

Open Council - 31 January 2024

MEETING
31 January 2024 09:30 GMT

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Meeting of the Council

To be held from **09:30** on Wednesday 31 January 2024
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/24/01 **09:30**

2 Apologies for absence NMC/24/02

3 Declarations of interest NMC/24/03

4 Minutes of the previous meeting NMC/24/04

4.1 Minutes of meeting on 27 September 2023

4.2 Minutes of meeting on 22 November 2023

Chair of the Council

5 Summary of actions NMC/24/05

Secretary

Matters for discussion

6 Executive report, including performance and risk report NMC/24/06 **09:40-10:40**
(60 mins)

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

Matters for decision

7 Financial Regulations NMC/24/07 **10:40-**
Executive Director, Resources and Technology **11:10**
Services **(30 mins)**

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Refreshment break (20 mins)

**11:10-
11:30**

- 8 Panel Member and Legal Assessor appointments and resignations**
Executive Director, People and Organisational Effectiveness

NMC/24/08

**11:30-
11:40**
(10 mins)

Matters for discussion

- 9 Fitness to Practise caseload update**
Executive Director, Professional Regulation

NMC/24/09

**11:40-
12:10**
(30 mins)

- 10 Council Effectiveness Review - update**
Secretary to the Council

NMC/24/10

**12:10-
12:40**
(30 mins)

Matters for discussion

- 11 Questions from observers**
Chair

NMC/24/11

(Oral)

**12:40 -
12:55**
(15 mins)

Matters for information

- 12 Remuneration Committee report (verbal)**
Chair

NMC/24/12

**12:55-
13:00**
(5 mins)

- 13 Chair's actions taken since the last meeting**
Chair

NMC/24/13

LUNCH & CLOSE

**13:00-
13:30**
(30 mins)

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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	Executive Director, Communications and Engagement
Sam Donohue	Assistant Director, National and Regional Outreach
Sharon Clement-Thomas	Regulation Advisors, Employer Link Service
Matt Hayday	Secretary to the Council
Alice Horsley	Senior Governance Manager
Sharon Dawson	Governance Manager

Also present

Sue Tranka	Chief Nursing Officer, Wales
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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

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

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(MoTS) would afford.

- d) ~~It would also be helpful for future updates to include more FtP quality performance data.~~ Quality performance will be brought into FTP improvement reporting to Council in future.
- 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 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.

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

3. In discussion, the following points were noted:
- a) The Council commended the detailed paper, although its content was not comfortable reading.
 - a)b) There needed to be consideration of intersectionality when seeking to understand the data in the reports and the appropriate actions to address concerns identified.
 - b)c) 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~~ for management to listen to colleagues' views on what was needed to act against the barriers to career progression as well as to learn from external best practice.
 - e)d) Consideration should be given to the under representation of men in junior roles at the NMC.
 - e)e) Assurance that the NMC was examining ways to invest in apprenticeship schemes and other ways to improve diversity in terms of socioeconomic background.
 - f) The Pay Gap Reports should include outcome measures, to capture how improvements would be measured.
 - e)g) Create a Freedom to Speak Up (FTSU) / Fair treatment responsibility Lead (informed by National Guardian guidance from NHS) with direct regular engagement with the Executive.
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.**

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Action: Create a FTSU / Fair treatment responsibility Lead (informed by National Guardian guidance from NHS) with direct regular engagement with the Executive.
For: Executive Directors, People and Organisational Effectiveness.
By: 31 January 2023.

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.
- 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.

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.

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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:

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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.

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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

4

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.

5

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.

6

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.

10

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 2nd 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 provide.

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Meeting of the Council
Held on Wednesday 22 November 2023 in the Council Chamber, 23 Portland Place.

Minutes

Council

David Warren	Chair
Claire Johnston	Member
Lindsay Foyster	Member
Margaret McGuire	Member
Flo Panel-Coates	Member
Derek Pretty	Member
Nadine Pemberton Jn Baptiste	Member
Anna Walker	Member
Ruth Walker	Member
Sue Whelan Tracy	Member
Lynne Wogens	Member
Navjot Kaur Virk	Associate

NMC Officers

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

For item 10: Dr Alex Rhys

Assistant Director, Professional Practice

For item 11: Raynor Griffiths

Strategic Safeguarding Lead

A list of observers is at Annexe A.

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Minutes

NMC/23/82 Welcome and Chair’s opening remarks

1. The Chair welcomed all attendees and observers to the meeting.
2. The Chair extended a special welcome to Flo Panel-Coates, the new registrant Council member who had taken up office on 1 November 2023.
3. The Chair also extended a particular welcome to Dr Agimol Pradeep who, with Dilla Davis, had worked with the NMC on the changes to the English language requirements for international registrants. He noted congratulations to them both for winning the Workforce Initiative of the Year at the Health Service Journal (HSJ) Awards the previous week.
4. The Chair also welcomed Felicia Kwaku, co-chair of the Nigerian Nurses Charitable Association. Felicia and her co-chair, Wendy Olayiwola, had worked with the NMC closely in relation to the issues the NMC discovered at a Computer Based Test centre in Ibadan, Nigeria. The Chair extended the NMC’s thanks for this work.

NMC/23/83 Apologies for absence

1. Apologies were received from Eileen McEaney, Council member, and Edward Welsh, Executive Director, Communications and Engagement.

NMC/23/84 Declarations of interest

1. The following declarations of interest were recorded:
 - a) **NMC/23/88: Whistleblowing concerns – Terms of Reference for Investigation by Ijeoma Omambala KC**
All registrant Council members, Associate and Sam Foster declared an interest.
 - b) **NMC/23/89: Fitness to Practise caseload update**
All registrant Council members, Associate and Sam Foster declared an interest.
 - c) **NMC/23/91: Education QA annual report 2022-2023**
Navjot Kaur Virk, Associate, declared an interest due to her role as a placement provider.
 - d) **NMC/23/93: Panel Member/Legal Assessor appointments**
Lesley Maslen and Lynne Wigen declared an interest as they had each worked with one of the appointees previously, highlighting that they not been involved in the interview or selection process.

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2. The interests were not considered material such as to require the individuals concerned to withdraw from discussion or decision-making.

NMC/23/85 Minutes of the previous meeting

1. There had been comments about the draft minutes of the meeting on 27 September 2023 submitted by members in advance; the draft minutes would be amended and resubmitted for approval at the next meeting of the Council.

NMC/23/86 Summary of actions

1. The Council noted progress on actions arising from previous meetings.
2. Arising from **NMC/23/17 – Maternity: A Seminar** session to discuss midwifery regulation and the NMC’s role in improving safety in maternity services would be scheduled for either January, February or March 2024, with information about Dr Kirkup’s availability to attend awaited.

NMC/23/87 Executive report, including performance and risk report

Executive report

1. The Chief Executive and Registrar introduced the report.
2. In relation to the whistleblowing concerns raised, the Chief Executive and Registrar repeated that she was sorry that anyone had experienced discrimination at the NMC. She was determined that the NMC undertook a full review of the concerns and used the outcomes as an opportunity to make sustained changes to the culture at the NMC and the approach to the Fitness to Practise (FtP) casework.
3. There were two independent investigations being undertaken by Ijeoma Omambala KC; one relating to the way the NMC responded to the whistleblowing concerns raised, and the other into the FtP cases highlighted in these concerns, which the NMC hoped would be concluded in February/March 2024. There was also a third investigation focusing on the concerns raised about the NMC’s culture, which would conclude in about Spring 2024.
4. The FtP hearing for Lucy Letby was scheduled for 12-13 December 2023. The NMC’s thoughts continue to be with the parents, families and babies affected by Letby’s heinous crimes.
5. In discussion, the following points were noted:
 - a) It was clear that the Executive and the Council were taking the Whistleblowing concerns raised about the NMC extremely seriously. The NMC’s partners were being kept up to date on the

progress of the investigations, including the four UK Chief Nursing Officers (CNOs), the Department of Health and Social Care (DHSC), the Professional Standards Authority (PSA), and the Equality and Human Rights Commission (EHRC).

- b) A Lead Lawyer at the NMC was working to support Ijeoma Omambala KC with the review of the 19 FtP cases identified by the whistleblowing concerns, of which only five had been closed.
- c) To support the third investigation into the NMC's culture, an advisory group of diverse colleagues had been established to share experiences and suggestions for improvements to the People Plan and the Equality, Diversity, and Inclusion (EDI) Plan with the Executive and the Council.
- d) Nadine Pemberton Jn Baptiste, Council member, and Navjot Kaur Virk, Council Associate, would co-chair the advisory group meetings, alongside the Executive Director, Resources and Technology Services.
- e) The Council commended the new resources published for students about how the NMC supports them to learn to deliver safe, kind, and effective care, and encouraged students to access them. Thanks were recorded to Professional Practice and Communications and Engagement colleagues who had produced these resources.
- f) Discussion topics at the annual in-person Public Voice Forum on 6 November 2023 included the Advanced Practice review and an update on the NMC's current issues. The Chief Executive and Registrar paid tribute to the Public Engagement team, who undertook sterling work in support of the Public Voice Forum.

6. Summing up, the Chair noted his thanks to the Council for the support and challenge provided in response to the whistleblowing concerns raised. The Council would continue to review and scrutinise the issues.

Performance and risk report (quarter two – July to September 2023)

7. The Executive Director, Resources and Technology Services introduced the report and noted that:

- a) Progress against the corporate commitments was positive, except for Commitment 7: Reducing the FtP caseload. In the paper the year end forecast for Commitment 7 was rated as 'amber', although this had since been revised to 'red', with the volume of concerns raised to the NMC having increased in the first six months of the year.

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- b) The overall financial position was strong at the end of quarter two, with good levels of reserves, cash, and investments.
- c) Recent issues including in relation to Computer Based Testing, Canterbury Christ Church University, addressing whistleblowing concerns, and addressing the FtP caseload had all had an impact on the NMC's financial position this year and in future years.
- d) There would be significant additional investment required to fund revised FtP plans for caseload reduction.
- e) A more detailed business planning and budget exercise was underway to account for this and would be presented to the Council in early 2024.
- f) Key achievements in the first year of implementation of the new People Plan included the roll-out of Ambitious Appraisals and the Management Essentials training programme.

8.

In discussion, the following points were noted:

- a) The Council welcomed the level of detail provided in the report around each key performance indicator.
- b) In relation to the top reason for sickness absence being mental health across most directorates, assurance was provided that there was a suite of resources available to support colleagues with their mental health and wellbeing. There had also been general support available to colleagues in relation to the whistleblowing concerns raised, as well as the opportunity to access specialist counselling. Additionally, as part of the new Ambitious Appraisal format launched in September 2023, managers were required to check in on their direct reports' wellbeing on an ongoing basis as part of quarterly discussions, allowing for better oversight of issues and concerns.
- c) Relating to turnover within the Equality, Diversity and Inclusion (EDI) team, the size of the team had been increased, with additional resources provided. It was highlighted that ensuring improvements in EDI was the responsibility of the whole corporate leadership team and colleagues across the NMC, and not just the EDI team.
- d) The overall risk register had been reviewed by the Executive Board in light of the recent whistleblowing concerns raised. The People Plan and related risks may be reframed following the outcome of the investigations in due course.
- e) The Council commended the progress in respect of the objective structure clinical examinations (OSCE) test centres. The percentage of customers who agreed that the OSCE test centres

treated them with 'respect and dignity' throughout the examination process was above target for quarter two with an average of 98.5 percent.

- f) The number of customer contact calls handled was above target with an average at 96.5 percent, which was applauded. This was achieved despite a 15 percent increase in the calls answered. The reasons for the increase in levels of customer contact in recent months was being reviewed.
- g) In response to the Council's challenge about whether more could be done in terms of insight and influence, particularly in respect of maternity care, assurance was given that the NMC was committed to using data and insight to influence the health and social care sector.
- h) In August 2023 the NMC published its first annual insight spotlight report. The *Spotlight on Nursing and Midwifery* report highlighted the state of nursing and midwifery in the wider landscape of learning and practice in 2023. The NMC's insight relating to maternity care demonstrated two key issues – 'not listening to women's concerns' and 'failures by midwives to escalate concerns', with the NMC developing communication campaigns focused on these issues.
- i) At the end of November, the NMC would publish its mid-year registration data reports.
- j) The Council welcomed the progress made on the People Plan in quarter two.
- k) There was support for the decision to postpone the implementation of the link between performance and pay from April 2024 to January 2025, so that the Ambitious Appraisals programme would have been in place for a full year, as had been agreed by the Remuneration Committee.
- l) The new Registrant Council member had been impressed by her induction programme and the visibility of the NMC's values.
- m) The People and Leadership group had now held three meetings, with its areas of focus including a review of the NMC's HR policies and learning and development.

NMC/23/88 Whistleblowing concerns – Terms of Reference for Investigation by Ijeoma Omambala KC

1. The Executive Director, People and Organisational Effectiveness introduced the draft Terms of Reference for the investigations into the concerns raised by the whistleblower to be conducted by Ijeoma Omambala KC. The following points were noted:

- a) Thanks for the comments received previously from the individual who had raised the whistleblowing concerns, the People and Culture Advisory Group, and Council colleagues, which had helped to sharpen and clarify the content of the current iteration.
- b) Appreciation for the constructive way in which the General Counsel and the Principal Legal Advisor had supported the development of the Terms of Reference, and the work undertaken so far to establish the investigations.
- c) It was important that the Terms of Reference were clear both that the investigations would be robust and independent, and that they covered the areas about which the Council was seeking assurance and oversight.

2.

In discussion, the following points were noted:

- a) The Terms of Reference set out the culture to which the NMC aspired. The investigation would determine whether that ambition was being realised and identify any shortfalls to be addressed, as well as to inform the separate People and Culture investigation.
- b) The Terms of Reference allowed Ijeoma Omambala KC to widen the scope of her investigations if required, which the Council welcomed.
- c) In terms of support for colleagues throughout the investigations, there would be access to a counselling service, and trends and issues would be monitored.

3.

Decision: The Council approved the Terms of Reference for the investigations being led by Ijeoma Omambala KC.

NMC/23/89 Fitness to Practise caseload update

1.

The Executive Director, Professional Regulation introduced the update, highlighting that whilst progress had been made in the Fitness to Practise caseload improvement programme, there was a significant amount of work to do to embed sustainable change and safely and swiftly reduce the caseload. Recent issues related to Computer Based Testing, Lucy Letby, and whistleblowing had generated additional work for colleagues in FtP and had been destabilising for colleagues. The Executive Director, Professional Regulation thanked her colleagues in the directorate for the way they had supported each other in recent, difficult times.

2.

The Executive Director, Professional Regulation highlighted key achievements as part of the FtP casework improvement programme, including the introduction of the referral helpline, installing the rapid resolution team, which was having a significant and immediate impact, workforce modelling to clarify resource requirements and surge support in Screening, and work with General Counsel colleagues on case

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preparation and presentation. Additionally, colleagues in FtP were being asked to return to the office two days a week to improve collaboration.

3.

In discussion, the following points were noted:

- a) The caseload had increased by 116 cases to 5,500 at the end of September 2023, driven by high referral numbers.
- b) It was not easy to view data and trends about the overall caseload position in the current, legacy case management system. The transition to the new case management system would allow access to more valuable insight. It was important for FtP colleagues to refine requirements for the system with Resources and Technology Services colleagues, although this was difficult as it put added pressure on FtP colleagues' time.
- c) There had been an increase in referrals from both employers and the public, with the percentage of referrals from the public having increased more significantly.
- d) The increase in referrals was also being experienced by other health and care regulators.
- e) There had also been an uplift in the number of calls seeking assurance, received in recent weeks by the NMC's Employer Link Service (ELS).
- f) The reasons for the increase in referrals were being considered but there was no clear pattern visible at present.
- g) There had been a decline in referrals during the pandemic; it could be that referrals were returning to pre-pandemic levels.
- h) The suggestion also that the rise in referrals reflected anxiety following the Lucy Letby case.
- i) Communications with employers was crucial and the ELS would engage with stakeholders about the current referral levels.
- j) ELS colleagues planned to invite Integrated Care Board Chief Nurses and colleagues in health and social care to an event to improve the information provided for FtP cases, in the interests of public protection.
- k) It was too early to undertake an evaluation of the effectiveness of the return to the office.
- l) The Council were encouraged to visit One Westfield Avenue to meet FtP colleagues and understand their work.
- m) There had been a rise in employee sickness absence, attributed to stress, as well as the impact of the return to the office. There were plans to provide additional resource to lift the pressure on individuals, and ensuring there was appropriate wellbeing and support provision was a key focus for the new leadership team.

- n) The continued increase in decision numbers at the Adjudication stage was welcome.
- o) The Executive Director, Professional Regulation was working closely with the People Team and the Change and Improvement team, as well as with colleagues across the organisation to continue to improve the FtP caseload handling process.
- p) It was important to monitor quality carefully, alongside the drive to reduce the caseload safely and swiftly.
- q) The Executive Director, Strategy and Insight was developing a new quality framework and improved key performance indicators (KPIs) and dashboards were also being developed, which would account for quality and the experience of individuals involved in the FtP process.
- r) Future FtP caseload update reports would include quality assurance KPIs and statistical process control lines would be shown on the graphs.

4. Summing up, the Chair highlighted that, notwithstanding the difficulties in the last couple of months, and the significant work still required, it was important to acknowledge the achievements to-date in terms of the FtP improvement programme, and the initial reduction in the caseload. The information provided was helpful for keeping Ministers, Chief Nursing Officers, and stakeholders in each of the four countries informed of the FtP challenges and the actions being taken to address these. The Council would look forward to discussing in detail the revised FtP delivery plan in early 2024.

5. On behalf of the Council, the Chair thanked the Executive Director, Professional Regulation and her team, and noted the confidence held in their abilities to navigate the complexities of the FtP casework improvement programme during this exceptionally difficult time for the organisation.

Action: Include quality assurance KPIs in future FtP caseload updates and show statistic process control lines on the accompanying graphs.
For: Executive Director, Professional Regulation.
By: 31 January 2024.

NMC/23/90 Professional Standards Authority annual performance review for 2022-2023

1. The Executive Director, People and Organisational Effectiveness introduced the report, highlighting that the Professional Standards Authority (PSA) had determined that the NMC had met all but one of the Standards of Good Regulation (SOG R) (17 out of 18), which was Standard 15, relating to timeliness of Fitness to Practise (FtP) case progression.

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2. In discussion, the following points were noted:
- a) The PSA report noted recognition for the work the NMC had done to address and improve timeliness of FtP case progression.
 - b) A new and more proactive approach to support the ongoing Periodic Review by the PSA had been established in response to learning from previous audits, with individual Executive Directors assigned specific responsibility for each SOGR.
 - c) The aim of the new approach related to the Periodic Review was to enable the NMC to respond to PSA enquiries in a timely manner and to ensure that all relevant internal stakeholders had an opportunity to contribute.
 - d) The Council would discuss the NMC’s work relating to the PSA Periodic Review and areas of opportunity and improvement in more detail at a future Seminar meeting.
 - e) It was suggested that reference be made to previous action plans associated with the PSA’s recommendations to look for common themes, for example recommendations related to Morecombe Bay.
 - f) In respect of EDI, the PSA report noted that the NMC had published research to better understand the impact of its regulatory processes on professionals with different diversity characteristics, which was an area which should continue to be monitored.

Action:	Submit for discussion the NMC’s work relating to the PSA Periodic Review and areas of opportunity and improvement in more detail at a future Seminar.
For:	Executive Director, People and Organisational Effectiveness.
By:	31 January 2024.

NMC/23/91 Education QA annual report 2022-2023

1. The Executive Director, Professional Practice introduced the report, which provided an update on education quality assurance activity for the 2022-2023 academic year.
2. In discussion, the following points were noted:
- a) A more data-driven approach to quality assuring and monitoring Approved Education Institutions (AEIs) was being developed.
 - b) Whilst the National Student Survey (NSS) scores of final year students provided a benchmark for students’ experience of the latter stage of their studies, data might also be used from internal surveys undertaken at an earlier stage to give a fuller picture, as

well as enabling issues and concerns to be remedied earlier in degree programmes.

- c) It was concerning that of the 92 AEs required to undertake annual self-reporting, 21 (23 percent) did not provide sufficient assurance initially.
- d) The identification through Annual Self-Reporting of areas of good practice and or innovation and the sharing of these with AEs through two webinars, which were well attended, was welcome.
- e) All six of the programmes placed under enhanced scrutiny were Nursing Associate programmes.
- f) The role of the quality assurance in respect of midwifery degree programmes was being strengthened, to incorporate data and the experiences of students and people receiving care.
- g) Maternity units and the quality of midwifery student placements should be reviewed and considered in the round.
- h) There was the intention to develop a quarterly reporting mechanism, as part of the Executive performance report, to address timeliness concerns about quality assurance, which was welcomed.
- i) An external review of the NMC quality assurance function had been commissioned, to allow additional improvements to be made.

- 3. Summing up, the Chair thanked Professional Practice colleagues for the comprehensive report. He highlighted the increasing importance of education quality assurance, with mounting pressures on the workforce and on maintaining standards.

NMC/23/92 Safeguarding Policy annual review

- 1. The Executive Director, People and Organisational Effectiveness introduced the updated Safeguarding Policy for annual review.
- 2. In discussion, the following points were noted:
 - a) Since the Safeguarding Annual Plan was presented to the Council in May 2023, the approach to Safeguarding at the NMC had been strengthened further.
 - b) Acknowledgement of the significant, positive impact the Strategic Safeguarding Lead had made during her first year at the NMC.
 - c) It was testament to the progress made that there had been an increase in the number of safeguarding incidents identified and reported by NMC colleagues in the last 12 months.

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- d) Reflecting on her first year in post, the Strategic Safeguarding Lead noted that safeguarding at a regulator was different from safeguarding at other health and social care and charitable organisations.
 - e) Operational guidance and a standing operating procedure to underpin the Safeguarding Policy was being developed. This would provide more extensive guidance on how to respond to safeguarding needs practically.
 - f) There was work underway to develop further safeguarding resources, training, and to raise awareness about safeguarding at the NMC.
 - g) The Council supported the recommendation that there be a designated Council member lead for safeguarding, which provided a strong signal that the NMC took its regulatory duty with regards safeguarding seriously.
 - h) Subject to approval, Eileen McEaney, as designated Council member lead, would have the opportunity to build her reflections into next year's safeguarding review.
 - i) Any learning related to safeguarding to emerge from the independent investigations into the whistleblowing concerns would be incorporated into the subsequent version of the Safeguarding Policy.
 - j) The duties for the Council set out in the Policy were commended. It was suggested that it might also be valuable for Council to review the themes emerging from safeguarding concerns, given that the NMC had substantial data that could be analysed, including in respect of Serious Event Reviews reported to the Charity Commission.
 - k) The Strategic Safeguarding Lead would liaise with Governance colleagues to ensure there was appropriate oversight of the escalation of safeguarding issues.
 - l) The Council encouraged all NMC colleagues to read the updated Safeguarding Policy.

3. **Decision: The Council:**
- **Approved the Policy on Safeguarding and Protecting People Policy.**
 - **Approved the appointment of Eileen McEaney as the Council Lead for Safeguarding.**

4. Summing up, the Chair thanked the Strategic Safeguarding Lead and the Executive Director, People and Organisational Effectiveness for the energy and direction given to embedding the Safeguarding Policy.

The Chair highlighted the priority the Council attached to the Safeguarding Policy, to help ensure the NMC delivered its public protection and duty of care obligations.

Action:	Incorporate any learnings related to safeguarding to emerge from the independent investigations into the whistleblowing concerns into the subsequent version of the Safeguarding Policy.
For:	Executive Director, People and Organisational Effectiveness.
By:	31 January 2024.
Action:	Liaise with Governance colleagues to ensure there was appropriate oversight of the escalation of safeguarding issues.
For:	Executive Director, People and Organisational Effectiveness.
By:	31 January 2024.

NMC/23/93 Panel Member/Legal Assessor appointments

1. The Executive Director, People and Organisational Effectiveness introduced the paper, expressing thanks to colleagues for the significant work undertaken during the selection and interview process to establish this list of candidates.
2. The Secretary to the Council highlighted the following points:
 - a) The Appointments Board sought and received additional assurance about the examples given by candidates and the scoring breakdown from the assessment panel, which it considered to be sufficient.
 - b) Should any candidates be recommended for appointment by the Appointments Board following the additional due diligence process, they would be presented to a future meeting of the Council.
 - c) It was disappointing that the appointments did not make a greater contribution towards the NMC’s objective of reflecting the ethnic diversity of the Register.
 - d) As part of the review of the selection campaign, there would be a strong focus on understanding how the NMC could improve the diversity of the Panel pool.
 - e) Improving the diversity of panel members would be a clear target in the tender for the next search consultant. There would also be efforts to engage with a more diverse range of applicants, through networks.
3. **Decision: The Council accepted 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.
- Appoint the 33 individuals listed in Annexe 2 to the approved list of Legal Assessors.
- Reappoint the Panel Member listed at Table 1 in Annexe 3 for a second four-year term from 29 January 2024 - 28 January 2028.
- 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.

NMC/23/94 Removal of an Assistant Registrar

1. The Secretary to the Council introduced the paper. On behalf of the Executive and the Council, he expressed thanks to the colleague named in the paper, who had acted on behalf of the Registrar during the period of their secondment.
2. **Decision: The Council**
 - Rescinded the appointment of the colleague named in paragraph 7 of the paper as an Assistant Registrar, as their secondment in a relevant role had ceased and they were 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.

NMC/23/95 Questions from observers

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

NMC/23/96 Appointments Board reports

1. The Council noted the report of the Investment Committee meeting on 18 October 2023.

NMC/23/97 Audit Committee report

1. The Council noted the report of the Audit Committee meeting on 1 November 2023.

NMC/23/98 Investment Committee report

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1. The Council noted the report of the Investment Committee meeting on 24 October 2023.

NMC/23/99 Chair's actions taken since the last meeting

1. There had been one Chair's action since the last meeting: **07/2023**: Approval of term extension of Investment Committee Partner members.

