

Open Council - 24 September 2024 (for website)

MEETING
24 September 2024 09:30 BST

PUBLISHED
24 September 2024

Extraordinary Meeting of the Council

To be held from 09:30 on Tuesday 24 September 2024
Council Chamber, 23 Portland Place, London W1B 1PZ

Agenda

Sir David Warren
Chair of the Council

Matthew Hayday
Council Secretary

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|----------|--|-----------|--------------|
| 1 | Welcome and Chair's opening remarks | NMC/24/76 | 09:30 |
| 2 | Apologies for absence | NMC/24/77 | |
| 3 | Declarations of interest | NMC/24/78 | |
| 4 | Minutes of the previous meeting | NMC/24/79 | |
| | Chair of the Council | | |
| 5 | Summary of actions | NMC/24/80 | |
| | Secretary | | |

Matters for discussion

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| 6 | Transforming NMC culture: responding to the Independent Culture Review | NMC/24/81 | 09:40- 11:00 <i>(80 mins)</i> |
| | Executive Director, Strategy and Insight | | |
| 7 | Questions from observers | NMC/24/82 <i>(Oral)</i> | 11:00- 11:30 <i>(30 mins)</i> |
| | Chair | | |
| | Refreshment break (20 mins) | | 11:30- 11:50 |
| 8 | Executive report | NMC/24/83 | 11:50- 12:10 <i>(20 mins)</i> |
| | Acting Chief Executive and Registrar/Executive | | |

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| 3 | 9 | Report from People and Culture Committee Chair of the People and Culture Committee | NMC/24/84 12:10-12:20 (10 mins) |
| 4 | 10 | Update on progressing the Fitness to Practise casework Executive Director, Professional Regulation | NMC/24/85 12:20-12:45 (25 mins) |
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Matters for decision

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| 6 | 11 | Education quality assurance update, risks and mitigations Executive Director, Professional Practice | NMC/24/86 12:45-13:30 (45 mins) |
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Lunch (30 mins)

13:30-14:00

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| 8 | 12 | 12.1 Adroddiad Monitro Blynyddol Rheoliadau Safonau'r Gymraeg 2023 – 2024 12.2 Welsh Language Standards Regulations Annual Monitoring Report 2023-2024 Executive Director, People and Organisational Effectiveness | NMC/24/87 14:00-14:10 (10 mins) |
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| 11 | 13 | Appointment of external auditors Interim Executive Director, Resources and Technology Services | NMC/24/88 14:10-14:20 (10 mins) |
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| 13 | 14 | Panel Member transfer and resignations Executive Director, People and Organisational Effectiveness | NMC/24/89 14:20-14:25 (5 mins) |
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Matters for discussion

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| 15 | 15 | Questions from observers Chair | NMC/24/90 (Oral) 14:25-14:40 (15 mins) |
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Matters for information

16 Chair's actions taken since the last meeting

NMC/24/91

Chair

CLOSE

14:40

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Item 4
 NMC/24/79
 24 September 2024

Meeting of the Council
 Held on Wednesday 24 July 2024 online via Teams

Minutes

Council

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| David Warren | Chair |
| Rhiannon Beaumont-Wood | Member |
| Lindsay Foyster | Member |
| Deborah Harris-Ugbomah | Member |
| Claire Johnston | Member |
| Margaret McGuire | Member |
| Eileen McEaney | Member |
| Flo Panel-Coates | Member |
| Nadine Pemberton Jn Baptiste | Member |
| Anna Walker | Member |
| Sue Whelan Tracy | Member |
| Lynne Wigans | Member |
| Navjot Kaur Virk | Associate |

NMC Officers

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| Helen Herniman | Acting Chief Executive and Registrar |
| Tom Moore | Interim Executive Director, Resources and Technology Services |
| Lise-Anne Boissiere | Executive Director, People and Organisational Effectiveness |
| Edward Welsh | Executive Director, Communications and Engagement |
| Alice Hilken | General Counsel |
| Lesley Maslen | Executive Director, Professional Regulation |
| Sara Kovach-Clark | Assistant Director, Policy |
| Anne Trotter | Assistant Director, Education and Standards (<i>morning session</i>) |
| Sam Foster | Executive Director, Professional Practice (<i>from 13:00</i>) |
| Matthew Hayday | Secretary to the Council |
| Alice Horsley | Senior Governance Manager |

Joining for item 11

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| Sam Donohue | Assistant Director, National and Regional Outreach |
| PJ Mansell | Head of Strategic Delivery, National and Regional Outreach |

A list of observers is at Annexe A.

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Minutes

NMC/24/61 Welcome and Chair's opening remarks

1. The Chair welcomed all attendees and observers to the meeting.
2. The Chair welcomed in particular:
 - a) Sara Kovach-Clark, Assistant Director, Policy, attending on behalf of Matthew McClelland, Executive Director, Strategy and Insight.
 - b) Anne Trotter, Assistant Director, Education and Standards attending the morning session on behalf of Sam Foster, Executive Director, Professional Practice.
 - c) Surinder Birdi, Appointments Board member, observing the meeting.
3. It was noted that by exception, the NMC Standing Orders relating to recording Council meetings was suspended for the meeting, to allow it to be recorded and published to the website.

NMC/24/62 Apologies for absence

1. Apologies were received from Matthew McClelland, Executive Director, Strategy and Insight, and Sam Foster, Executive Director, Professional Practice, for the morning session only.

NMC/24/63 Declarations of interest

1. The following declarations of interest were recorded:
 - a) **NMC/24/69: Update on progressing our Fitness to Practise casework.** All registrant Council members and Associates declared an interest.
2. The interests were not considered material such as to require the individuals concerned to withdraw from the discussion.

NMC/24/64 Minutes of the previous meeting

1. The minutes of the meeting on 3 July 2024 were agreed as an accurate record, subject to the following amendments:
 - a) Relating to the Executive Report (item NMC/24/50 2.O) in respect of the practice learning review, the point that it would be important to seek expertise from advisers reflecting the diversity of the register should be captured as an action.
 - b) Relating to item NMC/24/50 2.R, the minute that the themes in Education Quality Assurance currently affecting some Approved

Education Institutions be reported to the Council at its meeting on 24 July 2024 should be captured as an action.

- c) Relating to the Audit Committee Annual Report 2024-2023 (item NMC/24/51 2.a), the Committee had ‘*accepted*’ (rather than ‘*scrutinised*’ and ‘*agreed*’) the Head of Internal Audit’s annual opinion and assessment of the governance, internal control, and risk management environment.
- d) Item NMC/24/51 2.b should note the ‘*the Letters of Representation included clauses specific to the NMC (HW Fisher section 9) on pensions*’.
- e) Relating to item NMC/24/51 2.e, a correction to note that colleagues were recording issues and concerns through the adverse incident system.

- 2. The draft minutes would be amended accordingly and submitted to the Chair for signature.

Action: Amend the minutes of the meeting on 3 July 2024 according to the comments raised and submit to the Chair for signature.
For: Secretary to the Council
By: 31 August 2024

NMC/24/65 Summary of actions

- 1. The Council noted progress on actions arising from previous meetings.
- 2. Arising from NMC/24/50: Executive Report – Panel Member/Chair recruitment:
 - a) In respect of the 1700 applications received for the Panel Member/Chair roles, 35 percent were from Black and Ethnic Minority backgrounds and 14 percent had declared that they had a disability.
 - b) Assurance was provided that the ability for the NMC to track diversity at each stage of the recruitment process had been part of the requirement in the specification of engagement with Inclusive Boards.
 - c) Reports on diversity of the applicants throughout the selection process would be shared with the Appointments Board as well as with the Council on submission of the appointment recommendations in early 2025.
 - d) It was agreed that the Council Secretary would confirm with Inclusive Boards whether data on applicants’ social and economic backgrounds was captured as part of the diversity monitoring data.

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3. Arising from NMC/24/50: Executive Report, relating to the scheduling of meetings for Council members with the volunteer Ambassadors for the Empowered to Speak Up service, it was appropriate that this take place once training had been delivered, but there would be endeavours to ensure this was early as possible, and before 27 November 2024, which was the due date included in the Summary of Actions.

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| Action: | Confirm with Inclusive Boards whether data on Panel Member/Chair applicants' social and economic backgrounds was captured as part of the diversity monitoring data. |
| For: | Secretary to the Council |
| By: | 31 August 2024 |
| Action: | Schedule meetings for Council members with the volunteer Ambassadors for the Empowered to Speak Up service as soon as possible, and before 27 November 2024, which was the due date included in the Summary of Actions. |
| For: | Secretary to the Council |
| By: | 24 September 2024 |

NMC/24/66 People and Culture Report

1. The Acting Chief Executive and Registrar introduced the item, highlighting the following points:
- a) In her substantive role as Executive Director, Resources and Technology Services, she had been the Executive lead overseeing the Independent Culture Review, as well as Ijeoma Omambala KC's investigations.
 - b) The Independent Culture Review report (the Report) made difficult reading.
 - c) The NMC had accepted the 36 recommendations in the Report in full and would go further than those recommendations in changing our culture.
 - d) The Executive team had apologised unreservedly to NMC colleagues, those on the register and the public.
 - e) The Executive acknowledged that the NMC's response to the Report, in terms of the internal change needed, would be judged on actions, not words.
 - f) Colleagues had expressed a range of reactions in response to the Report, including sadness, anger, shame and frustration. The Executive continued to enable colleagues to read and absorb the detailed report and provide support to colleagues as needed.
 - g) In response to the Report externally, stakeholders had expressed their disappointment and were calling for action.

- h) Internal and external engagement was occurring to help formulate the necessary plans to bring about the much-needed change.
- i) There was work underway to strengthen the NMC's approach to safeguarding, led by the Executive Director, Professional Practice, to expediate action to reduce the timeliness of Fitness to Practice (FTP) referrals, and to ensure that poor, unacceptable behaviour was dealt with.
- j) An external Empowered to Speak Up Guardian had been appointed and people had already approached this individual.
- k) Externally facilitated listening circles had also been established, which were safe spaces for NMC colleagues.
- l) The NMC was investing in a partner to help improve psychological safety within the organisation, starting with the Professional Regulation directorate, before being rolled out more widely.
- m) The process for appointing an Equality, Diversity and Inclusion (EDI) advisor to the Executive Board to support decision-making was underway, although it was acknowledged that this was not a substitute for the Executive having a strong understanding of EDI matters.
- n) The Executive had made some immediate commitments, including doubling the amount spent on colleague learning and development to increase the investment made in NMC colleagues. Although to ensure this investment delivered the required outcomes, it needed to be planned.
- o) A competency framework for the NMC was also being developed and would be launched in September 2024.
- p) There were two opportunities to increase the diversity of the Executive Board, with the vacancies for the interim and permanent Chief Executive and Registrar, as well as the Interim Executive Director, Strategy and Insight role.
- q) An EDI partner would also be appointed to review and improve the NMC's EDI learning and mandatory training, as well as to identify any gaps in policies, and to look at the approach to tackling bullying, harassment and discrimination in the medium-term.
- r) The FTP 18 Month Plan was being reviewed to ensure it addressed the issues raised.
- s) In the longer term, the Executive would focus on wider cultural change at the NMC. In the medium-term, thought and external specialism was required to make sure there was a sustainable plan to start the culture change.

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- t) The commitment that a detailed action plan in response to the Report would be ready by early September 2024, with detail covering all 36 recommendations.
- u) Acknowledgement that the contents of the Report had damaged trust and confidence in the NMC and its role as a regulator. It was only by delivering on the recommendations and making significant changes in culture and the other areas highlighted in the Report that the NMC would be able to rebuild that trust.

2.

On behalf of the Council, as well as personally, the Chair added his apologies to NMC colleagues, professionals, and the public relating to the deeply troubling findings of the Report. The Chair noted:

- a) The Report described conditions which ought not to exist within a properly functioning organisation.
- b) The Council needed to ask itself how the NMC got to this position, including what questions the Council had not asked, or assurances it had not sought, over the past few years, on the issues covered by the Report.
- c) To move forward with pace and determination, and to build a better, stronger NMC, it was important to understand what had gone wrong in the past.
- d) He had met the previous week with the new Minister of State for Health, Karen Smyth, and would be meeting with other Ministers, including from the devolved nations, to provide them, as well as other stakeholders and the public, with assurances that the NMC was addressing urgently the concerns raised in the Report.
- e) It had been agreed that the NMC would appoint an Interim Chief Executive and Registrar as soon as possible, with the recruitment campaign launching next week. The NMC was working with the Department of Health and Social Care (DHSC) and Inclusive Boards on the campaign and the aim was to appoint an Interim by the beginning of October 2024.
- f) A recruitment campaign for a permanent Chief Executive and Registrar would be launched in early October 2024, with a view to announcing a successor to Andrea Sutcliffe, former Chief Executive and Registrar, hopefully before the end of the calendar year.
- g) The NMC would also be co-opting one or more senior independent advisors the Council, to increase the challenge and support and ensure the necessary cultural changes were delivered and to prevent any recurrence of the issues in the Report.

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- h) Additional external expertise was being sought to provide insight, support and advice on the urgent improvements needed to the FTP process.
- i) The Professional Standards Authority (PSA) was establishing an oversight group, which would scrutinise the impact of the measures introduced by the NMC to improve its culture and performance and provide insight and advice on further actions the NMC may need to take. It was envisaged that this oversight group would include Chief Nursing Officers from the four UK nations, representatives from the trade unions, policy officials from DHSC and devolved governments, and other relevant experts who would be identified by the PSA.

3.

In discussion, the following points were noted:

- a) Council members' sincere apologies to NMC colleagues, Registrants and members of the public for the experiences detailed in the Report.
- b) The Council had not been aware of the scale and seriousness of the cultural issues at the NMC revealed in the Report.
- c) Thanks to colleagues who had spoken up as part of the Independent Culture Review research, as well as through other channels. In speaking up, colleagues had taken the opportunity to propel fundamental change at the NMC, and it was acknowledged that speaking up took courage.
- d) It was actions and not words which would make a difference to transforming the culture at the NMC and this could not be approached as business as usual.
- e) A detailed action plan for the delivery of the recommendations in the Report would be presented at the additional Open Council meeting on 24 September 2024.
- f) Ahead of the Open Council meeting on 24 September, it would be important for the Council and the Executive to discuss the cultural issues that underlay the recommendations in the Report and to ensure these were fully understood.
- g) Listening to the comments and reactions to the Report, both internally and externally, and reflecting upon this feedback, was valuable to colleagues in continuing to build on the understanding of the cultural issues underlying the recommendations.
- h) The NMC would go further than the recommendations set out in the Report to achieve substantive and sustainable change.
- i) As part of the actions planned, there should be commitment to instil an environment of psychological safety, for which EDI was a fundamental foundation, alongside celebrating authenticity,

- safety to challenge, safety to learn from mistakes, and being a true learning organisation.
- j) An organisation's culture was defined by the worst sort of behaviour that was tolerated.
 - k) Culture change involved the whole organisation, and it was a good time to reflect on the NMC's values.
 - l) The commitment to develop a competency framework was commended.
 - m) The implementation of the recommendations would be measured by outcomes as opposed to being process driven. Outcome metrics were being considered and would include responses to the Your Voice staff survey.
 - n) Internal colleagues, the Council and external stakeholders, such as the PSA, would hold the NMC to account on implementing the recommendations in the Report.
 - o) Prioritisation and sequencing of activity to focus on the outcomes with the greatest impact as well as being agile with resources was essential. A prioritisation exercise had been undertaken in autumn 2023, and another prioritisation exercise would be undertaken over the summer 2024, ahead of the delivery plan in September 2024.
 - p) As part of this prioritisation, it was critical to be mindful of ensuring workloads were manageable, particularly as workload pressure across the organisation had been highlighted in the Report.
 - q) It was agreed that the draft principles for how the NMC would deliver the work in response to the Report would be reviewed.
 - r) The appointment of an external Empowered to Speak Up Guardian was commended.
 - s) It was agreed that the Council would meet with the internal Empowered to Speak Up Ambassadors as soon as practicable.
 - t) Five current NMC colleagues and one former colleague had contacted the Empowered to Speak Up Guardian to-date, regarding workload, being listened to and respected by their managers, as well as the atmosphere in their teams generally.
 - u) Assurance that work was underway to establish how to consistently identify safeguarding concerns at an early stage and to provide additional wellbeing support accordingly as part of the FTP process.
 - v) A Safeguarding Board had been established, with a clear process for reporting to the Charity Commission, and a Specialist Advisor role had been created to support the Strategic Safeguarding Lead.

- w) The Committee chairs had met and were seeking to upgrade the current corporate governance system at the NMC related to risk and risk management.
- x) The Audit Committee Chair was committed to establishing an Audit Committee which had a remit encompassing audit and risk, as well as assurance around systems and solutions implemented in response to the Report.

4. Summing up, the Chair underlined the Council's commitment to be a fundamental part of the work to deliver the cultural transformation required at the NMC, which would go above and beyond the recommendations in the Report.

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| Action: | Detailed action plan for the delivery of the recommendations in the Report to be presented at the Open Council meeting on 24 September, including in respect to Safeguarding. |
| For: | Acting Chief Executive and Registrar |
| By: | 24 September 2024 |
| Action: | The Council and the Executive to discuss the cultural issues which underlay the recommendations in the Report and to ensure these were fully understood, ahead of the presentation of the action plan. |
| For: | Secretary |
| By: | 11 September 2024 |
| Action: | Review the draft principles for how the NMC would deliver the work in response to the Report. |
| For: | Secretary |
| By: | 11 September 2024 |
| Action: | Schedule meetings for Council members with internal Empowered to Speak Up Ambassadors as soon as practicable. |
| For: | Secretary |
| By: | 11 September 2024 |

NMC/24/67 Questions from observers

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

NMC/24/68 Performance and Risk report Q1 April – June 2024

1. The Executive Director, Resources and Technology Services introduced the Q1 performance and risk report. The following points were highlighted:

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- a) The NMC’s financial position remained secure, with free reserves of nearly £40 million, and cash and investments totalling £94 million.
 - b) The overall net position before movement on investments was at a deficit of £2 million, below the £3.9 million budgeted deficit, which was largely due to some slippage and underspend on core regulatory activities.
 - c) As set out in the budget for the year, the NMC was committed to the continued investment in the Fitness to Practise 18 Month Plan, which had been supported from free reserves and through diverting expenditure from other areas.
 - d) There were several issues affecting the budget for the current and future year, including a reduction in income from overseas applications compared to budget expectations, and resource required to respond to the Independent Culture Review report and issues found relating to Education Quality Assurance.
 - e) Relating to the Corporate Plan, there had been good progress made against all five of the NMC’s priority outcomes, but the Report had underlined the need to progress further and faster in respect of outcomes one and two.
 - f) The forecast for delivery for the year remained at ‘amber’ as there was a need to manage competing pressures on resources to maintain business as usual activity, alongside innovation and improvement.
 - g) The Executive would undertake a further prioritisation exercise in August 2024 to ensure there was sufficient resources to manage performance and risk in light of the Report.
 - h) Ijeoma Omambala KC’s report was now due to be shared with the NMC in November 2024, with the publication date still to be confirmed.
 - i) The Professional Standards Authority would await the publication of the Omambala reports before confirming the outcome of its periodic review of the NMC.

2.

The Assistant Director, Policy provided the key headlines from the annual registration data report published in July, which was available on the NMC website, including:

- a) There were more nurses, midwives and nursing associates on the register than ever before, with 826,418 professionals on the register as at 31 March 2024, which was an increase of 4.8 percent compared to the previous year. This was positive as the health and social care sector faced rising demands and increasingly complex and changing needs.

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- b) This growth in the register was in large part due to the continuous rise in first time joiners to the registers.
 - c) The number of UK and internationally educated joiners within the last year was almost equally split between 30,363 and 29,628, respectively.
 - d) The year-on-year growth was higher among international joiners, with an increase of more than 18 percent compared to the number of international joiners in the previous year.
 - e) Almost half of the year's international joiners were educated in India.
 - f) There was a proportional rise in first time joiners from several 'red listed countries' from which active recruitment was not permitted.
 - g) The NMC continued to use its influence to remind employers and agencies to follow the relevant codes of practice to help maintain ethical standards and to support global health equity.
 - h) Continued growth in international professionals, together with an ethnically diverse cohort of UK joiners, meant there was no significant change to the profile of the register.
 - i) Professionals from Black and Minority Ethnic backgrounds made up nearly a third of the register.
 - j) The Leavers Survey showed a decrease in leavers as a proportion of the register.
 - k) Data highlighted that a fifth of the nurses, midwives and nursing associates leaving the register over the last 12 months had done so within the first ten years of joining the profession.
 - l) Retirement remained the top reason for leaving the register, but professionals also cited poor health, both physical and mental, and burnout as the most common factors.
 - m) Staffing issues, concerns for quality of care, and lack of colleague support were more common reasons for leaving the register.
 - n) The NMC was committed to working with partners across the sector to provide professionals with the support needed to carry out their essential roles. It was clearly important to ensure the right support was available to improve retention rates.
 - o) It was hoped the data in the reports provided the insight needed to support all those on the register and the sector more generally to provide safe, kind and effective care, which the public has a right to expect.

3.

In discussion, the following points were noted:

- a) It was agreed that the new risk PEO24/05 (risk of low morale and engagement, contributing to a loss of talent, expertise, corporate knowledge, and key relationships in parts of the business) would

- be reconsidered, to ensure it was more specific about the risks related to a failure to implement the recommendations in the Report.
- b) It was important to ensure there was clarity between ‘risks’ and ‘issues’ in the performance and risk report, as these terms had at times been used interchangeably.
 - c) In light of the Report, an update on the NMC’s Financial Strategy would be presented to the Council in the coming months, probably in September 2024.
 - d) Assurance was provided that the NMC was continuing to invest in improvements relating to data and technology and taking a risk-based approach to prioritising work in these areas.
 - e) More consideration might be given to presenting data in terms of trends in the performance report, to allow for progress to be monitored effectively.
 - f) Relating to Priority Outcome 2 (build an inclusive, high performance learning culture), the EDI Plan was rated as ‘amber’, reflecting significant progress against the milestones set. In terms of the impact of the EDI Plan, it was clear from colleagues’ lived experiences as described in the Report that there was much to do, which was reflected in the overall ‘red’ rating for Priority Outcome 2.
 - g) Workload pressure was a key issue highlighted in the Report.
 - h) FTP key performance indicators (KPIs) were being reviewed, as some were contributing to unnecessary stress, particularly the Interim Order metrics, which were rarely achieved.
 - i) Assurance that work was underway to ensure FTP cases were distributed and balanced appropriately across the team in terms of number, complexity and content.
 - j) There was a suite of resources available to support colleagues with wellbeing and mental health, including access to decompression support for colleagues dealing with disturbing cases.
 - k) The demographics of colleagues leaving the NMC within 6 months of joining and in relation to sickness absence could be shared with Council members by request.
 - l) Relating to Priority Outcome 3 (modernise internal systems, tools, policies and processes), safeguarding was a core area for improvement. A safeguarding hub was being established to ensure FTP cases which had a safeguarding concern were reviewed by colleagues with the appropriate skills and experience.

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- m) Relating to Priority Outcome 5 (Strengthen the integrity of the register), a high number of concerns were being managed by the Education Quality Assurance (QA) team, with analysis due to be completed by the end of July 2024. It was likely that some additional operational resources would be required.
- n) A Serious Incident Report would be submitted to the Charity Commission relating to these education QA concerns once data was finalised.
- o) Assurance was provided that to mitigate the risks, an overarching plan was being developed, in close discussion with the DHSC and NHS England, as well as the Council of Deans for Health.
- p) The aim was to mitigate any impact on the workforce pipeline and to take a proportionate, pragmatic risk-based approach to the education QA concerns, as well as to keep students at the centre of the work plan and to keep them well-informed.
- q) It was also important to maintain supportive, collaborate relationships with approved education institutions (AEIs) and to ensure they were aware of what was required in terms of practice hours.
- r) As well as being crucial to maintaining the integrity of the register, the work on these education QA concerns was closely linked to the work related to practice learning, which was being undertaken following the UK's exit from European Union.

4. Summing up, the Chair noted that it was critical for the Council to reflect on the quarterly performance and risk reports within the context of the Independent Culture Review. A common theme in discussion had been how to relate risk analysis to the NMC's corporate performance and how this was supporting the work to contribute to changing the culture at the NMC.

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| Action: | Review the new risk PEO24/05 (risk of low morale and engagement, contributing to a loss of talent, expertise, corporate knowledge, and key relationships in parts of the business) to ensure it was more specific about the risks related to a failure to implement the recommendations in the Independent Culture Review Report. |
| For: | Interim Executive Director, Resources and Technology Services |
| By: | 27 November 2024 |
| Action: | An update on the NMC's Financial Strategy would be presented to the Council in the coming months, likely in September 2024. |
| For: | Interim Executive Director, Resources and Technology Services |
| By: | TBC |

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NMC/24/69 Update on progressing the Fitness to Practise casework

1. The Executive Director, Professional Regulation introduced the item.
2. In discussion, the following points were noted:
 - a) Planning the delivery of the FTP 18 Month Plan was being considered in light of the recommendations in the Report, including consideration of changes to resourcing, timeframes and priorities, and opportunities to do things differently.
 - b) Acknowledgement that the publication of the Report had caused delays to progress to the FTP casework.
 - c) It was important to allow colleagues the time to reflect on and discuss the Report at team meetings, and to seek whatever support was required.
 - d) There had been a focus on improving timing and increasing resources at the Screening stage of the FTP process, which was where the bulk of the caseload was held.
 - e) There had been retention issues at Screening which were being addressed, including by offering permanent rather than fixed-term contracts.
 - f) Inducting new colleagues took time, which diverted the focus of established colleagues from casework progression.
 - g) There had also been staffing challenges at the Investigations stage of the process, which had impacted outputs.
 - h) FTP referrals remained higher than anticipated, with 491 referrals received in June 2024 and, coupled with lower than assumed outputs, the caseload was slightly up at 605 as at 30 June 2024.
 - i) Since the launch of the FTP 18 Month Plan in April 2024, there had been some progress.
 - j) A revised approach to hearing coordinator recruitment had seen an improvement in both the volume and calibre of applicants.
 - k) Headcount was ahead of expectation and would be 83 percent of target by the end of July 2024, and 94 percent of target by the end of September 2024.
 - l) There had been good work to improve induction and support for new colleagues working in FTP.
 - m) A scorecard was being developed to track progress against the Plan. The scorecard would be discussed at the FTP focused Executive Board meeting later in the month, with the approach to monitoring progress including a range of key metrics set against the four key outcome areas in the Plan, as well as an internal dashboard showing caseload timeliness.

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- n) The benefits of a new case management system and improved data at each stage of the FTP process was being explored. An update would be provided to the Council in September 2024.
- o) The new case management system should incorporate quality assurance.
- p) The workstream to improve the experience of registrants going through the FTP process was important and the Independent Culture Review report recommendations relating to this were welcomed.
- q) Good progress had been made in assessing quality management and assurance arrangements across FTP. The focus currently was on identifying opportunities to improve existing arrangements and to bring a consistency of approach, and to reduce duplication.
- r) A new quality framework was due to be completed in the first quarter of 2025, coproduced between Strategy and Insight and FTP colleagues.
- s) As part of the quality framework, assurance was provided that all those involved in an FTP process would always be clearly advised about who was the case owner at any given time.
- t) Work to move to a single case ownership model had been deferred as there was not the capacity or readiness to implement it at the time.
- u) In relation to the workstream to support appropriate referrals, employers played a crucial role in reducing the referrals that do not need to come into the FTP process and improving the quality of those that do.
- v) There was a need to focus on improving engagement with employers in the agency and social care sector to support appropriate referrals.
- w) This focus on supporting appropriate referrals would reduce the number of referrals received by the NMC where a registrant was not initially identifiable.

Action: Provide an update on the benefits of the new case management system for the FTP process.
For: Executive Director, Professional Regulation
By: 24 September 2024

NMC/24/70 English Language changes evaluation

1. The Assistant Director, Policy introduced the item.

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2.

In discussion the following points were noted:

- a) The anticipated benefits of the English language changes included enabling better access to the register for qualified applicants, improving the experience of applicants joining the register and reassuring stakeholders that the requirements were fair and proportionate.
- b) Feedback from evaluation and focus groups was positive about the introduction of the English Language changes, particularly the acceptance of employer references regarding English language competence.
- c) To implement the supporting information from employers (SIFE) as additional evidence for English language proficiency quickly, a manual paper form was introduced initially, which had led to issues and complaints.
- d) Colleagues had been working to resolve the issues and improve the process.
- e) Since May, a more efficient automated process for SIFE via NMC Online was implemented, which the Council welcomed.
- f) It was important to continue to evaluate the impact of the changes made to the English language requirements and to consider incorporating this to the NMC's quarterly performance reporting.
- g) There was some concern that applicants working in social care or for agencies were experiencing barriers to their applications.
- h) The Implementation Advisory Group had members representing social care and registrants from Black, Asian and Minority Ethnic backgrounds, and this membership would be kept under review.

3.

Decision: The Council agreed that the NMC should continue with its current routes for demonstrating English language competence, including the updated requirements.

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| Action: | Consider incorporating evaluation information about the impact of the English language changes to the NMC's quarterly performance reporting. |
| For: | |
| By: | Executive Director, Strategy and Insight |
| | 24 September 2024 |

NMC/24/71 Employer Link Service Annual Report

1. The Executive Director, Professional Practice introduced the report providing an overview of the activity of the Employer Link Service (ELS) 2023-2024.
2. In discussion the following points were noted:
 - a) It was agreed that the ELS annual report next year would include quantitative performance information to support the narrative, with information about objectives set at the start of the year and progress against those objectives at the year-end.
 - b) There had been an increase in calls to the ELS Advice Line in the year. 43 percent of callers were advised that a referral was not required at the time of the call or to investigate or manage locally first.
 - c) There was opportunity for the ELS team to work with employers and stakeholders more to improve the quality of referrals, with options for this to be discussed at Executive Board later in the month.
 - d) This work would prevent registrants from waiting for protracted periods of time whilst referrals were at the Screening stage of the FTP process.
 - e) A business case was being developed to seek more resources for the ELS team.
 - f) There was an ambition for the ELS team to improve its reach into the more vulnerable parts of the sector, including social care, the independent sector and agencies.
 - g) The Social Care Workforce strategy had recently been published and the NMC was working with external stakeholders to examine how it could improve its reach in this area.
 - h) The data available required improvement, particularly related to social care and domiciliary care.
 - i) Relating to the NMC’s influencing role, the thematic intelligence collated and presented in the ELS Annual Report was commended. It was acknowledged that it was valuable to health and social care sector employers.
3. Summing up, the Chair thanked Professional Practice colleagues for the ELS Annual Report. It was important for the Council to review the work of the ELS regularly and to further develop its understanding of the impact the ELS had on all areas of the NMC’s work.

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NMC/24/72 Proposed amendments to risk framework

1. The Interim Executive Director, Resources and Technology Services introduced the item. It was noted that the Risk Management Framework underpinned how risk was managed across the NMC. Since the Framework was last approved by the Council in 2021, the following proposed changes were highlighted:
 - a) A clear distinction between strategic and operational risks.
 - b) Inclusion of the escalation route to move risks from operational to strategic levels.
 - c) A new risk appetite, tolerance levels, and thresholds, which had been discussed with the Council at its Awayday session in April 2024.
 - d) Amendments to the remit of the Council's committees to ensure that the committees with the relevant experience, expertise and focus could help shape the NMC's risk and ensure they reflected fairly the context for that category of risk.

2. In discussion the following points were noted:
 - a) The Council welcomed the disaggregation of strategic and operational risks.
 - b) There needed to be consideration and clarity about the frequency with which the Council reviewed the NMC's strategic risks, as 'periodically' was insufficiently clear.
 - c) Risk was dynamic and there would be consideration given as to how 'risk trajectory' and timeframes for achieving risk mitigation could be presented to the Council with more clarity.
 - d) In reference to paragraph 6.6.3 of the Framework, the suggestion that consideration be given to assurance mapping, to help to identify where there was over assurance and where there were areas which required more focus.
 - e) In reference to paragraph 9.6 of the Framework, the suggestion that a more open-ended process to identify emerging risks at an early stage be established.
 - f) Whilst the Audit Committee was mentioned in the Framework in respect of strategic roles and responsibilities, there was concern that its role was not referenced in more detail, despite its specific delegated risk management responsibility.
 - g) It was agreed that the existing information and profile of the Audit Committee in the Framework be amended to better recognise its remit for risk and assurance evaluation as delegated by the Council.
 - h) The Framework was focused on operational processes, and it would be valuable to review from a governance perspective, and to clarify the role and responsibilities of the Audit Committee, as well as the Council's role in corporate-level oversight of risk.
 - i) Subject to approval, the Framework would be implemented over the coming months.

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3. **Decision: Subject to taking into account the points raised in discussion, the Council approved the proposed changes to the NMC’s Risk Management Framework.**

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| Action: | Consider and clarify: <ul style="list-style-type: none"> • The frequency with which the Council reviewed the NMC’s strategic risks. • How ‘risk trajectory’ and timeframes for achieving risk mitigation could be presented to the Council. |
| For: | Interim Executive Director, Resources and Technology Services |
| By: | 24 September 2024 |
| Action: | Amend the existing information and profile of the Audit Committee in the Framework to better recognise its remit for risk and assurance evaluation, as delegated by the Council. |
| For: | Interim Executive Director, Resources and Technology Services |
| By: | 24 September 2024 |

NMC/24/73 Proposed amendment to wording in Standards for Pre-Registration Midwifery Programme

1. The Assistant Director for Midwifery introduced the proposed amendment to the NMC’s Pre-Registration Midwifery Programme standards, which was part of a suite of work being undertaken relating to unregulated people providing midwifery care.
2. In discussion, the following points were noted:
 - a) The Council fully supported the proposed amendment and commended the stakeholder engagement which had been completed.
 - b) The number of births to be conducted as part of the future Standards of Proficiency for Midwives would be reviewed in due course.
- 3.

Decision: The Council approved the proposed changes to wording around labour and birth in the Standards for Pre-registration Midwifery Programmes.

NMC/24/74 Questions from observers

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

NMC/24/75 Chair's actions taken since the last meeting

- 1. There have been none.

Closing remarks

- 1. The Chair thanked all attendees and observers for joining the meeting.

