

Open Council - 25 January 2023

MEETING
25 January 2023 09:30

PUBLISHED
18 January 2023

Meeting of the Council

To be held from **09:30** on Wednesday 25 January 2023
Council Chamber, 23 Portland Place, London W1B 1PZ

Agenda

Sir David Warren
Chair of the Council

Matthew Hayday
Council Secretary

- | | | | |
|----------|--|-----------|--------------|
| 1 | Welcome and Chair's opening remarks | NMC/23/01 | 09:30 |
| 2 | Apologies for absence | NMC/23/02 | |
| 3 | Declarations of interest | NMC/23/03 | |
| 4 | Minutes of the previous meeting | NMC/23/04 | |
| | Chair of the Council | | |
| 5 | Summary of actions | NMC/23/05 | |
| | Secretary | | |

Matters for discussion

- | | | | |
|----------|--|-----------|---|
| 6 | Executive report including Performance and risk report (quarter three – October to December 2022) | NMC/23/06 | 09:40-
10:40
<i>(60 mins)</i> |
| | Chief Executive and Registrar/Executive | | |
| 7 | Fitness to Practise caseload update | NMC/23/07 | 10:40-
11:10
<i>(30 mins)</i> |
| | Executive Director, Professional Regulation | | |

Refreshment break

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

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Matter for decision

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| 8 | Education: Future Programme Standards for Nursing and Midwifery

Assistant Director, Professional Practice | NMC/23/08 | 11:30-11:55
<i>(25 mins)</i> |
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Matters for discussion

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| 9 | Education Quality Assurance annual report 2021-2022

Assistant Director, Professional Practice | NMC/23/09 | 11:55-12:10
<i>(15 mins)</i> |
| 10 | Questions from observers

Chair | NMC/23/10

(Oral) | 12:10-12:25
<i>(15 mins)</i> |

Matter for information

- | | | | |
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| 11 | Chair's actions taken since the last meeting

Chair | NMC/23/11 | |
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CLOSE **12:25**

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

Minutes

Council

David Warren	Chair
Karen Cox	Member
Hugh Bayley	Member
Claire Johnston	Member
Eileen McEneaney	Member
Margaret McGuire	Member
Marta Phillips	Member
Derek Pretty	Member
Anna Walker	Member
Ruth Walker	Member
Sue Whelan Tracy	Member
Lynne Wigens	Member
Tracey MacCormack	Associate
Gloria Rowland	Associate

NMC Officers

Andrea Sutcliffe	Chief Executive and Registrar
Jenny Simnett	Interim Executive Director, People and Organisational Effectiveness
Helen Herniman	Executive Director, Resources and Technology Services
Matthew McClelland	Executive Director, Strategy and Insight
Lesley Maslen	Executive Director, Professional Regulation
Miles Wallace	Acting Executive Director, Communications and Engagement
Geraldine Walters	Executive Director, Professional Practice
Alice Hilken	General Counsel
Fionnuala Gill	Secretary to the Council
Alice Horsley	Senior Governance Manager
Paul Johnson	Assistant Director, Professional Regulation (<i>NMC/22/99 only</i>)

Observing

Ruth Bailey	Executive Director, People and Organisational Effectiveness
Lise-Anne Boissiere	Executive Director, People and Organisational Effectiveness
Matthew Hayday	Council Secretary (<i>Designate</i>)

A list of observers is at Annexe A.

Minutes

NMC/22/93 Welcome and Chair's opening remarks

1. The Chair welcomed all attendees and observers to the meeting, including Ruth Bailey and Lise-Anne Boissiere, Executive Directors, People and Organisational Effectiveness, attending their first Council meeting as observers.
2. The Chair congratulated Ruth Walker on revalidating.
3. The Chair noted that a positive joint meeting with the General Medical Council had been held the previous day; there was an ongoing commitment to the two organisations working collaboratively. The Chair thanked all those who had made the joint meeting a success.

NMC/22/94 Apologies for absence

1. No apologies were received.

NMC/22/95 Declarations of interest

1. **The following interests were declared:**
 - a) **NMC/22/98: Executive report**
All registrant members, the Associates and Geraldine Walters declared an interest in so far as this related to the registration fee.
 - b) **NMC/22/102: Panel Member Reappointments and Legal Assessor Reappointments**
The Executive Director, Professional Regulation, declared an interest given a prior professional relationship with two of the Panel Members being proposed for reappointment.
 - c) **NMC/22/107: The General Nursing Council for England and Wales Trust Report**
Ruth Walker declared an interest as she had had worked with one of the grant recipients in her capacity as Executive Director at Cardiff and Vale University Health Board.
2. The interests were not considered material such as to require the individuals concerned to withdraw from discussion.

NMC/22/96 Minutes of the previous meeting

1. The minutes of the meeting on 28 September 2022 were agreed as an accurate record and signed by the Chair.

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NMC/22/97 Summary of actions

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

NMC/22/98 Executive report including performance and risk report (quarter two – July to September 2022)

1. The Chief Executive and Registrar introduced the report.
2. In relation to the request to maintain a temporary register for a further two years, it was important to strike the right balance between enabling temporary registrants to be deployed and ensuring this was done safely and without undermining the requirement to revalidate every three years. The NMC was engaging with stakeholders on the proposed approach to maintaining the temporary register safely with a view to implementing agreed changes from January 2023. The NMC would communicate to the professionals on the temporary register and our partners on these changes in advance of implementation and report the progress to the Council in January 2023.
3. The Chief Executive and Registrar noted that the NMC had published a statement on industrial action in August 2022, highlighting that professionals on the register have the right to take part in lawful industrial action and that the Code continued to apply during any period of such action and should continue to guide professionals' approach.
4. In discussion, the following points were noted:
 - a) The issues raised in the East Kent Maternity Services report, were equally relevant across all four UK countries. The NMC was working with stakeholders, including the four Chief Midwifery Officers, to address the report's findings and identify any further steps which might be taken to support safe and effective midwifery practice. The development of this work would be discussed by the Midwifery Panel on 1 December 2022 and in more detail at the Council meeting in January 2023.
 - b) It would be important to reassess how midwifery programmes were quality assured and ensure standards were being implemented in the way intended.
 - c) The blog from the Executive Director, Professional Practice focusing on challenging health inequalities in maternity services was commended.
 - d) The letter to professionals on the register acknowledging winter pressures was welcome in demonstrating the NMC's values as a compassionate regulator. The letter highlighted the importance of the Code and Standards in guiding practice and provided reassurance that the NMC took context into account.
 - e) The emails sent to all professionals on the register about using the updated standards of proficiency in revalidation was an effective way of supporting continued professional development.

Performance and risk report (quarter two – July to September 2022)

5. The Executive Director, Resources and Technology Services introduced the report and noted that:
- a) The overall financial position remained strong. It was expected that the cost-of-living crisis would impact more on the NMC's finances in 2023-2024.
 - b) The current forecast was for the year-end net deficit to be £6 million, compared to the budgeted £10 million year-end deficit.
 - c) As requested by the Council, a clear picture of the links between corporate commitments, performance key indicators and risks had been added to the report (Annexe 2).
6. In discussion, the following points were noted:
- a) Relating to Commitment 4: revalidation requirements review, it would be helpful to assess the benefits of revalidation, as part of the review including its effectiveness in encouraging ongoing professional development. There may also be value in researching revalidation information in a sample of serious FtP cases to identify any lessons to be learned.
 - b) In respect of Commitment 5: data-driven Education quality assurance (QA), it was reassuring that the risk rating had reverted from red to amber. The Education QA technology project had been delayed but crucial vacancies had been filled and there was confidence in recent progress.
 - f) In relation to Commitment 22: Sustainability and environmental plan, the Executive advised that an external partner was being procured to support the work. The amber risk reflected delays and some uncertainties around timelines for the work.
 - c) It was a tribute to the retiring Executive Director, Professional Practice that risk REG19/03: fit for purpose education standards was rated green.
 - d) Recruiting and retaining colleagues, particularly in Fitness to Practise (FtP) remained a challenge, and employee turnover had increased slightly since July 2022 (risk PEO18/01). The Executive advised that work was underway to review the total reward offer at the NMC, which was an area of concern for colleagues. It was acknowledged that the employment market was competitive and there was much demand for talent externally, which exacerbated the challenges.
 - e) Utilisation of the Apprenticeship Levy was being reviewed.
 - f) Although progress had been made in stabilising technology services (risk INF21/04) and the risk rating would be reviewed, there was caution about reducing the rating given continuing reliance on legacy IT systems.

- g) It was good that the majority of FtP Panel Members had completed Equality, Diversity, and Inclusion (EDI) training in relation to considering discrimination and racism within FtP concerns. Feedback suggested the training had been valuable and there were plans to provide additional training on microaggression, in response to panel member requests.
- h) There was concern that the percentage of complaints handled within 20 working days was below target; it was acknowledged that the team were managing matters of increased complexity.
- i) The high number of customer feedback surveys received was commended and valuable in terms of developing and improving in FtP.

Action:	Update the Council on the NMC's approach to maintaining the temporary register safely.
For:	Executive Director, Resources and Technology Services
By:	25 January 2023
Action:	Update on work in response to the independent Investigation into East Kent Maternity Services.
For:	Executive Director, Strategy and Insight
By:	25 January 2023
Action:	Review the risk score attributed to the Modernisation of Technology Services (MoTS) (risk INF21/04).
For:	Executive Director, Resources and Technology Services
By:	25 January 2023

NMC/22/99 Fitness to Practise Caseload update

1. The Executive Director, Professional Regulation introduced the update.
2. The Professional Standards Authority (PSA) had concluded that the NMC had failed the Standard of Good Regulation on FtP for a third year. The NMC fully accepted the PSA's conclusions and was acutely aware of the additional distress delays caused for all those involved in FtP cases. Reducing the caseload and improving timeliness was the top priority for the whole organisation and all directorates were identifying ways to assist Professional Regulation. Timeliness was being considered in all improvement activities, with priority given to the highest risk and oldest cases. There had been a slight reduction in the caseload since the last meeting.

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3. In discussion the following points were noted:
- a) The improvements at Screening stage and the focus on progressing the NMC’s oldest cases were commended. The increase in complaints from individuals about not being kept up to date on cases at the Screening stage was concerning. The Executive was considering redeploying colleagues within FtP to help address this.
 - b) In future, Council would find it helpful to see more data relating to cases open for more than one year.
 - c) The referrals helpline pilot was due to begin on 10 December 2022, providing information and support for those referring FtP cases.
 - d) The workforce issues in FtP were concerning. A recruitment working group had been established and job descriptions were being reviewed and amended to ensure they accurately reflected the skills and competencies required. An update on progress in terms of closing the vacancy gap in FtP would be included in the next iteration of the report.
 - e) Imposing Interim Orders within 28 days of referral was an important indicator of efficacy in protecting the public and the continued underperformance was a concern.
 - f) The Executive was confident that the necessary improvements could be achieved, with the right skills and capabilities as well as rigour in terms of case progression. It was important that colleagues had access to the right tools and data to allow full visibility of priority cases.
 - g) The Council welcomed the Executive’s frankness about the challenges and recognition that performance was not where it needed to be. The Council would discuss FtP performance in more detail at its Seminar session in January 2023. This would be an opportunity to consider anything further it could do to best support efforts to reduce the caseload and improve timeliness.

4. Summing up, the Chair emphasised the importance to the whole NMC of the priority to reduce the FtP caseload and improve timeliness. The Chair and Chief Executive and Registrar would discuss with the PSA the outcomes of its review in detail in December 2022. The Chair thanked the team for the clarity of the update and their ongoing diligence. The Council looked forward to further discussion at the January 2023 Seminar.

Action:	i. Include data relating to cases open for more than one year as part of future updates.
For:	ii. Provide information on progress in closing the vacancy gap.
By:	Executive Director, Professional Regulation
	25 January 2023

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NMC/22/100 Professional Standards Authority annual performance review 2021-2022

1. The Chief Executive and Registrar introduced the report. In discussion the following points were noted:
 - a) It was important to recognise the disproportionate impact which failure to meet the FtP timeliness standard (Standard of Good Regulation 15) had on professionals from ethnic minorities, given that they were more likely to be referred. This was not addressed in the EDI implications in the paper and should be reviewed.
 - b) The Executive advised that work was underway to address disproportionate referrals of professionals from ethnic minorities. This included a focus by the Employer Link Service on ensuring senior professional leaders in employing organisations were reviewing referrals to make sure they were appropriate. There was also a focus on sharing learning with representative bodies, stakeholders, and other regulators to share learning.
 - c) The Chair and Chief Executive and Registrar had been keeping Ministers, Chief Nursing Officers, and other stakeholders in each of the four countries informed of the FtP challenges and the actions to address this, so the escalation of the situation by the PSA would not have been their first notification of the problem. Conversations with each country were ongoing to keep them updated.
 - d) Whilst bearing down systematically on the FtP timeliness issues was critical, it was also important to recognise that the NMC had met all the other Standards of Good Regulation and the work which had gone into maintaining that performance.

2. Summing up, the Chair noted that the positive nature of the majority of the PSA’s findings was encouraging. As previously discussed, addressing the FTP timeliness standard was the NMC’s top priority.

NMC/22/101 Future ambitions for Education Quality Assurance

1. The Executive Director, Professional Practice introduced the paper.

2. In discussion, the following points were noted:
 - a) Regulatory Reform would give the NMC new powers and increase flexibility around quality assurance, including the ability to issue warnings where there were concerns about programmes or education institutions.
 - b) Approved education institutions were required to self-report where there were concerns, although some were better than others at doing so.
 - c) Given the pressure to grow the health and social care workforce and the ambition to increase the number of students on programmes, consideration would need to be given to the increased size of the task for any quality assurance (QA) service provider and how costs should be borne.

- d) The Executive confirmed that active consideration was being given to how to promote a competitive market for education QA service provision, given past challenges in this respect.
- e) A more sophisticated approach was required to effectively assess the EDI performance of education providers. QA reviews should encompass course content, the diversity of the student population, retention, attainment, and student experience from an EDI perspective. The NMC had been working with the current QA service provider to improve the diversity of the pool of QA visitors.
- f) A key ambition for future education QA was to develop a more sophisticated data, intelligence, and insight function, by improving the ability to capture, organise and analyse information.
- g) The aim was to use key indicators such as student satisfaction rates, and attrition and attainment data, and to analyse this information effectively, to provide early warning about issues.

3. The Chair thanked the teams involved for the care and detail with which the issues had been set out in the paper. The specific reference to regulatory reform and the opportunities it presented was helpful. The Chair highlighted the importance of this work particularly the development of a more sophisticated data, intelligence, and insight function.

NMC/22/102 Panel Member Reappointments and Legal Assessor Reappointments

1. The Executive Director, Professional Regulation introduced the paper, thanking departing Panel Members and Legal Assessors for their service.
2. In discussion, the following points were noted:
 - a) There were thorough and robust processes in place for the appointment and reappointment of Panel Members and Legal Assessors overseen by the Appointments Board. More detail about this should be included in future reports.
 - b) If approved, the reappointment of existing Panel Members and Legal Assessors would leave the current overall diversity of the Practice Committee membership and Legal Assessor cohort unchanged.
 - c) Improving the diversity of Panel Members and Legal Assessors was and would continue to be a priority in each selection process.
3. **Decisions-The Council:**
 - **Reappointed the 65 Panel Members listed in Annexe 1 for a second term of four years from 28 November 2022.**
 - **Reappointed the 90 Legal Assessors listed at Annexe 2 for a further term of three years from 1 January 2023.**
 - **Approved the removal of the Panel Member listed at Annexe 3, who has resigned from the Practice Committee.**

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- **Noted that the Legal Assessors listed at Annexe 3 who had resigned their appointments as Legal Assessors.**

Action:	Consider how best to include further assurance to support recommendations for appointment/reappointment of Panel Members and Legal Assessors in future reports.
For:	Executive Director, Professional Regulation/Chair, Appointments Board
By:	TBC

NMC/22/103 Questions from observers

1. The Chair invited questions and comments from observers.
2. Jane Beach, Unite, and Michelle Lyne, Royal College of Midwives (RCM), expressed thanks to Geraldine Walters for all her work as Executive Director, Professional Practice, and wished her well on leaving the NMC at the end of the month.

NMC/22/104 Audit Committee Report

1. The Council noted the report of the Audit Committee meeting on 19 October 2022.
2. In reference to the risk maturity review, the Executive confirmed that work was underway to further enhance the approach to risk management including how risks were scored as recommended. This was being reviewed as part of the business and budget planning activities for 2023-2024 currently underway.

Action:	Report to the Audit Committee on work to enhance the approach to risk management.
For:	Executive Director, Resources and Technology Services
By:	1 March 2023

NMC/22/105 Investment Committee Report

1. The Council noted the report of the Investment Committee meeting on 25 October 2022.
2. The Chair of the Investment Committee noted that it had been a challenging period for the economy, marked by volatility in the stock market. The investment portfolio performance had been disappointing, which was in part due to exclusion of certain stocks on an ethical basis.

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3. The Council could be assured that the Committee had reviewed the performance of the investment portfolio rigorously and had confidence in the investment managers, Sarasin. Sarasin were confident that, despite the current volatility, the fund's long-term target remained achievable.

NMC/22/106 Appointments Board Report

1. The Council noted the report of the Appointments Board meeting on 26 October 2022.

NMC/22/107 General Nursing Council for England and Wales Trust Report

1. The Council noted the report of the General Nursing Council for England and Wales Trust to November 2022, which included its purpose, the contribution it makes to supporting early career nurse researchers, and the benefits achieved for patients and the NHS.

NMC/22/108 Chair's actions taken since the last meeting

1. There had been one Chair's action since the last meeting: **06/2022:** Approval of the request for consent to the amendment Deeds of the General Nursing Council Trust for England and Wales.

Closing remarks

1. Ruth Walker thanked the Associate members, Tracey MacCormack, and Gloria Rowland for their significant contribution to the NMC over the last two years. Tracey and Gloria had shared a Black and Minority Ethnic (BME) perspective with the Council as well as their experiences working as midwifery registrants, which had been enormously valuable. It had been a joy to see Tracey and Gloria grow and develop within the Associate role. The Chair added the considerable thanks of the Council for the invaluable insights Gloria and Tracey had brought to the Council's work.
2. The Chief Executive and Registrar thanked Geraldine Walters for her significant contribution to the NMC over the last six years, not least in reviewing all our standards across nursing and midwifery, introducing a new profession, Nursing Associates, and ensuring pre and post registration standards were fit for purpose. Geraldine had led her team with distinction and her work was fundamental to strengthening professional practice for years to come, a legacy of which she should be proud. The Chair added the significant thanks of the Council, and every good wish for the future.
3. The Chair thanked all attendees for joining the meeting and encouraged them to attend future meetings.

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4. The Council and observers attended an unveiling of the Ethel Gordon Fenwick plaque in the reception at 23 Portland Place.

Confirmed by the Council as a correct record:

SIGNATURE:

DATE:

DRAFT

Annexe A: Observers

External Observers

Michael Humphreys Michelle Lyne	Scrutiny Manager, Professional Standards Authority Professional Advisor Education and Regulation, The Royal College of Midwives
Ebere Eke Amun Abdullahi Chizoba Nwadike Bridget Hoad Natasha McVey	Sister, Royal Derby Hospital Clinical Nurse Specialist, NHS Registered Nurse, Bloomcare Regional Clinical Lead – Nursing, Health Education England Clinical Fellow (Nursing) Health Education England (Midlands)
Mary Chiyanike Nadine Beresford Jane Beach Emillie Lee Hannah Fishpool Sylvia Onyekwelu Wasim Ahmad-Khan	Regional Lead Nurse, Change Grow Live Clinical Fellow, Health Education England Lead Professional Officer Regulation, Unite Senior Children Nurse Surgical and Medical MSc Public Health student, King's College, London Registered Manager, Fairlie Healthcare Founder CEO, Nursing Everyday Int. & APNA Foundation

Press

Shruti Trivedi William Hunter	Senior Reporter, Nursing Standard Reporter, Nursing in Practice
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NMC staff observing

Renée Caffyn Hayley Marchant Peter Boyce Roberta Beaton Seun Ayanlaja Clare Quinlivan Oral Kearney Alexa Halabi	Executive Assistant Senior Executive Business Manager Head of Case Presentation and Appeals Head of Corporate Planning, Performance and Risk Executive Assistant Senior Digital Communications Officer Senior Press Officer Senior Governance Manager
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Council

Summary of actions

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

Secretary: Matthew Hayday
Phone: 020 7681 5516
matthew.hayday@nmc-uk.org

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Summary of outstanding action arising from the Council meeting on 23 November 2022

Minute	Action	Action owner	Report back date	Progress to date
NMC/22/98	<p>Temporary Register</p> <p>Update the Council on the NMC's approach to maintaining the temporary register safely.</p>	<p>Executive Director, Strategy and Insight</p>	<p>25 January 2023</p>	<p>Included in the Executive Report on the agenda.</p>
NMC/22/98	<p>Maternity</p> <p>Update on work in response to the independent Investigation into East Kent Maternity Services.</p>	<p>Executive Director, Strategy and Insight</p>	<p>25 January 2023</p>	<p>Included in the Executive Report on the agenda.</p>

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NMC/22/98	<p>MoTS</p> <p>Review the risk score attributed to the Modernisation of Technology Services (MoTS) (risk INF21/04).</p>	<p>Executive Director, Resources and Technology Services</p>	<p>25 January 2023</p>	<p>The risk score attributed to INF21/04 has been reviewed and reduced to 'AMBER', as there is an agreed scope and manageable programme of planned work in place. The score remains elevated due to the risk around retention of key staff involved in the project, dependency on other parts of the business, and continued reliance on legacy IT systems.</p>
NMC/22/99	<p>Fitness to Practise Caseload</p> <p>i. Include data relating to cases open for more than one year as part of future updates.</p> <p>ii. Provide information on progress in closing the vacancy gap.</p>	<p>Executive Director, Professional Regulation</p>	<p>25 January 2023 / 29 March 2023</p>	<p>The number of cases in the caseload that were over 12 months old at 30 November 2022 was 3,090, out of a total of 5,932. This compares to 3,310 out of a total of 6,469 in March 2022.</p> <p>We want to provide a more useful indicator of performance to future Council meetings. We are bringing a proposed set of Key Performance Indicators (KPIs) to track performance and caseload recovery to Council in March 2023, which we would anticipate replacing the need to report on this number in the future.</p> <p>Information on the vacancy gap is set out in the Fitness to Practise Caseload update, which is an agenda item for this meeting.</p>

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<p>NMC/22/102</p>	<p>Panel Member Reappointments and Legal Assessor Reappointments</p> <p>Consider how best to include further assurance to support recommendations for appointment/reappointment of Panel Members and Legal Assessors in future reports.</p>	<p>Executive Director, Professional Regulation/Chair, Appointments Board</p>	<p>29 March 2023</p> <p>(8 March 2023 to Appointment's Board)</p>	<p>This will be discussed at the Appointment Board's meeting on 8 March 2023 and the outcome included in the Board's report to the Council.</p>
<p>NMC/22/104</p>	<p>Audit Committee Report</p> <p>Report to the Audit Committee on work to enhance the approach to risk management.</p>	<p>Executive Director, Resources and Technology Services</p>	<p>17 May 2023</p> <p>(26 April 2023 to Audit Committee)</p>	<p>Audit Committee will consider the Annual Review of Risk Management Effectiveness at its meeting on 26 April 2023. This will include an account of work planned for 2023-2024 to increase the maturity of our risk management framework. Given our internal auditor's positive report on our risk management framework and so that we can manage the impact of further improvements on wider teams, we will not be proposing a significant change to the risk framework until 2024 at the earliest. Audit Committee's views will be provided in the Committee's report to May Council.</p>

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Summary of outstanding action arising from the Council meeting on 27 July 2022

Minute	Action	Action owner	Report back date	Progress to date
NMC/22/70	<p>OSCE Performance</p> <p>Consider whether there are suitable key performance indicators (KPIs) for OSCE centres and testing capacity which could be reported to Council.</p>	<p>Executive Director, Professional Regulation</p>	<p>23 November 2022 / 25 January 2023 / 29 March 2023</p>	<p>We are reviewing what to include in performance reports during 2023-2024. This will be presented to the Council in March 2023, in the proposals for KPI reporting for 2023-2024.</p>
NMC/22/70	<p>Turnover</p> <p>Consider whether specific pay incentives may help in attracting and retaining talent for key or specialist roles.</p>	<p>Executive Directors, People and Organisational Effectiveness</p>	<p>28 September 2022 / 23 November 2022 / 25 January 2023 / 29 March 2023</p>	<p>This is being considered as part of the People Plan work on Total Reward. The Remuneration Committee was updated on this work to date on 9 January 2023 and there will be a further Executive Board discussion on 31 January 2023, where further discussion on development and implementation will take place.</p>

Council

Executive Report

Action: For discussion.

Issue: The Council is invited to consider the Executive's report on key developments during 2022–2023, up to January 2023, and our performance, finance and risk exposure updates for quarter three.

Core regulatory function: All regulatory functions.

Strategic priority: All priorities for period 2022-2023.

Decision required: None.

Annexes: The following annexes are attached to this paper:

- Annex 1: Performance against our Corporate Plan for 2022–2023
- Annex 2: Corporate Risk Exposure Report

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

Author: Rebecca Calver
Rebecca.calver@nmc-uk.org

Author: Roberta Beaton
Phone: 020 7681 5243
Roberta.beaton@nmc-uk.org

Acting Executive Director: Miles Wallace
Miles.wallace@nmc-uk.org
Executive Director: Helen Herniman
Phone: 07768 546 171
Helen.herniman@nmc-uk.org

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- Context:**
- 1 This paper is produced by the Executive and provides an update on key developments since the last meeting of the Council on 23 November 2022.
 - 2 The report consists of three sections:
 - 2.1 Highlights from the external environment and our strategic engagement work up to January 2023.
 - 2.2 Our performance report providing status updates against our corporate plan and budget for quarter 2 2022–2023 up to 31 December 2022 (**Annexe 1**).
 - 2.3 Our corporate risk position up to 31 December 2022 (**Annexe 2**).
 - 3 There is a separate report on the Fitness to Practise (FtP) Caseload on the agenda.

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

Discussion: Covid-19 Emergency Temporary Register

- 5 The total number of people with temporary registration as of 31 December 2022 was 12,971, compared to 13,023 on 31 October 2022. During this period 36 people transferred from the temporary register to our permanent register.
- 6 On 17 November 2022, we wrote to a range of key stakeholders, including employers, Chief Nursing Officers (CNOs) and Chief Midwifery Officers (CMidOs), unions and representative bodies setting out our plans to keep the temporary register open safely for a further two years. The proposals included:
 - 6.1 Applying new conditions of practise to all temporary registrants requiring them to engage in continuing professional development.
 - 6.2 Removing people from the temporary register who left the permanent register more than three years ago, because this is consistent with the three years for revalidation, unless they have told us they are working.
 - 6.3 Removing internationally trained applicants who have not progressed their application within two years.