Closing remarks

1. The Chair thanked all attendees for joining the meeting.

Confirmed by the Council as a correct record:

SIGNATURE:

DATE:

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Annexe A: Observers

First name	Surname	Job title	Organisation
Adebola	Aluko	Lead Midwife	Lewisham and Greenwich NHS Trust
Agimol	Pradeep	Transplant Coordinator	NHS
Barbara	Forshaw	Stakeholder Engagement Officer	NMC
Cathryn	Watters	Nurse	NMCWatch: registrant care CIC
Clare	Knowles	Senior Lecturer Lead for Accreditation	Birmingham City University
Deborah	Hughes	Midwife	The Midwives Haven
Felicia	Kwaku	Associate Director of Nursing	Kings College Hospital NHS Foundation Trust
Hannah	Capgras	Case Assessor	NMC
Harbhajan	Kaur	ANNP	Retired
James	Penry-Davey	Partner	Capsticks
Jane	Beach	Lead professional officer regulation	Unite the Union
Jenny	Wood	Partner	Capsticks
Julie	Gable	Senior Researcher	NMC
Kate	Fawcett	Senior Scrutiny Officer	Professional Standards Authority
Mackenzie	Cater	Healthcare Lead	Higher Education Partners
Mary	Moore	Staff Nurse	St Joseph's Hospice, Hackney
Rebecca	Belchambers	Operations Manager	WESolutions Ltd
Sian	Honor	Senior Corporate Communications Officer	NMC
Sharon	Dawson	Governance Manager	NMC
Stephanie	Paget	Quality Enhancement Lead	Birmingham City University
Ella	Devereux	Senior Reporter	Nursing Times
Shruti	Sheth Trivedi	Senior News Reporter	Nursing Standard

Annexe B

Observer questions – Council meeting 22 November 2023

1. Jane Beach, Lead Professional Officer, Regulation, Unite the Union, asked whether Ministers had indicated additional resources may be provided to the NMC, in recognition that the working environment and workforce pressures were contributing to the level of FtP referrals.

Ms Beach noted two further points: 1) that it was pleasing to hear about the progress related to Safeguarding at the NMC and 2) encouragement to the NMC to do all it could to improve the EDI of the panel members.

The Chief Executive and Registrar responded to say it was important in terms of the NMC maintaining its independence that it did not accept or request funding from government to deliver its core functions. In respect of panel members, the NMC would continue to strive to improve the diversity of its panel members with each recruitment. The EDI focus would be central to the procurement of the next search partners.

2. Felicia Kwaku, Associate Director of Nursing, Kings College Hospital NHS Foundation Trust, asked whether the number of the professionals referred to FtP was the amount expected as a proportion of the overall register. In addition, were there any themes to be shared relating to referrals for internationally educated professionals, and whether the referral patterns differed between employee and public referrals?

Felicia Kwaku commented that the engagement between the NMC, Kings College Hospital NHS Foundation Trust and other stakeholders had increased.

In reference to the effort to improve the diversity of panel members, Felicia Kwaku encouraged the NMC to seek support from the Professional Strategic Advisory Group amongst other stakeholders.

The Chief Executive and Registrar responded to say she was not sure whether the number of referrals was the expected proportion of the register. Furthermore, the register had increased significantly in recent years.

Data and insight relating to FtP referrals was shared in the Insight Spotlight report, the first edition of which was published earlier in the year. In England, the Workforce Race Equality Survey provided useful data and a point of comparison for referrals.

The Chief Executive and Registrar thanked Ms Kwaku for her positive comments about the NMC's engagement with stakeholders, which was an important area of focus. Additionally, she knew the offer of help regarding improving the diversity of candidates for the role of Panel Member would be gratefully received.

3. Deborah Hughes, Midwife, The Midwives Haven, noted her concern from a patient safety perspective relating to political discussions about reducing learning practice hours and the number of births attended.

In response, it was noted that there would be an Independent Chair and stakeholder plan to look at practice learning hours, in response to the political ask in the Workforce Plan.

4. Cathryn Watters, Nurse, NMCWatch, raised a concern about whistleblowing, highlighting that a significant number of referrals were about registrants that had raised whistleblowing concerns and what support the NMC could offer to change the culture around referrals. Additionally, Ms Watters asked about whether the NMC People Plan applied to registrants involved in the FtP process.

In response, it was noted that the People Plan was for NMC colleagues, but as part of the quality assurance of FtP there would be consideration of the experience of individuals throughout the FtP process. As part of Regulatory Reform, there was the opportunity to move the FtP process away from the current adversarial approach, which would be welcome. It was acknowledged that the feeling of blame can drive individuals to be less open about what has happened.

Council

Summary of actions

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

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Minute	Meeting date	Title / theme	Status	Action	Action owner	Update	Due date
NMC/23/17	29 March 2023	Maternity	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>*NMC/23/32 from 17 May 2023 Consider who to invite alongside Dr Bill Kirkup to discuss midwifery regulation and the NMC's role in improving safety in maternity services at a Council Seminar. (*Raised in discussing the action log).</p>	Chief Executive and Registrar / Secretary	A Council Seminar discussion on maternity has been scheduled for February or March 2024. We are liaising with Dr Kirkup's office and will also 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>

NMC/23/76	27 September 2023	Pay Gap reports and Workforce Race Equality Standards (WRES) survey results		Create a Freedom To Speak Up / Fair treatment responsibility Lead (informed by National Guardian guidance from NHS) with direct regular engagement with the Executive.	Executive Director, People and Organisational Effectiveness	Proposals are being made to the Executive for the appointment of a senior 'Empowered to Speak up' Guardian, internal ambassadors and potentially an externally provided service. An update will be presented to the Remuneration Committee and the Council in due course.	31 January 2024
NMC/23/89	22 November 2023	Fitness to Practice (FtP) Caseload	In progress	Include quality assurance KPIs in future FtP caseload updates and show statistic process control lines on the accompanying graphs.	Executive Director, Professional Regulation	We are in the process of developing a new approach to quality assurance which is a new workstream in the FtP Plan. We will provide an update to the Council when the initial scoping work has been completed. The Council members joining the new FtP Executive Board will hear about our progress on a regular basis. Statistical process control lines have been added to the FtP dashboard, part of the FtP Caseload agenda item.	31 January 2024
NMC/23/90	22 November 2023	PSA Annual performance review for	Complete	Submit for discussion the NMC's work	Executive Director, People and	This is scheduled as an item for discussion at January Council Seminar.	31 January 2024

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		2022-2023		relating to the PSA Periodic Review and areas of opportunity and improvement in more detail at a future Council Seminar.	Organisational Effectiveness		
NMC/23/92	22 November 2023	Safeguarding Policy annual review	Complete	<p>1) Incorporate any learnings related to safeguarding to emerge from the independent investigations into the whistleblowing concerns into the subsequent version of the Safeguarding Policy.</p> <p>2) Liaise with Governance colleagues to ensure there was appropriate oversight of the escalation of safeguarding issues.</p>	Executive Director, People and Organisational Effectiveness	<p>1) It has been noted that learning relating to safeguarding which emerges from the independent investigations into whistleblowing concerns is to be incorporated into the next version of the Safeguarding Policy, which is scheduled for annual review by the Council in May 2024.</p> <p>2) The Secretary to the Council has shared the Escalation guidance with the Council. It is available for comment on Board Intelligence.</p>	31 January 2024

Key	
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 January 2024.

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 update and highlights in Q3.

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 Provides an update on key developments since the last report presented on 22 November 2023.
 - 2 Consists of highlights from the external environment, key issues and our strategic engagement work up to January 2024.

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

Discussion **Concerns raised in the *Independent***

- 4 We are committed to driving change in response to concerns raised about the NMC that were published in *The Independent*, doing so in a transparent way and with a focus on keeping people safe. Ijeoma Omambala KC has received initial documentation from the NMC for the two investigations that she is leading into the FtP cases highlighted in the concerns raised and the NMC's response to them. We are working with Ms Omambala to confirm the next phases and timetable for these investigations, and anticipate her work to conclude in the spring.
- 5 Progress is being made on a third review, this one into our people culture. Following input from an internal advisory group, we are finalising the contract and terms of reference for an independent organisation to conduct this People and Culture review. We hope to be able to share more information about that appointment in February.
- 6 The Council held a positive meeting with the Charity Commission at which they thanked the Council for the assurance provided on its approach to addressing the concerns raised. We await the formal outcome of the meeting.

Lucy Letby and the Thirlwall inquiry

- 7 The fitness to practise hearing of Lucy Letby took place on 12 December 2023. Ms Letby did not engage with the hearing, nor was she represented. The hearing concluded with the panel handing down a striking off order. Some families impacted by Ms Letby's crimes observed the hearing anonymously via remote video link. No appeal has been received and therefore the strike-off is now effective.
- 8 The Chair of the Thirlwall Inquiry has granted our request for core participant status, acknowledging our interest in any findings and recommendations. That means we have rights in the Inquiry process which include receiving documentation, being represented and

making legal submissions, suggesting questions, and receiving advance notice of the Inquiry's report.

Computer-based testing (CBT)

- 9 As of 11 January 2024, 1,345 of the 1,955 individuals who were impacted by the CBT concerns at Yunnik test centre have booked or taken tests. This represents 69 percent of the total (up from 63 percent in the November 2023 summary). The rate for registrants remains considerably higher at 97 percent (94 percent in November). This compares to 59 percent for Applicants (52 percent in November.).
- 10 As of 16 January 2024:
 - 10.1 199 applicants (of the 771 people in the application process who we did not consider had obtained their test fraudulently) have successfully completed all other registration requirements and have now been accepted onto the register.
 - 10.2 We have closed 392 cases of the 467 registrants whose original test was invalid and who have retaken their test and now meet our registration requirements so remain on the register.
- 11 There were 669 people in the application process where we considered it was more likely than not that their test result was obtained fraudulently. As of 10 January 2024, the Assistant Registrar (AR) has considered 80 applications to join the register from applicants suspected of obtaining their original test fraudulently. These applicants had a complete application and had retaken their test. Each case was looked at individually and the information submitted by the applicant was considered in line with our Health and Character Guidance.
- 12 We have received 41 notices of registration appeals from applicants whose applications were refused. The appeals will go through our normal registration appeal process. We anticipate the number of appeal notices will increase as more decisions are made.
- 13 Hearings are now being scheduled for all the 48 fraudulent entry cases relating to the registrants suspected of obtaining their test fraudulently. These are due to take place from March 2024.
- 14 On 28 and 29 November 2023 we held further meetings with key partners to update on the progress of our work and next steps.

International registration

- 15 The UK-European Free Trade Association (EFTA) trade agreement has now been implemented, offering professionals from Iceland, Norway and Liechtenstein who meet our high standards, a smooth path to joining our register. We are currently working with the UK Government to understand and prepare to implement the Swiss free trade agreement which will take effect on 1 Jan 2025. Our focus remains on maintaining public safety by preserving our current effective registration process.

Freedom of expression guidance

- 16 On 11 December 2023 we published new guidance for our decision makers in fitness to practise on freedom of expression. The guidance, which is rooted in case law, was developed following engagement with some of our key partners, as part of our regular updates to our guidance library. It reaffirms that everyone has the right to freedom of thought, conscience and religion, and to freedom of expression. However, there may be circumstances where a professional says or does something that could impact their fitness to practise, meaning we may need to take action to maintain public safety and uphold trust and confidence in the professions.

Welsh language

- 17 We delivered several changes to meet the deadline to comply with new Welsh language standards in December 2023. This means that the public, professionals and stakeholders can correspond with us in Welsh and will help improve our accessibility as a four country regulator. Changes include updating our website and standard letters and introducing a Welsh version of our automated telephone line.

Industrial action

- 18 We are monitoring ongoing industrial action across health and social care and engaging with partners on the impact on professionals and people receiving care.
- 19 In a New Year message to Royal College of Nursing (RCN) members, RCN General Secretary Pat Cullen committed the union to a focus on pay and safe staffing in 2024, including surveying members' appetite for further industrial action. Our Chief Executive and Registrar is in regular contact with the RCN on this issue.
- 20 In Northern Ireland, on 18 January 2024 the Royal College of Midwives, UNISON and Unite took part in a strike as part of a wider day of action orchestrated by the Irish Congress of Trade Unions.

While not a member of the Irish Congress, the RCN took part in strike action on the same day. We met with Maria McIlgorm, Chief Nursing Officer for Northern Ireland, ahead of the industrial action where she outlined the pressures likely to be faced by health and social care services. On 17 January 2024, she wrote to professionals in Northern Ireland about industrial action. The letter included our messaging about taking context into account and highlighted the NMC's position on industrial action.

- 21 Industrial action by other health and care professions continues to affect health and care services across the UK.

Using our data and insight to influence the sector

- 22 Our [mid-year data report](#) was published on 30 November 2023. There are a record 808,488 nurses, midwives and nursing associates eligible to practise in the UK. That's 19,857 (2.5 percent) more registered professionals able to deliver care for people than just six months ago.
- 23 Just over half of these new joiners were educated in the UK – a 25 percent increase on the same period last year. This follows the reported increase in students accepted onto nursing programmes in the first year of the Covid-19 pandemic. There were almost exactly as many international joiners – 15,036 – which reflects the importance of overseas recruitment in all four nations. We received extensive press coverage of the report across national, regional and trade press.
- 24 From 24 November 2023, we implemented system changes to revalidation to begin collecting structured data on where professionals are working. The improvements to our data will enable us to better support future workforce planning, enhancing our work with partners for the benefit of the sector and people receiving care.
- 25 Copies of our register data are now available in the Office for National Statistics (ONS') secure research service. This means our data can be linked to other data sources like the UK census.

Four nation workforce planning

- 26 We have engaged closely with key stakeholders over recent months, including colleagues within the four Chief Nursing Offices (CNO), regulatory partners, representative bodies and trade unions to update them on our core regulatory activity, how we are supporting our professionals and to share insight to inform workforce issues.
- 26.1 The Chief Executive and Registrar attended a meeting of the CNO Forum on 24 November 2023 to discuss our plans for progressing improvements to our fitness to practice processes

and has since engaged with CNOs via correspondence on this topic.

- 26.2 On 24 November 2023 the Chief Executive and Registrar met with the Chief Nursing Officer and Chief Midwifery Officer for Scotland in Edinburgh. The Chief Executive and Registrar also met with the Chief Executive of the Health and Social Care Alliance.
- 26.3 On 14 December 2023 and 15 January 2024, our Chief Executive and Registrar attended a task and finish group, chaired by NHS England, to discuss escalation routes in criminal or serious patient safety cases.
- 26.4 On 11 January 2024 the Chair attended a roundtable of professional regulators, held by the Professional Standards Authority, to explore the rise in referrals that is currently being experienced by many regulators.
- 26.5 On 12 January 2024 our Chief Executive and Registrar and Executive Director of Professional Practice met with colleagues from NHS England and the General Medical Council (GMC) to discuss the Long-Term Workforce Plan for England.
- 27 On 18 December 2023 we received formal notification from the Minister for Health and Social Services Wales of the Welsh Government's intention to introduce a regulated band 4 nursing role for the NHS in Wales. The Welsh Government formally announced the decision on 19 January 2024. The decision to regulate nursing associates in Wales would be brought to the Council in March 2024. We are engaging with the Department for Health and Social Care and Welsh Government officials, including the Chief Nursing Officer to support the introduction of nursing associates as part of the regulatory reform programme.

Practice learning

- 28 As part of work to evaluate whether further changes are needed to our education programme standards, we are commissioning independent research into nursing and midwifery students' practice learning requirements. The aim is to recognise and acknowledge innovation and ensure that our requirements continue to equip students with the knowledge and skills to deliver the best possible care for people across a diverse range of care settings. On 9 January 2024 we advertised for an independent Chair of an external steering group that will guide this work.

Maternity safety and midwifery regulation

- 29 On 14 December 2023, our Midwifery Panel heard from the Chief Midwifery Officer (CMidO) for Scotland. This included an update about a newly launched Scottish national preceptorship framework, based on the NMC's Principles of Preceptorship, and developed jointly with NHS Education for Scotland. This new approach to preceptorship, led by two midwives, has increased the retention and recruitment of midwives.

Advanced practice

- 30 As part of our advanced practice review, from November 2023 to January 2024 we held workshops to hear the views of people with an interest in the work. This included people who use services, with one workshop for each nation of the UK. We also held roundtables with researchers, educators, learners, specialist practitioners, employers, people working in primary and urgent care, midwifery professionals and internationally educated professionals.
- 31 Our advanced practice steering group, public advisory group and joint regulatory group have continued to meet. This engagement is informing our key lines of enquiry as we review the advanced practice landscape, understanding what benefit to the public further regulation of advanced practice would bring, before presenting Council with options to consider in March 2024.

Standards implementation

- 32 On 5 December 2023 we launched a new campaign supporting nursing and midwifery leaders, and their teams, to deliver the safe high-quality care that people have a right to expect, in line with the NMC's standards.
- 33 '[Good leadership means better care](#)', shares stories and best practice resources around the importance of good leadership in helping teams to provide the best and safest care for people and communities. We promoted these resources in an end of year email to all professionals on the register from our Chief Executive and Registrar.

Supporting our professions, influencing the sector

- 34 In December 2023 we signed a joint letter with NHS England, the Care Quality Commission and the General Medical Council acknowledging the challenging context in which professionals are

working and reaffirming our commitment to taking context into account when concerns are raised with us.

- 35 We engage with governments and political stakeholders across all four nations on workforce issues, sharing our data and insight to inform policies. With a general election taking place within the next 12 months, we are engaging with opposition parties to understand more about their health and social care policy proposals.
- 36 On 18 December 2023 the Public Affairs team met with Paulette Hamilton MP (Member of the Health and Social Care Select Committee, Labour) to discuss the work of the committee, implementation of the Long-Term Workforce Plan, recruitment and retention of the workforce, and the Labour Party's plans for social care.
- 37 On 29 December 2023, we welcomed the recognition of all those professionals on our register who received awards in the New Year's Honours. We are writing to individuals honoured to congratulate them on their achievements.
- 38 28 January 2024 marks five years since the first registered nursing associates in England. To celebrate this milestone, we will share reflections from nursing associates on their experiences and the impact they have had on people's health and wellbeing.

Hearing the public voice

- 39 The Public Voice Forum met on 28 November 2023. They were updated on the independent investigations relating to NMC culture and fitness to practise processes. The group also discussed their achievements and ambitions for the Forum, including early involvement to shape NMC projects and a desire to increase public understanding of our work.

Regulatory reform

- 40 In December 2023, the Government reached a major milestone in the reform of professional regulation. It has now responded to its Anaesthesia Associates and Physician Associates consultation and laid legislation in Parliament to enable the General Medical Council to regulate these new professions. This legislation will act as a template for our own Order. We welcomed this response and the next steps towards legislative reform and are seeking further clarity from the Government on these timelines for reform.

Planning and prioritisation

- 41 We face significant pressure on our resources arising from the need to ensure that we reduce the time it takes to progress fitness to

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practise cases, from recent unplanned events and continuing inflation. To release people and financial resource to meet these pressures, the Executive reviewed our portfolio of current and proposed activities to identify those that could be paused or deferred.

42 This process included careful consideration of the risks associated with not carrying out planned work and the potential impact on the public, professionals on our register and our colleagues. Further information about reprioritised or rescope activity can be found in the annexes to this report, and our full draft corporate plan and budget reflecting the changes will be submitted to Council for approval in March 2024.

Midwifery implications:

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

44 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.

45 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).

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

Public protection implications:

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

Resource implications:

48 None in addition to those within our corporate budget.

Equality diversity and inclusion implications:

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

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50 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.

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

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

Stakeholder engagement:

53 Discussed within this paper.

Risk implications:

54 Risk implications are dealt with in this paper.

Regulatory reform:

55 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.

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

Legal implications:

57 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 three (October to December 2023).

Progress against our 22 corporate commitments

- 2 Our three-year corporate plan and budget sets out 22 corporate commitments (CCs) that will frame our work up until the end of our strategy period in 2025. Of our 22 CCs:
 - 2.1 16 are actively being worked on.
 - 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 completed 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 in Q3 (CC15 – create a modern and accessible website).
 - 2.7 One has been paused CC18 – (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, section 2**.
- 4 Overview of traffic light assessments at Q3:
 - 4.1 Nine CCs were rated as green, five were amber due to some uncertainty or delays and two were red (CC5: Implementing a new data driven and proportionate approach to education quality assurance (QA) and CC7: reducing the fitness to practise (FtP) caseload)
 - 4.2 Our forecast for the year end 31 March 2024 shows that nine are anticipated as green and five are expected to be amber, reflecting some risk or uncertainty.
 - 4.3 Two commitments (CC7: reducing the FtP caseload and CC21: Create modern workspaces) will end the year as red to reflect uncertainty, delays or resource limitations.

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- 5 In addition to our CCs, we continue to monitor the implementation of Welsh Language Standards. This was rated green for Q3 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 has resulted in some movement in our corporate commitments to ensure that we focus on the right things.

Financial Performance Report – Q3 2023-2024 summary

- 7 Our overall financial position continues to be secure, with free reserves at £43 million, similar to the position a year ago. Our liquidity remains strong with cash and investments of £103 million. We are forecasting a £4 million budget deficit at the end of the year, half the budgeted deficit of £8 million. This change is driven by higher than budgeted income from registrant fees.
- 8 Detailed financial information and commentary is at **Annexe 1, section 5**. Key points to note:
- 8.1 Our total income is five percent higher than budget mainly due to increased numbers of professionals on our register and higher than anticipated numbers 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 one percent below budget largely due to delays in recruiting colleagues into some posts. For non-staff costs there are underspends due to the phasing of some consultancy IT costs and outsourced work, including demand-driven approval and monitoring work with respect to approved educational institutions (AEIs). We anticipate catching up on some spend this year, but a significant portion will be deferred into future periods. The overspend on budget in the Professional Regulation directorate is predominantly due to FtP operations and in particular the growing number of High Court interim order extensions and increased average length of substantive hearings. We will also incur additional costs as we instruct out significant number of cases to external legal investigators.
- 8.3 Actual spend on projects is £2.6 million, 28 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 used 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 gains on our investments of £1 million over the nine months to December reflecting the wider general improvement in equities. We do not normally forecast either gains or losses for our investments.

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- 10 Our lower than budgeted forecast deficit for the year of £4 million reflects income at nearly £5 million higher than budgeted and directorate core costs mostly below budget. The exception is Professional Regulation where we forecast spend to be significantly higher than budget due to the increased costs of caseload reduction.
- 11 Looking to later years, the overall implication of this year's performance is that some costs and capital investments are moving from 2023-2024 into later years, with increased investment in addressing the FtP caseload also planned. To a significant degree this is likely to be funded from deferring the planned refurbishment of our offices at 23 Portland Place. Budgets for next year and beyond are currently being developed and will be presented to Council in March 2024.

Progress against corporate Key Performance Indicators (KPIs)

- 12 At **Annexe 1 section 3**, we have provided relevant exception comments alongside our KPI tables.

Corporate risk exposure

- 13 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.
- 14 We have continued to respond to a number of issues which have impacted our risk landscape, either in terms of our workforce, financial position and ability to protect the public. Our exposure report at **Annexe 2** provides further details.
- 15 During quarter 3 the Executive and Council discussed our current issues and emerging strategic 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 will result in the newly updated strategic risk register for 2024-2025.
- 16 Those not categorised as strategic risks, will form an operational risk register to be managed at directorate level, with mitigations largely being implemented through activities within our corporate plan. This cascading structure aims to provide great assurance for the management of risks across the organisation.
- 17 Currently, five 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 safely and swiftly; **COM18/02** (we do not act in in line with our statutory or wider legal obligations) to reflect some sensitive legal issues that we are currently managing; **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; **EXP18/01** (risk that we fail to meet external expectations), and **PEO23/01** (people capability, capacity and agility), both risks were increased from amber to red in November 2023 to reflect the risk exposure on our people, and trust and confidence in us as an organisation, after the publication of the articles in *The Independent*.

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18 We continue to take action in all these areas and will revisit risk scores once we have completed our business planning and revision of the strategic and operational risk registers.

19 **Compound risks:** We have looked across all existing directorate and corporate risks, and in addition to our overarching corporate people risk, we have found that the *capacity and capability of our people* is highlighted in 11 directorate registers as a causation, no change from our last review in October 2023. Our People Plan seeks to address this, with key initiatives including staff development and ambitious appraisals being implemented as a priority.

Item 6: **Annexe 1**, Section 2: Progress against our corporate commitments for 2023-2024

NMC/24/06

31 January 2024

Progress against our corporate commitments

Commitment	Q2 actual (2023-24)	Q3 actual (2023-24)	Year end forecast (at Q3)	Comments
Commitment 2 Provide greater flexibility in nursing and midwifery pre-registration education and training by launching new standards for pre-registration education in the UK.	Green	Green	Green	On track: Market engagement for a research/engagement provider concluded in November 2023, the tender went live in December 2023 and closed on 16 January 2024. Q4 involves seeking expressions of interest and recruiting a chair for the independent steering group that is part of our commitment to coproduction and will make recommendations to EB. Plans for establishing an external stakeholder advisory group and public/student group start in March 2024.
Commitment 3 Review regulation of advanced nursing and midwifery practice.	Green	Green	Green	On track: An appraisal of the options for regulating Advanced practice (AP) is underway. A health economist has been appointed with their report expected in Q4 and literature reviews are scheduled for completion by the end of February 2024. We also commissioned <i>Britain Thinks</i> to independently analyse the themes emerging from our considerable engagement, and a recommended option will come to Council in March 2024.
Commitment 5 Implement a new data-driven and proportionate approach to education quality assurance (QA) which enables us to have a more holistic oversight of institutions and their programmes to make appropriate interventions.	Green	Red	Amber	Off track with some uncertainties: The Education QA team has made progress in identifying risks within Approved Education Institutions in England, but there's a need for resource allocation to extend this approach to all four countries. Despite receiving Higher Education Statistics Agency data on student success rates in NMC approved programs by protected characteristics, there's a lack of dashboards for analysis. Manual analysis is required, but there is a shortage of resources in the Education QA team. The procurement for a new QA Service Provider is progressing, but attention is now on new contract planning, impacting IT, finance, communications, and governance. The Executive are considering how to address the immediate risks, supported by an external review for future readiness.