Confirmed by the Council as a correct record:

SIGNATURE:

DATE:

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Annexe A: Observers

External Observers

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| Stanley | Midwife, Barts Health Newham University Hospital |
| Dorothy Adjorlolo | Matron, Ashford and St Peter's Hospital. |
| Prince Adoe | ECT Team Lead, EPUT |
| Oluwaseyi Akinlaja | Midwife, Princess Alexandra Hospital |
| Rafiat Akinokun | Nurse, University of Sheffield |
| Esther Akinpelu | Paediatric nurse, Bank partners |
| Gian Carlo Alcantara | Practice Development Nurse, Kings College Hospital NHS Foundation Trust |
| Sharon Aldridge-Bent | Leadership Consultant Independent |
| Nasreen Anderson | Senior Associate, Financial Conduct Authority |
| Afshan Ali | Midwife/lecturer, South Tees NHS/University of Teesside |
| Karen Antwi | Student Midwife, University of Hertfordshire |
| Nafiza Anwar | Director, Association of South Asian Midwives |
| Ngozi Anyaene | Staff nurse, NHS |
| Jade Ashby | Student midwife, Swansea University |
| Viveen Ashman | Deputy head of Nursing and Quality, LPT |
| Helen Ayo-Ajayi | Associate Professor and Head of Placements, Buckinghamshire New University |
| Aishat Azeez | Staff Nurse, Nottingham University Hospital |
| Hawa Barrie | Senior Staff Nurse, Lewisham and Greenwich NHS TRUSH |
| Jane Beach | Lead Professional Officer Regulation, Unite |
| Peter Bell | Member of the public |
| Neomi Bennett | BEM RGN, Equality for Black Nurses |
| Ruvimbo Bepswa | Student Nurse, University of Hertfordshire |
| Mayflor Bernal | Nurse, South Tyneside and Sunderland NHSFT |
| Surinder Birdi | Appointments Board Member, NMC |
| Rekha Boodoo-Lumbus | Director/Nurse, Rakhee LB Limited |
| Joanne Bosanquet MBE RN | CEO, The Foundation of Nursing Studies |
| Michael Brazendale | Researcher, Self-employed |
| Lucy Buttery | Clinical lead in nursing, Derbyshire Community Health Service |
| Dr Ella Caine | Consultant Midwife, NHS |
| Ruth Cann | Consultant Nurse Older Vulnerable adults, Cardiff & Vale UHB |
| Natasha Carpenter | Student midwife, Aru |
| Jennifer Chady | Locality Manager, CLCH NHS Trust |
| Sam Chenery-Morris | Dean of School, University of Suffolk |
| Clare Clare Clements | Director of Nursing, Cardiff and Vale UHB |
| Ruth Cohen | Lead Nurse, Critical Care Senior Nurse Team, Cardiff & Vale UHB |
| Irene Cooke | Nurse consultant, Aceso ghc |
| Anna Costa | Visiting Lecturer, University of Chester |
| | Student, East London |

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| Ann Cox | CAMHS Consultant Nurse, Derbyshire Healthcare NHS Foundation Trust | 2 |
| Jane Crussell | Senior Lecturer, London South Bank University | 3 |
| Maria Cristina Cruz | Practice Educator, ABUHB | |
| Sharon Daniel | Interim Director of Nursing, Hywel Dda University Health Board | 4 |
| Lisa Daniels | Community Staff nurse, GSTT | |
| Manjit Darby | Non-Executive Director, Leicestershire Partnership Trust | 5 |
| Kevin Davies | Non-Executive Director, WASUT | |
| Angela Dawe | Clinical Optimisation manager, Cheshire & Merseyside ICB | 6 |
| Asha Day | Head of International Recruitment, Leicestershire Partnership NHS Trust | |
| Haregewoin Denbel | Nursing Information Officer, Somerset NHS Foundation | 7 |
| Kaitlyn Dennis | Student midwife, University of Hertfordshire | |
| Swizzle Dias | Programme Manager, Nursing Workforce Governance, | 8 |
| Robylin Tweetie Diya | Senior systems specialist / chief nurse fellows 3, University Hospitals of Leicester NHS Trust | |
| Sunita Duggal | ACP/NMP Lead, Ashford St Peter's Hospitals | 9 |
| Sandra Dyer | Anp, NHS | |
| Agape Emeka-Chiemenem | Colorectal CNS, North West Anglia NHS Foundation Trust | 10 |
| Amanda Epps | Lead Diabetes Nurse, East Kent Hospitals | |
| James Marthy | | 11 |
| Esleyer | Matron, Somerset NHS Foundation Trust | |
| Lisa Evans | Lead Nurse, Cardiff and Vale UHB | 12 |
| Bashir Faleyimu | Nurse, PB healthcare | |
| Michael Fanner | Postdoctoral Researcher / HV, University of Oxford | 13 |
| Agnes Fanning | Assistant Director of Nursing Programmes, The Queen's Nursing Institute | |
| Lin Fidgin | RN, NHS | 14 |
| Elana Fitzgerald | Student midwife, Swansea University | |
| Tamsin Fletcher-Salt | Diabetes Specialist Nurse Team leader, Royal Stoke University Hospital | 15 |
| Aisha Fogg | Midwife, University | |
| Keira Fox | STMW, Coventry | 16 |
| Aisling Fox | Policy Adviser, DHSC | |
| Monica Francine Freeman | Data and Health Informatics Lead, Cleveland Clinic London | |
| Stace Gage | Student midwife, Swansea University | |
| Elsie Gayle | Midwife, HAPIA | |
| Jiji George | Clinician, Somerset NHS partnership Taunton | |
| Charity Gladstone | Matron, Cornwall NHS FOUNDATION TRUST | |
| Danielle Glenholme | Apprentice Educator, University of Central Lancashire | |
| Sasha Goldsmith | Student midwife, Bradford University | |
| Katie Green | Student Nurse Associate, ULHT | |
| Keelie Grindley | Midwife, NHS | |
| Shona Hamilton | Midwife, NHSCT | |

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| Ruby Handley-Stone | Professional Advisor Education, Royal College of Midwives | 3 |
| Sandy Harding | AD, Nursing, Policy & Professional Practice, RCN Wales | 4 |
| Ray Healy | Nurse | 5 |
| Najma Hirei | Student Midwife, Whittington Hospital | 6 |
| Blessing Ibekwe | Staff Nurse, BHFT | 7 |
| Bright Inkoom | Nurse Somerset NHS | 8 |
| Naomi Iqbal | Student Midwife, Herts | 9 |
| Carol Irish | Service Manager, London borough of Newham | 10 |
| Angela Jones | Senior Nurse, Cardiff and Vale UHB | 11 |
| Marsha Jones | Deputy Chief Nurse, NHS | 12 |
| Kat Jordan El Karout | Unemployed | 13 |
| Rachel Kane | Student midwife, University | 14 |
| Harbi Kaur | Nurse – Retired, NHS (retired) | 15 |
| Kiran Kaur | Midwife, UHL | 16 |
| Eddie Kearney | Snr Nurse /Governance, Anvil | |
| Ann Lloyd Keen | Professor Politics and Inequalities, University of East London | |
| Denise Kelly | Nurse, NHS | |
| Bethany Kelly | Clinical lead diabetes specialist nurse, Wiltshire SFT | |
| Lorraine Kennedy-Snaith | Registered General Nurse, Agency | |
| Karen Kessack | Director of Nursing, Medway NHS Foundation Trust | |
| Gill King | Previous RN(MH), Retired Workplace Behaviour Innovator, The Behaviour Garage Ltd | |
| Ranjit Kirton | Research fellow, Middlesex University | |
| Roger Kline | Nurse Manager, Self Employed | |
| Naledi Kline | Midwife, NHS | |
| Nana Konadu | Staff nurse, NHS trust | |
| Suraj Kumar | Health & Safety Representative, Royal College of Nursing | |
| Tobias Kunkel | Associate Director of Nursing, Kings College Hospital | |
| Felicia Kwaku | NHS Foundation Trust Chief Nurse, Leeds Community Healthcare | |
| Steph Lawrence | Nurse, Self Employed | |
| Julie Lawton | Midwife, Whittington NHS | |
| Michelle Lee | Associate Director of Quality Effectiveness & Accr, Central London Community Healthcare Trust | |
| Joan Lewis | Student Nurse, UEL | |
| Ania Lotero | Professional Advisor Education, Royal College of Midwives | |
| Michelle Lyne | Student nurse, NHS | |
| Edith Mafukidze | Deputy Charge Nurse, Nottingham University Hospitals | |
| Marion Mangalindan | NHS Trust Associate Chief Nurse, North Bristol NhS Trust | |
| Gifty Markey | Nurse, NHS Trust | |
| Denise Marshall | Lecturer, Isbu | |
| Tafadzwa Melody | Midwife, Barts Health | |
| Masara | | |
| Sarah Mbabazi | | |

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| Lisa McCabe Rhys McCarthy Ronnie Meechan | LeDeR Local Area Contact, WYICB Scrutiny Officer, Professional Standards Authority Head of School (Associate Dean), Birmingham Newman University | 3 |
| Gillian Meldrum Orian Mendes Abena Mensah Alicia Messiah Celina Mfuko Fortune Mhlanga Ntokozo Mhlanga Suzanne Miller Kenyan Nurses and Midwives Amy Moxon Nunu Moyo | Midwife, Retired Business Development, TSO Adult Nursing student, University of London Great western hospital Swindon, NHS Culture Transformation Lead, NHSE Deputy head of nursing, Oxford health nhs FT Grenfell Case Manager, Clch Regional Officer, RCM Nurse, UKHSA Student Midwife, Kingston University Dep Head of Quality and Safety, Herefordshire and Worcestershire Health Care Trust | 4 5 6 |
| David Munday Lesley Munro Jo Murfin April Murillo-Fianza Jane Murphy Tshamano Mushapho Joan Myers Barbara Narey Vicky Newey Tendai Nzirawa | Lead Professional Officer, Unite the Union Deputy CEO, Princess Alice Hospice Lead ACP CCOT & Acuity, UHS Clinical Research Nurse, N/A Interim Deputy Executive Nurse Director, Cardiff & Vale UHB Lead Nurse, Western Health and Social Care Trust Nurse Consultant, Joan Myers Consultancy Limited Regional Officer, RCM Nurse, NHS Maternity Clinical Improvement Lead, Health Innovation East | 7 8 9 |
| Sipiwe Obeng-fosu Tanwa Ogbara | Midwife, UCLH Midwife, Barking Havering and Redbridge University Hospitals NHS Trust | 10 |
| Naomi Okei Wendy Olayiwola Crystal Oldman Gracie Olliffe Adedamola Omoyajowo Aderonke Opawande Ruth Oshikanlu Priscilla Osikomunu Kelvin Ossai Michelle Ostrowski Stacey Paterson Dawn Patrick Elizabeth Pearson Juliette Penney James Penry-Davey Hayley Peters | Student midwife, School National maternity lead for equality, NHS England Chief Executive, The Queen's Nursing Institute Student midwife, Tudor Staff Nurse, NHS Learning lessons analyst, NHS Director of Nursing, Abulé CIC Team Lead, Croydon health services Health protection practitioner, Local Authority Health visitor, Shropshire community NHS trust Midwife Lecturer, Robert Gordon University Midwife, Sandwell and West Birmingham Nurse Lecturer, DUNMS Head of Public Health Nursing, Croydon NHS Trust Partner, Capsticks LLP Chief Nurse, Somerset FT | 11 12 13 14 15 16 |

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| | | 1 |
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| Sally-Anne Peters | Midwife, Princess Alexandra Hospital | |
| Chloe Philpotts | Staff nurse / student midwife, NHS | |
| Evelyn Prodger | Clinical Services Director, hospice | 3 |
| Sangita Rai | Nurse, George Eliot Hospital | |
| Diya Rai | Student Midwife, De Montfort University | |
| Helen Ralfs | Community Health Nurse, Solent NHS | |
| Madhoor Ramdeen | Lead Clinical Nurse Specialist – IBD, St Mark's - The National Bowel Hospital | 4 |
| Helen Reeves | Group Deputy Director of Nursing – PCCT, Sandwell and West Birmingham NHS Trust | |
| Al Richards | N/A | 5 |
| Yvette Roach-Smith | Head of Integrated Discharge, Chelsea and Westminster Hospitals | |
| Fiona Rogers | Nursing Programme Manager – Innovation, Queens Nursing Institute | 6 |
| Michelle Russell | Whistleblower | |
| Sophie Russell | Student midwife, Swansea University | |
| SAMIRA Saleh | Student nurse, University of East London | 7 |
| Paul Salmon | Nurse, NHS | |
| Mynesha Sankar | Senior Lecturer, London South Bank University | |
| Kendra Schneller | Nurse Practitioner, Guy's and St Thomas' NHS Foundation Trust | 8 |
| Donna Elaine Scott | Senior Quality Matron, BPAS | |
| Emma Algieri Scott | Head of Quality and Acute Clinical Advice, Healthcare Inspectorate Wales | 9 |
| Bongi Sibanda | Trust ACP Lead, The Dudley Group NHS Trust | |
| Loren Smith | Nurse, Bthft | |
| Yvonne Stewart | Registered Midwife, NHS | |
| John Stones | Professional Regulation, DHSC | 10 |
| Enitan Taiwo | Midwife, NHS | |
| Kelly Talbot | Senior midwife, NHS | |
| Dwi Tampubolon | Midwife, Independent | 11 |
| Vanessa Taylor | Director of practice and care partnerships/Prof ca, University of Huddersfield | |
| Shahida Trayling | Deputy Chief Nurse, North Middlesex University Hospital | |
| Stuart Tuckwood | National officer for nursing, UNISON | 12 |
| Selina Ullah | NED, Derbyshire Healthcare | |
| Wilfredo Jr Vitao | Practice Educator, George Eliot Hospital | |
| Amy Walker | Student nurse university | |
| Kelley Webb-Martin | Programme Director, NHS | 13 |
| Zoe Wells | Nurse, Valenservices LTD | |
| Rosetta WEST | Senior Lecturer, London Southbank University | |
| Jayde Whateley | Midwife, NHS | 14 |
| Patricia Williams | Pre reg midwifery practice facilitator, wye valley NHS trust | |
| Janice Williams | Assistant Director of Nursing, Hywel Dda University Health Board | |
| Jenny Wood | Partner, Capsticks LLP | 15 |
| Angela Wood | Executive Director of Nursing and Midwifery, Betsi Cadwaladr University Health Board | |
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| Amanda Young | Director of Nursing Programmes, QNI | 2 |
| Press | | 3 |
| Madeleine Anderson | Reporter, Nursing in Practice | 3 |
| Ella Devereux | Senior Reporter, Nursing Times | 3 |
| Alison Stacey | Senior Report, Nursing Standard | 3 |
| Rebecca Thomas | Health Correspondent, The Independent | 3 |
| NMC staff observing | | 4 |
| Ksenia Trifonova | Quality Assurance Support Officer, NMC | 4 |
| James Allum | Senior Quality Assurance Officer, NMC | 4 |
| Frances Belcher | OLQU, NMC | 5 |
| Chris Bell | Standards Development Specialist, NMC | 5 |
| James Brindley | Senior CE Coordinator, NMC | 5 |
| Renee Caffyn | Executive Assistant, NMC | 5 |
| Rebecca Calver | Head of Corporate Performance Planning and Risk, NMC | 6 |
| Anne Carvalho | Professional Senior Case Examiner, NMC | 6 |
| Janice Cheong | Senior Executive Business Manager, NMC | 6 |
| Ellie Cope | Strategy Manager, NMC | 7 |
| Hannah Cole | Governance Assistant, NMC | 7 |
| Rachel Craine | Policy Manager, NMC | 7 |
| Fiona Clare Culley | Case Examiner, NMC | 7 |
| Jennifer Daniel | Governance Officer & Assistant to the Chair, NMC | 8 |
| Suma Das | Standards Development Specialist, NMC | 8 |
| Sharon Dawson | Governance Manager, NMC | 8 |
| Natasha Dare | Head of Regulatory Policy, NMC | 9 |
| Hannah Fishpool | Senior Planning and Risk Improvement Officer, NMC | 9 |
| Shahneela Grygiel | Assistant Director, PR Exec team, NMC | 9 |
| Michele Harrison | Regulation Adviser, NMC | 10 |
| Lauren Haslehurst | Senior Adviser, NMC | 10 |
| Carole Haynes | Senior Policy Officer, NMC | 10 |
| Linda Kenward | Principal Regulation Adviser, NMC | 10 |
| Emma Lawrence | EDI, NMC | 11 |
| Tracey MacCormack | Assistant Director for Midwifery, NMC | 11 |
| Hayley Marchant | Senior Executive Business Manager, NMC | 11 |
| Ms Funke Nana | Senior Finance Business Partner, NMC | 12 |
| Josh Niderost | Policy Manager, NMC | 12 |
| Sarah Obihara | Senior Quality Assurance Officer, NMC | 12 |
| Nina Taylor | Senior Quality Assurance Officer, NMC | 12 |
| Manali Patel | Internal Communications Manager, NMC | 13 |
| Preth Rao | Head of Strategy, NMC | 13 |
| Jonathan Storey | Listings Manager, NMC | 13 |
| Priya Tanna | Senior Research Officer, NMC | 14 |
| Verena Wallace | Senior Midwifery Advisor (Policy), NMC | 14 |
| Tamara Wasylec | Senior Education QA Officer, NMC | 14 |
| Jacqui Williams | Senior Midwifery Advisor (Education), NMC | 15 |
| Susan Young | Designate member of the Appointments Board, NMC | 15 |
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Questions for Open Council, 24 July 2024

Questions submitted and answered at the meeting (please note: answers are based on the transcript of the meeting, so differ from the usual style of response)

| A. Questions received in advance of the meeting |
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| <p>1. <i>Can the Chair confirm that the NMC leadership will engage directly with the local UNISON branch, as the recognised union at the NMC, to overhaul the culture and root out the many problems identified in the report?</i></p> |
| <p>In response, the Chair noted the NMC are proud to have recognised UNISON in the last few years and will continue to work with local representatives to improve our organisational culture.</p> |
| <p>2. <i>How is the NMC going to ensure justice and accountability for the many victims of bullying and discrimination who spoke to the independent review?</i></p> |
| <p>In response, the Acting Chief Executive and Registrar noted that racism, and any other forms of discrimination, and bullying should never have had any place at the NMC. Where it has been raised in the past, the organisation has not taken enough action to address it and hold people to account. The report's recommendations will help to address this and move towards achieving racial equity. We would encourage people who have experienced bullying, harassment, or discrimination to speak with a manager at the NMC, the new independent Freedom to Speak up Guardian or someone they trust to help. Where there is evidence of wrongdoing it will be acted on.</p> |
| <p>3. <i>Why did the NMC fail to implement the recommendations from previous reviews?</i></p> |
| <p>In response, the Acting Chief Executive and Registrar noted that following the publication of previous reports, the NMC has taken action including setting up our Employer Link Service and the Public Support Service, but other interventions have not always been successful in achieving the desired change, in a lasting or sustainable way. Our leaders and managers are central to driving forward change within the organisation, so it is vital that they buy into the approach and have the capacity to engage their teams. With this in mind, we will be listening to feedback on the report and engaging colleagues on the resources required to deliver on its recommendations and how best to drive the wider cultural change required between now and the end of August.</p> |
| <p>4. <i>Why should the NMC be believed that change will be different this time?</i></p> |
| <p>In response, the Chair noted that the NMC had never had such a broad and deep assessment of the cultural issues within our organisation, and the testimonies described in the report detail unacceptable experiences. A failure to change is not an option. We fully accept all the thirty-six recommendations that Nazir Afzal and his team</p> |

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| <p>have identified. This acceptance marks a turning point for the NMC, and we are committed to acting on all of Nazir and Rise's recommendations.</p> | 1 |
| <p>5. <i>How will the NMC act to make their apology in response to the Independent Culture Review a meaningful and genuine apology, and make amends to those individuals who have been wronged?</i></p> | 2 |
| <p>In response, the Chair noted that the NMC accepts all the recommendations in the report. We will ensure that we put in place actions to enact meaningful change, in partnership and following feedback from NMC colleagues, stakeholders, the professionals on our register and the public. We take concerns raised with us seriously and have processes and policies in place to both facilitate and support anyone who wishes to raise specific concerns.</p> | 3 |
| <p>6. <i>Would the Council state explicitly what they (individually or collectively) acknowledge they have done (or not done), which they are apologising for - rather than simply apologising for things that have happened, without taking accountability for the part they have played which (directly or indirectly) contributed to the outcomes described in the report?</i></p> | 4 |
| <p>In response, the Chair noted that as members of Council, we are sorry to anyone who has experienced racism or any other form of discrimination, or bullying or harassment, at the NMC. We also apologise to members of the public, registrants and colleagues involved in fitness to practise cases which are taking too long to resolve. We have been taking action on the issues raised – whether it's through the People Plan or unlocking £30m for Fitness to Practise - but we accept it's taken too long. The Council, together with the Executive team, commissioned the independent review by Nazir Afzal and Rise Associates because we wanted to understand the issues. All 36 of the report's recommendations have been accepted and the Council will hold the Executive team to account for progress on implementation.</p> | 5 |
| <p>7. <i>Has the NMC offered individual direct apologies to the public and registrants involved in fitness to practise cases that are taking too long to be resolved, and to staff who are known to have reported experiences of racism, discrimination, and bullying?</i></p> | 6 |
| <p>In response, the Executive Director, Professional Regulation noted that we understand the impact that our fitness to practise cases have on the people involved in the process, and we are sorry that some of our cases are taking longer to resolve than they should.</p> <p>We have let all our staff know about the support they can access. We have also published information about the support available to the public who are affected by any of the issues raised in the report here: Independent culture review - The Nursing and Midwifery Council (nmc.org.uk)</p> <p>Our dedicated Customer Enquiries and Complaints Team will also investigate any complaints about our service and commit to implementing any learning we can take from those cases.</p> | 7 |
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| <p>8. <i>Will the NMC pro-actively consider compensation for the people who have been harmed, both emotionally and financially, by their acts or omissions - in order to make their apology meaningful and genuine?</i></p> | 1 2 3 |
| <p>In response, the Acting Chief Executive and Registrar noted that we will respond to individual concerns raised with us, and we will engage in the processes required to address those concerns. Where an individual wishes to bring a claim, we will of course respond to that claim directly.</p> | 4 |
| <p>9. <i>The statements published by the Executive in response to the culture review, do not mirror the framework expected from a nurse or midwife if a serious concern was raised about their practise. Why?</i></p> | 5 |
| <p>In response, the Acting Chief Executive and Registrar noted that while our Code is clear on the importance of reflection and learning to improving practice, we do not prescribe a fixed framework for this. The Executive Board has aimed to respond to the report in a transparent way, addressing all the key themes and making a clear commitment to positive change at the NMC.</p> | 6 7 |
| <p>10. <i>Why was the meeting changed from in person to online?</i></p> | 8 |
| <p>In response, the Chair noted that on 27 March 2024, the Council approved amendments to its cycle of meetings, and agreed that two meetings would be held online in financial year 24-25 to increase accessibility (late July and January). We did not think it appropriate to seek to change this at short notice – particularly as the decision to hold this meeting online has allowed many more observers to take part than would otherwise have been possible.</p> | 9 |
| <p>11. <i>What specific measures is the NMC implementing to protect representatives and whistleblowers who call out racism, ensuring they can advocate for justice without fear of retribution?</i></p> | 10 |
| <p>In response, the Executive Director, People and Organisational Effectiveness noted that in 2024–2025, we will be strengthening our communication about the equality, diversity and inclusion aims for the Professional Regulation directorate by adapting our corporate EDI framework into a set of aims and outcomes that support our colleagues in understanding the changes we want to see for people on our register, people joining our register, those making referrals to us, panel members and themselves.</p> <p>We are committed to ensuring that our regulatory processes are fair for everyone and we encourage anyone who has concerns about discriminatory behaviours in our processes to speak to the NMC about their concerns and these will be taken seriously and investigated.</p> | 11 12 13 |
| <p>12. <i>How will the NMC evaluate the impact and harm caused by past investigations and Fitness to Practice cases (FtP) on Registrants?</i></p> <p>a. <i>Will registrants be involved in any evaluation?</i></p> <p>b. <i>How does or will the NMC show they are actively and meaningfully safeguarding registrants throughout the process to mitigate future harm?</i></p> | 14 15 16 |

In response, the Executive Director, Professional Regulation noted we understand that the fitness to practise process can feel overwhelming and sometimes lead to anxiety. We are working to improve the timeliness of our decision making – through the fitness to practise plan - so that we can begin to mitigate some of the anxiety and pressures faced by people in our processes.

We want to be a learning organisation. We will be undertaking work – led by our Senior Registrant – to understand in a more holistic way how our fitness to practise processes can impact on professionals, including on career development and mental wellbeing. We will be interviewing professionals and hearing directly from people affected as part of this work.

Since January, we have also expanded resources for our safeguarding team, including increasing knowledge and training, alongside strengthening our operating procedures to better support staff and professionals. A cross-NMC safeguarding board has been set up to oversee a strengthened approach to managing and coordinating safeguarding; high priority internal safeguarding guidance has been produced for our colleagues, and we'll be establishing a safeguarding hub which will provide advice to staff working in FtP and enable a multi-professional approach. This work will continue into the longer term.

13. Will the NMC routinely evaluate the FtP process by offering a forensic review of cases from start finish?

- a. Can registrants request they are involved in this process?*
- b. Do they or can they show the capacity to critically evaluate their own practice in a transparent way?*
- c. Can they openly reveal to the public and Registrants when they have erred in law, policy, guidelines or behaviour?*
- d. Where will this be published?*

In response, the Executive Director, Professional Regulation noted that the time it takes to process a case is too long, can be adversarial and while we've made some improvements, they haven't been sustained and we have not seen the impact needed on timeliness.

Improving timeliness is a key ambition in our Fitness to Practise Plan – which is underpinned by £30m investment. We will be reviewing the FtP Plan in the coming weeks with our people and key stakeholders, to determine if we need to change any resourcing, timeframes or priorities. As part of that we will identify what actions are required to address the issues the review highlights, so that we make the cultural change we need to see.

Furthermore, we have commissioned Ijeoma Omambala KC to review the effectiveness of decision making across a specific set of cases. We want to ensure that any changes we make to our decision-making are fit for purpose and rooted in the evidence that this review will provide later this year.

Our Annual Report sets out information and data on our regulatory processes and performance. This was published on 19 July 2024 and is available on our website.

14. *Have the NMC made direct contact with or offered to meet the families and loved ones of the registrants who died by suicide during or after FtP investigation, to offer their condolences in person, and to review their circumstances to ensure that their dependents are not suffering hardship for which they should be offered support and compensation?*

In response, the Executive Director, Professional Practice noted we offered our sincerest sympathies and condolences to the family and friends of anyone who has died by suicide while under or having concluded a fitness to practise investigation.

We will engage with any Coroners Inquests that take place to support their inquiries and we will always seek to identify any learning for us as an organisation from the Coroner's findings as to how we can continue to improve our process to minimise the impact on people.

We will respond to any concerns or issues raised with us by individuals and organisations and take any concerns seriously. We will engage with appropriate individuals and organisations who wish to raise specific concerns or issues including where somebody wishes to bring a claim for compensation.

15. *Given the significant deterioration in culture and increase in the fitness to practise caseload, can you confirm that those responsible for these areas will be placed on performance management with clear targets, the same level of scrutiny, and adherence to the policies if there is a failure to achieve demonstrable results?*

In response, the Acting Chief Executive and Registrar noted that this is the first year that Executive Directors have had shared objectives covering improving staff growth and development, increasing staff freedom of opinion, and improving workload. Our annual people survey is used to benchmark progress. In addition, they all have objectives to support reducing the caseload in support of FTP and will be held to account if they do not achieve their objectives like any other member of staff.

16. *Members of the public, professionals on the NMC's register, and NMC staff will all be concerned about recruitment practices at senior leadership.*

a. *What measures have the NMC put in place to recruit leaders who have a positive track record, can demonstrate and accept diverse views, and are willing and able to challenge the Executive Team?*

b. *What measures have been put in place to ensure that these leaders are protected from being ostracised or facing reprisal once in post?*

In response, the Executive Director, People and Organisational Effectiveness noted that senior appointments NMC works with professional recruitment firms. Senior leaders in NMC are expected to have the highest standards of inclusiveness and have invited the challenge of Nazir and his team and will respond to the findings in their report, which the Executive Board have accepted in full.

Measures are in place to ensure people can raise concerns as is their right and these are adhered to

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| <p><i>17. The Nazir Afzal KC Report shows areas that we have raised concerns about including preventable deaths and serious injuries to the public and registrants. This needs an independent public inquiry into the entire dysfunction of the NMC. Will the current NMC Chair and board agree, and self-refer for this public inquiry?</i></p> | 1 |
| <p>In response, the Chair noted that this is a sobering moment for the NMC. We offer our sympathies and condolences to the family and friends of anyone who has died by suicide while under or having concluded a fitness to practise investigation.</p> <p>It was the right thing to do to open ourselves up to the widest ranging level of scrutiny and we accept all 36 recommendations in the report led by Nazir Afzal and Rise Associates. We're committed to implementing them for the benefit of NMC colleagues, the professionals on our register, and the public we serve.</p> <p>We will engage with the Charity Commission, Equality and Human Rights Commission and the PSA as appropriate.</p> | 2 3 4 5 6 |
| <p><i>18. Will the NMC agree to review cases where there is evidence of miscarriage of justice, bias, deception by the case managers and NMC legal teams to the panels resulting in unsafe and wrongful decisions against registrants?</i></p> | 7 |
| <p>In response, the Executive Director, Professional Regulation advised that there are avenues for review appeals at each stage of our fitness to practise processes and the criteria and time limits applied to these are set out on our website for people to follow.</p> <p>We have commissioned Ijeoma Omambala KC to conduct a review of decision making across a specific number of cases which will also form the basis for further learning for the NMC.</p> | 8 9 |
| <p><i>19. Can the chair of the NMC confirm whether he had directly received any whistleblowing concerns from staff or was copied into any before the Rise Review and Ijeoma review was commissioned and published?</i></p> | 10 |
| <p>In response, the Chair noted he was copied into whistleblowing concerns prior to the reviews being published; he is unable to discuss individual cases.</p> | 11 |
| <p><i>20. What is the NMC specifically doing to learn from its handling of the Lucy Letby case and referral? Has it identified any concerns with its handling of either Lucy Letby's referral or the countess chief nurse Alison Kelly?</i></p> | 12 |
| <p>In March we reported to our public Council meeting that we had convened an internal review group at the end of 2022 to proactively consider what lessons we could learn before the conclusion of Lucy Letby's criminal trial. Following this, as part of our cyclical review of the guidance, we made changes to the structure of our decision making for interim order risk assessments so that complex or sensitive cases receive greater cross-organisational oversight and review. We published updates to our interim orders guidance on 25 March 2024.</p> | 13 14 15 |

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| <p>We are a core participant to the Thirlwall Inquiry. We have been making disclosures to the inquiry since it was established and we anticipate providing oral evidence at the hearings in the autumn.</p> | 1 2 3 |
| <p><i>21. A whistleblower has raised concerns that the NMC is withholding evidence needed by the Ijeoma Omambala review. Can the NMC confirm it has so far provided all of the evidence requested and needed for this review to go ahead and will going forward comply with its expected duty of candour in relation to disclosing information to the Omambala inquiry (investigation) and any future inquiries?</i></p> | 4 |
| <p>In response, the Acting Chief Executive and Registrar noted that we published the terms of reference for Ijeoma Omambala’s investigations on our website. We believe we have so far provided everything Ijeoma has requested and we will continue to do so. Anything she asks for will be provided, nothing will be withheld.</p> | 5 6 |
| <p><i>22. Does the NMC have figures for how many nurses have taken their own lives while experiencing ongoing NMC FTP investigations and processes? For each year since 2015. If so please confirm.</i></p> | 7 |
| <p>In response, the Executive Director, Professional Regulation noted that data going back to 2018-2019 is included in our fitness to practise annual reports, which are published on our website and laid before Parliament.</p> <ul style="list-style-type: none"> • 2018 2019: 4 • 2019–2020: 1 • 2020–2021: 0 • 2021–2022: 3 • 2022–2023: 3 • 2023–2024: 5 | 8 9 10 |

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| <p>B. Questions received in advance by the Employer Link Service and answered at the meeting</p> | 11 |
| <p><i>1. What will be shared with stakeholders in terms of action/improvement plans and how can stakeholders hold the NMC to account?</i> <i>a. How can stakeholders be kept up to date on progress?</i></p> | 12 |
| <p>In response, the Acting Chief Executive and Registrar noted that at the time the report was published, we held several briefing calls and meetings with our external stakeholders to share the findings and to state our commitment to accepting all the recommendations laid out. This included Chief Nursing and Midwifery Officers. During the reflection period over the months of July and August, we will continue to engage with stakeholders and receive feedback from colleagues to help us to design and deliver our response to the report.</p> | 13 14 15 16 |

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| <p>We will report publicly on our progress to our Council, and welcome stakeholders sharing feedback with us about how effectively we are delivering this change.</p> | 1 |
| <p>2. <i>Where can people/public/registrants go to ask questions or to raise concerns directly about the report?</i></p> | 2 |
| <p>In response, the Chair noted that if anyone has questions or concerns about the content of the NMC People and Culture report, they can contact our Customer Complaints and Enquiries Team using our online form: https://www.nmc.org.uk/contact-us/complaints-about-us/. The team can also be contacted by phone at 020 7681 5830. Our Customer Complaints and Enquiries Team will acknowledge the concern and aim to respond to it within twenty working days.</p> | 3 |
| <p>3. <i>Will the NMC be financially supporting people who wish to take their case through appeals process?</i></p> | 4 |
| <p>In response, the Acting Chief Executive and Registrar noted that we have a legal duty to look at all fitness to practise concerns that are raised with us, and where people are appealing decisions. It would not be feasible for the NMC to provide financial support to individuals who have been referred to us. Where somebody wishes to bring a claim, we will of course engage properly in that process.</p> | 5 |
| <p>4. <i>What additional support is being put in place for people in our processes whose anxiety will have increased following report publication?</i></p> | 6 |
| <p>In response, the Executive Director, Professional Regulation noted we understand that the fitness to practise process can feel overwhelming and sometimes lead to anxiety.</p> <p>We have a free, independent, confidential and non-judgemental Fitness to Practise Careline which is available to support professionals on our register who are involved in our fitness to practise process. The service is available 365 days a year, 24 hours a day. The careline counsellors are experienced in working with sensitive and personal information.</p> <p>We will be reminding people involved in our processes that this is a service available to them.</p> | 7 |
| <p>5. <i>How can people have confidence in decisions that have been made in our FtP processes? Do we anticipate an increase in appeals of decisions? How will appeals be resourced so processes aren't delayed even further?</i></p> | 8 |
| <p>In response, the Executive Director, Professional Regulation noted that, also, in 2022 we received an independent review of 50 screening closure decisions, and overall this found that decisions were appropriate and proportionate, and there were no concerns that the NMC was failing to meet its duties to protect patient safety and uphold the wider public interest.</p> <p>That said, the whistleblowing concerns include concerns about our regulatory decision making, and we have commissioned Ijeoma Omambala KC to review the cases raised. Her report is now set to be published in the autumn.</p> | 9 |
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In terms of appeals, we're working closely with management colleagues in our QDM (quality of decision making) team to closely monitor the number of requests being received for decision reviews. So far, we have not seen an increase in these requests. However, we are working to free up some capacity for the Assistant Registrars in QDM to deal with an increase in decision review requests, should the need arise.