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- 7 These changes were due to be implemented as of January 2023 but given the current pressures facing health and care services, we have decided to move implementation to March 2023. We intend to survey temporary registrants in February 2023 to understand which professionals continue to work.
- 8 We will communicate this revised approach and our rationale to stakeholders and temporary registrants in February 2023.

Winter pressures

- 9 We have focussed our efforts on ensuring that our communications and engagement provide meaningful support to professionals working under significant pressure this winter, so that they can continue to provide the safest care possible. This includes a new message and video from the Chief Executive and Registrar acknowledging the pressures facing those on our register, highlighting the important role the Code plays and signposting to our recent joint letter with the CNOs and Care Quality Commission.

Industrial action

- 10 We have been closely monitoring ongoing industrial action ballots and announcements in health and care, and have remained in regular contact with trade unions and health and care leaders throughout this period. We have continued to highlight our published position on industrial action and have adapted the timing of our communications and engagement activity to avoid key industrial action dates.
- 11 Our position makes clear that we will not take fitness to practise action against someone solely on the basis that they are taking part in lawful industrial action. It also makes clear that the Code still applies to people on our register while they are taking part in industrial action.

Fitness to practise

- 12 Our referrals helpline launched on 12 December 2022, after being discussed with the Public Voice Forum, representative bodies and NMC colleagues. The helpline serves as a first step to support members of the public who are considering raising a concern with us about a nurse, midwife or nursing associate.

Regulatory reform

- 13 In November 2022, we received the results from the independent focus groups we ran with the public and professionals about their views on proposed changes to the way our register displays information. We are now analysing the findings of these focus groups.

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- 14 On 23 November 2022, we presented at the General Medical Council's (GMC's) patient roundtable with public stakeholder organisations. We shared our ambitions for regulatory reform, especially in relation to fitness to practise. We will be considering their feedback in our planning.
- 15 On 7 December 2022, the Shadow Minister for Primary Care and Patient Safety tabled a question to the Department of Health and Social Care (DHSC) about the predicted timeline for the changes to our Order. The Government responded that it would provide further information on this, and the Orders for other regulators, in its response to its *Regulating healthcare professionals, protecting the public* consultation from March 2021. This response is expected shortly.

Maternity safety and midwifery regulation

- 16 On 1 December 2022, our Midwifery Panel discussed the East Kent report. The key themes coming through included the importance of a commitment to multi-professional training and working, and an open culture that supports staff to speak up.
- 17 In response to the independent investigation into East Kent Maternity Services, our internal midwifery regulation oversight group considered the key action areas and what additional opportunities and influence we have as a regulator. We have invited Dr Bill Kirkup, lead of the inquiry, to speak to our Midwifery Panel in February 2023 and have also attended meetings led by the CMidO for England, with other system partners, to discuss next steps. We will provide an update within our annual report on inquiries and reviews in March 2023.

Advanced practice

- 18 We have commissioned two independent pieces of work on advanced practice in nursing and midwifery. The first is a UK and broader international evidence review and stakeholder engagement on regulatory considerations for advanced practice by the Nuffield Trust. The second is qualitative focus groups with professionals working in advanced practice roles across the UK, which is being undertaken by Britain Thinks. The final draft reports from these two evidence reviews will be available at the end of January 2023.
- 19 We will draw on these discussions, and other evidence-gathering, to advise Council in 2023 about options and next steps. This includes considering whether any risks associated with advanced practice should be mitigated by additional regulation, and if so, what form that might take.

Future programme standards for nursing and midwifery

- 20 Our future programme standards for nursing and midwifery is an agenda item for the meeting.

International registration

- 21 The European Free Trade Association (EFTA)-UK trade deal will take effect in December 2023. Having consulted with the Department for Business, Energy & Industrial Strategy (BEIS), we believe that the terms of the deal should allow us to process EFTA applicants in much the same way as we do now. This means that we will continue to automatically recognise EFTA qualifications which meet the terms of EU Directive 2005/36/EC. Holders of EFTA qualifications which do not align to the Directive will be assessed via our Test of Competence.
- 22 While this is our preferred approach for implementing the EFTA deal, we will need to wait until BEIS has drafted additional regulations setting out how it should be implemented. We hope to see an initial draft sometime in Spring 2023.
- 23 We are also preparing to respond to a DHSC review of the standstill regulations which were introduced just before the UK left the EU. These regulations mean that we continue to automatically recognise certain qualifications which meet EU standards.
- 24 We are preparing to implement the agreed changes to our English language requirements. This includes allowing people to combine test scores, and allowing those who have trained in English in a non-majority English speaking country to use supporting information from employers. Changes will be introduced at the beginning of February 2023, supported by messaging to applicants, employers and stakeholders, and will be fully operationalised via NMC Online by Summer 2023.
- 25 We have developed a new workshop for employers and internationally recruited professionals called, *Welcome to the UK Workforce*. This aims to support high quality care for people using health and care services by preparing internationally recruited nurses and midwives for the cultural and ethical differences of working in the UK. It also sets the tone for a positive regulatory relationship and raises awareness of the NMC's role. The workshop is being piloted with employers across the UK between November 2022 and March 2023, with an evaluation to follow.

Hearing the public voice and adopting a person-centred approach

- 26 The Public Voice Forum met on 8 December 2022. This meeting marked a year since the inception of the forum. Members heard about the new fitness to practise referral helpline and shared their views and ideas in response to the proposals. They also continued their engagement with us on setting the tone for the planned NMC and Me public information campaign in 2023.

Supporting our professions, influencing the sector

- 27 Our mid-year data report was published on 30 November 2022. Our register grew to a record 771,445 professionals – an increase of 13,144 (1.7 percent) between April and September 2022. This growth is being driven in large part by the number of internationally educated joiners, which continues to rise at a proportionately higher rate than UK joiners. 11,496 internationally educated professionals joined the register in those six months, almost matching 12,102 UK trained joiners. With more international professionals joining the register, and with UK joiners becoming more ethnically diverse, the profile of the NMC register is changing.
- 28 On 6 December 2022, we published a blog from our Senior Nursing Adviser and Nursing Education Adviser on the importance of holistic care in nursing, and how our standards support professionals in delivering it.
- 29 At our successful *Future Professional* events in England, Scotland and Northern Ireland throughout November 2022, 180 people attended and heard from senior partners, students, recently qualified professionals and NMC colleagues. The postponed event in Wales will take place in Spring 2023. At the event, we also launched a new animation explaining how our standards support the professional journey, ‘*What makes you a registered professional*’, which is on our website.
- 30 On 19 December 2022, we welcomed Sam Foster (former Chief Nursing Officer at Oxford University Hospitals NHS Foundation Trust) as our new Executive Director of Professional Practice. Sam will lead reviews of some of the NMC’s most important regulatory tools, including the Code and revalidation process.
- 31 We published a statement congratulating nursing and midwifery professionals who were named in the New Year’s Honours list; with particular mentions for Professor Deborah Sturdy and Nicola Bailey, winner of the NMC-sponsored *Innovation in Your Specialty* award in 2021 and Nurse of the Year 2021. We have also written personally to congratulate all those on our register who received Honours.
- Midwifery implications:** 32 Midwifery updates are covered in the body of the report.
- 33 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.

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	34	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).	3.
	35	We have identified maternity safety as a risk factor within the Corporate Risk Register and continue to monitor this and act as appropriate. We monitor the quality of midwifery pre-registration education through our regulatory processes to help support and influence maternity safety.	4.
Public protection implications:	36	Public protection is a key driver of the risks identified within our corporate risk exposure report at annexe 2 . Risks being well managed is inherent to ensuring effective public protection.	5.
Resource implications:	37	None in addition to those within our corporate budget.	6.
Equality diversity and inclusion implications:	38	We have a legal obligation to comply with the public sector equality duty across everything that we do and equivalent legislation in Northern Ireland.	7.
	39	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.	8.
	40	We have a specific commitment within our corporate plan to support our ambitions to be fair and promote inclusion.	9.
	41	We continue to monitor risk exposure from discrimination and unfairness across our corporate risk register. We have integrated EDI into our regular performance monitoring as part of corporate commitment 9.	10.
Stakeholder engagement:	42	Discussed within this paper.	11.
Risk implications:	43	Risk implications are dealt with in the paper.	12.
Regulatory reform:	44	See paragraph 13-15.	

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- 45 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.
- 46 We monitor the Regulatory Reform programme through monthly reporting to the Change Board and within our quarterly corporate performance monitoring to the Council.
- 47 No legal implications arising from this paper.

Legal implications:

Performance against our corporate plan for 2022-2023

Section 1 Executive Summary

- 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 2022-2023 for Q3 (October to December 2022).

Progress against our 22 corporate commitments

- 2 Our current corporate plan and budget sets out 22 corporate commitments (CC) that we will deliver between
- 3 2022-2025. Each corporate commitment is underpinned by a set of deliverables for the year ahead, which we track to make our traffic light assessments presented within this report.
- 4 One commitment is now complete; CC1 (deliver a new set of post registration standards)
- 5 Four traffic lights have changed since Q2 for our current quarter assessment; three have worsened: CC3 (Advanced practice) due to delays with the research report, CC17 (People plan) due to some work moving into 2023-2024, and CC9 (Tackling discrimination) to reflect that we are at the early stages of embedding the equality, diversity, and inclusion (EDI) action plan. One commitment has improved from red to amber; CC5 (Data driven approach to education quality assurance) as the project is now progressing.
- 6 Three forecasts for year-end have changed; CC19 (digital systems to support how we regulate) has improved, CC20 (Deliver contemporary IT) has worsened due to delays, and CC18 (improve the way we are structured) has been paused. As reported at Q2, CC13 (Build trust in professionals) has been proactively rescheduled.
- 7 At section 2.1 (below) we have provided more information about our progress.

Financial Management

- 8 Our overall financial position remains strong with good levels of free reserves at £45 million, and with cash and investments totalling over £103 million at the end of December. Nine months into the financial year, we are breaking even compared to a budgeted £6.4 million deficit, before taking into account unrealised losses on our investments. This is partly due to higher-than-expected income, and partly owing to overall spend (including expenditure on some projects) being lower than expected, mainly due to slippage and recruitment issues. We currently expect the year end net deficit to be £3 million, compared to the budgeted £10 million deficit with some project spend carrying over to next year and an expectation that there will be no gains or losses on the investment portfolio

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9 Detailed financial information and commentary is at section 4 below. Specific key points to note:

9.1. At 31 December, our long-term stock market investment portfolio shows an unrealised loss of £2.7 million in this financial year compared to the position at the end of March 2022. This drop is relative to the strong gains that our investments showed at the end of March 2022 and reflects the generally poor performance of financial markets in the period since then. It is though, an improvement on the position at the end of September when the unrealised loss was £3.9 million, with total value of our investments still higher than the £33 million we originally invested. Short term volatility was always expected when we took the decision to make the investments and we remain confident that our investments remain well managed, with good prospects of growth in the long term as well as currently generating some £1 million a year in dividend income.

9.2. Although our current level of free reserves, at £45 million, is above the upper end of the target range for free reserves of £25 million set by Council in March 2022, it is required to fund our plans for significant capital investment over the next two to three years. In particular, we are expecting to invest some £15 million in technology in ways that will improve the speed and level of service to registrants and the public in our core regulatory functions, including fitness to practise and registrations and some £25 million in refurbishing and modernising our older accommodation. As well as improving our service levels, both of these investments will also enable significant long-term operational savings to be made.

Progress against corporate Key Performance Indicators (KPIs)

10 We have provided relevant exception comments alongside our KPI tables below. Issues that the Executive would like to highlight are:

10.1. **Fitness to Practise (FtP):** Reducing our FtP caseload is our top priority and greatest area of corporate risk (risk REG18/02). Since our last report, targeted work to reduce the caseload continued to show positive signs; the overall caseload is now below 6000 cases for the first time in two years and was 5,886 in December. However, we remain behind profile and, as such, our year-end target of 5000 overall cases by March 2023 will not be met and work is underway to revise the target for next year to reflect our updated improvement work. This is a separate agenda item for discussion.

10.2. **NMC workforce** is our second major area of risk, specifically, recruiting and retaining an adequately skilled workforce (risk PEO18/01). Overall, we are significantly behind profile for full time equivalent (FTE) employees which means that there are capacity pressures in several areas.

10.3. Areas of concern include ensuring that we can increase capacity within FtP and recruit specialists in fields such as technology and people services. A dedicated recruitment task force is working with FtP colleagues to resolve the pressures, and our leadership within people services will be strengthened during Q4 with people recruited to fill key leadership roles. We have also re-phased the recruitment of some technology specialist roles.

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- 10.4. Recruitment continues to be challenging within a competitive market. In November, we started piloting our new recruitment platform (an applicant tracker system). This aims to improve the candidate experience, reduce bias, and improve our efficiency, so that we can minimise the length of time it takes to recruit, select, and onboard new colleagues. This is intended to shorten the end-to-end time to recruit new colleagues.
- 10.5. Over the past 12 months we have seen the turnover of permanent employees increase. At the start of the year, we anticipated this in view of the impact of the covid-19 pandemic on the labour market and raised our target from 10 percent to 12.5 percent. However, we are now above our tolerated level of 12.5 percent and our average turnover was 13.3 percent over the past 6 months (turnover was 13.4 percent in December 2022 compared to 10.5 percent in December 2021). As reported at Q2, we have planned longer term initiatives covering reward, development, and progression to encourage retention.
- 10.6. We have seen a slight increase in new starters leaving within 6 months of joining. In November we were above our target 12.5 percent by 0.4 percent. There is no trend to report as the leavers were across various teams and left for different reasons. For December we were back within target range at 10.1 percent.
- 10.7. Our permanent workforce has marginally increased for the first time this year. More permanent employees have joined the NMC than left (97 leavers verses 101 joiners). Overall, 238 people have joined the NMC since April, consisting of permanent employees, fixed term employees, agency staff and contractors.
- 10.8. **Equality, Diversity and Inclusion (EDI):** Our 3-year EDI action plan is intrinsically linked to our People Plan, and has started to deliver increased awareness about discrimination, equality, and how to promote inclusion across our workforce. Our focus for the remainder of this year is delivering our EDI action plan goal of building colleagues' capacity and knowledge.
- 10.9. Progress includes development of inclusive recruitment training with an external supplier. Training will be piloted with colleagues from our People and Organisational Effectiveness, Professional Regulation and Strategy and Insight Directorates in February.
- 10.10. Our new 'management fundamentals' programme will include modules on building a culture of inclusion and belonging and reasonable adjustments and will be piloted in Q4. Organisational delivery on reasonable adjustments has been reviewed by an external expert organisation and will be further strengthened by refreshed guidance and policy. We have completed an initial gap analysis of EDI learning and development across the organisation and have begun to fill some of the gaps, including developing specific modules for legal colleagues to support them to embed the Public Sector Equality Duty and build on key learnings from cases involving discrimination. We have piloted this learning with Executive colleagues and new lawyers.

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- 10.11. We have developed a programme of learning and development for our internal networks and continue to build their capacity through providing them access to external, network leadership development programmes.
- 10.12. We have held a workshop as part of work to support the EDI leadership group in monitoring progress of the EDI plan against corporate targets and supporting directorates to deliver their components of the EDI plan, in alignment with business plans. This work includes the introduction of a more formalised reporting system in relation to EDI plan delivery, taking on feedback from previous approaches.
- 10.13. **Resolving customer complaints within 20 days:** performance improved during Q3 with October and December both above target, and November marginally below target at 89.7 percent (target: 90 percent). The team is actively mitigating capacity pressures and taking a different approach to working with local teams to resolve complaints within our target timelines.
- 10.14. **MP enquiries responded to within 20 days:** Since April, we have received 31 MP enquiries, of which 26 we have responded to within 20 days. Low volumes disproportionately affect the headline percentage (for example, we responded to five MP enquiries in December, one of which was outside of 20 days). MP enquiries tend to be more complex; we communicate with stakeholders throughout the process to manage expectations about when an enquiry will be complete.
- 10.15. We have identified areas for improvement across enquiries and complaints following a review of the root causes during Q3. Executive Board considered our improvement plan at the end of November. As a result, we are improving our complaints triage process to ensure a 'right first time' approach, implementing early case conferences with colleagues from key teams to enable us to quickly establish the facts and improve collaboration, and having a consistent process for accountability for sign-off. We will continue to monitor progress as the plan progresses.

Corporate risk exposure

- 11 Our corporate risk exposure report is at **annexe 2**. The exposure report highlights the key issues potentially affecting our corporate risks now, and additional mitigations that we are taking.
- 12 We also maintain our corporate risk register as the core document; it holds our full risk profiles for each corporate risk detailing the causation, potential impact, mitigations, and planned actions. All corporate risks are linked to the delivery of our strategy for 2020-2025, with the linkages shared with the Council in November.

Position at Q3

- 13 We continue to actively mitigate two materialised risks. These are **REG18/02** (risk that we fail to take appropriate action to address a regulatory concern or do this in a timely or person-centred way) and **PEO18/01** (risk that we fail to recruit and retain an adequately skilled and engaged workforce).

- 14 Our main mitigations are the FtP improvement programme and focused interventions at screening in the first instance. In view of the risk that we may receive an increase in referrals where concerns are solely due to those taking part in lawful strike action, we have put a process in place to separate those concerns from our FTP caseload to manage them appropriately. They will be handled by our Corporate Enquiries and Complaints team as an enquiry rather than a referral.
- 15 For people, we have targeted actions to improve recruitment within FtP and hard to recruit areas, our new resourcing policy, and our new applicant tracker system. Our people plan will be rephased in March once our new people service leadership team is in place. In addition, in Q4, we are reviewing our corporate people risk (PEO18/01) with the new Executive Directors of People and Organisational Effectiveness to ensure that the causes and mitigations and root causes are fully understood and focused on in the right areas.
- 16 In Q2, the Council asked us to review corporate risk **INF21/04** (*Risk that our Modernisation of Technology Services (MOTS) programme does not deliver the intended benefits for our registration system or case management system*) to understand whether this risk continues to be assessed as red. Following assessment by the risk owner, we can confirm that in January we downgraded this risk from red to amber. The rationale for the reduction in the likelihood from 4 (high / 51 to 80 percent chance of occurrence) to 3 (medium / 21 to 50 percent change of occurrence) is that following a successful recruitment campaign, key roles within the programme will be filled from January, reducing our capacity and capability risks within the programme, and to strengthening programme governance and independent assurance.
- 17 Residual risk remains regarding the retention of key staff and capabilities in the programme, dependencies on other parts of the business for subject matter expertise, and continued reliance on legacy IT systems which could fail whilst we design and deliver the programme. We keep this risk under continual review through our programme board and Executive Board.
- 18 We continue to implement mitigations across a number of other corporate risks. Significant mitigations include:
- 18.1. Our new applicant tracker system launched in November. We expect this to deliver a better candidate experience when applying for roles at NMC, and a streamlined internal approval process.
- 18.2. We have completed EDI training for Panel Members about considering discrimination and racism within FtP concerns. EDI training for lawyers designed to improve knowledge beyond the public sector equality duty was completed in December. Work is in train to take forward learning from external legal cases dealing with complex EDI issues. A quality assurance review is planned for Q4 to provide assurance that we are appropriately supporting vulnerable witnesses in our FtP proceedings.
- 18.3. Our new safeguarding lead joined us in November and will lead improvements in awareness and training and provide a full safeguarding update to the Council in April 2023.

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18.4. Call recording will be implemented within our contact centre from Q4 to help us promote an effective customer experience.

19 We will review our cyber risk now that we have received the final Cyber Security report in December from our independent reviewers, with a proposed 24–36-month roadmap to deliver elements of the plan. Implementation of ‘quick wins’ will begin in Q4.

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Section 2 Progress against our twenty-two corporate commitments for 2022–2023

2.1 Overview of traffic light status

Commitment	Q2 actual (2022-23)	Q3 actual (2022-23)	Year end Forecast (at Q3)	Comments
Commitment 1: Deliver a new set of ambitious post-registration standards focusing on community nursing practice.	Green	Complete	Complete	Completed. We approved our new post registration standards in May 2022.
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. Discussed at item 8. The consultation on pre-registration programme standards closed in September 2022, with the report provided in October 2022. A decision regarding changes to our standards is at item 8. The earliest we would expect to introduce any changes would be September 2023.
Commitment 3 Review regulation of advanced nursing practice.	Green	Amber	Amber	Marginally off track: The Nuffield Trust are currently undertaking their research report, which is slightly delayed, and will be delivered in Q4. It will shape next steps and future work on Advanced Practice which will include both nursing and midwifery. Our year end forecast is also amber to reflect that we will undertake an options appraisal with Council based on the evidence gathered during Q1 or early Q2 rather than in March 2023 as previously planned.
Commitment 4 Review revalidation requirements for nursing and midwifery professionals.	Green □	Green	Green	On track: During 2022-2023 our focus will be reviewing our communications to professionals about considering revalidation within the context of our standards of proficiency. In November, an email was sent to all professionals on our register as a reminder of our new standards and taking account of them as part of revalidation.

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Commitment	Q2 actual (2022-23)	Q3 actual (2022-23)	Year end Forecast (at Q3)	Comments
<p>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.</p>	Red □	Amber □	Amber	<p>Off track: As previously reported, our technology project to update the system which unpins our quality assurance process to approve education institutions (AEIs) and their programmes has been delayed this year.</p> <p>We have now agreed a revised project plan and delivery timeline, and implementation began in Q3. New reporting structures have been agreed including scrutiny from the modernisation of technology services (MOTS) Programme Board.</p> <p>Some initial data fixes have now been delivered which have solved some of the issues, with an immediate positive impact for AEIs.</p> <p>Work has been done to re-baseline the project and identify dependencies with other work that is needed first. Work will soon begin to develop our data driven approach (how we will use data and insights to support how we quality assure AEIs and their programmes).</p> <p>The project will transition to a new project manager in Q4.</p> <p>Our amber traffic lights for Q3 and year end reflect the delays and re-baselining of the project which will continue into 2023-2024.</p>
<p>Commitment 6 Evaluate whether protected learning time is in line with current nursing standards.</p>	N/a			<p>This corporate commitment will begin in 2023-2024.</p>
<p>Commitment 7 Reduce our fitness to practise 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>Off track. Discussed at item 7.</p> <p>Overall FtP caseload: The commitment is rated as red as we will not reach our target of an overall FtP caseload of 5000 cases by March 2023. At the end of December, our caseload fell below 6,000 cases for the first time in two years and stands at 5886 cases. This is a 9 percent reduction since April 2022.</p>

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Commitment	Q2 actual (2022-23)	Q3 actual (2022-23)	Year end Forecast (at Q3)	Comments
				<p>Screening caseload: We continue to see a strong, improved performance at the first stage of FtP process at Screening. The screening caseload reduced by 22 percent from 3,491 cases in April 2022 to 2,734 cases on December 2022. This was driven by an improvement in the number of decisions being made from July onwards, aided by our extra decision-maker team.</p> <p>There was a soft launch of our new Referrals Helpline on 12 December. A public launch is due in Q4. This new helpline will assist people raising a concern to make appropriate referrals to the NMC with the correct information.</p> <p>Improving the FtP process: We have completed an independent review of our screening process with the aim to deliver improvements to optimise it. The review has identified 15 quick wins which will be delivered by the FtP improvement programme.</p>
<p>Commitment 8 Work with the Department of Health and Social Care to deliver a substantial programme of regulatory reform to remove legal barriers that limit improvements in the way we regulate.</p>	Green	Green	Green	<p>On track: The Government is expected to start consulting on the Anaesthesia Associates and Physician Associates Order (AAPAO) in early 2023. It will serve as the template for our new Order. We have reviewed earlier drafts of AAPAO, so we are ready to respond to the consultation.</p> <p>We held a joint Council seminar with the General Medical Council (GMC) on 22 November 2022. The following day, we presented at the GMC's roundtable with patient and public stakeholder organisations and shared our ambitions for Regulatory Reform, especially in relation to FtP. We will consider feedback as part of future work. Drafting of our rules is well advanced and internal road-testing with colleagues is underway, ahead of external engagement in 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>	Green	Amber	Amber	<p>On track. Overall, we are making encouraging progress with our EDI plan.</p> <p>We have begun the development of inclusive recruitment training with an external supplier, with pilots to be delivered in February.</p>

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Commitment	Q2 actual (2022-23)	Q3 actual (2022-23)	Year end Forecast (at Q3)	Comments
<p>(Our EDI plan is linked to our People Plan at commitment 17, specifically where we are delivering actions internally for employees, such as increasing awareness through training, and improving data monitoring to increase our EDI insights)</p>				<p>EDI colleagues are working in partnership with our consultant to develop a new approach to management development and induction. Our new management essentials programme will include a module on building a culture of inclusion and belonging and will be piloted in Q4.</p> <p>Our new applicant tracker system now provides EDI data for the application stage of recruitment. An organisational decision about updating diversity monitoring categories will take longer, as we will now take account of wider stakeholder engagement and consultation outcomes from the GMC on their monitoring categories and Professional Standards authority on the EDI standard.</p> <p>Work to develop an action plan following the publication of second phase research of our 'Ambitious for Change' research continues.</p> <p>Work to develop separate and overarching equality impact assessments (EQIA) of regulatory reform activities is progressing in line with agreed timetables.</p> <p>Our Q3 and year end forecast at Q2 are amber to reflect that we are still at the early stages of embedding the plan.</p>
<p>Commitment 10 Design and launch pilot work to increase objective structured clinical examination (OSCE) testing capacity and improve access including option for alternate delivery models.</p>	N/a	N/a	Green	<p>On track: exploration of alternative delivery options for objective structured clinical examinations (OSCEs) is planned from Q4. Although work has not started yet, we continue to engage with key stakeholders such as the Department of Health and Social Care (DHSC), NHS England/Improvement (NHSE/I), NHS Scotland and NHS Wales about OSCE testing, and collect any feedback ready for the exploration work. We will seek their input when we get to that work.</p>
<p>Commitment 11 Deliver policy and legislative change to enable new approaches to international registrations, including a review of English language guidance, to ensure that it is fair.</p>	Green	Green	Green	<p>On track: Council agreed recommended changes to English Language testing in September 2022. We are now working towards implementation from February 2023. This work will continue into early 2023-2024.</p>

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Commitment	Q2 actual (2022-23)	Q3 actual (2022-23)	Year end Forecast (at Q3)	Comments
<p>Commitment 12 Close the Covid-19 emergency register and remove recovery education standards.</p>	Green	Green	Green	<p>Extended until 2024. The register will remain until September 2024. To ensure safe practice we are planning to implement measures that will allow us to keep the temporary register open safely. To do this we will remove those who left the permanent register more than three years ago and who are not practicing from the temporary register, and we will add conditions of practice to those who remain on the register (those who left within the last three years and those who have been working). This will require that they maintain competence by undertaking appropriate training and development.</p> <p>We have delayed communication to professionals on the temporary register due to winter pressure and industrial action. We have scheduled this for February 2023.</p>
<p>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.</p>	Amber	Rescheduled		<p>Rescheduled. We took the decision in Q2 to reschedule our students and professionals' campaigns, and to produce focussed products to support our professionals, students and employers in times of significant pressure (including strikes and winter pressures). All campaigns will now take place in 2023-2024.</p> <p>We are co-producing our public campaign with the Public Voice Forum and aiming to launch this in May 2023. We continue to closely monitor the external environment, including through sentiment analysis.</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	Green	<p>On track by year end. We continue to progress on this commitment but were delayed at Q3 due to resource challenges.</p> <p>Areas that are on track include:</p>

