

Equality and Diversity Annual Report

1 April 2014 to 31 March 2015

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Foreword

We are pleased to introduce our equality and diversity (E&D) annual report 1 April 2014 to 31 March 2015. This report provides an account of how we have sought to address the issues that were identified in our equality objectives action plan 2014–2015.

The report shows our ongoing commitment to equality, diversity and inclusion and demonstrates we can and will deliver improvements, while acknowledging there is still more to do. This year we saw a number of achievements that have enabled us to comply with the Equality Act 2010 and to improve the quality of services we provide to our service users. For example, we created the witness liaison team so that vulnerable witnesses can receive support and information throughout our investigation process. We also introduced BrowseAloud © software on our new website which adds speech, reading and translation support for website users.

Perhaps the change that will have the most far-reaching impact was integrating our new E&D questionnaire with NMC Online as the next step to improving the quality of our E&D data about registered nurses and midwives. Over the next year we will focus our efforts on evaluating the new E&D questionnaire and driving further improvement in our E&D data.

Finally, at the end of 2014-2015 our Council approved a new corporate strategy that reinforced the importance of E&D in our role of public protection, set our ambition to go beyond compliance and to use our influence to promote wider improvements in E&D practice. We recognise further developments are needed to ensure that we continue to meet our equality objectives. These development areas are set out in our equality objectives action plan for 2015-2016.

Jon Billings
Director of Strategy
Chair, Equality and Diversity Steering Group

October 2015

Introduction

Our role

- 1 We are the independent regulator for nurses and midwives in England, Wales, Scotland and Northern Ireland. Our role is to protect patients and the public through the effective regulation of nurses and midwives.
 - 1.1 We set and promote standards of education, training, conduct and performance for nurses and midwives, maintaining and updating the register of those who have qualified and meet those standards.
 - 1.2 We provide guidance to help nurses and midwives maintain and develop their skills and knowledge to uphold our professional standards.
 - 1.3 We investigate and where necessary, deal with nurses and midwives who are alleged to have fallen short of our standards. By doing this, we promote public confidence in nurses and midwives and in regulation.

E&D progress

- 2 This report sets out our E&D activity for the period 1 April 2014 to 31 March 2015.
- 3 The aim of this report is to:
 - 3.1 Summarise our progress in relation to our equality objectives.
 - 3.2 Outline our achievements for 2014-2015 and highlight our E&D priorities for 2015-2016.
 - 3.3 Report E&D data on our workforce, Council members, FtP panel members and legal assessors as well as the nurses and midwives on our register.

Our legal duties

- 4 The Equality Act 2010 contains measures which have direct implications on our functions and underpins the legal framework in which we operate. It informs our approach as an employer, as a regulator, as a charity and as a public service provider.
- 5 The Equality Act 2010 identifies nine protected characteristics. These are:
 - 5.1 age;
 - 5.2 disability;
 - 5.3 gender reassignment;
 - 5.4 marriage and civil partnership;

5.5 pregnancy and maternity;

5.6 race (ethnicity);

5.7 religion or belief;

5.8 sex (gender); and

5.9 sexual orientation.

6 In respect of these nine protected characteristics, section 149 of the Equality Act 2010 requires us to have due regard to the need to:

6.1 Eliminate unlawful discrimination, harassment and victimisation.

6.2 Advance equality of opportunity between people from different groups.

6.3 Foster good relations between people from different groups.

Supporting and advancing the E&D agenda

E&D governance

7 The Council members, committee members, the Chief Executive and Registrar, the Executive Board, all staff and panel members such as the FtP panels, are required to comply with the Equality Act 2010.

8 Specific responsibilities are as follows:

8.1 The Council members are responsible for setting the strategic direction that supports the delivery of the equality objectives.

8.2 The Executive Board is responsible for determining internal policies that support the delivery of equality objectives.

8.3 The Chief Executive is responsible for leading the E&D agenda.

8.4 The E&D steering group is responsible for monitoring progress against our equality objectives action plan and measuring performance against internal and external benchmarks.

8.5 The Equality, Diversity and Inclusion manager is responsible for driving forward the E&D agenda and providing support and guidance to our staff.

Our Corporate Strategy 2015–2020 and equality objectives

9 Our five year corporate strategy sets out how we plan to develop and ensure we deliver our mission to protect patients and the public effectively and efficiently.

- 10 Our strategic approach is to embed E&D throughout our core activities. We want to be recognised as a fair regulator and employer, and for our stakeholders to be confident that we treat everyone fairly and inclusively.
- 11 As a regulator of a large and diverse professional population which itself is providing nursing and midwifery services to the wider public, we recognise that we must place promoting equality, diversity and inclusion at the heart of what we do.
- 12 As an employer, we aspire to have a workforce that reflects the diversity of the communities in which we operate at all levels of our organisation. In particular, we will encourage diversity among those applying to become Council, committee and panel members.
- 13 Our equality objectives action plan was developed in parallel with our corporate strategy. The equality objectives action plan provides us with a framework for our work in this area as a public body, as a regulator and as an employer and sets out the E&D issues which arise from our activities.
- 14 As a public body, we are required to publish information demonstrating our compliance with the Equality Act 2010. Our equality objectives action plan provides an overview of the actions that we will take to comply with the Equality Act 2010.

Performance review of our equality objectives action plan

- 15 This section sets out the achievements against our equality objectives in the 2014-2015 action plan. Our equality objectives action plan identifies five key objectives:
 - 15.1 **Embedding diversity:** We will further embed diversity in the delivery of our Statutory functions.
 - 15.2 **Leadership:** Our leaders will continue to actively champion equality, diversity and inclusion.
 - 15.3 **Governance:** We will establish effective governance processes to deliver equality and inclusion.
 - 15.4 **Staff:** Our staff are valued by being treated with respect and being able to work in an environment free from discrimination, harassment or bullying.
 - 15.5 **Service delivery.** We will continue to deliver quality services relevant to the needs of a diverse community.

Objective one – Embedding diversity

a. Ensure the development of the new UK registrations policy complies with the Equality Act 2010.

- 16 It is important that our core regulatory policies are clear and reflect our up-to-date requirements. We have developed an overarching policy document for our UK

registration process to ensure that the high level statutory requirements for the registration, retention, renewal and readmission of nurses and midwives to our register are clearly set out.

17 A number of new registration requirements are on the horizon as part of changes we are bringing in or in response to changes in legislation. We have completed equality analyses for some of these new specific registration changes including:

17.1 Mutual Recognition of Professional Qualifications Directive;

17.2 Revalidation model; and

17.3 Payment by instalments.

18 We will continue to ensure that E&D implications are addressed when we are developing any changes to our policies.

b. Introduce and implement our new E&D questionnaire.

19 Our top priority is to improve the E&D data we hold about registered nurses and midwives. This will give us the basis to monitor the outcomes and experience of all registrants by protected characteristics and understand how we might improve our regulatory processes.

20 To support this ambition, we successfully integrated our new E&D questionnaire with NMC Online. NMC Online enables nurses and midwives to manage their registration online and complete the new E&D questionnaire. We will continue to evaluate the new E&D questionnaire on NMC Online and to identify and secure support for any action needed to improve its effectiveness.

21 The E&D questionnaire was developed with reference to the Equality and Human Rights Commission's (EHRC) guidance 'Equality information and the equality duty: A guide for public authorities' to make sure that we meet the requirements of the Equality Act 2010 (Specific Duties) Regulations 2011.

22 The E&D questionnaire now includes additional questions on:

22.1 national identity;

22.2 gender reassignment; and

22.3 marital status.

23 The additional questions will help us to understand the composition of nurse and midwife populations on our register and ensure our processes do not have an adverse impact on particular groups. The E&D data will also help improve the quality of our evidence base and evaluate our progress.

c. Produce a report on the E&D data of nurses and midwives from last year.

24 In this report we have provided available E&D data of nurses and midwives on our register from last year, which is published routinely in both English and Welsh.

25 Our report includes E&D data relating to:

25.1 our workforce profile;

25.2 Council members;

25.3 FtP panel members;

25.4 nurses and midwives who appear on our register; and

25.5 nurses and midwives who have gone through the key FtP stages such as referrals, interim orders and final hearing stages.

d. Ensure all nurses and midwives who are fit to practise are able to renew their registration through the revalidation process.

26 Significant work was undertaken to develop our proposed approach to revalidation for nurses and midwives. We completed an initial equality analysis that was based on the provisional revalidation model. The development of the initial equality analysis included information from the outcomes of our revalidation consultations.

27 The first consultation involved inviting nurses and midwives to complete an online questionnaire. The second consultation included an online survey which focused on discussion groups with organisations that represented the interests of certain patient groups. The patient groups included people with:

27.1 learning disabilities or difficulties; and

27.2 severe long-term mental and physical health conditions.

28 The initial equality analysis took into account the responses received to the consultations. In particular, the responses highlighted some challenges and barriers for nurses and midwives who:

28.1 were part-time workers;

28.2 were on maternity leave;

28.3 had caring responsibilities;

28.4 had a disability; or

28.5 worked in settings such as in education, in isolated practice and overseas.

- 29 We piloted the revalidation model with 19 organisations. Organisations were selected to include nurses and midwives that work across various settings and scopes of practice.
- 30 The aim of the revalidation pilot was to test our revalidation model and processes which will feed into the overall assessment. A final equality analysis will be completed following the finalisation of the policy and pilot. The full equality analysis will be available in September 2015.
- 31 Subject to a final decision by our Council in October 2015, we anticipate that our revalidation model will be rolled out in 2016, with the first nurses and midwives to be revalidated being those due to renew their registration in April 2016.

Objective two - Leadership

e. Our Chief Executive will lead on the promotion of E&D.

- 32 With the arrival of the new Director of Strategy in April 2014, the Chief Executive asked the Director of Strategy to chair the E&D steering group in view of their corporate oversight for E&D matters and to ensure executive leadership in this area.
- 33 We ran three dedicated sessions on E&D at our 2015 staff conference which 310 staff attended. Our 2015 staff survey questionnaire included specific E&D related questions.

f. Our E&D steering group will help to monitor progress against our equality objectives.

- 34 To reflect the corporate priority of E&D, our E&D steering group was formally established as a sub-committee of our Executive Board, chaired by the Director of Strategy. Every three months reports from our E&D steering group on progress against our objectives are received by the Executive Board.
- 35 We have reviewed the membership of our E&D steering group which now includes at least two staff from each of our directorates.
- 36 Key examples of our E&D steering group's activities include:
 - 37.1 advising the Executive Board on the development and progress of our equality objectives and the transitional arrangements for the proposed Welsh language standards when they are finalised;
 - 37.2 developing the E&D steering group member role profile to identify the relevant experience and skills needed to enhance the success of the E&D steering group;
 - 37.3 gathering views on opportunities and challenges in E&D within directorates and reporting these views to the E&D steering group;

- 37.4 inviting presentations from external E&D organisations to capture and share best practice with staff;
- 37.5 drafting articles for our staff newsletter to raise awareness of key E&D issues;
- 37.6 contributing to the development of our E&D policies and procedures; and
- 37.7 assisting with the development of our equality objectives action plan 2015–2016 and our Corporate Strategy 2015–2020.

Objective three - Governance

g. Develop a reasonable adjustments policy.

- 38 We understand that engaging with our FtP processes can be challenging for those concerned, and this must not be made more difficult by inadequate adjustments being made in response to particular needs. We commissioned the Business Disability Forum (BDF) to work with us to review and recommend an effective process for participants in our FtP process with disabilities.
- 39 The aim of developing a reasonable adjustments policy was to equip staff with advice and guidance so that they are skilled in responding to requests for adjustments.
- 40 The development process of the reasonable adjustments policy was delivered in five key phases:
 - 40.1 analysing case studies of nurses, midwives, referrers and witnesses with disabilities who had requested adjustments during our FtP process;
 - 40.2 using the analysis of the case studies to develop an interactive workshop;
 - 40.3 holding a half-day workshop with staff across the organisation to identify our current practices, evidence of good practice and areas for improvement;
 - 40.4 collecting the evidence and applying the legal requirements and best practice principles to develop the reasonable adjustments policy; and
 - 40.5 delivering a half-day workshop on the reasonable adjustments policy to staff.
- 41 Having implemented this policy, we will evaluate the reasonable adjustments policy, using feedback from people with disabilities and make any necessary changes to ensure it is working appropriately.

h. Develop stakeholder relationships with best practice E&D organisations.

- 42 We are keen to learn from others with expertise and experience in E&D issues. To support this, we are members of several best practice organisations and have engaged regularly with them to develop our expertise and embed best practice.

43 We are members of the following organisations:

43.1 Diversiton, which raises awareness of religion or belief events.

43.2 Gender Identity Research and Education Society (GIREs), which ensures the law meets the needs of trans-people or people undergoing gender reassignment.

43.3 Stonewall, which provides advice on how to improve opportunities for lesbian, gay and bisexual people.

43.4 The BDF, which provides advice on how to improve opportunities for people with disabilities.

43.5 The EHRC Regulators, Inspectors and Ombudsman (RIO) advisory group, which provides guidance on good practice based on equality law and human rights.

43.6 The Employers Network for Equality and Inclusion (ENEI), which provides information on new and amended employment laws.

43.7 Race for Opportunity, which provides advice on how to improve opportunities for Black, Asian and Minority Ethnic (BAME) people.

i. Policy reviews and benchmarking.

44 We have worked with some best practice organisations to review our policies and participate in a benchmarking exercise. For example, we developed a trans-policy document with GIREs. The policy document was created to support staff who proposed to undergo or who have undergone a gender reassignment. The policy document also aims to improve our existing registration process to change the names of nurses and midwives.

45 In order to provide a framework for driving improvements in our performance, we participated for the first time in the ENEI benchmarking exercise. This will allow us to benchmark against other organisations in the private, public and third sectors our performance in embedding E&D in our organisation.

46 As a result of the benchmarking exercise, we received a bronze award. In 2015, we will work on the development areas arising from the benchmarking exercise and this will form a more prominent aspect of our reporting in future annual reports.

Objective four - Staff

j. Ensure that all relevant HR policies are sent to external organisations to be reviewed and checked against the Equality Act 2010.

47 As part of our policy review cycle we monitored our compliance with the Equality Act 2010 and made sure our policies were updated to reflect the Equality Act 2010. During our policy review process we consulted with the:

- 47.1 HR team;
- 47.2 staff consultation group;
- 47.3 best practice organisations; and
- 47.4 Executive Board.

48 These are key examples of HR policies which we have reviewed:

- 48.1 Grievance: to ensure that informal grievances are resolved promptly.
- 48.2 Disciplinary: to ensure satisfactory standards of behaviour, conduct and attendance from all staff.
- 48.3 Sickness absence: to provide a fair and consistent approach to the management of sickness and the return to work of staff.
- 48.4 Flexible working: to provide a fair approach when considering both formal and informal applications from staff for flexible working conditions.
- 48.5 Pay policy: to ensure transparency and accountability with regard to our approach to setting pay.
- 48.6 Capability: to help and encourage staff to achieve the required standards.
- 48.7 Harassment policy: to make it clear that harassment is unacceptable and that all staff has a role to play in creating an environment free from harassment.

49 In 2016, we will review our HR policies on the following areas:

- 49.1 Family friendly policies: to support staff in balancing work demands with family needs.
- 49.2 Recruitment and selection: to ensure that the best people are recruited on merit and the recruitment process is free from bias and discrimination.
- 49.3 Home working: to improve flexibility at work and achieve work-life balance.
- 49.4 Special leave: to provide a fair and consistent approach when considering requests from staff for special leave.

k. Ensure that our recruitment advertisements reach a diverse audience.

50 We have received applications from applicants of a diverse background through two main recruitment channels:

- 50.1 recruitment websites such as the Guardian, Charity jobs, Total Jobs and Reed recruitment; and

50.2 recruitment agencies to recruit for specialist roles.

- 51 We will work towards fully implementing our online recruitment website 'E-Recruitment'. This will enable us to collect and evaluate an improved E&D data set of applications from diverse backgrounds. We will continue to remain committed to attracting applicants from diverse backgrounds.

I. Provide comprehensive information on the make-up of staff, to both the Council and the senior management teams on a quarterly basis.

- 52 We are working to improve the breadth and depth of information about our workforce. Every three months we have provided a workforce quarterly report to the Executive Board and the Council. The workforce quarterly reports have enabled us to increase the transparency of information about our workforce profile and understand and evaluate trends relating to:

52.1 recruitment;

52.2 sickness absences;

52.3 diversity data; and

52.4 training opportunities.

- 53 We are fulfilling the requirement of the Chartered Institute of Personnel and Development diversity standard by being transparent and regularly producing reports on our workforce profile data.

m. Ensure our mandatory equality training is included in the staff induction process.

- 54 Ensuring our staff has baseline knowledge and understanding of E&D issues is a high priority. We have included mandatory E&D training as part our induction process and the total organisation compliance for E&D training was 94 percent, this is a two percent increase from last year.
- 55 We found that 214 new starters were registered to complete the online training course. Of these, 208 new starters (86 percent) have completed the online training course. We will review our e-learning module, in collaboration with the Equality, Diversity and Inclusion manager.
- 56 We have also evaluated the effectiveness of our training. All new starters were asked to complete an evaluation form after the face to face training course. 57 percent of participants rated the course as 'excellent'.
- 57 However, since making improvements to the face to face training course towards the end of last year, satisfaction has increased considerably with 78 percent of new starters who attended the revised training course from January to March 2015 rated it as "excellent". We will also commence our refresher training courses which will take place every two years.

n. Recognise and celebrate diversity events in our directorates.