6. *What learnings are the NMC undertaking from NHS and other organisations who have been through similar challenges, including having to manage quality reviews and updates on performance? How can other regulatory bodies provide scrutiny?*

In response, the Acting Chief Executive and Registrar, noted we always welcome feedback from stakeholders and will pro-actively engage with others so that we can develop and deliver a programme of meaningful change. We have been grateful to stakeholders who have offered support, guidance, and scrutiny to the NMC as we work towards change. We will also continue to engage with organisations who oversee our performance, including the Professional Standards Authority, Charity Commission and Equality and Human Rights Commission.

We have an outreach team that talk to professionals in their own workplaces, across the UK and, where feedback from their own experiences is shared, we will listen and reflect on any learnings for us.

C. Questions received during the meeting via the Q&A facility, with responses

Madeleine Anderson, Reporter, Nursing in Practice

1. *Will the additional costs and workload associated with implementing the people and culture review recommendations impact the NMC's ability to tackle the FtP backlog in the coming months?*

The Acting Chief Executive and Registrar responded saying we've talked a little about prioritisation. Lise-Anne (*Boissiere, Executive Director, People and Organisational Effectiveness*) mentioned that we will need to revisit again our complete portfolio of work. However, as an organisation, we will not move away from our core regulatory function, which is to regulate. And as we've said, prior to the report coming out, the number one priority for the organisation has been improving the timeliness with which we deal with our fitness to practise caseload - that remains our top priority.

As you have seen from the culture report, Nazir and Rise Associates made the link between that caseload, and the pressure on colleagues and others, related to that caseload. It remains an area of focus for us. We have already had an initial review of our financial position to ensure that we can continue with the investment in the fitness to practise plan, as well as investment where we need to address the concerns raised in the independent people and culture review. In short, we will continue to invest in the fitness to practise plan whilst we either release or use funds that we have redirected, to make the progress with the plans for the actions that we need to take to improve the culture at the NMC.

Alison Stacey, Senior Reporter, Nursing Standard

2. *I'd like to ask David Warren how he would respond to calls of social media for him to resign in light of the findings of the People and Culture Report. Will he or anyone be stepping down in light of the damning report?*

The Chair responded to say he was not going to stand down as chair of the NMC.

I think firstly it is important that there should be stability and continuity in the leadership of the organisation as we tackle the very difficult issues which have been identified by Nazia Afzal's report and I think that continuity is best served by me as Chair, and the Council remaining in place, to oversee the processes which we are setting in train.

I've talked about accountability in this, and that accountability, for me, is key to understanding what went wrong and how we can ensure that this never happens again. That is a process of self-reflection, which I've urged all my Council colleagues to engage in. I don't have to urge them because I know that it is central to their commitment to the organisation and it is a process of self-reflection which we will do in public because it is important that we not only understand how we could have avoided this, but that we share that understanding more widely.

I believe not only in transparency, but in supporting the organisation to the best of my ability as Chair to put things right. I gave that commitment when I spoke to the media, I've given the commitment to other stakeholders and I'm committed to remaining as Chair in order to oversee the process whereby we address the serious issues which Nazir has identified.

Anonymous User (Guest)

3. *What confidence can NMC staff have in the Chair, Council and EB to address the serious issues raised in the culture review, when those same leaders have consistently failed to address these same issues in the past? Further, with the appointment of the interim Chief Executive, Dawn Brodrick (after the draft report had been received by Council) and River Effra associates eroding any lingering hope for lessons to have been learned. As Chair of Council, should David Warren not immediately step down to demonstrate real accountability and make way for new leadership?*

(The latter part of the question was already responded to above at no. 2.)

The Chair responded to say that he recognised that it is necessary to earn people's trust and one earns trust by actions matching words. We've used a lot of words today and they are sincere words, but they will be trusted by people who are sceptical if we demonstrate that we are both understanding the issues, and that is through a process of consultation, understanding, reaching out, listening and everything that we've spoken about, and addressing the issues, which is a process of implementing the recommendations and doing so as fast as we can.

I know that there are other issues which are referred to in the question, concerning recent issues within the NMC, that have called people's trust into question. I can only

give, as I gave at the last Council meeting, complete assurance that all due diligence processes were carried out that helped to support the proposed appointment of an interim CEO, and I very much regret that it that it was not possible for the individual concerned to confirm that appointment and take up the post.

Cathryn Watters

4. *The statements published by the NMC in response to the Culture Review don't follow the reflective framework that would be expected of a nurse, midwife or nursing associate if serious concerns had been raised about their practice. To reassure the public and the professionals on the NMC register that there isn't a high risk of repetition, can David Warren, Helen Herniman, Lesley Maslen and Alice Hilkin all answer before Council today: 1. Why did they fail to implement the recommendations from previous reviews? 2. Why should they be believed that it will be different this time?*

Advance question – responses above see A3 and A4

Crystal Oldman, Chief Executive, The Queen's Nursing Institute

5. *There is deep concern throughout the N&M professions about addressing the FtP backlog and the impact on those awaiting their case to be addressed. What is the risk assessment process for those FtP cases (our N&M colleagues) which remain unallocated and awaiting allocation?*

In response, the Executive Director, Professional Regulation commented that she could understand the deep concern about addressing the backlog. The programme of change that we got through the FtP plan is specifically targeting unallocated cases at each of the stages.

All new referrals into the organisation are reviewed by the screening team and assessments are made 'of risk' by screening decision makers and on that basis, on the information we initially received or subsequently gather, we'll make a public interest or in the registrant's own interest decision about whether a restriction on the professional's registration is required on the unallocated paths.

Risk assessments are made regularly across all the unallocated caseloads.

Unallocated cases are generally those determined to be of lower risk cases, but risk is reviewed and considered on an ongoing basis by the dedicated teams when cases are being allocated.

I will be updating later on today, but one of of benefits that we've seen already from the investment in screening is that we've been able to make significant inroads into the unallocated pot and our focus needs to be further down the chain into investigation and on legal reviews.

Pamela Craig, NMC

6. *What steps are being taken to fully support and listen to whistle blowers attempting to raise legitimate concerns, airline industry "valorises" people who speak up which points to a healthy organisation?*

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| <p>The Executive Director, People and Organisational Effectiveness commented that we support, listen and investigate whistleblowing concerns when they're raised. As I've mentioned already, we have appointed Ijeoma Omambala KC to investigate our handling of the whistleblowing concerns that prompted the people and culture investigation, and, as I've also mentioned, we will be learning lessons from that and we will be refreshing our whistleblowing policy in light of that.</p> | 1 |
| <p>Esther Akinpelu</p> <p>7. <i>Will the senior independent advisors have experience in tackling institutional racism?</i></p> | 2 3 4 |
| <p>The Chair responded that we assume so. We have yet to identify specific names for the senior independent advisory posts for Council, but the aim, as I said, is to have people whose experience, practical experience and expertise indeed provides that level of assurance and challenge to us.</p> | 5 6 |
| <p>Asha Day, Head of International Recruitment, Leicestershire Partnership Nhs Trust</p> <p>8. <i>How will you ensure that the interview panel is fair and equitable - style and questions and hope it will be strengths based. Otherwise it will be unequally be based to western European candidates?</i></p> | 7 8 |
| <p>The Executive Director, People and Organisational Effectiveness responded that we'll be working with expert recruiters who have the knowledge and expertise to advise us on this in relation to the chief executive role and, in seeking to procure some support with this, we have weighed EDI expertise as the single biggest criterion that we are scoring. We've assessed them not only on how their approach but also their past performance in attracting diverse candidates from attraction through to recruitment. And this is something different than we've done in the past.</p> <p>I also just thought it would be helpful to add that since the start of this year, we've also been doing training for all colleagues on recruitment panels, including how to consider creating the right EDI outcomes, and will continue doing so in light of the recommendations from the independent Cultural report.</p> | 9 10 11 |
| <p>Alison Stacey, Senior Reporter, Nursing Standard</p> <p>9. <i>Rise Associates told me that, unlike other regulators such as media, solicitors, police, they were shocked at how little nursing representation the NMC Council has which was explained to them as a reluctance to let 'nurses mark their own homework.' Will there be an effort to have more nursing voices and expertise at the NMC going forward?</i></p> | 12 13 14 |
| <p>The Secretary to the Council clarified that the NMC Council makeup is set out in legislation. The Constitution order sets out that we have a Council which is made-up of six registrant Council members and six lay Council members, so it would take a change to our secondary legislation, which established the NMC, to affect that.</p> | 15 16 |

The Acting Chief Executive and Registrar added that from an operational fitness to practise perspective, we need to ensure that we have the right blend of multidisciplinary teams looking at all referrals that come into us. What I mean by that is, that you need the clinical expertise, the regulatory expertise and the legal expertise. And even when you've got those three areas of expertise, they all need to have the same sort of volume of voice, with parity of being heard. The report highlights that we don't seem to have that right at the moment. We need to revisit and we need to make sure that we do have the right nursing voices so that we do have the appropriate balance of the multidisciplinary teams looking at the referrals and the FtP workload that comes into us.

Anonymous User (Guest)

10. What immediate actions have been taken to address the concerns from the culture review? The 'immediate' actions described in the NMC's responses have either been work that was done previously, such as amended guidance and the F2SU guardian, or things that are intended but have not yet happened, like the appointment of an EDI adviser to EB. Has anything actually been done to protect staff, registrants and the public in the two weeks since the report was published?

The Acting Chief Executive and Registrar responded that the organisation received a draft report before the report was published and we acted where we could, on the content of that draft report, working with Rise Associates and Nazir. And what I mean by that, is where there were individuals, not named individuals, but where there were individuals that had obviously had very traumatic or distressing experiences, whether from within the organisation or outside, we followed up with Rise Associates and Nazir to make sure that they provided the support or whether there was anything we should do, bearing in mind it was an independent review and people contributed anonymously, which was appropriate.

In building up to the report coming out, we needed to make sure that our staff had support internally and, again, that there was external support for people available as well. We did take actions to enhance the support that we were giving to people and yes, some things were already in play, like the freedom to speak up ambassadors and the independent freedom to speak up guardian. It was essential that we had that structure in place when the report was published. Other things like the appointment of an EDI advisor, are in progress because we have to follow and be compliant with processes from a procurement perspective and from another process perspectives. There was a lot of work done as soon as the report came out. But there's more work ongoing in line with processes that we have to follow.

Asha Day, Head of International Recruitment, Leicestershire Partnership

11. I am looking at the visuals of the presenters today... ask yourselves who is not being represented?

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| <p>The Acting Chief Executive and Registrar responded saying I think we do that every time we see Executive Board on screen and Council on screen and that certainly feeds into some of the feedback and some of the recommendations that I've mentioned previously about the representation within the Executive Board and the opportunities that we have with the two vacancies.</p> | 1 |
| <p>The Chair commented that we are acutely conscious of the point that the questioner makes in terms of the diversity of the Council, as well as the diversity of the Executive Board, it is clear that this is at the heart of an effective response to the Rise Associates' review, and this is not about optics. This is about the culture of the leadership of the organisation.</p> | 2 |
| <p>Michelle Russell, Whistleblower</p> <p><i>12. As a registrant who has whistleblown, the poor performance of the NMC must not be underestimated. it has led to loss of lives and livelihoods. I have lost my career as a direct result of the incompetence of my regulator and the public remain at risk. Will the NMC address the detriment that continues as a result of their incompetence on an individual case basis?</i></p> | 3 |
| <p>The Acting Chief Executive and Registrar commented that she thought we've addressed that one previously, but just to summarise that any individual that approaches us with regards to a claim we will review that in line with process.</p> | 4 |
| <p>Anonymous User (Guest)</p> <p><i>13. Why does Helen keep sighing when asked questions about responding to racism?</i></p> | 5 |
| <p>The Acting Chief Executive and Registrar replied to say she was not sighing; I'm absolutely full of cold. I am just struggling to breathe a bit, so I'm not sighing prior to any specific responses that I'm giving.</p> | 6 |
| <p>Peter C. Bell (Public Observe)</p> <p><i>14. On page 57, is that telling me that the Contact Centre loses 1 in 7 or 8 calls (on average)?</i></p> | 7 |
| <p>The Executive Director, Professional Regulation responded that our target is 90% of all calls. Our current answer rate year to date is 87.1%. In April 24, we delivered an 80% service, but we had our busiest month in over four years.</p> | 8 |
| <p>Peter C. Bell (Public Observer)</p> <p><i>15. Given how central core IT systems are to the work of the NMC, could Council explain why the business case for a Case Management System is not expedited. Surely by now the NMC has bought and implemented a case management system? Is there anything wrong with using a legal system like Clio that your external lawyers will be familiar with? What do Council members known and understand</i></p> | 9 |

about the status of the Case Management System and its procurement if that is what the Business Case is all about?

The Executive Director, Professional Regulation responded that we have embarked on using Microsoft Dynamics as our replacement case management system. We have gone live with a member of the public screening referrals system - that's up and running and working really well and it is helping with the pace of casework and our people really love using the tool. In the last couple of weeks, we've also gone live and deployed our panel allocation tool as well, which means, rather than using spreadsheets and very manual processes for allocating panel members to hearings, we're now able to do that in a more automated way. In terms of the business case, I think the business case was agreed some time ago. What we're bringing back to Council is our actual implementation approach, which Tom is supporting me with.

The Interim Executive Director, Resources and Technology Services added that we've been on a journey for the past number of years, replacing all of our key business systems. We recently completed the change to our register. We're doing some work on our public facing systems at the moment and case management is the other significant one. We do have a system today; it's served its purpose, it's served its time and we're working as fast as we can to bring the new system to our colleagues so that they have a tool that can actually make the process work better.

Ruel Donaire, (Royal United Hospitals Bath Nhs Foundation Trust)

16. With the current report on the decrease of the nurses in the register for the past years, will there be a possibility of hiring international nurses again to increase the staffing demand in the hospitals?

The Executive Director, Professional Practice advised that that's a government decision not a decision for the NMC to make. Our role is to maintain the register of nurses, midwives and nursing associates.

Peter C. Bell (Public Observer)

17. Given the declared shortfall in recruitment shown in the papers and the use of £££millions of external legal support why are there only four posts advertised with the NMC today?

*Those posts are:
Contract Manager
Hearing Support Officer
Senior Digital Content Officer
Stakeholder Engagement Manager*

The Executive Director, People & Organisational Effectiveness responded to say that new roles are advertised all the time and we have just completed a significant investment round for professional regulation where we recruited over 80 people to roles. We've also in the last year significantly grown the professional practise team and we're workforce planning to consider where we're going to need new roles and skills to help us now deliver on the recommendations from the independent culture report.

Finally, it's worth noting that we also advertise roles internally before they're advertised externally, just to give colleagues an opportunity to develop their career at the NMC. And while our turnover is higher than we would like in some teams, it's also worth noting that it has been reducing in each of the last three years and is now below 10%. We hope we'll start to see more stability in that picture.

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Observer questions raised during meeting on 24 July 2024 and answers (provided following the meeting)

Elaine Scott, Senior Quality Matron, BPAS

1. *Racism and bullying has been identified within the NMC since 2008 with little to no progress. What will make this report any different. It's great to hear everyone's sympathy but I would ask, where were they when individuals were being discriminated against? Why did they not speak up? How can they reassure registrants that they will speak up now?*

The Council has accepted the Rise Associates' recommendations and is actively reflecting on what lessons the NMC should learn from not having addressed some of these issues previously.

In June, we introduced the first Freedom to Speak up Guardian to the NMC. The Guardian is professional and fully independent, she is supported by an Executive Board sponsor and has been introduced across the NMC to colleagues. Alongside this we have colleagues who have volunteered to support others to speak up and be a point of contact in local teams.

The culture cannot be changed by a single appointment and there is more to do to improve managers and leaders' consistency in enabling speaking up. To that end we are working with a partner to undertake psychological safety development in some management teams. The aim is to support learning and implementation of psychological safety day to day. This is not a complete list of things we are doing but we acknowledge that we need to do more and have started.

Anonymous User (Guest)

2. *Council have mentioned listening to staff in response to the report - what feedback specifically have Council heard directly from staff since the report was published? I'm not aware of any opportunity to have shared my views, as current NMC staff, with Council directly. The only place to share my feelings with senior leaders has been the directorate briefings, but the questions were screened and none of mine were answered or addressed.*

We are logging all colleague and external feedback and turning that into a baseline report, which we will use to track progress as well, as input for the changes that we will plan. Council will receive updates on this feedback for them to consider as part of approving our planning and in holding the Executive to account.

Some Council members have also been present at our offices and colleagues have had the opportunity to speak with them. We hope to increase this over time and Council members will also be at the staff conference in October.

Lisa Daniels, Community Staff nurse, GSTT

3. *How will the NMC support Neurodivergent nurses with non-visible disabilities working without effective support?*

Ensuring the provision of effective support for neurodivergent nurses with non-visible disabilities is the responsibility of employers. The NMC's remit does not extend to this but

we would anticipate that professionals could seek the support of the Royal College of Nursing, Royal College of Midwives or other trade union should they not receive the support they need from their employer.

Gillian Meldrum, (Chelsea And Westminster Hospital NHS Foundation Trust)

4. How will the NMC seek to involve registrants and the public in the review process?

We are in the process of mapping out what our engagement will look like for longer term culture change. We will actively engage with partners, professionals and the public.

Peter Bell, member of the public

5. One of best known ways of improving the culture, performance and efficiency of any organisation is to shine the light of Openness and Transparency in to its workings so that it truly becomes accountable to those it serves.

Whilst it is recognised that the NMC handles a considerable amount of sensitive information the Courts in England and Wales have demonstrated in, for example, the Court of Protection and in the family Courts Transparency pilots, that with appropriate safeguards in place Openness and Transparency can be balanced with the obligations of privacy and confidentiality.

Will the NMC Council commit to undertaking a project, working with those with experience of this work including members of the public, to examine and propose changes to the NMC's rules and procedures, including legislative change if required, to bring the NMC in to the forefront of this current work to improve access to Open Justice and the transparency and accountability of the organisation?

We have provided a full letter of response to Mr Bell, which can be seen at **Annexe D**.

Kelley Webb-Martin, Programme Director, NHS

6. As there are organisations and independent professionals with the expertise to address the significant issues identified, do advise on the process for ensuring equity in the procurement and commissioning procedures, so these organisations and professionals may access the £30M allocated for this work.

The £30 million allocated to the Fitness to Practise Improvement Plan is allocated for spend in several ways including increasing our internal resources, not just in staff within FtP, but in programme management and change management expertise to ensure changes are delivered and sustained.

We are working with legal partners who bring years of experience and knowledge of the regulatory healthcare sector. We held a market engagement event followed by a competitive tender process for the appointment of both our legal partners. Both firms received robust training and, together with an intelligent approach to allocating cases, provides collective assurance that we have the experience, skills and capacity to identify serious fitness to practice concerns and progress them swiftly and safely.

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Peter Bell, member of the public

7. *I have observed over many years the NMC Council noting an underspend on MOTS/technology often owing to lack of qualified resource, FtP recruitment not reaching targeted numbers, and similar failure to reach recruitment targets elsewhere, whilst continuing to build very large reserves from the fees that they collect from their registrants.*

This continues today. And I see in the papers tucked away in the finance section yet another word of caution over spending because income from overseas nurses is predicted to decline.

Can I ask why, given that the NMC sets its own fees for its registrants, there is any concern about being able to raise sufficient income to be able to properly the resource needed to make a step change in the performance particularly of the FtP process?

One note – the employers support team was grown from 8 to 12 FTE and was very successful in reducing the number of referrals from employers. Why was this resource not then doubled, given that it was a) a very small part of the budget, b) so successful in reducing referrals, c) was becoming a source of expertise, d) was then repurposed to support the work of initial investigation.

The potential to raise income through increasing fees is something Council considers in Open session every year. The issue is kept under constant review. Our resource needs must be balanced against our responsibility to ensure that our fee level is affordable to the nurses, midwives and nursing associates on our Register. Any proposal to increase will require approval by Parliament. More information on our thinking and the process involved is contained in our 'Financial Strategy 2024-25', agreed by the Council in March 2024 and available on our website [financial-strategy-2024-2025.pdf \(nmc.org.uk\)](https://www.nmc.org.uk/financial-strategy-2024-2025.pdf). This issue was also considered as part of our annual budget setting discussions in March 2024 ([open-council---27-march-2024.pdf \(nmc.org.uk\)](https://www.nmc.org.uk/open-council---27-march-2024.pdf)). This paper also sets out our thinking on reserves and our plans to reduce them significantly in the near future.

We expanded the Employer Link Service (ELS) from eight Regulation Advisers to 12 at the end of 2019. We undertook a review of the function in 2021, which suggested further expansion of the team over the following three years. We initially allocated resource to ELS to develop a further ten new advisor roles that would work alongside the senior regulation advisors. In the event our decision to reprioritise the team's work towards helping address the fitness to practise caseload and responding to the computer-based training fraud identified in early 2023, meant the team was not able to support the development of these new roles as originally planned. We are now looking to return to the original plan with six new advisor roles expected to be recruited to support social care employers later in 2024-25. We are currently reviewing the case to reinstate funding for the remaining four new roles.

Nasreen Anderson, Senior Associate, Financial Conduct Authority

8. *Sue Whelan Tracey - do you have any comments about your silence when colleagues were reporting these concerns prior to the review but shedding tears now*
<https://www.theguardian.com/commentisfree/2018/may/08/how-wh>

We do not respond to questions about individuals.

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Tamara Wasylec, Senior Education QA Officer, NMC

9. *Nazir urged NMC staff to hold the NMC leadership to account to deliver the recommendations. By what formal mechanisms are the NMC staff empowered to do this - which isn't whistleblowing? Will the oversight group for ensuring the recommendations are delivered include external stakeholders and a cross section of the NMC staff and employee networks to ensure delivery?*

All colleagues are able to attend Open Council meetings and ask questions to be answered by Council and the Executive. Attendance is only limited by capacity (for in person meetings) and whether the operational needs of specific teams or departments is able to accommodate attendance. Colleagues are also able to ask questions through the All Staff Briefings and People Briefings. Network discussions take place with senior leaders in the organisation and colleagues can ask questions via the Networks as well. The NMC also recognises Unison as a trade union and colleagues who are members can raise questions with them.

The Oversight Group is being organised and administered by the Professional Standards Authority. Whilst the NMC has no control over the membership, we understand that this will include NMC colleagues.

Kelley Webb-Martin, Programme Director, NHS

10. *Self-education on anti-racism is important. I'd invite the members here to educate themselves on how oppression/racism presents, to include Tears and the further damage it often inflicts on those impacted*

Thank you for the comment.

Meldrum, Gillian (Chelsea And Westminster Hospital NHS Foundation Trust)

11. *Which 'stakeholders' do you plan to engage with? Would you agree to include, for example, NMCWatch and Equality4BlackNurses and also create a channel for unaffiliated registrants and members of the public to contribute?*

We are in the process of mapping out what our engagement will be and we are at very early stages of this work.

Cathryn Watters

12. *Who has been held to account in the leadership - what has this looked like?*

The leadership team opened themselves and the NMC to the external scrutiny of a high-profile independent review, and they have committed to delivering a culture change programme rooted in the report's 36 recommendations. The author of the report, Nazir Afzal OBE, has stated his confidence in the current leadership team's ability to respond positively to his recommendations, and that is what they intend to do.

Anonymous User (Guest)

13. *What mechanisms are open to NMC staff to express our dissatisfaction with the Council and the Chair? Can we call for a vote of no confidence? If Council won't take real accountability, we want to make it happen.*

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Open Council Meetings include question and answer sessions in which members of NMC staff can express their views. There are other staff meetings at which individuals can give their feedback, which will be shared with Council. As an independent regulator, the NMC is accountable to Parliament and Council members are appointed by Parliament. The Chair and the members of Council are appointed by the Privy Council, and the terms on which they may be suspended from office are set out in the NMC Constitutional Order, 2008. There is no provision for a vote of no confidence in the Council in this or the NMC's Standing Orders.

Michelle Russell, Whistleblower

14. Rhiannon I would respectfully suggest listening to trusts for their opinions on staff vulnerability may be part of the problem. Robust safeguarding and knowledge of this should be part and parcel of the skill set at the NMC

Thank you for the comment.

Sally Nyinza

15. It would be great to have a registrant be a CEOR and have more nurses or midwives into the executive as well as in the council. It feels we are being worked at instead of working with. It also needs to be diverse. Looking at the panel today, it is no where near diverse. 27 lives lost is too many lives that should not have been lost! Shouldn't there be calls for an inquiry?

While the NMC's role, as a professional regulator, is distinct from that of the professional bodies representing nurses and midwives, the role of Chief Executive and Registrar (CER) and that of any other member of the Executive, is open to any suitably qualified and experienced applicant. There is no bar to a registrant applying to be CER or serving in any other Executive position. The number of registrant Council members is mandated by the Constitution Order at six members.

The NMC will support any Inquiry that covers its areas of work.

Linda Martin

16. How can staff be reassured that management at all levels will change/implement the recommendations, given management at all levels throughout the NMC have been complicit/condoned the behaviours described in the Report and in previous reports?

Also as there does not appear to be any accountability by those complicit in these behaviours at all levels, what does the Council intend to do about this, as it makes whistleblowing invaluable and meaningless. Other organisations faced with the same recommendations, would have taken immediate action to reassure staff that these behaviours will not be tolerated.

There is no place for bullying, harassment or discrimination at the NMC and, where colleagues experience it, they should speak to their line manager, a colleague who can help to raise it, a UNISON representative, or the Freedom to Speak Up Guardian.

Colleagues have told us that they want to see action, we have communicated the immediate action in response to the plans widely to colleagues; it is available to view [here](#).

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Kelvin Ossai (RN), Health protection practitioner, Local Authority

17. *What can the NMC do regarding the culture of nurses being treated as "guilty until proven innocent". Most nurses end up losing their jobs even when the police has found them not guilty. Nurses get ostracised by work colleagues and employers. How can the NMC mitigate such culture?*

The proportion of nurses and midwives who are subject to FtP processes is extremely small; the number who are restricted by us as a regulator whilst our process is ongoing is even lower and the total number who are then subject to some form of formal restriction at the end of our process is smaller still.

Our processes are not there to prove guilt or punish. They are there to manage future risk, where possible, in a way which enables professionals on our register to return to safe practice. We need to do more with students so they understand the role of Fitness to Practise, and we need to reinforce with employers that being involved in FtP processes does not necessarily mean someone cannot work.

We recognise that individuals sometimes feel unable to work and we have a careline for individuals who need support if they are involved in our processes.

Sharon Aldridge-Bent, Leadership Consultant Independent

18. *Apologising, showing emotion, remorse and ignorance does not reassure me as a registrant.*

The council must ask themselves 'why' they were not aware and or looked the other way?

Please consider how as a council you can reassure registrants that the action plan will not just be another 'lip service' exercise. Based upon the fact that the membership of the council is unchanged.

We recognise that actions matter more than words going forward and we will openly report on the actions we are taking to implement the report's recommendations over approximately the next two years. This will include transparent reporting at our public Council meetings. We will also keep the wider professions up to date at key junctures. The PSA's independent Oversight Group will also be reporting on our progress and we will be appointing two independent advisers to the Council to provide further assurance.

Manjit Darby, Non-Executive Director, Leicestershire Partnership Trust

19. *We need to see quick wins. Addressing the backlog is critical. I suggest you urgently review why panel member contracts can't be extended. I asked Andrea this in January- the answer was no can do- if GMC can I'm sure we can! There were plenty of us with significant experience who's contracts were ending volunteering to stay on but this came to nothing.*

The appointment and reappointment of Panel Members is set out in legislation and, at present, there is no option to extend panel members beyond two terms. The GMC has this option because its legislation contains a provision for them to extend Panel members in a way that our legislation does not. We hope that this is something we can consider more fully through the process of Regulatory Reform.

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Keelie Grindley (RBT) Mid Cheshire Trust

20. *As a midwife teaching Black maternal health and anti-racism at my trust, how do I encourage my students to report racism as a pre requisite of the NMC when racism is clearly rife within the NMC, our regulator? Trust is unfortunately lost with me as a mixed race midwife and those I'm teaching of all ethnicities.*

One of our aims for Fitness to Practise is to support a professional culture that values equality, diversity and inclusion, and prioritises openness and learning in the interests of public safety.

We are clear that there is no place for racism in health and social care and would encourage individuals to either raise issues of racism with us or to let us know if they consider any complaints made against them to be a result of racism.

Shona Hamilton, Midwife, NHSC

21. *Will nurses and midwives who have had difficult and lengthy FTP processes that has been detrimental to their mental health and well-being receive an apology? What work will you undertake with your FTP panels to ensure fair and reasonable processes? Will you increase professionals on the panels that have a good understanding of current clinical practice*

We are sorry for the impact delays in our Fitness to Practise process have had on individual nurses, midwives, members of the public and our own staff.

Our FtP panels receive regular training to ensure fair and reasonable processes and over the past three years we have focused on equality, diversity and inclusion, sexual misconduct and how to run effective hearings where individuals are, and feel, supported.

All of our panels have at least one professional on them and we encourage applications from individuals in current clinical practice.

Stuart Tuckwood, National officer for nursing, UNISON

22. *Thank-you for answering the first two questions which were from me at UNISON. To add, there is no mention anywhere in the actions identified to date - nor has it been mentioned in the discussion at Council today - of working with the UNISON branch for NMC staff on this. To be clear, having freedom to speak up guardians and ambassadors are no substitute for working with the union representatives your staff elect. This needs to be explicitly identified as an action and addressed.*

We are pleased to have recognised UNISON in the last couple of years as our first Trade Union at the NMC. UNISON has played an important role in shaping and influencing the People Plan and EDI plan for the NMC and has been representing and supporting colleagues across the organisation. The Chair and Chief Executive had a useful meeting with UNISON representatives on 21 August and we look forward to continuing these contacts.

Cathryn Watters

23. *Sue Whelan Tracey - do you have any comments about your silence when colleagues were reporting these concerns prior to the review*
<https://www.theguardian.com/commentisfree/2018/may/08/how-wh>

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We do not answer questions about individuals.

Anonymous User (Guest)

24. As a former employee, I have personally experienced (including before and after the publication of the culture review) extreme defensiveness from both Council and members of the Executive Team. If you are unable to recognise defensive behaviour when it is still happening, how can you reassure members of the public that you are capable or have the necessary insight to implement change?

We are sorry to hear of your experience; former colleagues have contributed to the People and Culture Report and we would like to thank them for doing so.

Staff have told us that they want to see action and we have communicated the immediate action in response to the plans widely to colleagues, it is available to view [here](#) and includes diversifying and improving the capabilities of senior leaders.

Manjit Darby, Non-Executive Director, Leicestershire Partnership Trust

25. As a non-exec in a Trust if I found myself in this position I would be asking why didn't we know. To provide confidence going forward the Board has to understand and articulate what has gone wrong at board level and how this will be addressed.

As the Chair made clear at the meeting, the Council will need to consider what questions it should have asked and what assurances it should have questioned, as part of the process of understanding what happened.

Cathryn Watters

26. Are these answers to the questions - scripted ?? looks like they are being read out...

Some of the questions received ahead of the Open Council meeting were replied to on the basis of notes prepared in advance. This is in the interests of both time and accuracy. The Council also answered as many of the questions raised in the meeting as the extended time allowed.

Ruth Oshikanlu (Registrant)

27. You keep stating that you are a Learning Organisation. Why did the NMC Chair and Council not see the need for an EGM following the report? This would have been a real opportunity to show that the Chair and Council really do want to engage with registrants and the public.

The Independent Culture Report was published on 9 July and the Council had an Open meeting planned on 24 July. Holding a meeting sooner is unlikely to have allowed as many stakeholders to join the meeting. The Council also used the short time between publication and its scheduled meeting to prepare an outline paper on how we planned to respond to the report.

Anonymous User (Guest) Ruth Oshikanlu (Registrant)

28. The Chair stated that he does not know how things got this bad. Could it be a case of group-think, no diversity of thought within NMC Council and members of the Executive team?

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The NMC is committed to improving the diversity, in all senses, of the Council, the Council's Committees and the Executive leadership of the organisation.

Neomi Bennett BEM RGN

29. *Will the NMC address anti-blackness in their EDI attempts? This type of discrimination became obvious after the 2017 University of Greenwich research*

We are carrying out more work with the University of Greenwich to address disproportionate referrals and we also have a workstream in our Fitness to Practice plan which is targeting this issue.

Work is scheduled within the ELS team to hold discussions with the top 10 employers in terms of disproportionate referrals to understand and attempt to resolve the situation.

Dale Cooper

30. *As Co-Chair of the LGBTQ+ Network I would like to ask the chair to ask Nazir for clarification on the process involved in the selection of feedback and in particular the feedback on page 54 of the report. This feedback is the only reference to the LGBTQ+ community we understand that this quote can be heard differently by different people and the person who made this comment wasn't having their needs met. As the only mention of the LGBTQ+ community in the report it was difficult to read as it felt:*

It is triggering in the way LGBT+ people experience discrimination.

- We feel this comment is inflammatory and serves to turn under-represented and marginalised demographics on one another, when in actuality, anybody from minority backgrounds should be working together to educate and inform those who are not, with the common goal to unify in our approach to equality.*
- There are no clear conclusions about what is being drawn from this feedback.*
- It feels very noticeable as this is the only reference to LGBTQ+ people in the report and feels quite negative towards these people's experiences and the LGBTQ+ community.*
- It is also divisive for people with non-visible disabilities.*

Thank you for the comment. We will forward this on to Nazir Afzal.

Anonymous User (Guest)

31. *Nothing that has been said has identified who is responsible/how this happened. NMC Context Commitment 8:*

We'll need to consider whether we need to take any action against those in senior positions who were responsible for the poor culture and for ensuring correct processes were in place, known about, understood and adhered to.

If managers knew poor practices were happening and did nothing, it might call their management arrangements and the level of support they provided into question. It might also be a concern if managers didn't know of a widespread cultural issue.

Who is responsible for the poor culture at the NMC?

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The Council and the Executive commissioned the independent investigations and review into the NMC following the whistleblowing concerns that were raised in September 2023. They have accepted the recommendations in full from the Rise Associates Report and are committed to implementing wider cultural change. The Council and Executive have apologised to colleagues, professionals and stakeholders for the findings of the report.

As the Chair made clear at the meeting, the Council will need to consider what questions it should have asked and what assurances it should have questioned, as part of the process of understanding what happened.

The experiences set out in the report were shared on a confidential basis and it is of concern that some colleagues have felt unable to speak up on these issues. We have established an independent Freedom to Speak Up Guardian to help colleagues raise concerns and provide a signpost to support.

Gillian Meldrum, (Chelsea And Westminster Hospital NHS Foundation Trust)

32. Does the Council understand that apologies expressed at this meeting (for things that happened rather than things they have done) are mostly not being heard or received by the individuals who have been harmed, and not all of the victims with have the means to raise complaints through formal processes or litigate in order to receive either apologies or compensation - which make the repeatedly expressed sincere and personal apologies fairly meaningless and means that amends will not be made to the individuals affected?