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Commitment	Q2 actual (2022-23)	Q3 actual (2022-23)	Year end Forecast (at Q3)	Comments
				<ul style="list-style-type: none"> Coordinate the development of a 'Welcome to the UK' programme for international nurses and midwives new to the NMC register by March 2023. Build on engagement with system partners across the four nations to foster a just culture response to thematic concerns and challenges. Expand the delivery of the collaborative 'Maternity Matters' programme to maternity services in Wales, Northern Ireland, Scotland and across the England integrated care systems by March 2023. <p>There are two areas that are delayed where we expect to make progress in Q4. These are:</p> <ul style="list-style-type: none"> Increase our advisor capacity to support national and local outreach. Four advisor roles will be recruited in Q4. Develop links between the employer link service and social care, General Practice, and the private and voluntary sectors. <p>Recruitment for the remaining roles deferred to support delivery of an affordable corporate budget from 2023-2024.</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>	Green	Green	Green	<p>On track: Following a successful tendering exercise, we have appointed the agency CDS to lead our website design work and we met with them in December 2022 to kick-off the project. We discussed the aims and objectives and agreed work streams within phase 1, discovery.</p> <p>Next steps are to map out how each deliverable is going to be met and develop a detailed Project Initiation Document (PID) that plans out work for Q4 2022-2023.</p> <p>We are working closely with our agency to take account of the resource restraints within the NMC to ensure that the project is manageable.</p>

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Commitment	Q2 actual (2022-23)	Q3 actual (2022-23)	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>	Amber	Amber	Amber	<p>Partially delivered by year end.</p> <p>Insight publication: We are on track to publish a new insight publication in Q1 2023-2024.</p> <p>Data vision and plan: We expect to deliver our Data Strategy in Q4, following the recent appointment a new Head of Data and Analytics. The Head of Data & Analytics will review our data related capability and maturity across the organisation and create a roadmap and start to implement a strategy to move us forward from 2023-2024.</p> <p>Shared data platform with the GMC and CQC. A revised data sharing agreement between NMC, Care Quality Commission (CQC) and General Medical Council (GMC) has been signed by all three organisations. The new agreement broadens data sharing beyond maternity services to cover all settings. We are refreshing the data to test our two new indicators for maternity safety.</p> <p>Coded data for employer settings. Following the successful conclusion of the proof of concept, we are on track for the new functionality to be delivered by in Q1 or Q2 2023-2024.</p> <p>EDI data improvement project. We plan to undertake some external engagement and further internal analysis before making final recommendations in Q2 2023-2024. Any system changes will be delivered as part of MOTS thereafter.</p> <p>Our amber traffic lights for Q3 and year end reflect delays, and that some work will carry forward into 2023-2024.</p>

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Commitment	Q2 actual (2022-23)	Q3 actual (2022-23)	Year end Forecast (at Q3)	Comments
<p>Commitment 17 Deliver our People Plan that supports our colleagues to be engaged, retained, and supported to deliver our strategy.</p>	<p>Green □</p>	<p>Amber</p>	<p>Amber</p>	<p>Partially delivered by year end.</p> <p>People services: A new leadership team has been appointed in People and Organisation Development Team (POD). A new Deputy Director will start on 20 March 2022 and three new Heads of will start between 30 January and 27 February 2022. The new leadership team will review the implementation plan for the People Plan and take refreshed milestones to Remuneration Committee (Rem Com) in May 2023. In the meantime:</p> <p>"Future ways of working project: The Hybrid Working Policy was approved by Executive Board in September 2022 and implemented in October 2022. We are reflecting with Managers, the Employee Forum and Trade Union colleagues on how the policy is working in practice and will consider resetting our approach in Q4 in light of that feedback.</p> <p>Progression: Progress has been made with the launch of a new Applicant Tracker System to help us with resourcing, the rollout of a new Learning Management System, and the 3rd Cohort of Rising Together to help with progression.</p> <p>Pay and Total Reward: Initial proposal and options were presented at Executive Board on 20 December 2022. Following discussion with Rem Com on 9 January, the next step is engagement and Trade Union Colleagues on 16 January.</p> <p>Management Essentials and feedback: We have appointed a consultant who is leading work on a new Management Essentials training programme, which we will pilot early in the new year. The rollout will be linked to the rollout of a new approach to performance management: ambitious appraisals, and new feedback tools (360/180). We expect roll out to happen next year.</p> <p>Our amber Q3 and year end forecast reflects that we intend to review the implementation plan and milestones for this commitment. A fully resourced people implementation plan will be discussed at the May Rem Com once the new People and Organisational Development leadership team is in place (end March).</p>

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Commitment	Q2 actual (2022-23)	Q3 actual (2022-23)	Year end Forecast (at Q3)	Comments
<p>Commitment 18 Improve the way we are structured so that we can deliver our strategy.</p>	Green	Green	Paused	<p>Year to date is on track. We will pause work on whole organisation design until 2024.</p> <p>Developing a whole organisation target operating model (TOM) for NMC: Following an earlier internal consultation, in November the Executive Board discussed proposals for a phased approach and a high-level implementation plan for our TOM. The approach suggested 2 phases.</p> <ul style="list-style-type: none"> • Phase 1: Improving efficiency today by optimising how the organisation works, within its current structures, systems and processes. • Phase 2: Preparing for the future and thinking radically differently about how the organisation operates. <p>Initial analysis has been carried out to assess the alignment of phase 1 implementation activities against our change landscape (our planned portfolio of change initiatives that we will deliver until 2025). The Executive Board will discuss this in January.</p> <p>Following prioritisation discussions as part of business planning for 2023-2025, further work on the TOM has been paused to prioritise our resources onto other priorities. In the meantime, we have developed a set of design principles to guide targeted structural changes (as required) and will return to a whole organisation target operating model from 2024.</p> <p>Next Steps for Organisational Design: Our organisational design programme formally closed in October 2022 and the remaining actions from the Local Engagement and Insight Capability priority reviews will be delivered within the existing portfolio of projects.</p>

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Commitment	Q2 actual (2022-23)	Q3 actual (2022-23)	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	Green □	<p>On track with resourcing risks expected to be reduced by Q4.</p> <ul style="list-style-type: none"> • The Wiser decoupling project is on track to deliver the first of three planned releases. The complete move of the NMC Register from our old platform (Wiser) to our new platform (D365) is scheduled to happen by October 2023. • We have implemented a new approach to manage change requests (CRs) D365. Our first CRs go live in January and include changes to support new English Language testing and smaller maintenance requests. • Recruitment of key roles to support the high-level design phase of the replacement of the case management system (CMS) for FtP has taken place, and scoping and planning of the high level design phase has taken place in agreement with senior management in FtP. • The Education QA project plan has been re-baselined and progressing against the updated plan. The project successfully delivered its first set of data fixes. (Also see commitment 5) • Programme assurance: Regular interaction with Chaucer (our external assurer) to progress recommendations will further strengthen the governance of the programme. <p>Our amber status for Q3 is due to ongoing risks around recruitment and retention of internal resources required to support this next phase of MoTS. Roles are due to be filled in January following successful recruitment of business subject matter experts, product owner and project manager.</p>

Commitment	Q2 actual (2022-23)	Q3 actual (2022-23)	Year end Forecast (at Q3)	Comments
<p>Commitment 20 Deliver contemporary IT through our technology improvement programme and core business to improve our efficiency.</p>	Amber	Amber	Amber	<p>Partially delivered by year end. One deliverable is off track and will continue into 2023-2024.</p> <ul style="list-style-type: none"> • Modern Workplace for Me project. On track: MS Teams telephony was implemented successfully in November. Rollout of team spaces within Teams began in December. We have agreed an approach to resolve outstanding concerns with use of Wiser, OpenHR & OpenAccounts on laptops. • Data centre migration to Azure (cloud-based hosting of NMC systems). Off track: Supplier resourcing challenges have caused delays. A meeting took place in January to resolve the issues. The age of existing systems is causing challenges and impacting our timelines, with remedial work needed to make them fit for cloud. We have completed a review on outstanding migration activity and estimated third-party support. The project plan has been re-baselined, and completion date moved to Q2 2023-2024. • Developing an IT Roadmap – behind schedule and due in Q4: Work continues on data strategy. IT strategy will be delivered in Q4. Our final Cyber Security report delivered in December with a proposed 24–36 month roadmap to deliver elements of the plan. This may be subject to future business cases in future financial years. Implementation of quick wins will begin in Q4. <p>Our amber traffic lights for Q3 and year end represent significant delays with Azure (cloud).</p>

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Commitment	Q2 actual (2022-23)	Q3 actual (2022-23)	Year end Forecast (at Q3)	Comments
<p>Commitment 21 Create modern workspaces that support wellbeing and collaboration (five-year programme).</p>	Amber	Amber	Amber	<p>Off track. Progress continues, however, our main deliverable to agree the next stage of refurbishment of our office at 23 Portland place with design approvals by March 2023 has been rescheduled into next year.</p> <p>Working closely with our Procurement colleagues:</p> <ul style="list-style-type: none"> we have undertaken a compliant tender process for the construction project manager, and these are currently under evaluation; we have sent out an initial expression of interest document to a number of architects to respond too, under a compliant framework process <p>A paper was presented to Council Accommodation Committee at the end of October and Council Seminar in November 2022. Papers were well received, with a review of the benefits of the project and the top risks, with reference to the current volatile and changing economic outlook.</p>
<p>Commitment 22 Implement an NMC sustainability and environmental plan.</p>	Amber	Amber	Amber	<p>Off track. Publishing our sustainability plan is delayed.</p> <p>We discussed a draft sustainability plan with Council during 2022-2023 and are already implementing significant elements of it. For instance, this is reflected in the high sustainability ratings of most of our offices, in our planning for the refurbishment of our 23 Portland Place offices, in our investment policy which excludes investment in fossil fuel companies. We have also had initial discussions with NHS England's sustainability team as a first step towards looking at how we might support professionals on our register with respect to sustainability. We will explore with the devolved nations how we might support registrants across the UK.</p> <p>We are currently in the final stages of procurement for specialist external consultants to help us baseline our carbon footprint and develop a detailed 'net zero' plan that will further improve our sustainability as an organisation. Our invitation to tender had a strong response with ten proposals.</p>

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Commitment	Q2 actual (2022-23)	Q3 actual (2022-23)	Year end Forecast (at Q3)	Comments
				We are likely to appoint the external support late January/early February. Based on timetables submitted as part of the proposals, it is likely that a sustainability plan will be available in Q1 of 2023-2024.
Implementation of Welsh Language Standards	Green	Green	Amber	<p>On track. We have added a progress update here to provide visibility of this work and demonstrate our support of the new standards.</p> <p>Now to February 2023: We have received the draft compliance notice and have until the end of March 2023 to respond to the Welsh Language Commissioner. The amber forecast reflects significant uncertainties regarding the full impact which will not be known until the Commissioner issues the final compliance notice in May 2023.</p>

□ / □ means that the traffic light rating is worse or has improved compared to our Q2 report


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Section 3 Detailed progress against our Key Performance Indicators (KPIs)


3.1 Fitness to Practise KPIs

 KPIs	2022-23 Target	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022
Fitness to Practise							
Volume of our overall fitness to practise caseload (closing caseload) (month actual)	5000	6,397	6,288	6,115	6,074	5,932	5,886
Percentage of Interim orders imposed within 28 days of opening the case (month actual)	80%	81%	67%	67%	50.8%	42.6%	59.7
Percentage of fitness to practise cases concluded within 15 months of being opened (month actual)	80%	62.2%	58.9%	62.4%	63%	60.1%	56.3
Percentage of fitness to practise cases at Case Examiners with decisions to close -with 'no case to answer' or 'no current impairment'	Monitor only	48%	37%	38%	31	39.8	30.9
Percentage of fitness to practise cases at Hearings with decisions to close - with 'no case to answer' or 'no current impairment'	Monitor only	22.2%	14.3%	17.9%	13.8	16.4	19.6
<p>Exception comments</p> <p>FtP is discussed in detail at item 8.</p> <p>Our corporate KPI performance for fitness to practise continues to be impacted by the current size and age of our caseload. We can see that improvement initiatives are beginning to show positive results on our headline caseload numbers. The headline caseload has reduced by 229 over the last three months.</p>							


3.2 Registrations and Contact Centre KPIs

 KPIs	2022-23 Target	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022
Registrations							
Percentage of UK initial registration applications completed with no concern within 1 day	97%	98.7%	100%	99.6%	98.6%	99%	98.7%
Percentage of UK initial registration applications completed where concerns are raised within 60 days	95%	94.7%	95.7%	94.8%	99.1%	98.3%	94.3%
Percentage of overseas registrations applications assessed within 30 days	95%	100%	100%	99.9%	99.9%	99.9%	99.9%
Percentage of readmissions applications completed within 21 days	90%	96.4%	98.3%	98.3%	99.2%	98.2%	98.5%
Contact Centre							
Percentage of call attempts handled	90%	95.4%	94.2%	93.3%	90.6%	94%	97.4%
Total number of calls into the Contact Centre	Monitor only	14,225	18,320	18,631	20,234	15,982	12,044
Total number of calls answered by the Contact Centre	Monitor only	13,574	17,271	17,386	18,338	15,021	11,735
Number of emails handled	Monitor only	4,417	5,793	5,635	5,106	4,091	3,505
Exception comments							
<p>Percentage of UK initial registration applications completed where concerns are raised within 60 days: Since April, we have been below target for 6 out of 9 months. As previously reported, small volumes disproportionately affect the headline percentage (volumes for Q3, these volumes were 106 applications in Oct, 114 applications in November, and 50 applications in December) as well cases that go to appeal. We are reviewing how we measure this KPI in the future to provide a clearer representation.</p>							
<p>Contact Centre: Contact centre call handling remains above target at 97.4 percent. Year to date call volumes (total number of calls into the contact centre) are 20.6 percent lower when compared to the same period last year (April to December: 136,232 calls, 35,430 less than 2021-2022). The volume of emails handled has also reduced by 4.6 percent compared to the same period last year (40,936 emails, which is 1,972 lower than last year). This shows reduced contact when compared to the previous year.</p>							

3.3 Complaints and Enquiries and Professional Practice KPIs

 KPIs	2022-23 Target	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022
Remained above							
Percentage of complaints handled within 20 working days	90%	89.3%	90.3%	81.3%	90.8%	89.7%	94.8 %
Number of complaints handled	Monitor	75	114	94	143	136	77
Percentage of information requests responded to within their statutory timeframes	90%	91%	92%	95%	96%	96%	97%
Number of information requests handled	Monitor	135	117	142	157	156	144
Percentage of MP enquiries responded to in 20 days	90%	100%	80%	None	75%	80%	80%
Percentage of enquiries responded to in 20 days	90%	100%	100%	80%	100%	100%	100%
Percentage of customers highly satisfied/satisfied with the service received	85%	91%	86%	89%	86%	87%	89%
Number of feedback surveys completed	Monitor	382	887	651	643	615	455
Professional Practice							
Number of approval decisions against all 55 current AElS running midwifery programmes seeking to be re-approved by September 2022 (target: 55 by September 2022)	55	52	55	56	56	56	56
Exception comments							
<p>Complaints: see executive summary. We have processed 947 complaints since April; the total number of complaints has decreased by 26.36 percent compared to last year (1,286 complaints in 2021-2022 between April and December compared to 947).</p> <p>Information requests responded to within statutory timeframes: above target in Q3. We have processed 1265 requests since April, an increase when compared to the same period last year (2021-22: 1157 information requests between April and December). This shows that demand for information remains comparable. Subject Access Requests (SARs) have doubled when compared to same period in the previous year. This is significant, as SARs are more time consuming to complete, putting pressure on the team. The highest proportion are regarding fitness to practise cases.</p> <p>MP enquiries: We continue to see small volumes disproportionately affect the overall percentage with some MP enquiries requiring responses from multiple parties including FTP who are already under pressure with BAU. We continue to seek ways to improve our response times.</p> <p>Customer satisfaction: continues to be above target for Q3.</p>							

3.4 Our People KPIs

 KPIs	2022-23 Target	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 22
Corporate people KPIs							
NMC workforce							
Number of full time equivalent (FTE) employees at the NMC (permanent, fixed term contract, contractors)	1,252 (annual av.)	1,086	1,088	1,080	1,092	1,097	1,105
Percentage of agency and contractors (as a percentage of total FTE) (month actual)	Monitor only	6.4%	5.9%	4.5%	6.5%	6.7%	6.33%
Total number of new starters (permanent employees only) (month actual)	Monitor only	13	13	7	10	14	16
Total number of leavers (permanent employees) (month actual)	Monitor only	18	9	16	9	9	7
Total number of new starters (permanent, fixed term, agency, contractors)	Monitor only	27	39	31	25	31	22
Turnover							
Percentage of all NMC turnover (permanent employees only) (12 months rolling)	12.5%*	13.0%	12.9%	13.5%	13.7%	13.5%	13.4%
Percentage of new starters leaving within 6 months of joining (12 month rolling)	12.5%	10.2%	7.4%	7.7%	10.4%	12.9%	10.1%
Number of new starters leaving within 6 months of joining (month actual)	Monitor only	1	1	0	2	2	0
Turnover							
Average number of days of sickness per employee (days)	6.5	7.7	7.7	7.5	7.6	7.6	7.5
Employee Engagement							
Employee engagement score (out of 10) (6 monthly)*	7.5	7	6 monthly only. Next Survey due in 2023-24				
Employee net promoter score (6 monthly)	Positive score	3					
Employee perception of internal communications effectiveness score (out of 10) (6 monthly)	7	7.7					

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

Exception comments

* We have tailored how we apply traffic lights for our *percentage of all NMC turnover* KPI. Traffic lights are now applied as: 10% or below = green, 10.1% to 12.5% = amber, above 12.5% = red. This is to provide more nuance when interpreting the data. We have back dated this to Q1, and traffic lights which we previous green for April to June are now amber.

Full time equivalent: we continue to be significantly behind our budgeted establishment. This means our workforce is lower than planned and is reflected across a number of areas where capacity is cited as a factor for delays or rephasing of work. There is pressure within FTP.

- Overall, 238 people have joined NMC since April. This includes permanent and fixed term employees, and contractors and agency staff.
- Our permanent workforce has marginally increased. 97 permanent employees have left the NMC since April. 101 people have joined as permanent employees.

Turnover: Retention continues to be a key area of risk and is above our target of 12.5 percent.

Sickness absence (12 month rolling): remains higher than target but stable, averaging 7.5 days per person per year. The top reasons for absence remain Covid-19, and mental health. As this measure looks at the 12-month rolling average, it will include last winter's Covid-19 absence.

Traffic light definitions

	RED- Significant concerns	AMBER - Some concerns	GREEN – On track
Corporate Commitments	<ul style="list-style-type: none"> • Actions are needed immediately to help the commitment to be delivered. • We do not expect to deliver the planned benefits or outcomes by the end of the year • We do not expect to deliver at least half of our planned deliverables during the year. 	<ul style="list-style-type: none"> • Deliverables have not been delivered as expected within our corporate plan – to time, cost, or quality • We expect to deliver partially deliver the commitment - significant progress towards benefits/outcomes but some aspects are delayed • We are taking remedial action to bring the commitment back on track within the year • Or there are some uncertainties or risks that we need to monitor and manage 	<ul style="list-style-type: none"> • Expected to deliver against its deliverables and realise benefits
KPIs (Unless otherwise stated)	<p>Significantly below target More than 8 percent below target Turnover KPI: greater than 12.5 percent (above target)</p>	<p>Off target Below target between 1 to 8 percent Turnover KPI: 10 percent to 15 percent (some concerns)</p>	<p>Within range On or above target Turnover KPI: <10 percent Green (no concerns)</p>

Section 4: Financial monitoring

Table 1 – Income & Expenditure to 31 December 2022

£'m Income & Expenditure	December 2022 Year-to-Date				Full Year			
	Actual	Budget	Var.	Var. (%)	*F'cast	Budget	Var.	Var. (%)
Income								
Registrant Fee Income	68.9	68.2	0.7	1%	92.7	91.2	1.5	1.6%
Other	7.0	4.0	3.0	75%	8.3	5.3	3.0	57%
Total Income	75.9	72.2	3.7	5%	101.0	96.5	4.5	5%
Expenditure								
<u>Core Business</u>								
Professional Regulation	38.2	37.5	(0.7)	(2%)	50.9	51.4	0.6	1%
Resources & Technology Services	12.8	14.0	1.2	8%	17.9	18.8	0.9	5%
People & Organisational Effectiveness	8.2	8.9	0.7	7%	11.5	11.6	0.1	1%
Professional Practice	3.5	4.8	1.3	27%	5.1	6.7	1.6	24%
Strategy & Insight	2.3	2.6	0.3	10%	3.2	3.5	0.3	9%
Communications & Engagement	2.3	2.5	0.1	4%	3.2	3.4	0.2	6%
Directorate - Core Business	67.3	70.2	2.8	4%	91.6	95.4	3.8	4%
<u>Corporate</u>								
Depreciation	5.0	4.5	(0.5)	(10%)	6.5	6.0	(0.5)	(8%)
PSA Fee	1.5	1.5	-	-	2.0	2.0	-	-
Apprenticeship Levy	0.2	0.2	-	-	0.3	0.2	(0.1)	(41%)
Other**	1.5	-	(1.5)	0%	2.4	0.1	(2.3)	(100%)+
Total Corporate	8.1	6.2	(1.9)	(31%)	11.1	8.4	(2.7)	(32%)
Total Core Business	75.4	76.4	0.9	1%	102.7	103.8	1.1	1%
Surplus/(Deficit) excl Programmes	0.5	(4.3)	4.8	(100%)+	(1.8)	(7.3)	(5.5)	75%
Programmes & Projects								
Modernisation of Technology Services	3.0	4.6	1.6	34%	5.5	7.4	1.9	25%
Modern Workplace for Me	1.3	1.4	0.1	9%	1.5	1.4	(0.1)	(7%)
Regulatory Reform	0.5	0.6	0.1	18%	1.0	1.0	-	-
Accommodation Project	0.0	0.4	0.4	96%	0.0	0.8	0.7	95%
FTP Improvement Programme	0.1	0.1	(0.0)	(31%)	0.1	0.1	-	-
Technology Improvements	0.0	0.4	0.4	100%+	0.4	0.5	0.1	20%
Insight Programme	0.1	0.2	0.1	64%	0.2	0.3	0.1	34%
Website Redevelopment Programme	-	0.1	0.1	100%+	0.1	0.1	-	-
Total Programmes/Projects	5.1	7.8	2.7	35%	8.9	11.6	2.7	23%
Total Expenditure	80.4	84.2	3.6	4%	111.6	115.3	3.7	3%
Less Capital Expenditure	4.6	5.8	1.2	21%	7.6	8.7	1.1	12%
Total expenditure excluding Capex	75.9	78.6	2.7	3%	104.0	106.6	2.6	2%
Surplus/(Deficit) excluding Capex before Unrealised Gains/(Losses)	-	(6.4)	6.4	(100%)	(3.0)	(10.1)	7.1	70%
Unrealised Gains/(Losses) on Investments	(2.7)	-	(2.7)	-	-	-	-	-
Net Surplus/(Deficit) after Unrealised Gains/(Losses)	(2.7)	(6.4)	3.7	58%	(3.0)	(10.1)	7.1	70%
Free Reserves	45.3	36.7	8.6	24%	43.6	31.4	12.2	39%

Note: Figures are subject to rounding

*Forecast is as presented to EB as at 13th Dec 22

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

***Unrealised Gains/(Losses) on investments reflect short-term movements in the value of our long-term stock market investments since March 22

Table 2 – Balance sheet as at 31 December 2022

£m	Actual 31 March 2022	Actual 31 Dec 2022	Increase (Decrease)	Change %
Fixed Assets				
Tangible and Intangible	28.7	28.3	(0.4)	(1%)
Stock Market Investments	32.8	33.8	0.9	3%
Total Fixed Assets	61.5	62.1	0.6	1%
Current Assets				
Debtors	3.3	1.1	(2.2)	(68%)
Fixed term bank deposits	49.1	55.6	6.5	13%
Cash	20.9	14.3	(6.6)	(32%)
Total Current Assets	73.3	71.0	(2.3)	(3%)
Total Assets	134.8	133.0	(1.8)	(1%)
Creditors	(55.2)	(56.3)	(1.1)	(2%)
Provisions	(3.3)	(3.2)	0.1	3%
Total Liabilities	(58.5)	(59.4)	(0.9)	(2%)
Total Net Assets	76.3	73.6	(2.7)	(4%)
Free Reserves	47.6	45.3	(2.3)	(5%)

Table 3 – Cash flow statement at 31 December 2022

£m	Actual 31 Dec 2021	Actual 31 Dec 2022
Cashflow from operating activities		
Surplus/(Deficit) (YTD)	7.9	(2.7)
Adjustment for depreciation (non-cash)	3.7	5.0
(Gains)/Losses on Investments	(2.5)	2.7
Investment/Dividend income	(0.5)	(0.6)
(Increase)/Decrease in current assets	1.6	2.2
Increase/(Decrease) in liabilities	(0.8)	0.9
Pension Deficit Payments not in 'surplus/(deficit)' above	(1.4)	-
Net Cash inflow/(outflow) from operating activities	8.0	7.5
Cashflow from investing activities		
Capital Expenditure (YTD)	(5.2)	(4.6)
Cashflow from financing activities		
Stock Market Investments – additional investment Aug 2022	-	(3.0)
Cumulative net increase/(decrease) in cash and cash equivalent	2.8	(0.1)
Cash & Cash Equivalent at the beginning of the year	67.9	70.0
Cash & Cash Equivalent at the end of the month	70.7	69.9

Table 4 – Movement in free reserves year to date

£m	Actual	Budget
Free reserves at 1 April 2022	47.6	44.3
Net surplus/(deficit) to date	0.0	(6.4)
Depreciation to date	5.0	4.5
Unrealised gains/(losses)*	(2.7)	0.0
Less capital spend to date	(4.6)	(5.8)
Free reserves at 31 December	45.3	36.7

Note: *unrealised gains/(losses) reflect the change in the value of our investment portfolio since the beginning of the year after taking account of income from it. We do not budget or forecast for either gains or losses on our portfolio.

d. Financial commentary

Financial Position at 31 December 2022

Year to date review

Our financial position after nine months of the financial year remains strong, with free reserves over £45 million. Our liquidity also remains strong with cash and investments totaling over £103 million at the end of December 2022.

Our free reserves remain higher than our target maximum of £25 million, but we expect this to reduce significantly as we pursue our plans to reduce our Fitness to Practise (FtP) caseload and continue to invest in our technology and accommodation over the next two to three years. There are also pressures, such as inflation, that may require us to use our reserves.