58 On an organisational level, we have developed a programme of speakers which has formed a key part of recognising and celebrating diversity.

59 Presentations were given to groups of staff by:

59.1 Stonewall, which works for equality and justice for lesbian, gay and bisexual people, for lesbian, gay, bisexual and trans (LGBT) month;

59.2 The Chair of the Chief Nursing Officer's black and minority ethnic advisory group, for Black History Month; and

59.3 Rania Hafez, a senior lecturer at the University of Greenwich, to celebrate an Islamic festival.

60 We have also used our weekly online staff newsletter to raise awareness about several E&D events such as LGBT History Month, Black History Month, International Women's Day, the Sikh festival of Vaisakhi, Easter, Christmas and Martin Luther King Day.

61 On a local level, teams across the organisation have continued to celebrate and recognise E&D days through events.

62 Examples have included:

62.1 holding quizzes;

62.2 posting information on staff notice boards; and

62.3 hosting lunch time events.

63 We will continue to recognise and celebrate events in order to raise awareness among staff.

o. Ensure our staff are provided with reasonable adjustments when using Information and Communications Technology and other equipment.

64 We have designed a checklist to assist in the procurement and development of our new information processing systems or services. This ensures that accessibility issues are considered. We require that the checklist is completed, as much as possible, during the project initiation stage.

65 We also require that an equality analysis be completed in order to consider the effect on different groups of people with particular focus on people with disabilities.

66 As a result, the checklist has enabled us to identify, at an early stage, the information security and legal compliance requirements which must be met by the system or service and the specific needs of people. We will continue to use the

checklist for the future procurement and development of new information processing systems or services.

Objective five - Service delivery

p. Engage more proactively with our diverse suppliers and external customers.

67 We will be working closely with our communications team to improve the navigation of our webpage "Doing business with the NMC". The webpage will prompt and invite suppliers to register with Delta in order to view any relevant tender documents.

q. Raise awareness of our diverse suppliers and ensure staff who manages budgets and/or contracts understand how to support SMEs.

68 In the follow-up to the introduction of the Public Contracts Regulation 2015, we have improved our processes in order to comply with the regulation. As a result, we have aimed to develop a simpler and more consistent approach to our procurement processes.

69 We have abolished the pre-qualification stage for procurements below the EU threshold and instead have referred to the guidance on qualitative selection issued by the Cabinet Office for procurements above the EU threshold requirement.

70 Through these improvements, we aim to reduce bureaucracy or barriers which make it difficult for businesses, in particular SMEs, to access our contracts.

r. Ensure our panel member recruitment process encourages applications from diverse candidates.

71 We have carried out development work on our current recruitment process for panel members as there are some panel members whose term is coming to an end. We held FtP community engagement events in Edinburgh and London. From these events we hope to obtain ideas on ways to promote our recruitment process and to target a wider and more diverse group of applicants.

72 As a result, we aim to appoint approximately 30 panel members to our FtP practice committees by November 2015. We have also developed a communication plan to support our engagement with the community.

73 Our aim is to attract a larger number of applicants from diverse backgrounds such as Black and Minority Ethnic (BME) and those currently involved in clinical practice. This should promote good decision-making and reflect the diverse composition of our register, leading to fairer proceedings.

74 We will continue to build on our relationships and forge links through this process so that we are proactive in engaging with different communities in the future. We will report on the impact of our efforts on the FtP panel members' recruitment process.

s. Ensure people from diverse backgrounds are able to refer their concerns to us.

- 75 It is a high priority for us to ensure as far as possible there are no barriers for people from diverse backgrounds to accessing our services. This is especially important in relation to raising concerns about nurse or midwives.
- 76 We have worked with the BDF to review and amend our existing referral form to ensure that referrers from diverse backgrounds can make referrals. For example, we have amended the wording of the form to inform referrers that we can provide the form in a different format.
- 77 We have also included a section in the existing referral form which enables a person to indicate if they are completing the form on behalf of another person. This will help us to identify whether a referrer may require support or an adjustment.
- 78 With the changes that we have made with the BDF's advice, we are satisfied that the referral form does not present any barriers to any particular group who wishes to make a referral. We will, however, continue to evaluate whether our referral process is accessible to referrers from diverse backgrounds.

t. Ensure witnesses from diverse backgrounds are able to access the support we can offer.

- 79 We recognise that being called as a witness in a FtP case can be a stressful experience and this can be increased for people from different backgrounds or with particular needs.
- 80 In September 2014, we created the witness liaison team to take referrals from colleagues across FtP so that vulnerable witnesses receive support and information throughout the investigation process. The team attends hearings centres on a daily basis, supporting witnesses and providing information on the hearings process.
- 81 The team also travels to support witnesses giving evidence at other locations and provides one to one support for those that need the service most. Since the team was established, we have received an increase in positive feedback from witnesses attending hearings.
- 82 The team has provided training to staff across FtP so they understand when and how to refer witnesses with individual requirements and the special measures that are available. Staff now actively contacts the team to discuss the measures that can be considered in individual cases. The team has made sure that these measures have been taken as agreed with witnesses and FtP colleagues.
- 83 The team has established links in charities such as Mind and Mencap who can provide ongoing support for witnesses, where required. The team has reviewed the information on our website so that witnesses know where to go for information and support.

u. Ensure our new website is as accessible as possible to all audiences.

- 84 We know that increasingly our website is an important channel for communication as well as promoting access to our services and we undertook a full review and re-design of our website.
- 85 Our website features 'responsive design', which means how the content is displayed changes depending on the user's screen size and device. This ensures the site is easy to use for all users, regardless of how they are accessing it.
- 86 We have developed the navigation system to improve the experience for website users. The navigation system is more logical and we will test this in a user survey in 2015. The survey results will be used to compare responses against a benchmark study conducted before the new website was launched.
- 87 We have introduced BrowseAloud © software, an assistive technology, to our website. BrowseAloud © adds speech, reading and translation support to our website and facilitates access and participation for people with learning difficulties, low literacy, mild visual impairments and those with English as a second language.
- 88 We have published English and Welsh language versions of key documents. This included our:
- 88.1 annual report.
 - 88.2 E&D annual report.
 - 88.3 Welsh language scheme monitoring report.
 - 88.4 revised Code of practice and behaviour; and
 - 88.5 patients leaflet about the Code.

v. Ensure we demonstrate fair competition and equality of opportunity to suppliers.

- 89 The development of our electronic contracts database has enabled us to provide audit trails for previous requests for quotes and invitations to tender so that we comply with the EU procurement directives. We will continue to carry out all tendering activity in line with the EU procurement directives to ensure a fair, open, honest and transparent process.
- 90 So far these developments have enabled us to streamline our contracting process, the consistency of developing contracts and the contract cycle time. We anticipate that we will also help to reduce barriers to SMEs when they apply for future tenders.

w. Ensure our procurement process, documentation and contract management procedures demonstrate our commitment to corporate social responsibility.

- 91 We have engaged an external supplier to assist us with the revision of our procurement processes and to develop a procurement policy. Through the development of our procurement processes and policy we have made sure we are in line with corporate social responsibility guidelines and best practice.
- 92 We will create training material and organise workshops to ensure staff have the tools required and a sound understanding of managing contracts as well as the awareness of the importance of supplier diversity and corporate social responsibility in our procurement practices.

E&D data

Analysing the data

- 93 Developing improved E&D data is a top priority for us. We know there are significant limitations in the data especially as they relate to registrants. Until this improves we will be restricted in the conclusions we can draw about the different outcomes and experiences of registrants with different protected characteristics.
- 94 Whilst we encourage our staff, Council members, appointment board members, midwifery committee members, FtP panel members, legal assessors and nurses and midwives to provide E&D data, the requirement to provide us with E&D data is optional. Individuals can choose not to provide this information by not completing questionnaires, leaving questions blank, or indicating that they would 'prefer not to answer'.
- 95 In presenting the data in this report, percentages have been rounded to the nearest whole number. In a small number of cases, this means the data may total slightly under/over 100 percent.
- 96 This report records our available E&D data for the following groups:
- 96.1 Council members, appointment board members and midwifery committee members who were holding office on 31 March 2015;
 - 96.2 Staff who were employed by us between 1 April 2014 and 31 March 2015;
 - 96.3 FtP panel members who were in post on 31 March 2015;
 - 96.4 legal assessors who were in post on 31 March 2015;
 - 96.5 nurses and midwives who appeared on the register on 31 March 2015; and
 - 96.6 nurses and midwives who were subject to FtP proceedings at various stages from 1 April 2014 to 31 March 2015.

- 97 This report records different sets of E&D data for the above groups which is based on voluntary submission.
- 98 We have collected E&D data on age, disability, race (ethnicity), gender reassignment, national identity, religion/belief, sex (gender) and sexual orientation from the legal assessors through our new legal assessor E&D questionnaire.
- 99 We have collected E&D data on age, disability, race (ethnicity), religion/belief, sex (gender) and sexual orientation from staff, Council members, FtP panel members, nurses and midwives on our register and subject to FtP proceedings.
- 100 We will collect additional E&D data on national identity and gender reassignment from nurses and midwives through NMC Online. NMC Online is a secure service which will enable nurses and midwives to manage their registration online and complete our new online E&D questionnaire.
- 101 While we consider it important to publish this data, for some of the data sets there are significant proportions of missing data. Where this is the case, the population in the data set may not be generalisable to the wider population and so readers should be cautious about drawing wider inferences.

Sources of data

- 102 The data included in this report comes from a number of our databases and the details of these are provided below:
- 102.1 Staff data is held by the HR team and is gathered using an optional E&D questionnaire.
- 102.2 Council members, appointment board members and midwifery committee members' data is held by the Council services team and is gathered using an optional E&D questionnaire.
- 102.3 FtP panel members and legal assessors data is held by the FtP panel support team and is gathered using an optional E&D questionnaire.
- 102.4 Nurses and midwives (including FtP case data) data is captured on our register. The data on our register is collected through two routes: age and sex (gender) are collected at initial registration, while race (ethnicity), disability, religion/belief and sexual orientation have historically been collected through an optional E&D questionnaire.

Improving our data

- 103 We are committed to improving the quality of our E&D data, for more effective reporting. We have reviewed the methods we use to collect data using advice from the Office of National Statistics, the Equality and Human Rights Commission (EHRC) and other best practice organisations. We also referenced the 2011 UK census to shape the language of the questionnaire.

104 We have integrated our new E&D questionnaire with NMC Online. Our new E&D questionnaire will include additional questions about national identity, gender reassignment and marriage and civil partnership.

Workforce profile

105 The workforce profile shows the E&D data of staff who were employed between 1 April 2014 and 31 March 2015. In this period, we employed 530 permanent staff.

Chart 1: Breakdown by age

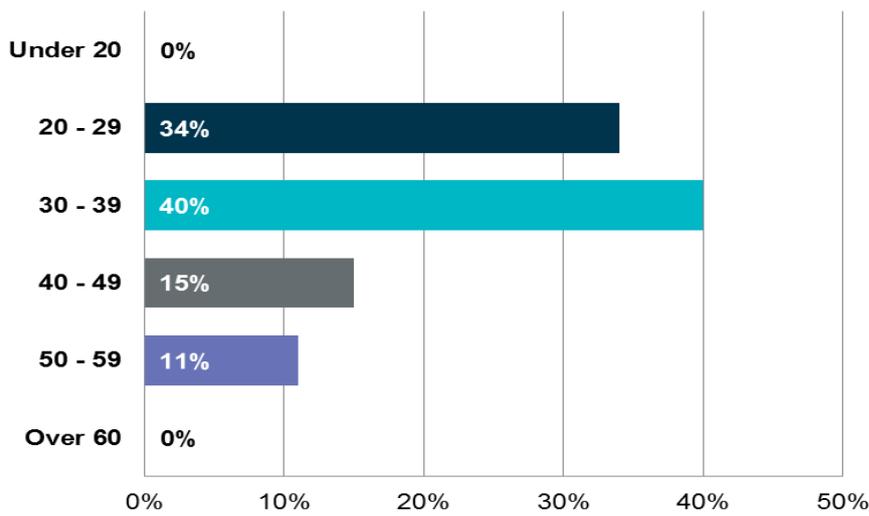


Chart 2: Breakdown by disability

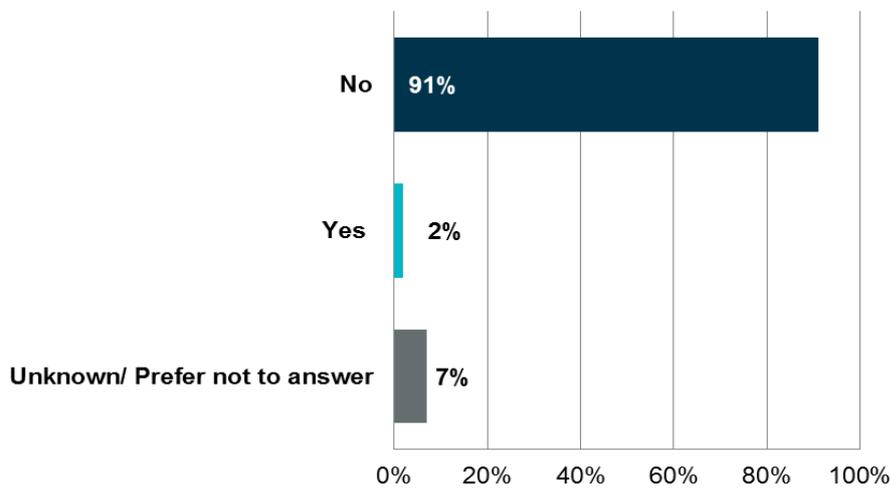


Chart 3: Breakdown by race (ethnicity)

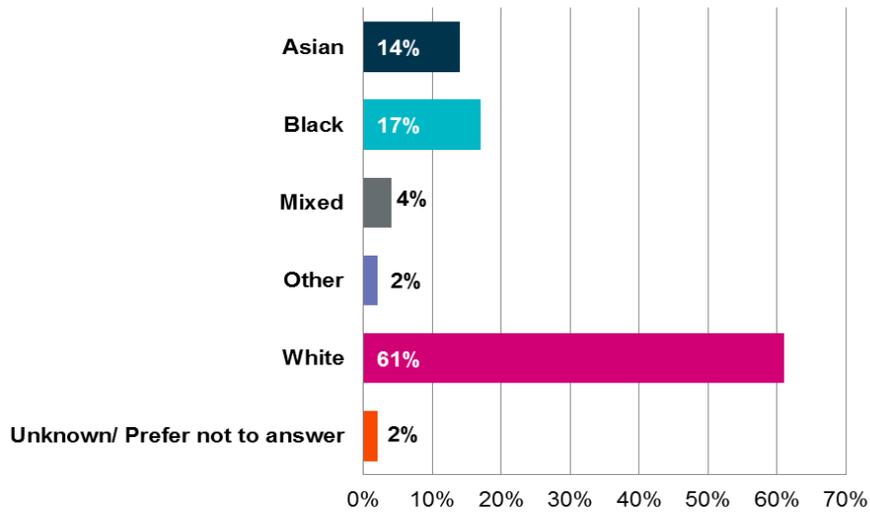


Chart 4: Breakdown by religion/belief

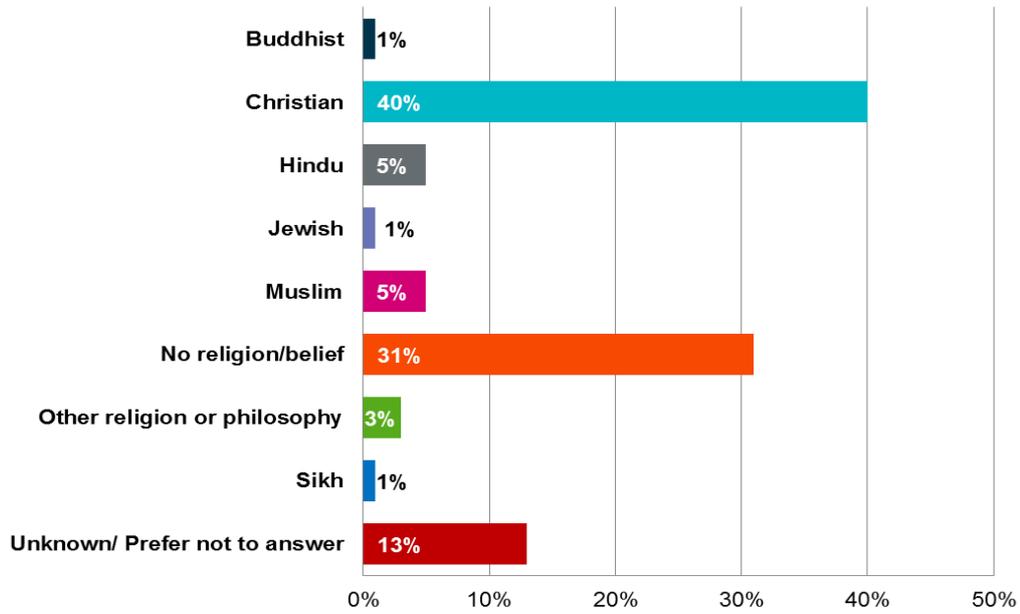


Chart 5: Breakdown by sex (gender)