We recognise that actions matter more than words going forward and that the Council and leadership of the NMC have significant work to do to regain the trust of colleagues and stakeholders. We will openly report on the actions we are taking to implement the report's recommendations over approximately the next two years. This will include transparent reporting at our public Council meetings. We will also keep the wider professions up to date at key junctures. The PSA's independent Oversight Group will also be reporting on our progress and we will be appointing two independent advisers to the Council to provide further assurance.

Rosemary IDIAGHE, Surrey And Sussex Healthcare NHS Trust

33. Will the committee give assurance that nurses and midwives will form an integral part of the executive team of the NMC going forward?

A registrant already forms an integral part of the Executive Team in the role of Executive Nurse Director, Professional Practice. All other roles are recruited to with consideration for the specialist skills and experience required for that role. See question 15 for further detail.

Anonymous User (Guest)

34. When he spoke at an internal NMC briefing, Nazir Afzal was unable to explain why he had confidence in the current NMC leadership, but did note that it wasn't his role to set specific actions for leaders following his review. Can the Chair accept that Nazir's refusal to call directly for resignations should not be relied upon as meaning that there is no basis for the same?

In his letter to the Chair of 9 July, Nazir Afzal thanked the leadership of the NMC for opening themselves to scrutiny and expressed confidence that the report could be a turning point for the NMC.

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Gillian Meldrum, (Chelsea And Westminster Hospital NHS Foundation Trust)

35. *Would the council consider that avoiding giving a direct answer to the questions raised at this meeting comes very close to being 'defensive' - although David has assured the meeting that there has been 'zero defensiveness' in response to the report?*

The Council responded to all the questions received in advance of the meeting and then extended the time allotted for responding to questions from the Q&A function within Teams meeting. Any questions that were not responded in the meeting have been addressed within this document.

Michelle Russell, Whistleblower

36. *16 suicides in 6 years just confirmed?*

The NMC reports all tragic deaths by suicide by registrants under investigation in our Fitness to Practise processes in the Annual Report and Accounts.

Rebecca Thomas, Health Correspondent, The Independent

37. *Following confirmation from the Chair that he was copied into concerns from whistleblowers prior to the commissioning of the Rise and Ijeoma review - what action did he take upon being copied into those concerns?*

The Chair is unable to comment on individual whistleblowing cases which are currently under investigation.

Carol Irish, Service Manager, London borough of Newham

38. *There are several organisations with independent professionals affiliated who has the expertise 7 experience to address the significant issues identified, what is your procurement processes to foster equity in commissioning procedures, so these organisations and professionals may access the £30M allocated for this work*

See Q6 above.

Gillian Meldrum, (Chelsea And Westminster Hospital NHS Foundation Trust)

39. *Would the NMC consider putting a statement on the website encouraging & welcoming registrants and the public to forward comments/concerns/suggestions to customer enquiries and complaints team - if they wish to gather representative views from a diverse range of concerned citizens, rather than simply from the most personally aggrieved people and activists?*

We are in the process of mapping out what our engagement will look like for longer term culture change. We will actively engage with partners, professionals and the public.

Anonymous User (Guest)

40. *The Chair's response about the appointment of the interim CEO is completely unsatisfactory. There has been no acknowledgement that making such an appointment at this time was wholly inappropriate given the need for the interim appointment to give assurance - above all else - that the organisation understood the importance of addressing the concerns about our handling of EDI issues and our culture. That there*

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has been no recognition of wrongdoing or error in respect of this appointment completely undermines everything else Council has said today about their understanding and accountability.

Thank you for your comment, which that Council has noted.

Joanne Bosanquet MBE, RN

41. We have 100's of Directors of Nursing and Chief Nurses across the system. Why don't you declare a major incident and allocate the lower risk cases to these teams at regional level to assess and work with the employers to resolve? Employers often use the NMC as HR.

Our Employer Link Service works closely with Directors of Nursing and Chief Nurses across the United Kingdom and provides advice on what should and should not be referred to us.

We now have the funding in place that will allow us to rapidly address our aged, low risk cases.

Additionally, as part our plans for FtP, we will be looking at how we might enable employers to support members of the public who raise complaints with us directly rather than raising with employers in the first instance.

Gillian Meldrum, (Chelsea And Westminster Hospital NHS Foundation Trust)

42. Does Council understand that trust can indeed only be earned by actions going forward, and therefore for them to earn trust in the genuineness of their profuse apologies, they would need to act proactively to apologise directly to people who have been harmed, and make amends to them?

The Chair repeats his apologies, and those of the Council, to all those affected by the issues reported in the Review and our commitment to implementing all the Review's recommendations.

Anonymous User (Guest)

43. As my pre-sent question was edited and Exec Directors can expect to be named for failings - sharing in full for transparency:

Members of the public, professionals on the NMC's register, and NMC staff will all be concerned about recruitment practices at senior leadership.

- 1. What measures have the NMC put in place to recruit leaders who have a positive track record, can demonstrate and accept diverse views, and are willing and able to challenge the Executive Team?*
- 2. What measures have been put in place to ensure that these leaders are protected from being ostracised or facing reprisal once in post?*

This question was edited as we do not respond to questions about individuals. It has been edited here again for the same purpose to remove the names of individuals. The substance of the question was addressed in the Council meeting.

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Manjit Darby, Non-Executive Director, Leicestershire Partnership Trust

44. *Closed cultures damage organisations. There are many registrants and nurse leaders who would be happy to help - we want to see a fully functional organisation working to ensure we have a workforce that's safe and fit for purpose. Use our offer of help. It's a tough job for the council and executive for sure so please reach out and use us.*

Thank you for your comment.

Gillian Meldrum, (Chelsea And Westminster Hospital NHS Foundation Trust)

45. *Would David reflect on his statement that there has been zero defensiveness, as an expression of defensiveness in itself? It seems humanly impossible to not have at least some defensive thoughts and feelings in response to such harsh criticism as the report has raised. Would the Council consider it useful, if they wish to effect genuine change, to actively look for, reflect on and understand their own defensive feelings and reactions - and welcome an acknowledgement of these as helpful in understanding the causes of the some of the problems they wish to solve.*

As the Chair made clear at the meeting, the Council will need to consider what questions it should have asked and what assurances it should have questioned, as part of the process of understanding what happened.

The Council and leadership is clear that the task of addressing the issues must start with self-criticism about what led to this situation

Michelle Russell, Whistleblower

46. *It is clear from Lesley's report that the culture of the NMC continues to impact on fitness to practice progression and completion. Additionally, with 16 registrant suicides within the last 6 years does Lesley accept the risks are now unacceptable?*

The NMC offers its condolences to the family and friends of anyone who has died by suicide while under investigation.

The wellbeing of those involved in our Fitness to Practise process is important to us and to our teams who handle cases every day. The significant investment we are making as part of the Fitness to Practise plan will improve the timeliness of case progression at all parts of our process, reducing the pressures associated with us having cases unresolved for too long.

We are investing further in our safeguarding capabilities and additionally investing in new roles to support the wellbeing of professionals involved in our process.

Longer term, we look forward to the implementation of regulatory reform which is critical in updating our outdated legislation and giving us great powers and flexibility to resolve cases sooner.

Michelle Lyne, Professional Advisor Education, Royal College of Midwives

47. *It is important that NMC staff are heard, treated with respect and dignity as stressed in both the report and numerous contributions from the NMC, however this too needs to be afforded to those registrants referred to the NMC. Equally their time as well as those attending with them including their legal support. We recently had members called to*

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attend for interim orders who arrived at 08.30 and required to attend for the day and then sent home without being seen and required to attend the next day. This added to the stress and anxiety of the process and raises questions about process. Too often we hear from members about how badly they are treated.

We are sorry to hear about this experience, and you are right that everybody involved in our processes deserves to be treated with respect, nobody should be put in avoidable positions which add to their stress and anxiety.

We recognise that our work on the approach to interim orders needs to improve and we have a stream of work in our improvement plan dedicated to improving interim order and substantive order review processes.

Michelle Russell, Whistleblower

48. It is evident that corporate risk and public safety risks were raised some time ago to CEO Chair and other council members, Listening was the problem.

Thank you for the comment, which the Council notes.

Questions submitted after the meeting

Wilfredo Velasco Vitao, Jr., PH-RN, UK-RN, US-RN, Practice Educator, Mid and Late Career Development

*Thank you for the meeting today.
My question is in relation to the OET results believed to be fraudulently procured in India. When do we know the outcome of the OET Malpractice Group Investigations? What is the current guidance around this?*

We are likely to have received all of the information required from the organisation responsible for OET during September; this will enable us to consider if there are any regulatory actions for us to undertake.

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Response to Peter Bell – Question 5 (see Annexe C)

Dear Peter

I write in response to the question you raised on 24 July 2024 during the Open Council meeting.

Your question

Will the NMC Council commit to undertaking a project, working with those with experience of this work including members of the public, to examine and propose changes to the NMC's rules and procedures, including legislative change if required, to bring the NMC into the forefront of this current work to improve access to Open Justice and the transparency and accountability of the organisation?

Our response

The NMC is committed to ensuring that it appropriately considers and applies the principle of open justice alongside its competing legal obligations of privacy and confidentiality in carrying out its statutory functions. I set out below how the NMC is currently balancing these important principles within its current legal framework and the NMC's engagement with future developments in this area.

1. Current Processes

a. Upcoming hearings

The NMC publishes information about upcoming substantive hearings on the NMC's website, under the heading 'Latest hearings and sanctions'. The following information is published:

- Registrant's name, PIN and the part(s) of the register on which they appear.
- Date and venue of the hearing.
- The local authority area where the events that are the subject of the allegation took place.
- The type(s) of allegation against the registrant which will be the subject of consideration by the panel.

b. Attendance at substantive hearings

- Hearings are held in public unless an application has been made under the Fitness to Practise Rules for the hearing to be heard either in all or part in private. This will be considered when dealing with matters relating to a registrant's mental or physical health, where issues are raised relating to the vulnerability of witnesses, the health of other witnesses or people identified, or to protect the anonymity of patients. The panel will be considering the balance between public interest and the individual's right to privacy and confidentiality.
- Members of the public are welcome to observe the hearings save for the hearings held in private. To ensure the smooth running of virtual hearings there is a limit on the number of observers.

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- Further information on public and private hearings can be found on the NMC's website : [Hearings in private and in public - The Nursing and Midwifery Council \(nmc.org.uk\)](https://www.nmc.org.uk/consultation/2018/09/12/hearings-in-private-and-in-public)
- c. Publication of panel decisions*
- When a panel makes a finding of impairment, the panel's written determination is published on our website. The determination will not publish any information which was heard in private.
 - The NMC is required by law to publish the sanction imposed by the fitness to practise panel and recognises the public interest for doing so. However, there may be exceptional circumstances where the impact of publication on an individual would justify departing from our general approach. This principle derives from the recent High Court case of *General Medical Council v X* [2019] 1 WLUK 255.
 - The NMC has produced guidance on publication of fitness to practise and registration appeal outcomes which set out the factors taken into consideration by the NMC such as legal obligations, transparency, fairness and confidentiality. This guidance can be found on the NMC's website: [publication-guidance.pdf \(nmc.org.uk\)](https://www.nmc.org.uk/consultation/2018/09/12/publication-guidance)
- d. Bundles*
- If the NMC receives a request for a copy of the hearing bundle it will consider whether the disclosure is required in the public interest in particular, to satisfy open justice principles. This will be balanced against any adverse impact on the hearing and the fitness to practise process and any potential privacy implications.

This letter highlights the prominent issues but further information and detail concerning the NMC's approach to handling information during fitness to practise proceedings is set out in the NMC's fitness to practise information handling guidance which can be found on our website: [ftp-information-handling-guidance.pdf \(nmc.org.uk\)](https://www.nmc.org.uk/consultation/2018/09/12/ftp-information-handling-guidance)

2. Regulatory Reform

The NMC's statutory functions and legal powers are set out in the Nursing and Midwifery Order 2001 and through various rules. The legislative framework can only be amended by Privy Council.

The government has been consulting and working on regulatory reform for healthcare regulators including the NMC. It is anticipated the reform will introduce substantive legislative changes and the NMC has been working closely with the government to provide detailed comment on the various proposals. Information regarding the government's regulatory reform proposals can be found on the following link: [Regulating healthcare professionals, protecting the public: consultation response - executive summary - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/regulating-healthcare-professionals-protecting-the-public)

The NMC welcomes the government's proposal to grant more autonomy to regulators enabling them to set their own legislative rules detailing its regulatory procedures. The NMC would legally be required to consult on any rules it seeks to introduce. It is anticipated that the legislation will require regulators to publish decisions made in respect of registered individuals such as; when they are "automatically removed" from the register following convictions for specified offences and where the person receives particular decision within the course of fitness to practise proceedings. It is proposed that regulators will be required to make rules for its panel procedure. This is likely to cover any matter relating to the

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functions of panels and prescribe the circumstances where proceedings are to be held in private.

Furthermore, it is anticipated that the reforms will introduce a new governance structure for regulators and introduce new duties of transparency and proportionately. One of the government's proposals is to introduce a requirement in legislation for regulators, when discharging their functions, to do so in a way that is transparent, accountable, proportionate and consistent. Some of these duties will include; publishing information on its regulatory functions on annual basis, publishing its engagement policy and making board meetings available to the public (except for confidential matters).

The NMC has been fully engaged with the regulatory reform programme and has been working very closely with the government by providing constructive feedback on proposals and draft rules. The NMC has a dedicated team working on regulatory reform and also worked on the development of the draft Anaesthesia Associates and Physician Associates Order designed for the General Medical Council which is envisaged to be a blueprint for future reforms. The NMC will continue to feed into and respond to the proposals as the programme progresses.

The NMC's response to the government's regulatory reform consultation has been published on our website:

[Better, safe regulation. Our response to the DHSC consultation on regulating healthcare professionals, protecting the public. \(nmc.org.uk\)](https://www.nmc.org.uk/better-safe-regulation-our-response-to-the-dhsc-consultation-on-regulating-healthcare-professionals-protecting-the-public)

The NMC's response to the government's proposed reforms on the topics of transparency and accountability can be found at paragraphs 6-13 and 42.

3. Engagement with public consultations

In addition to the engagement of the regulatory reform public consultation. The NMC engages with public consultations it considers relevant to its ability to carry out its statutory functions.

In April 2024 the Civil Procedure Rule Committee consulted on proposed changes to a new CPR Rule 5.4C which concerns the access to court documentation by non-parties. As the NMC is frequently involved in litigation before the court the NMC considered it appropriate to respond to the consultation.

As a result of all the work carried out to date and the NMC's dedicated work with the government on the regulatory reform programme the NMC is satisfied that the relevant level of action is being undertaken within its current programme of work and a further project is not required.

Yours sincerely

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Council

Summary of actions

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| Action requested: | Summarises progress on completing actions from previous Council meetings. The Council is asked to note the report. |
| Key background and decision trail: | This paper is a standing update to the Council for information on actions agreed at previous meetings. |
| Key questions: | Has appropriate progress been made in respect of actions agreed at previous meetings? |
| Annexes: | None. |
| Further information: | If you require clarification about any point in the paper or would like further information, please contact the author or the director named below. |
| | Secretary: Matthew Hayday Phone: 020 7681 5516 matthew.hayday@nmc-uk.org |

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| Minute | Meeting date | Title / theme | Status | Action | Action owner | Update | Due date |
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| NMC/24/22 | 27 March 2024 | Outcome of phase one of the advanced practice review | Complete | Form an advisory group for advanced practice comprised of Registrant Council members and NMC colleagues. | Executive Director, Professional Practice / Secretary | An advisory group for advanced practice has been formed, with Council members invited to join. The first meeting of this group is scheduled to take place on 24 September 2024. | 24 July 2024 24 September 2024 |
| NMC/24/39 | 22 May 2024 | Executive Report: Education Quality Assurance | Complete | Regarding themes in Education Quality Assurance currently affecting some approved education institutions (AEIs), present an update to the Council. * NMC/24/50 From 3 July 2024 Them themes in Education Quality Assurance currently affecting some AEIs would be presented to | Executive Director, Professional Practice | Education quality assurance update, risks and mitigations is included as an agenda item for this meeting (see Item 11). The paper includes details regarding themes in education quality assurance currently affecting some AEIs. | 3 July 2024 24 July 2024 24 September 2024 |

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| | | | | the Council at its meeting on 24 July 2024. | | | |
| NMC/24/50 | 3 July 2024 | Executive Report | Complete | Consider ways to raise the profile of the resource mapping the standards of proficiency for midwives to the recommendations from the Ockenden and Kirkup reports. Ensure it was cascaded effectively to Directors and Heads of Midwifery. | Deputy Director, Communications and Engagement | The standards mapping resource was sent to Chief Midwifery Officers and Heads of Midwifery on 4 July and to other key stakeholders (Lead Midwives for Education, Royal College of Midwives, Royal College of Nursing) on 9 July and was positively received. The resource is also being used in direct conversations between the NMC's senior midwifery advisors and midwifery leads in the sector | 27 November 2024 |

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| NMC/24/50 | 3 July 2024 | Executive report: volunteer Ambassadors for the Empowered to Speak Up service | Complete | <p>Arrange for the Council to meet with the volunteer Ambassadors for the Empowered to Speak Up service once they had received training and were established in the role.</p> <p>*NMC/24/65 24 July 2024 Schedule meetings for Council members with the volunteer Ambassadors for the Empowered to Speak Up services as soon as possible.</p> <p>*NMC/24/66 24 July 2024 Schedule meetings for Council members with internal Empowered to Speak Up</p> | Secretary | Scheduled for the afternoon of Tuesday 24 September with the volunteer Ambassadors and Anuska Casas Pinto, Speak Up Guardian attending. | 24 September 2024 |
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| | | | | Ambassadors as soon as practicable. | | | |
| NMC/24/50 | 3 July 2024 | Executive report: Practice learning review | In progress | For the practice learning review, seek expertise from advisers reflecting the diversity of the register. | Executive Director, Professional Practice | Not yet due. | 27 November 2024 |
| NMC/24/64 | 24 July 2024 | Minutes of the previous meeting | Complete | Amend the minutes of the meeting on 3 July 2024 according to the comments raised and submit to the Chair for signature. | Secretary to the Council | Minutes of the meeting on 3 July 2024 amended accordingly and signed by the Chair. | 24 September 2024 |
| NMC/24/65 | 24 July 2024 | Summary of actions: Panel Member recruitment process | Complete | Confirm with Inclusive Boards whether data on Panel Member/Chair applicants' social and economic backgrounds was captured as part of the diversity monitoring data. | Secretary to the Council | Panel Chair and Panel Member applicants were asked "What was the occupation of your main household earner when you were about aged 14?" as part of the diversity monitoring questionnaire. A full breakdown of the diversity statistics at each stage of the recruitment will be provided to the Council at the point the recommendation to | 24 September 2024 |

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| | | | | | | appoint is made, which is likely to be in early 2025. | |
| NMC/24/66 | 24 July 2024 | Independent Culture Review report | Complete | Detailed action plan for the delivery of the recommendations in the Report to be presented at the Open Council meeting on 24 September, including in respect to Safeguarding. | Executive Director, Strategy and Insight | This is an agenda item for this meeting (see Item 6). | 24 September 2024 |
| NMC/24/66 | 24 July 2024 | Independent Culture Review report | Complete | The Council and the Executive to discuss the cultural issues which underlay the recommendations in the Report and to ensure these were fully understood, ahead of the presentation of the action plan. | Secretary to the Council | The Council and the Executive met to discuss the cultural issues which underlay the recommendations in the Report on 11 September 2024. | 11 September 2024 |

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| NMC/24/66 | 24 July 2024 | Independent Culture Review report | Complete | Review the draft principles for how the NMC would deliver the work in response to the Report. | Executive Director, Strategy and Insight | <p>We have updated our principles as follows:</p> <ol style="list-style-type: none"> 1. We will make brave and tough decisions. 2. We will be open. 3. We will be inclusive. 4. We will build on what the NMC does well, learn from the past and follow through. 5. We'll not let perfection get in the way of good. 6. We'll be accountable and expect the same of others. We'll ensure there are development opportunities. | 11 September 2024 |
| NMC/24/68 | 24 July 2024 | Performance and Risk report Q1 April – June 2024 | Complete | Review the new risk PEO24/05 (risk of low morale and engagement, contributing to a loss of talent, expertise, corporate knowledge, and key relationships in parts of the business) to ensure it was | Interim Executive Director, Resources and Technology Services | In response to the Council's suggestion, the Executive Directors of P&OE have proposed a new strategic risk as follows: 'We fail to effectively respond to the recommendations from the Independent Culture Report and deliver the cultural change that is needed, resulting in the experience of colleagues not improving, and our regulatory and safeguarding responsibilities not being delivered'. This is to be discussed at Executive Board in | 27 November 2024 |

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| | | | | more specific about the risks related to a failure to implement the recommendations in the Independent Culture Report. | | September 2024 and, if agreed, will be added to the strategic risk register. | |
| NMC/24/68 | 24 July 2024 | Performance and Risk report Q1 April – June 2024 | Complete | Provide the Council with an update relating to the NMC's Financial Strategy. | Interim Executive Director, Resources and Technology Services | An update on the NMC's financial strategy and position was provided to the Council on 11 September 2024 as part of the discussion on the Independent Culture Report recommendations and re-periodisation activity to accommodate this. | 24 September 2024 |
| NMC/24/69 | 24 July 2024 | Update on progressing the Fitness to Practise casework | Rescheduled | Provide an update on the benefits of the new case management system for the FTP process. | Executive Director, Professional Regulation | A business case and implementation plan will be presented to the Executive Board and Council in October and we are confirming the benefits of our implementation approach as part of this work. We intend to provide an update at the November Open Council meeting. | 24 September 2024 27 November 2024 |
| NMC/24/70 | 24 July 2024 | English Language changes | Rescheduled | Consider incorporating evaluation | Executive Director, Strategy and | We are considering how best to incorporate information about different English language routes | 24 September 2024 |

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| | | evaluation | | information about the impact of the English language changes to the NMC's quarterly performance reporting. | Insight | in our routine performance reporting. A further update will be made to the next meeting. | 27 November 2024 |
| NMC/24/72 | 24 July 2024 | Proposed amendments to risk framework | Complete | Consider and clarify the frequency with which the Council reviewed the NMC's strategic risks and how 'risk trajectory' and timeframes for achieving risk mitigation could be presented to the Council. | Interim Executive Director, Resources and Technology Services | The risk framework has been further updated in line with the Council's feedback. It will be shared with the Chair of Audit Committee and a 'final' version will be made available to the Council on Board Intelligence. This final version will be subject to further improvements to give the Council additional assurance as we mature our approach to risk management. | 24 September 2024 |
| NMC/24/72 | 24 July 2024 | Proposed amendments to risk framework | Complete | Amend the existing information and profile of the Audit Committee in the Framework to better recognise its remit for risk and | Interim Executive Director, Resources and Technology Services | As above. | 24 September 2024 |

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| | | | | assurance evaluation, as delegated by the Council. | | | |
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| Key | |
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| In progress | For items not yet due |
| Rescheduled | Where work has been deliberately replanned/ rephased |
| Overdue | Unplanned delay to the work |
| Complete | Completed actions are reported once as Complete |
| Closed | Only use once an item is moved to the archive |

Council

Transforming NMC culture: responding to the Independent Culture Review

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| Action requested: | <p>This paper sets out, for the Council’s approval, our approach to addressing the Independent Culture Review recommendations, transforming the NMC’s culture, and improving our regulatory approach.</p> <p>For decision</p> <p>The Council is asked to approve the approach set out in the paper.</p> | |
| Key background and decision trail: | <ul style="list-style-type: none"> • The Independent Culture Review (ICR) was published on 9 July 2024 and was discussed by the Council on 24 July 2024. The Council and the executive team have accepted the 36 recommendations in the report. | |
| Key questions: | <ul style="list-style-type: none"> • How will we balance the need for urgency with the need to make sustainable, long-term change? • How will we communicate, engage, and collaborate with colleagues and stakeholders? • How will we create capacity for change? • How will we measure progress? | |
| Annexes: | <p>The following annexe is attached to this paper:</p> <ul style="list-style-type: none"> • Annexe 1: ‘Culture Change at the NMC’ September 2024 | |
| Further information: | <p>If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.</p> | |
| | <p>Author: Karen Lanlehin Phone: 020 7681 5697 KarenTeresa.Lanlehin@nmc-uk.org</p> | <p>Acting Chief Executive and Registrar and Executive Team Helen.Herniman@nmc-uk.org</p> |

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Transforming NMC culture: responding to the Independent Culture Review

Discussion

Context


- 1 The Independent Culture Review found serious failings in the NMC's culture and regulatory work. The Council and the Executive team have apologised for those failings, which have had a significant impact on the public, nursing and midwifery professionals, and our colleagues. We have accepted all the recommendations in the report and have started addressing the issues with urgency, while planning for long term change.
- 2 This paper explains how we propose to transform our culture and improve our regulatory approach so that NMC colleagues can thrive at work and deliver the best possible outcomes for the public we serve and the professionals we regulate.

Trust and confidence in the NMC are low. There is a clear and understandable desire for rapid progress; equally, one of the key lessons of the report is that we have not made sufficient, sustainable change in the past. It is therefore essential that we take a different approach this time.
- 3 The report demonstrates that our regulatory performance and our organisational culture are inextricably linked. We can only regulate well if our colleagues are operating in an inclusive, high-performance environment where they can thrive and vice versa.
- 4 Historically, the NMC's regulatory performance has fluctuated significantly. When faced with challenges before, we have increased resources but have not successfully tackled underlying causes or cultural issues.
- 5 To deliver sustainable change, we must prioritise NMC colleagues and our culture. We must tackle unacceptable behaviours, discrimination, low trust, micro-management, and lack of accountability for delivering outcomes for the public. These issues are the causes of low productivity and the poor experiences described in the report.
- 6 Our approach is summarised below and annexe 1 provides further detail.

Summary of our approach

- 7 We have started tackling these issues with urgency. However, eliminating the problems and transforming our culture successfully will take time, and our proposed plan envisages a multi-year culture transformation programme.
- 8 We must also make significant improvements at pace to our regulatory casework to improve outcomes for the public and professionals.

- 9 Our approach reflects these two key issues. On publication of the report, the Council and Executive team committed to taking immediate action and page 16 of the pack illustrate the progress made against these commitments.
- 10 Council and Executive team accepted in full the 36 recommendations made in the report and have been working to implement the recommendations. Pages 18 -20 of the report illustrate the progress made against the recommendations.
- 11 In April 2024, Council approved £30m investment and a detailed fitness to practise (FtP) improvement plan designed to deliver sustainable change over an 18 month period. This plan has been reviewed and refined in light of the findings in the report and will continue to be refined, following the publication of the report by Ijeoma Omambala KC and other learnings (Fitness to Practise plan – interventions 1).
- 12 The culture review highlights the impact of our fitness to practise processes on all those involved. In order to improve the timeliness in which we deal with FtP cases, we have revised the timeline and implementation plan for the adoption of Microsoft D365 end to end case management system to realise the benefits on the FtP process sooner (D365 case management system implementation).
- 13 We want to do more to improve the timeliness of our FtP process sooner, to reduce the impact on all those involved and to free up capacity for colleagues to give them the time to engage on our cultural journey.
- 14 We are in the final stages of considering further options to bring in additional specialist resources to help accelerate progress in key areas (Interventions 2 – support and additional interventions).
- 15 Our plans will by necessity remain flexible and agile in order to incorporate feedback from stakeholders, and learning from other sources, including Ijeoma Omambala’s reports, the ambitious for change case review, and the PSA performance review. This shows a high level view of the FtP plan alongside the modernisation of its technology and culture change.

| | 2024 Q3 | 2024 Q4 | 2025 Q1 | 2025 Q2 | 2025 Q3 | 2025 Q4 | 2026 Q1 | 2026 Q2 | 2026 Q3 | 2026 Q4 | |
|--|--|---|--|---------|---------|---------|----------------------------------|---------|---------|---------|--|
| FtP Plan (Interventions 1) | Refine following culture report | Refine following Omambala report (focus on EDI) | Continue to implement  | | | | | | | | |
| D365 (Case management system) | Preparation | | | Phase 1 | Phase 2 | Phase 3 | Refine and improve functionality | | | | |
| Support and additional interventions (Interventions 2) | Immediate actions triangulating additional clinical, regulatory and specialist resources to accelerate impact at screening | | | | | | | | | | |
| Culture Programme | Design to be confirmed with certain elements rolled out in PR in 2024 (e.g. psychological safety, management development) | | | | | | | | | | |

Safeguarding and public protection

16 The NMC has undertaken a risk assessment and recorded a corporate risk regarding the systematic delivery of our safeguarding responsibilities to safeguard and protect people through our regulatory work from harm from abuse or mistreatment. One of the priority actions that we have delivered has been the setting up of a safeguarding hub model which ensures that all new referrals are reviewed to act upon any safeguarding considerations to ensure that we protect the public by taking any actions required of us. Investment has been approved to enable additional expertise to support the hub, alongside a safeguarding educator post for sustainability. There is a workstream as part of our fitness to practice improvement programme focused upon the application of clinical and safeguarding advice across the whole fitness to practice process that will continue to progress.

Communications and engagement

17 Good communications, engagement and collaboration internally and externally will be fundamental to rebuilding trust and to the success of our plans. In the period since the publication of the report, we have focussed on discussing the report’s findings and recommendations with NMC colleagues and external stakeholders, including staff networks, the internal leadership and management group, the Chief Nursing Officers of the four UK nations, registrants who sit on our strategic advisory groups and those with lived experience of care. Analysis of the feedback we have received suggests there are divergent views among our stakeholders.

18 As our plans develop, we envisage:

18.1 regular communication to our colleagues and stakeholders

18.2 proportionate engagement through existing channels on immediate and short-term actions to address recommendations

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18.3 enhanced engagement on recommendations that will need to be delivered over a longer period of time

18.4 a significant programme of engagement and collaboration with colleagues and stakeholders to diagnose, design, and deliver culture transformation

19 Throughout our engagement, we have received offers of support which we have been grateful to receive. We will discuss these offers with these individuals and organisations in further detail and as we develop the scope of the programme, we will agree how they can be best used and when.

Creating capacity for change

20 Transforming our culture and making sustainable improvements to our regulatory approach are our highest organisational priorities. We need to strengthen performance to generate significant improvement in timeliness, the need to safeguard the wellbeing of our staff and the need to generate space for colleagues to support culture change require further space to be addressed effectively. That means our existing plans must change to make sure we are focussing on the right things and have capacity to do them.

Following an earlier prioritisation exercise which refocused resources to support the FtP improvement programme, we have reviewed our plans and agreed a number of short-term actions to increase bandwidth and relieve pressure. The next corporate planning cycle that began in September will be a further opportunity to ensure there is sufficient focus on culture transformation and regulatory improvement work.16.The Executive Board has already approved an investment of approximately 1.6 million pounds phased over a 24-month period for roles to resource the safeguarding hub, to lead the culture transformation and to appoint a senior EDI adviser. Business cases for further resources will be considered as required.

21 While funding these activities in the short term is possible through reprioritisation and reallocation of the resources, sustaining the level of investment that is likely to be required in the medium term will necessitate a review of our financial strategy and cost optimisation.

Measuring progress

22 We will measure the success of our plans through:*Colleague and stakeholder perceptions*, including Your Voice survey outcomes, ambitious appraisal data, regular meetings and ongoing engagement

22.1 *Organisational workforce wellbeing and equality indicators*, including pay gaps, recruitment and retention data, exit interview data, progression data, sickness and absence data, access to learning and development, grievances and disciplinary data, insight from wellbeing services, insight from Empowered to Speak Up, diversity of Executive Board

22.2 *Programme metrics and measurement*, including achievements of benefits from the FtP improvement plan and culture transformation programme

23 When we next report to the Council on our plan, we will propose the specific measures that we intend to report on a regular basis, the baseline data, and improvement trajectory.

Risks

24 We have identified the following risks with the proposed approach:

24.1 a potential negative impact on our FtP Key Performance Indicators (KPI) in the next 6-12 months, which could erode public confidence further – the additional support and interventions for fitness to practise are intended to mitigate this and we will monitor impact closely

24.2 culture change will require sustained investment of resources and time, and this will require reprioritisation and review of our financial strategy

24.3 as with any programme, timeliness of delivery is a risk – we will mitigate this through rigorous programme management and oversight.

Next Steps

25 Subject to the Council's decision, we intend to proceed at pace with the plan and will report on progress at every public Council meeting. Following the Council's decision, the plan will be discussed with the PSA Oversight Group. As noted above, it is intended that the plan remain agile so that feedback from stakeholders and other sources of learning can be addressed.