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Item 6: **Annexe 1**, Section 2: Progress against our corporate commitments for 2023-2024

NMC/24/06

31 January 2024

Commitment	Q2 actual (2023-24)	Q3 actual (2023-24)	Year end forecast (at Q3)	Comments
<p>Commitment 7 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	Red	<p>Delayed: In Q3, our performance was below assumptions for a second quarter. Although our decision making capacity has increased during the year compared to the same period last year, the increased numbers of referrals is masking the impact this has had on the overall caseload. The number of referrals is a key risk that we are mitigating through our new FTP improvement plan, including plans to reduce the number of referrals which are not for us (e.g., they do not meet our threshold).</p>
<p>Commitment 8 Work with the Department of Health and Social Care (DHSC) to deliver a substantial programme of regulatory reform to remove legal barriers that limit improvements in the way we regulate.</p>	Green	Green	Green	<p>On track: DHSC postponed engagement on the NMC Order until January 2024, despite the initial plan for September/October 2023. In November 2023, the Programme Board, along with the Executive Board (EB), reviewed NMC corporate priorities and approved extended milestones. The Programme team assessed the Anaesthesia Associates and Physicians Associates Order (AAPAO) and collaborated with DHSC on related provisions, with AAPAO laid in Parliament in December 2023. The team refined policy positions, responded to the Professional Standards Authority's (PSA) guidance review, and incorporated draft rules for charging fees to approved education institutions (AEIs). All draft rules were aligned with the updated AAPAO. The rating is green, indicating progress to date against original plans. The team is adapting plans for the new approach and milestones approved in November 2023.</p>
<p>Commitment 9 Tackle discrimination and inequality and promote diversity and inclusion to make sure that our processes are fair to everyone.</p>	Amber	Amber	Amber	<p>On track but with some delays: Improving EDI in Professional Regulation: Addressing potential disproportionate referrals from employers, and ensuring EDI in teaching programmes, are key focuses. The analysis of equality impacts in Regulatory Reform activities guides priority actions for Professional Regulation, as mentioned in commitment</p>

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Item 6: **Annexe 1**, Section 2: Progress against our corporate commitments for 2023-2024

NMC/24/06

31 January 2024

Commitment	Q2 actual (2023-24)	Q3 actual (2023-24)	Year end forecast (at Q3)	Comments
(Our Equality, Diversity, and Inclusion (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>8, some EDI activity will be delayed due to new milestones. A self-assessment against PSA Standard 3 has been submitted for periodic review.</p> <p>Improving EDI at NMC: We have integrated EDI workforce actions into the People Plan, focusing on priority initiatives to address current issues. An EDI learning review by an external provider will start in March or April 2024.</p> <p>Networks: The scoping phase for the structure of our networks, Unison, and external stakeholders is complete, establishing roles for sponsors and members. A playbook will be shared in January 2024.</p> <p>Responding to Workforce Race Equality Survey (WRES), Your Voice, and whistleblowing feedback, we are forming Speak Up Ambassadors to encourage open dialogue from the earliest stages, promoting a safe environment for colleagues to voice concerns.</p> <p>We are reporting an amber rating, as we are taking remedial action to realign our EDI Plan to recent events. While expecting partial delivery, our refocused efforts aim for significant progress in prioritised areas.</p>
Commitment 11 Deliver policy and legislative change to enable new approaches to international registrations, including a review of	Green	Amber	Green	On track with some delays: EB approved the continuation of the current approach for assessing and registering holders of European Free Trade Agreement (EFTA) qualifications. The standstill will persist for the majority, while others will follow the

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Item 6: **Annexe 1**, Section 2: Progress against our corporate commitments for 2023-2024

NMC/24/06

31 January 2024

Commitment	Q2 actual (2023-24)	Q3 actual (2023-24)	Year end forecast (at Q3)	Comments
English language guidance, to ensure that it is fair.				<p>Test of Competence (ToC) process. No operational changes were needed when the trade deal went live on 1 December 2023. EB has requested a deferral of the recognition of international qualifications from International Nurse Regulators Collaborative (INRC) countries to address other priority actions. We will focus on assessing its applicability globally and explore the need for implementation in alignment with the Switzerland trade deal by January 2025. Background work will continue, emphasising a broader scope beyond INRC countries.</p> <p>A data monitoring and research on Supporting Information from Employers (SIFE) users are ongoing. All findings and Equality Impact Assessments will be reported in July 2024.</p> <p>Overall rating amber to acknowledge the deferral of the qualification comparability work.</p>
Commitment 12 Maintain the Covid-19 emergency register	Green	Green	Green	On track: Operational preparations are underway for the closure of the temporary register. Data risk assessment is planned for January 2024.
Commitment 13 Build trust in professional regulation through targeted campaigns to build an awareness of who we are, what we do, and what we stand for.	Amber	Amber	Amber	Marginally delayed: In November 2023, the 'good leadership means better care' campaign was launched, receiving positive feedback from stakeholders and on social media. In December 2023, Instagram was introduced as a key communication channel for engaging students, with a student-focused campaign

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Item 6: **Annexe 1**, Section 2: Progress against our corporate commitments for 2023-2024

NMC/24/06

31 January 2024

Commitment	Q2 actual (2023-24)	Q3 actual (2023-24)	Year end forecast (at Q3)	Comments
				<p>launching in January 2024. Future plans include campaigns on holistic nursing in Q4 and multidisciplinary care in February/March 2024. Audience insight work originally scheduled for November 2023 has been postponed to Spring 2024 due to stakeholder pressures and a pause in strategy development. Amber rating reflects those delays.</p>
<p>Commitment 14 Expand our national and local outreach to embed regulation, support, and influence at local level (evolving our Employer Link Service into a broader outreach and in-reach service).</p>	Amber	Amber	Amber	<p>On track but with some uncertainties about resource capacity: The recruitment for expanding advisory capacity for national and local outreach is currently paused to address other priority activity. Outreach team Adviser job descriptions have been reviewed, sent for evaluation, and will be advertised in January 2024. Efforts to engage with social care and the agency nursing sector are underway, with increased scale and pace expected once the adviser role has been recruited to.</p> <p>The 'Welcome to the UK programme' for nurses and midwives has received positive feedback, with plans to launch an online version in 2024. Twenty sessions have been delivered since April 2023, reaching over 500 international nurses.</p> <p>The Midwifery Matters sessions are ongoing, although the commitment to quarterly delivery per region/devolved administration has been impacted by unforeseen activities.</p>
<p>Commitment 15 Create a modern and accessible website that effectively portrays our values, delivers our core services, and enhances our communications and engagement.</p>	Red	Paused	Paused	<p>Paused: The website redevelopment program remains paused resulting in a red rating. Attention has shifted to essential continuous improvements to mitigate risks, address bugs, and align the website with FtP improvement program needs.</p>
	Green	Green	Green	<p>On track:</p>

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Item 6: **Annexe 1**, Section 2: Progress against our corporate commitments for 2023-2024

NMC/24/06

31 January 2024

Commitment	Q2 actual (2023-24)	Q3 actual (2023-24)	Year end forecast (at Q3)	Comments
<p>Commitment 16 Improve our insight and use it to enhance our regulatory impact and influence in the sector.</p>				<p>Coded Data Set (CDS): Changes to revalidation to collect structured employer data was released in November 2023. Further work is required in Q4 to Q1 2024/25 for bug fixes, and improvements to the process and the CDS data set.</p> <p>Diversity monitoring: EB approved modifications to our diversity monitoring approach, we focus now on implementation. Changes to our internal HR systems are scheduled for Q1 2024-25 onwards, and we are awaiting confirmation on the anticipated timelines for adjustments to other systems.</p> <p>Shared data platform (SDP): An oversight group is strategising investment in the SDP to maximise benefits in regulatory collaboration, risk identification, and organisational culture. The project is in the scoping phase, aiming to unveil insights into referral patterns and associated factors.</p>
<p>Commitment 17 Deliver our People Plan that supports our colleagues to be engaged, retained, and supported to deliver our strategy.</p>	Green	Green	Green	<p>On track: The update emphasises progress against a plan outlined in July, with a focus on flexibility amid ongoing investigations. Key achievements include the successful implementation of Total Reward changes for the 2023-2024 pay award and a new pay policy. Discussions on Pay and Reward for 2024-2025 are happening in January 2024. The Your Voice survey results in September 2023 led to local action plans and interventions aligned with the People Plan. The Management Essentials program pilot saw positive feedback from over 300 participants, prompting analysis for the next phase. Casework training for HR and legal, recruitment initiatives, and the launch of Ambitious Appraisals in October 2023 (with 68 percent completion) are notable advancements, shaping the organisational trajectory. Ongoing agility and reflection are highlighted in anticipation of evolving priorities.</p>

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Item 6: **Annexe 1**, Section 2: Progress against our corporate commitments for 2023-2024

NMC/24/06

31 January 2024

Commitment	Q2 actual (2023-24)	Q3 actual (2023-24)	Year end forecast (at Q3)	Comments
<p>Commitment 19 Update digital systems that support how we regulate to improve the experience for customers and colleagues. <i>(Modernisation of technology services programme – MoTS)</i></p>	Amber	Amber	Amber	<p>On track with some delays:</p> <p>Wiser decoupling Project: Development for the Wiser decoupling project and system integration testing is complete. Delivery for Release 3 in February 2024 remains on track, with decommissioning plans are underway post- decoupling.</p> <p>Education Quality Assurance (EQA): The EQA data-driven approach and dashboards were released on 5 January 2024 marking the completion of MoTS Phase 3a.</p> <p>The Concerns Management Tool, implemented in November 2023, aids Professional Regulation in efficiently handling public-referred concerns and streamlining processes.</p> <p>The proposal to replace the case management system (CMS) for FtP is scheduled for Council approval in March 2024., emphasising narrative detailing technology-driven efficiencies. Recruitment for a Senior Programme Manager is ongoing.</p> <p>An Amber rating acknowledges complexities in changing the payment provider for NMC Online and potential delays in delivering a listings solution to FtP in Phase 3b. These updates highlight project milestones, tool implementations, and challenges within the organisation.</p>
<p>Commitment 20 Deliver contemporary IT through our technology improvement programme and core business to improve our efficiency.</p>	Green	Green	Green	<p>On track: Servers have been migrated to Azure in Q3. The project plan was re-baselined due to key resources also engaged in the MoTS programme. Certain systems, like Wiser, will stay on-premises until retired as part of the MoTS initiative, as they cannot be moved to the cloud.</p>
<p>Commitment 21 Create modern workspaces that support wellbeing and collaboration (five-year programme).</p>	Green	Green	Red	<p>Off track with some uncertainties:</p> <p>23PP: Royal Institute of British Architects stage 2 works and designs are complete, including acoustic tests at 23PP, OWA, and 2SP. A sustainability Building Research Establishment Environmental Assessment Methodology Pre-</p>

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Item 6: **Annexe 1**, Section 2: Progress against our corporate commitments for 2023-2024

NMC/24/06

31 January 2024

Commitment	Q2 actual (2023-24)	Q3 actual (2023-24)	Year end forecast (at Q3)	Comments
				<p>Assessment, aiming for a very good rating, has been issued for team input. Colleague survey and workshop feedback regarding the 23PP refurbishment have been shared with the NMC Project Board and Comms colleagues.</p> <p>The RAG rating changed to red reflects an EB decision to pause refurbishment plans following an internal strategic review, prompting a pause in 23PP refurb works. Collaborative efforts are underway to settle contractual positions. Next steps will be reviewed by Accommodation Committee in January 2024.</p> <p>2SP: Negotiations for a commercial lease extension are progressing well. An initial draft of Heads of Terms (HoTs) has been exchanged with the landlord, and a response has been submitted. Further communication is expected in January 2024. General Counsel is involved in appointing a specialised property lawyer to review forthcoming lease extension documents.</p>
<p>Commitment 22 Implement an NMC sustainability and environmental plan.</p>	Amber	Green	Green	<p>On track: The organisation, in collaboration with external experts Public Service Consultants Limited (PSC), have drafted a comprehensive plan outlining key targets for achieving net zero and carbon neutrality. The plan addresses both direct and indirect carbon impacts and outlines strategies to engage and support professionals on our register. Council discussed the plan at a July seminar, and though implementation progress has been slowed by other priorities, but advancements have been made. The focus includes integrating sustainability into key procurements.</p>
<p>Implementation of Welsh language standards</p>	Green	Green	Green	<p>On track: The December 2023 compliance deadline was met with the rollout of key communications and internal and external documents.</p>

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Item 6: **Annexe 1**, Section 2: Progress against our corporate commitments for 2023-2024

NMC/24/06

31 January 2024

Commitment	Q2 actual (2023-24)	Q3 actual (2023-24)	Year end forecast (at Q3)	Comments
				The website now facilitates concerns, information access, and applications in Welsh. The primary telephone service and standard letter templates are also now available in Welsh.

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 10: Continue to ensure objective structured clinical examination (OSCE) capacity meets demand and to explore ways of improving access. - Closed

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	Jul	Aug	Sep	Oct	Nov	Dec
Volume of the overall fitness to practise caseload (closing caseload) (month actual)	Reduce	5,454	5,339	5,500	5,519	5,606	5,711
Percentage of interim orders (IOs) imposed within 28 days of opening the case (month actual)	80%	66.7%	71.7%	76.9%	63.0%	71.7%	68.1%
Percentage of fitness to practise cases concluded within 15 months of being opened (month actual)	Monitor	57.1%	63.5%	58.2%	62.6%	63.4%	56.4%

Exception comments

Volume of the overall fitness to practise caseload: Volume of caseload remains high for Q3, we saw an increase of 211 cases compared to September 2023. This was due to high referral rates. Please refer to the FtP Casework Update at item 9 on the agenda for more details.

Percentage of interim orders (IO) imposed within 28 days of opening the case: Below target for Q3. An average of 67.6 percent of interim orders were imposed within 28 days of opening a case between October and December 2023. Increased IO referrals and hearing pressures could trigger further delays, pushing the KPI further off target. To manage capacity, resources are temporarily shifted from lower-risk cases. We closely monitor this to mitigate risks.

 Registrations, OCSE and contact centre KPIs	Target	Jul	Aug	Sep	Oct	Nov	Dec
Registrations: Percentage of UK initial registration applications completed with no concern within 1 day	97%	99.9%	99.6%	98.9%	99.7%	99.9%	99.8%
Percentage of UK initial registration applications completed where concerns are raised within 60 days	90%	100.0%	100.0%	98.7%	98.9%	95.0%	91.7%
Percentage of overseas registrations applications assessed within 30 days	95%	99.9%	99.6%	99.8%	99.0%	99.5%	99.3%
Readmissions: Percentage of readmissions applications completed within 21 days	90%	98.6%	97.8%	96.1%	99.6%	98.4%	99.4%
OSCE: 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%	98.0%	98.6%	98.9%	97.0%	98.9%	99.0%
Number of OSCE tests offered per month across our 5 test centres	>3000	4,790	4,951	4,775	4,956	4,928	3,432
Number of test takers	Monitor only	4,610	4,581	4,220	4,471	4,394	3,310
Contact centre: Percentage of call attempts handled	90%	96.0%	97.7%	95.8%	93.0%	90.7%	88.4%
Total number of calls into the contact centre	Monitor only	16,007	18,288	20,159	20,899	19,159	15,555
Total number of calls answered by the contact centre	Monitor only	15,366	17,863	19,304	19,437	17,370	13,748
Percentage of customers reporting that the contact centre handled their call with kindness	96%	95.4%	95.7%	94.8%	94.8%	94.9%	94.8%
Number of emails handled	Monitor only	4,185	5,094	5,058	4,610	3,818	3,178

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 eleven months consecutively.

Contact centre

- **Percentage of call attempts handled:** We were below target for December 2023, after being above target for six consecutive months. This was due to a high volume of calls in the opening 3 days, service during this period was 74.9 percent average with 3,404 calls offered compared to 2,439 previous year.
- In Q3 we have processed 50,555 calls, an increase of 12 percent compared to the same period in 2022-2023 (45,094 calls).
- In Q3 we have processed 11,606 emails, down 10 percent compared to the same period in 2022-2023 (12,916 emails).

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.


Kindness score: We were below target for Q3 with an average of 94.8 percent. It was noted that since June 2023 we have been behind our target of 96 percent, however as the score is still high and our customer satisfaction score remains stable, we would not currently escalate this as a concern.

 Enquiries and complaints KPIs	Target	Jul	Aug	Sep	Oct	Nov	Dec
Percentage of complaints handled within 20 working days	90%	95.0%	88.0%	94.0%	95%	90%	97%
Number of complaints handled	Monitor only	125/131	119/135	116/124	142/150	138/153	124/128
Percentage of information requests responded to within their statutory timeframes	90%	96.0%	93.0%	96.0%	94%	95%	96%
Number of information requests handled	Monitor only	161	176	149	142	158	149
Percentage of MP enquiries responded to in 20 days	90%	100%	100%	100%	88%	50%	100%
Percentage of enquiries responded to in 20 days	90%	100%	100%	85.7%	100%	100%	100%
Percentage of customers highly satisfied/satisfied with the service received	85%	92.0%	88.0%	86.0%	85%	87%	87%
Number of feedback surveys completed	Monitor only	720	733	770	829	719	626

Exception comments – customer enquiries, complaints, and feedback

MP enquiries: In Q3 we were below target for 2 out of 3 months with 82 percent. We continue to see small volumes disproportionately affecting the overall percentage, with some MP enquiries delayed due to requiring more complex responses. Since October 2023 we have responded to 9 MP enquiries out of 11. Although below target, we are confident that delays do not negatively impact this work.

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 People KPIs	Target	Jul	Aug	Sep	Oct	Nov	Dec
Number of full time equivalent (FTE) NMC employees (month actual)	1,215 (annual av.)	1,138	1,139	1,152	1,147	1,151	1,154
Percentage of agency and contractors (as a percentage of total FTE) (month actual)	Monitor only	5.7%	5.6%	5.2%	5.1%	4.7%	4.6%
Percentage of all NMC turnover (permanent employees only) (12 months rolling)	10-15%*	10.5%	10.1%	9.6%	9.9%	9.6%	9.3%
Total number of new starters (permanent) (month actual)	Monitor only	7	5	15	13	17	10
Total number of leavers (permanent) (month actual)	Monitor only	5	5	11	13	7	4
Percentage of new starters leaving within 6 months of joining (12 month rolling)	12.5%	11.7%	11.6%	13.6%	14.7%	12.3%	14.1%
Number of new starters leaving within 6 months of joining (month actual)	Monitor only	1	0	1	3	2	0
Average number of days of sickness per employee (days)	6.5	7.8	7.8	8	8.1	8.3	8.6
Employee engagement score (out of 10) (annually)**	7.5			7.3	Next survey due in 2024-25 (annually).		
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

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

**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)

***As per the last survey in September 2023:

- Employee engagement score (out of 10) was rated 7.3
- Employee net promoter score was rated at positive score 15
- 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. 24 people have left the NMC and 40 people have joined as permanent colleagues in Q3.

Sickness absence: sickness absence remains higher than target averaging at 8.3 days per person per year. The top reasons for absence are stress, and mental health. We will continue to monitor this trend, particularly over the winter months, as the reasons are now changing to colds and flu as expected.

New starters leaving within 6 months of joining: we were below target for Q3 with an average of 13.7 percent. The increase in recent months has been driven by 3 leavers in October and 2 in November 2024.

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Traffic light definitions

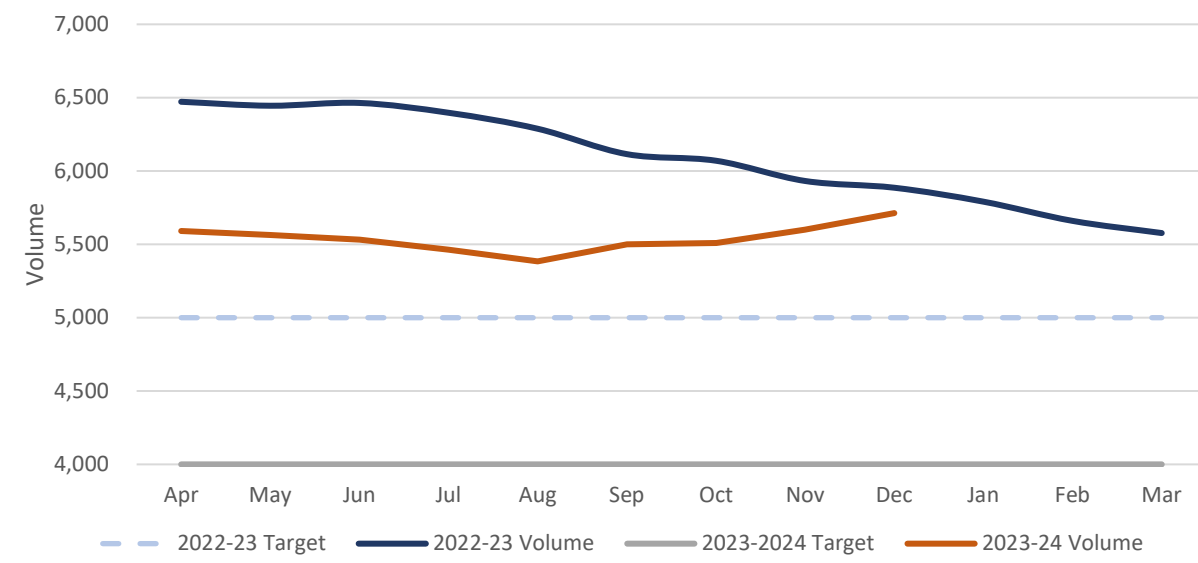
	RED	AMBER	GREEN
Corporate Commitments	<p>Significant concerns</p> <ul style="list-style-type: none"> • Expected to fail to deliver against its milestones • Actions are needed immediately to help the commitment to be delivered. 	<p>Some concerns</p> <ul style="list-style-type: none"> • Expected to partially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

Annexe 1 section 4. KPI Trend Dashboards

Professional Regulation - Fitness to Practise

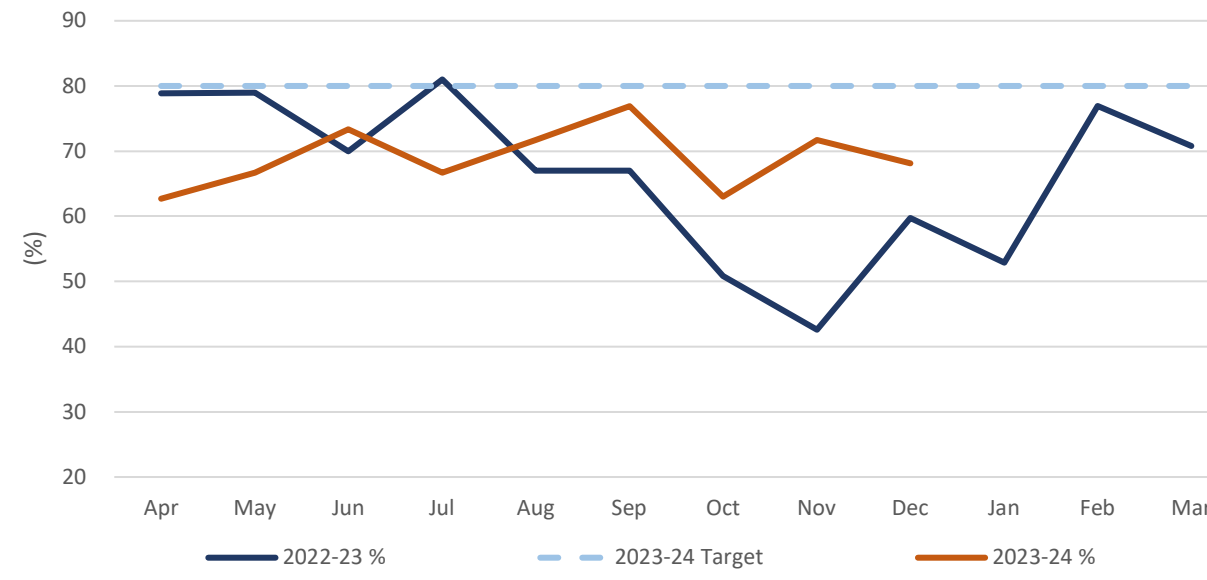
1. Fitness to practise caseload (closing caseload) (Volume)

The overall volume has been increasing.



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

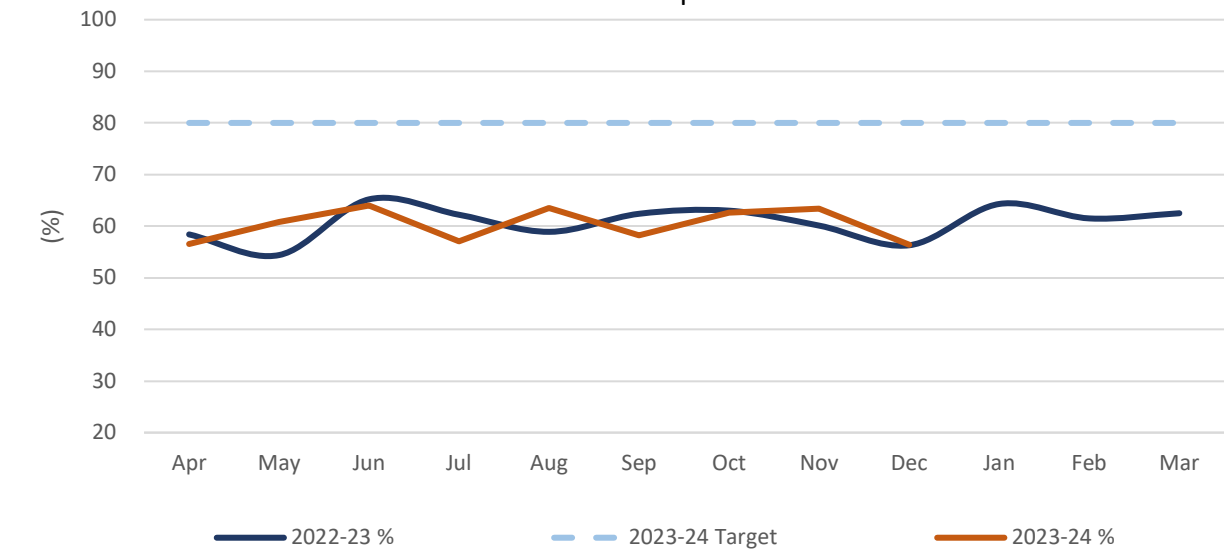
Below target.