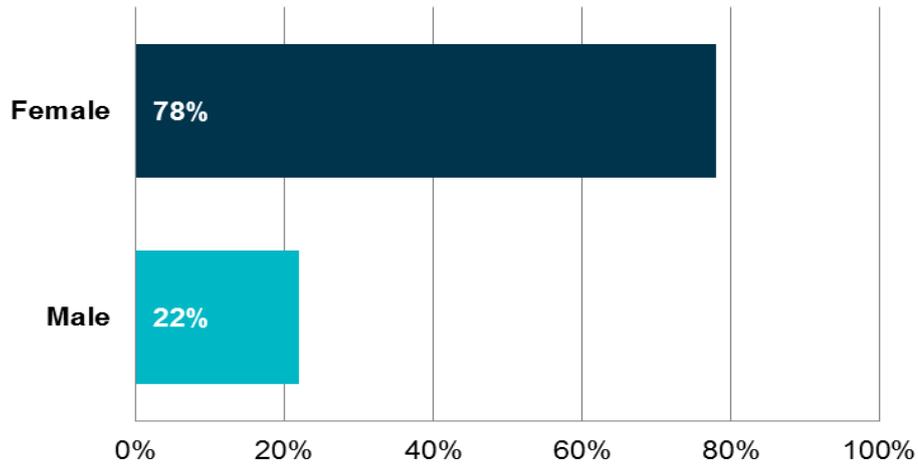
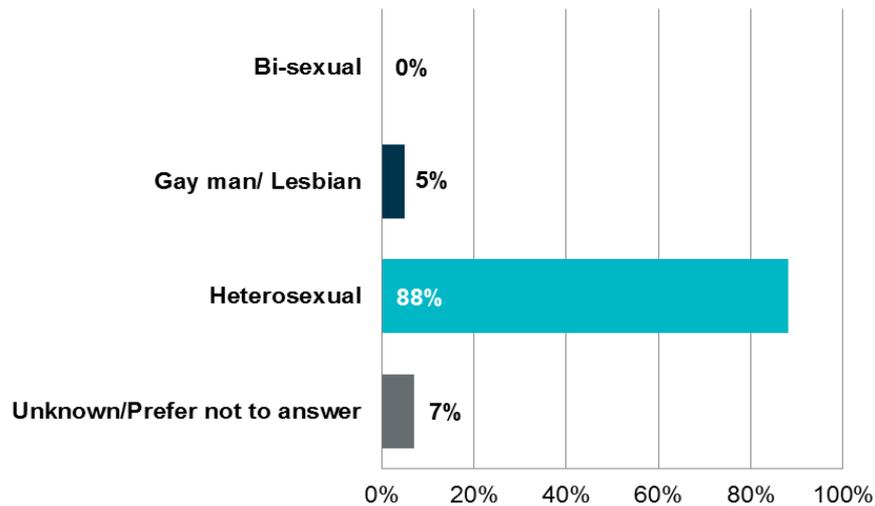


Chart 6: Breakdown by sexual orientation

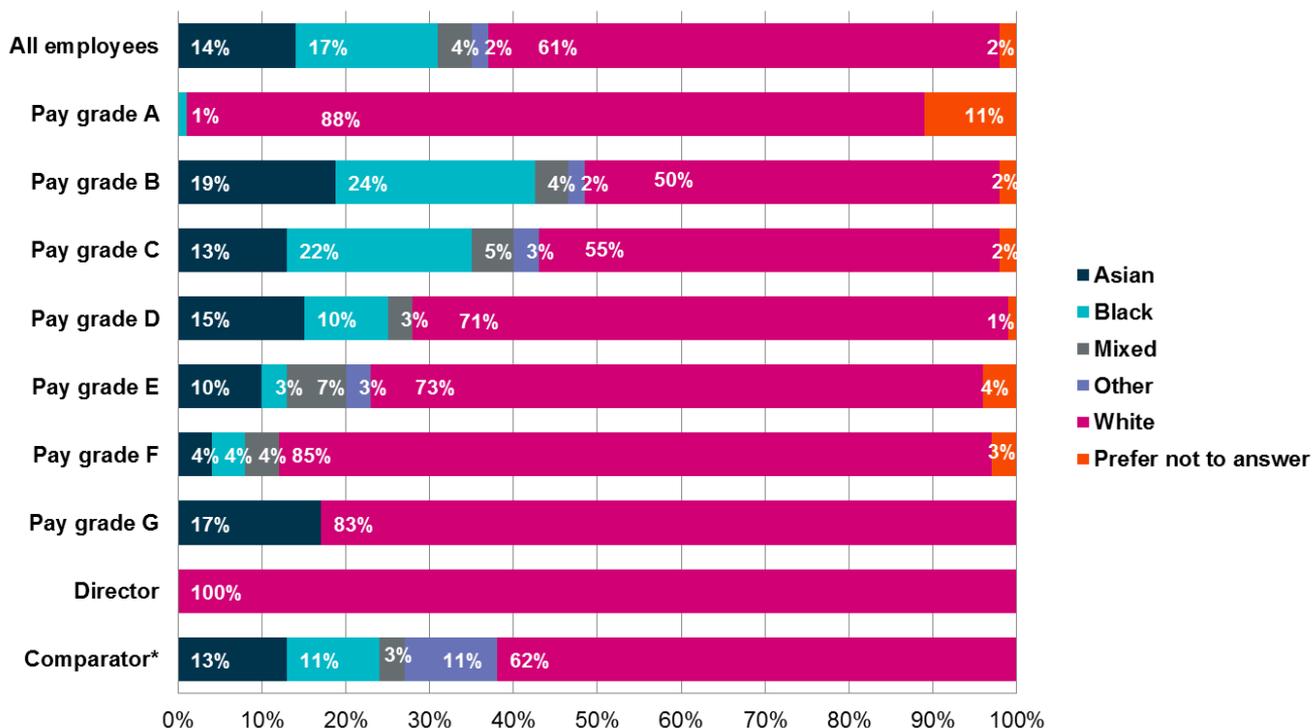


Staff pay grade levels by race (ethnicity)

106 Staff who defined their ethnicity as 'black' forms 17 percent of the workforce. The data indicates an underrepresentation of staff from pay grade D upwards and no representation in G level or director roles.

107 The comparator data has been provided to give additional insight and context into the proportional representation of each ethnic group.

Chart 7: Break down by race (ethnicity)



*source <http://raceforopportunity.bitc.org.uk/research-insight/factsheet/Londonlabourmarket>

Members of the Council, appointments board and midwifery committee profile

- 108 The Council is the governing body of the NMC and its powers and duties are set out in the NMC 2001 Order.
- 109 The appointments board is responsible for assisting the Council in connection with any of the Council’s function relating to the appointment of panel members and legal assessors.
- 110 The NMC Order 2001 requires there to be a midwifery committee. The committee includes representation from all four UK nations and lay and registrant members. The committee advises the Council on any matters affecting midwifery.
- 111 The profile shows the E&D data of 20 members who were in post on 31 March 2015.

Chart 8: Breakdown by age

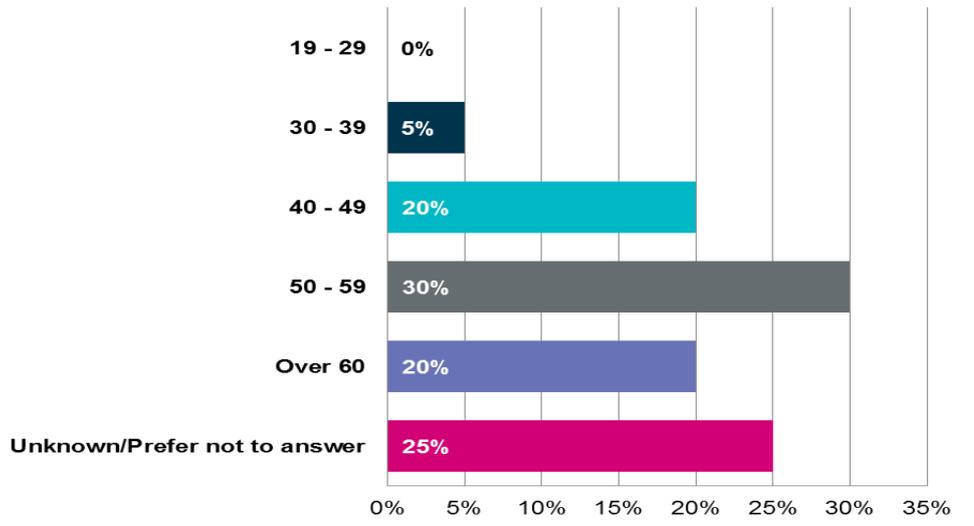


Chart 9: Breakdown by disability

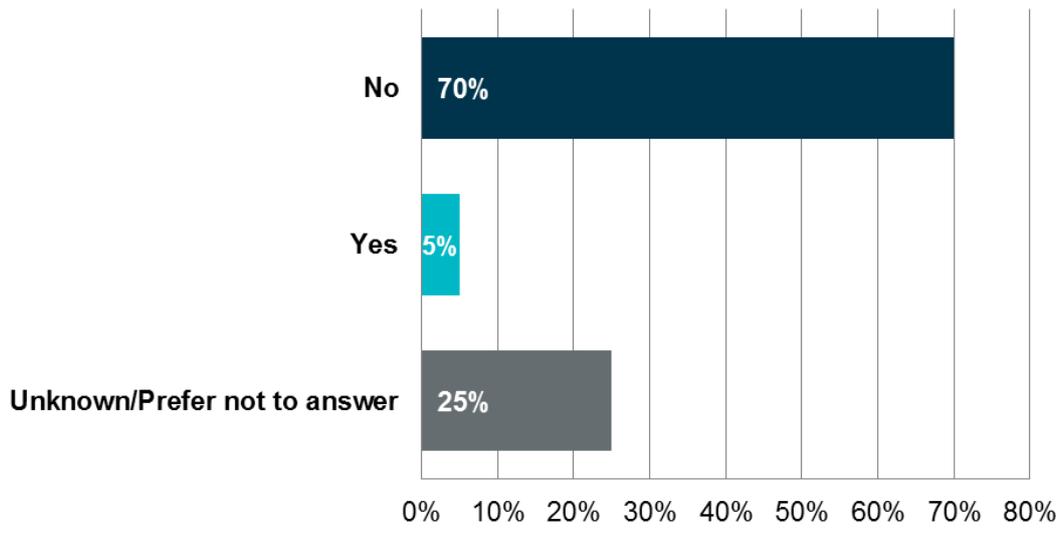


Chart 10: Breakdown by race (ethnicity)

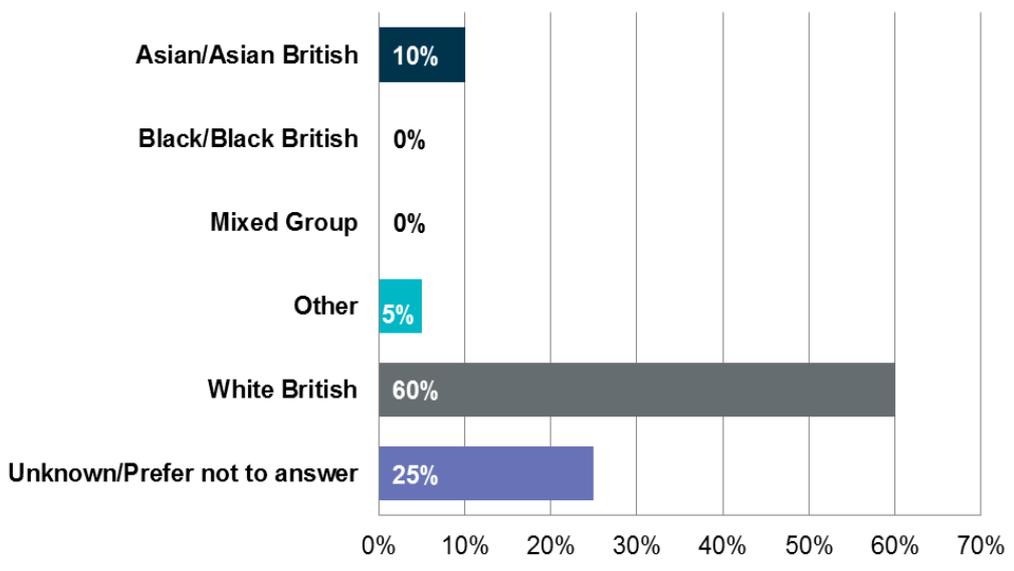


Chart 11: Breakdown by religion/belief

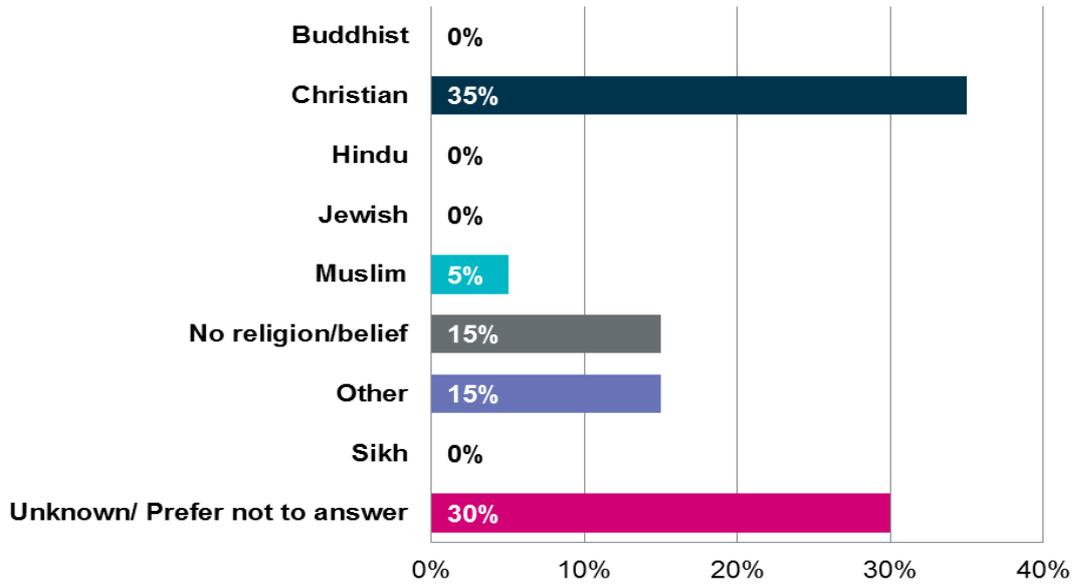


Chart 12: Breakdown by sex (gender)

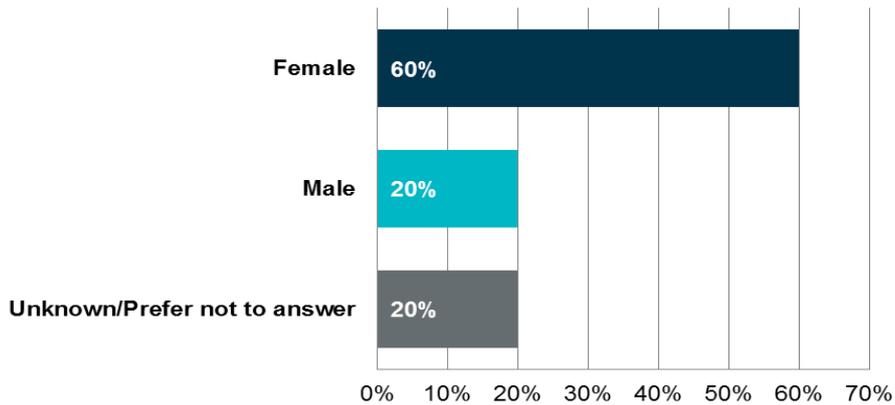
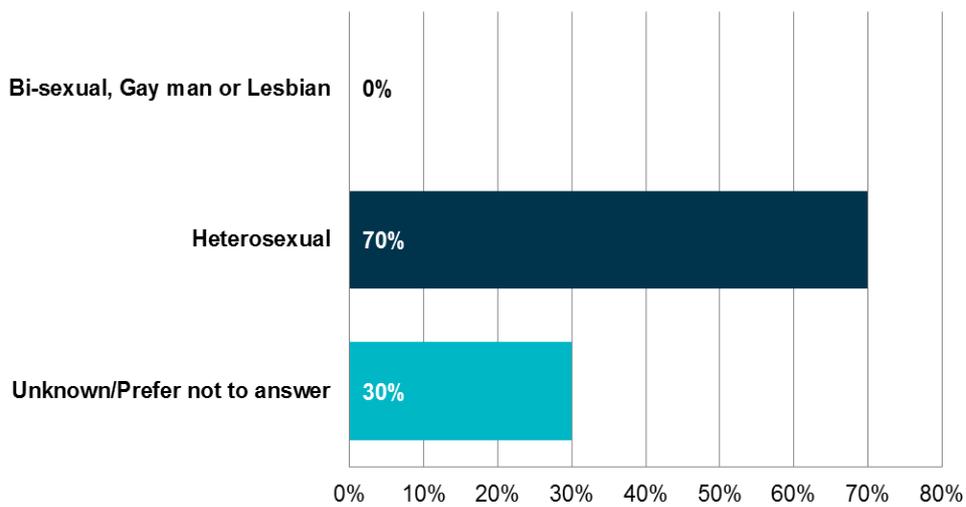


Chart 13: Breakdown by sexual orientation



Fitness to Practise (FtP) panel members profile

112 FtP panel members are independent of the NMC and are solely responsible for making FtP hearing decisions. At least one member of the panel will be a nurse or midwife. There will also be at least one lay member on the panel. This means they are from outside the profession and not on the NMC register.