Our net income position for the period, before unrealised movements on our investments is break-even compared to the planned £6.4 million deficit budgeted. This has largely been driven by higher-than-expected income and some underspends on our core business and projects. In particular:

- Total income is £3.7 million (5 percent) ahead of budget mainly due to higher than anticipated numbers of professionals on our register and the continuing higher than budgeted volume of overseas applications. Due to uncertainties on both these areas our budget for income was set cautiously.
- We underspent by £2.8 million, 4 percent, on our directorates' core business.
 - A significant part of this was driven by vacant posts across most areas including, Professional Regulation, Resources & Technology, People & Organisational Effectiveness and Professional Practice directorates. This reflects continuing difficulty in filling particularly specialist posts such as technology and change.
 - We are also behind on spend due to profiling of our annual software licences and IT system maintenance costs.
 - Other drivers of the underspend include Professional Practice due to the lower demand for and rescheduling of quality assurance monitoring visits
- Underspends across a range of smaller, non-capital projects were due to slippage and later than planned recruitment.
- The underspend against budget on capital projects is due to slippage largely attributable to the Education QA IT project within the Modernisation of Technology Services (MoTS) programme. Its start has been delayed due to difficulties in recruiting project management resource. Other slippage is due to delays in the refurbishment work for our 23 Portland Place offices which will be rolled over into next year.

Set against these underspends and slippage there is:

- additional core spend of £1.5 million of pension deficit payments to date reflecting our existing commitment to support our defined benefit pension scheme. Detail on this has been set out in previous Executive Reports. We are currently in discussion with the pension trustees in the context of the triennial review of the pension scheme and are cautiously optimistic that these funding payments will reduce in future years. This likely reduction in future funding requirements reflects both the past support we have provided to the pension scheme and previous decisions by Council to introduce a defined contribution pension scheme.

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- a £2.7 million unrealised loss on our investments due to stock market fluctuations since the beginning of the financial year (see table 4 above). This represents an improvement on the £3.9 million unrealised loss reported at the end of September 2022 and reflects general market conditions. The unrealised loss is within the risk appetite set out in our agreed investment policy but is a reminder that we are in uncertain times with fluctuations likely to continue. However, these are long-term investments that we expect to hold for well over five years and which are currently generating nearly £1 million a year in income.

Looking ahead

We expect our full year net operating position at table 1 above to show a deficit that is significantly lower than that budgeted. This is due to income being higher than the relatively cautious budget set, along with some underspends and slippages in spend. It is despite some additional costs such as the defined benefit pension scheme deficit funding and the one-off non-consolidated cost of living payment to colleagues made in November 2022.

We have revised our forecast expenditure with the assumption of acceleration of some spend in the last quarter of the year because of increased filling of vacancies. We also expect some acceleration in some non-pay areas such as systems maintenance, IT security, FtP investigations work towards the end of the year.

In line with previous practice for our defined benefit pension scheme, and as discussed above for our long-term investments, the forecast does not make assumptions about fluctuations in their valuation that are not possible to predict but which will be reflected in our final outturn.

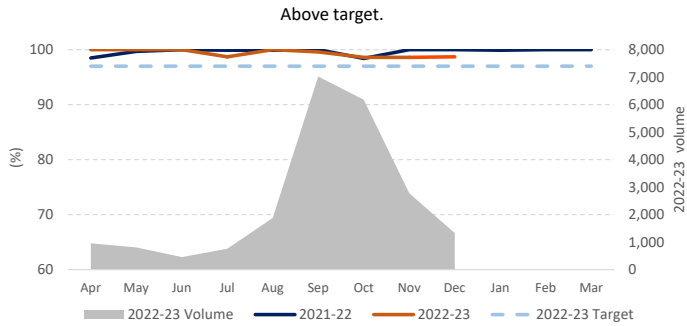
Our annual business planning and budgeting exercise has largely been completed and proposed budgets are being provided to Council for initial consideration during January 2023, and due for final approval in March 2023.

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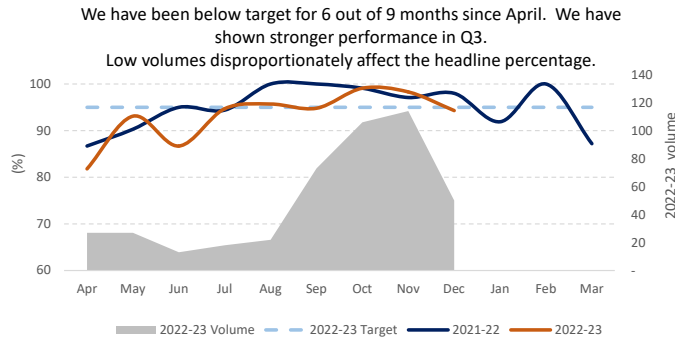
Annexe 1 section 5. KPI Trend Dashboards

Registrations

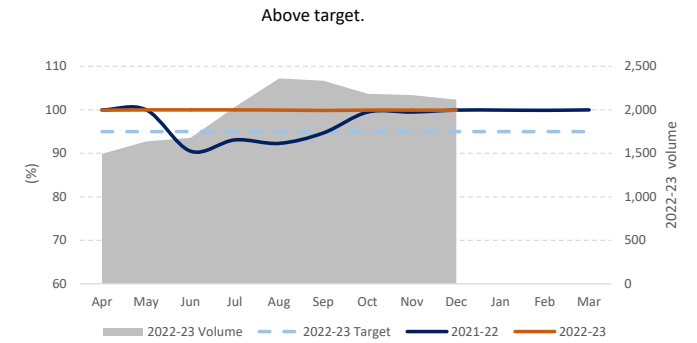
1. UK registration completed with no concern within 1 day (% and volume)



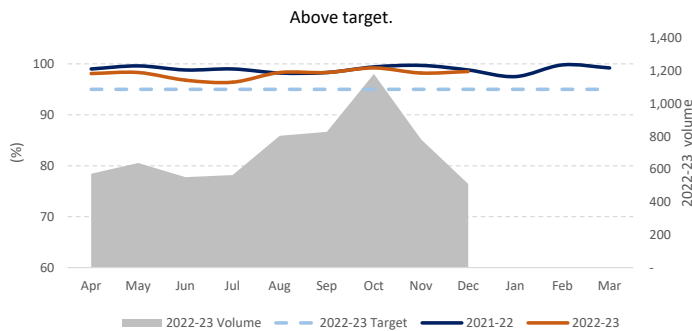
2. UK registrations requiring additional scrutiny within 60 days (% and volume)



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

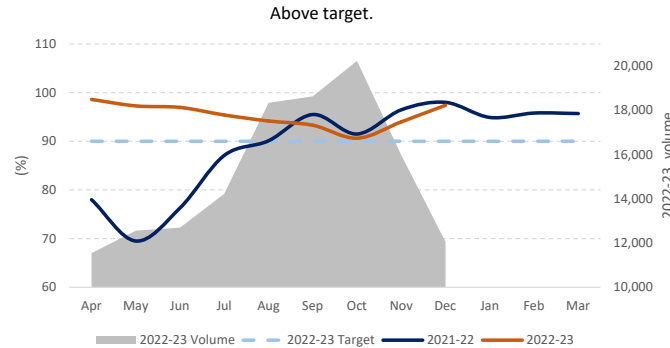


4. Readmission applications completed within 21 days (% and volume)



Contact Centre

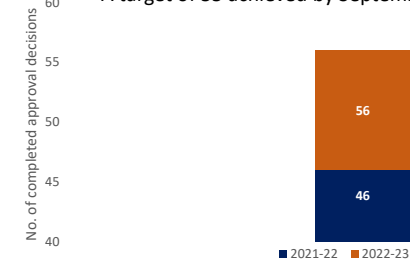
5. Call attempts handled (% and volume)



Midwifery Programmes

6. Approval decisions against current AEIs by running midwifery programmes seeking to be re-approved by September 2022

A target of 55 achieved by September 22 as planned.



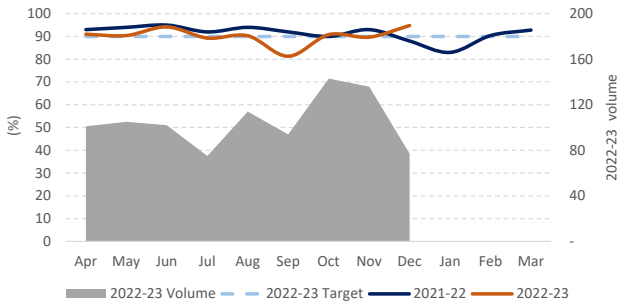
Fitness to Practise - see item 8.

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Customer enquiries, complaints and feedback

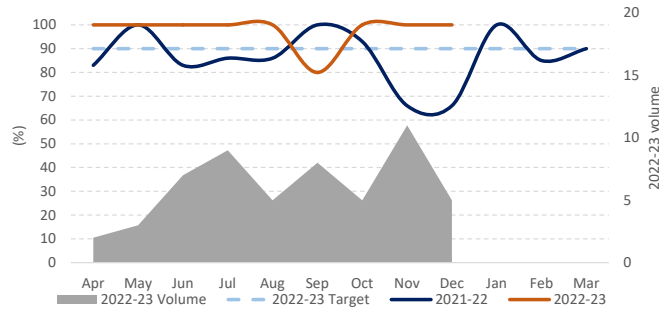
7. Customer complaints responded to within in 20 days

Improved performance during Q3.
We marginally missed target in November by 0.3%; we were above target in both October and December.



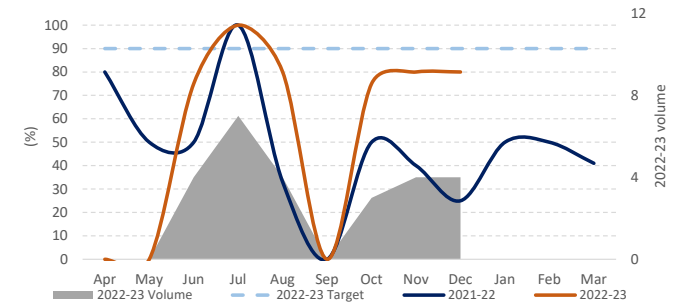
8. Enquirers responded to in 20 days

Above target at 100% throughout Q3.



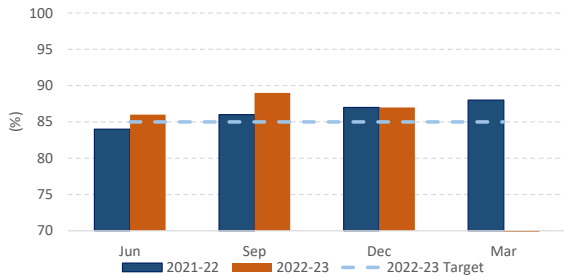
9. MP Enquirers responded to in 20 days

No MP enquirers in April, May and September 2022.
We were below target in each month of Q3.



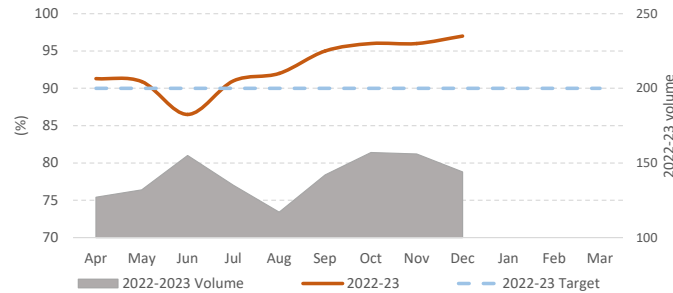
10. Customers rating our service as good or very good

Above target since April.
Higher volumes of surveys have been completed since July.



11. Information requests responded to in statutory timeframes

Strong performance throughout Q3.



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Corporate Complaints

91.5 %

Complaints responded to in 20 days

(Q3 average)

Complaints themes

There has been a 4 percent decrease in the number of complaints received compared to last year. We have identified 52 learning points which have been shared with teams across the organisation. We have identified the following themes:

- **Automatic communications** – we received a small number of complaints from registrants who have direct debits set up to maintain their registration. UK registration colleagues are working to update the wording on our automatic payment reminder emails to make the position clearer for people who have this in place.
- **Panel recruitment** – Feedback from a complaint has informed a review of the Panel Member Service Agreement by the Panel Support Team. This includes being clearer about how complaints about panel members will be investigated by the NMC.
- **Policy - English Language requirements** – The Customer Enquiries and Complaints Team has received training from International Registrations on the updates to the English Language requirements, and the team is well-placed to manage any anticipated enquiries and complaints about this.
- **Safeguarding** – the Regulatory Intelligence Unit will ensure that teams across the organisation have appropriate processes in place for raising and escalating safeguarding concerns.

81.2%
(13/16)

MP enquiries responded to in 20

to in 20

88.8%
(24/27)

Enquiries responded to in 20 days

(Q3 average results summarising Oct, Nov, and Dec 22)

Customer Feedback Dashboard

1 October 2022 to 31 December 2022

(Summarises average results for Q3 only)



(Q3 average results summarising Oct, Nov, and Dec 22)

Customer feedback surveys

I felt extremely anxious and worried however, I received excellent advice. Very helpful indeed. Great communication skills and excellent advice, calm and empathetic. Much appreciated. Brilliant!

Polite and patient. Delivered what was promised. Your excellent service certainly matches your values!

87.3%

Customers rated our customer service as good or very good.

2

Unhappy customer contacted and resolved their concerns.

(Q3 average results summarising Oct, Nov, and Dec 22)

Information requests

96%

responded to on time

(Q3 average)

Information requests themes

- The overall number of cases received is an increase of 30 percent from Q3 last year.
- A contributor to the above increase was receiving over double the number of Subject Access requests compared to Q3 last year. The relevance of this is that these requests are generally our most time consuming to complete. A large proportion of these requests are from individuals who are associated with Fitness to Practise cases.
- There are no notable themes emerging from Freedom of Information requests as these have been varied although, we have received an increase in requests about FtP outcome statistics.

Our person-centred approach

- We have worked with customers requiring reasonable adjustments to ensure information is presented in an accessible format.



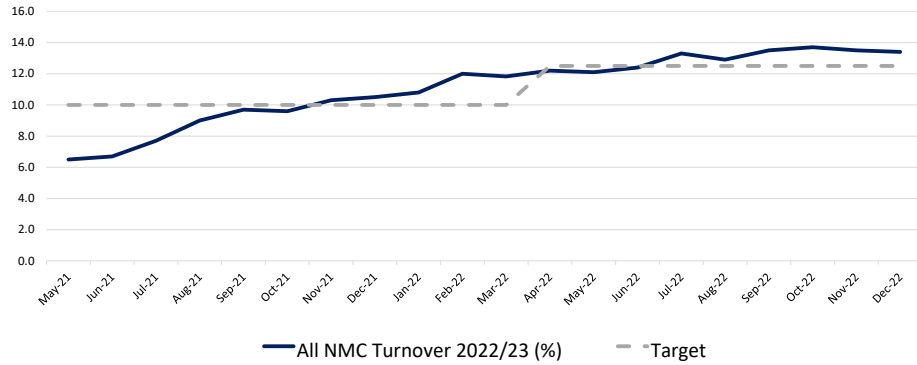
I was distraught. There was no compassion or calm advice demonstrated whatsoever. Cold and completely lacking compassion is how I'd describe it. Life is rarely black and white. You have forgotten you are speaking to human beings

Never any unkindness but on occasions there seemed to be disinterest and inadequate support. I feel that it is the system rather than the people that prevented them from achieving your values

Our people

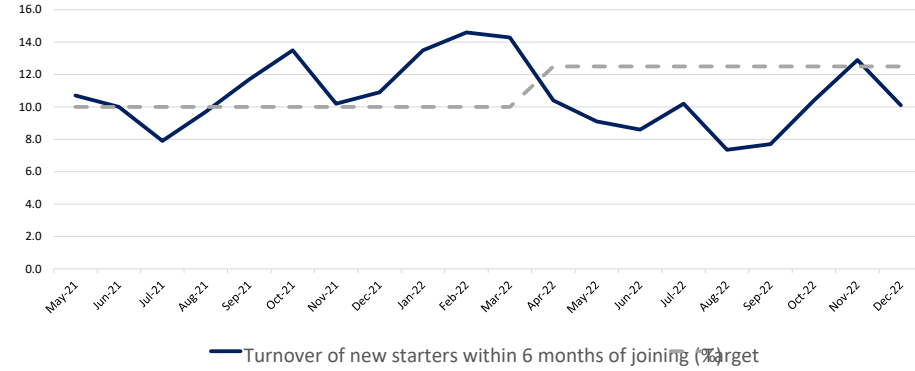
12. Total NMC employee turnover (%)

Turnover continues to increase and has exceeded our target of 12.5% for 6 consecutive months since July 2022.



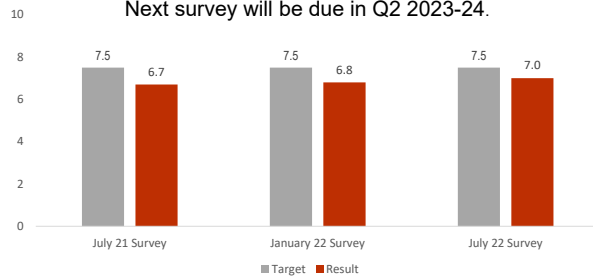
13. Turnover of new starters within 6 months of joining (%)

We've seen an increase during Q3. There were no specific reasons for this from our analysis.



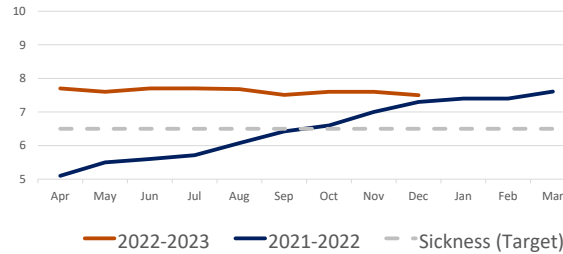
14: Employee engagement score (out of 10)

Next survey will be due in Q2 2023-24.



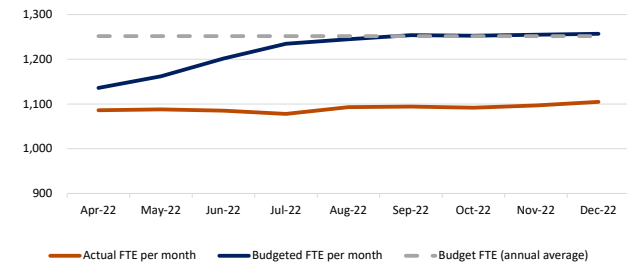
15. Sickness absence average days

Stable but higher than desired level and higher than the same period last year.



16. Total FTE

Below target - see executive summary.



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Annexe 4: Corporate risk exposure report (up to January 2023)

Corporate risk description /ref.	Risk Score (After)			Current risk exposures Increasing ↑ Reducing ↓ No change ↔	Additional actions and mitigations
	L	I	L X I		
REG18/02 Risk that we fail to take appropriate action to address a regulatory concern	4	5	20	<p>Risk owner: Executive Director, Professional Regulation.</p> <p>Current factors are:</p> <ul style="list-style-type: none"> High caseload, age of caseload and timeliness requires significant investment. We will not meet our target of an overall caseload of 5,000 cases by March 2023. Capacity pressure points within fitness to practise teams KPI performance for interim orders may be affected by our continued focus on high-risk cases at Screening stage. Work to release cases earlier in the FtP Process may create pressure later in the process (e.g. at adjudications). A potential increase in referrals due to the strike action. 	<ul style="list-style-type: none"> Refocused FtP improvement programme, process optimisation work, and targeted interventions. Recruitment task force continues to tackle vacancies and review fixed term contracts in FtP. The process of focussing on high-risk cases in Screening and older cases that have not progressed for some months continues. We are taking action to ensure each part of our FtP process is efficient and timely to make our end-to-end journey better for those involved in referrals. Concerns that are solely focussed on those taking part in lawful strike action will be handled by our Corporate Enquiries and Complaints team as an enquiry rather than a referral. This ensures that we are capturing all concerns in a central place and responding consistently without adding to our overall FtP caseload.
PEO18/01 Risk that we fail to recruit and retain an adequately skilled and engaged workforce	4	4	16	<p>Risk owner: Executive Director, People and Organisational Effectiveness</p> <p>Current factors are:</p> <ul style="list-style-type: none"> Fail to recruit the right people due to candidate availability and our reward offer. Low resilience, wellbeing, and productivity due to our workload and pace. Retention and turnover of our people. Lack of skill levels and culture for 'right first time' and streamlined processes. Gaps in our capacity due to redeployment to support programmes, projects, or core business initiatives. (e.g., FTP recovery programme, modernisation of technology services programme [MOTS]). Challenges on equality, diversity, and inclusion (EDI). 	<ul style="list-style-type: none"> We have set up our first joint consultative meeting with Unison. Training is underway for our new resourcing service Targeted initiatives are being discussed with FTP where capacity gaps exist. E appraisals to be launched later this year to improve efficiency. We will rephase our People Plan in March/April 2023. Our EDI action plan is embedded throughout directorate business plans, and the EDI Leadership Group will continue to provide oversight. This risk will be reviewed in Q4 to ensure we are focusing on the right issues
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	4	4	16	<p>Risk owner: Executive Director, Communications and Engagement</p> <p>Current factors are:</p> <ul style="list-style-type: none"> Our role and influence to support maternity safety. Winter pressure on the sector means that stakeholders may not have capacity to engage with us on key issues or we see an increase in FtP referrals. At the end of December cases of flu in hospital were 7 times higher than the previous month with just over 7 percent in critical care beds. The NHS has continued to see hospital cases grow week on week. The total number of NHS staff off sick was up by a fifth in December compared to the end of November. (See section 9 of executive summary). The ongoing impact of a high FTP caseload on people and trust in us as a regulator. New government leadership could mean new priorities or stakeholders. Nursing strikes - corporate risk REG18/02 explains our response to referrals about those taking part in strike action 	<ul style="list-style-type: none"> Maternity safety: We continue to work with stakeholders to identify ways we can work together to address maternity report findings and to share data and insights. We continue to monitor the sector landscape considering the pressures expected over the winter months (covid, flu, cost of living, inflation, and industrial action). Our communications have been refocused on crisis issues rather than business as usual.

Corporate risk description /ref.	Risk Score (After)			Current risk exposures Increasing ↑ Reducing ↓ No change ↔	Additional actions and mitigations
	L	I	L X I		
PEO18/01 Risk that we fail to recruit and retain an adequately skilled and engaged workforce	4	4	16 ↔	Risk owner: Executive Director, People and Organisational Effectiveness Current factors are: <ul style="list-style-type: none"> Fail to recruit the right people due to candidate availability and our reward offer. Low resilience, wellbeing and productivity due to our workload and pace. Retention and turnover of our people. Lack of skill levels and culture for 'right first time' and streamlined processes. Gaps in our capacity due to redeployment to support programmes, projects, or core business initiatives. (e.g. FTP recovery programme, MOTS). Challenges on equality, diversity, and inclusion (EDI). 	<ul style="list-style-type: none"> We have set up our first joint consultative meeting with Unison during Q4. Training is underway for our new resourcing service Targeted initiatives are being discussed with FtP where capacity gaps exist. E-appraisals to be launched later this year to improve efficiency. We will rephase our People Plan in March/April 2023. Our EDI action plan is embedded throughout directorate business plans, and the EDI Leadership Group will continue to provide oversight. This risk will be reviewed in Q4 to ensure we are focusing on the right issues
COM18/02 Risk that we do not act in a legal manner or fail to meet our public obligations or comply with legal or compliance requirements.	4	4	16 ↔	Risk owner: General Counsel Current factors are: Our legal activities report discussed at the confidential Council meeting contains further detail of current exposures, actions, and mitigations.	
INF21/04 Risk that our Modernisation of Technology Services (MOTS) programme does not deliver the intended benefits for our registration system or case management system.	3	5	15 ↓	Risk owner: Executive Director, Resources and Technology Services We have reduced this risk from red to amber in January 2023 as the risk exposure from vacancies will reduce this month, and programme governance has been strengthened. (See executive summary) Current factors are: <ul style="list-style-type: none"> Retention and recruitment of colleagues to implement the programme (programme delivery team and availability of subject matter experts (SMEs)) Pressure for external expertise availability to support decommissioning of Wiser. Managing the number of change requests needed from core business 	<ul style="list-style-type: none"> We continue to operate reinforced programme governance with external governance from Chaucer in place. Phase 3a provides 10 percent contingency to mitigate resourcing pressures and unforeseen complexity in the next phase delivery and is running to plan. We continue to tolerate some residual risks.
REG18/01 Risk that we fail to maintain an accurate register of people who meet our standards (including timeliness of registrations)	3	5	15 ↔	Risk owner: Executive Director, Professional Regulation. Current factors are: <ul style="list-style-type: none"> Ensuring effective operation of our registration and revalidation processes. Continued public interest in international registrations. Variability of international midwifery standards. Work to implement new English Language standards – (by Q1 2023-2024). 	<ul style="list-style-type: none"> We are developing a joint workshop for professionals and employers called 'Welcome to the UK workforce'. This will be piloted in 2023-2024. We continue to monitor appeals to see if there is any significant impact for international registrations. Our new English Language guidance will be implemented in 2023. We are exploring work to implement a joint booking system for (objective structured clinical examinations (OSCE) test centres in 2023-2024 to improve access to OSCE test slots.