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

Below target.

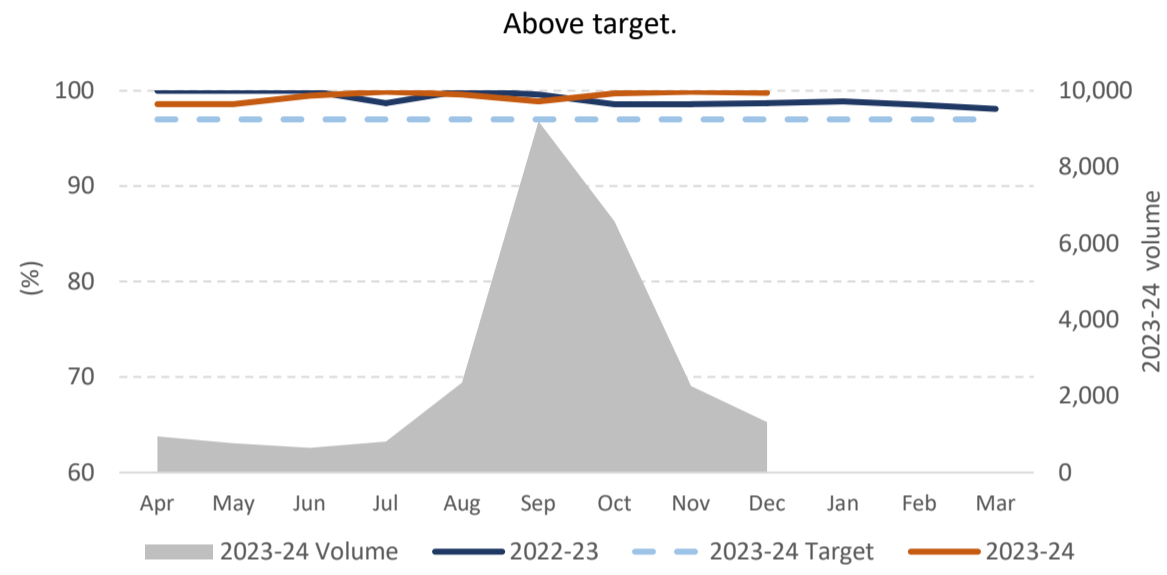
Work continues to improve timeliness



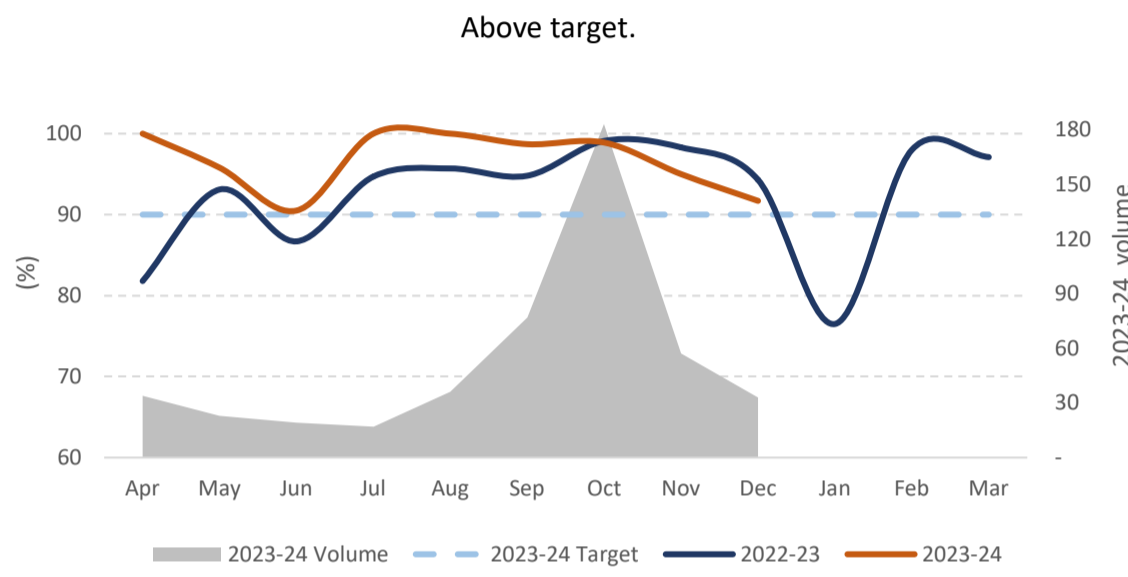
Professional Regulation - Registrations

Registrations

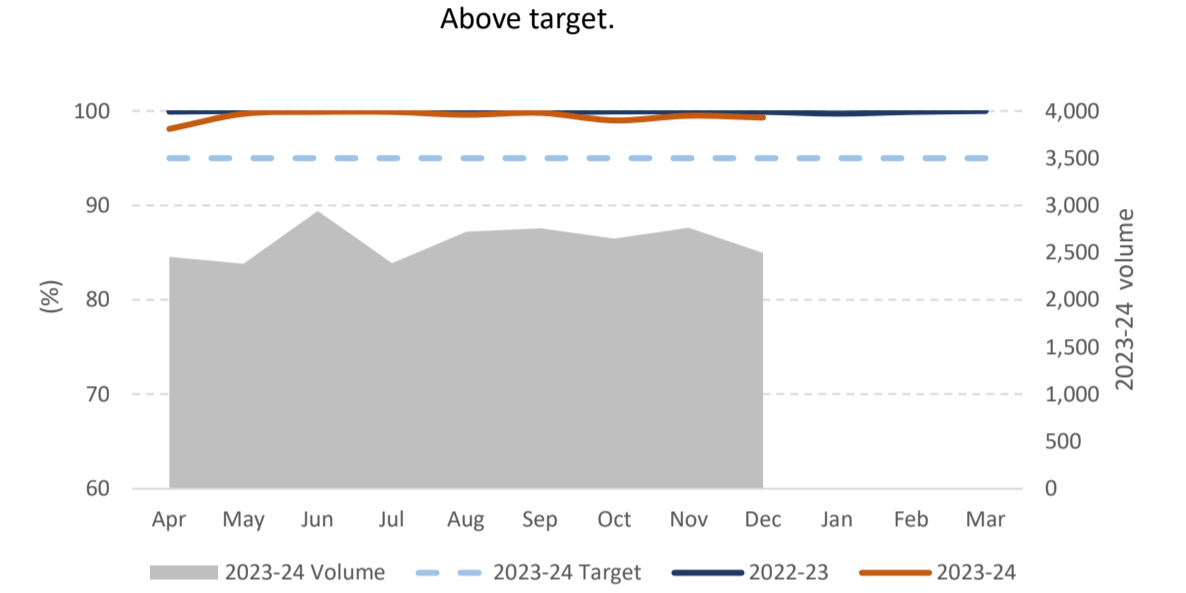
4. UK registration completed with no concern within 1 day (% and volume)



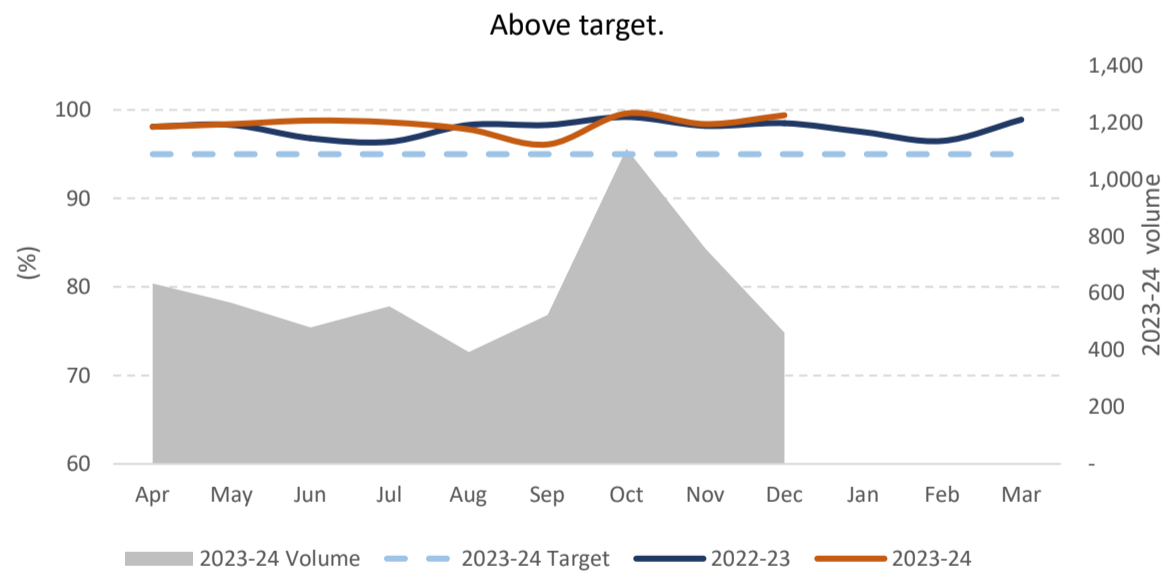
5. UK registrations requiring additional scrutiny within 60 days (% and volume)



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



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



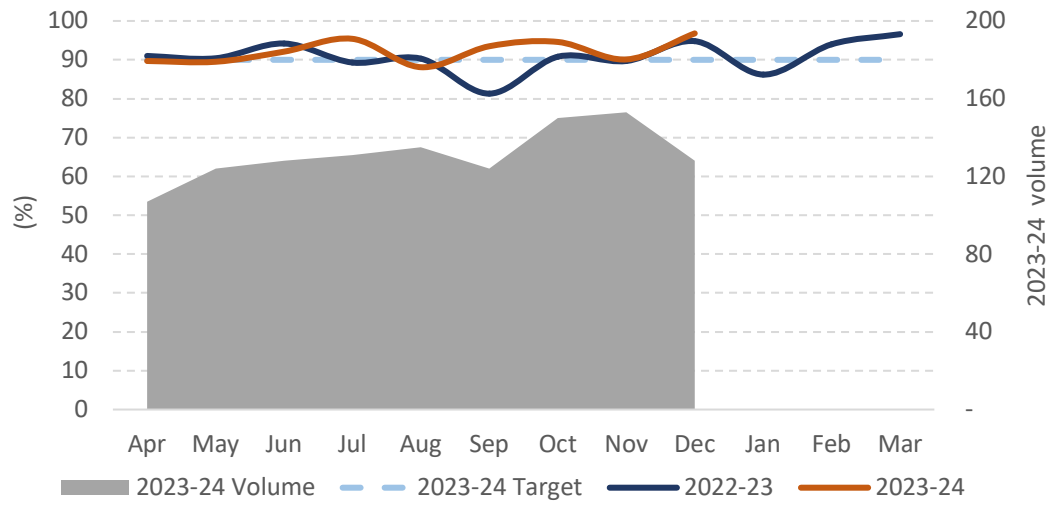
Contact Centre

8. Call attempts handled (% and volume)

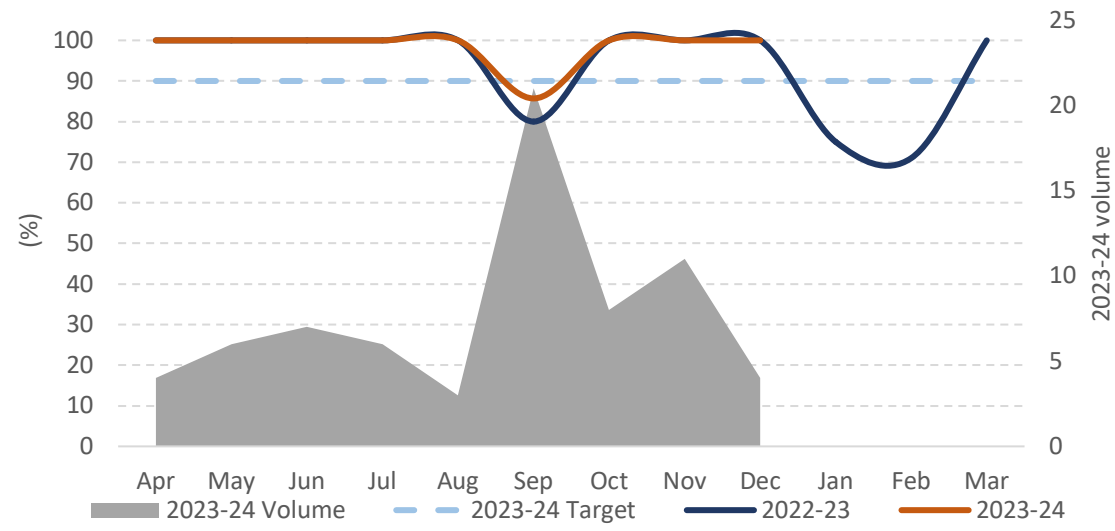


Customer enquiries, complaints and feedback

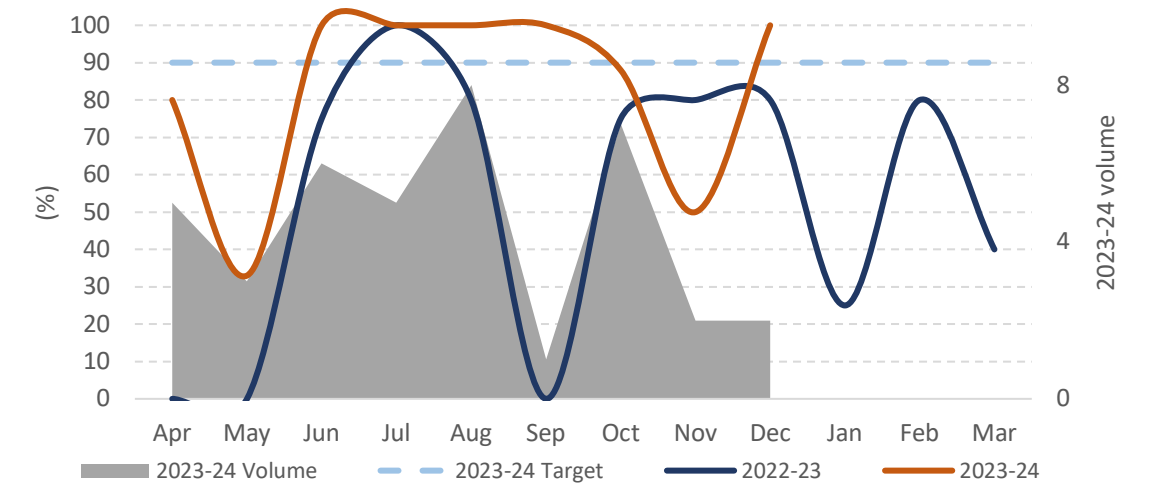
9. Customer complaints responded to within in 20 days
Above target.



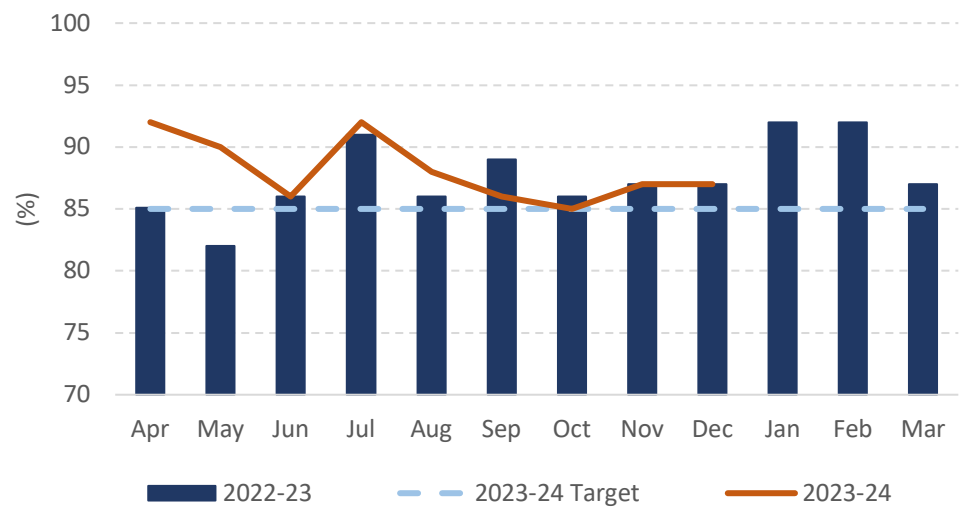
10. Enquiries responded to in 20 days
Above target.



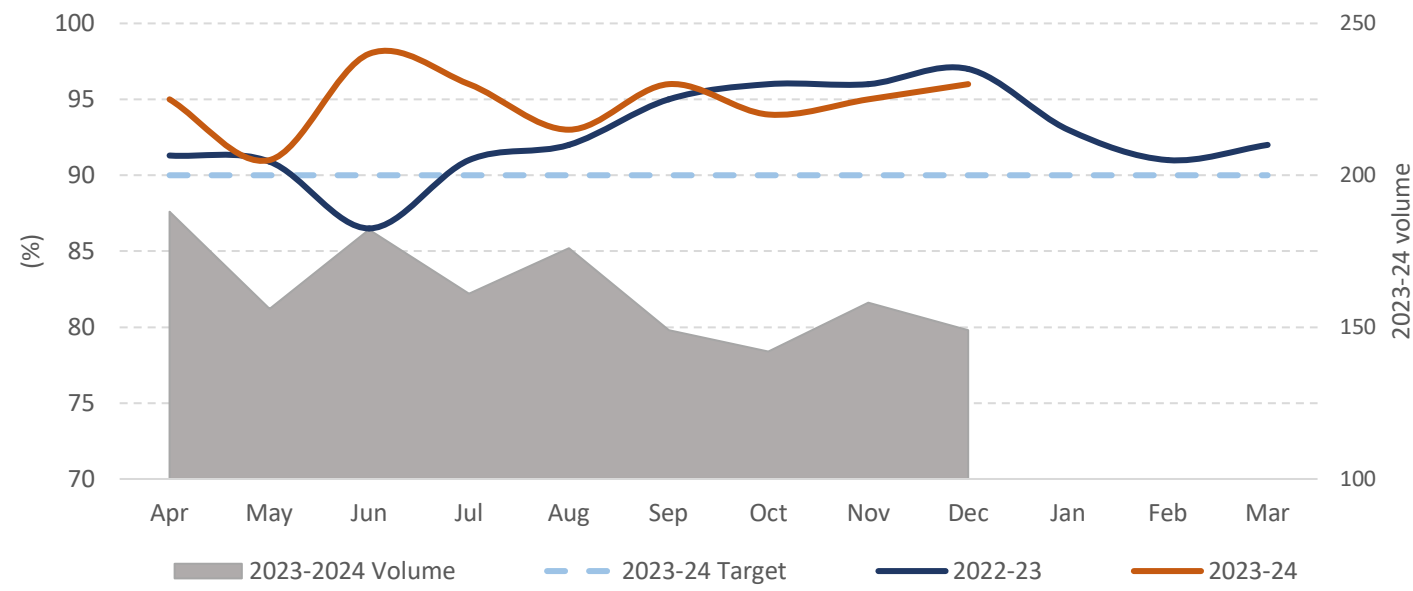
11. MP Enquiries responded to in 20 days
Below target for October and November.



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
Q3 2023-2024

Q3 performance		
Corporate Complaints	Complaints responded to	431
	Performance against KPI	93.7%
Enquiries	Enquiries responded to	23
	Performance against KPI	100%
MP complaints	MP complaints responded to	11
	Performance against KPI	81.8%
Information requests	Information requests (volume)	449
	Information requests responded to on time (%)	95%
Customer feedback	Feedback surveys	2159
	Rated service as good/ very good (%)	86%

Hot topics in Q3	
Complaints, MPs and Enquiries	Six complaints that we received from referrers included a request for us to bring their cases to the attention of Ijeoma Omambala KC. We have worked with General Counsel colleagues on the responses to these individual requests.
	We are in the final stages of planning the organisation wide workshop on responding to concerns in a human way. This is taking place on 8 February 2024.
Information requests	We received a freedom of information request from the Independent for disclosure of 2 reports produced by Capsticks: one review of a sample of 50 screening closure decisions, and one review of screening processes

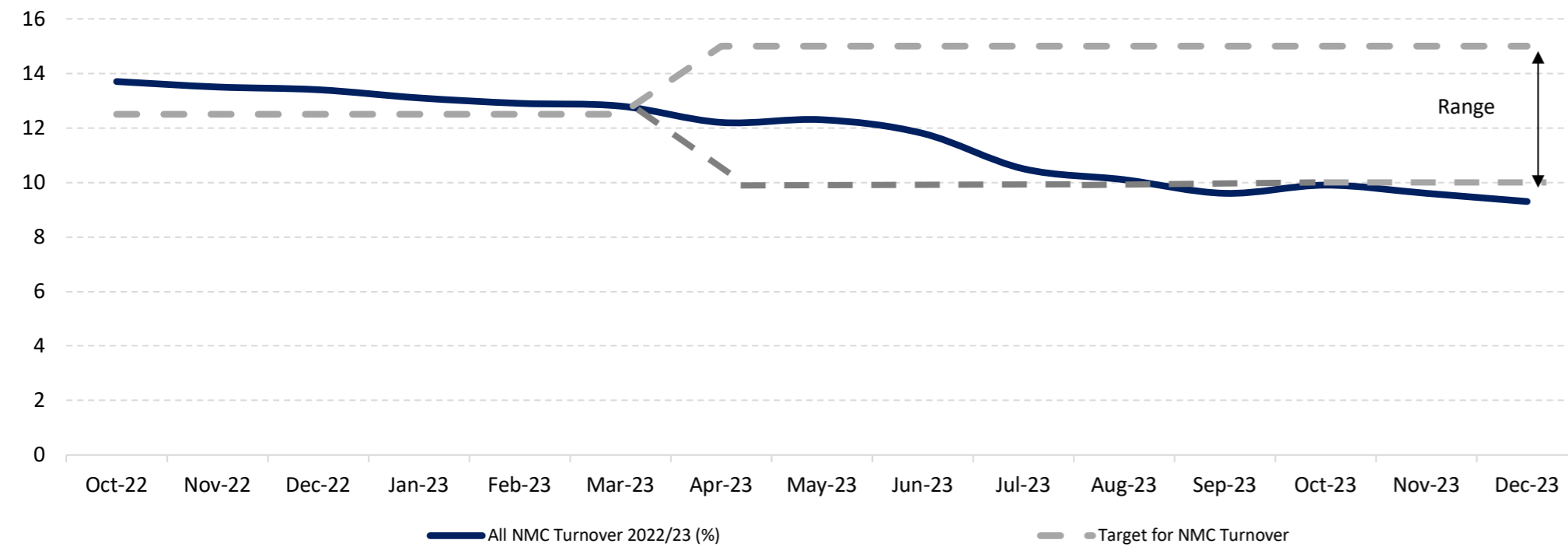
Learning points in date range (47 in total across the business)			
	Directorate	Number	Action
Complaints, MPs and Enquiries	Professional Regulation	37	<p>We received two enquiries from referrers about cases which were reviewed under the Future Ways of Working process. Screening have delivered updates to the Quality of Decision Making, Contact Centre and Enquiries and Complaints Teams on the mechanics of this process. This includes how individuals can request a review of any cases closed under the new process.</p> <p>We have reviewed the process for receiving posted documents with International Registrations to ensure that everything received is transferred to the correct application.</p> <p>We have fed back a training need to ensure that Assessment Officers are not mistakenly referring an application to the Registration Investigation Team.</p> <p>We are working with the Panel Support Team to ensure that panel members consistently declare conflicts of interest at the outset of hearings.</p>
	Information requests	No new learning points for Q3	

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	150	151	128			
	Performance against KPI	90%	89.5%	92.1%	95.4%	88.1%	93.5%	94.6%	90.1%	96.8%			
Enquiries	Enquiries responded to	4	6	7	6	3	21	8	11	4			
	Performance against KPI	100%	100%	100%	100%	100%	87.5%	100	100%	100%			
MP complaints	MP complaints responded to	5	3	6	5	8	1	4	2	2			
	Performance against KPI	80%	33%	100%	100%	100%	100%	75%	50%	100%			
Information requests	Information requests (volume)	188	156	182	162	176	149	142	158	149			
	Information requests responded to on time (%)	95%	91%	98%	98%	92%	96%	94%	95%	96%			
Customer feedback	Surveys sent	524	651	665	720	733	770	829	704	626			
	Rated service as good/ very good	92%	90%	86%	92%	88%	86%	85%	87%	87%			

Our people

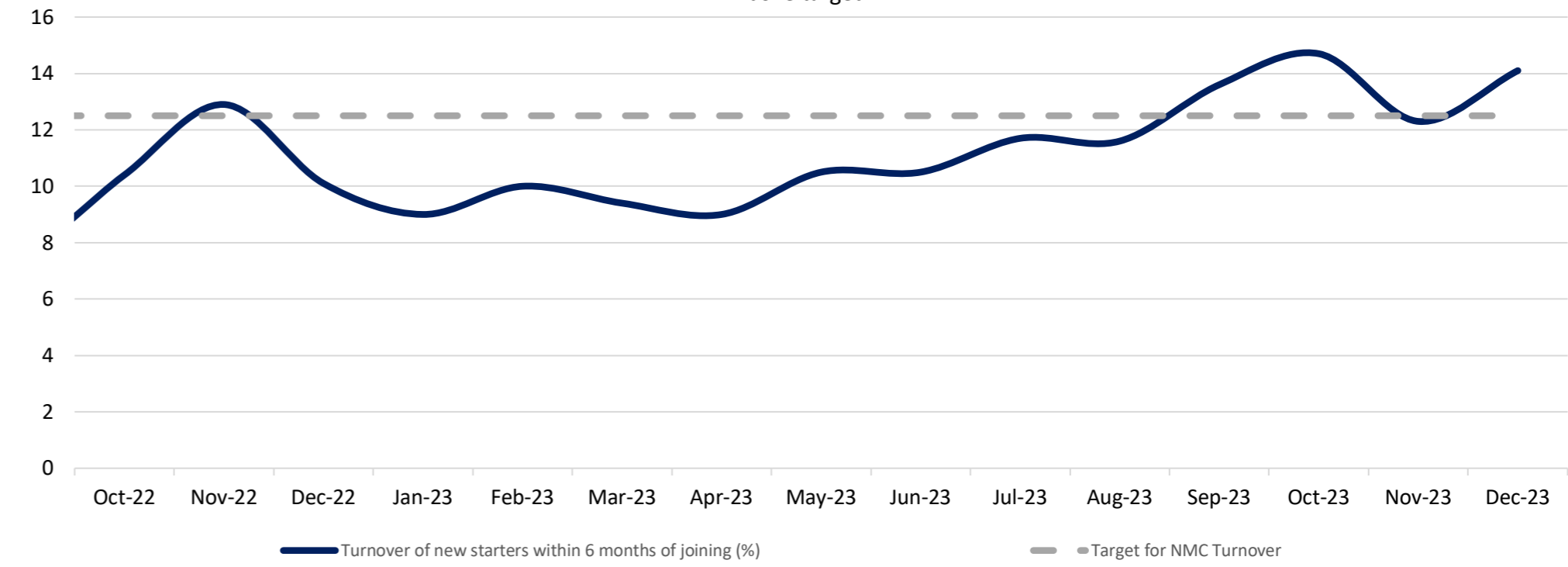
14. Total NMC employee turnover (%)

Within the acceptable range for Q3.