113 The FtP profile provides the E&D data of our FtP panel members who were in post on 31 March 2015. There were 405 panel members.

Chart 14: Breakdown by age

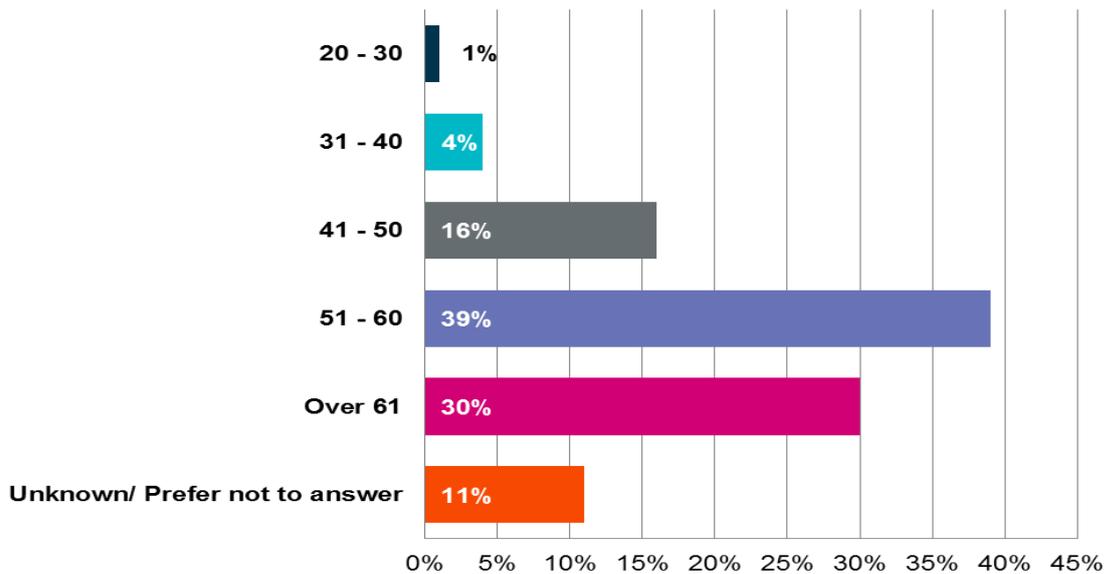


Chart 15: Breakdown by disability

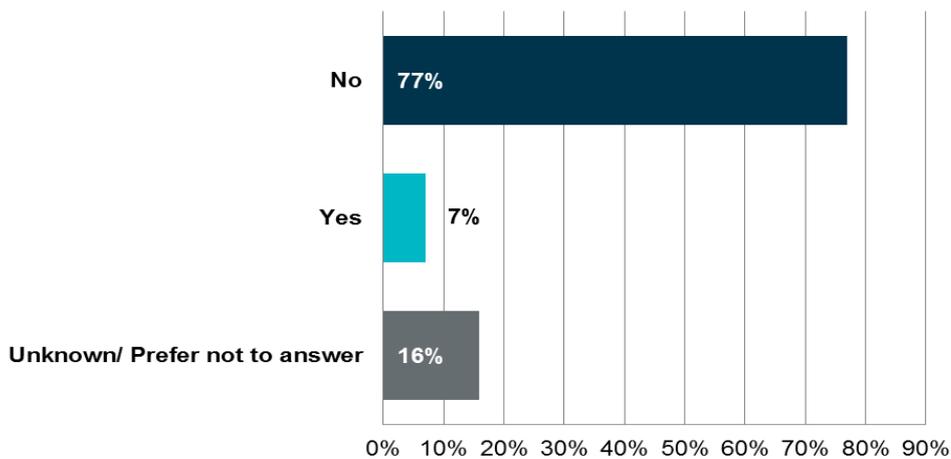


Chart 16: Breakdown by race (ethnicity)

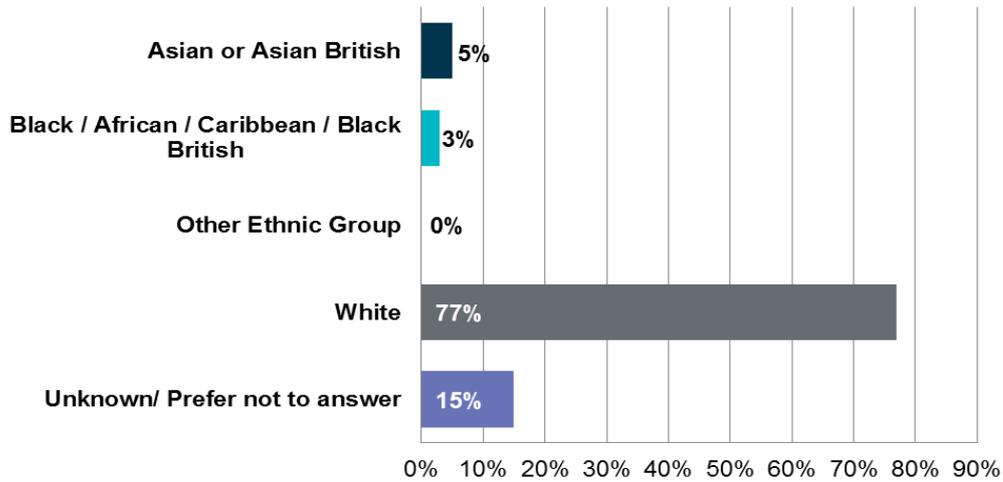


Chart 17: Breakdown by religion/belief

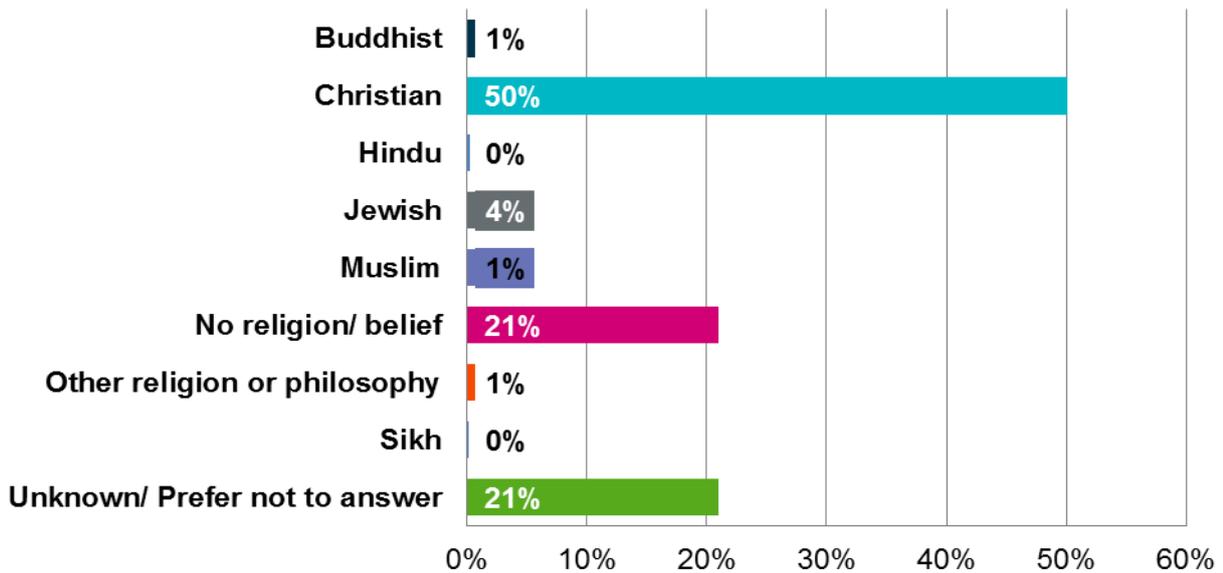


Chart 18: Breakdown by sex (gender)

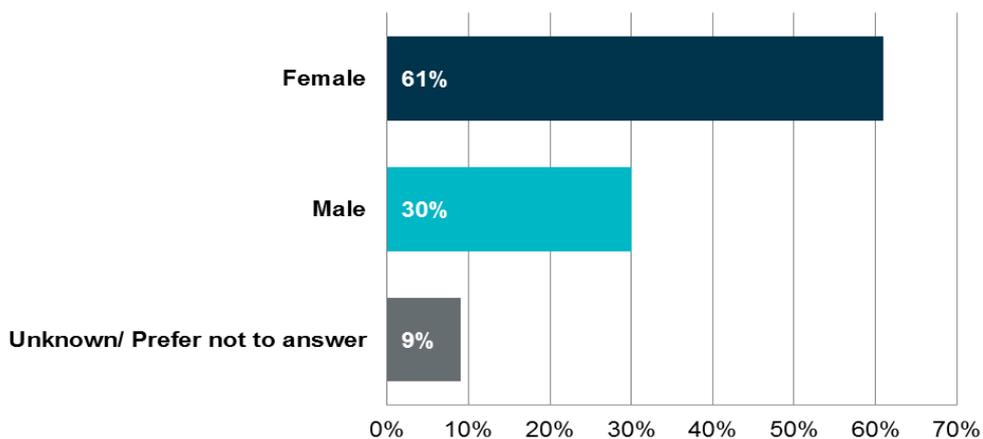
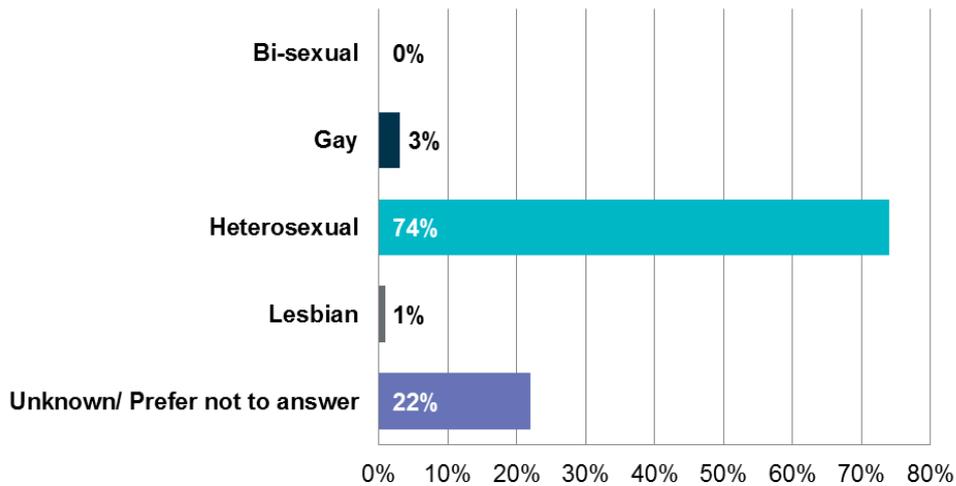


Chart 19: Breakdown by sexual orientation



Legal assessors profile

114 Legal assessors are independent and experienced barristers or solicitors who advise the FtP panel members on the law during FtP hearings.

115 The legal assessors profile shows the E&D data of the legal assessors who were in post on 31 March 2015. There were 140 legal assessors.

Chart 20: Breakdown by age

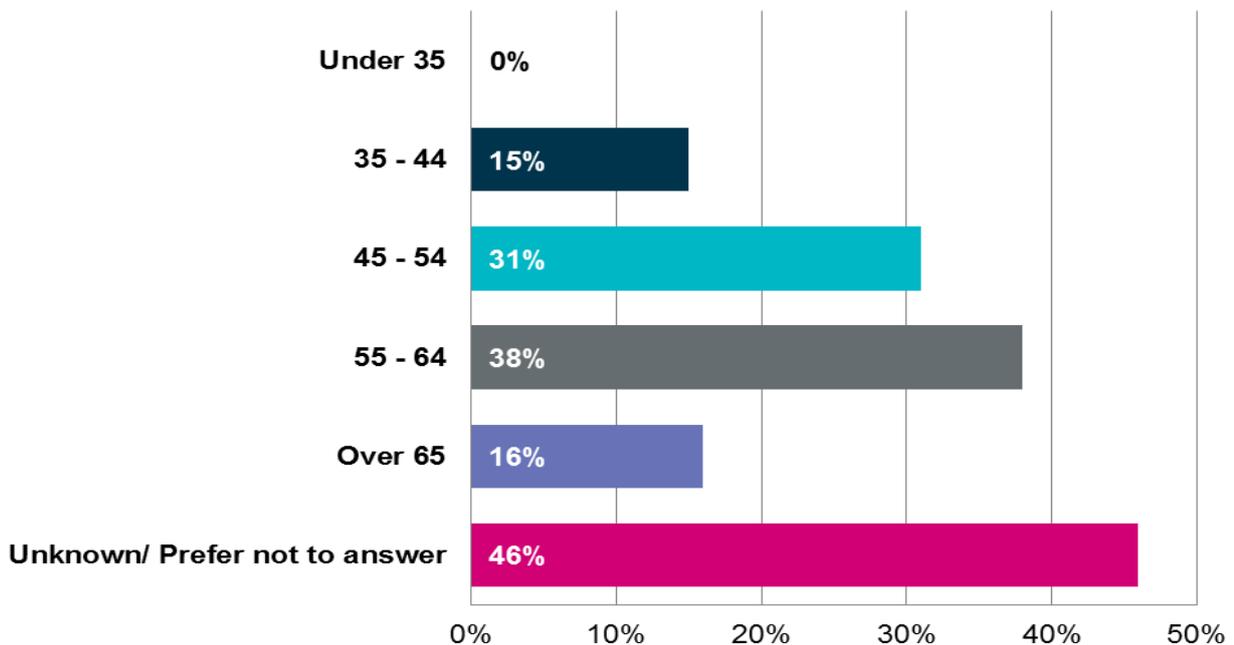


Chart 21: Breakdown by disability

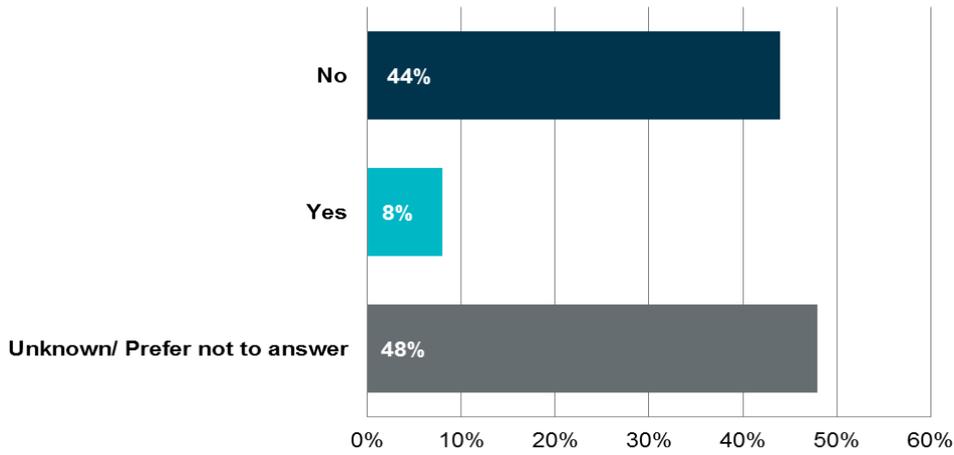


Chart 22: Breakdown by race (ethnicity)