Implications

The following were considered when preparing this paper:

| Implication: | | Location if in paper: | Content if not in paper: |
|--------------------------------------|-----|-----------------------|--|
| Public protection/impact for people. | Yes | Para. 5-6 | The report makes it clear that the culture impacts regulatory performance. |
| Safeguarding considerations | Yes | 11 | Improving the NMC's approach to |

| | | | |
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| | | | safeguarding is linked to the NMC's suggested person centred approach to implementing culture change in this paper. The setting up of a safeguarding hub is part of the NMC's response to ensure referrals are looked at with a safeguarding lens in the triage stage. |
| The four country factors and considerations. | Yes | | The report is applicable to our work across the UK. |
| Resource implications including information on the actual and expected costs involved. | Yes | 15-21 | As our plans to implement the recommendations and deliver cultural change develop, we will need to consider how we prioritise the organisation's resources to achieve delivery. |
| Risk implications associated with the work and the controls proposed/ in place. | Yes | 24-25 | The report is a watershed moment for the NMC and the risk of failing to deliver on the recommendations and wider cultural change would be catastrophic for the organisation and its stakeholders. |
| Legal considerations. | Yes | | We await the outcome of the investigation into the regulatory cases being carried out by Ijeoma Omambala KC |
| Midwives and/or nursing associates. | Yes | | The response to the report covers all of our |

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| | | | functions and applies equally to midwives and nursing associates. |
| Equality, diversity, and inclusion. | Yes | | This paper sets out how we will approach the work to change our culture, including addressing areas of discrimination identified in the report. |
| Stakeholder implications and any external stakeholders consulted. | Yes | 12-14 | This paper summarises our engagement approach for internal colleagues and external stakeholders and commits to future engagement. |
| Regulatory Reform. | Not Applicable | | |

Item 6: Annexe 1
NMC/24/81
24 September 2024

Culture change at the NMC



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1. Introduction

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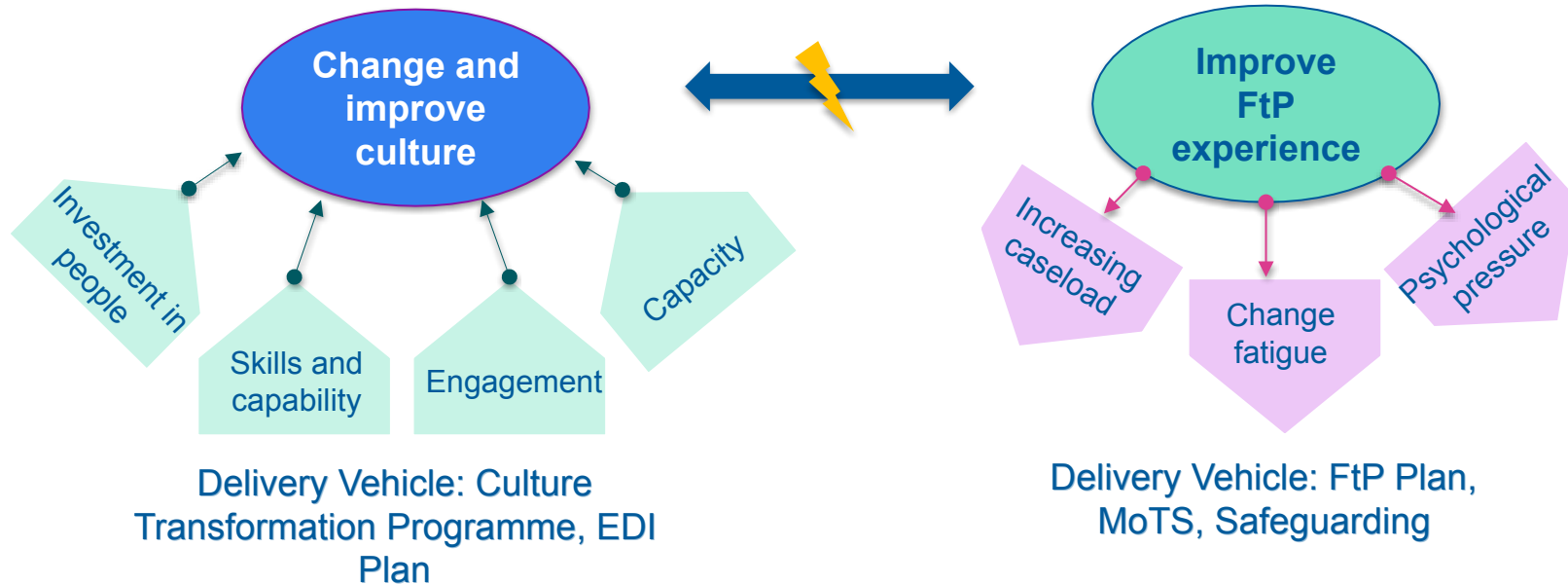
Key themes from the report's recommendations

1. **The close link between culture and performance:** The Independent Culture Review (ICR) highlights the connection between internal culture and regulatory performance, with a focus on improving the Fitness to Practise experience.
2. **The need for swift action:** We must quickly relieve pressure, create capacity, and strengthen our capabilities to tackle the task of culture change effectively.
3. **The need for incremental, adaptable culture change:** We will improve our culture step by step, with a dedicated, fully resourced programme to address long-standing issues and root causes.
4. **The imperative to be guided by a person-centred approach:** Our approach prioritises safeguarding, public protection, and the wellbeing of our people, ensuring realistic and sustainable change.
5. **The need to demonstrate commitment and a collaborative approach:** Positive culture change will take time, but we are committed to driving it forward. Success depends on the active participation of our internal and external stakeholders.

Risks - Capacity to deliver change

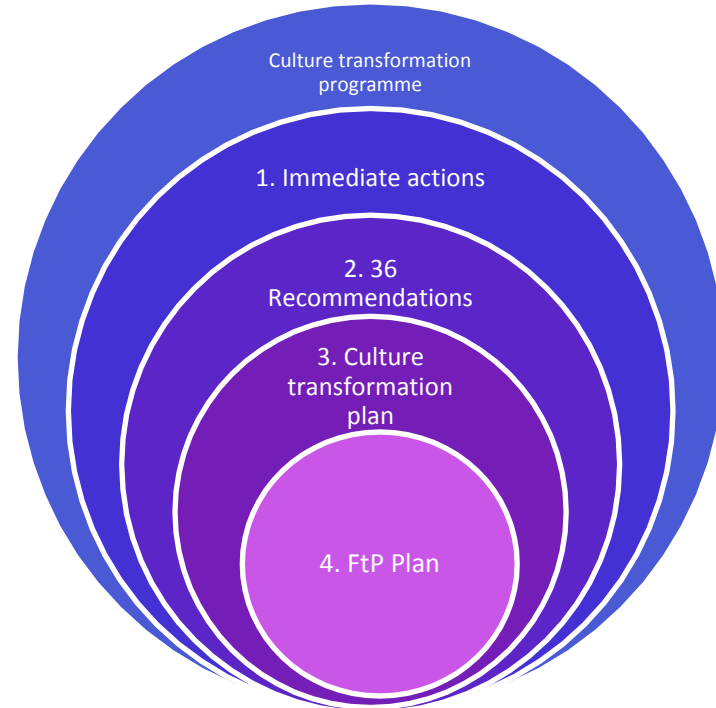
The factors that enable and constrain the realisation of the Culture Review recommendations create a tension that will need to be addressed (or, as a minimum, recognised).

Recommendations (simplified), enablers and constraints



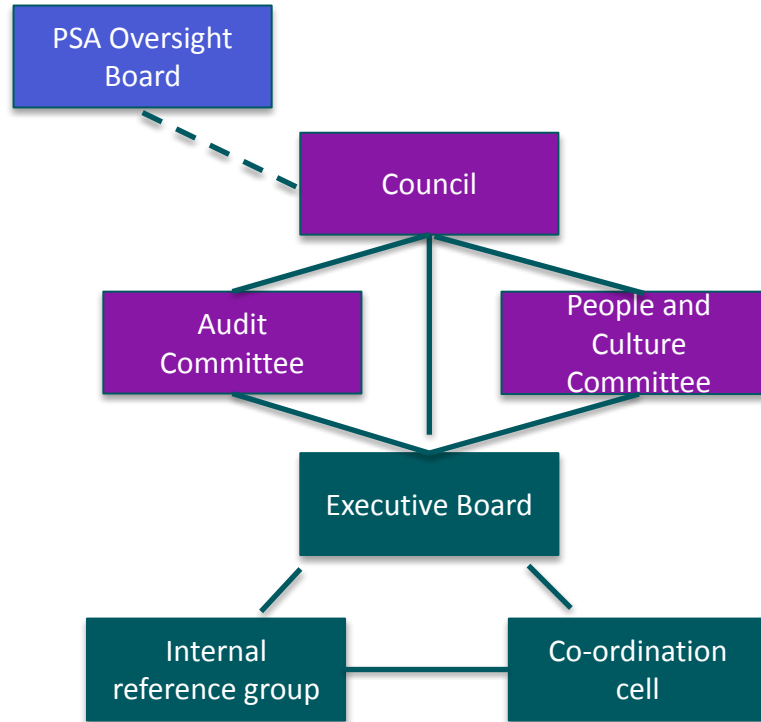
Culture transformation programme

| Culture Transformation Programme | |
|----------------------------------|---|
| 1 | Implementation of immediate actions and commitments |
| 2 | Implementation of 36 recommendations |
| 3 | Culture transformation plan |
| 4 | Fitness to Practise Plan |



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Governance structure

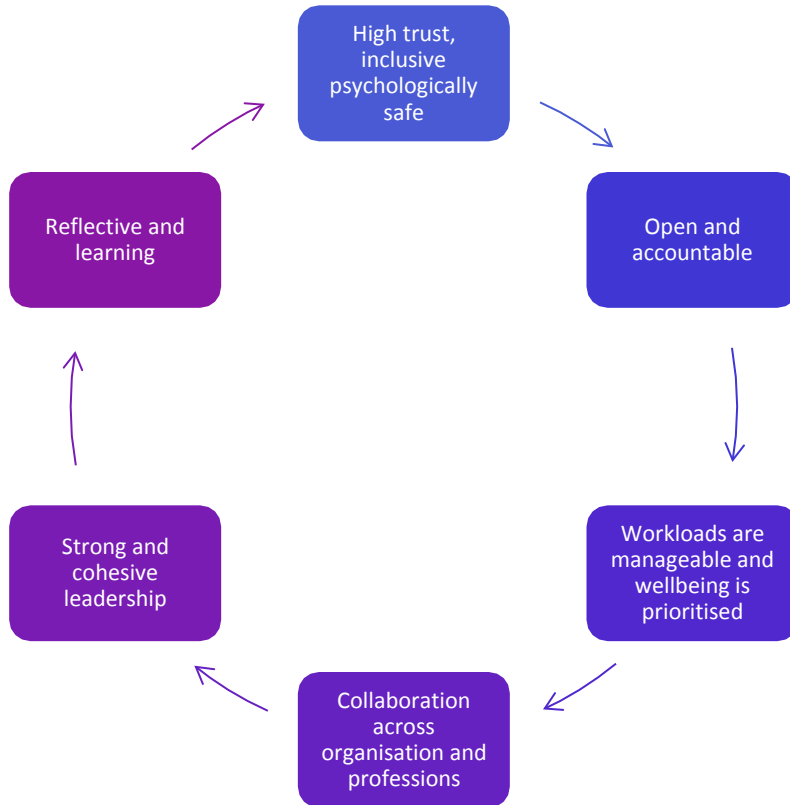


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2. Transforming our approach to delivering culture change

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The culture we want colleagues to have

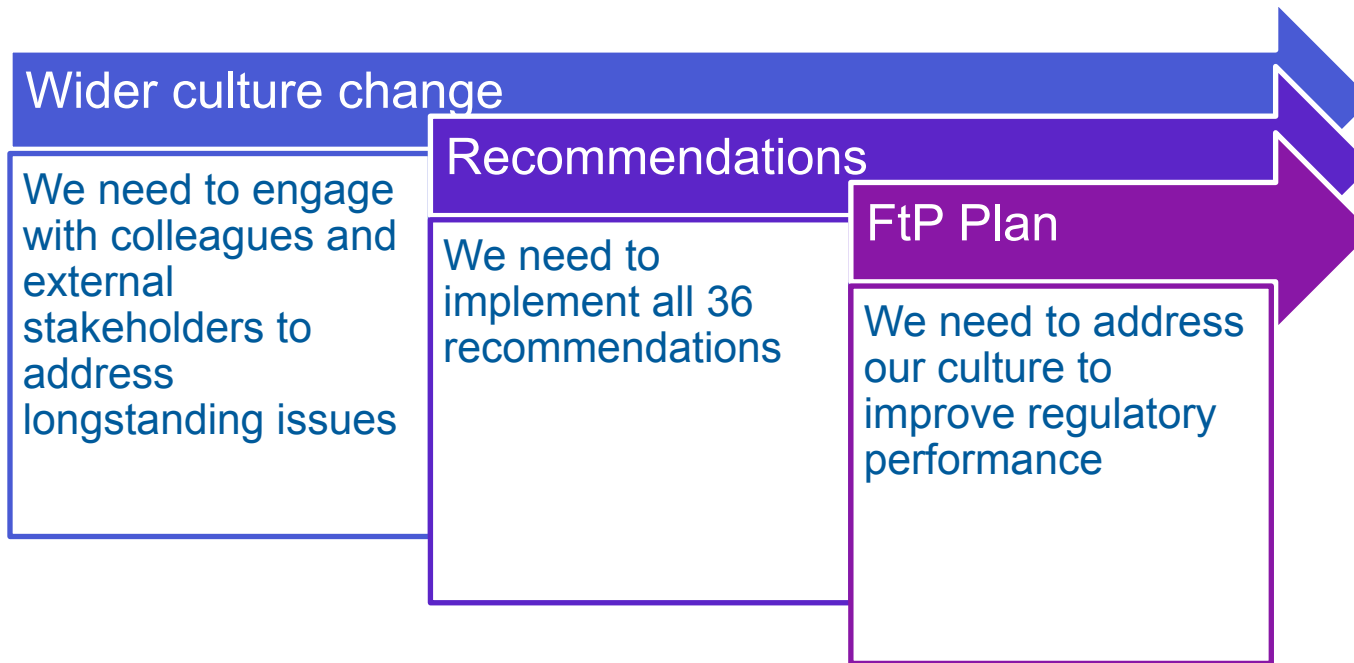


The independent culture review featured testimony of NMC colleagues who shared their distressing experiences of racism, other forms of discrimination or bullying within a culture marked by low trust, defensiveness and blame-seeking.

There was evidence of fragmented leadership and siloed working, resulting in limited collaboration and hindered progress. This culture and limited support has placed a significant psychological toll on colleagues at all levels.

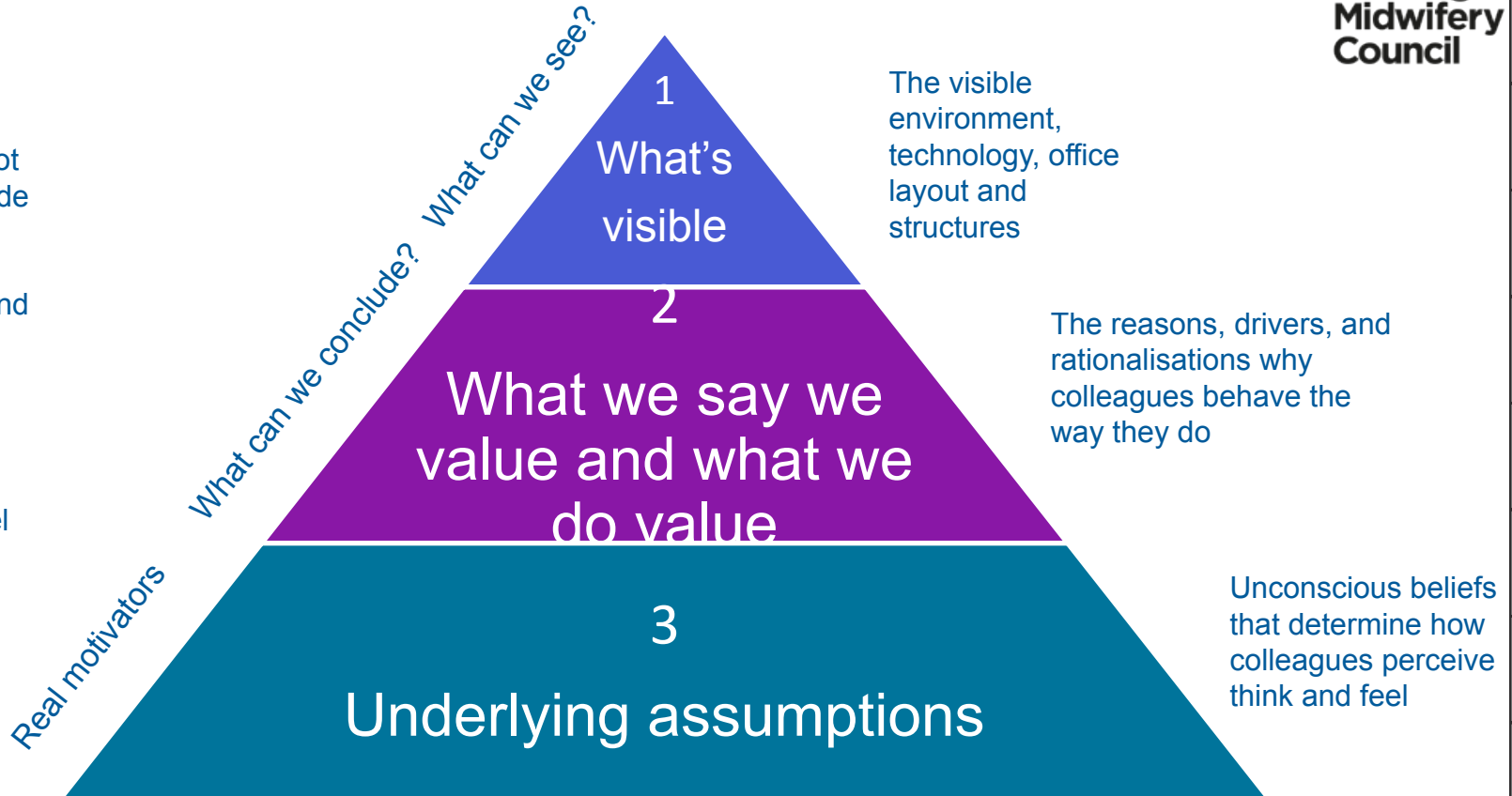
We will invest energy and commitment to ensure that all of our colleagues will recognise our culture as a true reflection of the culture we want

Departing from the past

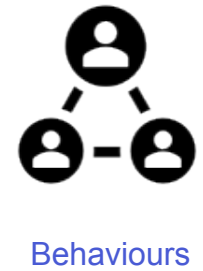
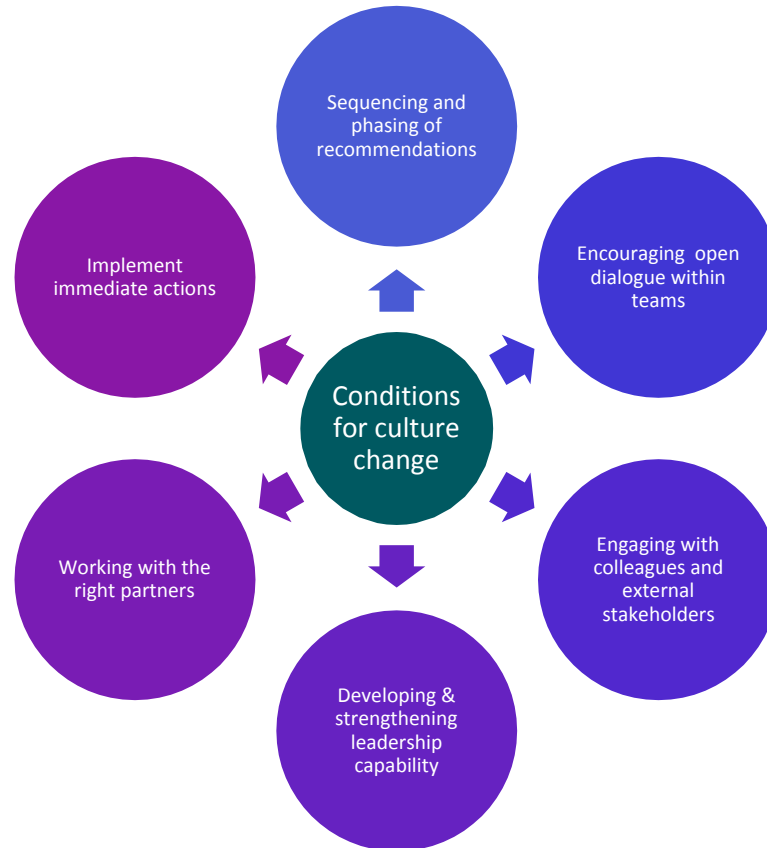


We recognise that implementing the recommendations is a positive start to improving our culture, but there is more we need to do to realise a step change

Creating culture change



Creating the right conditions for culture change



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3. Status of immediate actions and commitments

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Eliminating unacceptable behaviours

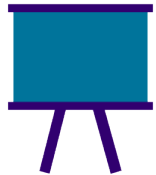
We are taking urgent steps to address this:



Empowered to Speak
Up Guardian



Double our investment in learning and
development



Review of EDI Training



New Behaviour Framework



Review of HR Policies



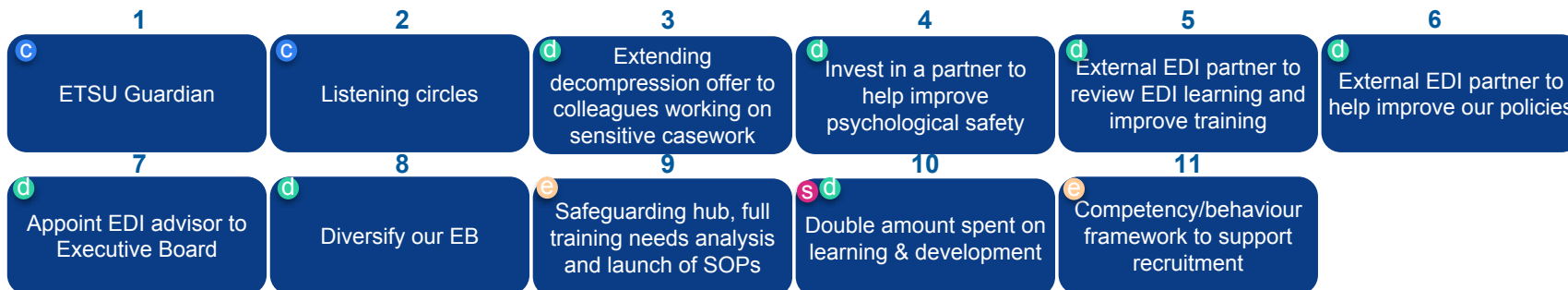
Developing leadership capability

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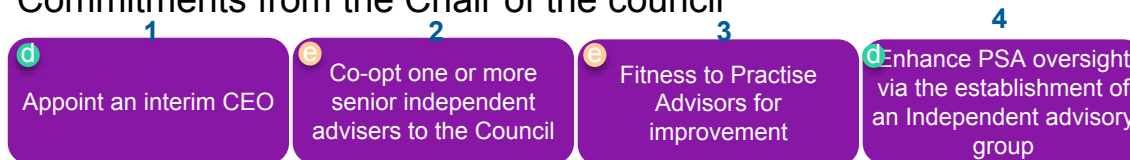
Progress of commitments

11 executive commitments, and 4 commitments from the Chair of the council. This page illustrates current level of progress.

Executive commitments



Commitments from the Chair of the council

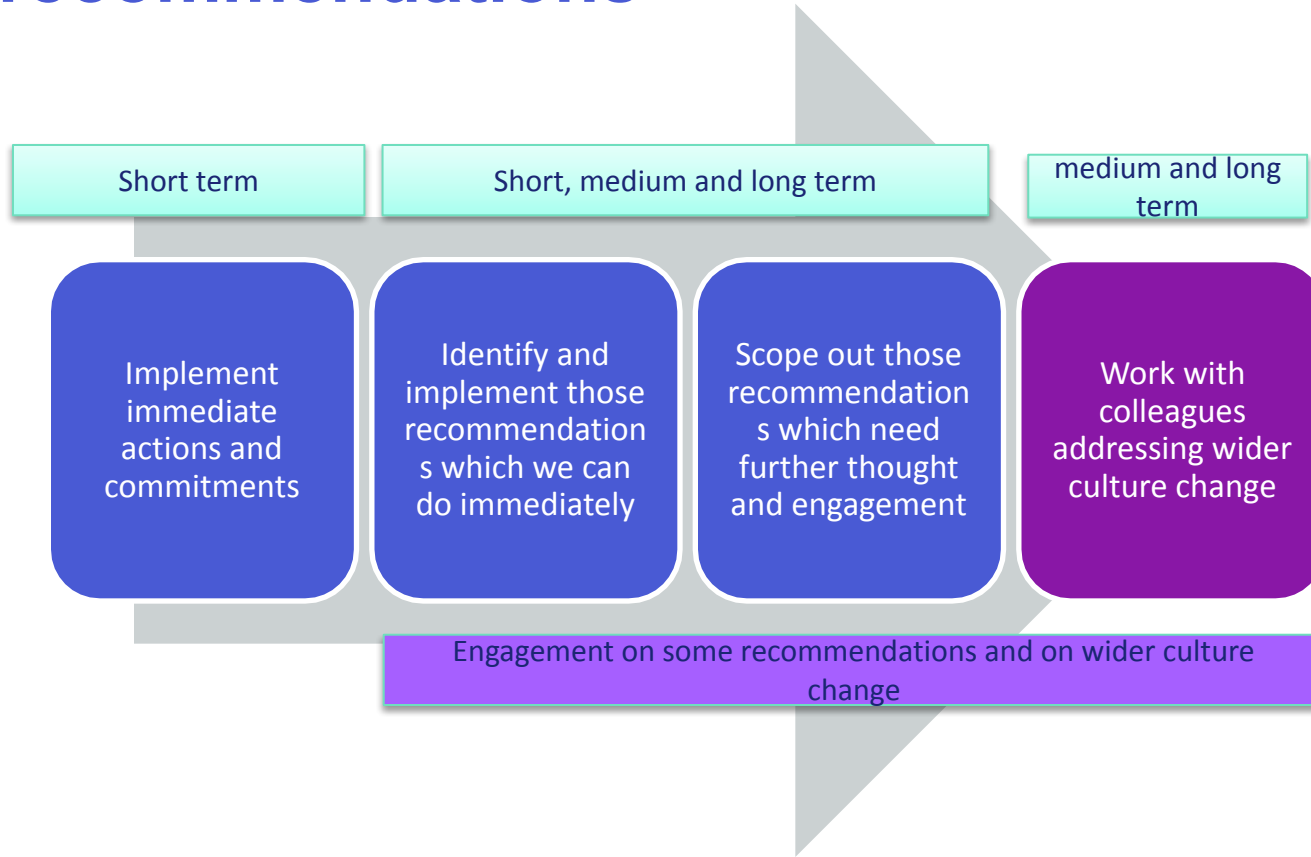


- c Implemented
- d In delivery/On track
- s Scoping/planning (including realignment/enhancement of exiting initiatives)
- e In Delivery / Timeline extended to ensure better quality outcome

4. Status of 36 Recommendations

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Our approach to implementing 36 recommendations



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Status of recommendations 1/3

36 recommendations from the People and Culture review, reflecting different areas of impact, aimed at delivering the culture our colleagues deserve.

| | | | |
|--|--|--|---|
| S 1 (a & b) Transforming NMC: People Focused & Accountable | S 2 Reverse Mentoring for Leadership Insight | d 3 Investing in Leadership & Team Collaboration | S d 4 Dignity at Work: Clear Policies & Training |
| d 5 Strengthening Policies to End Harassment | d 6 Eliminating Screening & Investigation Backlogs | S 7 Engage Stakeholders for Efficient Adjudication | S 8 Improving Data Transparency in Processes |
| S 9 Specialist Teams for Complex Case Management | d 10 Detailed Annual Reviews by PSA | S 11 Enhancing Registrant & Witness Experience | S d 12 Introducing Independent Oversight for Transparency |

Status of recommendations 2/3

36 recommendations from the People and Culture review, reflecting different areas of impact, aimed at delivering the culture our colleagues deserve.

| | | | |
|---|--|--|---|
| S d 13 Mandatory Manager Training & Fair Recruitment | S 14 Reducing Turnover with Learning Academy | S 15 Refreshing Hybrid Working for Consistency | d 16 Quality Assurance Framework for Consistency |
| C 17 Reducing Fixed Contracts & Interim Reliance | d 18 Building Leadership Capacity & Capability | S 19 Revamping the Rising Higher Program | S 20 Developing a Comprehensive Anti-Racism Plan |
| S d 21 30% BME Managers by 2027 | d 22 Continuing Pay Gap Reporting & Action | d 23 Conducting Exit Surveys for Team Insights | d 24 Accountability for Mental Health Absence Support |

C Implemented

d In delivery

S Scoping/planning (including realignment/enhancement of exiting initiatives)

Status of recommendations 3/3

36 recommendations from the People and Culture review, reflecting different areas of impact, aimed at delivering the culture our colleagues deserve.

| | | | |
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| d 25 Supporting Union Membership & Fair Treatment | s d 26 Ensuring Safeguarding Knowledge & Compliance | s 27 Collaborating with Agencies on Safeguarding | s 28 Managing Criminal Cases with Safeguarding Focus |
| c 29 Developing a Safeguarding Hub in 2024 | d 30 Reviewing Professional Regulation Structure | s d 31 Co-Locating Teams for Cultural Change | s 32 Clarifying Legal Team Roles for Efficiency |
| s 33 Focusing on NMC's Core Regulatory Purpose | s d 34 Transforming NMC into a Data-Driven Org | s 35 Ensuring Transparency in Revalidation Audits | s d 36 Increasing Diversity in Registrant Panels |

5. Culture transformation plan

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Setting up Culture Transformation Programme

Below are indicative key milestones on culture change, which will run alongside implementation of the recommendations and the delivery of the FtP Plan.

| Timeline | Milestone |
|-----------|--|
| Sept 2024 | Leadership away-day ED S&I – Kuljit Dhillon, will be Executive Lead |
| Oct 2024 | Employee Conference Build project team |
| Q3 24/25 | AD & Head of Culture Transformation and team established Challenge and insight group (An internal reference Group) launched and established Procurement framework – acquire essential expertise EDI partner to work with EB and Council (and wider leadership) to improve cultural competence |
| Q1 25/26 | A diagnostic of why we have our current culture |
| Q1 25/26 | A roadmap for delivering the culture we want |
| Q2 25/26 | Roll out of training/ engagement etc |

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| Culture change delivery Milestones | Timeline |
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| Building psychological safety: invest in a partner and training starting in PR | Q2 24/25 |
| Building psychological safety: Independent ‘Empowered to Speak up’ Guardian and ‘Empowered to Speak up’ Ambassadors | Q2 24/25 |
| Supporting the wellbeing of our colleagues: Extending decompression to colleagues working on sensitive casework | Q2 24/25 |
| Supporting the wellbeing of our colleagues: Externally facilitated listening circles | Q2 24/25 |
| Strengthening our core regulatory work: Establish a safeguarding hub so all referrals received in screening are looked at through a safeguarding lens | Q2 24/25 |
| Develop an inclusive, high performance learning culture: EDI partner review policies on discrimination, bullying and harassment and strengthen our policies | Q2 24/25 |
| Develop an inclusive, high performance learning culture: Mandatory EDI training reviewed and new product developed | Q2 24/25 |
| Develop an inclusive, high performance learning culture: Developing a competency framework: engaging with colleagues and rolling out for recruitment | Q2/Q3 24/25 |
| Develop an inclusive, high performance learning culture: Senior EDI Advisor to support EB for 3 months | Q3 24/25 |
| Strengthening our core regulatory work: Diversify The Executive Board | Q3/Q4 24/25 |

6. FtP timeliness

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FtP timeliness - considerations

There are important considerations that impact our confidence in meeting our timeliness objectives. These factors introduce some uncertainty, which we are actively working to reduce.

Threat

Increasing number of referrals
(significantly higher than original plan
assumptions)

Unknown workload impact of new
measures implemented (e.g.
safeguarding hub)

Unknown impact of: Omambala review
(Q3), Ambitious for Change case review
research (Q3), Your Voice survey (Q3),
PSA review (Q4)

Additional space / capacity needed to
adequately implement the changes
needed to enact cultural changes

Approach

Accelerate practical interventions to ensure
we only receive and deal with referrals that
are appropriate for us

Monitor and adapt plans if required

Explore additional avenues for capacity
release

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FtP - experience

While timeliness is a key factor to ensure we fulfill our duty as a regulator, and cases progressing in a timely way will be a significant factor which determines the experience of people involved in our processes, return to acceptable timeliness across our process – beyond screening – will take time.

We are progressing interventions in parallel to ensure we can deliver early results that improve the experience for all people in our process, including safeguarding vulnerable people, while we continue to work towards our timeliness ambitions. We know there is more to do. We need more clarity on the interplay between safeguarding and our regulatory approach. Below are some examples that are already being delivered:

Supporting professionals to engage with our processes (including clearer communications) and effectively identifying wellbeing issues requiring support .

Launch of safeguarding hub and an increase in multiprofessional team working across the process to support decision making, which includes clinical expertise – to enhance assessment, identification and response to wellbeing needs and safeguarding risks

Proportional application of evidential standards - focusing on the right outcome in the case (which will be particularly pertinent where cases are aged)

Hearing preparation and management interventions to ensure hearings are shorter and conclude on time, and an increase to 50% in person hearings to better support registrants and witnesses and increase efficiency

Incremental improvements to quality standards and assurance processes and development of a new quality framework to enable more consistency in processes and improvements in customer experience

FTP Plan - a vehicle to embed EDI

The FtP plan will be **key delivery vehicle** to enable the realization of tangible outcomes.

Our foundations:

Collaborative working

- with the Strategy team to develop the PR EDI vision and outcomes, all PR colleagues were invited to feedback

Strengthened panel member recruitment

- Inclusive appointing boards

EDI driven initiatives already in the Plan

- Monitor and address evidence of different regulatory outcomes from our EDI research, data and intelligence
- Creation of a **robust quality assurance framework** to pinpoint concerns, enabling focused training to eliminate discrimination and improve EDI-informed decision-making.
- Targeted panel member training and capability building targeted where there are areas of concern around discrimination and to **enhance EDI informed decision making**

Our current focus:

Opportunity analysis

- assimilating new information from upcoming reviews and surveys, then co-creating a PR specific action plan **aligned to our vision and outcomes**

Realigning the FtP Plan

- to enhance areas of EDI significance

EQIA review project

- to strengthen our understanding of EDI impacts

Redesigning our conversation

- Our programme team will be meeting and information sharing in a new format, with a focus on change and **equality impact**

Sharing key voices

- Using our change champion network to address challenges and embed new ways of working

Our next steps:

Incorporate recommendations

- EQIA review project (started)
- Employee survey feedback (Workforce Race Equality Standard questions included) (September/October 24)
- Ambitious for Change: Greenwich University research into a sample of FTP cases to understand differences for some groups (November 2024)
- Omambala (KC) independent case review report (November 2024)
- Professional Standards Authority periodic review report (Early 2025)

Joint workshop

- with EDI vision project team to agree approach for aligning our *foundations*, *current focus* and *next steps* into a comprehensive plan for reaching the **standards we wish to see** 27
(September 2024)

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FtP Timeliness - returning to steady state

This slide illustrates on a timeline when we anticipate we will be able to return to a healthier level of timeliness for case resolution. It also illustrates how a combination of interventions increases our level of confidence in the forecasted outcome



Q2/3 2025/26
Screening timeliness back to 2 months average

Q3/4 2026/27
Investigations timeliness back to 7 months average

FtP plan (Interventions 1)

- Resource boost at screening
- Interventions to ensure referrals are appropriate for us
- Allocation of investigations to partner firms
- Interventions to stabilise teams
- Interventions to improve experience (see dedicated slide)

Medium Low



D365 - Case Management System Implementation

- Mar 25 to Oct 25: 57% of all incoming referrals going to Triage (D365), with 17% greater efficiency, ~3x the number of resolutions compared to pre-Mar 25 .
- By Oct 26 (end of D365 roll out) D365 total caseload ~1600 and within timeliness KPIs.