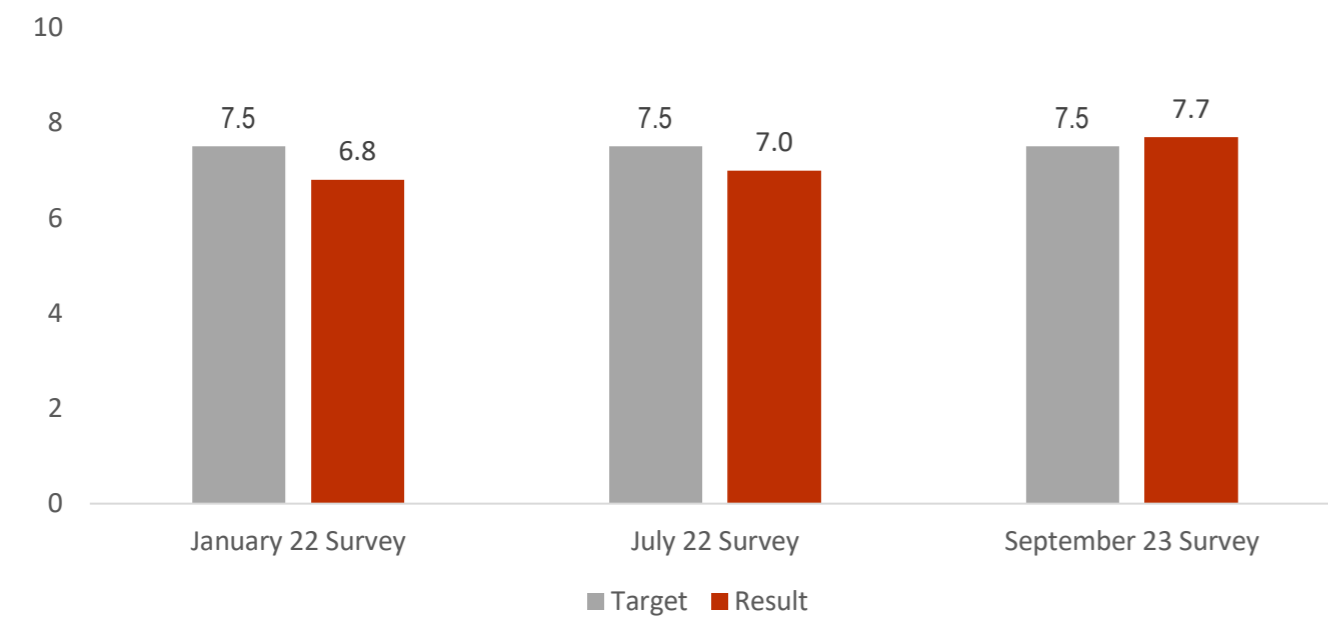
15. Turnover of new starters within 6 months of joining (%)

Above target.



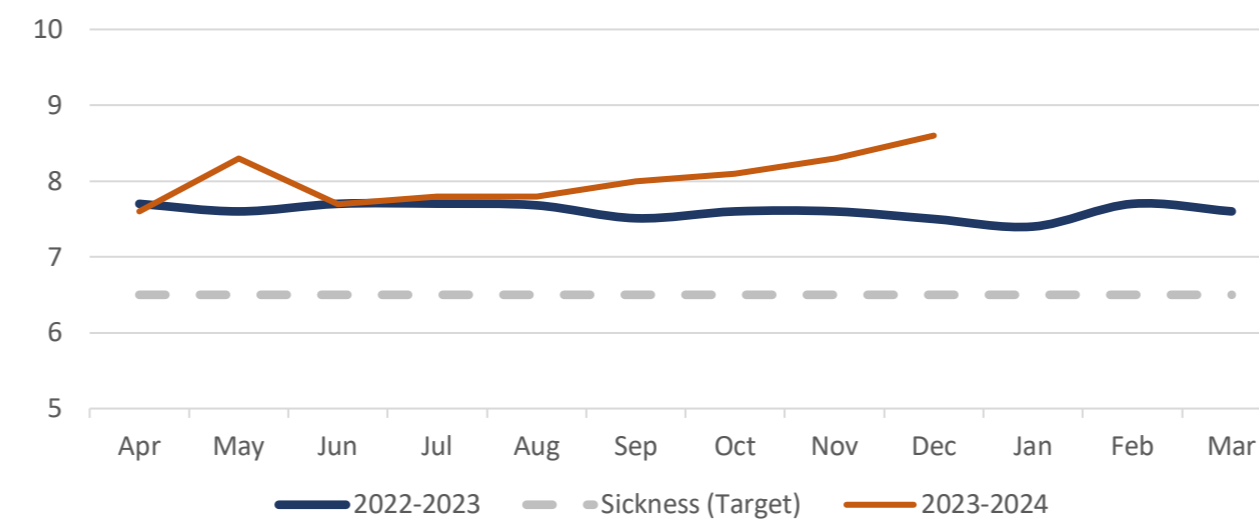
16: Employee engagement score (out of 10)

Above target.
Next survey will be due in September 2024



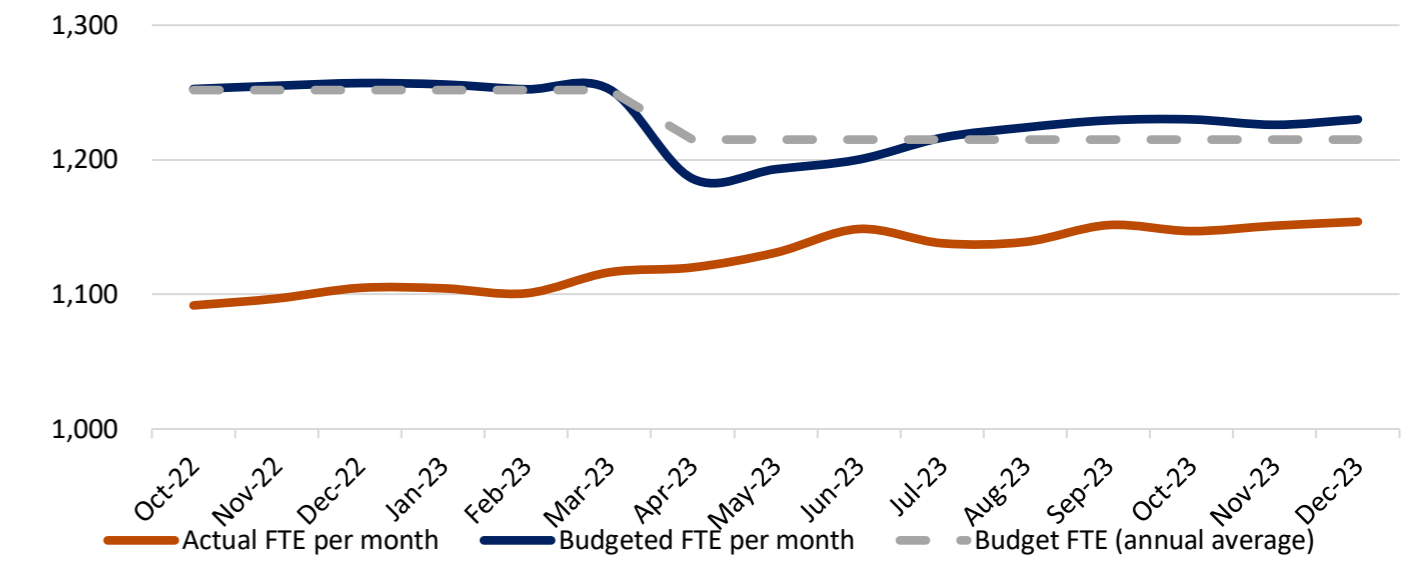
17. Sickness absence average days

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



18. Total Full Time Equivalent

Below target - see executive summary.



Nursing and Midwifery Council Financial Monitoring Report

£'m	December 2023 Year-to-Date				Full Year			
	Actual	Budget	Var.	Var. (%)	Forecast	Budget	Var.	Var. (%)
Income								
Registration fees	72.0	70.8	1.2	2%	97.0	94.8	2.2	3%
Other	8.5	6.2	2.3	37%	10.6	8.2	2.4	29%
Total Income	80.5	77.0	3.5	5%	107.6	103.0	4.6	5%
Expenditure								
<u>Core Business</u>								
Professional Regulation	40.4	39.3	(1.1)	(3%)	56.3	52.0	(4.3)	(8%)
Resources & Technology Services	13.8	14.3	0.5	3%	18.9	19.3	0.4	2%
People & Organisational Effectiveness	8.7	9.0	0.3	3%	11.8	12.1	0.3	2%
Professional Practice	4.0	4.6	0.6	13%	5.8	6.6	0.8	12%
Strategy & Insight	3.0	3.3	0.3	9%	4.0	4.5	0.5	11%
Communications & Engagement	2.5	2.6	0.1	5%	3.4	3.5	0.1	3%
Directorate - Core Business	72.3	73.0	0.7	1.0%	100.2	98.0	(2.2)	(2%)
<u>Corporate</u>								
Depreciation	2.6	3.0	0.4	13%	3.5	4.0	0.5	11%
PSA Fee	1.5	1.6	0.1	6%	2.1	2.1	-	-
Apprenticeship Levy*	0.2	0.2	-	-	0.3	0.3	-	-
Contingency	0.6	-	(0.6)	-	1.0	1.0	-	-
Panel Holiday Pay	-	-	-	-	1.1	1.1	-	-
FTP contingency pot	1.3	1.7	0.4	22%	1.8	2.4	0.6	25%
Other costs (Pension Deficit liab)	-	0.1	0.1	100%	0.1	0.6	0.5	83%
Total Corporate	6.3	6.5	0.3	5%	9.8	11.0	1.2	11%
Total Core Business	78.6	79.6	1.0	1%	110.0	109.0	(1.0)	(1%)
Surplus/(Deficit) excluding Programmes	2.0	(2.6)	4.6	>100%	(2.4)	(6.0)	3.6	61%
Programmes & Projects								
Accommodation Project	0.4	0.8	0.4	49%	0.7	1.7	1.0	61%
Modernisation of Technology Services	5.3	6.8	1.5	22%	7.7	8.2	0.5	6%
Technology Improvements	0.3	0.4	0.1	30%	0.3	0.4	0.1	15%
Modern Workplace for Me	-	0.3	0.3	100%	0.3	0.4	-	-
Website Redevelopment Programme	-	0.1	0.1	100%	0.0	0.2	0.2	96%
Regulatory Reform	0.8	0.9	0.1	11%	1.0	1.2	0.2	-
Insight Programme	-	-	-	-	0.1	0.3	0.2	76%
D&A FtP Caseload Improvement	-	-	-	-	0.04	-	(0.04)	-
People & Culture Investigation	-	-	-	-	0.3	-	(0.3)	-
Thirlwall Inquiry	-	-	-	-	0.04	-	(0.04)	-
Total Programmes/Projects	6.8	9.4	2.6	28%	10.4	12.4	2.0	16%
Total Expenditure including capex	85.3	88.9	3.6	4%	120.4	121.4	1.0	0.8%
Capital Expenditure	6.2	8.4	2.2	26%	9.0	10.4	1.4	13%
Total expenditure excluding capex	79.1	80.5	1.4	2%	111.4	111.0	(0.4)	(0%)
Net income	1.4	(3.4)	4.8	>100%	(3.8)	(8.0)	(4.2)	-
Unrealised Gains/(Losses)	1.0	-	1.0	-	-	-	-	-
Net Surplus/(Deficit) excluding capex	2.4	(3.5)	5.9	>100%	(3.8)	(8.0)	4.2	53%
Free Reserves	43.2	35.1	8.2	23%	37.0	29.8	7.2	24%

Balance Sheet (£'m)	Mar-23	Dec-23	Change	Change %
Fixed Assets				
Tangible and Intangible Fixed Assets	32.3	36.0	3.7	10%
Investments	34.7	36.4	1.7	5%
Total Fixed Assets	67.0	72.4	5.4	7%
Current Assets				
Debtors	3.8	2.2	(1.6)	(72%)
Fixed term bank deposits	57.4	54.6	(2.9)	(5%)
Cash	9.8	12.0	2.1	18%
Total Current Assets	71.0	68.7	(2.3)	(3%)
Total Assets	138.0	141.1	3.1	2%
Liabilities				
Creditors	(58.0)	(58.5)	(0.4)	1%
Provisions	(3.2)	(3.4)	(0.2)	5%
Total Liabilities	(61.2)	(61.9)	(0.7)	1%
Net Assets	76.8	79.2	2.4	3%
Total Reserves	76.8	79.2	2.4	3%
Free Reserves	44.5	43.2	(1.2)	(3%)

Statement of Cash Flows (£'m)	Dec-22	Dec-23
Cashflow from operating activities		
Surplus/(Deficit) (YTD)	(2.7)	2.4
Adjustment for Depreciation (Non-cash)	5.0	2.6
(Gains)/Losses on Investments	2.7	(1.0)
Investment/Dividend income	(0.6)	(0.6)
(Increase)/Decrease in current assets	2.2	1.6
Increase/(Decrease) in liabilities	0.9	0.6
Net Cash inflow/(outflow) from operating activities	7.5	5.6
Cashflow from investing activities		
Capital Expenditure (YTD)	(4.6)	(6.2)
Net Cash inflow/(outflow) from investing activities	(4.6)	(6.2)
Cashflow from financing activities		
Capital Market Investments	(3.0)	-
Net Cash inflow/(outflow) from financing activities	(3.0)	-
Cumulative net increase/(decrease) in cash and cash equivalent at month end	(0.1)	(0.6)
Cash & Cash Equivalent at the beginning of the year	70.0	67.2
Cash & Cash Equivalent at the end of the month	69.9	66.6

Annexe 2: Corporate risk exposure report (up to 31 December 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	We fail to take appropriate action to address a regulatory concern about a professional on our register. (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
REG18/01	3	5	15	We fail to maintain an accurate register of people who meet our standards (including timeliness of registrations) (Risk factors: effective operation of registration/revalidation processes, fraudulent applications, variability of international midwifery education)
REG22/04	3	4	12	We fail to take appropriate or timely action to address a regulatory concern regarding the quality of nursing or midwifery education. (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	We do not make sure that educational standards are fit for purpose (including processes to ensure compliance with standards are met). (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	Risk that we do not act in line with our statutory or wider legal obligations. (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)

Risk ref	Current rating			Corporate risk description (L = Likelihood. I = Impact)
	L	I	L x I	
INF21/04	3	5	15	<p>Our Modernisation of Technology Services (MoTS) programme does not deliver the intended benefits for our registration system or case management system.</p> <p>(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)</p>
INF18/02	3	5	15	<p>Our core business technology systems fail and impedes our ability to deliver effective and robust services for stakeholders or value for money.</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	4	16	<p>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.</p> <p>(Risk factors: vacancies, retention, capability of our people, wellbeing, progression, equality, and diversity)</p>
STR20/02	4	4	16	<p>We fail to deliver our strategic ambitions for 2020-2025</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>We do not achieve our investment strategy particularly regarding long term growth; appetite for short term capital loss; alignment with our values.</p> <p>(Risk factors: volatility in our investments, unrealised losses)</p>
FIN21/02	3	4	12	<p>We do not achieve a sustainable budget or the planned financial benefits from our strategy.</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	4	16	<p>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.</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</p>

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Risk ref	Current rating			Corporate risk description (L = Likelihood. I = Impact)
	L	I	L x I	
EXP22/04	3	3	9	<p>Climate change impacts on our ability to be an effective regulator.</p> <p><i>(Risk factors: physical risks from weather, financial risks from lowering carbon, reduced longer term productivity, policy, and regulation risks, demonstrating our commitment to climate)</i></p>
EXT21/03	3	3	9	<p>We do not recover efficiently following the coronavirus pandemic, including closing the temporary register and realising the benefits from our new ways of working.</p> <p><i>(Risk factors: monitoring impact on our own capacity and for our professionals externally)</i></p>

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

- 2.1. **REG18/02** (managing regulatory concerns) (red): Mitigations are being delivered through our FtP improvement work as previously discussed. A new FtP roadmap was shared with Transformation Board early in November 2023, with reporting arrangements and governance still in development.
- 2.2. **REG22/04** (appropriate or timely action on the quality of education) (amber): 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, which will include lessons learned from Canterbury Christ Church University (CCCU). Further updates can be found against corporate commitment 5 **Annexe 1 section 2**.
- 2.3. **FIN20/01** (We do not achieve our investment strategy particularly regarding long term growth) (amber): To gain further insight and assurance into the management of our long-term investments, a group of Investment Committee members met with our investment managers in late November 2023, to further explore and understand performance issues and investment management processes. This was helpful to our understanding and increased our confidence. Our view remains that holding a long-term investment is a prudent and appropriate decision that will help to keep the registration fee at its current level for as long as possible. We will continue to keep the performance of our portfolio under review.
- 2.4. **PEO23/01** (People, capability and agility) (red, increased November 2023) and **EXP18/01** (external expectations) (red, increased November 2023): We have increased both risks from amber to red to reflect the risk exposure on our people, and trust and confidence in us as an organisation, after the publication of the article in *The Independent*. We continue to monitor both risks. We anticipate being able to reduce the rating once we have the action plan from the whistleblowing investigation concluding in Spring 2024.

3. Assurance: significant new mitigations and planned actions

- 3.1. **The Independent article:** On 22 November 2023, Council approved the terms of reference for the King's Counsel's investigations into concerns about FtP cases reported in *The Independent*. A further review will cover concerns raised about our culture (mentioned above). We have formed an internal advisory group of diverse colleagues to share experiences and suggestions with the Council. This will help us to appoint an independent expert to lead us forward in this area. We expect to appoint in January 2024 and will need to set terms of reference before work can commence.
- 3.2. **Computer-based testing (CBT) risk update:** We continue to ensure that those professionals entering the register have the required test passes to enable safe practice. This includes individual considerations by the assistant

registrar (AR), or cases taken to hearings if those professionals are already on the NMC register.

3.2.1 Pearson VUE implemented a range of additional controls, both at the test centres and at individual candidate level, to flag sooner if there are concerns about unusual test data earlier in the process.

3.2.2 We continue to work alongside Pearson VUE on calibrating data monitoring in accordance with the different threats and identifying corresponding actions for Pearson VUE and the NMC to take.

3.3 **International contact:** Customer contact regarding international applications remains high at around 50 percent of calls. Considering overseas trained professionals make up 21 percent of the register, this is a significant demand for support. It may only be natural that international professionals require more support, but it may also suggest that they are unable to self-serve from the information that is provided on the website, or that information is unclear. The team have support from colleagues in Continuous Improvement (CI) to investigate further to see where improvements could be made to reduce demand for additional support. Initial meetings have taken place and CI colleagues have started to listen to calls with results expected towards the end of February. This contributes towards risk mitigation for **REG18/01** (accurate register).

Item 6: Annexe 3
NMC/24/06
31 January 2024

NMC People Plan – Q3 dashboard

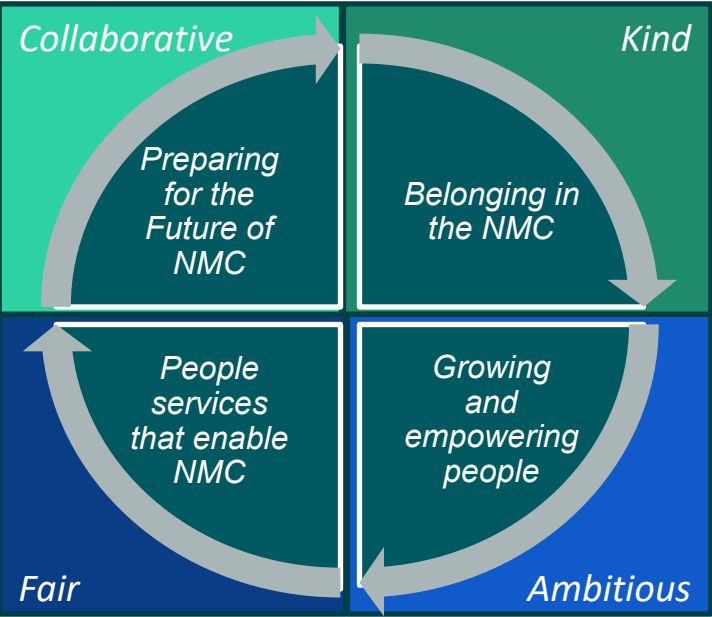
People and Culture Team



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Reminder: People Plan Structure

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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. Our focus will be on implementing the right structures and building people systems that empower colleagues.

Reminder: Year 1 – high level measures

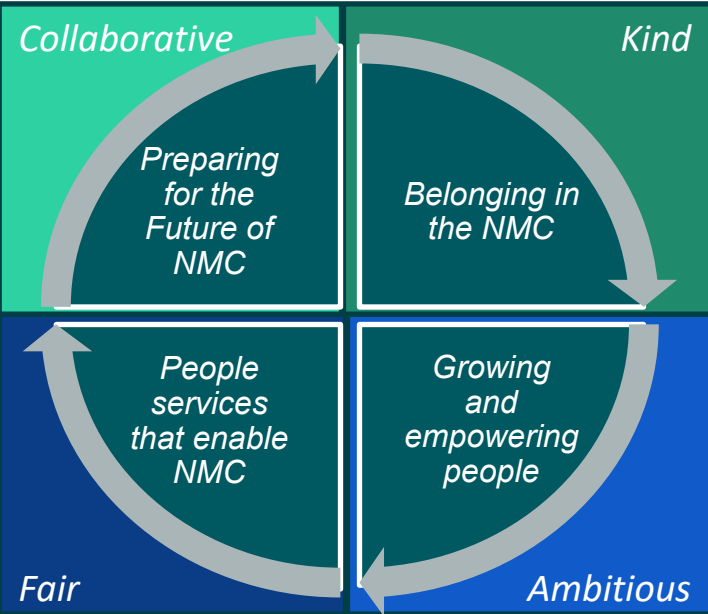
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2023/24: Stabilise core services and foundations

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.

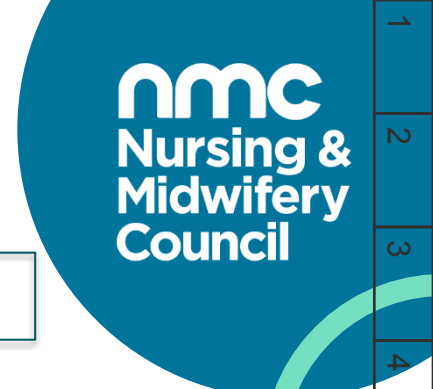
This pack summarises year one measures. Overall colleagues should feel that investment in them and support available has improved. They should also feel there is better engagement and consistency in the work and delivery of the People and Culture Team.

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.



Outcome and Measure – Belong

- Positive progress / Indicator
- Negative progress / Indicator
- Too early to tell / ongoing



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

- Turnover is down to 9.3 percent compared to 13.4 percent this time last year.
- Although still above target of 5%, our percentage of agency and contracts decreased by 0.9% September to December to 5.5%.
- The percentage of new starters leaving within 6 months increased by 0.5% last month to September to December, although it continues to fluctuate month on month (vs our target of 10%).
- We now have 399 colleagues on some sort of flexible working contract, 35% or about 1 in 3 colleagues*.
- 80% of external new starters are on Step A of the pay range reducing disparities between internal and external candidates.
- Despite good progress with senior grade appointments, the median ethnicity pay gap still widening due to recruitment at lower grades - currently 43.7% vs 39.4% this time last year.
- Median gender pay gap has narrowed at 11.8% vs 16% this time last year.
- Roll of out of recruitment and selection training is going well with over 50 colleagues now trained.
- Published Reasonable Adjustments policy and guidance (November). Reduced from 6 documents to 3 and other improvements are embedding

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* One in four was a standard benchmark (from 2019).

Outcome and Measure – Grow/Empower

- Positive progress / Indicator
- Negative progress / Indicator
- Too early to tell / ongoing

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

● **275** colleagues have now completed Management Essentials. This flagship programme will now move to BAU becoming a key part of managers induction.

● Continuing with programme of regular HR workshops for managers. In November session on Managing Performance and planned further sessions on Hybrid and Flexible Working (turn out could be better but we appreciate managers are busy)

● We have sponsored **106** individual learning and development cases and have **18** colleagues supported with professional coaching

● Commenced workshops with colleagues on the development of a competency framework on track for Q1 24/25 completion. Some concerns about stretching timelines alongside other priorities.

● 68.4 percent of Ambitious Appraisal check-ins were completed in November – this has subsequently increased to 68.8 percent (67.9 percent completion for all of 2022-2023). This is a good start but was still too low in some areas.

● Published an EDI dashboard so all colleagues can engage with and feel empowered to contribute to conversations about how we improve EDI across the NMC.