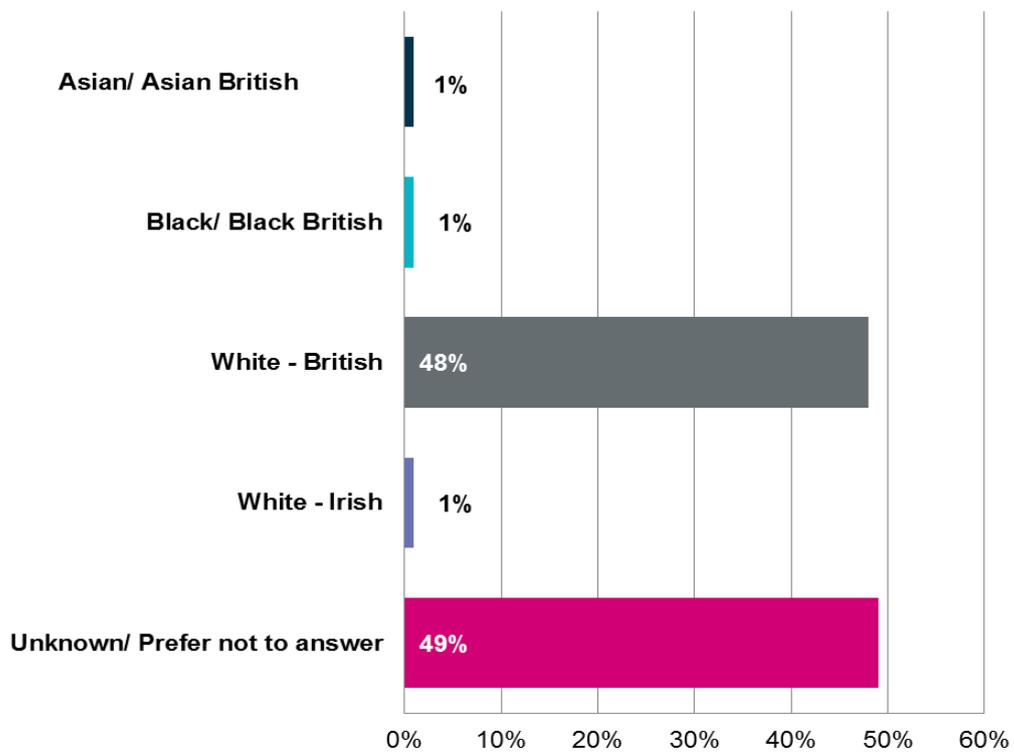


Chart 23: Breakdown by gender identity

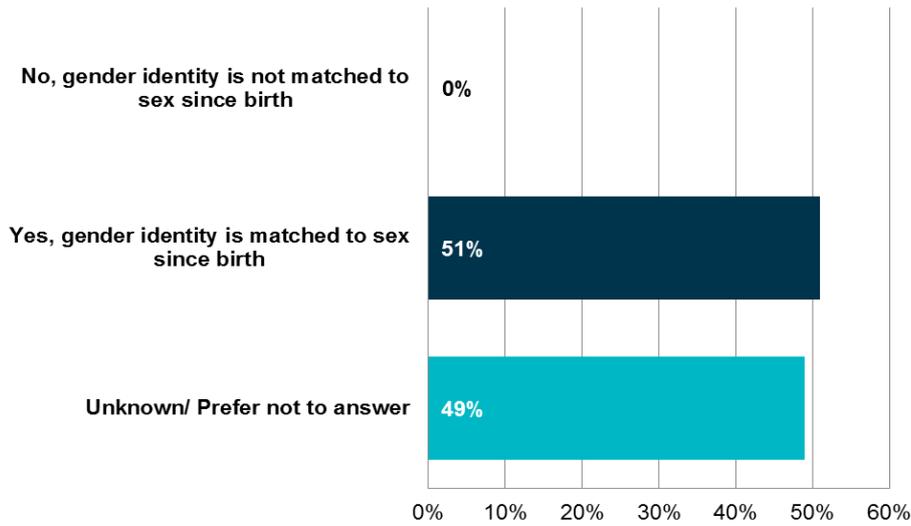


Chart 24: Breakdown by national identity

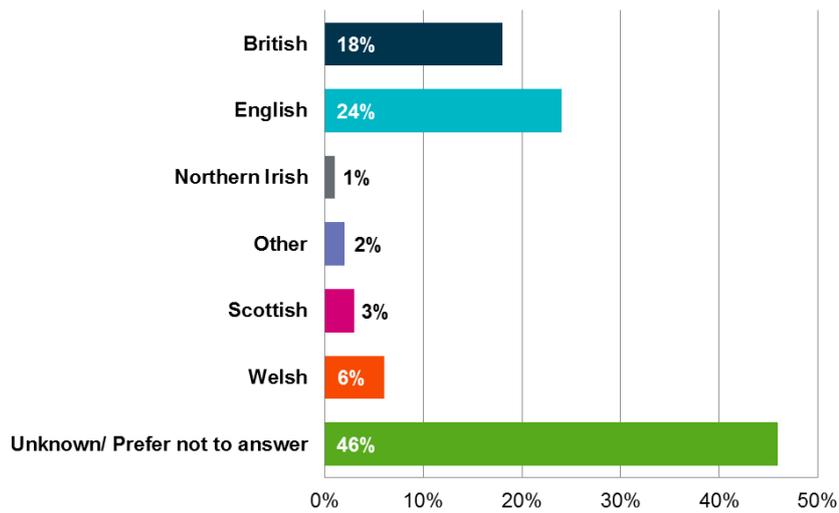


Chart 25: Breakdown by religion/belief

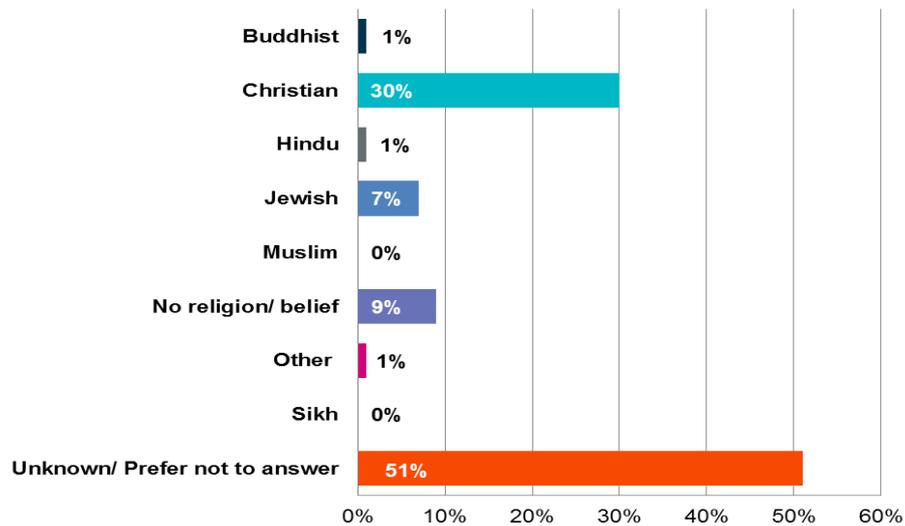


Chart 26: Breakdown by sex (gender)

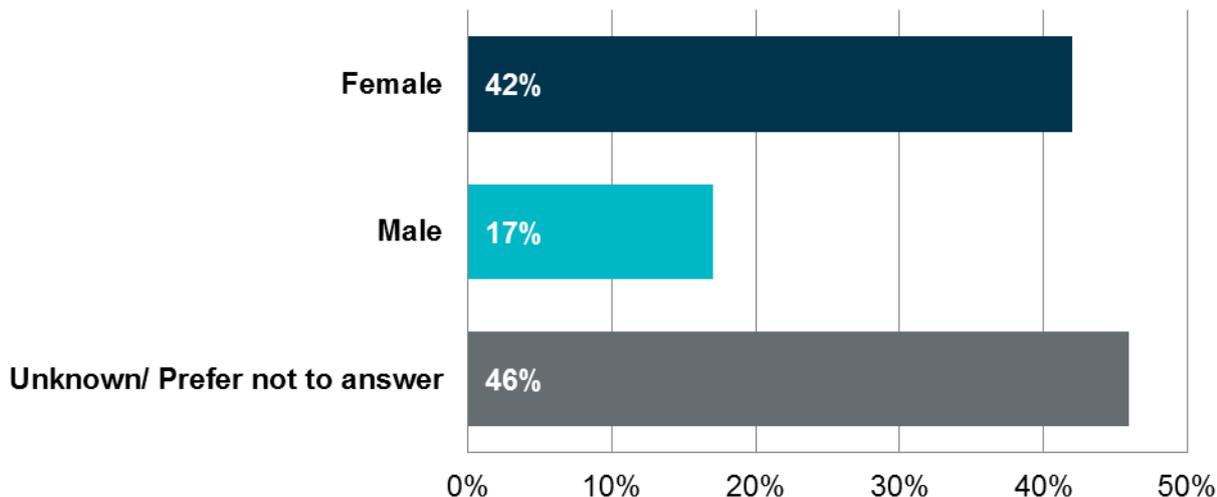
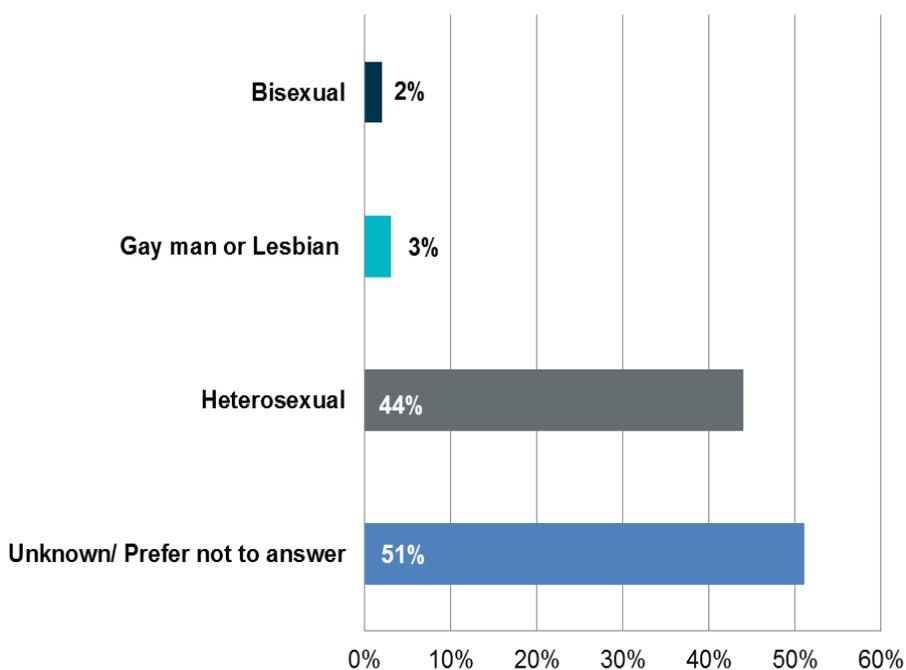


Chart 27: Breakdown by sexual orientation



Nurses and midwives on our register profile

116 As part of our duty to protect the public we must keep an accurate register of nurses and midwives who are legally allowed to practise in the UK. Only a nurse or midwife who meets our standards can be admitted to, and remain on, the register.

117 The register profile shows the E&D data of the 686,782 nurses and midwives who were on our register on 31 March 2015. This is an increase of 0.87 percent from the number on the register on 31 March 2014.

Chart 28: Breakdown by age

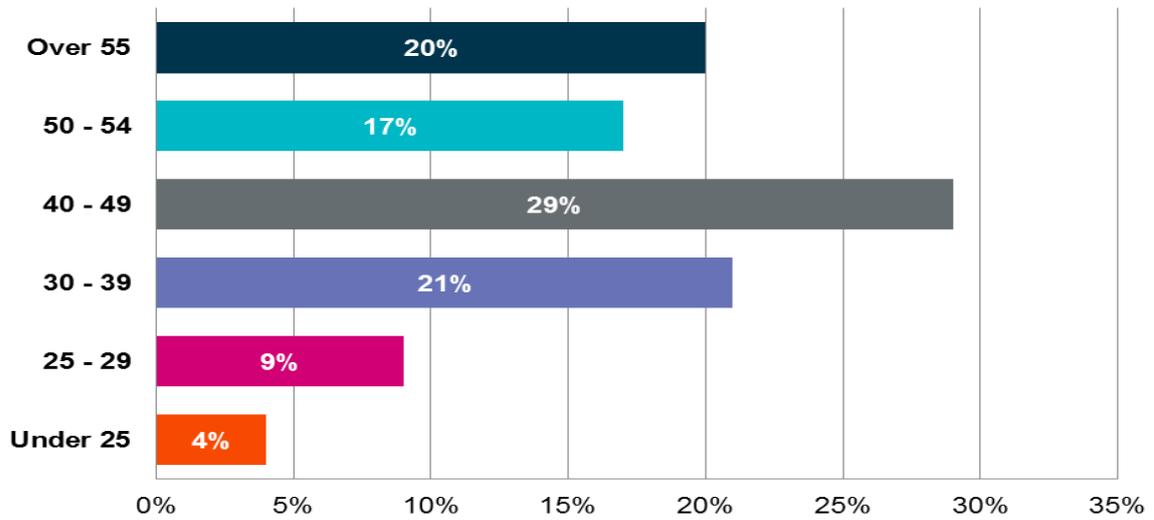


Chart 29: Breakdown by disability

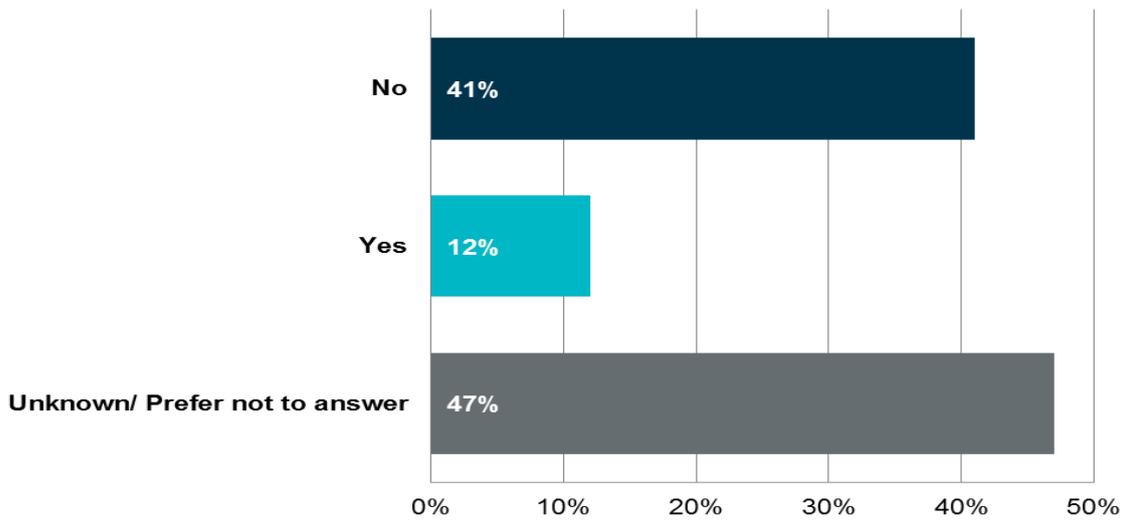


Chart 30: Breakdown by race (ethnicity)

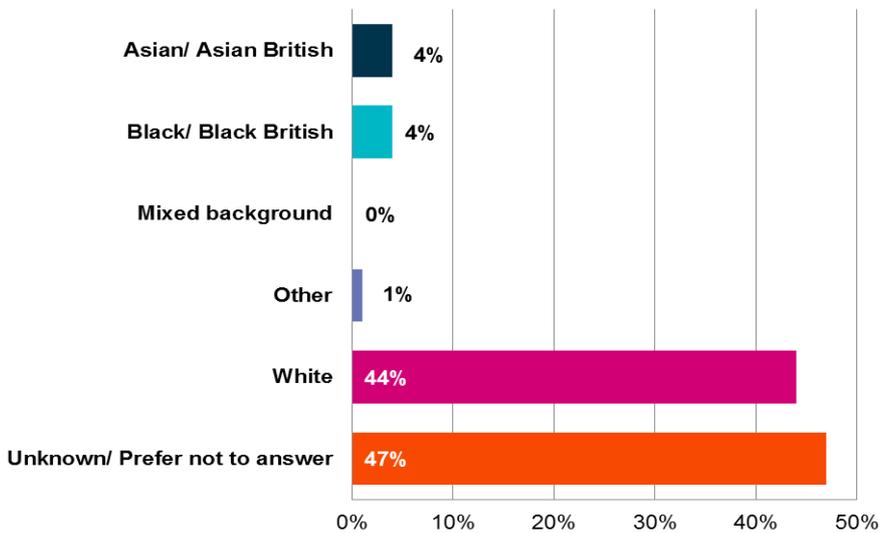


Chart 31: Breakdown by religion/belief

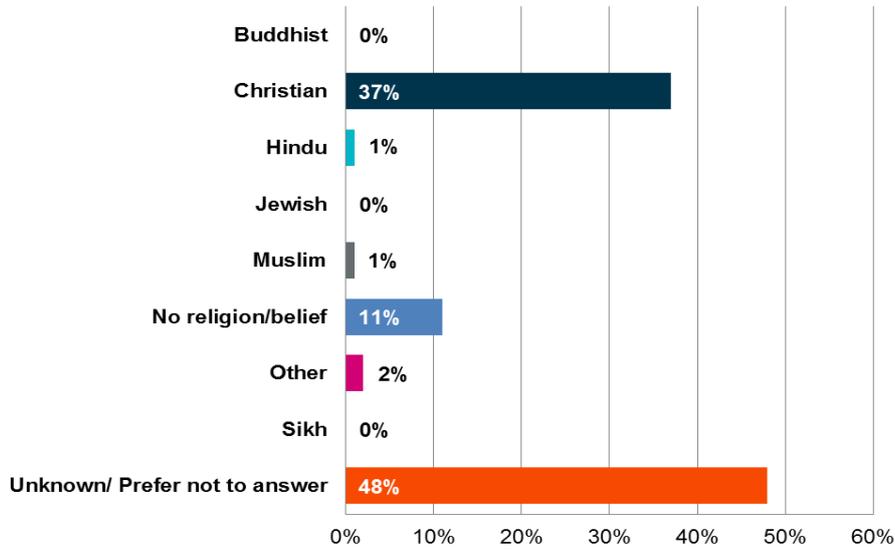


Chart 32: Breakdown by sex (gender)