Corporate risk description /ref.	Risk Score (After)			Current risk exposures Increasing ↑ Reducing ↓ No change ↔	Additional actions and mitigations
	L	I	L X I		
INF18/02	3	5	15	Risk owner: Chief Information officer. Current factors are: <ul style="list-style-type: none"> Ensuring that new tools are fit for purpose and improve productivity. Protection from cyber-attacks. Competitive recruitment market impacts ability to recruit to/retain key IT roles. Delays in our data centre migration to cloud due to supplier challenges. 	<ul style="list-style-type: none"> There are some residual issues using our systems Wiser, OpenHR, and Open Accounts. A plan has been identified to address them that we are actively working to resolve. Cyber security will always be a risk to the organisation and will need continuous focus and attention. As part of phase 2 we will establish the cyber roadmap for the next 2-3 years. Implementation will begin in Q4 2022-23. We are working to propose a new timeline for our data migration work. This delay does not impact our ability to provide robust services for stakeholders.
Risk that core business information computer technology (ICT) failure impedes our ability to deliver effective and robust services for stakeholders or value for money					
EXT21/03	3	3	9	Risk owner: Chief Executive and Registrar. Current factors are: We continue to see colleagues contracting coronavirus and other winter viruses and we are monitoring the situation.	<ul style="list-style-type: none"> We continue to monitor the impact on our capacity.
Risk that we do not recover efficiently following the coronavirus pandemic, including closing the temporary register, and realising the benefits from our new ways of working					
STR20/02	3	4	12	Risk owner: Executive Director, Strategy, and Insight. Current factors are: <ul style="list-style-type: none"> Prolonged sector recovery from the pandemic. Insufficient capacity or capability to deliver our strategy. We miss strategic opportunities. Pressure to adopt additional commitments. We do not maximise regulatory reform. 	<ul style="list-style-type: none"> Our internal Change Board meets monthly and provides oversight of all the changes we intend to deliver. Business planning - a significant Executive Board workshop took place on 28 November 2022 to consider the implications from Directorate plans. We are recruiting for members of our new strategy team in Q4, following the arrival of the new head of strategy in Q3.
Risk that we fail to deliver our strategic ambitions for 2020-2025					
FIN20/01	3	4	12	Risk owner: Executive Director, Resources and Technology Services. Current factors are: <ul style="list-style-type: none"> Volatility in our investments with unrealised losses compared to the 31 March 2022 valuation of £1.9 million at the end of November. Although the value of our portfolio has recovered during November (to circa £35 million), this is still a volatile time for investments. 	Investment Committee reviewed our investment policy and risk register in October 2022. They are content that the register reflects the current risks to our investments adequately and we have updated our corporate risk in line.
Risk of not achieving our investment strategy particularly regarding long term growth; appetite for short term capital loss; alignment with our values					
FIN21/02	3	4	12	Risk owner: Executive Director, Resources and Technology Services.	<ul style="list-style-type: none"> Our three year business planning and budgeting is almost complete. The Council

Corporate risk description /ref.	Risk Score (After)			Current risk exposures Increasing ↑ Reducing ↓ No change ↔	Additional actions and mitigations
	L	I	LXI		
Risk that we do not achieve a sustainable budget or the planned financial benefits from our strategy					will consider our plan and budget in January.
EXP22/04	3	3	9	↔	<ul style="list-style-type: none"> We are currently mid-procurement for specialist external consultants to help us baseline our carbon footprint and develop a detailed 'net zero' plan and timetable. See update at corporate commitment 22 in annexe 1 section 2.
The risk that climate change will impact on our ability to be an effective regulator.					
REG19/03	2	4	8	↔	<ul style="list-style-type: none"> A new Executive Director will be joining us in April 2023. We are focusing on supporting implementation and quality assurance of new programmes that meet our new post registrations standards. We are reviewing which sources of additional data are readily available to help monitor the quality of educational programmes that we have approved. We will be carrying out a comprehensive review of advanced nursing and midwifery practice, including consideration of whether regulation is needed. Further details to be shared with the Council in 2023.
Failure to ensure that educational standards are fit for purpose (including processes to ensure compliance with standards are met)					
REG22/04	3	4	12	↔	<ul style="list-style-type: none"> NMC QA board in place to provide an overview of concerns Annual Report to Council and regular reporting in the Executive Report to Council on high-level items Independent QA visits managed by Mott McDonald (our outsourced provided). Internal audit reviews to provide ongoing assurance and a QA watch list of high-risk AElS/courses and ongoing development of fixes in the QA link, development and implementation of our data driven approach.
Risk that we fail to take appropriate or timely action to address a regulatory concern regarding the quality of nursing or midwifery education.					

(A mapping of corporate risks to our corporate commitments was provided to the Council meeting in November 2022)

Council

Fitness to Practise caseload update

Action: For discussion.

Issue: To update the Council on our work to reduce the Fitness to Practise (FtP) caseload, which is 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 annexes are attached to this paper:

- Annexe 1: Casework metrics
- Annexe 2: FtP Dashboard

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

Author: Paul Johnson
Phone: 020 7681 5680
paul.johnson@nmc-uk.org

Executive Director: Lesley Maslen
Phone: 020 7681 5641
lesley.maslen@nmc-uk.org

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Context:

- 1 This report provides an update on our work to reduce the Fitness to Practise (FtP) caseload.
- 2 The Council is invited to consider and comment on this update.
- 3 As previously reported, we are focussed on improving operational performance at each stage of our process and aiming to have a caseload of less than 5,000 by the end of March 2023.
- 4 With one quarter of the financial year remaining it is unlikely that we will meet our target, however demonstrable progress is now being made, with the caseload reducing by 9 percent from June to December 2022.

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 registration	Screening	Investigations	Case Examiners	Adjudication	Grand total
England	1331	1522	249	710	3812
Scotland	216	194	26	82	518
Wales	83	114	20	60	277
Northern Ireland	85	60	17	26	188
Overseas	19	46	4	18	87
Not identified	1000	2	0	2	1004
Grand total	2734	1938	316	898	5886

Numbers as at end of December 2022.

Discussion:**Summary of our current position**

- 7 At the last meeting of Council we reported a decrease in caseload. We have seen that decrease continue with our caseload at 5,886 at 31 December 2022, which is down from 6,115 as at 30 September 2022.
- 8 To meet our target of 5,000 cases by March 2023 we will need to deliver caseload reductions of about 300 each month between now and the end of the financial year, which would be a significant shift from our current profile.

- 9 We are not expecting to meet this target. Instead, based on our performance over the last six months we anticipate reaching a caseload of around 5,700 by the end of the financial year. That will represent a reduction of around 13.5 percent in our overall caseload since it peaked at 6,582 at the end of September 2021.
- 10 Our caseload at Screening continues to reduce, driven by increasingly consistent high levels of decision making. The Screening caseload was 2,734 at 30 December 2022. This is its lowest level since October 2020 and significantly below the peak of 3,540 in October 2021. See chart A2 at **Annexe 2**.
- 11 We plan on making further significant reductions in the Screening caseload by April 2023. To enable this we have identified a number of process improvements that will drive greater efficiency. Additionally, we launched our referrals helpline for members of the public in December. The helpline will support individuals in making more complete referrals which will reduce the time we spend requesting the information needed to make a decision. Whilst it is too soon to see an impact, we will track improvements in the quality of referrals resulting from this work.
- 12 Whilst we had a strong month at the Investigation stage in November 2022, our levels of output are not at the required level and we have yet to establish the required upward trend in output. Managers are working closely with their teams to ensure consistent case planning and we expect this to lead to more output and a reduction in the age of cases at this stage. Our focus is on progressing our oldest and highest risk cases, rather than on straightforward investigations and that will impact on our monthly throughput numbers.
- 13 We expect to see increased decisions from the Case Examiners in January-March 2023 as individuals return from secondments in other parts of FtP. However a greater percentage of cases are progressing to the Adjudication stage than planned. We are working with colleagues in Strategy and Insight to more fully understand the reasons for this and whether there are more opportunities for us to resolve cases at this stage.
- 14 It is therefore of increasing importance that our Adjudication activity is as efficient as it can be. We ran a series of sessions with our independent panel members and legal assessors to understand their perspectives on how we work and how we might become more effective. The more efficient and effective we are, the more decisions panels can make in the time they have.

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- 15 Chart 1 at **Annexe 1** sets out the caseload position at each stage and shows that the continuing decrease in volumes at Screening is driving a further decrease in the overall caseload.
- 16 Performance against our agreed KPIs is set out in the Executive Report on the agenda.
- 17 The Executive Board have committed to a range of further interventions over the coming months which will support our caseload reduction efforts. These include, but are not limited to, delivery of management and leadership training for FtP managers and direct support for our operational leaders, that enables them to focus a greater percentage of their time specifically on caseload reduction efforts.

Upcoming activity and our improvement programme

- 18 Our programme of improvement continues to focus on delivering new ways of working which will positively impact on performance.
- 19 We continue to support improvements at Screening but will also address the issues we have later in the process.
- 20 We have now stood down the additional team of decision makers that we established six months ago. Their efforts led to over 600 additional decisions being made at the Screening stage. We are confident we can maintain our decision numbers going forward because we have made process changes and improvements during the time we had the extra resource available.
- 21 We previously updated Council on some of our vacancy challenges and the programme has a stream of work focused on recruitment and reducing our vacancy rates. Across the directorate our vacancy rates dropped from 16 percent at the beginning of October 2022 to 11 percent at the beginning of December 2022. Significant progress has been made addressing vacancies at Screening but there are challenging vacancy levels at Investigations and Adjudication which remain a focus for the rest of this financial year.
- 22 Having successfully engaged process experts to help us identify opportunities for improvement in the Screening process, the same is planned for the Adjudication stage. That will involve the use of data, observation and diagnostic tools to support empirical based decision making. We anticipate securing a supplier before the end of this financial year.

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Midwifery implications:	23	There are no implications which are specific to midwifery to consider.	3.
	24	We currently have 212 open cases that relate to midwives, this is approximately 4 percent of our total caseload.	4.
	25	This is less than we would expect on the basis that midwives made up 5.3 percent of the population of the register at 31 March 2022.	
Public protection implications:	26	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.	5.
Resource implications:	27	The cost of the activity associated with caseload reduction has been provided for in this year's budget.	6.
Equality diversity and inclusion implications:	28	We are aware that certain groups are over-represented in the referrals we receive and therefore having a backlog will further impact those groups disproportionately.	7.
	29	However, we have not identified any adverse implications of our approach which is to manage the caseload by progressing our highest risk and oldest cases as a priority.	8.
Stakeholder engagement:	30	Our key stakeholder groups remain concerned at the lack of progress in resolving our backlog but are engaging with us to resolve specific cases.	9.
Risk implications:	31	A risk that our combined operational and change activities fail to deliver increased output across the FtP process. This would impact on our ability to meet corporate commitment one to: "Reduce the FtP caseload and improve how we handle people's concerns about nursing and midwifery professionals".	10
	32	We are mitigating this risk by focusing our efforts on a smaller number of activities that we believe will have the greatest impact and increasing the direct support being provided from other directorates across the organisation.	11.
			12

Regulatory reform:

33 Reduction of the FtP caseload is an important enabler for regulatory reform and will ensure the teams are well placed to adjust to significant changes in ways of working.

Legal implications:

34 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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Caseload metrics

Fitness to Practise Improvement Programme Update

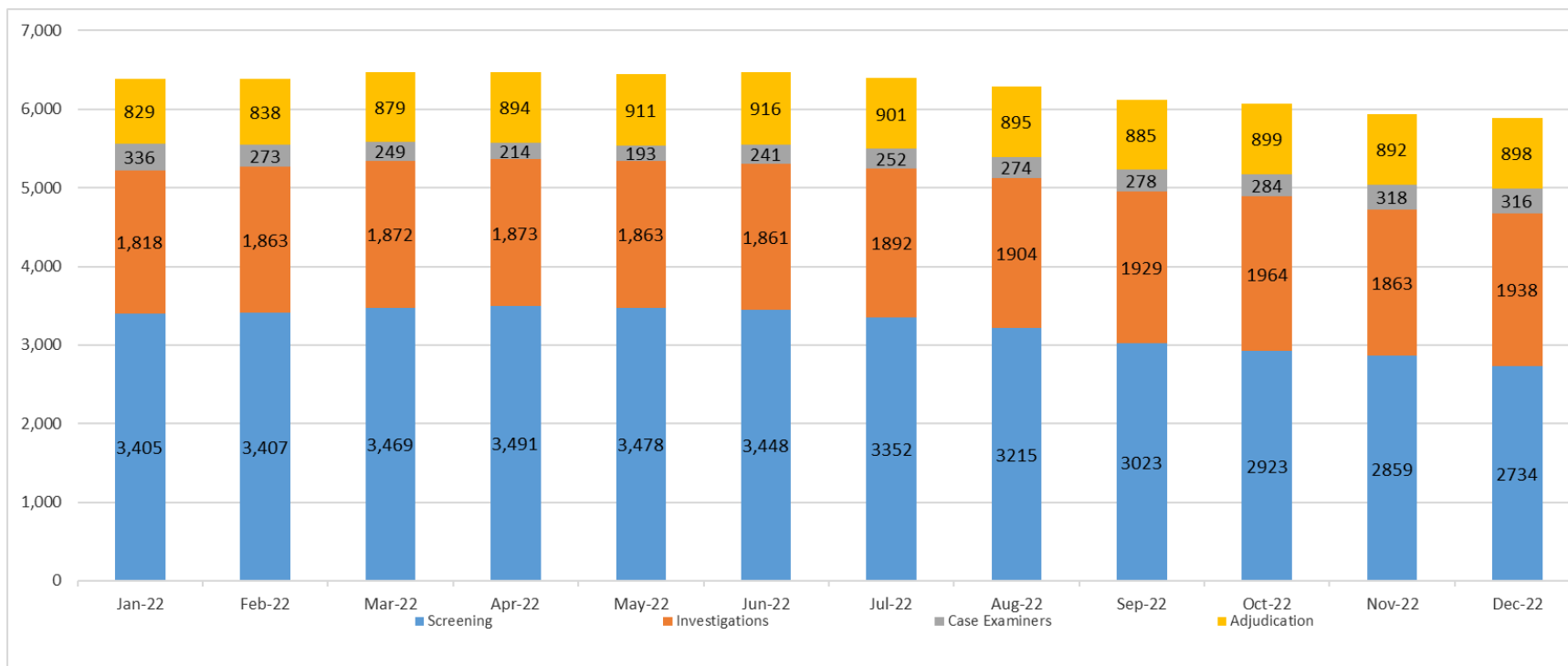


Chart one:

Overall caseload position

This chart shows how over the last 6 months our total caseload has been slowly but steadily declining, supported by a significant reduction in the number of cases at Screening.

Date	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022
Initial forecast	5,530	5,360	5,160	6,408	6,357	6,234	6108	5967	5815	5655	5487	5343
Overall caseload	6,388	6,381	6,469	6,472	6,445	6,466	6397	6288	6115	6070	5932	5886
Variance	+858	+1021	+1309	+64	+88	+232	+289	+321	+300	+415	+445	+543

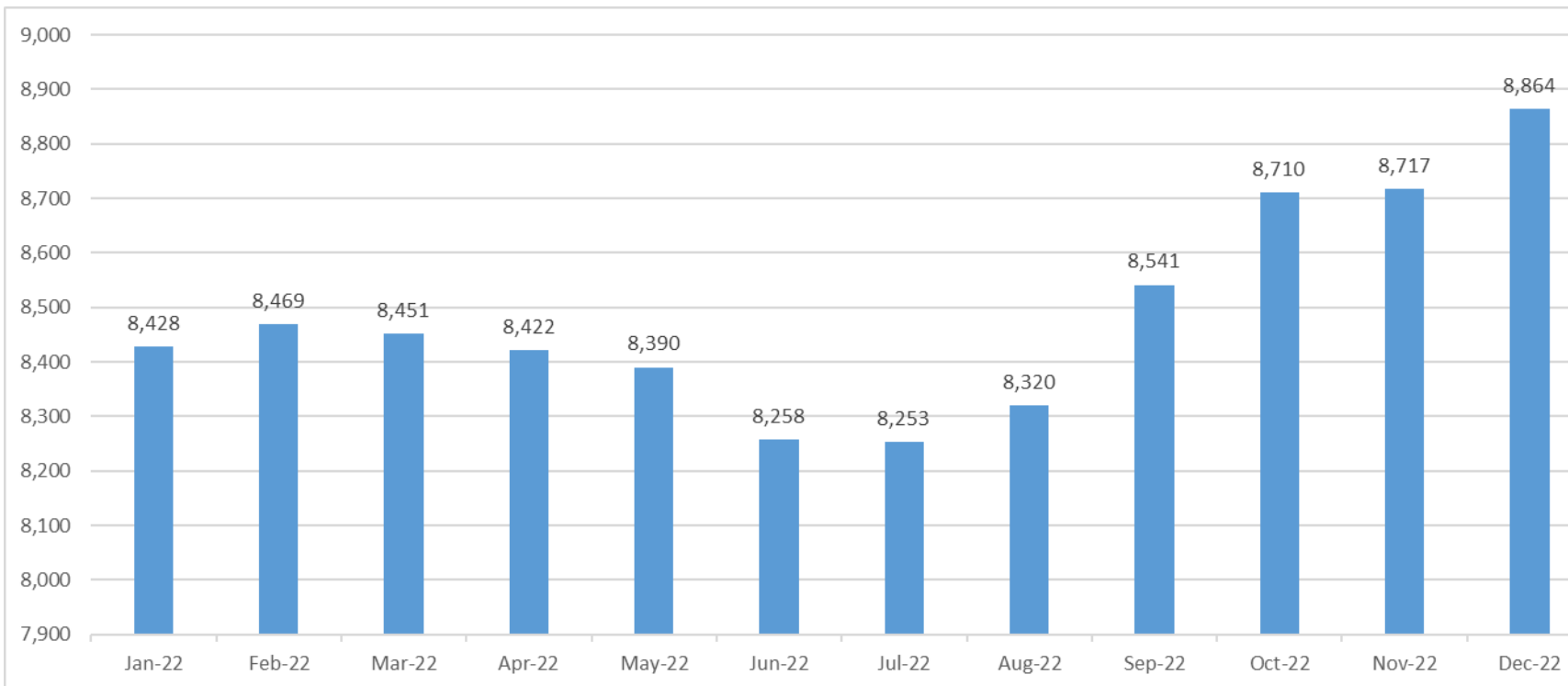


Chart two:

Moving annual total case decisions

The chart shows the number of decisions made on a rolling annual basis, which includes all cases clearing Screening, Investigations, Case Examiners and Adjudication

Date	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022
Total Decisions (moving annual)	8,428	8,469	8,451	8,422	8,390	8,258	8,253	8,320	8,541	8,710	8,717	8,864
Initial forecast - Total decisions (moving annual)	10,646	11,125	11,560	11,540	11,618	11,515	11,516	11,555	11,470	11,396	11,334	11,243
Variance	-2,218	-2,656	-3,109	-3,118	-3,228	-3,257	-3,263	-3,235	-2,929	-2,686	-2,617	-2,379

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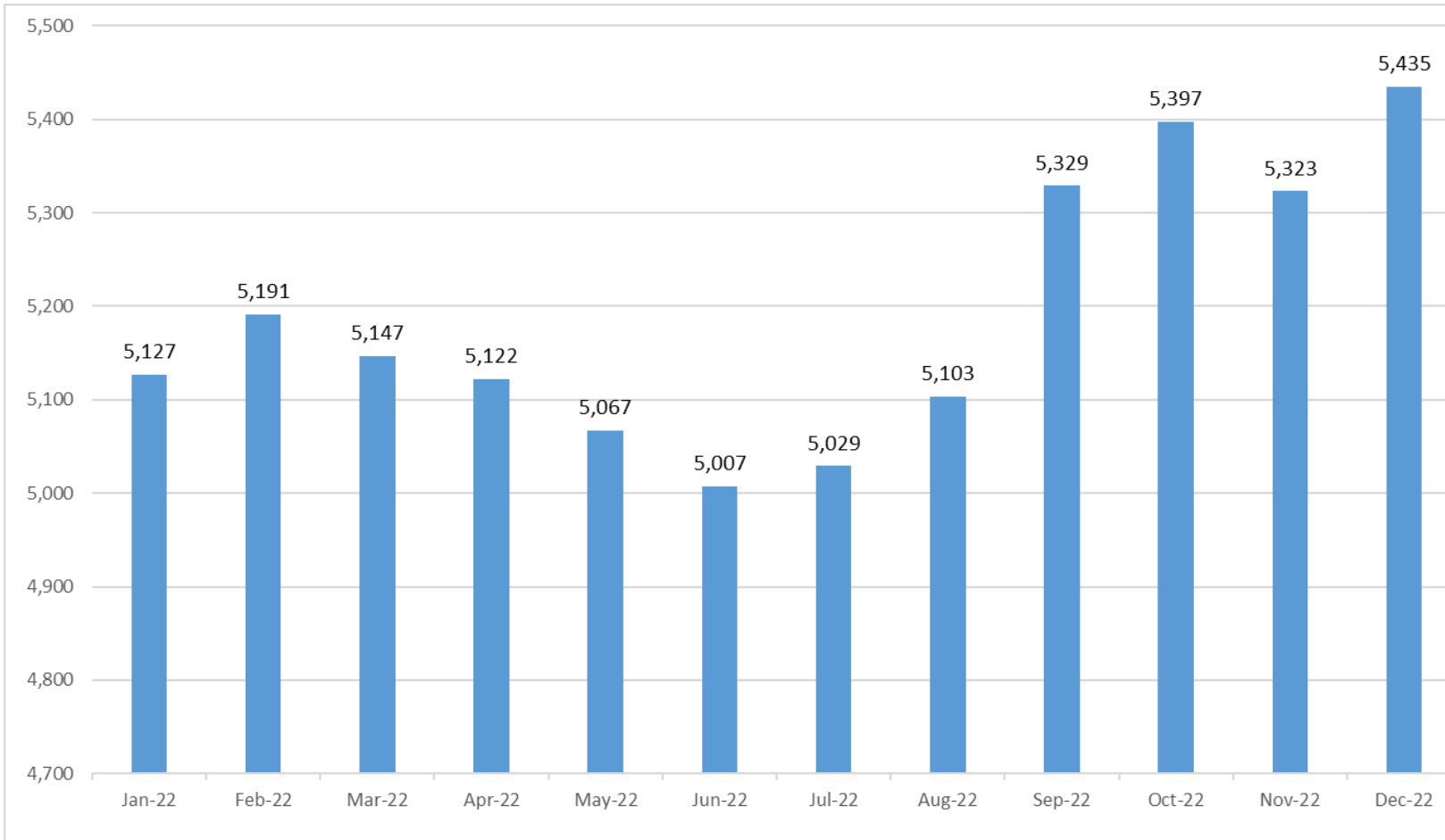


Chart three:

Moving annual total case conclusions

The chart below shows the number of decisions made that conclude cases on a rolling annual basis, which includes all final decisions at Screening, Case Examiners and Adjudication.

The numbers shown below are significantly lower than in Chart 2 as they do not include any decisions to progress a case onwards from Screening, the completion of an Investigation or any decisions to progress cases onwards from Case Examiners.

Month	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022
Total Closures (moving annual)	5,127	5,191	5,147	5,122	5,067	5,007	5,029	5,103	5,329	5,397	5,323	5,435
Initial forecast - Total closure decisions (moving annual)	6,189	6,468	6,694	6,717	6,805	6,775	6,840	6,901	6,893	6,888	6,891	6,865
Variance	-1,062	-1,277	-1,547	-1,595	-1,738	-1,768	-1,811	-1,798	-1,564	-1,491	-1,568	-1,430

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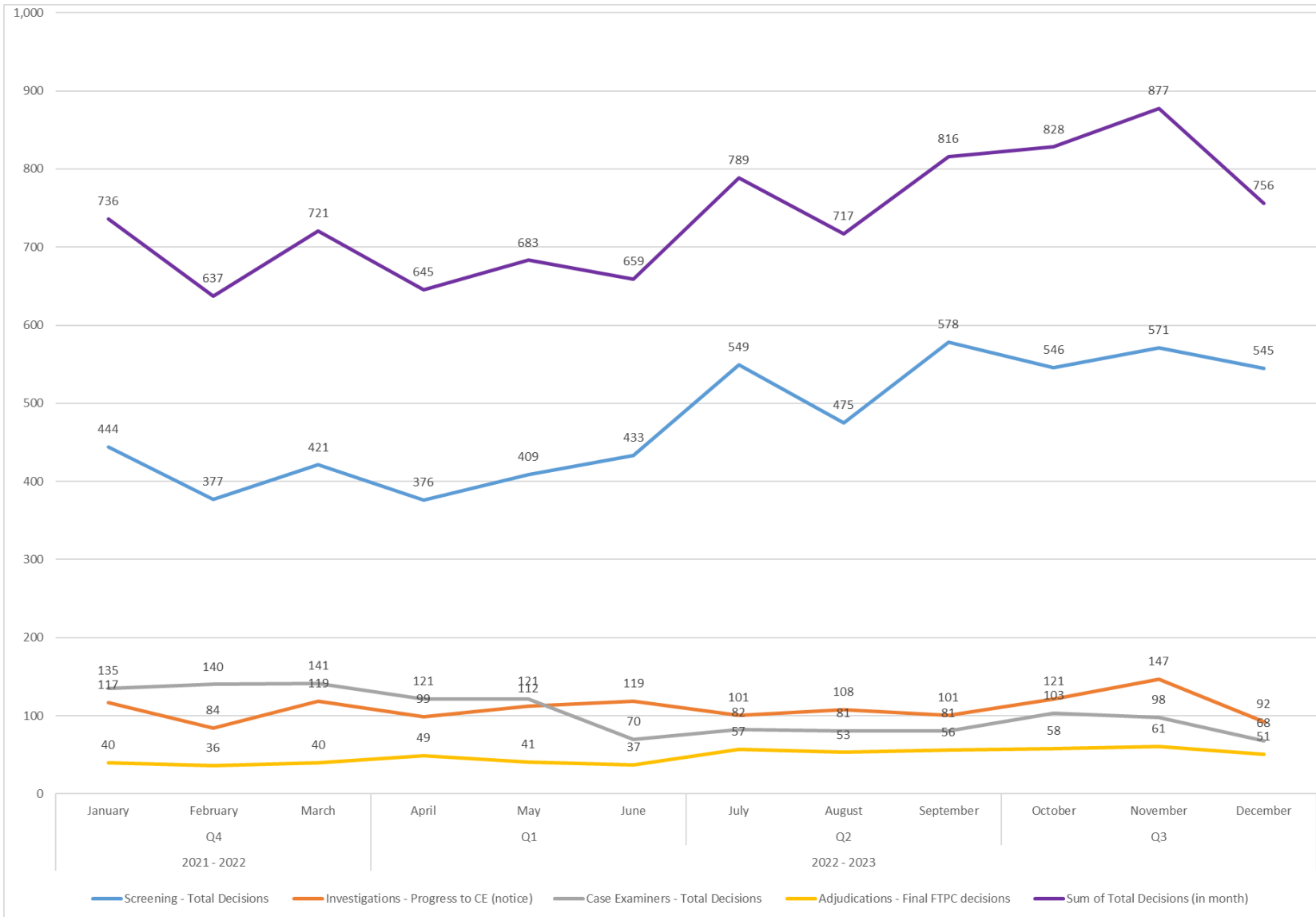


Chart four:

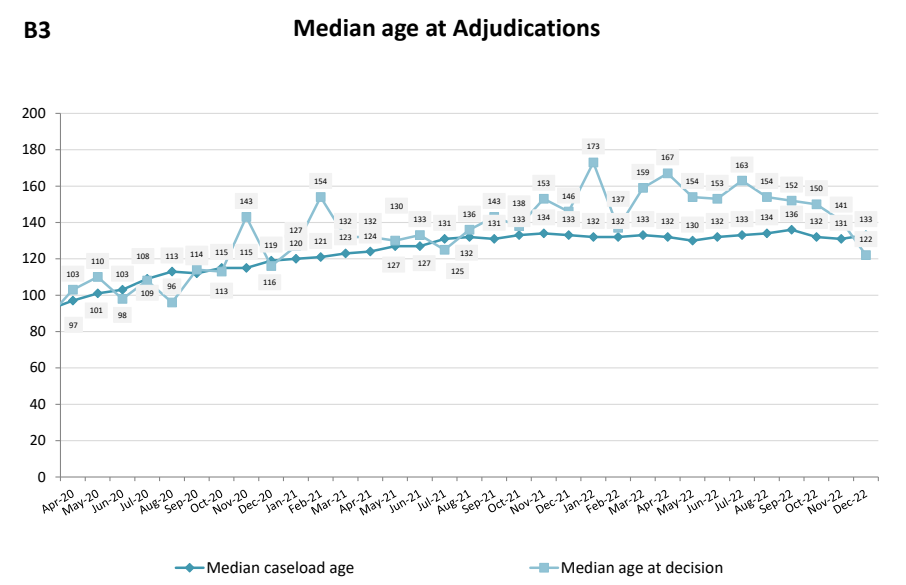
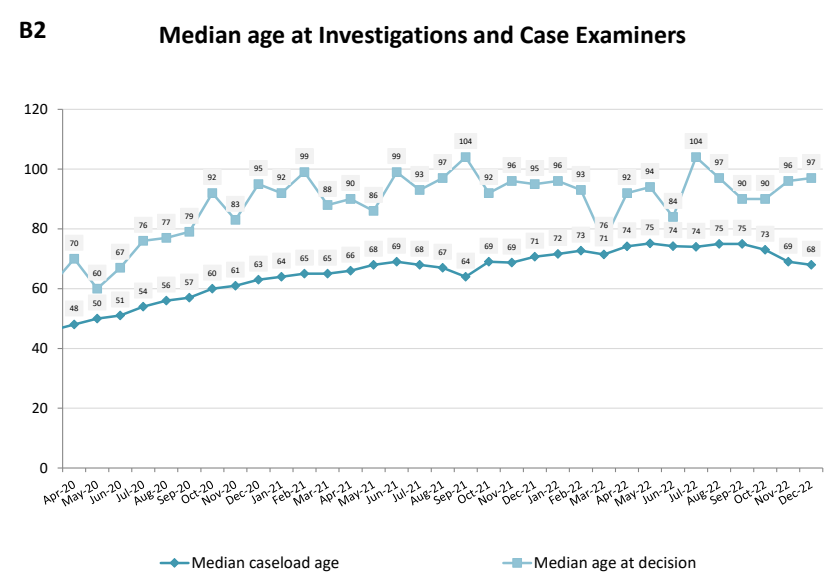
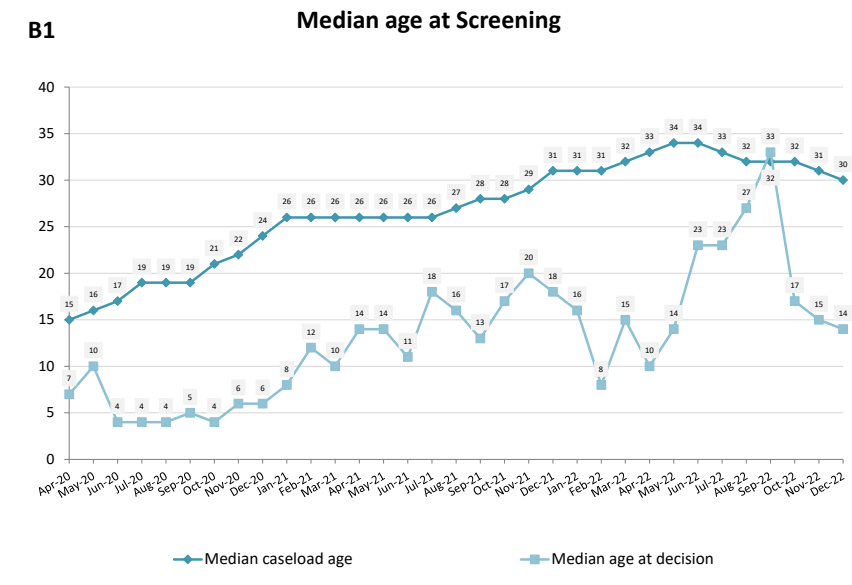
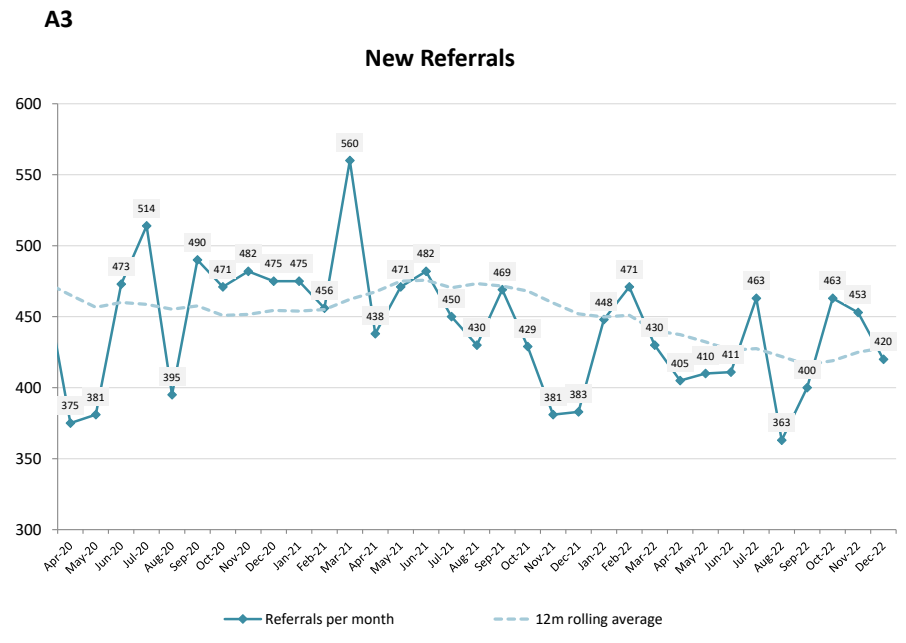
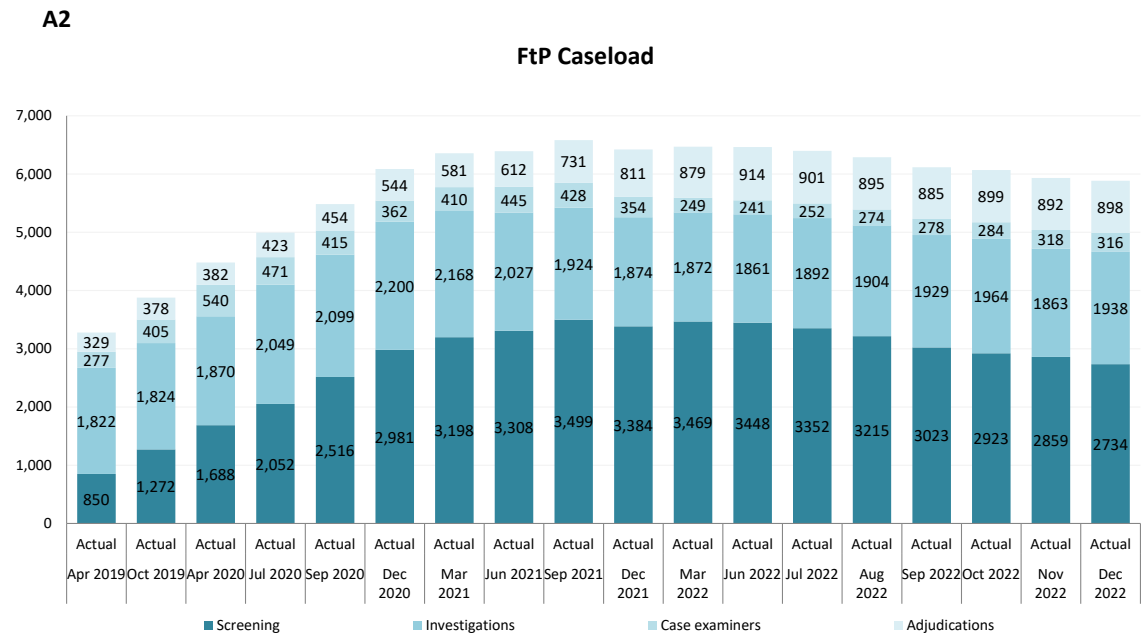
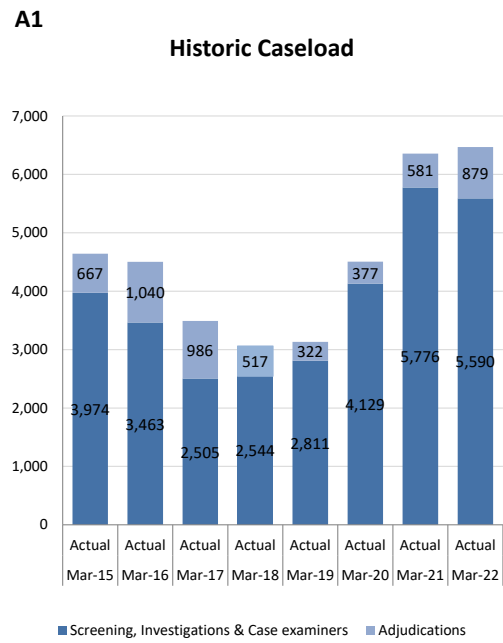
Monthly decisions by stage

The chart shows the number of decisions made each month at each stage of the process.

We anticipated, and saw, a decrease in overall decision numbers over the festive period. Otherwise we have established an upward trend in the number of decisions being made each month.

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FtP Performance Dashboard December 2022 - Final



Caseload Movement Summary Sept. 2022 - Dec 2022

Opening caseload 6,115

1,336 cases received
 (new referrals and reopened cases)

1,497 cases closed
 (68 IE/FE cases removed from caseload in Nov 2022)

5,886 Closing caseload

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Council

Education: Future Programme Standards for Nursing and Midwifery

Action: For decision.

Issue: To update Council on the outcome of the consultation to amend our programme standards following the exit from the European Union and to seek Council's approval of the proposed amendments to the nursing and midwifery education programme standards.

Core regulatory function: Professional Practice

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

Decision required: The Council is recommended to approve:

- The proposed changes to the Standards for pre-registration nursing programmes (paragraph 34)
- The proposed changes to the Standards for pre-registration midwifery programmes (paragraph 35)
- The proposed changes to the Part 1: Standards for the education framework for nursing and midwifery education (paragraph 36)
- The proposed changes where relevant to other programme standards (paragraph 37):
 - Standards for pre-registration nursing associate programmes
 - Standards for prescribing programmes
 - Standards for return to practice programmes
- The transitional arrangements related to the above standards (paragraph 55).

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Annexes: The following annexe is attached to this paper:

- Annexe 1: Summary of proposed changes to the programme standards for approval.

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

Authors:

Sue West
Senior Nursing Education Adviser
Phone: 020 7681 5296
Sue.West@nmc-uk.org

Josh Stephens
Professional Practice Manager
Phone: 020 7681 5180
Josh.Stephens@nmc-uk.org

Sponsoring Executive Director:

Matthew McClelland Executive
Director, Strategy & Insight
matthew.mcclelland@nmc-uk.org

Context:

- 1 The Nursing and Midwifery Council has a statutory duty to maintain and revise the standards for education and training to ensure that they are fit for purpose and continue to protect the public.
- 2 While the UK was a member of the European Union (EU) we were required to incorporate the requirements of the Mutual Recognition of Professional Qualifications Directive (2005/36/EC) ‘the Directive’ in our education programme standards. The content of the Directive is therefore reflected in our current pre-registration programme standards for nursing and midwifery in the following chapters: selection, admission and progression, curriculum, practice learning, and supervision and assessment.
- 3 The UK’s departure from the EU has provided us with scope to consider if, and how, the Directive remains incorporated within our education programme standards. At a time of considerable workforce challenges in UK health and social care, we committed to providing greater flexibility in nursing and midwifery pre-registration education, where possible, without compromising high standards which are necessary for safe, kind, and effective practice.
- 4 During 2021, we commissioned independent qualitative and desk-based evidence reviews to determine what changes we should propose. Following a review of the evidence and external stakeholder consensus, the Council in September 2021 agreed to a programme of work to explore potential changes to the standards.
- 5 We established a governance structure to review the agreed areas of the programme standards, consisting of:
 - 5.1 Two Standards Development Groups (SDGs), one for nursing and one for midwifery, to draft proposed standards.
 - 5.2 A Policy Advisory Group (PAG), made up of NMC representatives, to consider these proposals and provide relevant policy and legal advice.
 - 5.3 A Steering Group, independently Chaired by Professor Jean White CBE, to consider the strategic implications of the proposals.
- 6 The review took place over a six-month period enabling the co-production of proposed changes to our programme standards for nursing and midwifery and the removal of the reference to the EU Directive. The focus was on enhancement, flexibility, inclusivity and the safety of people using nursing and midwifery services.

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- 7 A number of changes to our standards were proposed and Council agreed to a public consultation on these proposals at its meeting in May 2022.

Consultation

- 8 We held a ten-week consultation on our proposed changes which ran from 13 July to 21 September 2022. The consultation was hosted by independent research company Britain Thinks. This included:

- 8.1 An open survey which was completed by 2,513 respondents
- 8.2 An easy read version of the open survey which was completed by 197 respondents
- 8.3 Focus groups and in-depth interviews with key audiences, including four focus groups with the general public, four focus groups with nursing and midwifery students and in-depth interviews with three digitally disengaged members of the public, one nursing student and one midwifery student.
- 8.4 A survey of the general public with a nationally representative sample of the UK adult population, completed by 2,078 respondents.

The consultation report by Britain Thinks has been published on our web pages.

User testing

- 9 User testing of our proposed changes was conducted in parallel to the consultation by independent research company Blake Stevenson. This research took place across two main audience groups:

- 9.1 Newly qualified professionals, student nurses and midwives, and service users involved in curriculum development.
- 9.2 Lecturers, programme leads, quality leads, education leads in practice, practice learning facilitators, practice supervisors and practice assessors.

- 10 Blake Stevenson produced a report on their user testing activity which is included as an annexe to this paper. The full report has been published on our web pages.

Post-consultation assimilation methodology

11 We reconvened the Nursing and Midwifery SDGs, PAG and the Steering Group to discuss the findings of the consultation. The objective of this process was to use the findings of the consultation and user testing exercises as an evidence base for any further changes that might be required. We held:

11.1 Two meetings of the Nursing SDG and two meetings of the Midwifery SDG.

11.2 One meeting of the PAG.

11.3 Two meetings of the Steering Group.

Four country factors:

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

13 Our proposals will mean that our programme standards no longer align fully with the EU directive, although the outcomes nursing and midwifery students will achieve remain unchanged. It will be possible for government and education commissioning bodies in each of the four nations to require approved education providers to remain fully aligned to the EU directive standards, should they choose to do so.

14 We have considered carefully the implications for movement of professionals across the land border between Northern Ireland and the Republic of Ireland. Professionals must be registered in each jurisdiction in which they work. The proposals do not affect the way in which professionals from Ireland can register with us in order to practice in the UK. The proposals may affect the way in which UK registrants who graduate under the revised standards can register with the Nursing and Midwifery Board of Ireland (NMBI) in order to practise in the Republic of Ireland. At present, NMBI continues to recognise qualifications from the UK automatically; in future, they may require applicants from the UK to provide additional assurance. We continue to work with NMBI to ensure they have all the information they need to assist with their decision.

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Discussion: 15 This section of the paper describes the results of the consultation, the user testing of the proposals and relevant post-consultation assimilation of the proposals. This section also provides an update on research into overseas nursing programmes that use fewer practice hours and the context behind this.

Selection and admission to nursing and midwifery programmes

- 16 Council agreed to explore the EU requirement for student selection and entry, with the proposal to remove the reference to the EU Directive for the requirement for applicants to provide evidence of at least 12 years of general education for both **nursing and midwifery**. Whilst widening participation and enabling inclusivity could lead to applications from potential students under the age of 18, a new standard on safeguarding is proposed. We consulted on the following proposals:
- 16.1 The proposal for nursing: To remove the requirement for applicants to provide evidence of at least 12 years of general education prior to entry to a pre-registration nursing programme and replace with: *“Meet the entry criteria for the programme as set out by the Approved Education Institution (AEI) and are suitable for their intended field of nursing practice: adult, mental health, learning disabilities and children’s nursing.”*
- 16.2 The proposal for midwifery: To remove the requirement for applicants to provide evidence of at least 12 years of general education prior to entry to a pre-registration midwifery programme and replace with: *“Meet the entry requirements for the programme as set out by the Approved Education Institution (AEI) and are suitable for midwifery practice.”*
- 16.3 The proposal for nursing and midwifery: To add the new text to Part 1 Standards framework for nursing and midwifery education: *“Ensure that for students below the age of 18 on admission to their intended programme, appropriate safeguarding measures are in place to support them and people in their care.”*
- 17 There was a mixed response to the removal of the reference to the EU Directive for requirement for applicants to provide evidence of at least 12 years of general education prior to entry to a pre-registration nursing or midwifery programme, mainly concerned with the potential impact on the age of admission to programmes.

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Although admission of students under the age of 18 would be rare, there was support to include a standard to ensure appropriate safeguarding and programme adjustments to provide some assurance in the unlikely event of this happening.

- 18 There was concern that the term ‘appropriate safeguarding’, to mitigate this, is too vague and through assimilation minor amendments were made to the standard being proposed: *“Ensure that for students below the age of 18 on admission to their intended programme, appropriate safeguarding measures and any necessary programme adjustments are in place to support them and people in their care.”* Supporting information will also be provided for the purpose of implementation.

Knowledge and skills in nursing and midwifery

- 19 Council agreed to explore the removal of the reference to the knowledge and skills requirements within the EU Directive for **nursing and midwifery** where these are now incorporated into our NMC standards of proficiency. We consulted on the following proposals

19.1 The proposal for **nursing**: to remove reference to the EU Directive within the education programme standards, on the basis that this content is now included, and in many cases surpassed, within the NMC standards of proficiency for pre-registration nursing.

19.2 The proposal for **midwifery**: to remove reference to the EU Directive and to retain the specific number of learning experiences within the programme standards to give students learning opportunities and experience across the continuum of care including pregnancy, labour and birth, post-natal and for newborn infants.

- 20 Strong support was received for the proposed changes for knowledge and skills and the removal of the reference to the EU for both nursing and midwifery as programme standards.

- 21 There was also support for the integration of specific learning experiences from the Directive into midwifery programme standards, such as undertaking for example no less than 100 antenatal examinations and supporting and caring for no less than 40 women in labour and birth. Participants felt that this will give midwifery students a more rounded learning experience which will ultimately benefit women, partners and families.

Standards on nursing and midwifery placement settings

- 22 Council agreed to explore removing the reference to the EU Directive and where standards on required placement settings could be retained, modernised or removed for **nursing and midwifery**. We consulted on the following proposals:
- 22.1 The proposal for **nursing**: to delete reference to the EU Directive (and therefore the list of placement settings that is within it) within the programme standards.
- 22.2 The proposal for **midwifery**: to remove reference to the EU Directive within the programme standards and to add a new standard that reads: “*Ensure students experience different maternity providers.*”
- 23 There was a mixed response for the removal of the reference to the EU Directive, which included the list of placement settings within **nursing standards**, with over half in agreement (55%). However, almost a third (30%) disagreed. By virtue of our standards being outcome focused, this proposal will increase the opportunity and flexibility for AELs to provide appropriate practice learning experiences in line with the current and future service structures for nursing students to meet the standards of proficiency. The breadth of practice learning experiences to meet the standards of proficiency will be monitored through our quality assurance processes. Some concerns were raised in relation to the qualifications’ comparability and the ease with which UK trained nurses would be able to work across the EU given the proposed changes. Following the exit of the UK from the EU, some countries may require applicants to provide further assurance about their programme as indicated in paragraph 14. In these circumstances AELs may need to locally map their programmes against the EU Directive in order to provide a transcript of learning for their students
- 24 The requirement for **student midwives** to experience alternative maternity providers was welcomed. Respondents think that it will have a positive impact on care and will help students experience differences in culture and leadership style. However, there are some concerns around implementation of this standard so that all students have this experience.
- 25 Following assimilation minor amendments were made to develop the proposed standard: “*Ensure students gain experience of leadership and team working with different maternity providers*”. Supporting information will also be provided for the purpose of implementation.

The use of simulation in nursing programmes

- 26 Council agreed to explore increasing the flexibility regarding the use of simulation, with the potential to explore increasing simulated practice learning using a range of modalities, to up to 600 hours of the current 2,300 hours practice learning component of the programme. **For nursing only.**
- 26.1 The proposal for **nursing**: to add a requirement for AEs together with practice learning partners to: *“Ensure technology and simulation opportunities are used effectively and proportionately across the curriculum to support supervision, learning and assessment.”*
- 26.2 The proposal for **nursing**: to replace requirement 3.4 (*Ensure technology enhanced and simulation-based learning opportunities are used effectively and proportionately to support learning and assessment and pre-registration nursing programmes leading to registration in the adult field of practice comply with Article 31(5) of Directive 2005/36/EC*) with: *“Ensure where simulation is used in developing and assessing proficiency in the knowledge and skills required to provide safe and effective care, it does not exceed 600 hours of the 2,300 hours for practice learning.”*
- 26.3 Additionally, the proposal of an amended definition for simulation, for all programmes including **nursing and midwifery** is: *“An educational method which uses a variety of modalities to support students in developing their knowledge, behaviours and skills, with the opportunity for repetition, feedback, evaluation and reflection to achieve their programme outcomes and be confirmed as capable of safe and effective practice.”*
- 27 There was strong support for the proposed changes to simulation for nursing, with seven in ten respondents agreeing with the amended standard to ensure simulation does not exceed 600 hours of practice learning experience. Support is related to a belief that simulation can add value and give students opportunities which may not otherwise arise. However, there were some concerns from students and practitioners in this area, primarily around the number of hours proposed and whether this would take away from practice hours (rather than being part of theory hours) and a belief that without real-life experience, students may not develop the required soft skills to be effective as a nurse.
- 28 There was also a strong agreement with the amended definition of simulation for all programmes including **nursing and midwifery**.

- 29 Following assimilation minor amendments have been made for clarity and to specify practice learning hours: “*Provide no less than 2,300 practice learning hours, of which a maximum of 600 hours can be simulated practice learning*”. Supporting information will also be provided for the purpose of implementation.

Outcome of the midwifery questions on simulation

- 30 Midwifery respondents, across all groups, had a mixed reaction to the role of simulated practice learning in midwifery programmes. The positive responses expressed that simulation was helpful for students to be able to gain experience, which may not otherwise arise. These views reflect the current provision within our standards. Concerns were raised that an increase in simulated practice learning would mean that student midwives would not have enough opportunity to develop the skills and confidence for real life situations. Some respondents felt that any change to the approach to simulation in midwifery programmes would reduce the quality of the standards overall. We therefore don’t propose to undertake any further work or make any changes regarding the use of simulation in the midwifery programmes until robust evidence is available; this will include evaluation of the midwifery standards.

Conclusion of the Consultation

- 31 Overall, there is support for the proposed changes. The general public were less positive but had a higher “don’t know” response which our independent research company Britain Thinks advises may be due to the specialist nature of this content.
- 32 Underlying the overall support, there are differences between audiences in terms of their response to the proposed changes.
- 32.1 Northern Ireland and Scotland being less likely to agree, which may be linked to the removal of the EU Directive and qualifications comparability for movement into the EU.
- 32.2 Educators, younger respondents and student nurses are more likely to agree and welcome change
- 33 There was also an agreement to amend programme standards for nursing associates, prescribing and return to practice in line with the changes to admission and use of simulation where relevant.
- 34 **Recommendation: The Council is recommended to approve the proposed changes to the Standards for pre-registration nursing programmes.**

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- 35 **Recommendation: The Council is recommended to approve the proposed changes to the Standards for pre-registration midwifery programmes**
- 36 **Recommendation: The Council is recommended to approve the proposed changes to the Part 1: Standards for the education framework for nursing and midwifery education**
- 37 **Recommendation: The Council is recommended to approve the proposed changes where relevant to other programme standards:**
- 37.1 **Standards for pre-registration nursing associate programmes**
- 37.2 **Standards for prescribing programmes**
- 37.3 **Standards for return to practice programmes**
- Research into those countries who deliver nursing programmes in fewer practice learning hours.**
- 38 Council also agreed a programme of work to explore more radical change, where there are currently evidence gaps and a lack of consensus, specifically exploration of the context of programmes which are delivered using less practice learning hours.
- 39 This was undertaken by our Research and Evidence Team, the report has been published on our web pages.
- 40 Based on the previous report undertaken by [Harlow Consulting](#) (2021), five countries were included this research: United States of America; Canada; Philippines; Australia and New Zealand. Initial desk-based research was undertaken followed by series of interviews with regulators, education organisations or councils in each country.
- 41 The research suggested that a move to fewer practice learning hours in pre-registration programmes in some countries is driven by several reasons. These may be political, such as the political pressures caused by the worldwide nursing shortage, social or historical. All countries felt that their practice hours were sufficient to train nurses who were ready to enter the workforce, however within the scope of this initial research, it was not possible to explore whether proficiencies expected at the end of these programmes were comparable with what is expected in the UK.

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- 42 There are differences between the UK and the countries we explored on some of the context factors we identified. These included training to be generalist nurses rather than in specific fields of practice, type of final assessment and the requirement for post registration “graduate” programmes.
- 43 Several countries pointed out that there was little evidence that increased practice hours would produce better graduates. However, all countries stressed the importance of the quality of the learning experience throughout the student journey and as a new graduate.
- A focused, good quality learning experience is seen as key to producing a nurse who is safe to practise, rather than completing a set number of practice hours. The key elements of a quality learning experience which we identified include:
- 43.1 Integrating theory and practice learning
 - 43.2 High quality simulation which complements both theory and practice learning
 - 43.3 Good quality clinical teaching and learning, with well-trained instructors who can concentrate on providing students with a good clinical experience
 - 43.4 Focused learning experiences which optimise the number of hours spent in clinical placement
 - 43.5 Graduate programmes which further develop the newly qualified nurse
- 44 Although in some countries, the regulator’s requirement is for a specific number of hours, education institutions within those countries, or in the US, different states, may implement a greater number of hours. In addition to these hours students also undertake simulated practice learning.
- 45 In conclusion there are some contextual differences in the way practice learning is managed and supported, Including the use of simulation outside of these hours, which arguably facilitate programme delivery using fewer hours. Post registration graduate programmes are strongly encouraged to increase confidence and competence, although these are not mandated by the regulator. Regardless of the number of practice learning hours, the countries explored all deliver at least three-year graduate programmes.