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Outcome and Measure – People Services

- Positive progress / Indicator
- Negative progress / Indicator
- Too early to tell / ongoing

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

All refreshed or new **policies** in tranche 1 have now been published and we have started stakeholder engagement on tranche 2.

Formal Employee Relations **casework** is a concern due to EDI make up of cases, volume and related workload. There has been a year-on-year increase (24 vs 12 this time last year) which likely reflects proactive efforts to address concerns and not allowing cases to drag on 'informally' without resolution.

36 colleagues from across the organisation now **trained to lead HR investigations** increasing available and trained colleagues who understand our updated approach on improved people centred casework. This is aimed at faster outcomes that are understood and communicated well.

Reviewed our **on-boarding** process and identified a new supplier who we will transition to in January. This will reduce steps and improve our data and information available to managers. Aimed at making it faster and improving the service for new starters.

Outcome and Measure – Future

- Positive progress / Indicator
- Negative progress / Indicator
- Too early to tell / ongoing

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

● New workforce model to support evidence-based recruitment and skills plans has been developed and is being implemented in PR.

● As a result of the new workforce model 48.8 new roles have been agreed for PR. Good progress has been made to commence recruitment to these new roles.

● Time to recruit stands at 47 days, slightly reduced from that start of the quarter (48 days in September) but still up compared to 37 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 (see previous slide).

Council

Review of Financial Regulations

Action: For decision.

Issue: Financial Regulations.

Core regulatory function: Supporting functions.

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

Decision required: Council is recommended to approve the proposed Financial Regulations at **Annexe 1** (paragraph 8).

Annexes: The following annexe is attached to this paper:

- **Annexe 1:** Proposed Financial Regulations (proposed amendments shown in tracked changes)

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 Financial Regulations are part of our governance arrangements and are set and approved by the Council. They are reviewed by Council every three years to ensure they remain appropriate to the nature of the NMC’s operations.
- 2 Where required, we will update these regulations to reflect the outcome of the ongoing review to our committee structure in 2024 and any other changes, including as a result of regulatory reform.
- 3 The Financial Regulations are set out in a high-level document that sits above other more operational financial governance documents. These include the Financial Strategy, which outlines our approach to budget management to deliver our organisational objectives and is reviewed annually in parallel with the budget setting process, and the Operational Guide to Finance, which is a much more detailed operational guide to financial operations and delegations below Chief Executive level and which has recently been reviewed.
- 4 At its November 2023 meeting, the Audit Committee agreed to recommend the proposed amendments to the Financial Regulations to Council.

Four country factors: 5 Same in all UK countries.

Discussion:

- 6 The proposed Financial Regulations are attached at **Annexe 1**. These are broadly similar to those approved in 2020 with proposed amendments shown in tracked changes. Significant adjustments are outlined below. More minor amendments such as corrections and clarifications have been changed within the document and are not listed below. All links within the document will be updated when it is shared with colleagues.
- 7 Significant changes proposed to the document are:
 - 7.1 **Delegated authority:** As colleagues with delegated authority are required to use the electronic purchasing system to approve financial commitments, a database of their signatures is no longer required and therefore no longer maintained by Finance. A small number of low value, one off or urgent payments continue to be approved via email authorisation.
 - 7.2 **Whistleblowing:** the wording has been amended to more accurately reflect the definition of whistleblowing.
 - 7.3 **Approval limits:** Since the Financial Regulations were last reviewed in 2020, prices have increased by 20 percent, based on the Bank of England’s inflation calculator. Our income is also likely to be about 20 percent higher in 2024-2025 as compared to 2019-2020. As a result, we propose raising the delegated authority limits within the Financial Regulations by

20 percent (rounded up in some cases), so that delegations operate with the same real terms purchasing power as in 2020.

8 Recommendation: Council is recommended to approve the Financial Regulations at Annexe 1.

Next Steps

9 Once the policy is approved it will be uploaded to the NMC’s intranet (iNet) and promoted across the organisation.

Midwifery implications: 10 This paper is not applicable for midwifery because no accounting policy differential is applied to the different professions.

Public protection implications: 11 None.

Resource implications: 12 None directly from this recommendation, although adjusting approval thresholds in line with inflation may mean that less operational effort is required to obtain some approvals.

Equality and diversity implications: 13 None.

Stakeholder engagement: 14 None.

Risk implications: 15 Updated Financial Regulations improve the NMC’s standards of financial integrity and ensures colleagues are aware of their financial responsibilities.

Legal implications: 16 None.

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Financial regulations Financial Regulations

Approved by the Council ~~xxxx20-May 2024~~0

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Contents

A.	Introduction	3
B.	Financial management and delegations	5
C.	Financial planning	7
D.	Management accounts and forecasts	9
E.	Income and expenditure controls	9
F.	Banking and financing, payments and receipts	11
G.	Other requirements	12
	Authority for financial commitment	14

A. Introduction

1. The Nursing and Midwifery Council ('NMC') is a statutory body and a registered charity. It was established by the Nursing and Midwifery Order 2001 ('the Order') which sets out the powers and functions of the Council. The Council has ultimate responsibility for ensuring that the NMC is financially sound and that there is effective financial management in place.
2. The Chief Executive and Registrar was appointed as the NMC's Accounting Officer by the Privy Council and is accountable for the stewardship of the NMC's resources.
3. The purpose of the ~~financial regulations~~Financial Regulations is to:
 - 3.1. ensure that high standards of financial integrity are maintained at all times
 - 3.2. outline the financial responsibilities of ~~NMC~~ colleagues¹, and the policies adopted by the NMC to fulfil its financial control and legal obligations
 - 3.3. provide high level principles that guide planning and managing the NMC's finances and the proper use of resources and stewardship of assets.
4. The ~~financial regulations~~Financial Regulations are part of our governance arrangements and are supported by a range of policies, procedures and guides, in particular the Financial Strategy and the Operational Guide to Finance². If any instance of conflict or ambiguity arises between the ~~financial regulations~~Financial Regulations and supporting documents, the ~~financial regulations~~Financial Regulations take precedence.
5. The ~~financial regulations~~Financial Regulations are set and approved by the Council, and they are consistent with the ~~financial strategy~~Financial Strategy. They are reviewed by the Council every three years and more frequently should circumstances require. In line with good practice, the appropriate operational managers should regularly update the supporting documents.
6. The ~~financial regulations~~Financial Regulations apply to all NMC colleagues. They are available on ~~Trim~~TRIM, the intranet and Workplace. Failure to comply with the ~~financial regulations~~Financial Regulations, or instructions issued under them, may result in disciplinary action. All colleagues are responsible for understanding their responsibilities under these regulations and complying with them. Managers are responsible for ensuring that colleagues they manage receive appropriate training on the regulations, understand them and comply with them.
7. Each year and On joining the NMC, Executive Directors and any other budget holders~~Assistant Directors~~ who report directly to the Chief Executive and Registrar must acknowledge sign receipt of a budget delegation letter from the CE&R

¹ The regulations apply to Council and Committee members, permanent and fixed term employees, and temporary, interim, agency and contracted workers, collectively referred to in the regulations as "colleagues".

² TRIM reference [4481194xxxxxxx](#). ~~Also available on Workplace in this group~~

confirming that they have read the ~~financial regulations~~Financial Regulations and understand and accept their responsibilities.

8. It is not possible to cover every eventuality within these regulations. Where a particular circumstance is not specifically referred to and there is any doubt as to the correct course of action, guidance should be sought in the first instance from the Assistant Director of Finance and Audit.

Codes of behaviour

9. In addition to the ~~financial regulations~~Financial Regulations, the Nolan principles of public life apply to all of us in the way in which we conduct our financial management.
 - 9.1. The seven Nolan principles of public life are ethical standards that are expected of all those working in public services, such as the NMC, and are as follows:
 - 9.1.1. Selflessness - to act solely in terms of the public interest.
 - 9.1.2. Integrity – to avoid placing ourselves under any obligation to people or organisations that might try inappropriately to influence us in our work. Not to act or take decisions in order to gain financial or other material benefits for ourselves, our family, or our friends. To declare and resolve any interests and relationships.
 - 9.1.3. Objectivity – to act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.
 - 9.1.4. Accountability – to be accountable to the public for our decisions and actions and to submit ourselves to the scrutiny necessary to ensure this.
 - 9.1.5. Openness - to act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.
 - 9.1.6. Honesty - to be truthful.
 - 9.1.7. Leadership - to exhibit these principles in our own behaviour. To actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.
 - 9.2. We must also conduct our financial management in accordance with our values and behaviours: we're fair; we're kind; we're ambitious; we're collaborative. The Nolan principles map to our value of fairness, and the nature of the ~~financial regulations~~Financial Regulations, as a set of high level rules and processes, means that the value that is most relevant to them is fairness. The ~~financial strategy~~Financial Strategy is about objectives and outcomes and our other values – particularly kindness and collaboration—~~are reflected in the financial strategy~~.

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Operational Guide to Finance and the Financial Strategy

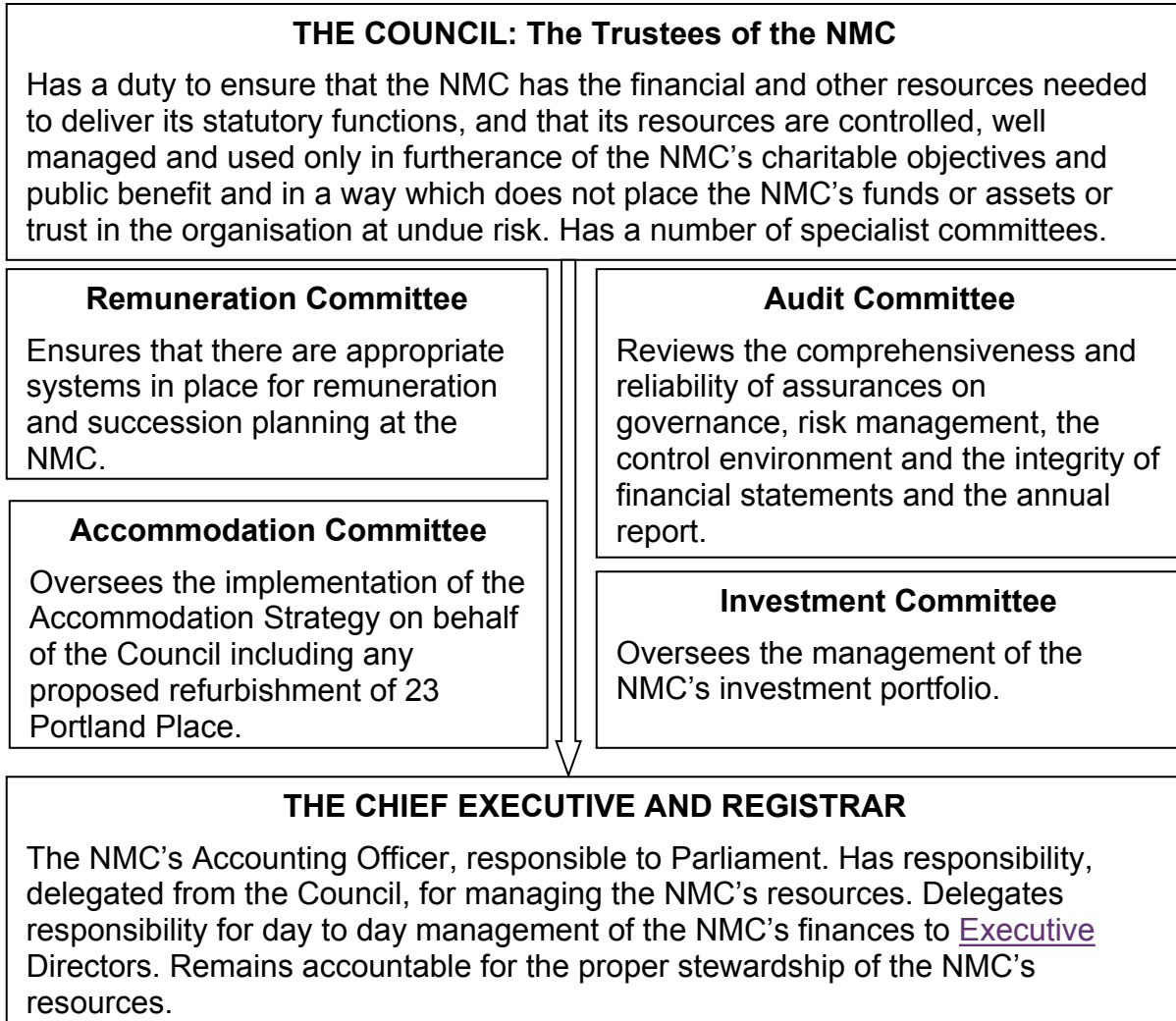
4.—The Operational Guide to Finance supports these Financial Regulations and provides detailed guidance on financial processes and controls, including the responsibilities of executive team members³. It is maintained and updated by the Assistant Director of Finance and Audit. The Financial Strategy, which is reviewed by Council each year, sets direction and indicates the key parameters of how we manage our finances with the aim of enabling the investment we need to deliver our organisational strategy in the long term., the Executive Director of Resources and Technology Services Resources ('RTS') and budget holders with respect to budget setting and budget monitoring and control.

³ Executive team members are the Chief Executive and Registrar and Executive Directors

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Financial management and delegations

10. The scheme of financial delegation is represented in the diagram below.



11. The Order, Standing Orders and scheme of delegation that set out the powers and functions of the Council and the terms of reference of committees are available on the website and from Governance.

12. All Colleagues throughout the organisation have responsibilities that contribute to sound financial management and day to day operational effectiveness and efficiency. The Operational Guide to Finance includes a matrix of financial responsibilities that sets out the roles and responsibilities delegated down from the levels represented in the diagram above.

13. Delegated authority to commit the NMC to expenditure operates within set financial limits. Annexe 1 sets out the authority of the Council and Chief Executive and Registrar to commit the NMC to expenditure. The Operational Guide to Finance includes a framework of financial limits within which authority is delegated subsequently. No purchase order must be placed nor any other contractual or financial commitment made between the NMC and a supplier without the prior approval of those with appropriate delegated authority.

14. Budget holders must use their budgets for appropriate purposes. That means that spending must further departmental directorate and organisational objectives, and must comply with these regulations, the Operational Guide to Finance, and the Procurement Policy⁴. More broadly, budget holders must use their budgets in a way that they could positively and confidently present to nurses, midwives and nursing associates as a good use of their money⁵.

15. If in doubt as to whether a use of funds is appropriate, budget holders should consult their Finance Business Partner and/or their own line manager.

~~16. A database of signatures of colleagues with delegated authority is maintained by Finance.~~

~~17.16.~~ Colleagues with delegated authority are required to be users of the electronic finance and purchasing system in order to approve financial commitments.

B. Financial planning

~~18.17.~~ Our ~~financial strategy~~ Financial Strategy and ~~our~~ annual budgets follow from and enable us to deliver our organisational strategy and our corporate plans. They are set and monitored so that we have the resources required to deliver our objectives and regulatory activities, while maintaining financial sustainability and value for money.

~~19.18.~~ The Council approves the organisational strategy, the ~~financial strategy~~ Financial Strategy (which includes the fee policy), the investment policy and the reserves policy, which are updated at least every five years and reviewed every year. Council approves the corporate plan and the budget every year.

Budgeting

~~20.19.~~ Multi year budgets, with a strong focus on year one, are set as part of the annual business planning and budget setting process.

~~21.20.~~ The annual budget sets out overall income, revenue and capital expenditure, allocations to directorates and projects, the annual registration fee and the impact on reserves.

~~22.21.~~ Executive Directors have a performance objective to spend their budgets effectively with a tolerance of plus or minus 5 percent. There is no bias in favour of underspending. However, demand led regulatory functions, for example fitness to practise hearing costs, should normally not be limited solely in order to remain within budget.

⁴ <http://myncmc.nmc-uk.org/org/directorates/corpservices/Pages/Procurement-policy.aspx>

⁵ This relates to the concept of regularity and propriety. See [Explanation of terms - GOV.UK \(www.gov.uk\)https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/212460/Regularity_Propriety_and_Value_for_Money.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/212460/Regularity_Propriety_and_Value_for_Money.pdf)

23-22. Although the budget presented to Council includes line by line detail for income and expenditure, the Chief Executive and Registrar has delegated authority to vire between those line items, subject to the following:

23-1-22.1 Any forecast or proposal that means that we would exceed the budgeted aggregate total for the financial year of all directorate core business expenditure requires explicit authorisation by Council

23-2-22.2 Any forecast or proposal that means that we would exceed the budgeted aggregate total for the financial year of all expenditure, including programmes, projects and capital expenditure, requires explicit authorisation by Council

23-3-22.3 Council may seek an explanation for any line item in the budget or the management accounts.

24-23. If a budget holder wishes to make a commitment that would lead to their directorate's bottom line budget being exceeded, the budget holder must follow the process set out in the Operational Guide to Finance.

Business cases for major projects and programmes

25-24. We manage significant organisational change through a project management methodology developed and supported by our [Corporate Change and PMO Change and Improvement](#) team. Projects and programmes require a business case to assess the options for achieving a given objective, the costs, benefits and risks for the different options, and determine which option represents the best value for money⁶.

26-25. An outline business case must be approved by Council if any of the following apply:

26-1-25.1 Gross lifetime cost of the programme or project is £2.5m or more

26-2-25.2 The change introduced by the project will have a significant impact on registrants or the public

27-26. A full business case must be approved by Council if any of the following apply:

27-1-26.1 Gross lifetime cost of the programme or project is £5m-6m or more

27-2-26.2 The change introduced by the project will have a substantial impact on registrants or the public

27-3-26.3 If Council, having reviewed the outline business case for a smaller project, asks for the full business case to be presented

⁶ Our [business case project management](#) methodology is consistent with the HM Treasury Green Book [The Green Book \(2022\) - GOV.UK \(www.gov.uk\) https://www.gov.uk/government/publications/the-green-book-appraisal-and-evaluation-in-central-government](#)

28-27. Council approval is required before initiation of the project. Council re-approval via an exception report is required if it becomes clear that either the scope, the budget, or the timeline in the previously approved business case / exception report will no longer be met.

D. Management accounts and forecasts

29-28. Monthly management accounts are prepared for all areas of activity, with forecasts updated quarterly. Management accounts will compare actual costs to budgeted costs on a department by department and line by line basis.

30-29. Quarterly, summarised management accounts will be presented to Council, including comparison of actual income and expenditure to budget and forecast and explanation for significant variances. The Council may request additional reports as required.

34-30. Budget holders are responsible for reviewing management accounts and understanding the causes of variances to budget, and being able to explain those variances to their manager or Council as appropriate.

E. Income and expenditure controls

Income

32-31. The fees we charge to nurses, midwives and nursing associates are set out in the Nursing and Midwifery Order 2001 (the Order) and the Nursing and Midwifery Council (Fees) Rules 2004 (the Rules). All fees to nurses, midwives and nursing associates must be charged in accordance with the Order and the Rules, and accounted for within the Registration system.

33-32. We do not normally charge for other services, but we need to be careful to ensure that we do not use registrants' money to subsidise work that does not directly further our charitable objectives.

34-33. If colleagues are asked to provide a service to another organisation, they should consider whether we should charge a fee, and consult Finance if in doubt. If we do charge a fee, note that we are currently registered for VAT so we must charge 20 percent VAT on top of any fee for services. (Our fees to registrants are statutory fees and are therefore outside the scope of VAT, and no VAT is charged).

35-34. Debts may only be written off on the authority of the Chief Executive and Registrar, if over £1012,000, or the Executive Director of Resources and Technology Services (ResourcesRTS), if under £1012,000.

Expenditure

36-35. Payroll costs are controlled through the budget setting process and through procedures governing the appointment and remuneration of individual employees and temporary workers. Those procedures are set out on the HR iNet pages linked [here](#).

~~37.36.~~ Colleagues must not commit the NMC to expenditure for goods or services without the prior authorisation of an appropriate budget holder.

~~38.37.~~ Goods, works and services must be procured and/or purchased in accordance with our [Procurement Policy](#) and Operational Guide to Finance. The Procurement Policy requires competition for all contracts with an expected value above £~~40~~12,000 including VAT. Exceptions to the policy (Single Tender Actions) are reported to the Audit Committee.

~~39.38.~~ The authority to commit the NMC to financial expenditure via contracts with external suppliers is held by the Chief Executive and Registrar or Council according to the value thresholds identified in annexe 1. The Chief Executive and Registrar ~~may~~ further delegates ~~his/her~~that authority as set out in the Operational Guide to Finance.

~~40.39.~~ In signing a contract or approving a purchase requisition, a budget holder is committing the NMC to expenditure. The budget holder must therefore satisfy ~~him/herself~~themselves before approving that

~~40.1.39.1.~~ The expenditure is necessary and good value for money

~~40.2.39.2.~~ The contract/requisition is clear and detailed enough in terms of what we expect the supplier to deliver, including prices, quantities and dates as appropriate

~~40.3.39.3.~~ The Procurement Policy has been complied with.

~~41.40.~~ Evidence of compliance should be attached to the requisition in the electronic purchasing system.

~~42.41.~~ Approved purchase requisitions generate a purchase order, which is a binding commitment to the supplier. The supplier will raise invoices against the purchase order.

~~43.42.~~ The budget holder is responsible for ensuring that the goods or services that they have ordered have been satisfactorily delivered. When the budget holder has confirmed that the goods or services have been satisfactorily delivered and the supplier can be paid, they “receipt” the purchase order, which triggers payment of the supplier’s invoice.

~~44.43.~~ Colleagues must comply with the ~~Travel Policy~~Expense Policy for Colleagues when incurring travel and accommodation costs.

~~45.44.~~ Corporate credit cards may be issued to colleagues with a relevant business need on the instruction of the relevant Assistant Director, Deputy or Executive Director and with advice from Finance. Cardholders are responsible for the correct use of the cards as specified in the Purchasing Corporate Credit Card policy available on ~~Trim~~TRIMiNet, the intranet and from Finance. The cards must only be used for the agreed purposes and not to circumvent the expenditure controls that would apply to other categories of spend.

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Capital expenditure, fixed assets and disposal of assets

46.45. Capital expenditure is subject to the same budgetary, procurement, and ordering processes as operating costs.

47.46. The definition of a fixed asset is set out in the accounting policies reviewed annually by the Audit Committee. Such assets, including equipment, furniture and property are recorded in the fixed asset register.

48.47. The Executive Director of Resources-RTS is responsible for maintaining the fixed asset register.

49.48. The disposal of obsolete or surplus equipment or furniture requires the prior approval of the Assistant Director of Finance and Audit if the net book value is less than £4012,000 (collective value of items) and the prior approval of the Director of Resources-RTS or Chief Executive and Registrar if the net book value exceeds £4012,000.

F. Banking and financing, payments and receipts

50.49. The Executive Director of Resources-RTS is responsible for overseeing the banking arrangements of the NMC in accordance with the Investment Policy.

51.50. Any bank loan or overdraft facility must be approved by Council.

52.51. Any lease of land and buildings must be approved by the Council or a Committee of the Council with the power to agree a lease delegated to it by Council.

53.52. Other asset financing transactions, for example leases of office equipment, must be approved by the Executive Director of Resources-RTS or Chief Executive and Registrar.

54.53. The Executive Director of Resources-RTS/Chief Executive and Registrar is responsible for approving the bank mandate, that is, the list of colleagues authorised to approve bank payments. To ensure appropriate segregation of duties, authorised approvers must not have access to the accounting system be able to initiate bank payments.

55.54. Processes for preparing payment runs, and the evidence that must be presented to and reviewed by the payment authorisers, are set out in the Operational Guide to Finance.

56.55. We do not accept cheques or cash. All payments to the NMC must be made electronically. Registrants' fees are paid via NMC Online, by direct debit or by debit/credit card.

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G. Other requirements

Risk management

[57-56](#). The Council has a risk management policy and framework. Budget holders must manage financial risks in accordance with the framework.

Audit requirements

[58-57](#). Access to the NMC’s premises and to all assets, records, documents and correspondence relating to financial and other transactions must be provided and explanations given when required, to external auditors for the purpose of examining the NMC’s accounts and to the internal auditor concerning any matter under examination.

Disclosure of interests and gifts

[59-58](#). We are committed to transparency and openness in the conduct of our affairs.

[60-59](#). Disclosure requirements for Council and non-Council committee members are specified in the NMC’s code of conduct for members. The Assistant Director of Governance maintains the register of interests of Council and Committee members and the Executive team.

[61-60](#). Colleagues must declare any interests they may have in matters they are dealing with in the course of their work at the NMC to their Assistant Director or [Executive Director](#) and, where appropriate, must not be involved in matters in which they have an interest.

[62-61](#). Colleagues taking part in tendering are required to make a [conflict declaration](#) of interest ~~declaration~~ to the Head of Procurement.

[63-62](#). Colleagues must report all gifts and significant hospitality offered to them in the course of their duties, including those that they decline. Gifts and hospitality are recorded on the gift and hospitality register held by Governance and may be published.

Fraud, bribery, corruption and whistleblowing

[64-63](#). Colleagues must report any suspicions they might have of [wrongdoing, risk or malpracticefraudulent or corrupt behaviour](#) to their [line manager, the](#) Assistant Director of Governance, [Director of Resources](#), Chief Executive and Registrar or [the designated Council members, as set out in the Whistleblowing Policy](#)~~senior manager as appropriate~~.

[65-64](#). The anti-fraud, bribery and corruption policy and the whistleblowing policy (public interest disclosure policy) are available on Trim and the intranet.

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Insurance

66.65. Budget holders should promptly notify the Assistant Director of Finance and Audit of new or changing insurance requirements and of loss, liability, damage or an event that is likely to lead to an insurance claim.

Training and supervision

67.66. The Executive Director of Resources-RTS is responsible for providing financial training to all relevant colleagues and ensuring that guides to financial procedures are available.

68.67. Managers are responsible, within their areas, for the proper operation of financial procedures, and the effective operation of the matrix of financial responsibilities contained within the Operational Guide to Finance.