Medium



Interventions 2 - Support and additional interventions

- Interventions to implement culture review recommendations & create conditions for success
- Interim data improvements
- Support from other regulators and DHSC on data improvement and assurance of the plan
- Exploring additional avenues for capacity release

Medium High



Cumulative timeliness achievability confidence levels
(illustrating how confidence grows as we combine the effect or more initiatives)

* Higher confidence for the screening timeline, see considerations slide for confidence justification

FtP timeliness - high level plan

| | 2024 Q3 | 2024 Q4 | 2025 Q1 | 2025 Q2 | 2025 Q3 | 2025 Q4 | 2026 Q1 | 2026 Q2 | 2026 Q3 | 2026 Q4 | |
|--|--|---|-------------------------|---------|---------|---------|----------------------------------|---------|---------|---------|--|
| FtP Plan (Interventions 1) | Refine following culture report | Refine following Omambala report (focus on EDI) | Continue to implement → | | | | | | | | |
| D365 (Case management system) | Preparation | | | Phase 1 | Phase 2 | Phase 3 | Refine and improve functionality | | | | |
| Support and additional interventions (Interventions 2) | Immediate actions triangulating additional clinical, regulatory and specialist resources to accelerate impact at screening | | | | | | | | | | |
| Culture Programme | Design to be confirmed with certain elements rolled out in PR in 2024 (e.g. psychological safety, management development) | | | | | | | | | | |

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6.1 FtP Plan

(Interventions 1)

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FtP plan - outcomes and enablers

What it will mean for our stakeholders

What outcomes we will deliver

What will enable success



The public
 "My referral was handled **swiftly**. I am reassured by the outcome. I feel I can **trust** the NMC."

Regulate



Our Registrants
 "My case was dealt with **effectively**. I am **pleased** to be able to work again. I felt I was treated with **respect** through the process."

Support



Our Sector Stakeholders
 "We feel **reassured** that the NMC has taken sensible and proportionate action to improve their processes."

Influence



Employers
 "We understand **when to refer** our employees, and when we can manage concerns locally. We have a **secure** relationship with the NMC."



Our People
 "I feel **proud** to work at the NMC. I feel the changes to our processes and technology enable me to live the **NMC Values** every day, and I **can make a positive difference**"

1 **Improved timeliness and reduction of our oldest cases**

2 **Improved quality and safety**

3 **Person centred, proportionate service**

4 **Cost efficiencies**

Reduction of caseload

Enabling, supporting and motivating our people

Reducing inappropriate referrals

Better use of data

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FtP plan – Areas of focus

Activities will be articulated around 8 strands, with a blend of operational interventions, process and policy design and technology deployment

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People and culture



Process



Technology



See supplementary document 1 for definition and rationale

FtP plan

30 Interventions, each enabling the realization of our Outcomes, aligning against associated success metrics and classified as operational interventions or significant change

| 1 | 2 | 3 | 4 | 5a | 5b | 6 | 7 | (Future vision) |
|---|---|--|---|--|---|--|---|---|
| 1.1 Supporting Appropriate Referrals | 2.1 Screening unallocated cases | 3.1 Bulk allocation of investigations cases | 4.1 Reduce number of High Court IO extensions required | 5a.1 Support the performance and retention of hearing coordinators | 5b.1 Quality of decision making and Agreed Removals | 6.1 Recruitment, effective onboarding, workforce planning and retention | 7.1 D365 operational roll out plan | Design phase for any change initiative post 18 months plan. |
| 1.2 Risk based IO case review | 2.2 FWOV member of the public referral team | 3.2 Instruct out monthly batch of investigations cases | 4.2 Improving the legal review process | 5a.2 Panel allocation | 5b.2 Quality assurance | 6.2 FtP organisational design review - exploring the case for centralising some services | 7.2 Introducing new panel allocation tool | |
| 1.3 Safeguarding and clinical expertise | 2.3 Investigations case weighting and streaming pilot | 3.3 Progress unallocated cases requiring NOR2 legal review | 4.3 Establish consistent legal quality standards and audit processes across FtP | 5a.3 Make non-substantive hearings shorter and more efficient | | 6.3 Training, onboarding, supporting and performance managing panel members | | |
| 1.4 Supporting stakeholders through our processes | | 3.4 HCIO instructing out | 4. Align CPP approach to casework with other areas | 5a.4 Increase to 50% physical hearings | | 6.4 Reporting on performance and use of data | | |
| | | | | 5a.5 Major Investigations team review | | | | |

Operational intervention: a scaled-down, time-limited project with either minor impact on regular operations or significant impact without necessitating substantial changes to standard processes, and it demands minimal governance for planning and execution.

Significant Change: Major change involving processes, team structures, and culture, led by senior decision-makers with governance oversight

See [supporting document 2](#) for definition and rationale

Zoom to [slide 40](#) for outcomes mapping

Zoom to [slide 41](#) for benefits mapping

FTP plan - Anticipated benefits

The plan will deliver benefits gradually, aligning with our key outcomes. We are currently working to refine tangible metrics to track benefits realization.

Within the first financial year we expect:

- Reduction of screening unallocated caseload to an acceptable level
- Better management of our oldest and high-profile cases

Within the first 18 months we expect:

- Removal of unallocated work pots
- Reduction in median case age
- Reduction in the number of cases requiring a high court interim order extension
- Hearings are shorter & conclude first time – improving outcomes at Adjudication (IO processing & case closure)

Within the latter half of FY 25/26 and FY 26/27 we expect:

- **Efficiencies** (process improvements and automation delivered by roll out of D365)
- **Reduced hearing unit costs**
- FtP teams within 'steady state' caseloads (dependent on referral rate)
- Significantly **reduced reliance on external case presenters**
- **Better experiences of those interacting with FtP processes** – registrants, referrers, employers and our own people

Stabilise

Completion of widespread recruitment and successful onboarding of new roles

Consistency across casework teams supported by streamlined processes, smart tools, KPIs and governance

Consistent application of quality frameworks

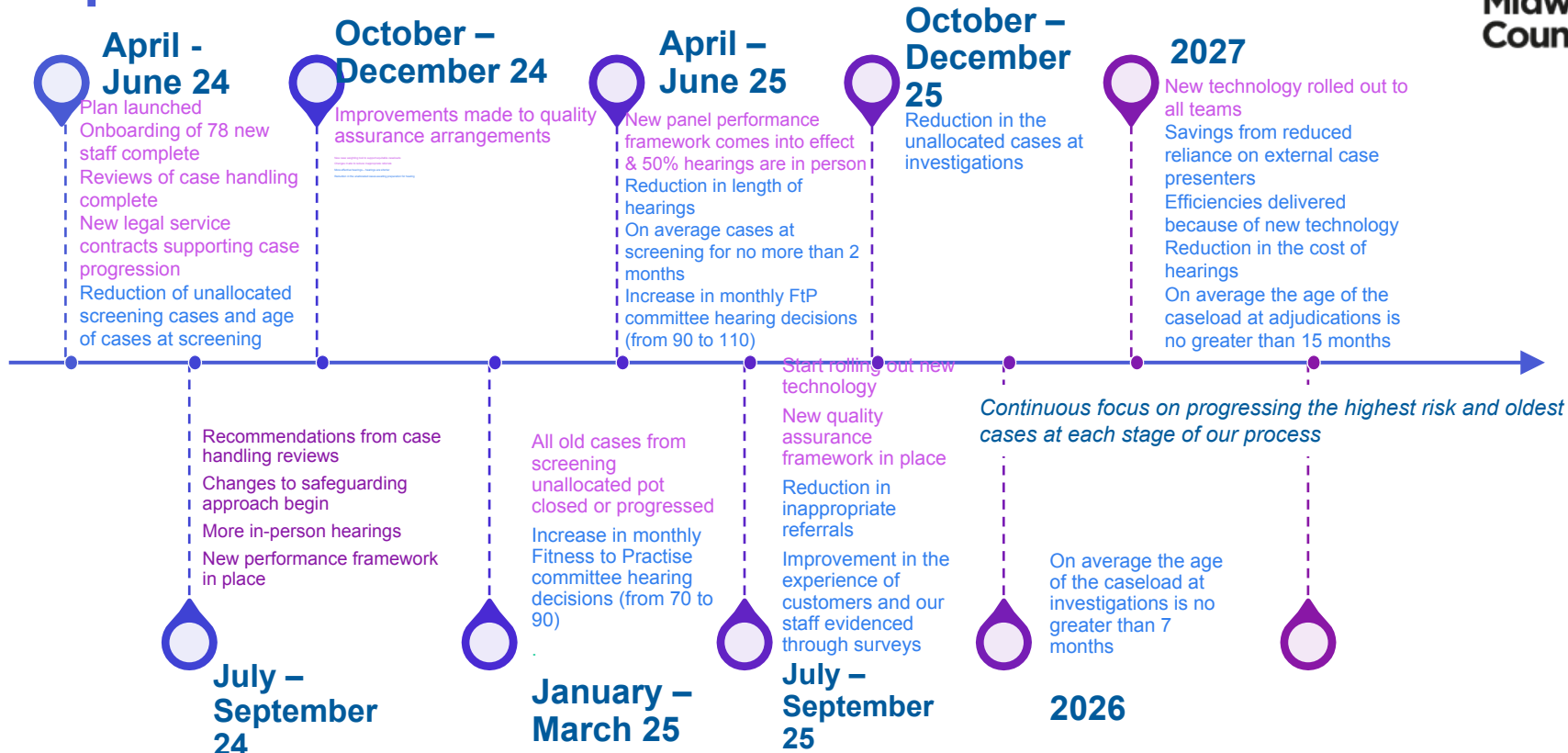
Improve

A marked cultural shift – everyone in FtP moving confidently in one direction towards clear goals and appreciating the tangible impact of our work on the public and nurses/ midwives
Foundations in place for future improvements and striving for all PSA standards

Perform – Steady state

FtP teams within 'steady state' caseloads (dependent on referral rate) and
In a position to make the most of reg reform opportunities and progress towards our vision for transformation (see slide 30 for detailed assumptions)

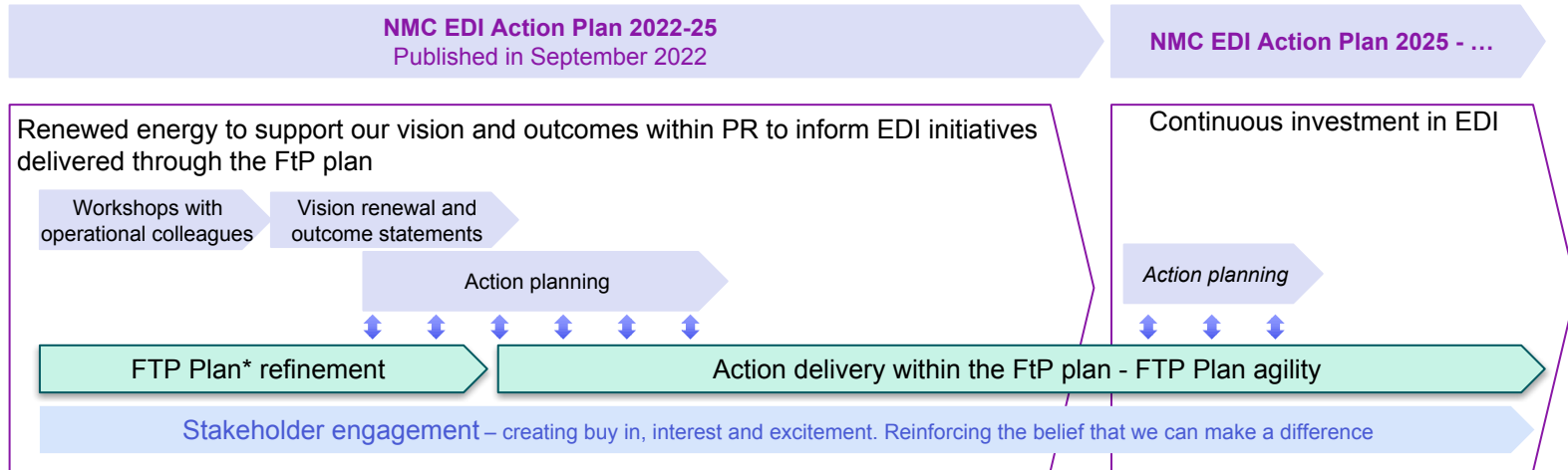
FTP plan - What will the plan deliver and what impact will it have?



For professionals on our register, those who raise complaints and anyone involved in our processes, this will mean more timely decisions on cases that keep people safe. For our colleagues it will mean better processes, IT systems and support from leaders and managers that will enable them to confidently progress cases safely and swiftly and progress their careers with the NMC

FTP plan - a vehicle to embed EDI

The FtP plan will be **key delivery vehicle** to enable the realization of tangible outcomes. It will provide clarity on what we are trying to achieve and how.



*Example of EDI driven initiatives already in the plan:

Monitor and address evidence of different regulatory outcomes from our EDI research, data and intelligence

Targeted panel member training and capability building targeted where there are areas of concern around discrimination and to enhance EDI informed decision making

Creation of a robust quality assurance framework to pinpoint concerns, enabling focused training to eliminate discrimination and improve EDI-informed decision-making.

A first iteration of EQIA will be conducted on the entire plan before April. It will further define EDI implications, ensuring any negative impact is mitigated and opportunities are leveraged

Measuring our success

We will monitor a series of performance indicators to evaluate if our outcomes have been achieved, taking appropriate corrective measures where appropriate

Outcomes

1 
Improved timeliness
and reduction of our
oldest cases

2 
Improved quality and
safety

3 
Person centred,
proportionate service

4 
Cost efficiencies

Outcome indicators

1A 
Actual cases concluded
within 15 months of
opening (%) (monthly
spot rate)

1B 
Screening 'steady
state' (2025)


1C 
'Steady state' at all
other parts of FTP by
2027-28

1D 
Reduction of oldest
caseload

2A 
Percentage of Interim
Orders imposed within
28 days (%)

2B 
Safeguarding (Metric
TBC)

2C 
QA Framework &
Standards In Place

3A 
Increase in PR
colleagues'
engagement score
(annual)

3B 
Increase in FTP
stakeholder
experience score

4A 
Reduction in cost per
case/decision

Outcome indicators are underpinned by c70 operational measures.

These are aggregated together to demonstrate progress towards our four outcomes. E.g. we monitor average length of hearing which directly correlates to average cost of decision

6.2 D365 – case management system implementation

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D365 - background



In March 2024, Council approved the funding for the next phase (3c) of the Modernisation of Technology Services (MoTS) programme.

This became strand 7.1 of the FTP plan

The high-level scope of phase 3c is to replace the existing case management system and associated supporting technology with a Microsoft Dynamics 365 ('D365') solution.

The aged heritage technology ('Perito') does not drive but hinders effective case progression. Replacement of the system is foundational to a sustainable fitness to practise service.

Following the Independent culture review, the adoption plan was reviewed to bring forward as far and safely as possible the implementation to help drive reducing the caseload and timeliness of the FTP process

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D365 - rationale



Rationale for approach

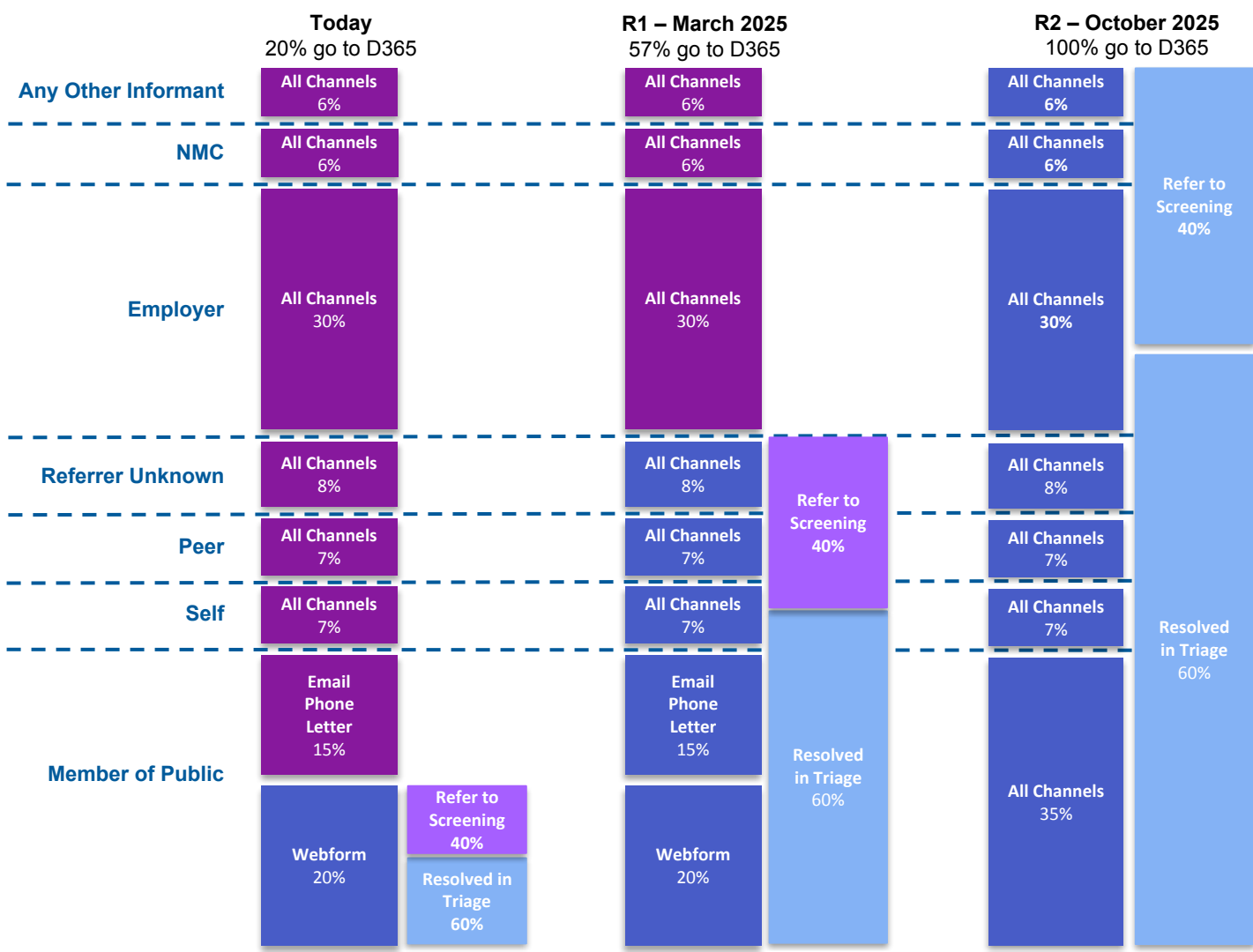
- Increase the ability and improve the capability of Triage to resolve more cases as early as possible.
- Improve wellbeing by alleviating the pressure on the Screening team by reducing the volume of cases in CMS and allowing them capacity to focus on the cases more likely to progress further.
- Result in all incoming cases, from January 2026, progressing through the FtP process within the timeliness KPI's for each department.
- Maximises the functionality and benefit MoTS and D365 adoption can deliver before the May NMC Online release.
- Allow MoTS to deliver more of an E2E solution for Release 2.

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D365 – three releases

The D365 implementation will take place over three releases

1. **In March 2025**, Release 1 will maximise the number of cases that can be closed in Triage, with all self-referrals, peer-referrals and member of the public referrals going into the new D365 system. From this release **57%** of all cases will start their journeys in D365 (up from just 20% today).
2. **In October 2025**, Release 2 will enable **end-to-end functionality for FtP** which will mean all newly received cases will start and end their journeys in D365. From this point, no new cases will go into Perito – an important step in ultimately decommissioning Perito.
3. **In March 2026**, Release 3 will deliver any case processing and user experience **improvements identified in the first months** of running end-to-end.



Legend

Perito

Dynamics

**Based on 23/24 Annual report* 42

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D365 - impact

Forecast efficiencies*

- a) Between R1 and R2, we forecast a **~33% reduction in the Perito Screening backlog** thanks to an estimated 17% per-case efficiency in D365 and ~3x the number of cases closed in D365 Triage.
- b) From R2 onwards, with all cases going into D365, the **Perito Screening Backlog** will reduce more rapidly, **reaching zero by May 2026**.
- c) By the end of the D365 rollout (October 2026), the **overall Perito backlog will have reduced by 40%** (compared to July 2024 baseline), with the **D365 total caseload at around 1600** and **all teams well below their respective caseload KPIs**.

*excludes positive impact of turning off email route / initiatives to encourage webform usage and any automation initiatives to support rekeying

*excludes any additional efficiencies thanks to FtP improvements

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6.3 Interventions 2 – support and additional interventions

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Interventions 2 - challenges

Data maturity

Our data strategy states that the improvement of NMC data maturity to a reasonable level is process that will take the NMC through the next 5-year planning cycle with benefits realised along the way.

Timeline

FtP plan will deliver sustainable improvements but risks are increasing and timeline is not immediate

Adversarial approach

FtP approach is deemed too adversarial

- There are issues over the quality and completeness of our data
- internal and external stakeholders need better data to support focused, effective reduction in the existing FtP caseload and to ensure appropriate referrals going forward
- Under our Modernisation of Technology programme, D365 will significantly improve our ability to collect and report, but stakeholders want these improvements now

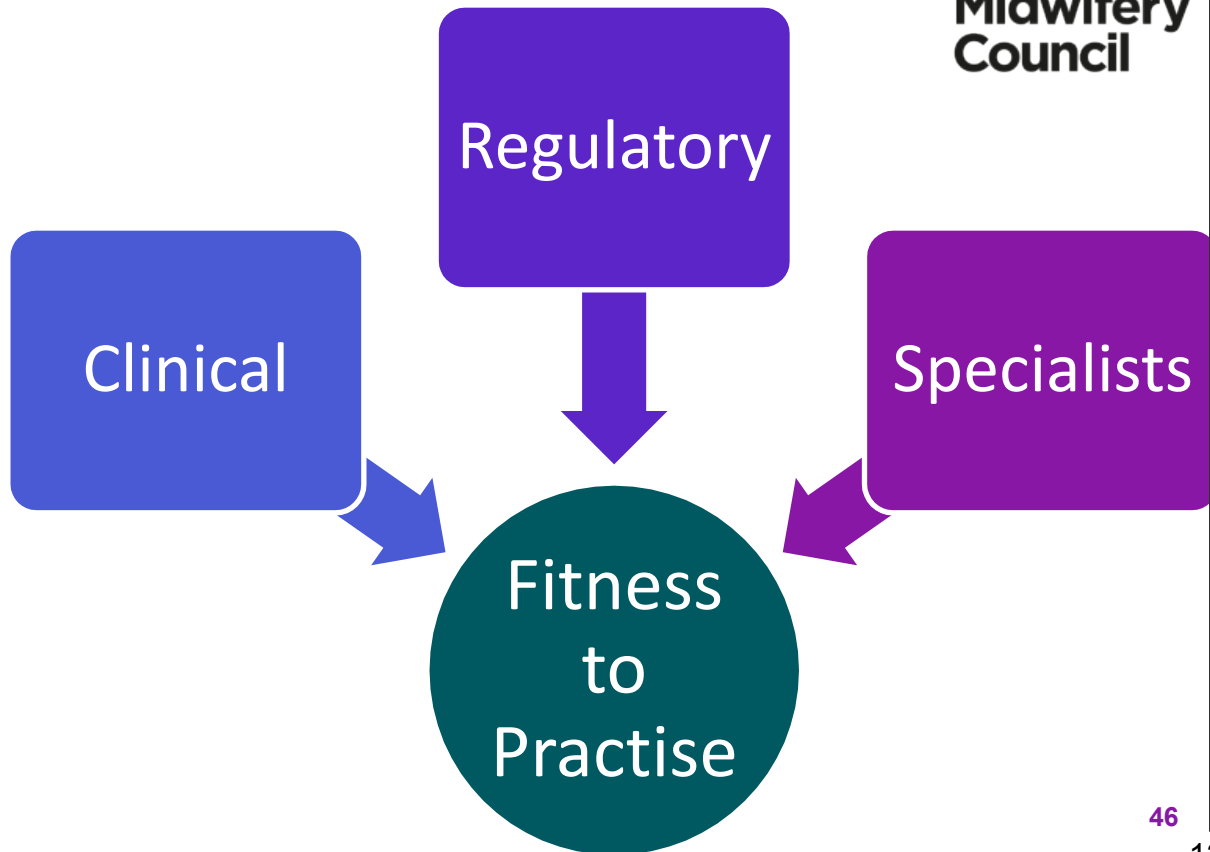
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Interventions 2

Introduce interventions which accelerate impact in FtP processes

Opportunity

- Improve the data on the existing caseload and new referrals
- Improve Communication within the process adopt in D365
- Improve the quality and number and percentage of cases closed at screening



| Upcoming FtP Milestones | Timeline | Confidence |
|--|--------------------|------------|
| Safeguarding hub fully operational | Sep 24 | Achieved |
| Plan realignment to incorporate findings from the P&C Review | Nov 2024 | High |
| Plan realignment following Ijeoma Omambala review | Dec 2024 | High |
| Indicative timeline for procuring and mobilising additional turnaround support | Q3 24/25->Q4 24/25 | |
| Initial interventions to promote appropriate referrals | Q3 24/25->Q4 24/25 | High |
| (Potential) - Additional interventions to relieve pressure/create space | Q3 24/25->Q1 25/26 | |
| Culture interventions within PR Leadership - Creating conditions for success | Q3 24/25->Q1 25/26 | Moderate |
| Delivery using additional turnaround support | Q1 25/26 | |
| First release of new CMS (Dynamics 365) (<i>key enabler</i>) | Mar 2025 | Moderate |

It is important to remember that one of the key drivers of the plan is flexibility and the ability to respond to evolving circumstances. We do not plan to pause delivery but rather adapt/correct course as appropriate.

There will be an inevitable tension between the need to strengthen performance to generate significant improvement in timeliness, the need to safeguard the wellbeing of our staff and the need to generate space for colleagues to support culture change. **It is important to recognise that while this *might* affect the speed of caseload reduction, our efforts to reduce the average case age and oldest case age will continue to deliver results.** We are considering options to further support our operations with their ability to absorb change.

7. Communications & engagement

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Objectives

1. Engage NMC colleagues to collectively shape a new culture that enables them to work in a safe and inclusive environment, feel proud of the organisation they work for and able to deliver NMC's core purpose through their work.
2. Support culture transformation by developing creative, inclusive and innovative opportunities for collaboration, consultation and co-production with internal colleagues and external stakeholders, with a particular focus on improvements to the FtP, EDI, Safeguarding and People plans.
3. Re-build trust and confidence in the NMC's regulatory functions and our ability to make decisions that keep people safe and support professionals to deliver the best possible care.

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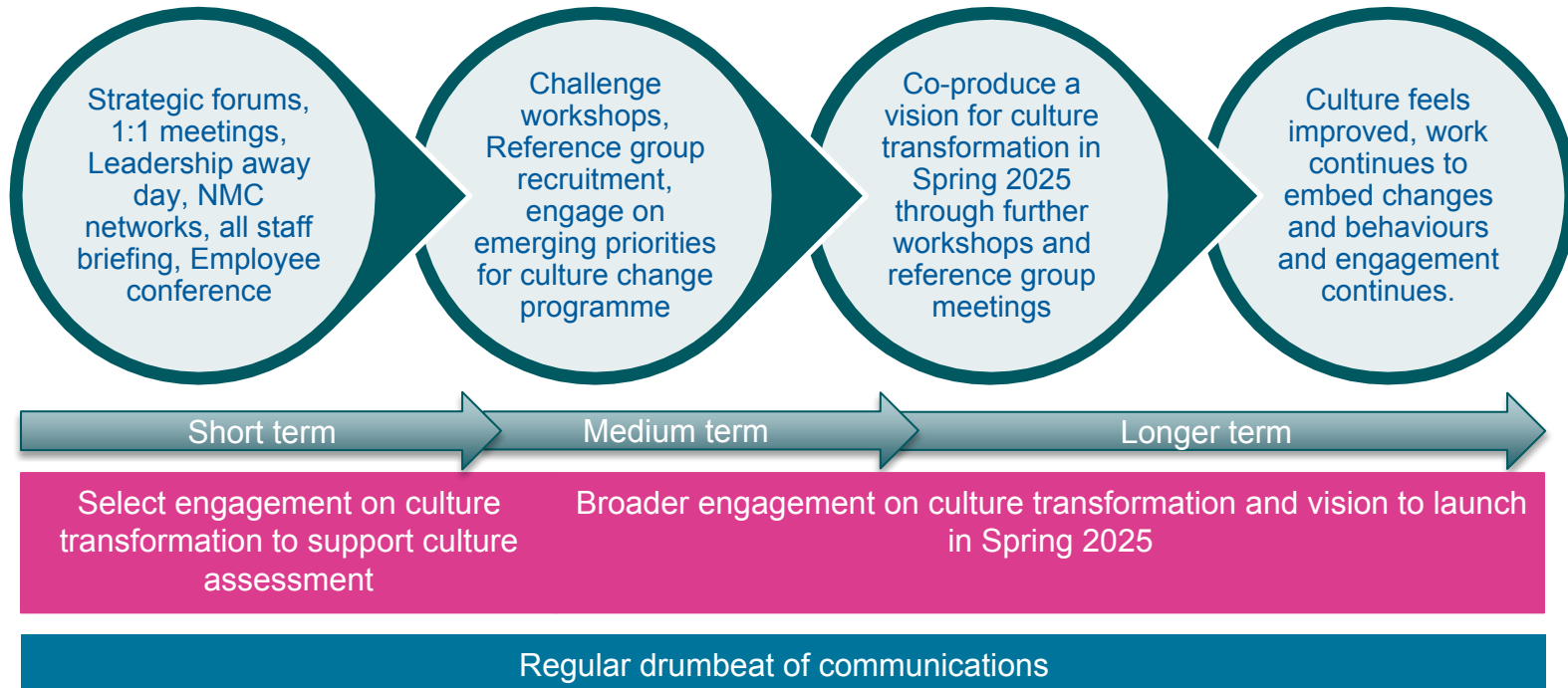
Our approach

- Over the coming months, we will deliver regular 'drumbeats' of communication to ensure our audiences are informed of the progress we are making and when they can expect to see change, whilst setting these changes in the context of longer-term culture transformation.
- We will use established communications channels to reach our internal and external audiences, delivering proportionate engagement on immediate and short-term actions to address recommendations. We will deliver enhanced engagement with additional face to face and virtual events on recommendations that will need to be delivered over a longer period of time.
- Create a new internal reference group to test ideas, co-create solutions and provide effective challenge. We will also consider forming an external reference group as the programme develops.
- Working with colleagues and stakeholders we will put them at the heart of the story we tell; to demonstrate the improvements and the difference they have made to those individuals and their experience of the NMC.
- We will use key milestones such as the new chief executive's arrival and one year on from publication as moments for reappraisal to demonstrate the extent of progress and change.

External stakeholder themes/concerns

| Stakeholders | Top themes | Top concerns |
|--------------------------------------|-----------------------------------|--|
| CNOs/CMidOs | Safeguarding, Fitness to practise | Safeguarding as highest priority, Consistency in FtP |
| EDI Stakeholders | Leadership, NMC accountability | Lack of trust and/or confidence in leadership, Strengthening governance around EDI |
| Professional Bodies and Trade Unions | Leadership, Fitness to practise | NMC does not embody values expected from registrants, Backlog and transparency in FtP cases |
| Registrants | Fitness to practise, Leadership | Lack of trust and/or confidence in leadership, Better treatment of professionals, Fees suspended until improvement |

Engagement timeline



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8. Metrics

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What does successful implementation of the recommendations look like?

Colleague and external stakeholder perception. Sources: Your Voice, ambitious appraisal data, regular meetings, ongoing engagement, audiences perceptions, RA engagement with employers, devolved nations working groups, strategic groups etc

Organisational equality indicators. Sources: Pay gaps, recruitment & retention data, exit interview data, progression data, sickness & absence data, access to L&D, grievances, insights from wellbeing services, diversity of Executive Board, Speaking up insights

Programme metrics and measurements. Outputs, outcomes and achievement of benefits eg from FtP plan, Ed QA, etc.