Implications for NMC standards and future work

- 46 We took a strategic decision to move away from the EU Directive to positively enhance the delivery of pre-registration nursing programmes for the benefit of the UK. It was previously agreed that the total programme hours of 4,600 would not be explored in this current phase of work. Our proposals to Council include the flexibility for nursing to enable the 2,300 hours of practice learning to be delivered direct practice learning allowing for up to 600 hours in simulated practice learning.
- 47 Through our engagement with the FPSNM Steering Group, the Chief Nursing Officers and Council of Deans for Health there is external appetite for us to be more ambitious, including exploring a scenario of a minimum of 1,700 practice learning hours, with the remainder of the 4,600 hours being a flexible mixture of simulation and theory.
- 48 Although there was support to move forward in setting a reduced minimum number of hours practice learning hours, we have not consulted on a such a significant change, or reached a consensus on this position. We need to explore the impact of such a change, including the context differences internationally raised in the research above, and consider ways to mitigate any risks in reducing the minimum practice learning hours. Executive Board with support from Council have agreed to an additional phase of this work to explore this option further.
- 49 Based on the research and the feedback, we will explore the potential for further changes to the nursing programme standards regarding practice learning hours. We will seek further evidence and stakeholder consensus, incorporating:
- 49.1 Wider stakeholder engagement
 - 49.2 An evaluation of the current experience of implementing up to 600 hours of simulated practice learning through the recovery standard RN6 (D)
 - 49.3 Exploration of any unintended consequences including the shift in hours to AEs
 - 49.4 Exploration of ways in which quality practice learning experiences can be assured and optimised.
- 50 **Council to note that this next phase of work will complete in the final two years of our strategy.**

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Transitional arrangements

- 51 Article 3(15) of the Order 2001 requires Council to publish the standards it sets. If council approve the changes, we will publish the amended standards documents shortly and share them with all our AEs.
- 52 AEs will be able to implement the changes to the new standards following either a minor or major modification to their programmes. Guidance on how this will be undertaken will be provided following the outcome from the Council.
- 53 All AEs will need to demonstrate that they are meeting the changes to the required standards by 31 January 2025.
- 54 The final recovery standards RN5; RN5.1 and RN6D will be closed and AEs wanting to implement the changes to the standard on simulated practice learning will do so in line with paragraph 52.
- 55 **Recommendation: Council is recommended to approve the transitional arrangements related to the above standards.**
- 56 If Council approves the recommended decisions:
- 56.1 We will activate a full communication and engagement plan needed for implementation and approval of modifications to already approved programmes in line with our Quality Assurance Framework.
- 56.2 We aim to publish the approved education and programme standards for nursing and midwifery, and the supporting information for the purpose of implementation in March 2023.

Midwifery implications:

- 57 Midwives' views were sought throughout the consultation separate to those of nurses, including their views on simulated practice learning.
- 58 Midwifery implications and engagement are reported in the discussion section. (Paragraph 16-22; 24-25; 30)

Public protection implications:

- 59 The primary function of our education programme standards is to ensure that AEs design nursing and midwifery programmes for students to meet the required standards of proficiency for safe and effective practice and to register with us.

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

61 Enabling the use of simulated practice learning to account for some practice learning hours is considered a positive way to promote safe and effective practice, as it enables repetition of skills, reflection and feedback for students. The evidence supporting simulated practice learning indicates an increase in confidence and competence of students, supplementing direct practice learning. AEs also need to meet the same practice learning standards and governance for simulated practice learning as they do for direct practice learning, which will be quality assured through due process.

We have enabled AEs to use simulated practice learning up to 300 and 600 hours as part of our recovery standards for nursing programmes. Those AEs delivering up to 600 hours are evaluating the impact as part of the developing body of knowledge and assurance for public protection.

Resource implications:

62 The costs of revising existing programme standards are covered by the existing programme budget and Professional Practice directorate staff resource that was agreed previously.

63 Staff and budget costs to support the publication of the new standards, implementation activity and quality assurance of any modifications to programmes is secured for the 2022-2023 and 2023-2024 financial years.

64 The next phase of this work is built into the business plans for 2023-2024.

Equality diversity and inclusion implications:

65 A full Equality and Diversity Impact Assessment (EQIA) was completed throughout this programme of work. The key areas of impact include:

65.1 Age: removing the need for evidence of the 10-12 years general education has a positive impact for those who may not have had this experience or be able to provide evidence. However, removing this reference may lead to potential applicants to pre-registration programmes under the age of 18 (not classified as adult) who may be considered unsuitable. (Paragraph 16-18). Supporting information on the provision of appropriate safeguarding will be provided.

		65.2	Requirement for all midwifery students to gain experience of different maternity providers to provide learning opportunities to recognise different leadership, management and approaches to team working. This may lead to great travel distances impacting financially and on those with caring commitments. Supporting information for AEIs and their practice learning partners to promote innovative ways to support and implement this standard, will help mitigate this.	1.
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Stakeholder engagement:	66		Stakeholder engagement is reported in the discussion section (paragraph 5-6).	4.
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Risk implications:	67		There has been a risk that the timeline for this project is subject to delay. However, we are bringing final proposals for change to this Council meeting 25 January 2023 in order to allow AEIs enough time to address any amendments for implementation from September 2023, and by January 2025. A new timeline will be developed accounting for any further proposals in the next phase of work after Council's meeting in January 2023.	5.
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	68		There is an ongoing risk that the continued pressure on clinical services, including residual pressures from the Covid-19 pandemic, may result in external stakeholders needing more time to implement our proposals. We are mitigating this by allowing a two phased approach, with the new standards being available to implement from September 2023 and then finally by January 2025.	6.
				7.
	69		There is a risk that divergence from the EU Directive contrasts with the wider appetite for regulatory change in the four UK countries. We have mitigated this risk to date by close engagement with four country representation on our SDGs for nursing and midwifery and on our Steering Group. We will continue this engagement to ensure that we fulfil our obligations as a four-country regulator.	7.
				8.
Regulatory reform:	70		There are no direct links from these proposals to the Regulatory Reform programme.	8.
				9.
Legal implications:	71		We are required to set the standards of education and training necessary for education institutions to deliver nursing and midwifery programmes, which ensure that the students on their programmes achieve the standards of proficiency for joining the relevant part of the register (Article 15(1)(a) of the Order). Education institutions and their programmes are approved and monitored in line with our Quality Assurance activities (Article 15-19 of the Order).	9.
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We are required to publish any standards and guidance we set in accordance with Article 3(15) of the Order.

- 72 Before establishing the standards, Council is required to consult representatives of any group of person it considers appropriate (Article 3(14) of the Order). We consider that appropriate consultation has been carried out in accordance with this requirement.
- 73 In developing our standards we have acted in line with public law principles and obligations and have given due regard to aims of the Public Sector Equality Duty under the Equality Act 2010 (and relevant legislation in Northern Ireland), as evidenced in the equality impact assessment).

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Summary of proposed changes to the programme standards for approval



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For note:

The following slides set out the proposed changes to the our education and programme standards following a public consultation for Council approval.

Any references to the EU Directive including the annexes in the programme standards for nursing and midwifery have been removed



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Proposed changes regarding selection and admission for pre-registration nursing and midwifery programmes



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Standards	Current standard	Deleted, amended or new standard
Part 3: Programme Standards (Nursing)	1.8 ensure that all those enrolled on pre-registration nursing programmes are compliant with Article 31(1) of Directive 2005/36/EC regarding general education length as outlined in Annexe 1 of this document.	DELETED Removes the reference in the Directive to evidence 10/12 years general education
Part 3: Programme Standards (Nursing)	1.1.1 are suitable for their intended field of nursing practice: adult, mental health, learning disabilities and children's nursing	AMENDED 1.1.1 meet the entry criteria for the programme as set out by the AEI and are suitable for their intended field of nursing practice: adult, mental health, learning disabilities and children's nursing
Part 3: Programme Standards (Midwifery)	1.5.1 enrolled on pre-registration midwifery programmes are appropriately compliant with Article 40(2) of Directive 2005/36/EC regarding general education length and/or nursing qualification as outlined in Annexe 1 of this document	DELETED Removing the reference to the directive for 12 years general education, and REPLACED with 1.5.1 meet the entry requirements for the programme as set out by the AEI and are suitable for midwifery practice
Part 1: Education Framework	None, new standard required and applies to all programmes	NEW 2.8 ensure that for students below the age of 18 on admission to their intended programme, appropriate safeguarding measures and any necessary programme adjustments are in place to support them and people in their care

Proposed amendments to wording to retain the required minimum programme length and hours for nursing and midwifery programmes



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Standards	Current standard	Deleted, amended or new standard
Part 3: Programme Standards (Nursing)	2.12 ensure that all pre-registration nursing programmes meet the equivalent of minimum programme length for nurses responsible for general care in Article 31(3) of Directive 2005/36/EC (included in Annexe 1 of this document)	AMENDED 2.12 ensure that all pre-registration nursing programmes meet the equivalent minimum length of three (academic) years for full time programmes, which consist of a minimum of 4,600 hours
Part 3: Programme Standards (Midwifery)	<p>2.9.1 full time education and training as a midwife is a minimum of three years and 4,600 hours, or</p> <p>2.9.2 where a student is already registered with the NMC as a Registered first level nurse: first level (adult), full-time education and training as a midwife shall be a minimum of two years, and 3,600 hours, or</p> <p>2.9.3 where a student is already registered with the NMC as a Registered first level nurse: first level (adult), full-time education and training as a midwife shall be a minimum of 18 months and 3000 hours and in order for the qualification to be recognised in EU member states it must be followed by a year of professional midwifery practice.</p>	<p>AMENDED</p> <p>2.9.1 ensure that all pre-registration midwifery programmes meet the equivalent minimum programme length of three (academic) years, which consist of a minimum of 4,600 hours, or</p> <p>2.9.2 where a student is already registered with the NMC as a registered first level nurse (adult), education and training as a midwife shall be a minimum of two years, which consist of a minimum of 3,600 hours, or</p> <p>2.9.3 where a student is already registered with the NMC as a registered first level nurse (adult), education and training as a midwife shall be a minimum of 18 months, which consist of a minimum of 3000 hours. In order for the qualification to be recognised in an EU member state it must be followed by a year of professional midwifery practice.</p>

Proposed changes regarding the knowledge, skills and placement settings for pre-registration nursing and midwifery programmes



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Standards	Current standard	Deleted, amended or new standard
Part 3: Programme Standards (Nursing)	4.11 ensure the knowledge and skills for nurses responsible for general care set out in Article 31(6) and the competencies for nurses responsible for general care set out in Article 31(7) of Directive 2005/36/EC for pre-registration nursing programmes leading to registration in the adult field of practice have been met. (Annexe 1 of this document).	DELETED Knowledge and skills are covered by the standards of proficiencies
Part 3: Programme Standards (Nursing)	2.11 ensure pre-registration nursing programmes leading to registration in the adult field of practice are mapped to the content for nurses responsible for general care as set out in Annexe V.2 point 5.2.1 of Directive 2005/36/EC (included in Annexe 1 of this document)	DELETED Content and practice learning experiences are covered by the standards of proficiencies and the requirement to meet these.
Part 3: Programme Standards (Midwifery)	4.8 ensure the knowledge and skills for midwives set out in Article 40(3) and the activities of a midwife specified in Article 42 of Directive 2005/36/EC have been met as outlined in Annexe 1 of this document.	DELETED Knowledge and skills are covered by the standards of proficiencies
Part 3: Programme Standards (Midwifery)	N/A	NEW 3.6 ensure students gain experience of leadership and team working with different maternity providers

Standards	Current standard	Deleted, amended or new standard
<p>Part 3: Programme Standards (Midwifery)</p>	<p>3.6 provide learning opportunities that enable students to develop the required knowledge, skills and behaviours needed when caring for women and newborn infants when complication and additional care needs arise, including as they relate to physical, psychological, social, cultural and spiritual factors</p>	<p>AMENDED in 3.5.5 and 3.5.6 below with new additional elements retained from the EU Directive:</p> <p>3.5 Provide learning opportunities, across the whole continuum of care, that enables students to gain experience to:</p> <p>3.5.1 support and care for women during pregnancy, undertaking no less than 100 antenatal examinations</p> <p>3.5.2 support and care for no less that 40 women in labour and facilitate the birth. Where 40 births cannot be reached owing to the lack of available women giving birth, it may be reduced to a minimum of 30, provided that the student is given the opportunity to assist with caring for an additional 20 women giving birth.</p> <p>3.5.3 participate in the support and care of women in labour and having a breech birth. Where there are no opportunities in practice to gain experience of breech births, proficiency may be gained by simulated learning.</p> <p>3.5.4 support and care for no less than 100 women postnatally and 100 healthy newborn infants</p> <p>3.5.5 develop the required knowledge, skills and behaviours needed to support and care for no less than 40 women who have additional care needs or develop complications including those related to physical, psychological, social, cultural and spiritual factors</p> <p>3.5.6 care for newborn infants requiring additional care or have complications, including in a neonatal unit and</p> <p>3.5.7 care for women across the life course with additional sexual and reproductive health needs.</p>

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Proposed changes regarding the use of simulation in pre-registered nursing programmes



Standards	Current standard	Deleted, amended or new standard
Part 3: Programme Standards (Nursing)	3.4 technology enhanced and simulation-based learning opportunities are used effectively and proportionately to support learning and assessment and pre-registration nursing programmes leading to registration in the adult	<p>AMENDED and MOVED</p> <p>2.10 ensure technology and simulation opportunities are used effectively and proportionately across the curriculum to support supervision, learning and assessment</p> <p>NEW</p> <p>3.4 provide no less than 2,300 practice learning hours, of which a maximum of 600 hours can be simulated practice learning</p>
Part 3: Programme Standards (Nursing)	4.11 ensure the knowledge and skills for nurses responsible for general care set out in Article 31(6) and the competencies for nurses responsible for general care set out in Article 31(7) of Directive 2005/36/EC for pre-registration nursing programmes leading to registration in the adult field of practice have been met. (Annexe 1 of this document).	<p>DELETE</p> <p>Removes the reference to the EU Directive and the knowledge and skills now reflected in our standards of proficiency</p>

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Proposed amendments to other programme standards based on this review:

- Standards for pre-registration nursing associate programmes
- Standards for prescribing programmes
- Standards for return to practice programmes



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Standards	Current standard	Deleted, amended or new standard
Part 3: Programme Standards (Nursing Associate)	NA	NEW to align with nursing: 1.1.1 meet the entry criteria for the programme as set out by the AEI and are suitable for nursing associate practice.
Part 3: Programme Standards (Nursing Associate)	2.6.2 no less than 50 per cent of the minimum programme hours required of nursing degree programmes, currently set under Article 31(3) of Directive 2005/36/ EC (4,600 hours)	DELETE reference to the EU Directive as no longer required 2.6.2 no less than 50 per cent of the minimum programme hours required of nursing degree programmes,
Part 3: Programme Standards (Nursing Associate)	3.3 technology enhanced and simulation-based learning opportunities are used effectively and proportionately to support learning and assessment and pre-registration nursing programmes leading to registration in the adult	AMENDED and MOVED to align with nursing 2.8 ensure technology and simulation opportunities are used effectively and proportionately across the curriculum to support supervision, learning and assessment
Part 3: Programme Standards (Prescribing)	3.3 technology enhanced and simulation-based learning opportunities are used effectively and proportionately to support learning and assessment and pre-registration nursing programmes leading to registration in the adult	AMENDED and MOVED to align with nursing 2.6 ensure technology and simulation opportunities are used effectively and proportionately across the curriculum to support supervision, learning and assessment
Part 3: Programme Standards (Return to practice)	3.4 technology enhanced and simulation-based learning opportunities are used effectively and proportionately to support learning and assessment and pre-registration nursing programmes leading to registration in the adult	AMENDED and MOVED to align with nursing 2.11 ensure technology and simulation opportunities are used effectively and proportionately across the curriculum to support supervision, learning and assessment

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New glossary definition for all programme standards and framework

Standards	Current definition	New definition
<p>All Part 3: Programme Standards, and Part 1 Standards framework for nursing and midwifery programmes</p>	<p>Simulation: when used for learning and/or assessment is an artificial representation of a real world practice scenario that supports student development through experiential learning with the opportunity for repetition, feedback, evaluation and reflection. Effective simulation facilitates safety by enhancing knowledge, behaviours and skills</p>	<p>Simulation: an educational method which uses a variety of modalities to support students in developing their knowledge, behaviours and skills, with the opportunity for repetition, feedback , evaluation and reflection to achieve their programme outcomes and be confirmed as capable of safe and effective practice.</p>

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Council

Education Quality Assurance Annual Report 2021-2022

Action: For discussion.

Issue: To provide a report to Council on the education quality assurance (QA) activity for the 2021-2022 academic year.

Core regulatory function: Professional Practice.

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

Decision required: None.

Annexes: The following annexe is attached to this paper:

- Annexe 1: QA Annual Report
- Annexe 2: Glossary of QA terms and processes

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

Author: Paula McLaren
Paula.McLaren@nmc-uk.org

Assistant Director: Dr Alexander Rhys
Alexander.Rhys@nmc-uk.org

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- Context:**
- 1 Our legislation defines our role in the education and training of nurses, midwives and nursing associates. This includes approving education institutions (AEIs) and programmes, and then continuing to monitor them against our standards through annual self-reporting, exceptional reporting (where AEIs notify us of any event which may have impacted on our standards and the mitigations they have taken), monitoring visits, and our education concerns process.
 - 2 We set out our strategic approach to the QA of nursing, midwifery and nursing associate education in our QA Framework which was updated in 2020. An external contractor, Mott MacDonald, delivers the operational function of our QA activity, with final intervention decisions resting with the NMC.
 - 3 The Executive Board receives routine reports on QA activity, and reporting is provided quarterly to the Council in the Executive’s performance report. In addition to the regular routine reporting, we also produce an annual report to the Council on the key themes that have emerged from our QA activity of education for the previous academic year which includes analysis of approvals, monitoring, and the outcomes of annual self-reporting and concerns.
 - 4 The QA Board has responsibility for overseeing all QA activities including the management of education concerns and management of the external contract with our QA service delivery provider (QASP), Mott MacDonald.
- Four country factors:**
- 5 The annual update includes the findings of our QA activity across all four countries of the UK over the academic year 2021-2022.
- Discussion:**
- 6 The QA Annual report for 2021-2022 can be found at Annexe 1. The academic reporting year covers the reporting period 1 September 2021 to 31 August 2022.
 - 7 Annexe 2 provides a summary of our QA processes and activities. These build on our paper to Council on 23 November 2022 (NMC/22/101), which outlined our future ambitions in relation to education QA.
 - 8 The QA annual report identifies key themes and risks to nursing and midwifery education. It also provides updates on the future of our QA activity.

Approvals

- 9 During this period our QA activity has remained focused on approving education programmes against our new standards. All pre-registration nursing and midwifery programmes have now passed the deadline for approval against the new standards. All post-registration programmes must be approved against the new standards by September 2024.
- 10 There are currently 92 approved education institutions (AEIs) with 1,802 approved programmes.
- 11 18 AEIs were approved to deliver the recovery standard RN6(D), whereby these AEIs will be able to deliver up to 600 hours of simulated practice learning.

Monitoring

- 12 We have continued to monitor institutions against our standards, including through new programme monitoring, annual-self reporting, exceptional reporting and our concerns process.
- 13 In this reporting period in AEIs' annual self-reports only 56 percent of AEIs initially provided assurance that all key risks were controlled or mitigated with actions plans in place. This was primarily due to insufficient reporting in their submissions of risks and minor modifications. However, on resubmission, all AEIs submitted appropriate assurance. Our guidance for next year's annual self-reporting period has been strengthened to make our expectations clearer on the information required.
- 14 We received 254 education concerns during this period, compared to 120 last year. The majority of these are where AEIs have directly reported these to us. This is positive in that AEIs are reporting more where they recognise potential impact on meeting our education standards. 138 of these concerns have subsequently been closed, and we continue to work with AEIs to seek assurances on those still open.
- 15 In particular we have six 'critical' concerns. We continue to work closely with the AEIs and their practice learning partners to seek assurances that our standards are being met and students are being appropriately supported.
- 16 We have undertaken one extraordinary review and one monitoring visit, and 10 AEIs have been placed under new programme monitoring where they are delivering a new pre-registration programme for the first time.

- 17 A significant amount of work has been undertaken to develop and begin implementing our new data driven approach to QA. This will enable us to have a greater insight into programmes, including strengthening our insight into equality, diversity and inclusion (EDI) such as on differential attainment progression.

Summary

- 18 Our QA report provides an update on education and QA activities throughout 2021-2022 including approval and monitoring activity. We have highlighted areas of challenge and how we are responding to these, as well as areas of good practice. We continue to review and improve and update our processes to ensure that we continue to highlight our leadership role, our unique contribution to the health and social care sector and our collaborative work.

Midwifery implications

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

Public protection implications:

- 22 There are no public protection implications arising directly from the production of this report. The report sets out the contribution our QA activity makes towards protecting the public in ensuring that our standards continue to be met.

Resource implications:

- 23 None. Resources to carry out our education QA activity form part of the normal operational budget of the Professional Practice directorate.

Equality diversity and inclusion implications:

- 24 We are committed to ensuring that our approved nursing and midwifery programmes comply with all equality and diversity legislation. Our standards outline the commitment to EDI which we expect from AElS. In accordance with our standards and QA framework, AElS must provide evidence such as an equality and diversity policy, recruitment, selection and admissions policy, and evidence of providing support to students that promotes equality and diversity, alongside the individual EDI requirements in the programme standards.

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	25	To gain further insight into how EDI is being appropriately addressed within education and training our annual self-report continues to focus on specific thematic EDI questions. These were reviewed to ensure our standards continue to be met, and that good practice was shared within the sector. Our new data driven approach to QA will also look at EDI factors as part of the ongoing assessment we make about AEIs and their programmes including focusing on student progression and differential attainment.	
	26	We continue to work with Mott MacDonald around our EDI expectations and have worked to increase diversity of the QA visitors and training. Requirements of AEIs around EDI has been strengthened and visitors have been prepared to scrutinise and challenge evidence where required. This is an area we actively continue to monitor to ensure that education QA activities align with the wider NMC EDI strategy. These EDI aspirations were outlined in our paper to Council in November 2022 (NMC/22/101).	
Stakeholder engagement:	27	As part of our ongoing QA activity, we work closely with AEIs and respond to their feedback. We also work closely with other health and care bodies to ensure key information, in particular related to concerns is shared where appropriate. This engagement has continued to increase during this reporting period.	
	28	With the Covid-19 pandemic we worked closely with the four Chief Nursing Officers, Chief Midwifery Officers, Council of Deans of Health, Royal Colleges and representative bodies to identify appropriate changes which would still allow for safe and effective care and learning.	
Risk implications:	29	Failure by AEIs to comply with our education standards could impact upon public protection, students not being appropriately supported, and that newly qualified nurses, midwives and nursing associates not meeting our proficiency standards.	
	30	The Covid-19 pandemic continues to add additional risk to QA processes. These risks have been mitigated through monitoring the implementation of the emergency and recovery standards and adapting QA activities, whilst ensuring that education standards continue to be met.	
Legal implications:	31	The Nursing and Midwifery Order 2001 Part IV (the Order) sets the legislative context for the QA of nursing, midwifery and nursing associate education. Our Standards comply with our legislation and provide necessary requirements for the education and training of nursing, midwives and nursing and associates, and the proficiencies they have to meet to join our register.	

Annexe 1: Education Quality Assurance Report 2021 – 2022

Introduction

1. The Nursing and Midwifery Order 2001 (the Order) sets the legislative context for the quality assurance (QA) of nursing, midwifery and nursing associate education. Our Standards comply with our legislation and provide necessary requirements for the education and training of nursing, midwives and nursing and associates, and the proficiencies they have to meet to join our register.
2. This annual report examines the quality assurance activity we have undertaken and the key themes and risks that have emerged from our QA of approved education institutions and their practice learning partners in the 2021-2022 academic reporting year (from 1 September 2021 to 31 August 2022) for nursing and midwifery education.

Executive Summary

3. Our QA framework is one of the ways that we protect the public. Each year we reflect and report on the outcomes of our QA activity to ensure we are assured that students are being equipped with the relevant knowledge, skills and learning experience to practise safely at the time they join the register and that they can build on throughout their career. We also continuously look for ways to improve our approach to QA by improving our processes.
4. As part of our regulatory function, we approve education institutions to deliver nursing, midwifery and nursing associate programmes. We approve these institutions and programmes against our education standards, and then continue to monitor them to ensure these standards continue to be met. Our education standards shape the content and design of programmes and we have clear and transparent processes to investigate those who fall short of our standards and take action to manage risks. Through this work we make a unique contribution to the future nursing and midwifery workforce and provide leadership across the health and social care sector.
5. This report covers a period where the considerable impact of the Covid-19 pandemic was still being felt. Equally it has resulted in some innovative practice across the health and care sector and we continue to support and adapt to changes. The pandemic has also impacted approval of programmes against our new education and training standards.
6. During the 2020-2021 academic year, the number of approved education institutions (AEIs) increased from 91 to 92 and there are 1,802 approved programmes. As of 1 September 2022, all nursing and midwifery programmes have needed to have been approved against our new education standards.

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7. We continue to monitor and support AEIs and take appropriate action where we identify concerns, working in collaboration with sector partners. This year, we have continued to monitor six AEIs where we have identified critical concerns, including requiring action plans outlining management of risks by AEIs and practice partners. We have undertaken one extraordinary review and one monitoring visit where we have required greater assurance of programmes meeting our standards, or where there have been public protection risks.
8. A highlight this year has been the approval of 18 AEIs to deliver the recovery standard RN6(D), whereby these AEIs will be able to deliver up to 600 hours of simulated practice learning. The approved AEIs will be required to provide regular reports of this work, highlighting the effectiveness of the approaches in ensuring our standards continue to be met, particularly the Standards for student supervision and assessment (SSSA). In order to help build an evidence base for the approach, approved AEIs have agreed to undertake an evaluation into the effectiveness of simulated learning and how it complements practice learning in achieving programme learning outcomes and meeting the standards of proficiency.

Oversight of our work

9. The Professional Standards Authority (PSA) for Health and Social Care has oversight of our organisation and each year it examines a number of areas of our work. The QA of education was included in the PSA Annual Review of Performance 2021-2022 (June 2022), and we met both relevant standards in the area of education and training.

Programme approval

10. The focus of our QA activity during this reporting period has remained on the approval of AEIs to run programmes in line with our new standards. All pre-registration nursing, return to practice and prescribing programmes were approved against the new standards by 1 September 2021. The Covid-19 pandemic has continued to impact original timelines and approvals have continued during the reporting period for pre-registration midwifery programmes. All pre-registration midwifery programmes were required to be approved by 1 September 2022.
11. Table one outlines the total number of programmes we have approved. Where programmes are marked as approved against the pre-2018 standards, these will continue to be 'taught out' until all students graduate.
12. The Council approved the programme standards and standards of proficiency for post-registration programmes in May 2022, which includes standards for specialist community public health nurses (SCPHN) and community nursing specialist practice qualifications (SPQ), such as general practice nursing and district nursing. Approvals are progressing for these programmes against these new standards and will be reported in the 2022-2023 annual report. All post-registration programmes will need to be approved by 1 September 2024.

Table 1: Number of approved programmes

Programme name	Pre-2018 standards	Post-2018 standards	Total
Pre-registration nursing	0	837	837
Pre-registration midwifery	3	105	108
Prescribing	6	252	258
Return to practice	5	123	128
Pre-registration nursing associate	0	96	96
SPQ	158	0	158
SCPHN	180	0	180
Aptitude Test - Nursing	3	0	3
Aptitude Test - Midwifery	1	0	1
EU Nurse Adaptation	8	0	8
EU Midwives Adaptation	0	0	0
Mentorship	18	0	18
Practice Teacher	2	0	2
Teacher Programme	5	0	5
Total	389	1407	1802

13. These post-registration programme approvals will complete the work of the NMC implementing new education and training standards, with indefinite approval for programmes and a shift of focus in QA activities to monitoring of these programmes.