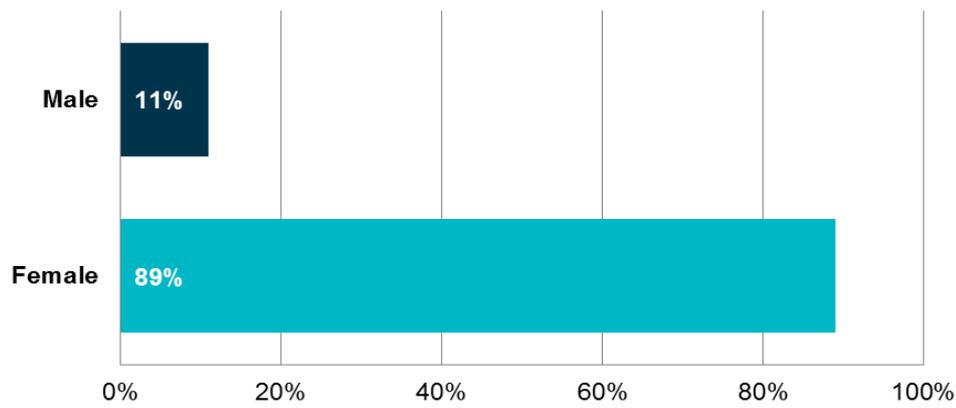
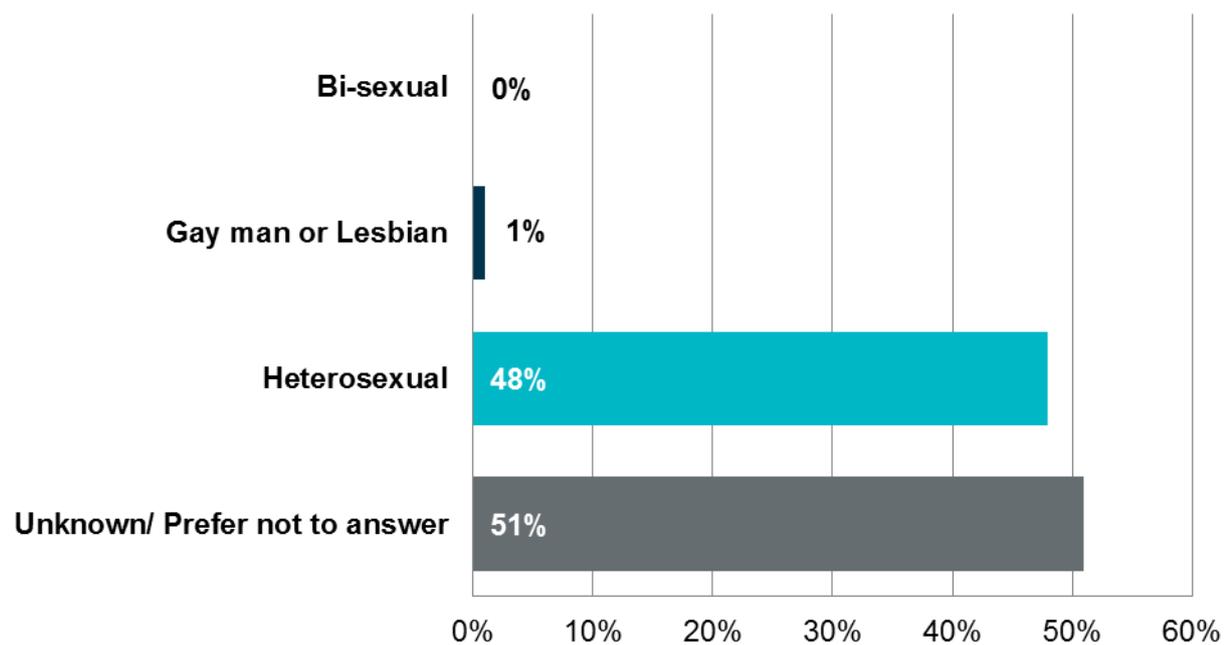


Chart 33: Breakdown by sexual orientation



FtP cases profile

- 118 Being fit to practise means that a nurse or midwife has the skills, knowledge, health and character to do their job safely and effectively. Every nurse or midwife is required to regularly declare that they are fit to practise safely.
- 119 We have broken down the E&D data of the FtP case profiles that we hold by 'protected characteristic' for the following key stages of our FtP process:
- 119.1 New referrals: new referrals received where a concern has been raised about a nurse or midwife's fitness to practise.
 - 119.2 Interim orders: cases where there is a serious and immediate risk to patient or public safety and we have taken urgent action by imposing an interim order to suspend or restrict the practice of the nurse or midwife concerned.
 - 119.3 Investigating Committee outcomes: cases which, following an investigation, we have referred to a panel of the Investigating Committee to determine whether there is a realistic prospect of a case to answer for the nurse or midwife.
 - 119.4 Adjudication: the outcomes of cases which have been referred by the Investigating Committee for a final hearing by a panel of the Conduct and Competence Committee or the Health Committee.
- 120 The E&D data held about a nurse or midwife subject to FtP proceedings are obtained from the NMCs central register and we are concentrating on improving our collection of data at this point, including ensuring it meets good practice standards.

Identified referrals

- 121 When we receive a new referral, we investigate whether the complaint is about a nurse or midwife on our register. If after an initial review the individual as a registered nurse or midwife, or the allegations do not amount to an allegation that their fitness to practise is impaired we close the case.
- 122 We received 5,183 new referrals which is an increase of 10 percent from last year. This section details the E&D data for the 4,302 referrals that were identified on our register. There were 881 unidentified referrals.

Chart 34: New referrals by age

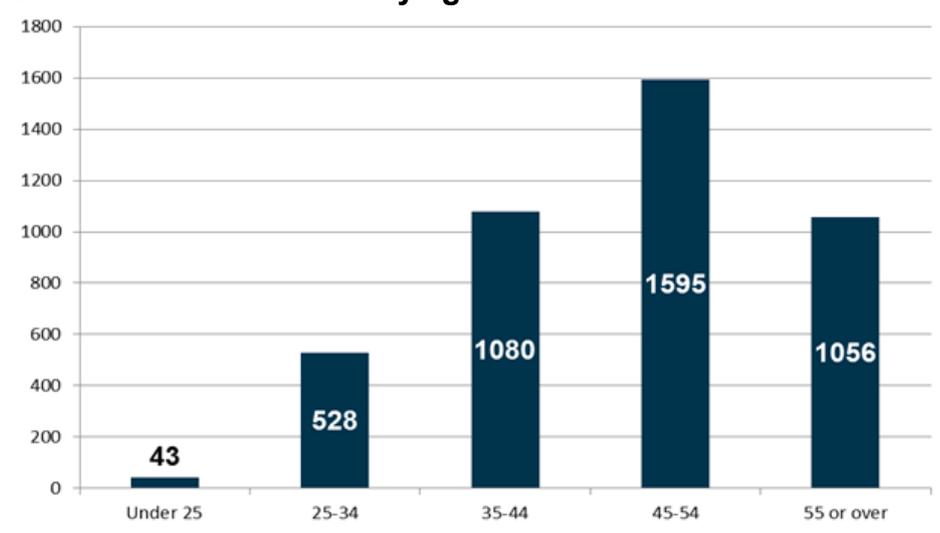


Chart 35: New referrals by disability

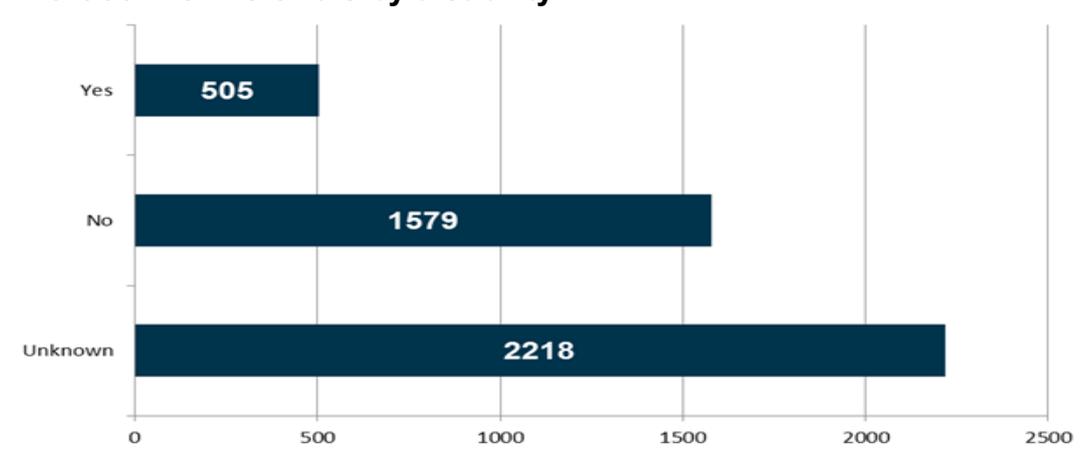


Chart 36: New referrals by race (ethnicity)

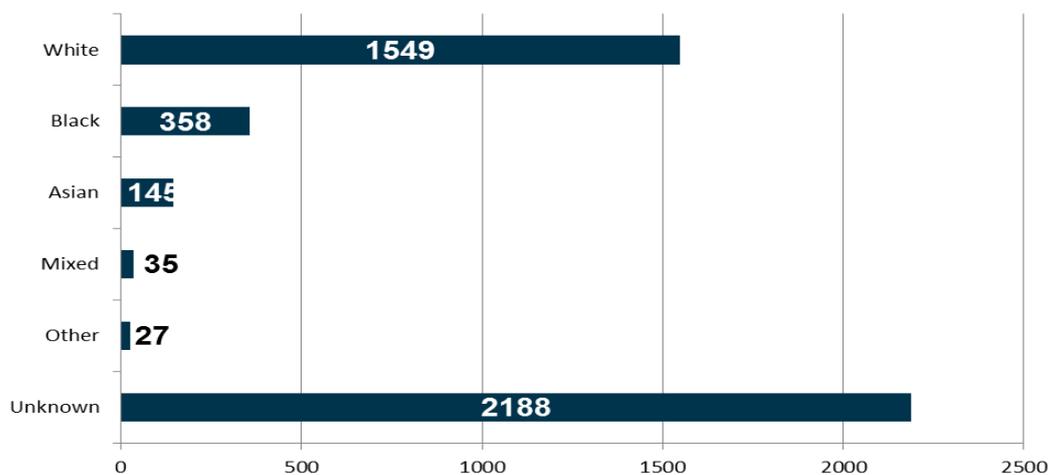


Chart 37: New referrals by religion or belief

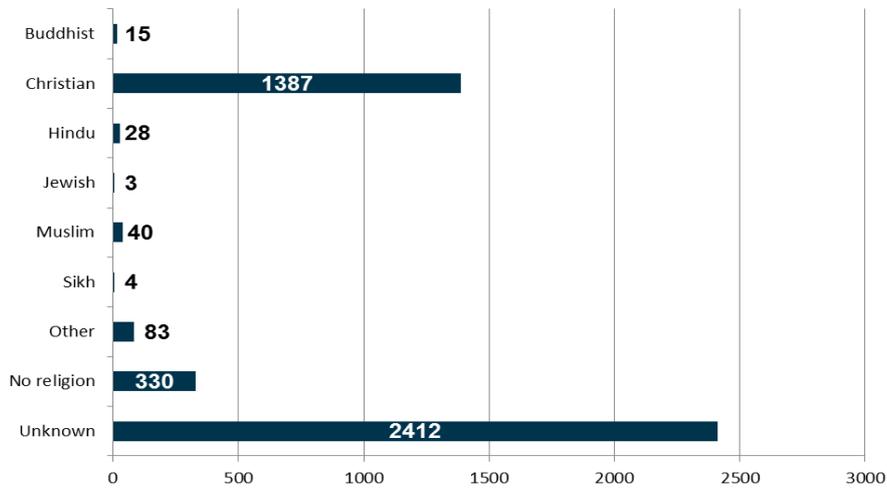


Chart 38: New referrals by sex (gender)

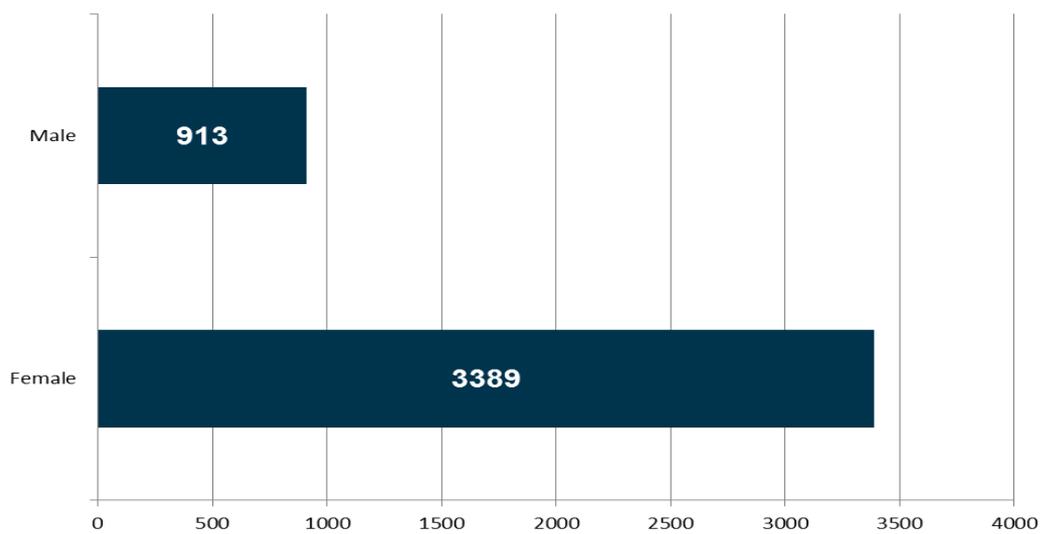
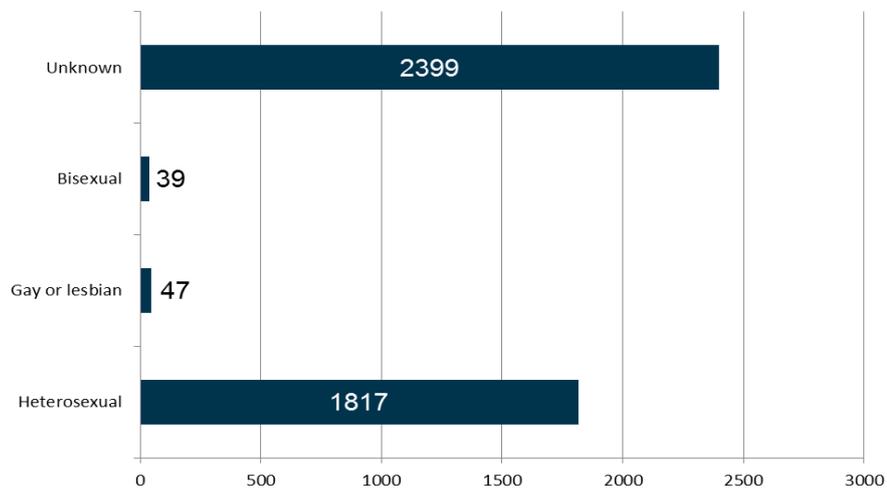


Chart 39: New referrals by sexual orientation



Interim orders

- 123 Where the public's health and wellbeing is at immediate and serious risk, we can immediately restrict a nurse or midwife's practice by imposing an interim order.
- 124 When we believe that an interim order may be required, a practice committee panel will meet to look at whether to suspend the nurse or midwife straight away, or restrict how they can practise, until we can complete our investigations into the case.
- 125 A panel will consider whether the interim order is:
- 125.1 necessary to protect the public;
 - 125.2 in the public interest; and
 - 125.3 in the nurse or midwife's interest.
- 126 We continually assess cases throughout the process, so that if new information comes to light at any point during the FtP process which suggests that there is a serious immediate risk to the public, we can consider whether an interim order is needed.
- 127 This section reports on the E&D data that is available for the 707 cases that were given either an interim conditions of practice order or an interim suspension order. There has been an eight percent decrease in the number of cases since last year.

