regard to the Principles of Responsible Investment supported by the United Nations ([www.unpri.org](http://www.unpri.org)) and preferably be signatories.
- 5.15 The initiative consists of an international network of investors working together to put the six principles for responsible investments into practice. Its goal is to understand the implications of sustainability issues for investors and support signatories to incorporate these into their investment decision-making and ownership practices. By implementing the principles, signatories contribute to the development of a more sustainable financial system.

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5.16 The six principles state:

- We will incorporate environmental, social and corporate governance (ESG) issues into investment analysis and decision-making process.
- We will be active owners and incorporate ESG issues into our ownership policies and practices.
- We will seek appropriate disclosure on ESG issues by the entities in which we invest.
- We will promote acceptance and implementation of the Principles within the investment industry.
- We will work together to enhance our effectiveness in implementing the Principles.
- We will each report on our activities and progress towards implementing the Principles.

5.17 In accordance with our corporate social responsibility statement, we expect our investment managers to actively apply the UNPRI. We want to use our influence as investors to promote ethical working practices, respect for human rights, and equality, diversity and inclusion within the companies in which we invest. We seek to invest in companies that have environmental strategies that are consistent with the Paris Agreement’s central aim of keeping the 21<sup>st</sup> century global temperature rise well below two degrees Celsius. Where these strategies do not exist we will use active ownership through our investment managers to drive change. We will review the ESG performance of our portfolio alongside the financial performance of the portfolio.

First approved by Council: 19 May 2021

Amended by Council: 27 July 2022

## **Annexe 2: Investments emergency protocol**

### **Purpose**

1. This protocol sets out our approach within the NMC to dealing with extreme adverse events with respect to our investment portfolio. The assumption is that this likely relates to a significant fall in the value of our portfolio, but it could relate to other adverse events that put the value of our portfolio at risk.

### **Trigger for this protocol**

2. Our investment policy approved by Council May 2022 says at paragraph 1.22:
  - 2.1. *“Significant deterioration in the value of any of the investment portfolios will be reported to the Chair of the Investment Committee in line with the Markets in Financial Instruments Directive (MiFID). In summary, this requires investment managers to inform us where the overall value of the portfolio depreciates by 10% compared to the previously reported value no later than the end of the business day in which the threshold is exceeded.”*
3. This notification of the Chair of the Investment Committee will normally be the trigger for the actions that follow. It could be another notification received by the Chair of the Investment Committee of an extreme adverse event.

### **Actions**

4. The actions are:
  - 4.1. The Chair of Investment Committee, supported by the Governance team, will call an emergency meeting (in person or virtual) to discuss the issue and any actions needed. Where practical, the meeting should be aligned with availability of all members and standing attendees. At the Chair's discretion, where the issue is so urgent as to make this impractical, a meeting can be held with a reduced number of members and standing attendees. As a minimum this must include the Chair of Investment Committee, Chair of Council or Vice-Chair of Council, and Chief Executive and Registrar (CE&R) or Executive Director of Resources and Technology Services. For an emergency meeting, quorum will be a simple majority of Council and Partner members.
  - 4.2. If the Chair of the Investment Committee is unavailable to call a meeting, then the Chair of Council or another Council member may call a meeting to discuss the issue and act as Chair of the Investment Committee.
  - 4.3. The meeting will consider what action, if any, should be taken to address the issue and provide advice to the Chair of Council. If urgent action is required, such as removing funds from the portfolio, the Chair of Council will be able to authorise such action using a Chair's action (under NMC Standing Orders, Scheme of Delegation, paragraph 4.6).

4.4. In determining whether action is necessary in response to an extreme adverse event, there will be due regard for the Investment Policy and in particular the risk appetite documented within it.

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## Council

### Chair's actions taken since the last meeting of the Council

- Action:** For information.
- Issue:** Reports action taken by the Chair of the Council since 26 July 2023 under delegated powers in accordance with Standing Orders.
- There has been one Chair's action:
- Approval of term extension of Investment Committee Partner members (07/2023).
- Core regulatory function:** Supporting functions.
- Strategic priority:** Strategic aim 6: Fit for the future organisation.
- Decision required:** None.
- Annexe:** The following annexe is attached to this report:
- **Annexe 1:** Chair's action 07/2023 – Approval of term extension of Investment Committee Partner member.
- Further information:** If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.

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



### Chair's Action 07-2023

Under NMC Standing Orders, the Chair of the Council has power to authorise action on minor, non-contentious or urgent matters falling under the authority of the Council (Scheme of Delegation, paragraph 4.6). Such actions shall be recorded in writing and passed to the Secretary who maintains a record of all authorisations made under this paragraph. The Chair is required to report in writing, for information, to each Council meeting the authorisations which have been made since the preceding Council meeting.

Each Chair's action must set out full details of the action that the Chair is requested to authorise on behalf of the Council.

<b>Requested by:</b>  Secretary to the Council	<b>Date:</b>  12 October 2023
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#### **Term extension of Investment Committee Partner members**

##### **Purpose**

Requests a term extension of one year for the current partner members of Investment Committee by temporarily suspending Standing Order 4.2.7b.

##### **Background**

The second terms of Investment Committee Partner members Nick McLeod-Clarke and Thomasina Findlay are due to end on 14 April 2024. The Standing Orders (4.2.7b) stipulate that Partner members can serve for a maximum of two terms of three years (total service of six years). Nick and Thomasina have served one term of two years and one term of three years (total service five years). Their first term was shorter because the Committee had only just been established and the NMC wanted to assess the effectiveness of the Committee and the value added by Partner Members before offering longer terms.

Although Nick and Thomasina have served for the two terms stipulated by Standing Order, they have not served for the full six years that is allowed by the Standing Order. If it is in the best interests of the NMC for them to serve for the full six years, then this could be achieved by suspending the requirement that a single term cannot exceed three years.

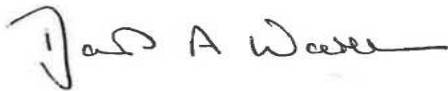
##### **Requested action:**

The Chair is asked to temporarily suspend standing order 4.2.7b and extend Nick McLeod-Clarke and Thomasina Findlay's second terms on Investment Committee by one year, resulting in their terms ending on 14 April 2025. This action is requested for the following reasons:

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- Nick and Thomasina have received consistently positive feedback from appraisals and effectiveness reviews. They have also expressed desire to continue in their roles and the Chair of the Committee has confirmed that he recommends them for re-appointment.
  - In the coming year, Investment Committee will potentially be subsumed into a wider Finance and Resources Committee. Retaining Nick and Thomasina during a transition period would help with continuity and also allow time to assess how to make best use of Partner member expertise in any new committee.
  - In extending their terms, Nick and Thomasina will not have exceeded the maximum length of service allowed by the Standing Order (six years).

Signed



Sir David Warren (Chair)  
Date: 13 October 2023