14. Approval activity is undertaken by an external QA visitor team of registrant and lay visitors who review programme documentation through a series of gateways, aligned to the Parts of our standards (this gateway approach is outlined in Annexe 2).

15. From September 2021, a hybrid approach to approval visit activity was implemented, whereby risk-based criteria are used to ascertain whether an approval visit can take place remotely or face to face. This hybrid approach has worked well and maintained the integrity of the QA approval process. AElS have also responded positively to this change.

16. Where the Covid-19 pandemic had required all visits to take place remotely, a risk assessment was undertaken of these and where a higher risk was identified, a face-to-face visit was planned as part of new programme monitoring (see Paragraph 35-38). This new process will be reported in the 2022-2023 report.

17. During the reporting period the number of AEIs delivering our programmes increased by one to 92.

18. We approved 89 programmes in this reporting period, and whilst this represents a decrease on the previous reporting period, it is expected in line with the approval of all pre-registration nursing, midwifery, return to practice and prescribing being approved against the new standards by 1 September 2021 and all pre-registration midwifery programmes being approved against new standards by 1 September 2022. The total number of approved programmes is currently 1,802.

Conditions

19. In the previous reporting period (2020-2021) the most common condition related to effective partnership working, whereas for the 2021-2022 reporting period, the most common condition related to practice learning. Key risks within practice learning are predominantly related to implementation of the Standards for student supervision and assessment (SSSA). This information helps support where we focus our implementation activity and information for education institutions seeking approval. Further information is summarised in tables two and three.

20. In order of the most frequently occurring conditions the risk themes were:

- Practice learning:
 - Key risks were around implementation of the SSSA, particularly clarity of roles to support student learning in practice, and where simulated practice learning was being utilised within programmes.
 - In addressing this, the AEI must provide evidence of how the SSSA is being implemented in partnership with practice learning partners, and in particular where simulated practice learning is utilised.
- Selection, admission and progression
 - Key risks of note were around ensuring that people who use health and social care services are involved in recruitment and selection had received appropriate Equality, Diversity and Inclusion (EDI) training.
 - In addressing this, the AEI must provide evidence of EDI training to support involvement. A further example of how this is addressed is that the AEI must provide clear mapping of how assessment will allow students to meet proficiencies and how the programme structure meets our standards.
- Assessment, fitness for practice and award

- Key risks were clarity around pass marks for aspects of the programme and student achievement of relevant proficiencies when transferring from outgoing to new education standards.
- In addressing these risks, the AEI must provide revised programme documents to demonstrate pass marks, and clear mapping documents which demonstrate how students will achieve all of the proficiencies when transferring to the new standards.
- Education governance: management and quality assurance
 - Key risks mostly related to quality assurance of key student facing documentation and mapping of proficiencies.
 - In addressing these, the AEI must provide revised documentation and provide clarity and transparency of how proficiencies will be achieved across the programme.
- Effective partnership working: collaboration, culture, communication and resources
 - Key risks related to how stakeholders will be involved in the ongoing development, delivery, assessment and evaluation of the programme.
 - In addressing conditions, the AEI must provide evidence that people who use health and social care services, practice placement partners and students are involved in the co-production of the ongoing design, development, delivery and evaluation of programmes.

Table 2: Summary of programme approvals and major modifications with conditions:

	Total	NA	RN	Prescribing	RM	RtP	SCPHN	SPQ
Programmes recommended for approval without conditions	22	3	8	5	4	0	1	1
Programmes recommended for approval after conditions were met	43	3	13	3	21	3	0	0
Programme recommended for refusal	1	0	0	0	1	0	0	0

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

	Total
1. Effective partnership working: collaboration, culture, communication & resources	9
2. Selection, admission and progression	20
3. Practice learning	26
4. Assessment, fitness for practice and award	19
5. Education governance: management and quality assurance	17

Refusals

21. During the reporting period, QA visitors recommended one programme for refusal – a pre-registration midwifery programme. In this case, our published and agreed process was followed and QA Board refused approval for Canterbury Christ Church University’s (CCCU) pre-registration midwifery programme. This was due to concerns being raised by students and practice as part of the approval visit and the University’s proposed new programme not meeting our education standards.
22. The AEI has been a critical concern, due to placing students at East Kent Hospitals University NHS Foundation Trust, and maternity concerns there since February 2020. We continue to meet with the University’s senior team at least monthly to receive updates on action plans to mitigate risks.
23. Should concerns be raised at an approval visit that may have implications for current students, we liaise closely with the AEI to ensure appropriate measures have been put in place to address concerns and manage risks, and we are currently following that process.

Monitoring

24. Monitoring is undertaken through annual self-reporting, new programme monitoring, exceptional reporting, monitoring visits and extraordinary reviews.
25. Regulatory reform will provide the potential for reviewing our regulatory interventions to provide more targeted, proportionate and effective regulatory action.

Annual self-reporting

26. The annual self-report is undertaken in November and AEIs are asked to report on the previous academic year. The findings from the analysis, presented in this report therefore relate to the 2020-2021 academic year.

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27. In this reporting period 56 percent of AELs provided assurance that all key risks were controlled or mitigated with action plans in place. Last year 74 percent gave assurance.

28. The principal reasons were failure to adequately address or communicate identified risks and failure to provide adequate information on minor modifications. To address this, we have provided further guidance, and webinars, on the level of information we require from AELs to address these concerns.

29. The remaining 44 percent of AELs resubmitted their annual self-reports, including the additional evidence requested, which have been reviewed and assurance is now provided that key risks were controlled or mitigated. This therefore reflects a failure in AELs' reporting, rather than specific risks to delivery against our standards. The additional guidance we have produced should reduce this risk in future.

30. The key risks identified by AELs in their annual self-report were the impact of the pandemic on healthcare services and the corresponding impact on practice learning capacity for students, rapid implementation of the SSSA during the pandemic through the emergency and recovery standards and ensuing the SSSA is maintained during simulated practice learning.

31. We are undertaking further programmes of work to provide guidance on our expectations of implementing the SSSA and have facilitated two webinars for AELs who have been approved to deliver recovery standard RN6(D), providing leadership and guidance on implementation of SSSA during simulated practice learning. As part of the 2021-2022 annual self-report we have asked AELs to provide evidence of their prospective student numbers for the next two academic years and capacity within both the academic and placement provider environment.

32. As part of annual self-reporting, AELs are asked for information on specific themes we identify, which have emerged through the course of our work in education and QA. The themes we focused on in the 2020-2021 annual self-report were:

- The sources of intelligence that AELs have used to monitor the quality of their education provision, and the most significant intervention taken.
 - There was evidence across institutions that AELs had appropriate key mechanisms in place for monitoring quality.
- How feedback from people who use health and social care services is gathered and incorporated into programmes, including how AELs ensure this feedback is representative of local populations.
 - AELs recognised the importance of people who use health and social care services feedback but recognised the need for greater diversity to ensure representativeness.

- How AEIs have incorporated simulated practice learning into their programmes and maintained the SSSA.
 - AEIs shared innovative practice that was appropriate and relevant and provided examples of people who use health and social care service and wider multidisciplinary team involvement.
- Whether AEIs have identified differential attainment in their programmes and what action they have taken to address this.
 - 40 percent of AEIs had not identified differential attainment, and all were at different stages of identifying, analysing and management. AEIs presented a wealth of great practice to ensure that EDI was addressed across all aspects of programmes.

33. A webinar was delivered to share the findings from the annual self-report analysis with AEIs and further webinars are planned to share good practice and innovation.

34. A review of the annual self-report has resulted in a number of changes to the 2021-2022 report, including questions relating to National Student Survey (NSS) scores. This will be reported in next year's QA annual report.

New programme monitoring

35. The QA Board made a decision to pause new programme monitoring early during the Covid-19 pandemic to enable AEIs to focus on responding to the pandemic and adapting their programmes. New programme monitoring was restarted in 2021 and all eligible programmes remained under new programme monitoring for an additional year as a result of this.

36. In the 2021-2022 reporting period, 10 AEIs were placed under new programme monitoring covering four nursing associate programmes, three nursing programmes and three midwifery programmes.

37. Assurance has been provided through new programme monitoring that programmes continued to meet our education standards. AEIs continue to report that they find the process supportive in managing new provision.

38. A review of the new programme monitoring process was undertaken, and this resulted in a revised format of the process. The revised process means that new programme monitoring may take place either online or face to face, depending on the level of risk identified for the programme based on our intelligence.

Concerns

39. Once we receive a concern through any of the methods outlined in Annexe 2, they are then graded as either minor, major or critical concerns depending on the impact and risk to our standards being met.

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Our concerns process works to ensure that our standards are met, and in particular that students are supported to meet their learning outcomes and join the register able to provide safe and effective care.

40. As part of our review of management of concerns, during this reporting period we have moved to a regional approach, aligning to both internal teams and external organisations. This has resulted in more regular meetings with regional regulatory advisers, QA officers, intelligence sharing officers, and education advisers. This provides the opportunity to share intelligence and information and intervene earlier if appropriate. This approach highlights our unique contribution across the sector for identifying concerns but also our leadership role in collaborating and supporting mitigation and management of these. Our QA Board reviews emerging and escalating concerns at each meeting, as well as critical concerns.

41. During the 2021-2022 reporting period, we received a total of 254 concerns, compared to 120 in the 2020-2021. This is positive in that AElS are reporting more where they recognise potential impact on meeting our education standards. 163 of these are categorised as minor, 90 as major and one as critical. A summary of concerns reported can be found in table three. Where concerns are not raised by the AEl through exceptional reporting and where appropriate, we follow this up with them and remind them of our expectations. Five critical concerns remained open during the 2021-2022 reporting period, one critical concern was de-escalated.

Table 3: Total number of concerns opened by source of concern and grading:

	Exceptional Reporting	System Regulator	Media scanning	Whistleblowing	Regulatory Intelligence Unit	Other	Total
Minor	95	0	39	1	19	9	163
Major	53	0	29	0	7	1	90
Critical	0	0	1	0	0	0	1
							254

42. 138 concerns have been closed this reporting period, where we have received appropriate assurance from AElS that risks are being managed. Of those concerns closed, 47 were major and the remaining 91 minor. A summary of closed concerns can be found in table four.

Table 4: Concerns closed by source of concern and grading:

	Exceptional Reporting	System Regulator or other	Media scanning	Whistleblowing	Regulatory Intelligence Unit	Total
Minor	46	10	23	1	11	91
Major	28	0	15	0	4	47
						138

43. In 2021-2022, one pre-registration nursing programme remained on enhanced scrutiny where we had previously conducted an extraordinary review and subsequent monitoring visit.

44. Most exceptional reports during this reporting period have related to practice learning environments and often are the result of adverse system regulator reports. The concerns identified have included staffing shortages and the impact on student supervision and support, reduced placement capacity, cultural concerns in the practice learning environment, and the impact of changes to student learning which have resulted in extended programmes of study. Through exceptional reporting, AElS are required to outline the actions taken locally to manage the risks.

45. An analysis of the data and intelligence we receive in relation to concerns, the challenges to meeting our education and training standards are:

- A reduction in placement capacity,
- challenges in relation to clinical and academic workforce shortages,
- the ongoing impact of the Covid-19 pandemic and pressure on service delivery, including in the increase in quality and patient safety concerns being reported by system regulators.

46. Our increased focus on monitoring of approved programmes remains crucial, and we continue to develop our approach.

47. Once a concern has been categorised there are a number of different regulatory interventions we can take to ensure the programmes continue to meet our standards ranging from no further action where we have sufficient assurance from the institution, through to carrying out an extraordinary review. Table five outlines a summary of the actions taken as a result of the concerns raised.

Table 5: Summary of actions taken

	Closed with no further action	Email for clarification	Call from QA officer	Action plan requested	Call from EQA manager or Head	Face to face meeting	Extraordinary Review	Total
Minor	0	135	0	0	38	0	0	163
Major	0	50	0	0	40	0	0	90
Critical	0	0	0	0	0	0	1	1
								254

Critical Concerns

- 48. We have refined how we manage critical concerns during this reporting period. During 2021-2022, we have been managing six critical concerns, one of which concerns an AEI, the remaining five concern practice placements. One critical concern was de-escalated and is being managed as a watching brief as the AEI provided assurance that they were working in partnership with practice learning partners to ensure that the risk to meeting our education standards had been mitigated.
- 49. All critical items currently open have had regular monitoring calls, including with other regulators and education bodies to secure ongoing assurance. This ongoing assurance has also involved requesting appropriate action plans, and contingency plans for removing students if required, as well as identifying additional steps the AEI and their practice learning partners are taking to support students. We have further developed additional guidance and templates for AEIs where we have critical concerns, outlining our expectations in their reporting and liaising with them where this has not been received.
- 50. Our internal QA Board reviews all critical concerns at our regular meetings and make decisions on regulatory monitoring activities and interventions. QA Board also reviews emerging and escalating concerns.

Extraordinary Reviews

- 51. We carried out one extraordinary review during the 2021–2022 academic year at the University of Nottingham to review their pre-registration midwifery programme in relation to the ongoing concerns within the maternity departments at Nottingham University Hospitals NHS Foundation Trust. The review identified that our standards were not being met. Subsequently an action plan was implemented by the University, and we continue to closely monitor their progress against the plan. A listening event has been planned for March 2023, with students and practice learning partners, to monitor the impact of and progress against the actions taken, as requested by QA Board.

Monitoring Visits

- 52. During this reporting period, we have undertaken one monitoring visit to Staffordshire University to review their pre-registration midwifery programme. This was following a lack of assurance that risks were being managed both in relation to the midwifery provision itself at the AEI, and ongoing concerns at the Shrewsbury and Telford Hospital NHS Trust. The monitoring visit did not provide the assurance that risks were being controlled and the university submitted a revised action plan. We continue to meet with the AEI as part of our critical concerns process. QA Board approved a further monitoring visit in December 2022 to monitor the impact of, and progress against, the action plan to ensure that risks continue to be managed appropriately.

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53. We proactively share our intelligence internally with our Regulatory Intelligence Unit and Professional Regulation colleagues as well as externally where appropriate with other professional and system regulators.

54. We have seen more complexity in the type of concerns we are receiving, for example where service pressures may be impacting on practice learning partners and student support and supervision. We outlined these in our paper to Council in November 2022 (NMC/22/101) and continually review and improve our activities and processes. For example, we have introduced listening events, to enhance the student and practice learning partner voice, whereby we are able to gather further information and intelligence directly from these groups. The first listening event took place in December 2022 and will be reported in next year's annual report.

55. Having regional oversight of concerns and information means that we have greater awareness of the impact of a concern where an AEI may have a number of practice learning partners and vice versa where a practice learning partner might have students from a number of AEIs on placement.

Covid-19

56. Whilst the Covid-19 pandemic has continued to impact AEIs and their practice learning partners, we have worked to ensure that we have continued to respond through the implementation of emergency and recovery standards. We have requested that AEIs provide information on their utilisation and impact of these through annual self-reporting.

Emergency and recovery standards

57. In response to the pandemic and working closely with the four Chief Nursing Officers, Chief Midwifery Officers, Council of Deans of Health, Royal Colleges and representative bodies we introduced a set of emergency standards in March 2020.

58. These standards provided flexibility to AEIs and their practice learning partners and enabled them to make changes at pace to adapt to the emergency situation without having to go through a major modification.

59. The emergency standards were reviewed in October 2020 and January 2021 and a refreshed set of emergency and recovery standards agreed by Council and implemented in February 2021.

60. In November 2021, Council agreed the removal of the remaining emergency standards (by 30 September 2021) (NMC/21/100). The recovery standards RN5 and RN5.1 remained, allowing AEIs to continue to implement up to 300 hours of simulated practice learning. Council also approved implementation of recovery standard RN6(D) to support the implementation of up to 600 hours of simulated practice learning (NMC/21/100) via approval by QA Board.

61. Within this reporting period, Council approved the delivery of recovery standard RN6(D), whereby AEIs were able to apply to deliver up to 600 hours of simulated learning practice. 18 AEIs are now successfully delivering RN6(D) and we continue to work closely with them to ensure that our education standards are maintained.

62. As part of RN6(D) AEIs that have been approved will submit feedback every three months from students, people who use health and social care services, practice supervisors and practice assessors on their experience of the increased use of simulation. These AEIs will also undertake an evaluation into the effectiveness of simulated learning and how it complements practice learning in achieving programme learning outcomes and meeting the standards of proficiency. This evaluation will include:

- Any challenges and how these were resolved,
- The effectiveness of the approaches taken to enable students to meet the programme learning outcomes and standards of proficiency,
- The effectiveness of the approaches to practice supervision and assessment, and how this has met the Standards for Student Supervision and Assessment (SSSA 2019)
- Feedback from people who use health and social care services.

63. We facilitated a workshop for all approved AEIs to discuss their work and share good practice. These AEIs have now formed a network and are supporting others who may wish to increase their simulated practice learning provision.

64. Approval will be granted until our future programme standards work concludes and any permanent changes to our standards are approved by Council. We are currently working on a transition plan for these 18 approved AEIs and will continue to monitor progress.

Annexe 2 Glossary of Quality Assurance Activities and Processes

More detailed information can be found in our Quality Assurance Framework and handbook (links included below).

Approval: A process whereby the approved education institution and the practice learning/employer partners present their programme for external scrutiny (or validation) which, if successful, leads to conjoint approval by the Nursing and Midwifery Council (NMC) and the approved education institution.

Approval activity is undertaken by an external QA visitor team of registrant and lay visitors who review programme documentation through a series of gateways, aligned to the Parts of our standards. Each gateway must be successfully approved before an organisation can move to the next stage of the process. The final gateway is a visit to the education institution to meet with senior leaders, the programme team, practice learning partners, students, and patients/users of services to ensure our standards are being met. This work is operationally managed by our QASP, Mott MacDonald. We receive an independent report on which to make an approval or refusal decision.

Gateway approach to approvals: The QA approach to approval of AEs and education institution programmes is achieved through a gateway process. Using a gateway model enables us to take a proportionate and robust approach to QA for organisations that want to implement our standards. To gain programme approval, an AEI or education institution must meet the requirements set out in the standards for education and training and the relevant programme standards. This handbook details the process, and the evidence required to meet the standards for each of the gateways:

- Gateway 1 – Part one: Standards framework for nursing and midwifery education
- Gateway 2 – Part two: Standards for student supervision and assessment
- Gateway 3 – Part three: Programme standards
- Gateway 4 – Approval visit

Each gateway must be successfully approved before an organisation can move to the next stage of the process. The final gateway is a visit to the education institution to meet with senior leaders, the programme team, practice learning partners, students, and patients/users of services to ensure our standards are being met. Approvals are operationally managed by our external quality assurance service provider Mott MacDonald and we receive an independent report on which to make an approval or refusal decision.

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Conditions of approval: Where QA visitors identify that our standards are not met, they can either set conditions, or where significant concerns are raised recommend refusal of the programme. The institution must meet these conditions, which are then approved by the visitors before we will approve the programme. Conditions are categorised against five key risk themes: selection, admission, progression, education governance: management and quality assurance, effective partnership working: collaboration, culture, communication and resources, practice learning, assessment, fitness for practise and award.

Refusal to approve: Where we receive a recommendation by QA visitors to refuse a programme, the institution can make observations on the report before we receive it. The QA Board then reviews the evidence to make a decision. Where we are minded to refuse the programme the institution then has a further calendar month to make any additional observations before we make a final decision in line with our Order.

Approved Education Institutions: the status awarded to an institution, part of an institution, or a combination of institutions that work in partnership with practice learning providers after the NMC have approved a programme. AEIs will have assured the NMC that they are accountable and capable of delivering approved education programmes.

Concerns: We continue to monitor risks and concerns raised in relation to AEIs and their practice learning partners, to ensure compliance with our standards. When risks emerge AEIs and their practice learning partners must respond swiftly to manage and control risks appropriately. AEIs should submit exceptional reports to us and we take action when these risks are not being effectively managed and controlled locally. We also gather intelligence directly from system regulators, media scanning and whistleblowing, student complaints, education bodies (such as Health Education England and NHS Education Scotland) as well as through our Regulatory Intelligence Unit (RIU).

Once we receive a concern through any of those methods they are then graded as either minor, major or critical concerns depending on the impact and risk to our standards being met:

Minor: issue that has minimal impact on and causes minimal disruption to student learning and safety and/ or public safety and protection;

Major: issue has potential moderate impact on and causes moderate disruption to student learning and safety and/ or public safety and protection;

Critical: issue has potential significant serious impact on and cause significant serious disruption to student learning and safety and/ or public safety and protection.

All critical items are managed by the head of education and QA, including conversations with other regulators and education bodies to secure ongoing assurance. This ongoing assurance involves requesting appropriate action plans, and contingency plans for removing students if required, as well as identifying additional steps the AEI and their practice learning partners are taking to support students.

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Our internal QA Board reviews all critical concerns at our regular meetings and make decisions on regulatory monitoring activities and interventions.

Employer partners: organisations that employ apprentices as part of apprenticeship routes. A selection of these will have to be present at approval of apprenticeship routes. Addition of any further employer partners requires an apprenticeship modification.

Learning environment: Includes any physical location where learning takes place as well as the system of shared values, beliefs and behaviour in these places.

Modification: An AEI may need to request a programme modification to an approved programme. How these are managed depends on the extent of change to the programme.

Minor modification: AEIs will manage minor changes to programmes through their own internal QA policies, processes, and procedures. AEIs need to have robust governance processes in place to internally agree, monitor and record these changes. A record of minor modifications and decisions made must be kept by the AEI in case we need to review the decisions made and the impact on the approval of the programme. We expect AEIs to report on their minor modification decisions in the annual self-assessment report.

Major modification: Significant changes to programmes, for example:

- Changes to learning outcomes designed to meet our outcomes and proficiencies/competencies;
- Changes to assessment to meet new learning outcomes;
- Other changes that impact on any of our regulatory requirements;
- Introduction of another field of practice;
- Introduction of another academic route;
- Introduction of an apprenticeship route;
- Adding a new employer partner to an apprenticeship route; and
- Adding a satellite site or additional campuses.

Practice learning partners: organisations that provide practice learning necessary for supporting pre-registration and post- registration students in meeting proficiencies and programme outcomes.

Programme monitoring

Monitoring is the process by which the NMC is assured that approved programmes continue to be delivered in accordance with NMC standards and additional agreements made at programme approval and that NMC key risks are controlled. This includes: This includes activities such as exceptional reporting, annual self-reporting, new programme monitoring, enhanced scrutiny, monitoring visits and extraordinary reviews.

- 1 Annual self-reporting (ASR): AEIs are required to undertake and submit an annual self-report, including a self-declaration that their approved programme(s) continue to meet our standards, that all programme modifications have been notified to the NMC; and that all key risks are controlled.

The self-report also provides an opportunity for us to explore specific themes that have emerged through the course of our education QA work, and an opportunity for AEIs and their practice learning partners to give examples or case studies of notable or innovative practice. The AEI annual self-reports are reviewed and analysed and where we find the evidence provided cannot assure us that all criteria have been met, we may require AEIs to resubmit their report and provide further detailed evaluative information.

New programme monitoring: New programme monitoring is a process through which the NMC will request additional information and updates from the AEI about how new pre-registration programme(s) are being delivered and how risks to the public and the student learning environment are being managed. New programme monitoring lasts until the first students from the programme join our register. This gives us the opportunity to work more closely with new programmes and institutions who we have not worked with before, and therefore have less information about to inform our data driven approach to QA. As part of new programme monitoring, AEIs must submit reports to us twice a year for those programmes, both of which are followed up by a telephone call by a member of the QA team.

Enhanced scrutiny: This is the process through which the NMC will request additional information and updates from the AEI about how their programme(s) are being delivered and how risks to the public and the student learning environment are being managed. This is in order to gain further information and assurance on providers and/or programmes. Programmes may be placed on enhanced scrutiny as part of the NMC's concerns processes and data driven approach to quality assurance.

Exceptional Reporting: We expect AEIs to tell us any concerns about an approved programme, in particular issues which might affect the student learning environment or where there may be a patient safety concern. If there's the potential that our standards are not being met then this should be raised with us via our exceptional reporting form.

Listening event: a listening event enable us to gain intelligence about an approved programme directly from students and representatives from practice. This is to ensure that the student and practice learning voice is part of the evidence considered when monitoring whether a programme is being delivered in line with NMC standards. Listening events can incorporate meetings with students, practice representatives, or a combination of both.

Monitoring visit: Where there are ongoing concerns about an AEI not meeting our education standards, where we continue to receive further concerns intelligence and where we have not received assurance of appropriate management of the risks, we may direct Mott MacDonald to undertake a monitoring visit. A monitoring visit may have a defined scope in response to a specific concern, or in some cases will involve a more general review of compliance against our standards. It will always include a physical visit to an AEI and/or practice learning / employer partner.

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Extraordinary review: Where we identify serious adverse incidents and concerns regarding an AEI or practice placement and local risk measures are limited, we may direct Mott MacDonald to conduct an unscheduled extraordinary review. This measure may be necessary if there are concerns that present a risk to public protection, and if it is deemed that the AEI is either unaware or unable to put adequate measures in place to control the risk.

Quality Assurance Framework: The QA Framework explains our approach to quality assurance and the roles stakeholders play in its delivery.

Quality Assurance Handbook: The QA Handbook provides the detail of our processes and the evidence that approved education institutions (AEIs) and education institutions and their practice learning and/ or employer partners (in the case of apprenticeships) must provide in order to meet our standards.

QA Board: Provides governance and oversight to QA activities and interventions. QA Board makes decisions based on triangulation of intelligence and information including approval reports, exceptional self-report and concerns and risk intelligence.

QA Service Provider: Our partner, who through competitive procurement, is contracted to carry out agreed QA activities on our behalf. We remain the decision maker for all activities and interventions through our QA Board.

QA visitors:

Registrant visitor: is an individual who has current registration on one or more parts of the NMC register and works in nursing and/ or midwifery and/or nursing associate education and/or practice. The registrant visitor is appointed by Mott MacDonald, on behalf of the NMC, to undertake QA activities. A registrant visitor must have a qualification relevant to the programme being approved/reviewed.

Lay visitor: is a member of the public who is not registered with the NMC, has not been registered with the NMC in the past, or has a qualification enabling registration with the NMC. The lay visitor is appointed by Mott MacDonald, on behalf of the NMC, to undertake QA activities.

Transfer of Undertakings (Protection of Employment) or TUPE: A transfer of undertakings (TUPE) occurs when either a business transfer or a service provision change takes place. When a business moves to a new owner in one of these 'relevant transfers', the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) currently protect the entitlement of UK employees to the same terms and conditions, with continuity of employment, as they had before the transfer.