Chart 40: Interim orders by age

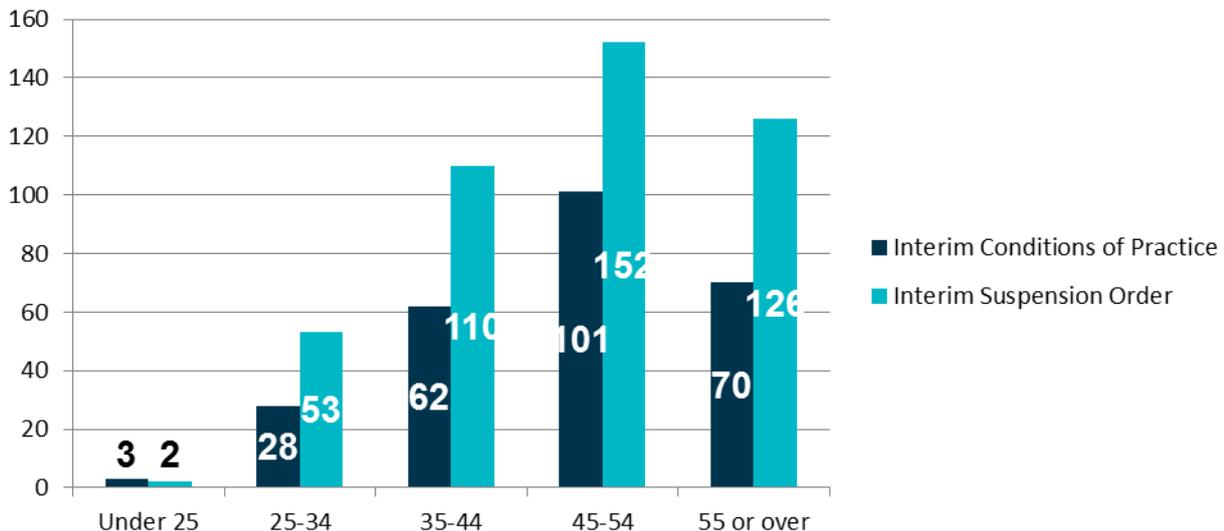


Chart 41: Interim orders by disability

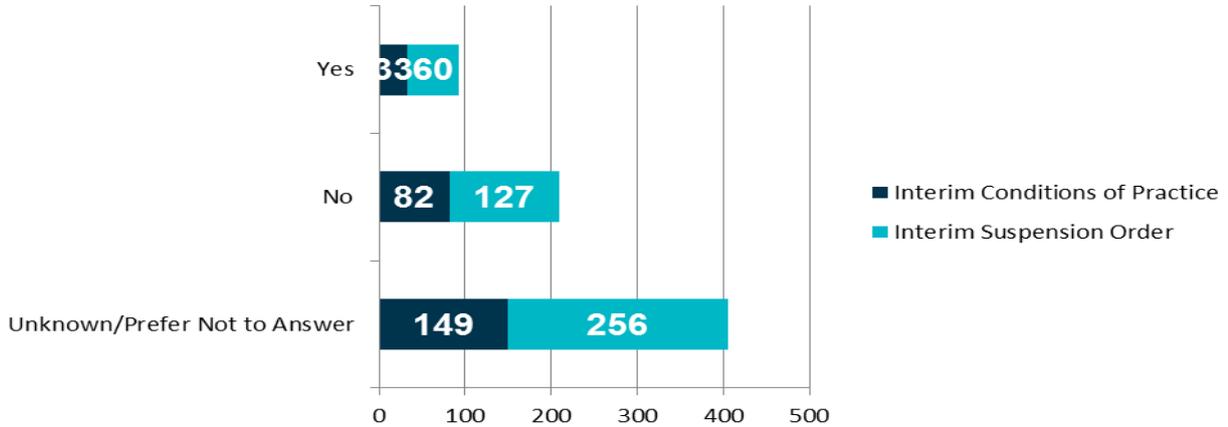


Chart 42: Interim orders by race (ethnicity)

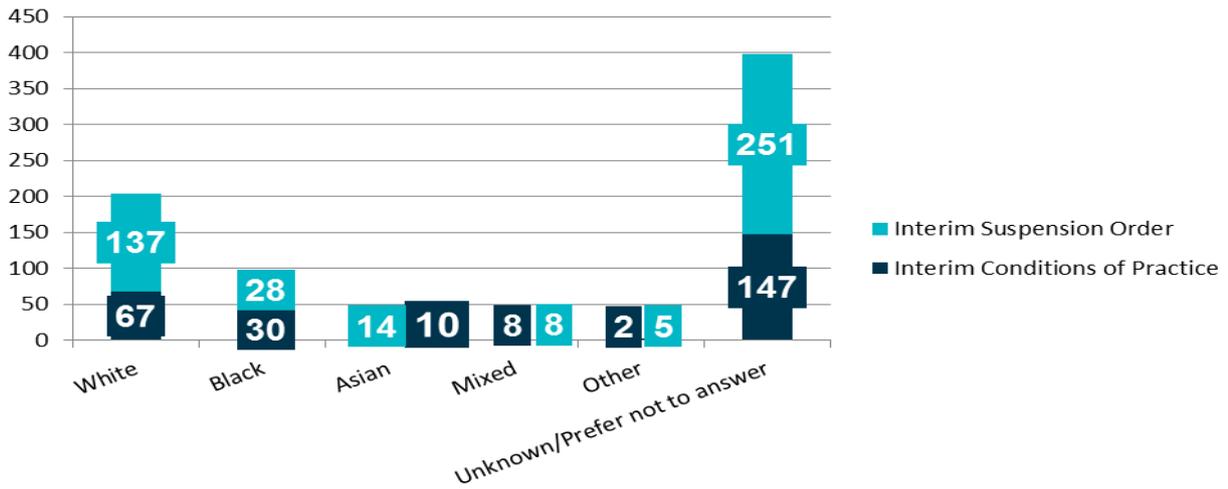


Chart 43: Interim orders by religion or belief

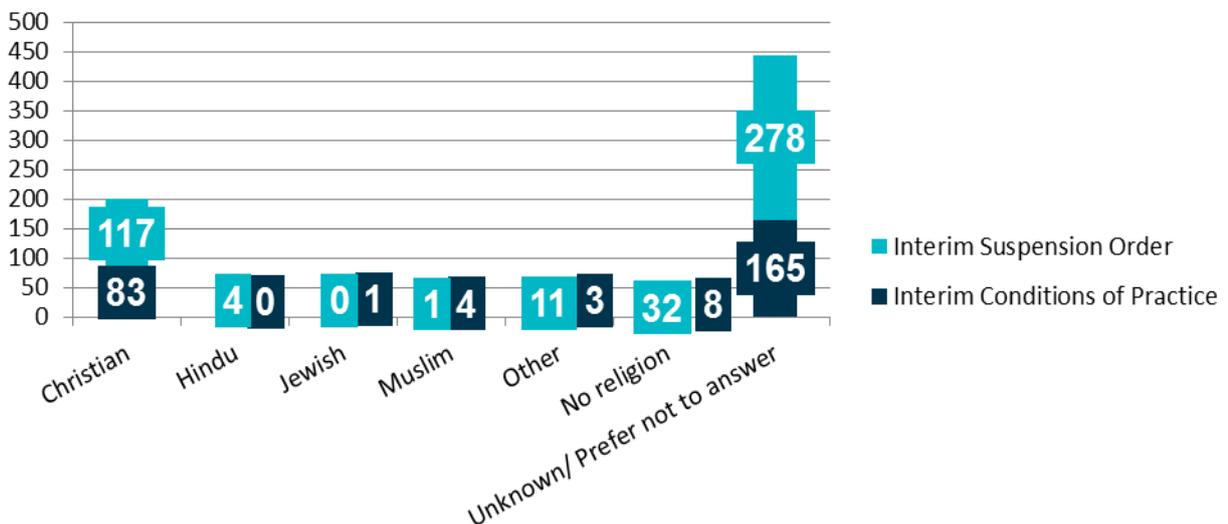


Chart 44: Interim orders by sex (gender)

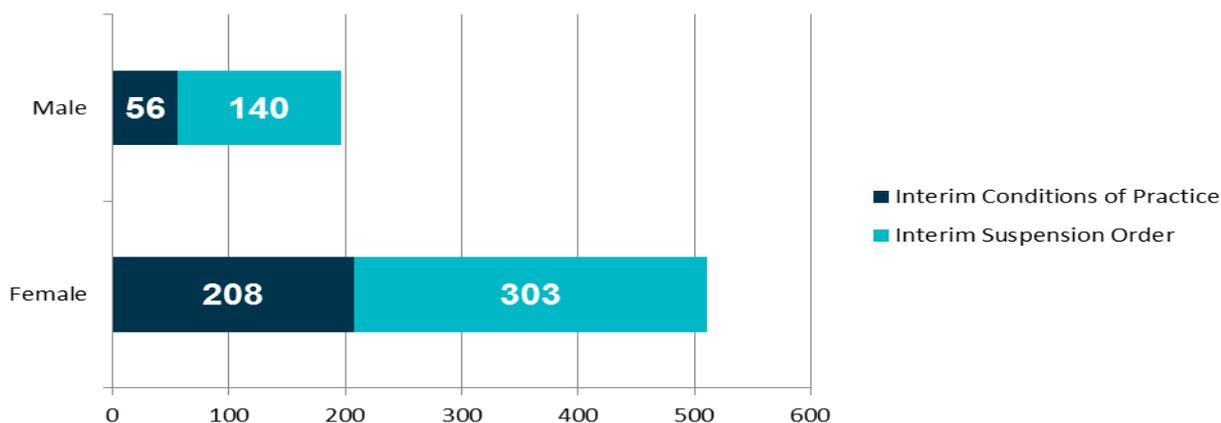
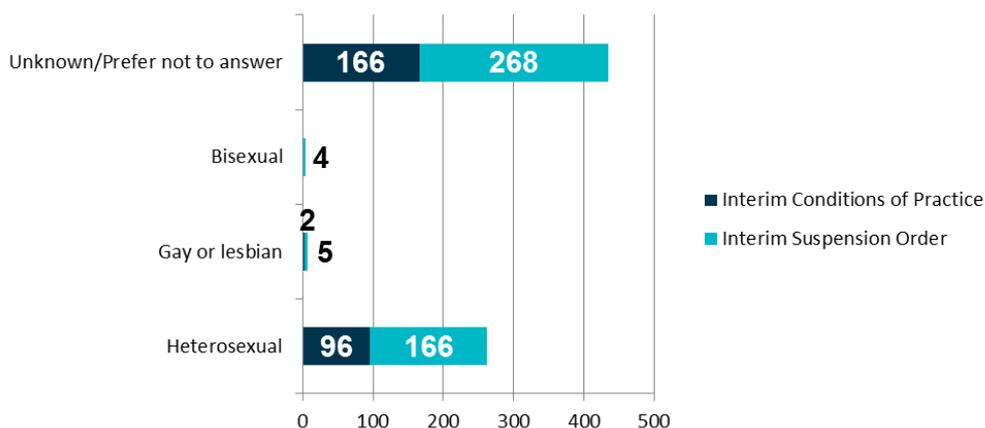


Chart 45: Interim orders by sexual orientation



Investigating Committee

- 128 Once our initial review confirms that a case is within our remit to investigate and we have completed our investigation into the allegations, it then proceeds to a decision as to whether there is a case for the nurse or midwife to answer.
- 129 Until 9 March 2015, this decision was made by the Investigating Committee; after this date this decision was made by primarily Case Examiners. If it is found that there is a case to answer, the case is sent to the Conduct and Competence Committee (CCC) or the Health Committee (HC), depending on the nature of the allegations.
- 130 This section reports available E&D data for the 2,207 cases that had a case to answer decision made by the Investigating Committee or Case Examiners during 2014-2015.
- 131 Case Examiners began making case to answer decisions on 9 March 2015, three weeks before the end of this reporting period. Therefore due to the small number

of decisions made in this time frame it is not possible to identify any impact from their introduction at this stage. We will say more in next year's E&D and FtP annual reports.

Chart 46: Investigating Committee final outcomes by age

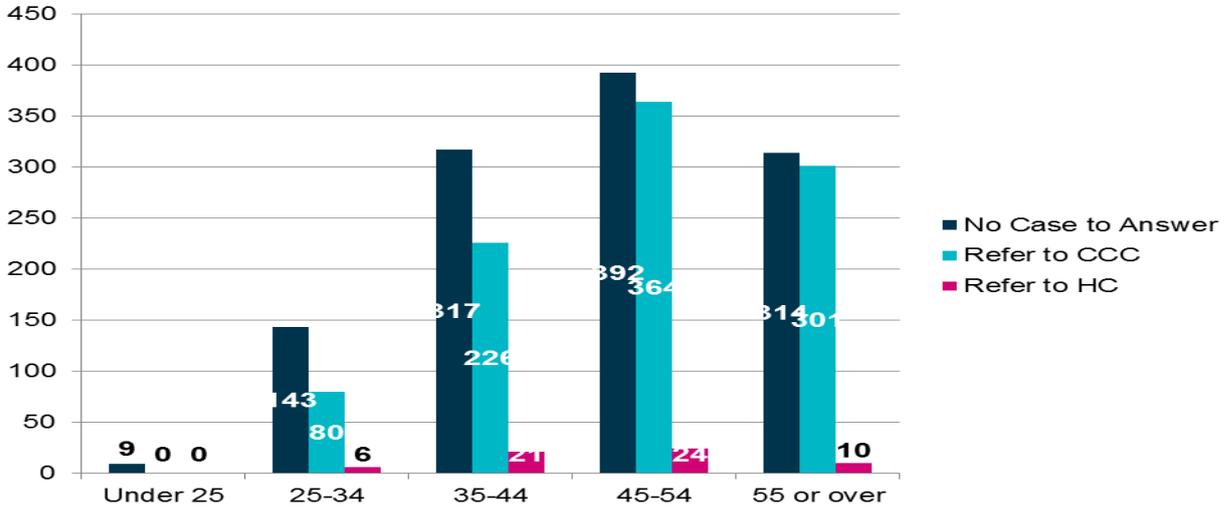


Chart 47: Investigating Committee final outcomes by disability

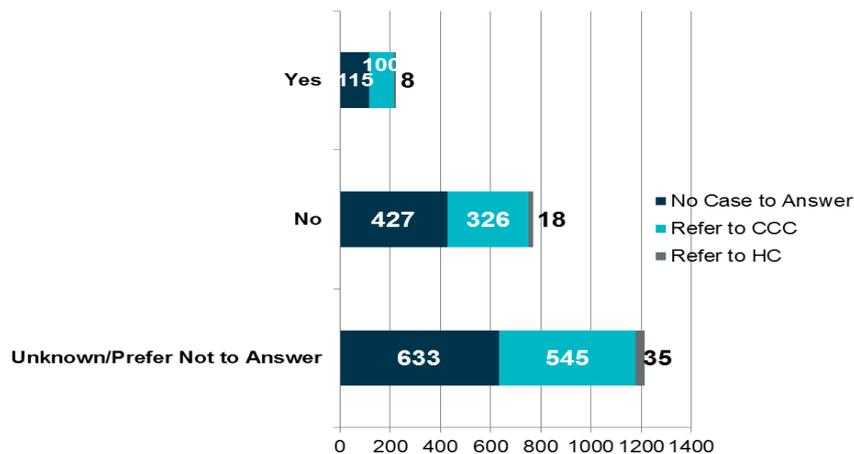


Chart 48: Investigating Committee final outcomes by race (ethnicity)

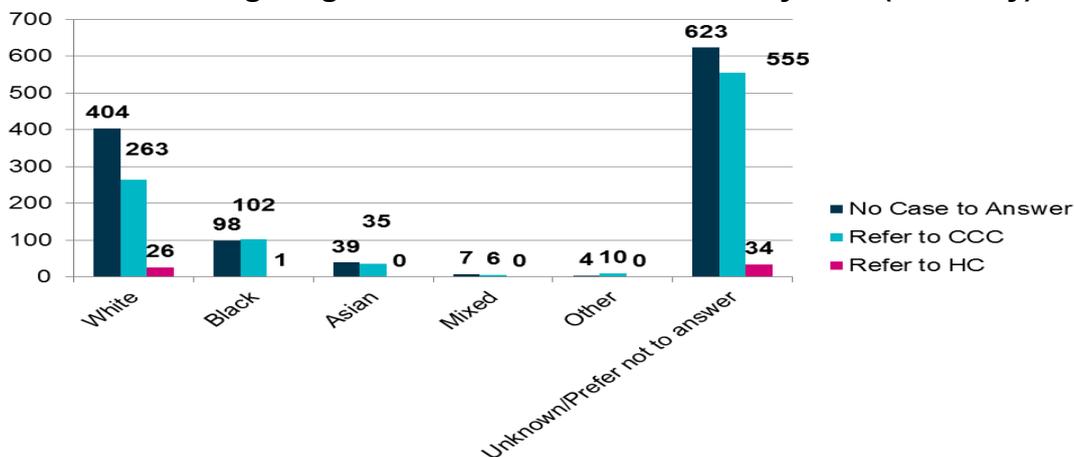


Chart 49: Investigating Committee final outcomes by religion

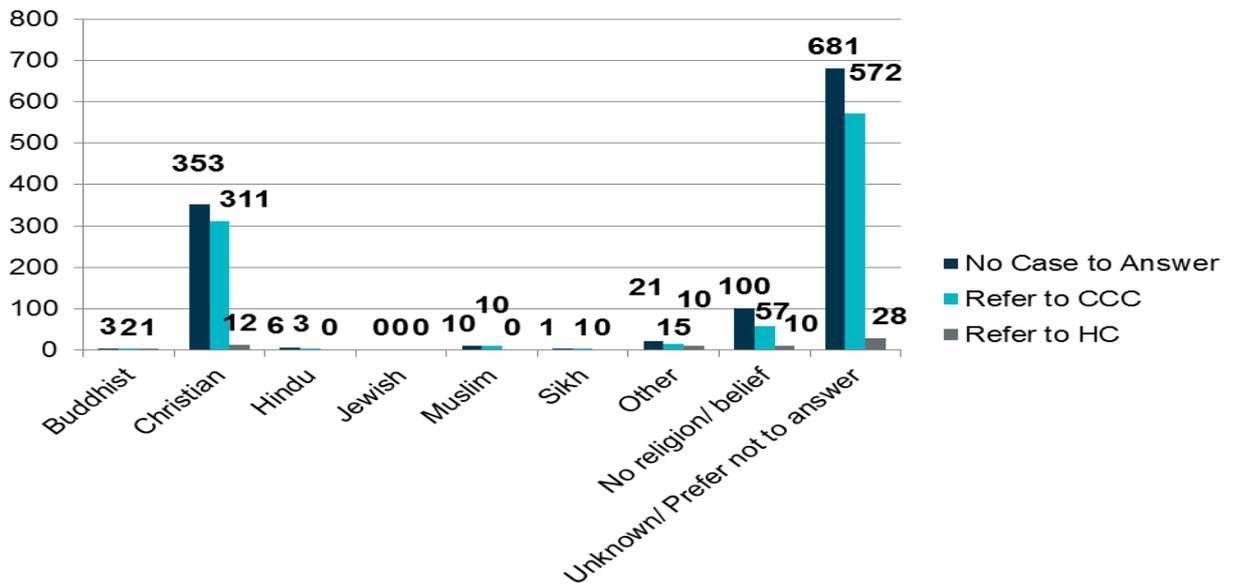


Chart 50: Investigating Committee final outcomes by sex (gender)