Authority for financial commitments

Item	Council	Chief Executive and Registrar
Contract or commitment, where the proposed contract, variation or extension, or commitment has been notified to Council as part of the annual budget setting process: <ul style="list-style-type: none"> • contract award recommendation • contract variation or extension • form of agreement that would bind the NMC to a financial commitment 	Lifetime value inc VAT ≥£2.5 million	Lifetime value inc VAT <£2.5 million
Contract or commitment, where the proposed contract, variation or extension, or commitment has not been notified to Council as part of the annual budget setting process: <ul style="list-style-type: none"> • contract award recommendation • contract variation or extension • form of agreement that would bind the NMC to a financial commitment 	Lifetime value inc VAT ≥£500k600k	Lifetime value inc VAT <£500k600k
Full business case for a major project or programme	Lifetime gross cost inc VAT ≥£5.6 million; or Substantial impact on registrants or the public	Lifetime gross cost inc VAT <£5.6 million No substantial impact
Outline business case for a major project or programme	Lifetime gross cost inc VAT ≥£2.5 million	Lifetime gross cost inc VAT <£2.5 million

Item	Council	Chief Executive and Registrar
Council, having reviewed the outline business case, may also ask for the full business case to be presented	Or Significant impact on registrants or the public	No significant impact

As part of the annual budget setting process, the Executive will prepare a schedule of new or renewed contracts, contract variations or extensions, or financial commitments with an expected lifetime value greater than £~~500k~~600k including VAT that are expected to be entered during the coming financial year. The schedule will be included in the budget paper presented to Council for approval.

In relation to items included on that schedule, the Council must give prior approval for any commitment of sums of an aggregate value over £2.5 million at a meeting. Exceptionally, approval of expenditure of sums of an aggregate value over £2.5 million but less than £~~5-6~~ million may be given by the Chief Executive and Registrar together with two Council members one of whom must be the Chair. Any such commitments must be reported to the next meeting of the Council.

In relation to items that were **not** included on that schedule, the Council must give prior approval for any commitment of sums of an aggregate value over £6500k at a meeting. In relation to items that were not included on that schedule, exceptionally, approval of expenditure of sums of an aggregate value over £~~500k~~600k may be given by the Chief Executive and Registrar together with two Council members one of whom must be the Chair. Any such commitments must be reported to the next meeting of the Council.

Where an urgent decision is required, approval can be provided by correspondence as provided for in the Council's Standing Orders.

Items requiring Council approval should be approved by the full Council, or exceptionally by the Chair on behalf of the Council.

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Council

Panel Member and Legal Assessor appointments and resignations

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 ten individuals listed in Table 1 of **Annexe 1** to serve as Panel Members of the stated Practice Committees for the period 31 January 2024 – 30 January 2028 (paragraph 6).
- Appoint the two individuals listed in Table 2 of **Annexe 1** to the approved list of Legal Assessors (paragraph 7).
- Remove the four Panel Members listed at Table 3 of **Annexe 1** from the Fitness to Practise Committee (paragraph 10).

Annexes: The following annexe is attached to this paper:

- **Annexe 1:** Recommendations for appointment and 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 4 January 2024, 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 obtaining further information and assurance regarding these candidates.
 - 1.2 The resignation of four Panel Members.
 - 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.

Discussion: Appointment of Panel Members and Legal Assessors

- 4 In November 2023 the Council considered and accepted the recommendations of the Appointments Board to appoint 129 Panel Members to the Practice Committees and 33 Legal Assessors to the approved list of Legal Assessors. At the meeting, the Council was informed that the Appointments Board required the Executive to hold discussions with a selection of candidates regarding the outcome of the due diligence exercise before it could consider making a recommendation for those candidates.
- 5 The outcomes of these conversations and additional assurance regarding four further candidates was considered by the Board at its meeting on 4 January 2024. Following this, the Board was content to recommend the Panel Members listed in Table 1 of **Annexe 1** to serve as Panel Members of the Practice Committee, and the Legal Assessors listed in Table 2 of **Annexe 1** to the approved list of Legal Assessors.
- 6 **Recommendation: The Council is invited to accept the recommendations of the Appointments Board to appoint the ten individuals listed in Table 1 of Annexe 1 to serve as Panel Members of the stated Practice Committees for the period 31 January 2024 – 30 January 2028.**
- 7 **Recommendation: The Council is invited to accept the recommendations of the Appointments Board to appoint the two individuals listed in Table 2 of Annexe 1 to the approved list**

of Legal Assessors for the period 31 January 2024 – 30 January 2027.

Resignations

- 8 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.
- 9 We have received four resignations from Panel Members of the Fitness to Practise Committee. This was presented to the Appointments Board at its meeting on 4 January 2024. The Board noted the information and has recommended that the Council remove these Panel Members from the Fitness Practise Committee.
- 10 Recommendation: The Council is recommended to approve the removal of the Panel Members listed at Table 3 of Annexe 1 from the Fitness to Practise Committee.**

Next Steps

- 11 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:

- 12 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 in this campaign.

Public protection implications:

- 13 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.
- 14 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

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which Panel Members have on the perception of the NMC and public confidence in what we do.

Resource implications:

15 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:

16 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.

17 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.

18 Given the small numbers of candidates recommended for appointment in this paper, Equality diversity and inclusion information is provided below in relation to all appointments, including those recommended in this paper and the November 2023 paper, to ensure candidates' EDI information is not identifiable.

19 19 percent (13/69) of lay Panel Members recommended for appointment are from an ethnic minority background. This is in comparison to 18 percent of the UK population (UK Census, 2021).

20 14 percent (10/72) of registrant Panel Members recommended for appointment are from an ethnic minority background. This is in comparison to 27 per cent of our register.

21 20 percent (7/35) Legal Assessors recommended for appointment are from ethnic minority backgrounds. This is in comparison to 18 percent of the UK population (UK Census, 2021).

22 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.

Stakeholder engagement:

23 To ensure that our recruitment campaign met the aim of increasing diversity, we engaged with a wide variety of relevant professional

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networks and interest groups to ensure wide exposure among diverse communities.

Risk implications:

- 24 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.
- 25 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 mitigate that risk.

Regulatory reform:

- 26 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:

- 27 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.
- 28 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.

Recommendations for appointment and resignations

Table 1

	Name	Reg/Lay	Committee	Term Start	Term end
1.	Alison Bielby	Registrant	Fitness to Practise	31/01/2024	30/01/2028
2.	Chloe Mccandlish-Boyd	Registrant	Fitness to Practise	31/01/2024	30/01/2028
3.	Ian Hopkins	Lay	Fitness to Practise	31/01/2024	30/01/2028
4.	Gary Trundell	Lay	Fitness to Practise	31/01/2024	30/01/2028
5.	Gillian Murgatroyd	Lay	Investigating Committee	31/01/2024	30/01/2028
6.	Sally Napper	Registrant	Investigating Committee	31/01/2024	30/01/2028
7.	Sally Shearer	Registrant	Fitness to Practise	31/01/2024	30/01/2028
8.	Lizzie Walmsley	Lay	Investigating Committee	31/01/2024	30/01/2028
9.	Rashmika Shah	Registrant	Fitness to Practise	31/01/2024	30/01/2028
10	Rebecca Aylward	Registrant	Fitness to Practise	31/01/2024	30/01/2028

Table 2

	Name	Reg/Lay	Committee	Term Start	Term end
11.	Brett Wilson	Legal Assessor	Approved list of Legal Assessors	31/01/2024	30/01/2027
12.	Guy Bowden	Legal Assessor	Approved list of Legal Assessors	31/01/2024	30/01/2027

Table 3 - Panel Member Resignations

	Name	Resignation effective from	Committee	Reason
12.	Alice Robertson Rickard	22 November 2023	Fitness to Practise	Appointed as Legal Assessor
13.	Ini Udom	22 November 2023	Fitness to Practise	Appointed as Legal Assessor
14.	Jane Kilgannon	22 November 2023	Fitness to Practise	Appointed as Legal Assessor
15.	Pauleen Pratt	30 November 2023	Fitness to Practise	Retired

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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 The charts at **Annexe 1** show our performance and whilst our caseload has further increased our improvements in terms of timeliness have been broadly maintained.
- 4 As requested, we have added statistical process control lines on charts at **Annexe 1** which show the mean average caseload/referrals/decisions from 2021-2022 to 2022-2023.

Four country factors:

- 5 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.
- 6 The number of cases received for each of the four nations are broadly in proportion to the number of individuals registered there. The numbers where a country of registration has been identified are as follows:

Country of registered address	Screening	Investigations	Case Examiners	Adjudication	Grand total
England	1,281	1,410	257	796	3,744
Scotland	154	190	24	99	467
Wales	96	71	19	67	253
Northern Ireland	64	95	9	26	194
Overseas	35	31	4	31	101
No registrant PIN linked to case	952	0	0	0	952
Grand total	2,582	1,797	313	1,019	5,711

Note: Caseload by country of registered address by FtP stage, as at 31 December 2023.

Discussion:

Summary of our current position

- 7 At the November 2023 Council meeting we reported the first increase in caseload since our caseload began its downward trajectory last year, reporting a caseload at the end of September 2023 of 5,500.
- 8 Since September we have seen further rises in our total caseload. At the end of December our caseload stood at 5,711.
- 9 We remain committed to reducing our caseload swiftly and safely, however we faced a number of significant challenges towards the end of 2023.

- 10 The number of referrals received has continued to exceed the assumed levels in October, November and December. In November we received an extremely high number of referrals (581).
- 11 In November we received 446 concerns about a social media post commenting on the ongoing crisis in Gaza. For the purposes of reporting, and to be consistent with previous approaches, we have counted those concerns as one single referral.
- 12 Every concern did require action and effort from our Screening teams before they were closed as no further action was required. We did not need to take action as the post was not made by a registered nurse and the individual we received concerns about had been misidentified. If we were to count each concern raised with us as an individual referral then in November we would have received in excess of 1,000 referrals which would be more than double our assumed levels.
- 13 The ongoing high referral rate impacts on decision making at Screening as the same resource undertakes risk assessment of new referrals and makes screening decisions. In short our decision making capacity has been reduced and as a result our caseload at Screening has been increasing.
- 14 As part of the development of a new FtP Optimisation Plan we have agreed investment in additional resources to support improvements in our casework timeliness. Recruitment to 41.8 full-time equivalent FtP roles has been approved and we will be bringing in temporary support pending substantive recruitment activity which is already underway.
- 15 At the Investigations stage our caseload has slightly increased and our output levels are under pressure due to employee turnover, though these have been mostly internal moves to other teams.
- 16 Recruitment across a range of roles is taking place in January and our new legal services contracts take effect. We are onboarding suppliers and this is extremely positive for us as we will be able to send an increased volume of investigations to external suppliers, increasing case flow and lessening the immediate pressure on the Investigation teams.
- 17 Our Case Examiner caseload remains within a reasonable range although we did see a reduction in the number of decisions made in December due to high levels of team leave.

Our expectation is that decision numbers will increase quickly in the new year as more efficient ways of working continue to embed.

- 18 We have now seen more than 60 decisions at the Adjudication stage for the last six consecutive months, this is a significant improvement to previous outcomes. This is in part attributable to the introduction of our new agreed removals guidance. Our new cohort of panel members and legal assessors are being trained and we expect them to make a positive contribution to outcome numbers in the coming months.

Returning to the office and concerns raised about our decision making

- 19 In October we required our teams to work a minimum of 2 days from our offices. We believe this is the right decision to enable our teams to work more effectively together which will positively impact on our caseload reduction efforts.
- 20 We intend to review how our return to 2 days a week in the office has been implemented to ensure the positive opportunities are being sufficiently leveraged and felt by our teams.
- 21 There has been an impact on the operation of our teams following the Independent online articles from October onwards.
- 22 We are working rapidly to ensure delivery of the independent reviews of our casework and culture commissioned following the articles. These reviews are of critical importance to our caseload recovery efforts, they are likely to conclude in May 2024 and we will move swiftly to implement any changes that are required.

Impacts on the health and social care workforce

- 23 The Chief Nursing Officers have explicitly raised with us the impacts of our Fitness to Practise backlog on the workforce.
- 24 We know that being involved in the Fitness to Practise process is stressful for all involved and expeditious conclusion of cases is of the utmost importance.
- 25 The majority of nurses and midwives who are involved in the Fitness to Practise process are legally able to work however the pressures of the process can affect their ability to do so.
- 26 We have committed to working with the Chief Nursing Officers to help manage the impact of the Fitness to Practise caseload on professionals on our register.

- 27 Ultimately we need to conclude our cases more quickly to minimise the impact on people but we are committed to working collaboratively with the Chief Nursing Officers over the coming months to ensure those who are able to practise feel supported and able to do so.

Upcoming activity

- 28 Improving our performance in Fitness to Practise is critical to our organisation and those involved in our processes and work continues to develop a fully costed and impactful plan for the coming 18 months.
- 29 Individual Executive Directors are taking the lead for strands of work that make up the plan. There are interventions planned across the FtP process and those interventions will be carefully phased to ensure maximum benefit from changes we are making, improving the timeliness and quality of our work.
- 30 Investment has already been made, in this financial year, to enable recruitment to key roles informed by our new workforce planning capability however. Further investment will be required as part of our optimisation plan and the full detail of what is required will be presented to the Council for approval in March 2024.
- 31 Our new legal services contracts allow us to outsource a greater range of activities than was previously the case. Our suppliers can now also support us with the completion of legal reviews once a case progresses past Case Examiners and also carry out presentation of High Court Interim Order applications. Both of these new services will bring benefit to our case presenting teams through the creation of additional capacity.
- 32 We are steadily increasing our activity levels and efficiency at Adjudication with a view to improving final outcomes and performance against our key performance indicator for EDI. We have identified an opportunity to bring in additional senior leadership resource to the area to ensure we provide sufficient focus to both these key priorities.
- 33 We are also taking steps to bolster our senior legal leadership in Professional Regulation and have begun the recruitment process for an Assistant Director to work alongside our Assistant Directors of FtP and Registrations. Their focus will be on ensuring legal input across our casework processes is consistent and leads to swift and safe conclusions. We further sharpen our focus on timeliness through the introduction of reviews of our oldest cases by our Assistant Director across all stages of casework.

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Midwifery implications:

- 34 There are no implications which are specific to midwifery to consider.
- 35 At the end of December 2023 we had 288 open cases that relate to midwives, this was approximately 5 percent of the total caseload.
- 36 This is less than we would expect on the basis that midwives made up 5.3 percent of the population of the register at 30 September 2023.

Public protection implications:

- 37 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:

- 38 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:

- 39 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.
- 40 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:

- 41 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:

- 42 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”.
- 43 We are mitigating this risk by producing a detailed implementation plan for the next 18 months with clear expectations of the benefits of each intervention we are undertaking.

Regulatory reform:

- 44 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:

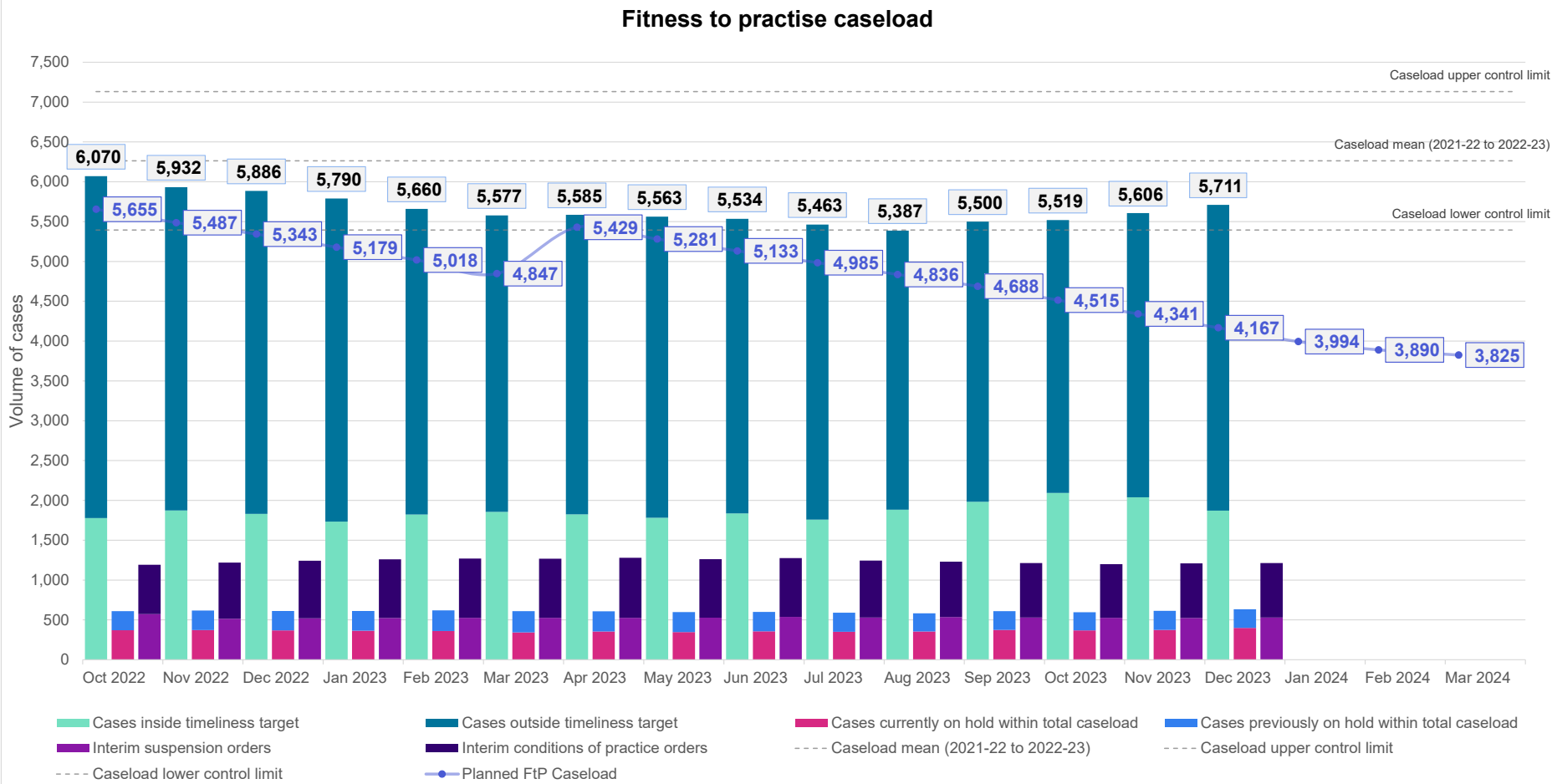
- 45 Timely and effective management of our FtP cases is critical to the fulfilment of our statutory public protection function. Ensuring that we manage our FtP caseload effectively and in line with our NMC values, reduces the risk of legal challenge.

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Fitness to Practise Council performance dashboard December 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 FIP caseload based on operating assumptions for the current and previous financial year.

A1



Commentary December 2023

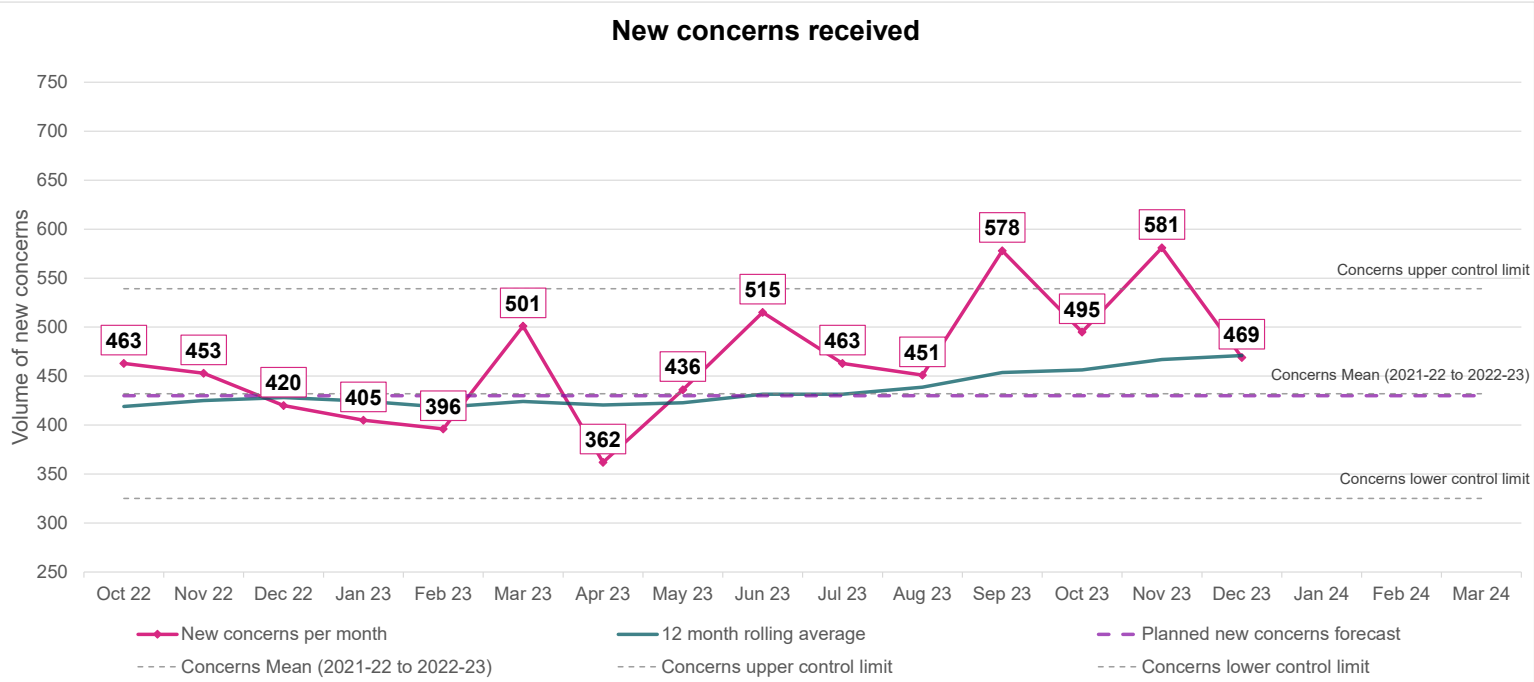
Our overall caseload has been increasing since September 2023 and we are reprioritising our caseload reduction efforts on Screening where we had previously seen a decreasing caseload.

We have added in statistical process control elements into all the charts. We used the mean average caseload/referrals/decisions data from 2021-22 through to 2022-23 as the baseline which allowed us to create upper and lower control limits in the charts. Together these highlight when caseloads, referrals or decisions are remaining near to or moving away from the baseline.

Fitness to Practise Council performance dashboard December 2023

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



Commentary December 2023

Referrals have been above our assumption of 430 a month since May 2023. We saw numbers exceeding 550 again and as explained in the main paper that does not take into account the fact we received over 400 individual concerns about one individual during November. Were we to consider each of those concerns as a referral then we would have received over 1,000 in November alone.

We have added in statistical process control elements into all the charts. We used the mean average caseload/referrals/decisions data from 2021-22 through to 2022-23 as the baseline which allowed us to create upper and lower control limits in the charts. Together these highlight when caseloads, referrals or decisions are remaining near to or moving away from the baseline.

C1 Monitoring and Compliance

Substantive order review caseload: 450

Undertakings caseload: 104

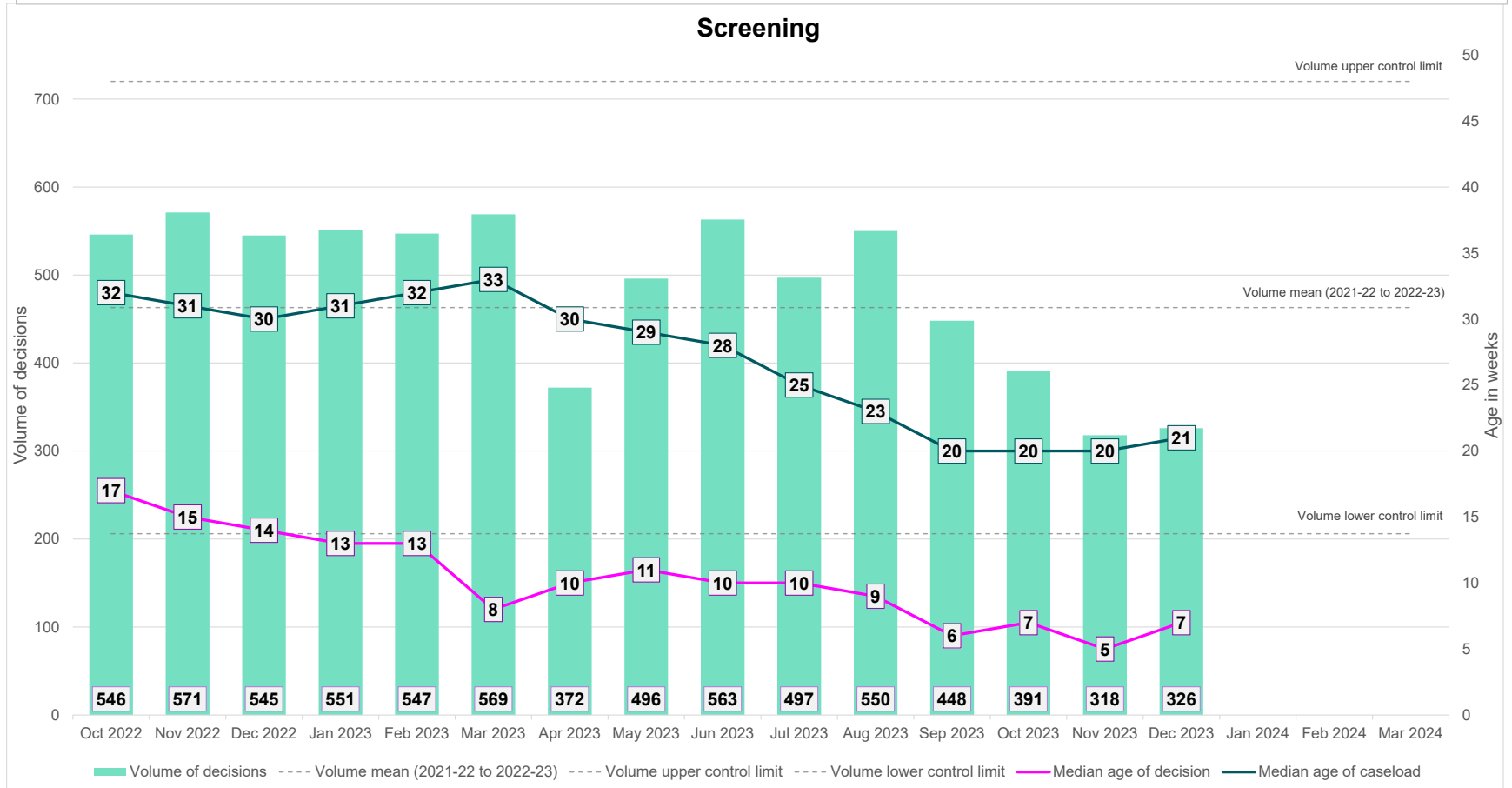
The figures above shows the total number of substantive orders that are subject to review following a decision by a Fitness to Practise Committee Panel at a hearing or meeting. It also shows the total number of undertakings offered by Case Examiners that were accepted, were still active and being reviewed.