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Level 1 - Colleague and stakeholder perception

| Type | Source | Theme that it could measure |
|-----------|--------------------------|--|
| Colleague | Your Voice | <ul style="list-style-type: none"> Active inclusion Leadership Line management Recruitment, retention, development & progression Speaking up Sub-cultures and silos Workplace well-being and workload |
| | Themes from MHFA network | <ul style="list-style-type: none"> Workplace well-being and workload |
| | Themes from Thrive app | |

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Level 1 - Colleague and stakeholder perception continued

| Type | Source | Theme that it could measure |
|-------------|---|--|
| Stakeholder | Audience perceptions | <ul style="list-style-type: none"> Active inclusion Fitness to practice Leadership Not learning from past mistakes |
| | Social media analysis | |
| | Media monitoring | |
| | RA engagement with employers | |
| | Devolved nations working groups | |
| | Regular stakeholder meetings (rep bodies etc) | |
| | Strategic groups (PSAG etc) | |

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Level 2 – Organisational equality indicators



| Source | Theme that it could measure |
|--------------------------------------|---|
| HR data: pay gaps | <ul style="list-style-type: none"> Active inclusion |
| HR data: workforce distribution | <ul style="list-style-type: none"> Leadership |
| HR data: sickness & absence data | <ul style="list-style-type: none"> Line Management Workplace well-being and workload |
| HR data: recruitment & retention | <ul style="list-style-type: none"> Recruitment, retention, development & progression |
| HR data: grievances & disciplinaries | <ul style="list-style-type: none"> Active inclusion Line Management |
| HR data: progression & promotions | <ul style="list-style-type: none"> Active inclusion Recruitment, retention, development & progression |
| HR data: exit interview data | <ul style="list-style-type: none"> Line Management |
| Occupational health referrals | <ul style="list-style-type: none"> Active inclusion Workplace well-being and workload |
| Usage data from wellbeing services | <ul style="list-style-type: none"> Workplace well-being and workload |
| Access to L&D (including e-learning) | <ul style="list-style-type: none"> Recruitment, retention, development & progression |
| Return to work interviews | <ul style="list-style-type: none"> Active inclusion |
| Data from Guardian and ambassadors | <ul style="list-style-type: none"> Speaking up |
| Ambitious Appraisals check-ins | <ul style="list-style-type: none"> Active inclusion Line Management |

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9. Look ahead timeline

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Timeline

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| Immediate response actions | Chair's commitments |
| Recommendations | Plans |
| Culture transformation | |

July 2024

ICR report published

August 2024

Listening circles complete

25 – Unison membership encouraged

September 2024

- ETSU Guardian rolled out
- Safeguarding hub established (internal resource)

17 – Reduced use of FTC

29 – Safeguarding hub established (internal resource)

Culture Transformation leadership team appointed

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Timeline

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| Immediate response actions | Chair's commitments |
| Recommendations | Plans |
| Culture transformation | |

October 2024

- Decompression support sessions complete
 - Improving psychological safety in PR
 - EDI adviser appointed to EB
 - Increased diversity in EB
 - Approach drafted for use of L&D double spend
 - Publish behavioural framework
- 12 – Independent Oversight Board established
- 29 – Additional resource procured for safeguarding hub
- 31 – Improved EB visibility
- 33 – Business planning begins
- Interim CER appointed
 - Senior advisers appointed to Council
 - Enhance PSA oversight of NMC progress

Timeline





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| Immediate response actions | Chair's commitments |
| Recommendations | Plans |
| Culture transformation | |

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November 2024

-  15 and 31 – Revised accommodation strategy to council
-  Advisers appointed for FtP
-  Omambala report received
-  Revised People, EDI and FtP plans to Council
-  Chair and deputy Chair of Challenge and Insight Group appointed

December 2024





-  1A – 360 Feedback rolled out for EB
-  1B – 95% completion rate of appraisals
-  13 – All hiring managers completed recruitment panel training
-  Omambala report published
- Revised FtP plan following Omambala report

Timeline

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|----------------------------|---------------------|
| Immediate response actions | Chair's commitments |
| Recommendations | Plans |
| Culture transformation | |

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January 2025

-  Roll out EDI reviewed learning
-  Publish EDI reviewed policies
-  5 – Publish EDI reviewed policies and learning
-  Culture adviser appointed for Culture Transformation Programme

Timeline

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|----------------------------|---------------------|
| Immediate response actions | Chair's commitments |
| Recommendations | Plans |
| Culture transformation | |

March 2025

3 – Invested in leadership & ways of working

4 – Publish and communicate Dignity at work policy; Policy added to mandatory training for managers; EDI dashboard updated to include policy

6 – Revisit FtP plan regarding technology and removing backlog of adjudications cases

13 – Mandatory training reviewed

18 – invested in capabilities of leaders

19 – Rising Higher programme revised

22 – Published pay gap report; improved reporting of disability data

23 – Exit surveys the norm to identify strengths and issues within teams

32 – Legal team relationships clarified and role of legal expertise

Challenge & Insight group launched and established

Timeline

| | |
|----------------------------|---------------------|
| Immediate response actions | Chair's commitments |
| Recommendations | Plans |
| Culture transformation | |



June 2025

2 - Reverse mentoring of senior leadership

- Diagnostic of current culture complete
- Vision for culture we want

December 2025

7 – Engaged with stakeholders regarding adjudications decisions
 16 – QA framework developed
 20 – Anti-racist Action Plan developed

March 2026

15 – Hybrid working policy refreshed
 21 – Appointed 30% BME managers
 30 – Considered restructure of PR

January 2026

6 – Plan for eliminating backlog of investigations cases

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Council

Executive Report

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| Action requested: | For discussion The Council is asked to discuss the Executive’s report on key developments during 2024-2025, up to 24 September 2024. | |
| Key questions: | <ol style="list-style-type: none"> 1. What progress has been made in our work to deliver our priority outcomes? 2. How have we responded to key developments in the external environment that have impacted professionals, the public, colleagues, stakeholders and the NMC? | |
| Key background and decision trail: | <p>This paper provides an update on key developments since the last Council meeting on 24 July 2024.</p> <p>The Executive Report is structured around the five agreed priority outcomes in the Corporate Plan which was approved by the Council on 27 March 2024.</p> | |
| Annexes: | None. | |
| Further information: | If you require clarification about any point in the paper or would like further information, please contact the author or the director named below. | |
| | Author: Clare Quinlivan Phone: 00 4524 1265 clare.quinlivan@nmc-uk.org | Executive Director: Edward Welsh Phone: 020 7766 478473 edward.welsh@nmc-uk.org |

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Executive Report

Discussion

Key overall developments at the NMC and in the wider landscape

Recruitment to the Executive team

- 1 We have appointed Kuljit Dhillon as our Interim Executive Director of Strategy and Insight. As a member of the NMC's Executive Board, Kuljit will play a key role in fostering a safer and more inclusive working environment at the NMC alongside leading responsibility for our strategy and insight programmes.
- 2 We are progressing the recruitment of an Interim Chief Executive and Registrar. Applications for the position closed on Monday 2 September 2024. We are now working with Inclusive Boards, the agency supporting this recruitment process, to shortlist candidates. Interviews will be held by a panel of NMC colleagues and a panel of stakeholders, which includes Sue Tranka, Chief Nursing Officer for Wales, Justine Craig, Chief Midwifery Officer for Scotland, Stuart Tuckwood, National Nursing Officer at Unison, and two members of our Public Voice Forum.
- 3 We will advertise for a Permanent Chief Executive and Registrar in due course.

Council member and Council committee recruitment

- 4 We are seeking a registered nurse, midwife or nursing associate to join our Council as a non-executive member from April 2025. We are also looking for three people to join our Council Committees – one lay person with senior expertise in organisational development to join our People and Culture Committee, and two lay people with either appropriate financial expertise or expertise in technology and cyber security to join our Audit Committee. We shared the recruitment information for these roles on 10 September 2024 on our website, social media and with key stakeholders. There will be an online event on 23 September 2024 for further information about non-executive roles at the NMC.

Priority Outcome 1: Progress fitness to practise (FtP) decisions in a timely and sustainable way that keeps people safe

- 5 Please see agenda item 10 for the latest detail on our caseload and item 6 for an update on how we are reviewing our FtP plan in light of the recommendations from the culture review.

Priority Outcome 2: Build an inclusive, high performance, learning culture

Independent Culture Report and investigations

- 6 We are committed to delivering a programme of culture change following the findings of the Independent Culture Report. We have delivered some of the

immediate recommendations and some of the executive commitments and have developed a plan for implementing further recommendations in the medium to long term. Please see agenda item 6 for further information.

Public inquiries

- 7 We are contributing to several public inquiries and ensuring that, through doing so, we identify areas for learning and improvement in how we regulate. The Thirlwall Inquiry's oral hearings started on 10 September 2024 at Liverpool Town Hall. As a core participant to the Inquiry we provided our opening submissions in the first week and we also attended all of the first week of hearings in person. We will be watching the live evidence remotely for key witnesses and will be reviewing the transcripts each day to help identify any additional learning for us.

Independent investigation of NHS performance

- 8 We are reviewing the findings of Professor Lord Darzi OM KBE's independent investigation of NHS performance, which was published on 12 September 2024, for any implications for the NMC or the professionals on our register. The report was commissioned by Secretary of State for Health and Social Care, Wes Streeting in July 2024. In response to the report, the Prime Minister announced a 10-year plan to reform the NHS, expected to be published in Spring 2025.

South Asian Heritage Month

- 9 In recognition of South Asian Heritage Month, we held two events for colleagues: A Conversation with Dr Agimol Pradeep, a registered nurse, Senior Transplant Coordinator, and BAME Organ and Stem Cell Donor Campaigner who discussed her work and advocacy within the South Asian community; and a webinar in which colleagues shared their experiences and perspectives on heritage, culture, and community support.

Priority Outcome 3: Modernise our internal systems, tools, policies and processes

Safeguarding

- 10 Please see agenda item 10 (Update on progression the FtP casework) for information on progress we have made in introducing a safeguarding hub.
- 11 Following the successful transition of our register from Wiser to Microsoft Dynamics earlier this year, we have now transferred all historical data. As a result, we will now be decommissioning the hardware associated with Wiser from our infrastructure and this work is planned to complete at the beginning of November. At this point our relationship with Wiser will be concluded after a period of 24 years since we first developed the product.

Priority Outcome 4: Contribute to the workforce strategies and support professionals in the four nations

Statement on riots

12 We published a statement in response to the violent riots that took place in August 2024. We highlighted that nurses, midwives and nursing associates from Black and ethnic minority backgrounds should not have to fear for themselves or those close to them. We reminded health and care professionals of the guidance that we supported NHS England and NHS Confederation to produce on combatting racial discrimination against ethnic minority nurses, midwives and nursing associates. We also wrote directly to all the nurses, midwives and nursing associates on the register; as part of this we provided guidance about refusing care when faced with racism, violence or aggression by a member of the public.

Martha's rule

13 As plans to roll out Martha's Rule continue in England, we shared a blog from our Executive Nurse Director explaining its significance and how it relates to nursing and midwifery professionals' practice. The blog encourages all professionals on our register to ensure they are familiar with their local processes to enable them to escalate concerns relating to patient safety and ensure that Martha's Rule is embedded in practice.

Remote prescribing

14 We are aiming to strengthen our guidance on the remote prescribing of medicines used for aesthetic treatments to ensure we are fulfilling our duty to protect the public. This will also help us to better align our position with other healthcare regulators who require professionals to carry out face-to-face consultations before prescribing for aesthetic purposes. In August 2024 we published a statement with our plans to gather views to understand the impact any potential change may have on people who provide or access aesthetic treatments. We are hosting a roundtable event and focus groups in October 2024 to understand people's views and experiences.

Annual revalidation report and disabled people's experience of revalidation research

15 Our latest annual [revalidation report](#) showed that more disabled professionals revalidated this year compared to 2022-2023. However, rates for disabled professionals remain lower than for those without disabilities. To better understand the challenges disabled professionals face, we conducted in-depth interviews and discussion groups with 29 people – including those on the register and those who had left – from across the UK, representing a wide range of disabilities and impairments. We shared the findings from this research on 5 September 2024 alongside steps we are taking to break down barriers disabled professionals experience, including providing clearer more regular information across our communications channels.

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Advanced practice review

16 We are engaging with stakeholders to ensure we are incorporating a range of views as part of our work to develop a set of regulatory principles for advanced practice. This will include a definition of advanced practice. We have a task and finish group helping us to develop the principles, with a sub-group for each of the four nations of the UK. We are also continuing to engage with the existing independent steering group, public advisory group and joint regulators group on our work.

Practice learning review

17 Our review of practice learning is progressing, and we want to ensure people understand what we are doing and can ask questions about this work. We held a webinar on 9 September 2024 which was attended by more than 450 people, including professionals, students, academic professionals and members of the public. Our Senior Nursing and Midwifery Advisors and Standards development specialist led the webinar, explaining the background to the review research, and answering questions about the work and our next steps.

Midwifery workplan and governance

18 Following feedback from Council in May 2024, we have developed our midwifery workplan into a comprehensive midwifery activity document that will be updated quarterly. There are seven workstreams: workforce, unregulated people, midwifery team governance, education and quality assurance, cultural safety and leadership, multi-disciplinary team working and embedding the midwifery standards of proficiency. We also discussed our proposed approach to monitoring and reporting midwifery activity with our Midwifery Panel and refreshed the purpose and terms of reference of this advisory group in line with our new governance framework.

Unregulated people: principles on individualised care outside maternity units

19 Women should expect to have personalised care planning in their pregnancy and be supported to make informed choices. We are working with stakeholders to develop a set of principles for individualised care for women giving birth outside maternity units. This work arose from increasing concerns around freebirth and care from unregulated people that encroaches on the protected function of midwives (Article 45 in the Order). The principles aim to clarify the role of the midwife and set out expectations for provider organisations to support safe care. We anticipate this work will be completed during the autumn.

20 As part of this work, we have updated the Standard Operating Procedure for potential breaches to the Protected Title/Protection of Title of a Registered Nurse, Midwife or Nursing Associate (Article 44) and Protection Function of the Midwife (Article 45).

Standards for pre-registration midwifery programmes

21 Our midwifery programme standards, approved in 2019, originally referred to midwives 'conducting' the birth. When we [reviewed our programme standards](#) after the UK left the EU in 2023, we changed this to 'facilitating' the birth. However, we have now reverted the language to the original following Council approval in July 2024. The reason for this is 'conducting' strengthens the description of the midwife's role during childbirth as opposed to 'facilitate' which implies only a supportive role. We also reverted the language to ensure it aligns with the Standards of proficiency for midwives which refers to 'conducting'.

Priority Outcome 5: Strengthen the integrity of the register

Education quality assurance

22 Please see agenda item 11 for an update on education quality assurance.

Computer based testing update

23 We are progressing the regulatory action we are taking in response to concerns about the Yunnik test centre in Nigeria.

24 We now have evidence supporting our hypothesis that one or more proxies were operating at Yunnik. Some individuals have told us they were pressurised and intimidated.

25 Of the 48 registrant cases we referred to the Investigating Committee, we have held nine fraudulent entry hearings so far. In seven of them, the outcome was that the panels directed the NMC to remove the individuals from the register, having determined that their entries were fraudulently procured. For the other two, the outcome was that fraudulent entry was not proven and the professionals remain on the register.

26 The other 39 hearings are still in the process of being scheduled in accordance with all parties' availability from October.

27 The Assistant Registrar (AR) has now reviewed 169 applications from people who took their test at the Yunnik test centre, where we considered it was more likely than not that the applicant's test result was obtained fraudulently.

28 They have refused 164 applications on the basis that the character requirements are not met. A significant number of these individuals are choosing to appeal or make a new application. The AR has admitted five applicants to the register having been satisfied with the reflections and responses.

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Next Steps

- 1 The Council is invited to discuss the updates in the Executive report.

Implications

The following were considered when preparing this paper:

| Implication: | | Location if in paper: | Content if not in paper: |
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| Public protection/impact for people. | Yes | How our regulatory activities protect the public and the impact it has on them in terms of supporting nursing and midwifery professionals to provide safe, effective and kind care is captured throughout the paper. | |
| The four country factors and considerations. | | All updates are relevant to all four countries. | |
| Resource implications including information on the actual and expected costs involved. | Not applicable. | | None in addition to those within corporate budget. |
| Risk implications associated with the work and the controls proposed/ in place. | Yes | | |
| Legal considerations. | Not applicable. | | No legal implications arising from this paper. |

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| Midwives and/or nursing associates. | Yes | Para. 18-21 specific to midwifery. | |
| Equality, diversity, and inclusion. | Yes | Para. 5, 8, 10, 13 specific to EDI. | |
| Stakeholder implications and any external stakeholders consulted. | Yes | Stakeholder engagement is captured throughout. | |
| Regulatory Reform. | Not applicable. | | No updates at this time. |

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Council

Report from Committee to Council

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| Name of committee | People and Culture Committee |
| Date of meeting | 7 August 2024 (Extraordinary meeting) |
| Committee chair / report author | Committee Chair: Lynne Wigans Author: Alice Horsley |
| Date of report | 13 September 2024 |

Key discussions

Council selection process

- 1 The Committee discussed the process and timeline for selecting a new registrant Council member to take office in April 2025. This appointment will fill the upcoming vacancy created when Claire Johnston demits office on 31 March 2025.
- 2 The Committee noted that it was important that the Council was aware of its skills and experience gaps and strengths.
- 3 A draft Council skills matrix had been prepared and would be shared with the Council for consideration and discussion.
- 4 It was agreed that culture/change management would be included as a 'critical' competency as part of the selection process, with safeguarding knowledge, current higher education experience, and community and social care experience listed as additional skills sought.
- 5 It was noted that the need to improve the visible diversity of the Council would be discussed with the search consultants as a key focus for the process, as would the desire to improve the geographical diversity of the Council membership within England.

Council Committee Partner (non-Council) member selection process

- 6 It was noted that one of the recommendations in the external Council effectiveness review conducted in 2023 was that independent 'partner' members be introduced to the Council committees, to strengthen the skills profile and address skills gaps.

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- 7 The Committee highlighted the importance of improving the diversity of the Council committees and welcomed the intention to appoint Inclusive Boards to support with the selection process.
 - 8 It was highlighted that the intention would be to appoint one partner member to the People and Culture Committee with significant senior expertise in organisational development and, secondarily, in culture change.
 - 9 As well as to seek to appoint two partner members to the Audit Committee: one member with appropriate financial qualifications, with significant senior level experience in finance and/or audit, and one member with significant expertise and experience in overseeing technology and cyber security.
 - 10 The Committee acknowledged that there was an urgent requirement to supplement the finance experience on the Audit Committee. To address this, it was agreed that there would be an abridged, transparent process for the appointment of a co-opted member to the Audit Committee for a six-month term. It was agreed that a note setting out this process for selecting the co-opted member for the Audit Committee would be shared with the People and Culture Committee.

People Plan and Equality, Diversity and Inclusion (EDI) Plan updates

- 11 The Committee received an update on the People Plan and the EDI Plan.
- 12 It was highlighted that an EDI advisor was to be appointed to the Executive Board and the Council to act as a critical friend and to assist colleagues in building cultural competence. The final draft EDI advisor role description would be presented to the People and Culture Committee for final approval.
- 13 The Committee wished to support leaders and managers to address unacceptable behavior, to ensure the NMC's values were adhered to, and to embed a culture of psychological safety.
- 14 Whilst the Council would oversee the implementation of the recommendations in the Independent Culture Report to ensure cultural transformation was delivered, the Committee would be responsible for reviewing the finer detail and key metrics in the People Plan and EDI Plan.
- 15 It was agreed that the Council would need to agree how the impact of cultural change was measured, with the Committee responsible in part for monitoring progress.
- 16 The Committee would focus on the impact of the People Plan and EDI Plan on the experience of colleagues working at the NMC.
- 17 There was concern raised about whether the time was right to implement performance linked pay at the NMC.

18 The Committee suggested that there be consideration given to appointing a Council member as an empowered to speak up champion.

Chair's Appraisal

19 The Committee noted the introduction of a 360-degree feedback process as part of the Chair of Council's annual appraisal.

20 The new process allowed Executive and Council colleagues to provide comments and anonymised feedback scores about the Chair's performance in the previous year.

21 It was acknowledged that the Chair of Council had found the feedback gathered as part of the appraisal process and the opportunity to reflect on the previous year valuable.

Future People and Culture Committee meetings

22 The next meeting of the Committee is on 17 September and an oral summary of discussions held will be provided at the Open Council meeting on 24 September. Items on the Committee agenda for 17 September include:

- People Plan and EDI Plan update
- Associate Scheme: future options and approaches
- Risk Register: People and EDI corporate risks
- Competency Framework.

23 The Chair had invited Committee colleagues to contact her regarding whether it would be valuable to add an additional meeting to the People and Culture Committee schedule annually for a 'deep dive' discussion into specific items related to the People Plan.

Key decisions

- **Council selection process: The Committee approved the proposed process and timeline for selecting a new registrant Council member.**
- **Council Committee partner member selection process: The Committee approved the proposed approach for selecting partner members.**

Open Council

Update on progressing our Fitness to Practise casework

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| <p>Action requested:</p> | <p>To update the Council on progress to deliver the aims of our FtP improvement plan, namely, safer, faster decisions delivered fairly.</p> <p>The FtP plan is a key corporate priority. Successful delivery will protect the public, improve the experience of everyone involved and minimise the length of time of our investigations.</p> <p>For discussion.</p> <p>The Council is asked to discuss the report.</p> |
| <p>Key background and decision trail:</p> | <ul style="list-style-type: none"> • Strategic risk REG18/02 is: “risk that we fail to take appropriate action to address a regulatory concern about a professional on our register in a timely or person-centred way.” • The Council approved our Fitness to Practise improvement plan in March 2024. The plan addresses the high and aged caseload that we have, which is affecting our ability to progress and resolve cases in a timely and safe way. It will also improve quality, safety and the experience of everyone involved in our processes. • This report is a regular update item, providing a summary of current FtP performance, progress against the FtP improvement plan and highlighting any challenges. Progress updates are grouped by the four outcome areas of the FtP plan. • At the July 2024 Council meeting an action was noted: “Provide an update on the benefits of the new case management system for the FtP process.” We address that here at paragraph 40. |
| <p>Key questions:</p> | <ol style="list-style-type: none"> 1. What progress have we made to make quicker and safe decisions in FtP? 2. Is our FtP performance improving? 3. Are we delivering our FtP plan within expectations? |

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| Annexes: | <p>The following annexe is attached to this paper:</p> <ul style="list-style-type: none"> Annexe 1: FtP performance dashboard for August 2024. | |
| Further information: | <p>If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.</p> | |
| | <p>Author: Janice Cheong Phone: 020 7681 5765 janice.cheong@nmc-uk.org</p> | <p>Executive Director: Lesley Maslen Phone: 020 7681 5641 lesley.maslen@nmc-uk.org</p> |

Update on progressing our Fitness to Practise casework

Discussion

Context

- 1 Delivery of the FtP improvement plan will improve the quality and safety of fair and prompt decisions and improve the experience of those within our fitness to practise (FtP) process. This will ensure protection of the public and maintenance of confidence in nursing and midwifery. Organisationally, we are delivering this programme of transformation in the context of a complex landscape of corporate priorities including:
 - 1.1 Equality, Diversity and Inclusion (EDI) Plan
 - 1.2 People Plan
 - 1.3 Safeguarding Plan
 - 1.4 Delivering the 36 recommendations of the People and Culture report.
- 2 Launched in April 2024, the FtP plan is front-loaded to focus actions within the first 18 months to build the foundations for sustained, impactful improvement. Early successes include:
 - 2.1 A significant reduction of 700 unallocated cases at Screening, since April 2024.
 - 2.2 Establishment of a safeguarding board and launch of the safeguarding hub. Every new referral is now assessed by safeguarding specialists in our hub. This significant change and investment in improved safeguarding capacity will ensure a golden thread of safeguarding runs through our FtP processes.
 - 2.3 Establishment of new agile contracts with external legal firms to support the progression of casework.
 - 2.4 Introduction of innovative technology improving and supporting efficiency of the scheduling of hearings.
 - 2.5 Hearings conclusion rate has risen to an average of 72 percent since April, up from an average of 62 percent in the first three months of the year. The result of part heard hearings is delay and associated negative welfare/wellbeing impact, and increased cost.
- 3 These improvements have been achieved within the context of the complex and challenging operating environment mentioned above. Additionally, referrals have been consistently higher than forecast resulting in subsequently higher FtP caseloads. The independent review of our culture published by Nazir Afzal and Rise Associates in July 2024 (People and Culture report) has, understandably, resulted in increased scrutiny of our FtP casework. From the outset of the FtP plan, we recognised the need for an agile approach including regular review of the

interventions and delivery progress to ensure the plan would achieve the aim of improving the experience of those involved in our processes, protect the public and deliver a return on investment. Following publication of the People and Culture report and the recommendations that were made to improve our culture and our management of FtP cases, we are working with our teams and key stakeholders to review the plan and identify gaps, delivery challenges and opportunities to strengthen our approach by prioritising the things that will make the most difference to people individually and to our organisation as a whole – in line with the report recommendations. We welcome the support of external scrutiny to stress test and enhance the plan.

- 4 People are central to the delivery of our FtP plan and will enable us to deliver performance across Professional Regulation services. We are committed to creating the right environment and conditions for success that support our people to thrive. We are taking steps to invest further in our leaders and managers, ensuring they have the tools and training they need to effectively manage and support their teams, progress cases and make high quality decisions. We are also investing in improving our culture locally to improve employee wellbeing and satisfaction:- this includes investment in psychological safety training for our leaders.

Performance since July

- 5 These performance updates summarised around our four primary outcomes (timeliness, quality and safety, person centred and proportionate service, and cost efficiencies) represent a forward look from August 2024 and detail progress since the last Council meeting in July.
- 6 Time series charts can be found at Annexe 1, detailing overall case holding, median case age in week, decision per stage (progressions in Investigations), and referral levels.

Outcome 1: Improved timeliness and reduction of our oldest cases

Screening

- 7 A key aim for 2024–2025 is to achieve a Screening processing rate of 8-9 weeks. Initially ambitions were set for April 2025, however, due to a range of factors including a sustained increased referral rate, vacancy factors and training time, we are aiming for the end of 2025, supported with updated modelling.
- 8 As Screening is both the gateway into the FtP process and carries the greatest caseload of any part of the process (47 percent of the caseload), sustainable improvements within this area will deliver proportionally greater overall impact. If we reduce the Screening processing time, case parties will have clarity sooner about the outcome of their case, whether it's closure or progressing for further investigation. Improving timeliness to reduce the average age of cases progressing through the process also reduces the complexity and cost and therefore provides a further stream of improvement. We have closed an average of 70 percent of

referrals at Screening since April 2024, meaning no further investigation was required.

- 9 Within Screening the allocation of referrals to case workers is based upon risk, with highest risk cases being allocated first.
- 10 An early indicator of progress within Screening is a reduction in the volume of ring fenced lower-risk unallocated Screening cases by 75 percent (down to 239 from 949 at 12 April 2024). The number which are older than 12 months has reduced from 231 to 3.
- 11 However, the referral rate remains above our original planning assumption of 450 referrals on average per month. To date, our analysis of referrals has not shown any particular cause for the growth in referrals and we continue to look into the themes.
 - 11.1 In July we received 591 referrals, our highest volume in one month since November 2023 (see Annexe 1).
 - 11.2 The average referral rate since April has been 528 per month (17 percent higher than our 450 assumption).
 - 11.3 Our average Screening decisions per month has been 498.
 - 11.4 The increased level of referrals is driving a rising caseload, adding pressure to our Screening teams and also masking the fact that our decision numbers at Screening are on an upward trend since the beginning of the calendar year (see Annexe 1).
- 12 To address this, we have increased our Screening capacity through recruiting additional case officers and screening decision makers, and redeployed resource to meet demand.

Investigations and Case Examiners

- 13 The caseload at Investigations is growing and we have a higher number of unallocated cases as we are keeping individual investigator caseloads lower at this point in time. At the end of August, we had 539 unallocated cases (case without an investigator assigned yet) compared to 456 at the end of January. Monthly progressions by Investigations (completion of investigations ready to progress to the Case Examiners for decision) are below target. Since April, our average progression rate is 108 per month compared to our target of 160 average per month.
- 14 Contributory factors for the caseload increase include a greater throughput from Screening into Investigations than assumed, greater numbers of high-risk cases with interim orders imposed, and vacancy rates including internal resource deployment to address onboarding and training time.
- 15 The current profile within the Investigations team is mixed, with just under 50 percent of our Investigators having less than 12 months service. Staff retention has

proved particularly challenging and we need to invest in building expertise to increase our capacity.

16 To address this challenge and improve performance at this stage, we are actively reviewing our best utilisation and deployment models. Our recent recruitment efforts over August are anticipated to increase our capacity, noting that onboarding and training does have a lag time. However, if the level of new referrals and throughput in from Screening is sustained, further action may be required. Discussion about further mitigations for the people-related challenges are discussed within the 'Enablers' section below. We are also reviewing our forecasting to identify and explore additional interventions to achieve our aims.

17 Average decisions at the Case Examiner stage have been 115 per month against our assumption of 160. This level remains within tolerance as the variance against our assumption is a reflection of the number of cases available for the team to work on from the Investigations stage, rather than capacity or throughput issues.

CPP and Adjudication

18 Case Preparation and Presentation (CPP) and Adjudication teams are continuing to improve their ways of working together, for example via holding regular 'case readiness' meetings during which they agree steps to unblock issues before a case reaches a hearing and to support lower numbers of cases going part heard.

19 Significant, focused activity to improve our legal review process is planned for this autumn. Through use of targeted initiatives it is anticipated that at least 40 percent of the 480 cases awaiting a legal review will have that review completed by end of December. That will enable us to progress these matters to Adjudication.

20 During the last quarter, there has been focused activity within Adjudications to support the management of teams to implement operational efficiencies and manage improvement changes. We are continuing to improve our allocation of panels to hearings:

20.1 On average FtP Committee panels are being allocated seven weeks in advance of the hearing and Investigating Committee panels are allocated six weeks in advance. Back in January 2024 we were allocating panels around two weeks in advance.

20.2 This improved, earlier allocation allows efficient distribution of case papers and sufficient preparation time, resulting in fewer part heard cases.

21 Since April, Adjudication outcomes have averaged 60 per month against an assumption of 70 per month. This is tolerable within the context of the significant foundational work that has been and is taking place, as highlighted above, so we can increase outcomes to 70 per month from early 2025.

Oldest cases and caseload

22 We continue to proactively manage the oldest cases in the FtP caseload. We will utilise the expertise of the Rapid Resolution Team to assist with management of

the oldest cases, with a particular focus on progressing oldest cases at Screening. Targeted case progression aims to reduce the overall age of the caseload, thus improving the experience of people involved in open cases. We are working on new data tools to improve the way we monitor and manage our case holdings and one such tool in development is a dashboard dedicated to our oldest cases. This will be an automated report enabling us to more easily see the status of this cohort of cases.

23 Our caseload at the end of August was 6,329. Below are tables showing further detail about our caseload as at 31 August 2024.

24 The category of 'no registrant PIN linked to case' is for open cases where we have not yet confirmed if the person of concern is a professional on our register.

24.1 Below is the caseload by registration type per FtP stage. The proportion of professionals on our register as at 31 March 2024 was 92.3 percent nurses, 5.3 percent midwives, 0.8 percent dual-registered and 1.3 percent nursing associates.

| By registration type as of August 2024 | Screening stage | Investigations stage | Case Examiners stage | Adjudication stage | Total caseload |
|--|-----------------|----------------------|----------------------|--------------------|----------------|
| Nurse | 64.5% | 94.6% | 91.7% | 94.9% | 79.9% |
| Midwife | 5.3% | 4.7% | 7.8% | 5.1% | 5.2% |
| Dual | 0.1% | 0.2% | 0.0% | 0.0% | 0.1% |
| Nursing Associate | 0.7% | 0.6% | 0.5% | 0.0% | 0.5% |
| No Registrant PIN linked to case | 29.4% | 0.0% | 0.0% | 0.0% | 14.3% |
| Grand Total | 100% | 100% | 100% | 100% | 100% |

24.2 Below is the caseload by country of registered address:

| By country of registered address as of August 2024 | Screening stage | Investigations stage | Case Examiners stage | Adjudication stage | Total caseload |
|--|-----------------|----------------------|----------------------|--------------------|----------------|
| England | 55.3% | 79.2% | 86.5% | 79.2% | 67.8% |
| Scotland | 6.8% | 9.6% | 4.2% | 8.9% | 7.9% |
| Wales | 3.3% | 4.3% | 4.2% | 6.2% | 4.1% |
| Northern Ireland | 3.0% | 4.7% | 2.6% | 3.2% | 3.6% |
| Overseas | 1.2% | 2.2% | 2.6% | 2.4% | 1.8% |
| No Registrant PIN linked to case | 30.5% | 0.0% | 0.0% | 0.0% | 14.8% |
| Grand Total | 100% | 100% | 100% | 100% | 100% |

Outcome 2: Improved quality and safety

- 25 Longer term work is in train to develop a quality framework for our FtP process, with other improvements to quality being progressed in parallel.
- 26 One such project is vital work to review and strengthen our FtP standard operating procedures (SOPs), which will result in a comprehensive library of SOPs. This will result in strengthened support for colleagues and more consistency of approach in our casework. The project will run to a phased, prioritised timescale. The first tranche of SOPs for central repository is estimated for April 2025.
- 27 We are prioritising work to strengthen our safeguarding practices across the NMC. A recent notable development has been the launch of a safeguarding hub on 9 September 2024. We have a revised process for reviewing all incoming FtP referrals and clearly identifying any safeguarding concerns and how we will effectively address those particular needs. The hub is trialling this process and how it operates within the Screening and triage environment. We are also reviewing cases that were recently closed at Screening, to confirm if any concerns need to be escalated to our Quality of Decision Making team for a further review of the closed case. We will build on this process and our learning and ensure all colleagues handling new referrals are confident on how to manage safeguarding concerns, via training which will be delivered over the coming months. We are investing in dedicated specialist safeguarding expertise to develop and deliver the training.
- 28 Our interim order (IO) KPI, is imposition of 80 percent of IOs within 28 days of receipt of the case. Our year to date performance is 66.2 percent and the monthly performance for August was 62.9 percent. We are reviewing our performance against this KPI and whether it is appropriate in driving the behaviours we expect, especially as we are expecting a higher proportion of referrals to be assessed as having risk factors as we strengthen our safeguarding processes at the triage stage.

Outcome 3: Person centred, proportionate service

- 29 The most person-centred aspect of our plans is to keep casework progressing and thus reducing delays for people involved in our processes. We are also ensuring that we improve the experience for stakeholders involved or affected by our FtP processes.
- 30 Feedback on our Careline, which is our support phonenumber for professionals on our register, continues to be positive and we are recruiting into new roles designed to support the wellbeing of those involved in our process.

For NMC colleagues

- 31 The People and Culture report highlighted areas within our culture that we need to address across the NMC. We recognise that our culture has had a negative impact on our casework progression, beyond that which we had anticipated when we initially established our FtP plan.

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32 Our people are central to delivery of the plan. We are investing in our leaders and managers, changing the way we recruit and onboard new colleagues and investing in the psychological safety of our teams that will improve the wellbeing and satisfaction of our people and the performance of our teams.

For stakeholders

33 We have also undertaken bespoke analysis to provide a baseline of stakeholders' experiences of our FtP process, with a focus on professionals. This will provide a baseline of their experience so that we can measure the process we are making. Feedback will be used to inform enhancements to the FtP plan.

34 In addition, we have completed discovery work to review our approach to collecting and analysing experience data about the FtP process. Our intention is to implement a pilot survey approach by the end of the calendar year so that data is provided more consistently so that we can draw out themes and trends. This is an important foundational step towards embedding regular feedback to listen to how people experience our FtP process.

Outcome 4: Cost efficiencies

35 Hearing length is a key contributing factor in our cost base. The operational efficiencies which the Adjudication team are implementing (detailed above) will support reducing the length of hearings. We saw the average length of substantive hearings involving a panel of the FtP Committee fall to 7.5 days for August, the lowest we have seen in a year and we continue to monitor the overall trend.

Enablers

People

36 We recognise that people are a key enabler to successful delivery of our casework and FtP plan, and the People and Culture report identified the need to address workforce challenges in order to better support people.

37 In recent months we have been managing the de-stabilising impact from FtP people moving internally to different teams and also from high levels of temporary workers. This was partly the result from the creation of our additional roles to support the delivery of the FtP plan. Another challenge has been difficulty in recruiting to particular roles such as Hearings Coordinators.

38 We have taken steps to stabilise our FtP teams and to improve our recruitment approaches. One example is that we have now made over 140 employees who were on fixed term contract, permanent employees. Our future recruitment to FtP roles will focus on permanent recruitment where possible. These moves offer greater job security and also lessens the need for backfilling when fixed term contracts conclude. Additionally, we are implementing the use of waiting lists to help fill FtP vacancies to reduce multiple recruitment campaigns. We are also introducing a more flexible workforce approach, allowing resource deployment to meet business need more easily.

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39 A longer term strategic approach to increasing and standardising the recruitment and training process for employees, is establishment of a learning academy.

Systems and tools

40 A major improvement priority for the organisation is transfer of our case management system to Microsoft D365. This roll out is scheduled in phases with pilots and opportunities for refinements built in. Our Executive Board and Council will be presented with the business case for these next developments in October 2024. As part of this work, the benefits for this implementation approach are still being considered and we will provide an update at the November Open Council meeting.

41 As part of our FtP plan, we are rolling out a new case weighting tool this month to Screening (specifically the Screening Decision Makers), Investigations and CPP which will support us to allocate cases in a way that supports more equitable and manageable workloads. This will assist us to respond to some of the findings about workload pressure in the People and Culture report.

Monitoring progress

42 In July we implemented a new FtP outcome performance report to track our progress towards the main four outcomes of the FtP plan. The new report has been designed specifically for the FtP Executive Board to support them to make timely decisions about areas of the plan that may require attention. The report is underpinned by a suite of operational performance metrics (cc. 70 KPIs) which are mapped to workstreams within the plan and the benefits that we need to realise. These are analysed to provide recommendations to the Board.