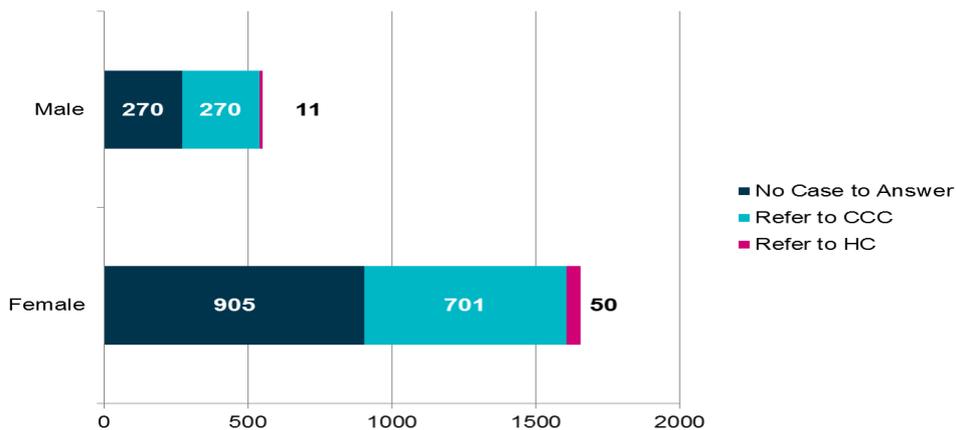
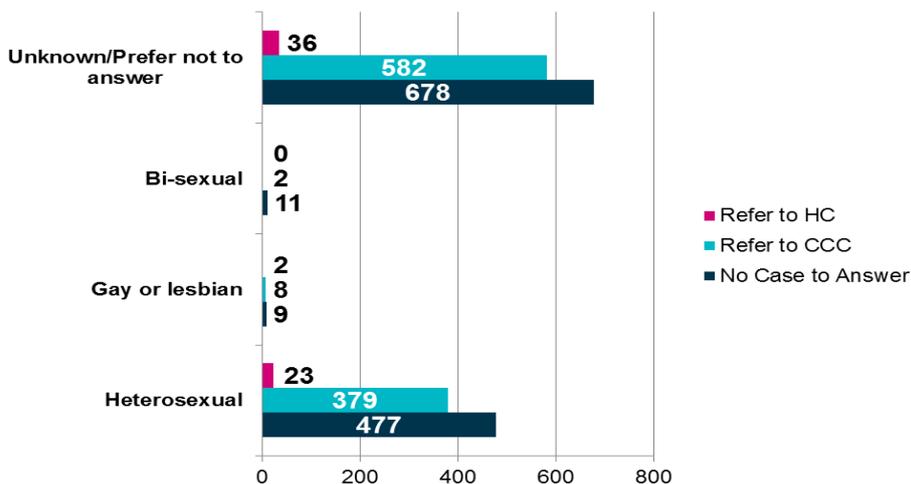


Chart 51: Investigating Committee final outcomes by sexual orientation



Adjudications

- 132 When a case is referred onwards for adjudication from the investigations stage it will be considered by a panel of the Conduct and Competence Committee or the Health Committee. This will take place at a hearing or meeting.
- 133 The purpose of the hearing or meeting is to determine whether the nurse or midwife's fitness to practise is impaired and if they pose a risk to the public. At the hearing or meeting, a nurse's or midwife's fitness to practice may be found to be impaired or not impaired. If impairment is found the panel will make a decision on whether a sanction is appropriate.
- 134 This section reports available E&D data for the 1,732 cases with a final adjudication outcome. There has been a four percent decrease in the number of cases since last year. These include decisions made on the review of a substantive order imposed at an earlier stage in the same case.

Chart 52: Sanctions by age

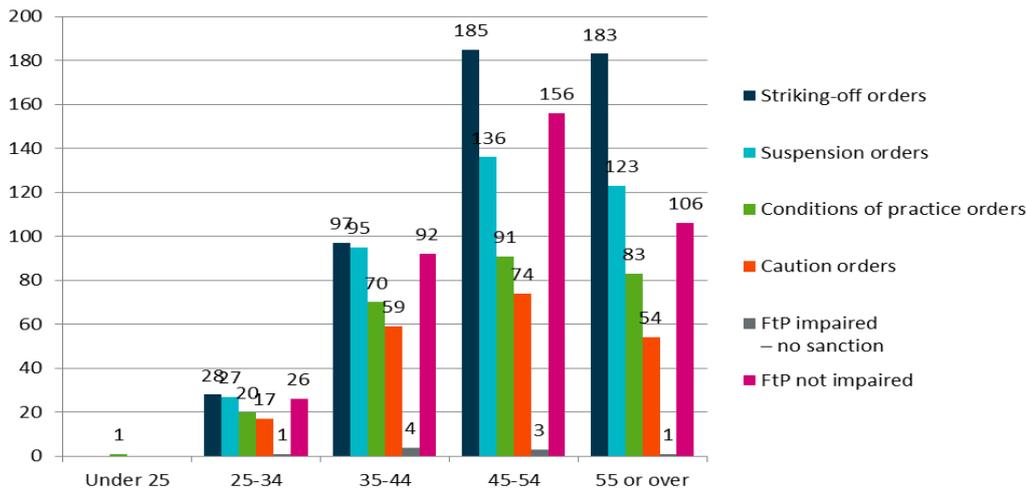


Chart 53: Sanctions by disability

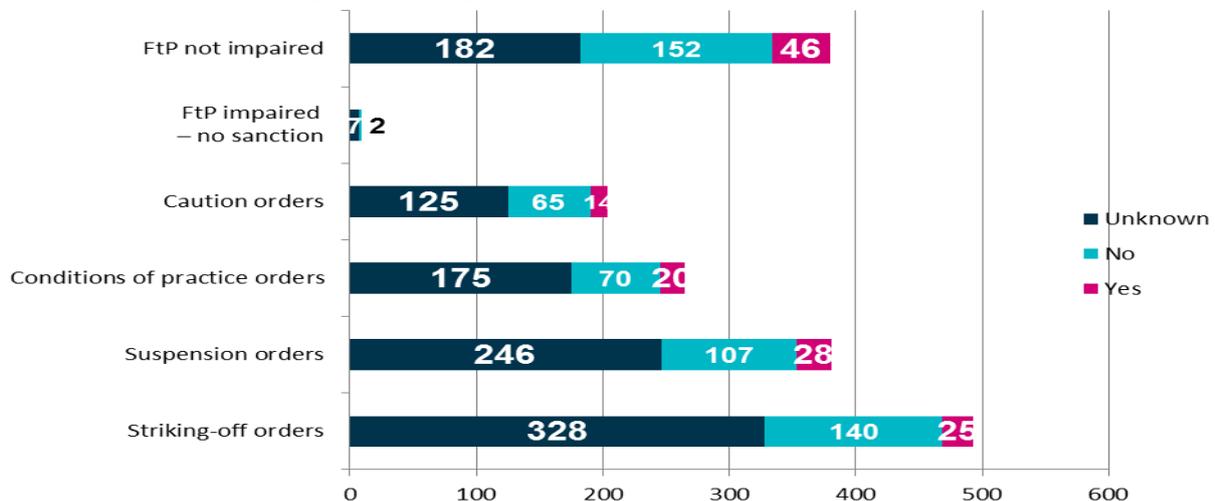


Chart 54: Sanctions by race (ethnic origin)

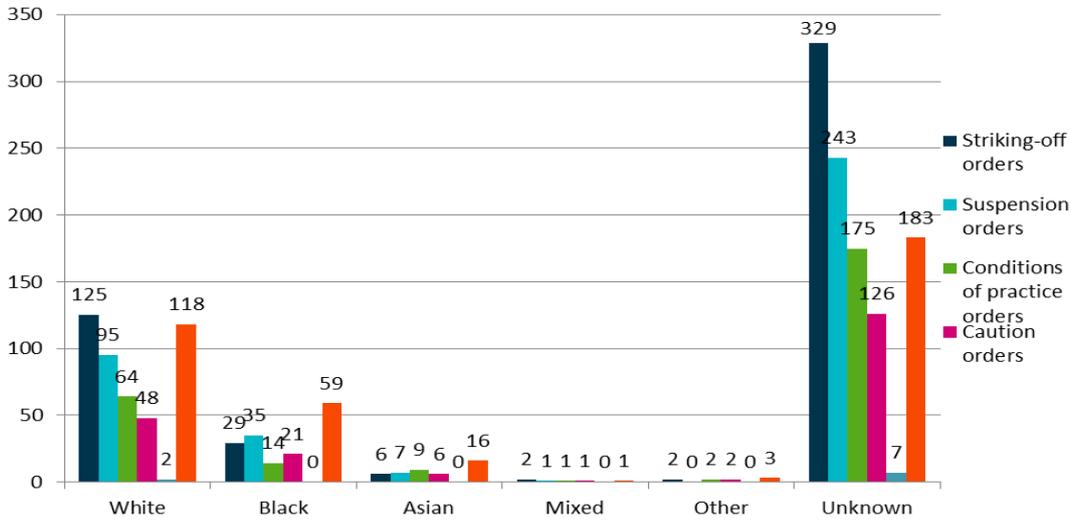


Chart 55: Sanctions by religion

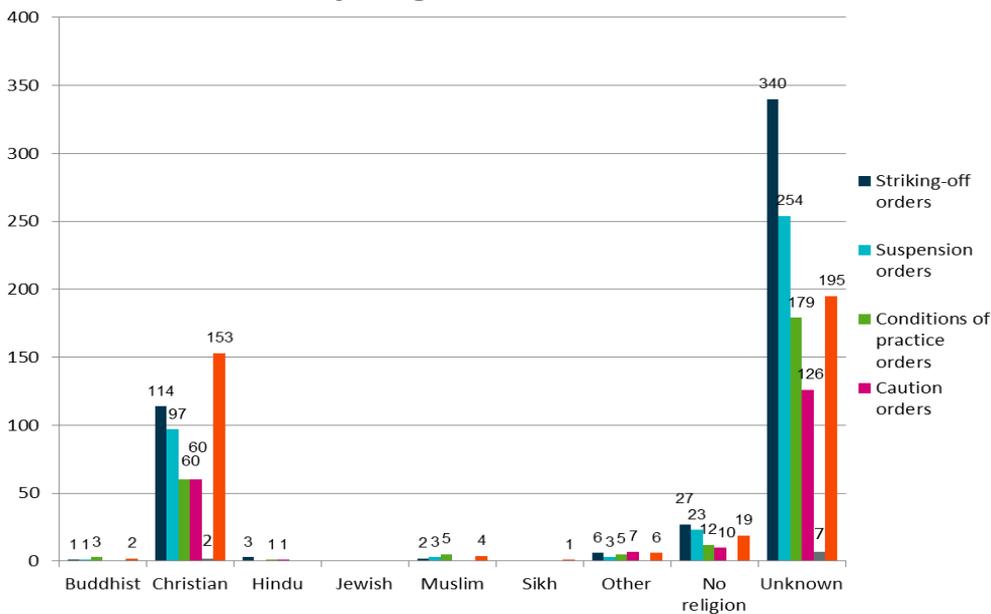


Chart 56: Sanctions by sex (gender)

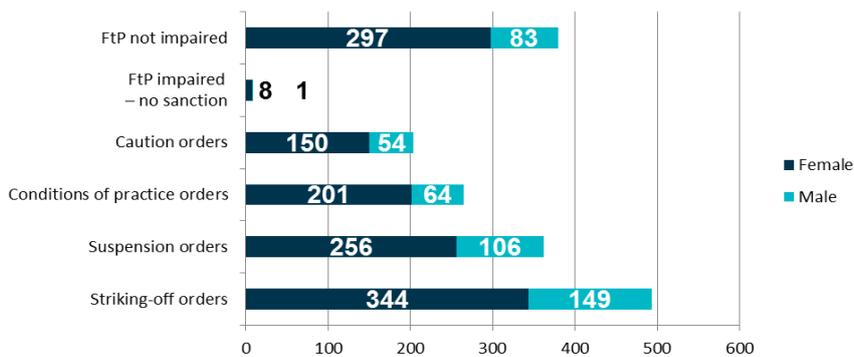
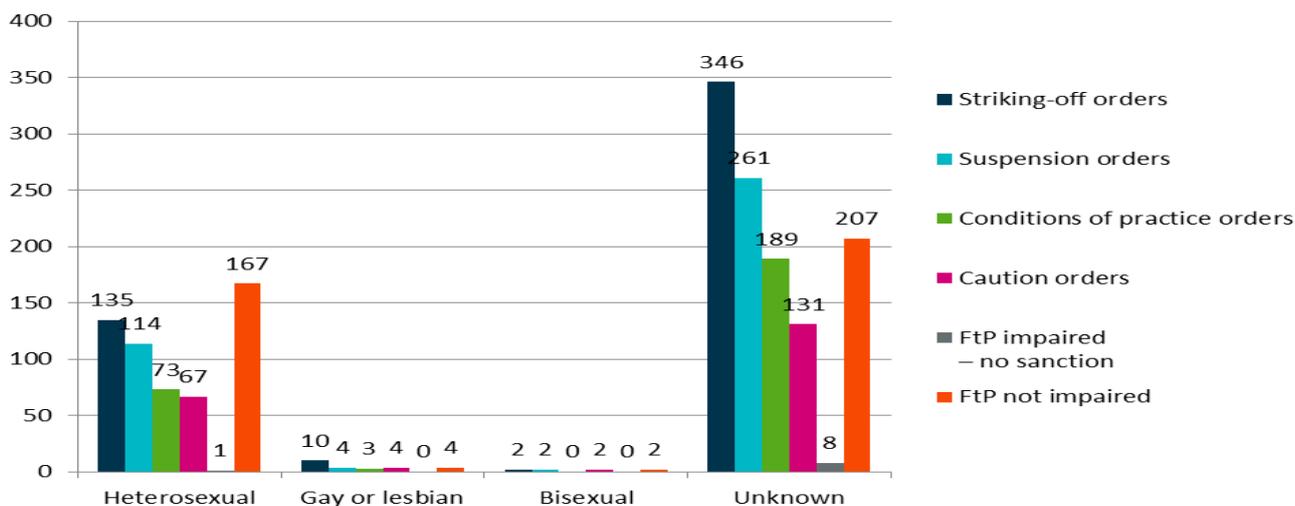


Chart 57: Sanctions by sexual orientation



Conclusion and Future Focus

135 We have made good progress against our equality objectives. However our equality objectives action plan 2015-2016 recognises the need for further work in all of our E&D activities.

136 Regarding our performance as an employer, we will build on our participation in a national benchmarking process to monitor and index our progress in key areas such as leadership and governance.

137 We have introduced NMC Online which is a secure, reliable and efficient online portal which will enable nurses and midwives to complete our new E&D questionnaire. So far we have collected approximately 32 percent of E&D data from nurses and midwives on our register using our new E&D questionnaire online.

138 The importance and benefits of collecting and monitoring E&D data is a top priority for us as it enables us to:

138.1 Identify key issues and understand the impact of our policies, practices and decisions on people with different protected characteristics, and thereby plan them more effectively.

138.2 Assess whether we are discriminating unlawfully when carrying out any of our functions or public services.

138.3 Assess and benchmark our performance and processes against those of similar organisations, nationally or locally.

138.4 Develop equality objectives to meet our general and specific duties.

139 From 2015, we will continue to encourage nurses and midwives to provide E&D data so that we can use better understand the population we regulate. We aim to increase our publicity to registrants on the importance providing E&D data, for

example through our nurses and midwives newsletters, the Royal College of Nursing's bulletin and our future media campaigns.

- 140 We will monitor our progress of collecting E&D data through NMC Online to ensure that we have a high quality standard data set. We will also identify any actions that may be needed to improve its effectiveness as the E&D data will be included in future E&D annual reports. We will also strive to improve the quality of E&D data that we collect and hold on FtP cases.
- 141 From 2015 we are commissioning research into the representation of BME registrants at each stage of the FtP process and we will commission further work on the basis of these findings. This will provide the starting point for ongoing focus on this area as part of our research programme.
- 142 We will be delivering a customer service excellence project aimed at ensuring we consistently provide good customer service for people we interact with. We will achieve this by adopting the Cabinet Office's Customer Service Excellence ® standard, across the organisation. This is to ensure our services are designed and delivered according to an understanding of the varied needs of our customers.
- 143 We will continue to enhance the training programmes for our panel members'. Our face to face training courses will be more challenging, interactive and discussion based in order to develop panel members' knowledge and skills. We will also work with other regulators to deliver training and run a joint training session with the Pharmaceutical Society of Northern Ireland and the General Pharmaceutical Council.
- 144 The exploration of E&D issues will be a key feature in our panel members training sessions. For example, we will ask panel members to consider various scenarios where other people views are considered properly based on preconceptions. Our training will also focus on considering other people's needs and how to treat people appropriately and equally.
- 145 Finally, we will also develop a new e-learning system to provide panel members' with access to a range of e-learning interventions and resources including a module that is dedicated to E&D. The system will allow panel members to manage their training anytime and anywhere.