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Fitness to Practise Council performance dashboard December 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. From 30 October 2023 onwards, the decisions also includes the closure made by our Future Ways of Working when triaging concerns received from our member of the public online referral form.

D1



Commentary December 2023

December continued to be a high referral month albeit not as high as September to November, but still significantly higher than our assumption of 430 a month. The same resource is used to risk assess new referrals and make screening decisions and thus our decision making capacity has been reduced. Recruitment to case progression roles has been approved and we will be bringing in temporary support pending substantive recruitment activity throughout January and February.

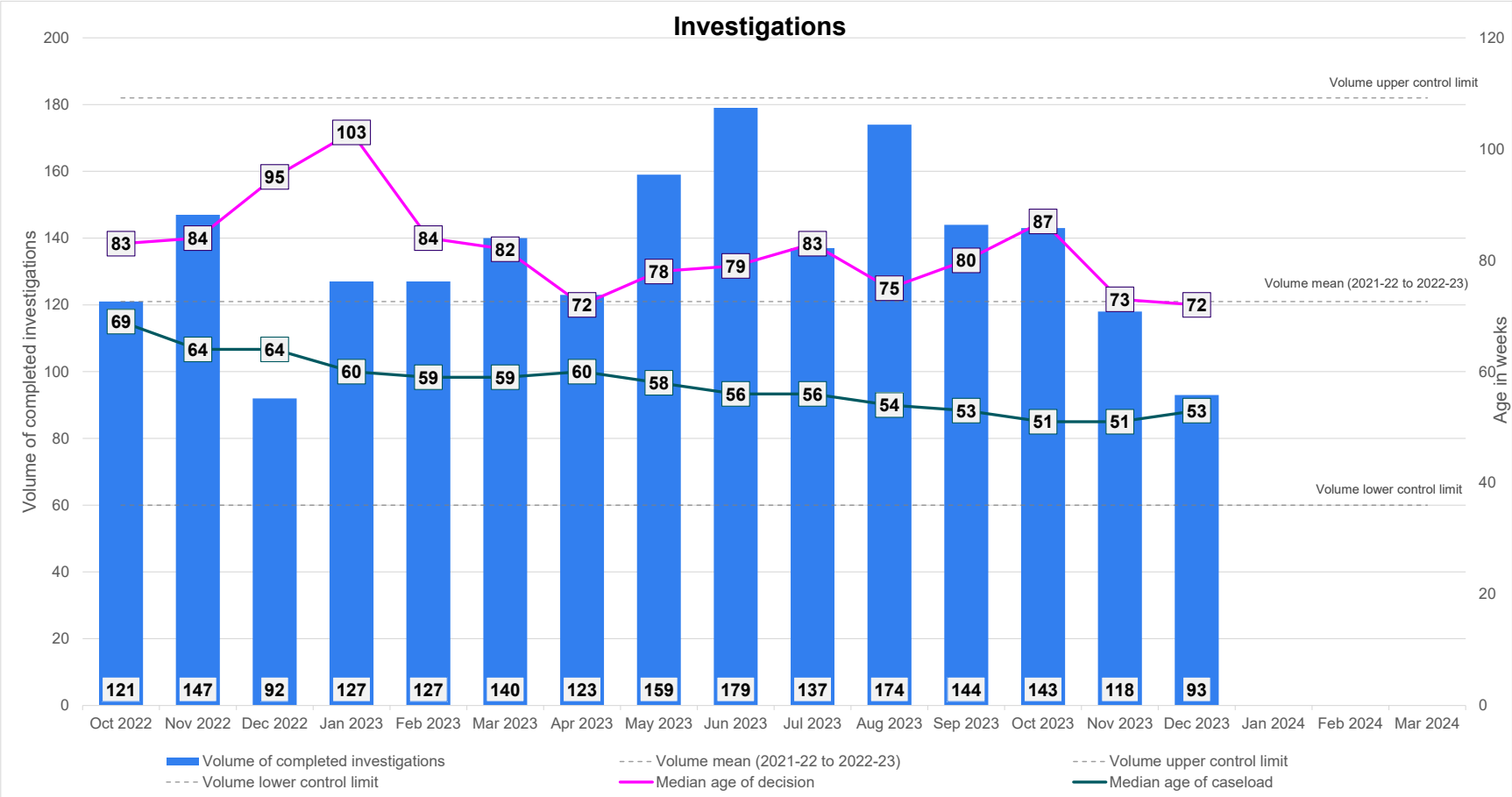
Low decision volumes have led to both an increase in the number of cases at Screening but also a slight increase in the median age of the caseload for the first time since February 2023.

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Fitness to Practise Council performance dashboard December 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 December 2023

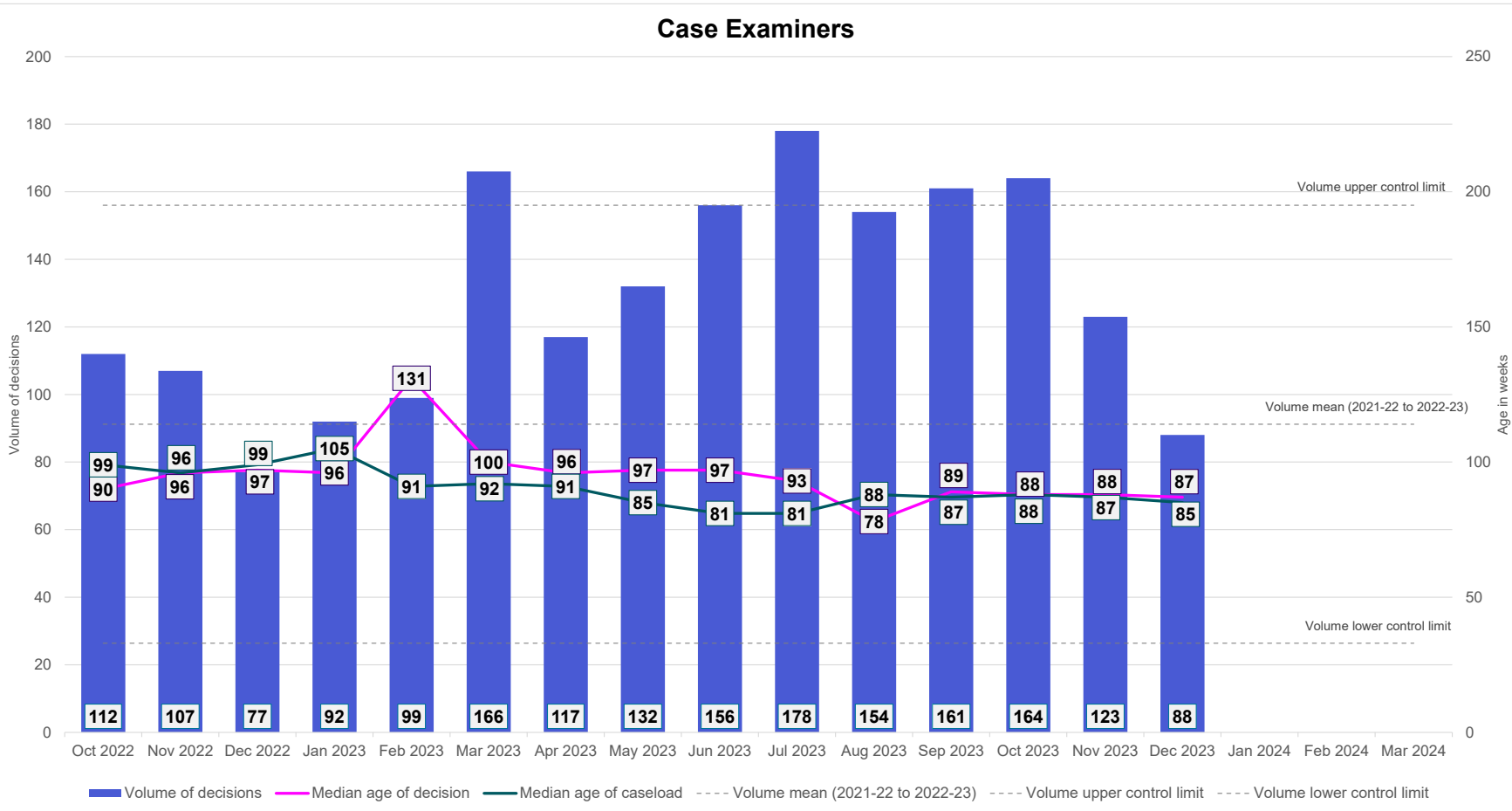
December saw the lowest number of investigation completions since December 2022 with the impact of vacancies being particularly keenly felt, this has contributed to a slight increase in the median age of the caseload for the first time in over a year.

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Fitness to Practise Council performance dashboard December 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



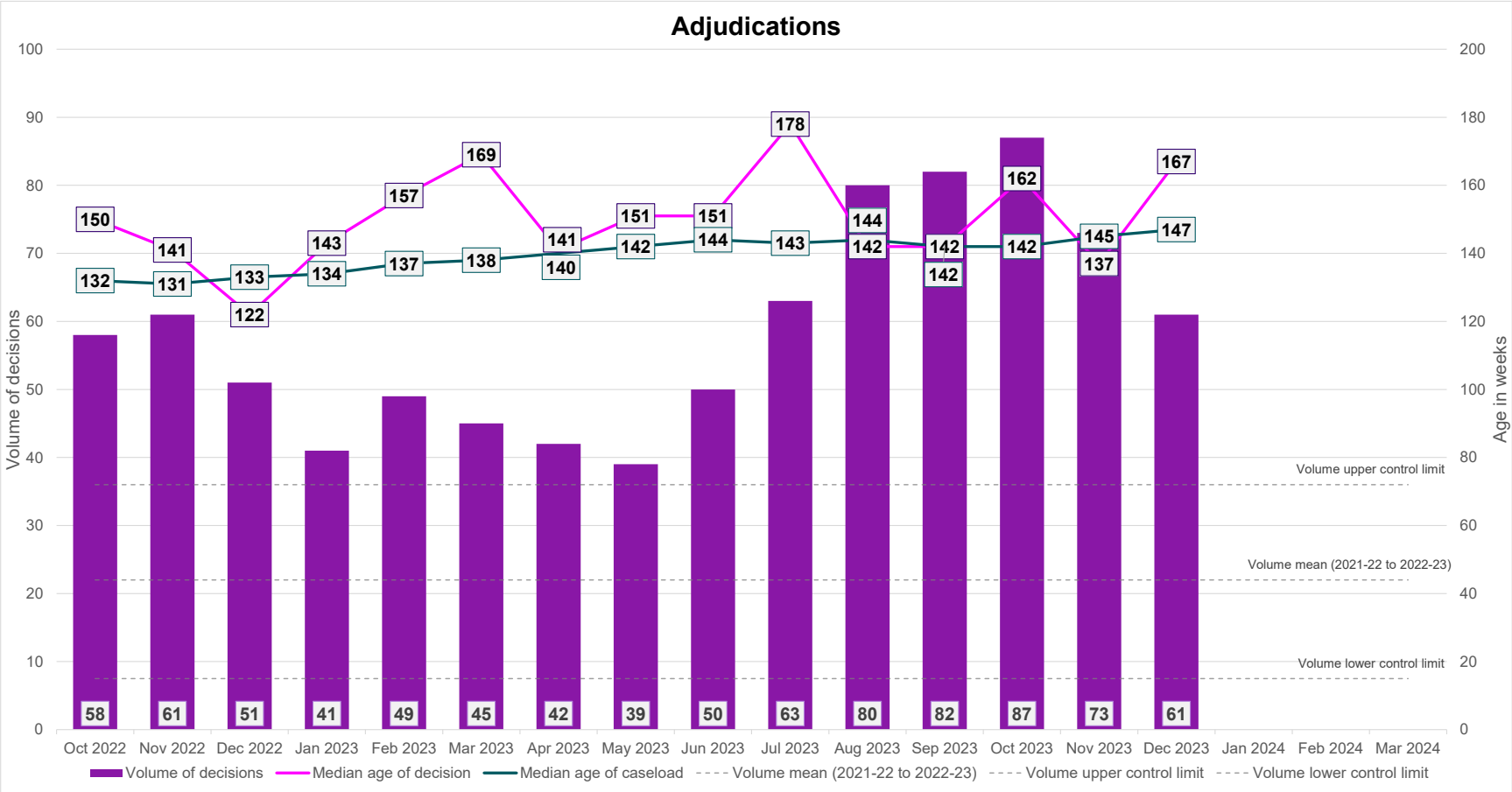
Commentary December 2023
 We saw a reduction in the number of decisions made in December due to high levels of team leave. Our expectation is that decision numbers will increase quickly in the new year as more efficient ways of working continue to take hold

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Fitness to Practise Council performance dashboard December 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 December 2023

We have seen more than 60 decisions at the Adjudication stage for the last six consecutive months, this is a significant improvement to previous outcomes.

The median age at decision was high in December as we resolved some of our older cases however the median age of the caseload continued to rise as aged cases from earlier in the process continue to flow to the later stages.

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Council

Council Effectiveness Review – Update

Action: For noting.

Issue: To update the Council on the outcome of the recent external effectiveness review and the implementation of the recommendations.

Core regulatory function: All regulatory functions.

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

Decision required: None.

Annexes: The following annexe is attached to this paper:

- Annexe 1 – Campbell Tickell’s Final Report recommendations.

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

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Context:

- 1 As part of its commitment to good governance and continuous improvement, the Council has agreed that, approximately every three years, it will engage an external partner to undertake a Council effectiveness review. This supplements the usual internal effectiveness reviews carried out annually.
- 2 At the Seminar in November 2022, Council considered the approach for the effectiveness review. Following this discussion, the Chair, in consultation with the Chief Executive and Registrar, agreed the specification for the review which included support on developing arrangements for transitioning to a unitary board structure.
- 3 Following a competitive quotation process at the start of 2023, Campbell Tickell was appointed to facilitate the effectiveness review.
- 4 Campbell Tickell shared the full findings of the review with Council at its seminar in late July 2023. In summary, the report found that there is generally a good framework for the governance of the NMC and that there is a strong commitment to role modelling the organisation’s values and delivering its purpose. **Annexe 1** lists the recommendations set out in the report and provides a progress update.
- 5 Overall, it was clear from the outcomes of the review that the Council desired to be more strategic in its approach to enable it to make best use of its time in addressing the challenges within its control and influencing wider system issues, both directly and indirectly.

Four country factors: 6 Not applicable for this paper.

Discussion:

- 7 Campbell Tickell undertook a broad and wide-ranging review of the effectiveness of the Council’s governance arrangements and also supported the Council and Executive in their thinking about transitioning to a unitary board and how they would need to work differently post regulatory reform.
- 8 The review included an online survey of Council members and Associates (13 respondents) and Executive Directors (six respondents) followed by 1:1 discussion with all Council members, Associates and Executive members, as well as a focus group with the Governance team.
- 9 Colleagues from Campbell Tickell observed the following meetings:
 - 9.1 Audit Committee (virtual) – 1 March 2023.

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- 9.2 Full Council meeting (Seminar, Confidential and Open sessions – 28 and 29 March 2023.
- 9.3 Investment Committee (virtual) – 19 April 2023.
- 9.4 Remuneration Committee (virtual) – 5 June 2023.
- 10 Alongside this, a detailed document review was undertaken looking at the quality of Council and committee papers and the documents that make up the governance framework.
- 11 Campbell Tickell also joined the Council awayday in April 2023, sharing their early thoughts and findings and leading a discussion on developing ways of working in a unitary board context.
- 12 Campbell Tickell observed that the prospect of regulatory reform, alongside the effectiveness review, presented an opportunity to reshape and reorientate the governance within the organisation.
- 13 There are two overarching themes arising from the Council and Executive’s work; developing a sense of shared endeavour between the Council and Executive, particularly as the NMC moves towards unitary board status, and allowing sufficient time for generative governance discussions.
- 14 The generative mode of governance is where the governing body provides a source of leadership for the organisation; its approach is creative, challenges the norms, applies a robust deliberative process and plays a key role in the framing of issues and the development of strategic options and plans. In this mode, the governing body gets involved sooner rather than later and becomes a valuable part of the solution.
- 15 It will not always be appropriate for the Council to engage in a generative mode of governance, but one of the outcomes from the effectiveness review is to allow more space for that type of thinking and discussion, working strategically with the Executive in tackling the internal challenges and responding to the external environment.
- 16 One of the main structural proposals is a revision of the Council’s committee structure to enhance the assurance Council receives and allow further time for strategic items on Council agendas. A proposal on a revised committee structure will come for Council’s consideration at its February 2024 Seminar with a decision paper following at the March 2024 Open meeting.
- 17 In discussing the findings, the Council gave a clear steer that its preference was to be involved in the development and implementation of recommendations around ways of working, given

the future context, and that the implementation should not be the usual implementation by action plan.

- 18 As a result, Campbell Tickell was commissioned to support the development and implementation of recommendations and held two workshops, initially focusing on developing the existing working relationship between the Chair and Chief Executive and Registrar and followed by a facilitated workshop looking at the wider Council and Executive ways of working on 12 December.
- 19 The purpose of the second workshop was to reflect on what has been learned from the response to the whistleblowing concerns and, with that in mind, consider what kind of governance changes may be helpful in the future.

Key outcomes from the workshop

- 20 The workshop focused on three topics:
 - 20.1 Harnessing insight from work over recent months and how different approaches had been beneficial, considering how to build on those practices, and any other changes in governance or arrangements that need to change to support and embed positive change.
 - 20.2 Looking forward to 12 months ahead and identifying how the Council would operate and feel different from now.
 - 20.3 Discussing the expectations of the Executive by the Council and vice versa, and how the discussion on these expectations positively built on and cemented the benefits from the change in approach to the work of Council.
- 21 The following priorities were set for the months ahead:
 - 21.1 Ensuring the governance structure is clearly communicated within the organisation, so that decision making at different tiers is understood and that there is clarity about where decisions are taken.
 - 21.2 Adapting the Council meeting cycle to enable the priorities identified in the effectiveness review.
 - 21.3 A forward-facing plan for discussion of key issues within the revised cycle and a hard look at the time spent in different kinds of meetings and whether that time is being well deployed, so that all meetings are of commensurate quality and value.

- 21.4 Collating emerging themes and key actions, so that there is clarity on actions to be taken and on the distinction between what is urgent and what is important.
- 21.5 Demonstrating greater resilience and comfort with risk and opportunity and leading from the top on this.
- 21.6 Continued effort on moving to a more strategic focus and working in a high challenge, high support model.

Next Steps

- 22 The Governance team has begun to implement the practical and process recommendations, as set out in **Annexe 1**. This will be further developed following the outcomes of the December 2023 workshop and will be built into the 2024-2025 Council forward plan.
- 23 A progress update on the recommendations and priorities identified in the workshop will be presented to Council at its May 2024 meeting.
- 24 The work on some recommendations has not yet begun as some recommendations are dependent on others being completed. Some have been delayed due to the Council and Executive having been focused on responding to other priorities.

Midwifery implications:

25 None.

Public protection implications:

26 None. The NMC is committed to the highest standards of governance to enable Council’s effective oversight of our regulatory functions. The effectiveness review is also part of our work to ensure we are well prepared for regulatory reform and the opportunities this offers to help us fulfil our public protection duty.

Resource implications:

27 The costs of the external facilitation sessions, £12k including VAT, have been absorbed in the Governance budget and expenditure has been discussed with the Procurement team.

Equality diversity and inclusion implications:

28 The review identifies the need for Council to reflect on its own composition. We will also need to consider the impact of individual process changes, for example, ensuring that our report template remains accessible. The regulatory reform programme governance workstream is developing an equality impact assessment to ensure that we give consideration to these important factors as we implement this work, including the transition to unitary board status.

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Stakeholder engagement:	29	The effectiveness review focused on how Council worked and by its nature had an internal focus.
Risk implications:	30	External effectiveness reviews are a strong control to avoid the risks of group think that can develop over time and help to bring new thinking to existing governance arrangements and stimulate debate.
Regulatory reform:	31	The effectiveness review was designed to encompass the impact of regulatory reform on the Council, namely the transition to a unitary board.
Legal implications:	32	None. The recommendations in the effectiveness review are all within the Council's power to implement or are in preparation for the Council's constitution post regulatory reform.

Recommendations:		Progress:
#1 Take steps that move Council and the Executive closer to the spirit of a unitary Board	a) A facilitated workshop to focus on a shared view of the cultural changes that can help support the roadmap towards a unitary Board	Completed on 12 December 2023.
	b) Examine how the Chair and Vice-Chairs can operate effectively together, and at an appropriate stage (e.g., the ends of terms of the current two Vice-Chairs) reduce to having only one Vice-Chair	Not yet started
	c) The Chair and CEO to reflect on how they operate their relationship to best shape the NMC's leadership culture	Completed – two facilitated sessions with Campbell Tickell. A further session was held between the full Council and Executive.
#2 Redesign the balance of work to enable Council's strategic role	a) Consider the rhythm and content of in-person and online Council meetings – return to in-person seminars for strategic outcomes and be clearer about these outcomes	A draft proposal for the Council meeting cycle has been approved by the Executive for consideration by the Chair and then by Council at its February 2024 Seminar.
	b) Engage in more small group work at Seminar days to bring closer collaboration between Council members and Executive and other senior staff and view time as not all exclusively Council and Executive combined, so that Council members can be engaged at a more embryonic stage of thinking	This recommendation is addressed in the above proposal.
	c) Agree a Forward Plan for the next 12-18 months that incorporates significant strategic questions and how these are trailed and discussed at an early stage of thinking (in a sequence of concept, discuss, decide) – the Chair, Vice Chair/s and new Committee Chairs could be usefully involved in these discussions	In progress – the Governance team are having an initial discussion on outcomes from the facilitated workshop and how this could be reflected in the forward plan. This is planned for 26 January 2024.
	d) Reduce the amount of papers going to Council and use Board intelligence for sharing more information routinely – this will involve the Executive, together with the governance team, spending time together and re-thinking the workflow	In progress – revised template to be used from 1 April 2024 is being tested with by the Governance Team with colleagues across the NMC. This aims to support authors in making

	and style of papers across Council and committees	Council papers more targeted. As part of the consideration of the cycle of Council meetings, the standing items and planned Council business will be reviewed.
	e) Agree an updated template for Council papers	In progress as above.
	f) Agree a format for reporting back from committee Chairs building on some of the good practice that already exists at the NMC	In progress as above.
#3 Change the committee structure to better support the work of Council and make best use of committee members' time	a) Establish a committee for Finance and Resources which incorporates the current work of the Investment and Accommodation committees, and gives assurance to Council on these matters	In progress – a proposal went has been shared with the Executive and will come to Council at its February 2024 Seminar.
	b) Formally extend the scope of the Remuneration Committee to reflect its wider people focus and incorporate EDI in this scope	In progress – as above.
	c) Introduce independent members to committees to strengthen the skills profile and address skills gaps e.g. a finance person to the Audit Committee, and someone with HR/organisational development experience on the Remuneration Committee. We note that the Investment Committee already takes advantage of external co-opted expertise.	In progress – the revised committee structure addresses the need for independent members.
#4 Ensure a coherent Golden Thread across the NMC's approach to strategy, risk and performance	a) Continue to evolve the NMC's approach to risk, ensuring that there is a risk and assurance framework that focuses on Council's iteration of the key strategic risks for the NMC, and offers assurance (using something like a three lines of defence model) for the effectiveness of controls on those key risks. This might be about expanding the remit of the Audit Committee to review the corporate risk register and test the strength of assurance on the controls of strategic risks, as well as bring to Council's attention any emerging or 'bubbling under' risks.	In progress – as part of the committee structure proposal we have set out how the committees will contribute to the risk discussion in the future. The Council and Executive have also considered changes in the approach to strategic risk and how this would flow from the Executive and Committees through to the Council. . These changes will be presented to Council for approval in March after

		discussion at Audit Committee.	2
	b) Finalise the work ongoing on KPIs to ensure that they reflect both the strategic ambitions of the NMC and the risks to not achieving them	In progress – this work has started with the development of the FtP implementation plan and how Executive Board (FtP) and the Council will hold the organisation to account for delivering the plan’s milestones and outcomes, including benefits realisation.	3
	c) Create discussion time to revisit the leadership approach to risk appetite across the range of the NMC’s activities	Not yet started.	4
#5 Council and Executive to have a firm statement about their approach to EDI as a leadership team	a) Council and the Executive to devote some of their planned seminar time to return to the subject of equality, diversity and inclusion, with a view to a stronger challenge to themselves about any targets for their future composition.	To be added into the forward planner as part of the discussions from #2c.	5
#6 Continue the work on openness and transparency in relation to the NMC’s work and the commitment to being person-centred	a) Progress public meetings to be held online (or to be streamed) to allow for a wider group of attendees to take part.	In progress – the proposal on the cycle of Council meetings addresses the need to increase the accessibility of Open meetings.	6
	b) Introduce a range of learning ‘mission moments’ to the start of either seminar or public meetings – these could be video case studies from patients or students or families, or aspects of learning shared by Council members, but with a view to ensuring that the voices of key stakeholders are brought into the room and that the qualitative elements of the reception of the NMC’s work are made real.	Not yet started.	7

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