43 Thus, our reporting to the FtP Executive Board has improved with the aim of giving a holistic overview of case progression, confidence levels in programme delivery, and early signs (green shoots) that we are progressing towards our outcomes.

Next Steps

44 We will continue our engagement with a variety of stakeholders to shape adaptations to our FtP plan and take into account the People and Culture report recommendations, whilst also pressing on with improvement. The independent report by Ijeoma Omambala KC on our handling of FtP cases is currently expected to be published in November or December. Colleagues will need support, time and space to reflect on the findings of that review and we anticipate we will take stock again of the FtP Plan and adapt it as needed, in a similar approach to the one we are taking now with the People and Culture report.

45 We will continue to update the Council on our work to review the FtP plan and our casework progress at every Open Council meeting and also include updates on the anticipated impacts from Ijeoma Omambala’s report on our FtP work.

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Implications

The following were considered when preparing this paper:

| Implication: | | Location if in paper: | Content if not in paper: |
|--|-----|-----------------------|--|
| Public protection/impact for people. | Yes | Para 1 | |
| Safeguarding considerations | Yes | Para 27 | |
| The four country factors and considerations. | Yes | Para 3 & 44 | Our engagement work to review the plan includes engagement with the Chief Nursing and Chief Midwifery Officers of the four nations. |
| Resource implications including information on the actual and expected costs involved. | Yes | Para 3 | Our work to review the plan takes into account resource implications. |
| Risk implications associated with the work and the controls proposed/ in place. | Yes | | The Plan addresses strategic risk REG18/02. |
| Legal considerations. | Yes | | Swift and fair decisions in FtP cases are 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. |
| Midwives and/or nursing associates. | Yes | Para 24 | |
| Equality, diversity, and inclusion. | Yes | | We are aware that certain groups are over-represented in the referrals we receive and therefore taking too long to progress cases will further impact those groups disproportionately. |

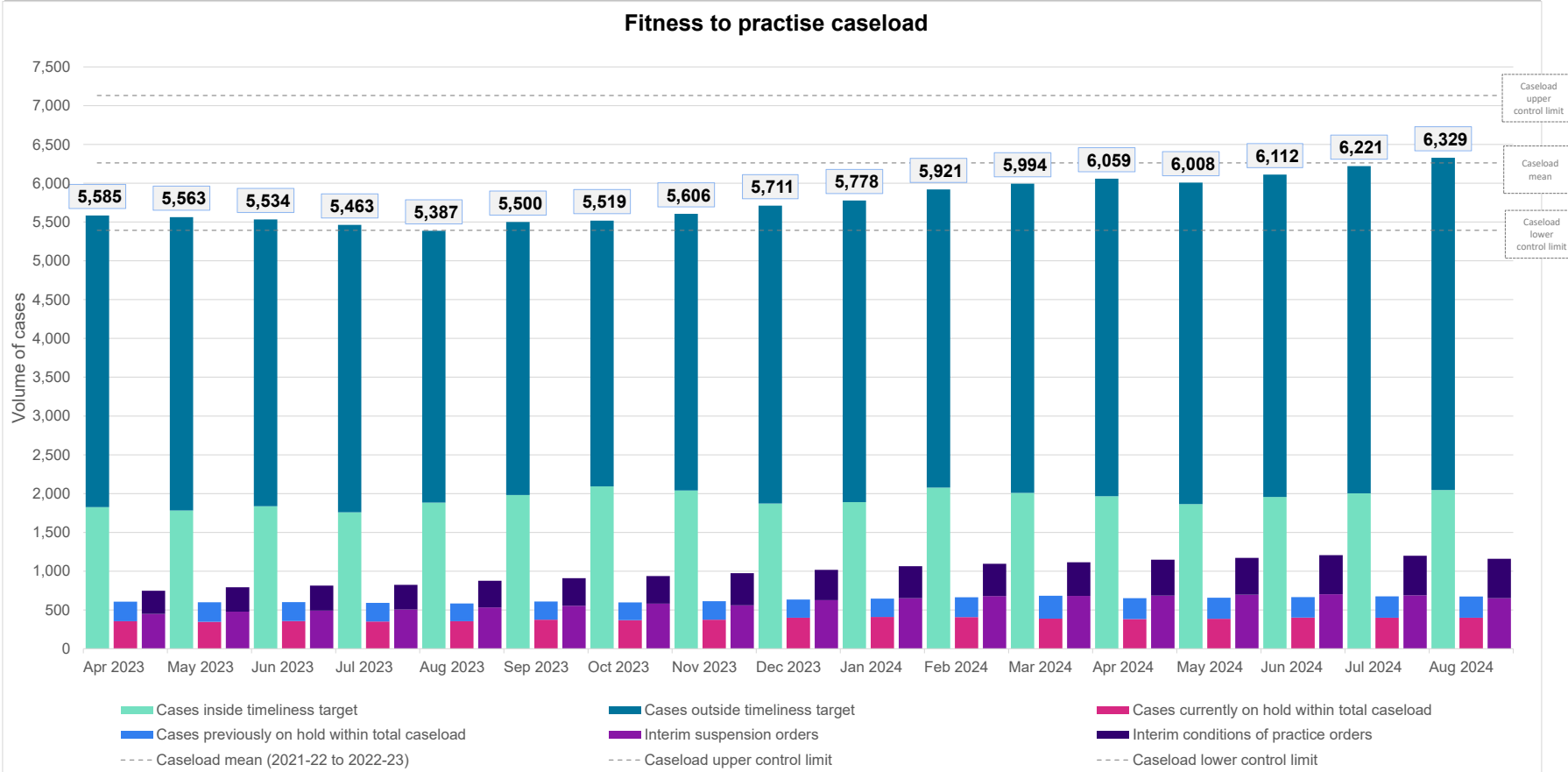
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|---|-----|-------------|---|
| | | | However, we have not identified any adverse implications of our approach which is to manage the caseload by progressing our highest risk and oldest cases as a priority. |
| Stakeholder implications and any external stakeholders consulted. | Yes | Para 3 & 44 | |
| Regulatory Reform. | Yes | | Swift and fair decisions in FtP are a prerequisite for effective delivery of regulatory reform and will ensure the teams are well placed to adjust to significant changes in ways of working. |

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Fitness to Practise Council performance dashboard August 2024

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

A1



Commentary August 2024

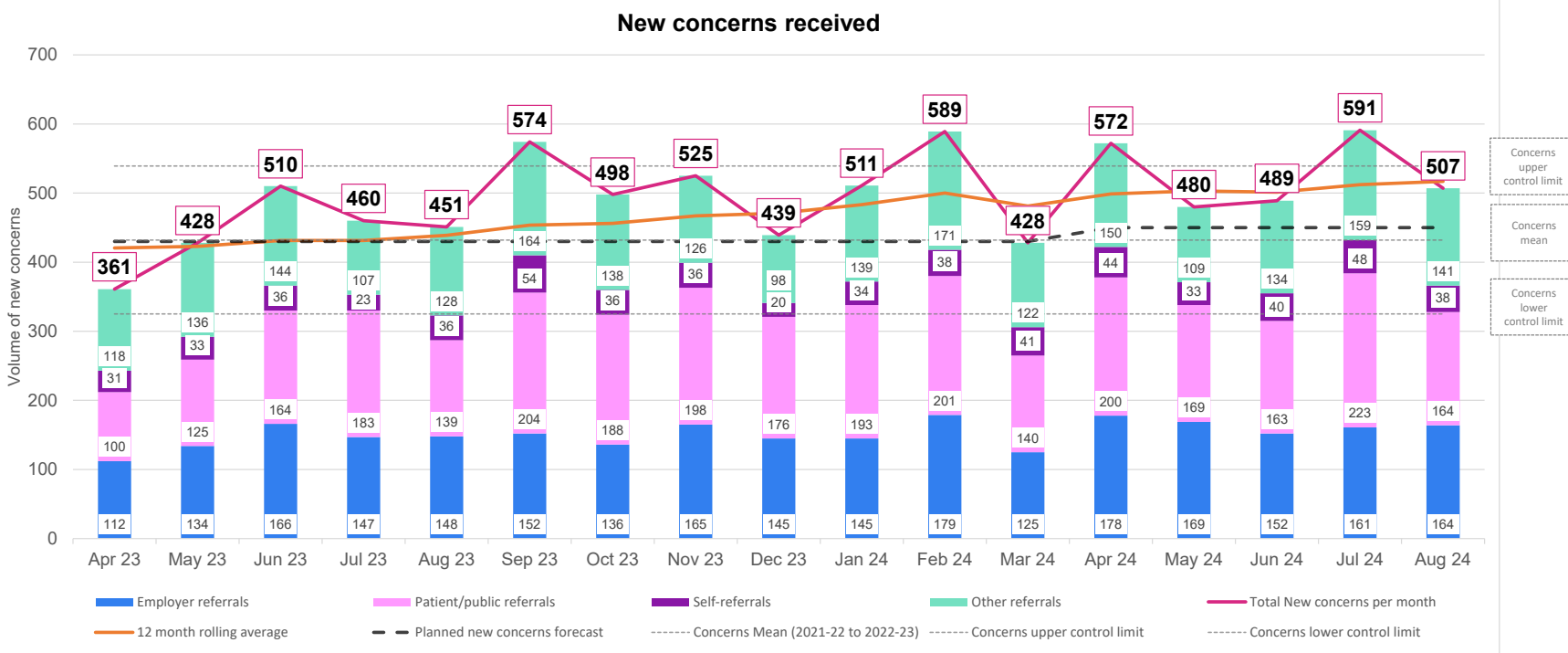
We have made a retrospective change to the caseload figures for the month of June 2024, due to a reporting issue where 53 cases were removed from the figures in error. The figures have been corrected above and our reporting quality assurance enhanced to prevent a similar occurrence in future.

Another correction we have made is to the data for interim orders for every month, due to changes in our reporting infrastructure. Previously our case management system had limitations on allowing us to report on the number of active interim orders within the caseload, but with recent changes to our registrations reporting systems we can now do this accurately. This means we were under-reporting in previous months in the chart. The under-reporting and previous limitations did not impact team processes, the accuracy of the register or patient safety. The data here indicates that interim order volumes have been increasing in recent months in line with the caseload growing.

Fitness to Practise Council performance dashboard August 2024

The chart below shows the total number of new concerns we have received into fitness to practise on a monthly basis, our rolling 12 month average for the concerns we have received and our planned forecast for referrals for the period. We have provided a breakdown of the new concerns by referrer type: employer; patient/public; self-referrals and other. The 'other' cohort includes the following: colleagues (nursing or midwifery), other health professionals, police, anonymous referrers, local authorities, educational institutes, the NMC and unknown referrers.

B1



C1 Monitoring and Compliance

Substantive order review caseload: 431
Undertakings caseload: 128

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

Commentary August 2024

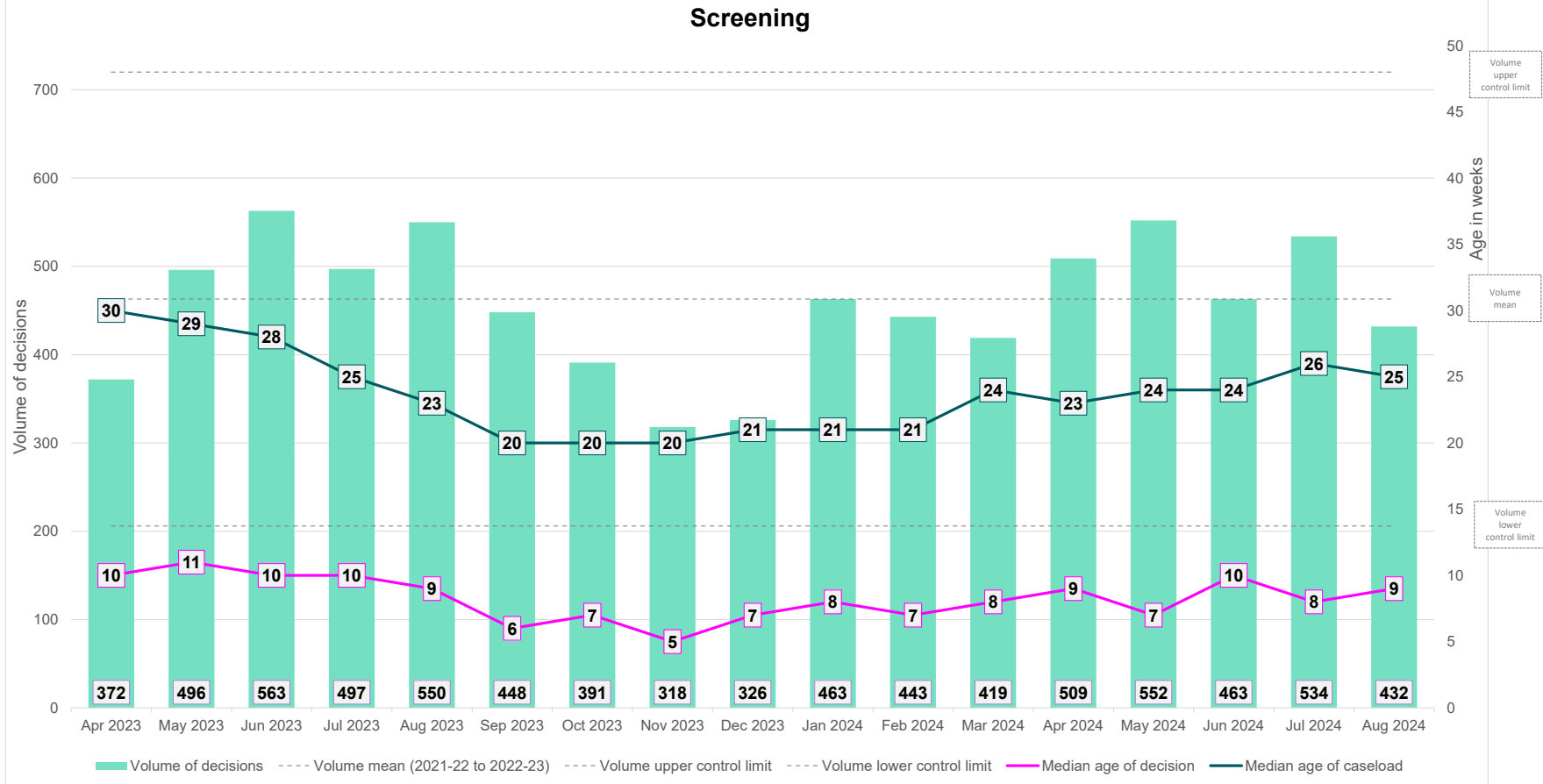
The format of this chart has been amended since the July 2024 Council meeting, to now include the breakdown of referrals each month by type. We will continue to use this format. The wording above the chart reflects this and explains the category of 'Other referrals'.

The largest proportion of our referrals is from patients/the public, with the next largest source of referrals being employers. Overall referrals have been on an upward trend over time, as illustrated by the 12 month rolling average line.

Fitness to Practise Council performance dashboard August 2024

The charts below provide a performance summary for the Screening stage of our fitness to practise process. The bar charts provide the total number of decisions or completed cases within the month, and the line charts show both the median age of decisions/completed cases in weeks and the other shows the median age of the open caseload at that stage. From 30 October 2023 onwards, the decisions also include the closure made by our Future Ways of Working when triaging concerns received through our member of the public online referral form.

D1



Commentary August 2024

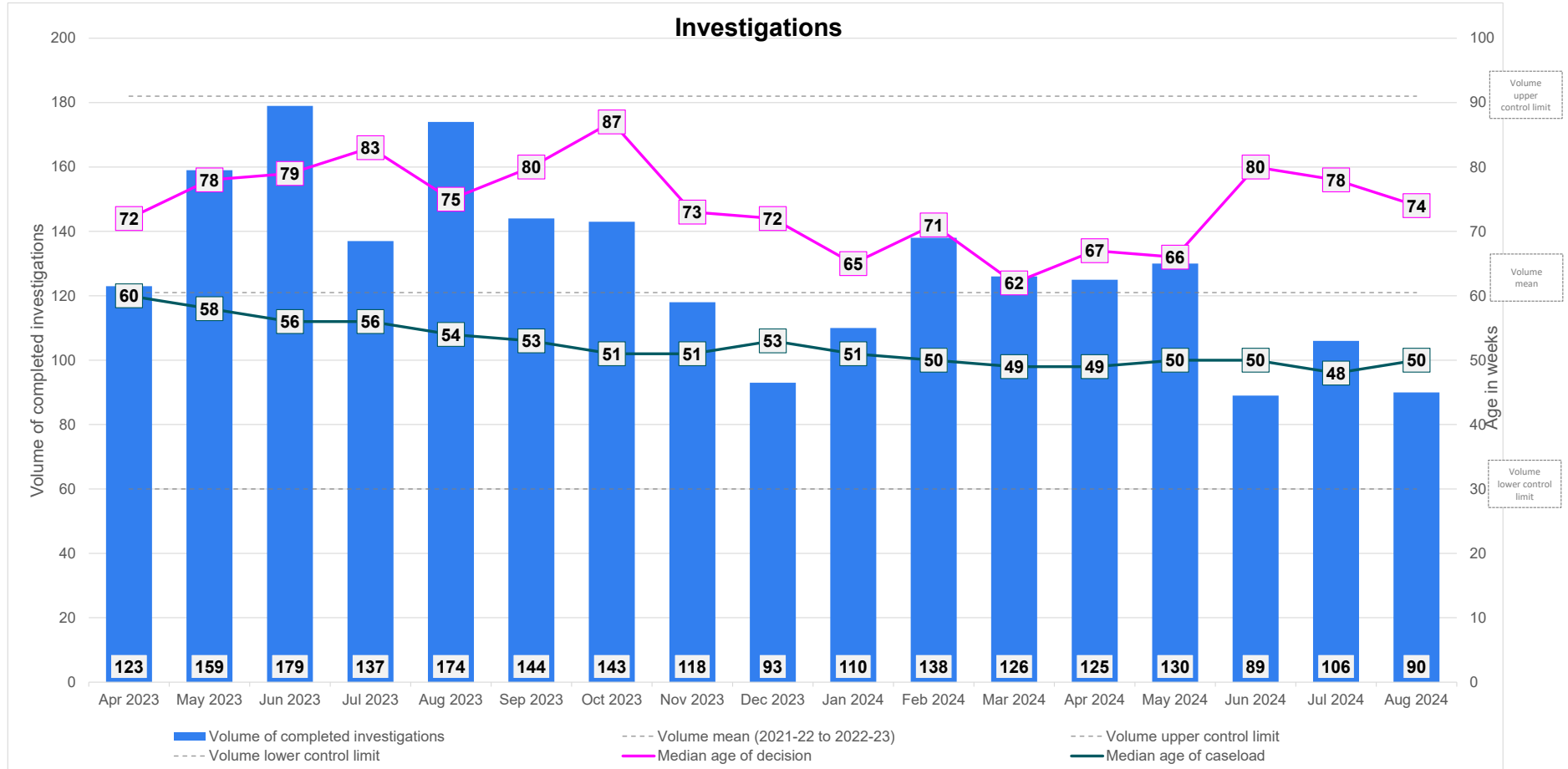
We saw a dip in decisions made in August which was expected due to higher amounts of annual leave in the team and also continuing to spend time in August with onboarding and quality checks with new starters who joined us in recent months. In September, we expect to see an increase in decisions as our newer colleagues take on more casework following their onboarding time.

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Fitness to Practise Council performance dashboard August 2024

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

D2



Commentary August 2024

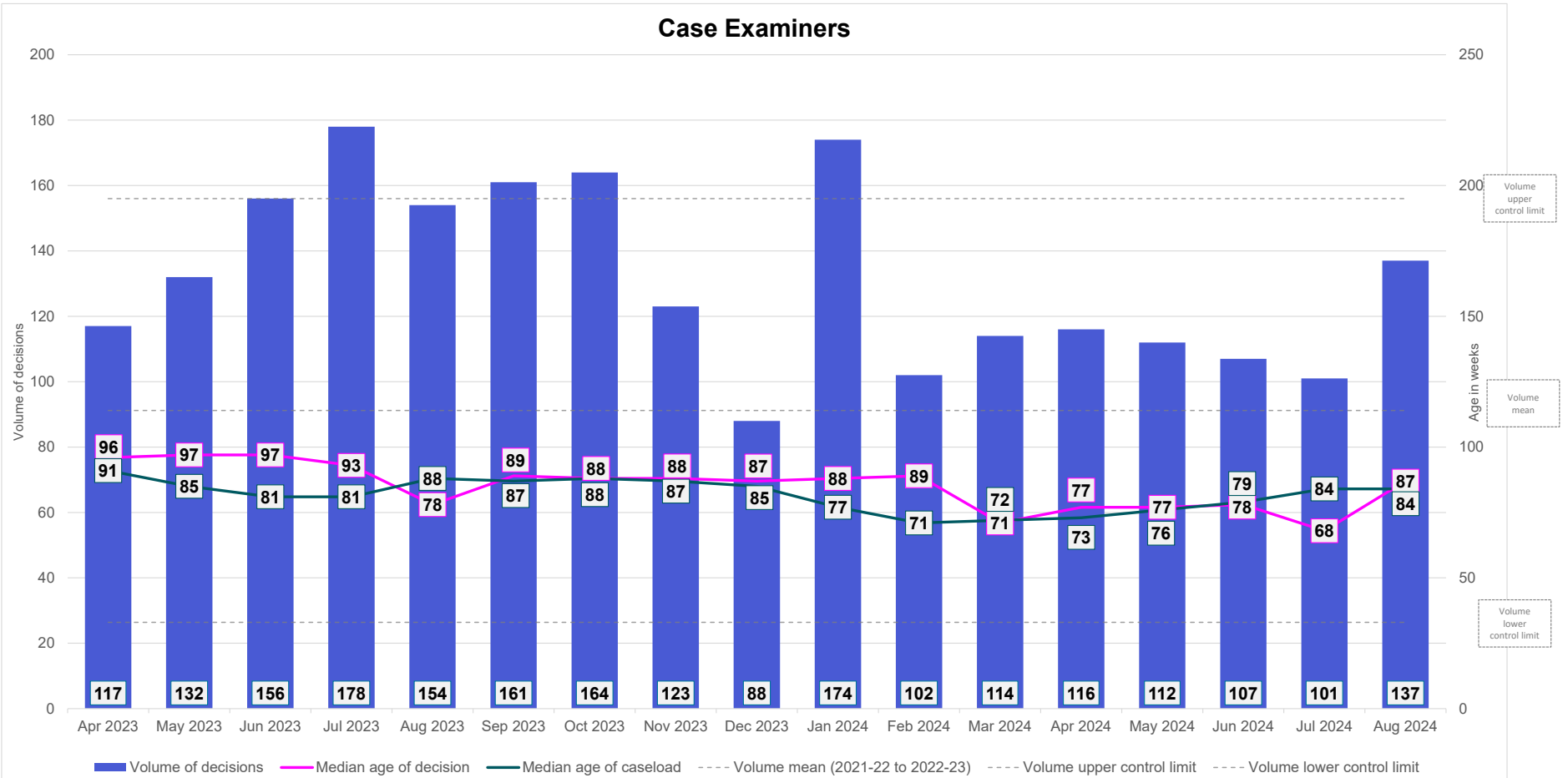
The volume of completed investigations (progressions) is down from previous months. In this team we are seeing a high turnover, with a number of colleagues moving to opportunities in other teams. This means there is some inexperience in the team and experienced team members are investing time in support and training for new members, which combines to impact on output levels. We are working to address our turnover and recruitment challenges.

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Fitness to Practise Council performance dashboard August 2024

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

D3



Commentary August 2024

The Case Examiners continue to progress cases quickly through the stage, with a lower caseholding compared to other stages.

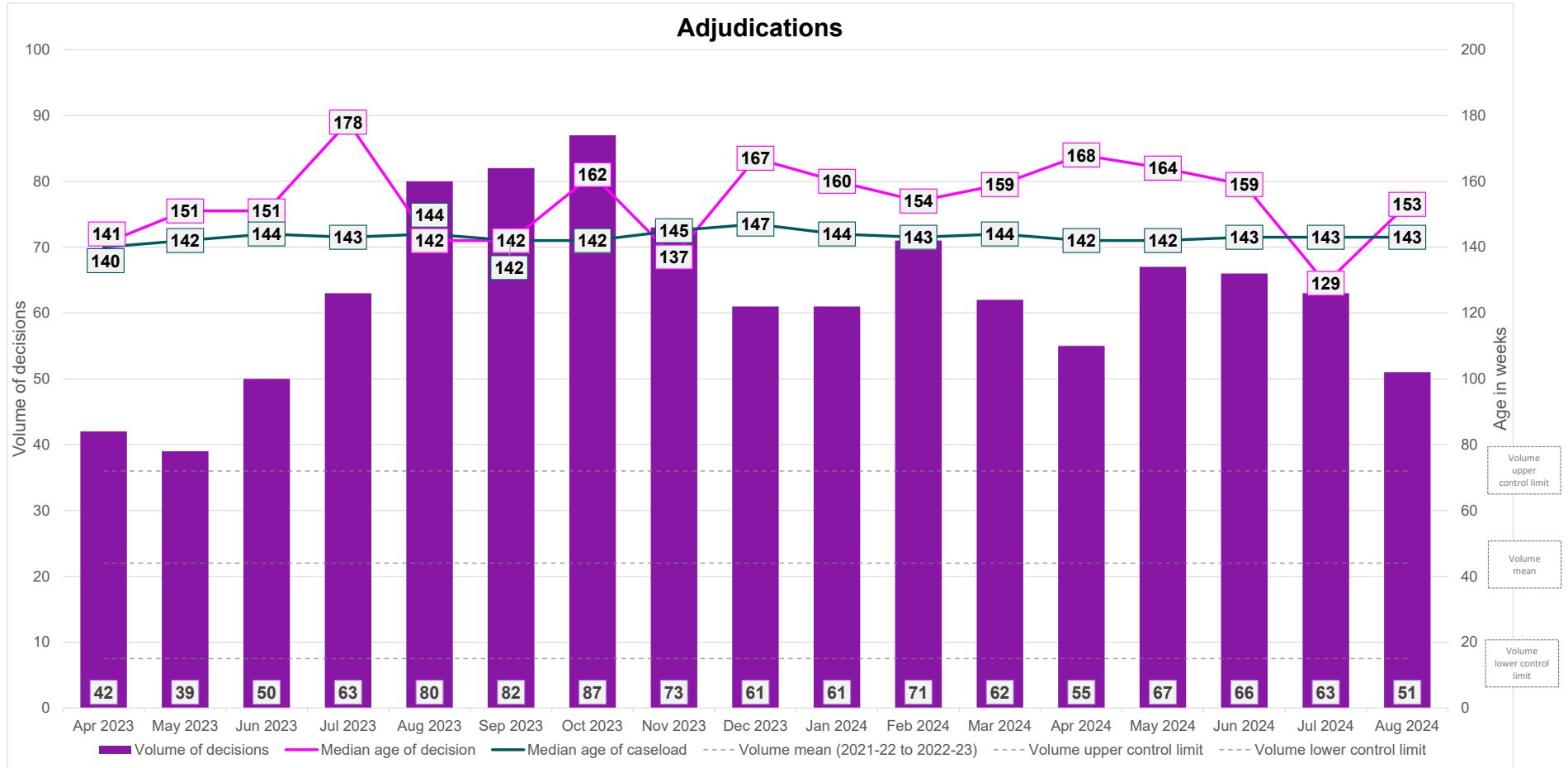
Decision numbers are lower than planned but this reflects the volume of cases available for the team to work on, rather than capacity issues within the team.

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Fitness to Practise Council performance dashboard August 2024

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

D4



Commentary August 2024

The median age of decision has been on a downward trend overall for the last few months. We expect an improvement in outputs for September with a maximum potential number of 71 decisions, a reflection of our efforts to list as many hearings as possible for the month.

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Council

Education quality assurance update, risks and mitigations

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| Action requested: | <p>Provides an update on education quality assurance (EdQA). This includes:</p> <ul style="list-style-type: none">• Progress on transition to the new EdQA service provider.• The outcome on the mandatory exceptional reporting analysis.• Risks and mitigation to EdQA and progressing continuous improvement to this core regulatory function. <p>For decision</p> <ul style="list-style-type: none">• The Council is asked to note the progress to onboard the new QA service provider (see paragraphs 3-13).• The Council is recommended to approve a six month extension to the original transitional arrangements for major modification to pre-registration programmes meaning that the transition period will end on 31 July 2025 (see paragraph 10).• The Council is asked to note the outcome and risk measures of the exceptional mandatory reporting management regarding three key aspects of pre-registration programme delivery (see paragraphs 14- 54). <p>The Council is also asked to note the new issue arising from the analysis undertaken, together with the proposal to co-produce a policy position on student breaks when on approved programmes (see paragraphs 45-50)</p> |
| Key background and decision trail: | <ul style="list-style-type: none">• This paper provides an update on progress now we have moved to a new EdQA service provider following an extensive period with the previous EdQA supplier that covered several contractual terms.• The Council approved the award of the EdQA contract to the Quality Assurance Agency for Higher Education (QAA) on 26 March 2024 (NMC/24/21c).• This paper provides an update the outcome of the mandatory exceptional reporting analysis plus an update on the risks to EdQA delivery and the mitigation in place to manage the risks and inform |

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| | <p>plans for embedding continuous improvements to our EdQA core regulatory function.</p> <ul style="list-style-type: none"> • This paper links to Corporate risk around education concerns management: <i>We fail to take appropriate or timely action to address a regulatory concern regarding the quality of nursing or midwifery education.</i> (REG22/04). • We are working closely with the Council of Deans for Health (CoDH) and are engaging with specific individual approved education institutions (AEIs). | | | | | |
| <p>Key questions:</p> | <ul style="list-style-type: none"> • What progress has been made in transitioning to the new EdQA supplier – QAA? • What is the outcome of exceptional mandatory self-reporting analysis? • What additional risk mitigations are we putting in place to provide ongoing continuous improvements to EdQA? • What engagement and collaboration has been sought from external stakeholders since April 2024 and what are our plans for ongoing communication and engagement? | | | | | |
| <p>Annexes:</p> | <p>None.</p> | | | | | |
| <p>Further information:</p> | <p>If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.</p> <table border="1" data-bbox="378 1346 1402 1641"> <tr> <td data-bbox="378 1346 857 1496"> <p>Author: Anne Trotter Phone: 020 7681 5779 anne.trotter@nmc-uk.org</p> </td> <td data-bbox="857 1346 1402 1496"> <p>Executive Director: Sam Foster Sam.foster@nmc-uk.org</p> </td> </tr> <tr> <td data-bbox="378 1496 857 1641"> <p>Author: Linda Everet Phone: 0207 681 5068 linda.everet@nmc-uk.org</p> </td> <td data-bbox="857 1496 1402 1641"></td> </tr> </table> | | <p>Author: Anne Trotter Phone: 020 7681 5779 anne.trotter@nmc-uk.org</p> | <p>Executive Director: Sam Foster Sam.foster@nmc-uk.org</p> | <p>Author: Linda Everet Phone: 0207 681 5068 linda.everet@nmc-uk.org</p> | |
| <p>Author: Anne Trotter Phone: 020 7681 5779 anne.trotter@nmc-uk.org</p> | <p>Executive Director: Sam Foster Sam.foster@nmc-uk.org</p> | | | | | |
| <p>Author: Linda Everet Phone: 0207 681 5068 linda.everet@nmc-uk.org</p> | | | | | | |

Education quality assurance update, risks and mitigations

Discussion

- 1 Education Quality Assurance (EdQA) is one of the primary ways that we protect the public. We approve education institutions in partnership with their practice learning partners to design, deliver and manage programmes that meet our standards. We then continue to monitor those programmes to ensure that students are supported and taught to provide safe, kind and effective care. We take action where our standards are not met.
- 2 The vision for the education quality assurance service is for every nursing and midwifery student to have the best possible education and training journey to set them up well for professional practice and a successful career that enables them to provide support and care for the people they serve. We will seek to achieve this by supporting AElS and their practice learning and employer partners to deliver programmes that meet our Standards and offer timely, supportive and restorative approaches to mitigate concerns and risks that emerge.

Progress on transition to the new EdQA service provider

- 3 As the previous EdQA supplier contract was coming to an end on 31 August we undertook and successfully completed a full tender procurement exercise and evaluation for a new EdQA service provider. In March 2024 the contract was awarded to the Quality Assurance Agency (QAA).
- 4 To ensure continuity of the NMC's EdQA function a transition oversight group with representation from across the NMC was established in May 2024 to successfully manage a safe transition from the previous EdQA service provider, (Mott MacDonald (MM) who have held previous EdQA contracts for many years) to QAA our new EdQA service provider.
- 5 The new contract was signed by both the NMC and QAA in July 2024 following a short delay due to the contract terms and conditions negotiation process. This left six weeks for formal onboarding of QAA before the 1 September contract start date, however weekly informal meetings with the QAA sought to both support implementation and mitigate risks to ensure business continuity. We continue to support QAA and gain assurance on successful recruitment to the QAA's core team and QA lay and registrant visitor recruitment, and in ensuring that scheduling of EdQA visits is progressing in line with published processes and with minimal disruption.
- 6 Recruitment, scheduling and understanding QAA's plans for operationalising EdQA activity has been a constant focus for our discussions with QAA as a high volume of AElS are seeking programme approval/major modification of existing programmes.

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- 7 A small number of AElS are seeking approval of post-registration programmes beyond the agreed transitional arrangements which concluded on 31 August 2024 [See NMC/22/42 Council paper]. All post-registration programmes planning to start their new programmes in September 2024 have gone through the NMC gateway programme approval process. QAA are presently prioritising the scheduling of post-registration programme approvals to enable spring 2025 new programme start dates to be met. This is subject to our standards being met and programme approval being awarded.
- 8 On 1 September we withdrew previously approved post-registration programmes that were approved against the previous 2004 and 2001 standards meaning that no new students can enrol onto these previously approved programmes that met those older standards but existing students can complete the programme they started.
- 9 Other applications for programme approval are due to changes to our pre-registration programme standards that the Council approved in January 2023 and are in line with agreed transitional arrangements [See NC/23/08 Council paper]. QAA are equally seeking to prioritise scheduling for these pre-registration programmes.
- 10 As a result of the high volume of pre-registration major modification requests we **recommend** that Council approve a six month extension to the original transitional arrangements for major modification to pre-registration programmes meaning that the transition period will end on 31 July 2025 instead of the original 31 January 2025. This will provide more time for the major modifications to be considered by QAA.
- 11 There has been a necessary focus on prioritising programme approval and modifications with plans in place to finalise our improved approach to programme monitoring with QAA. Where concerns are already known to us and/or action plans are in place we will continue to monitor progress in line with those plans to ensure that ongoing protection of the public can be assured.
- 12 QAA has significant experience undertaking quality assurance of higher education institutions and programmes. Throughout their onboarding we have recognised the need to ensure they become familiar with quality assuring professional regulator requirements that meet the standards and requirements of healthcare professions. This necessitates a deeper understanding both of the role of the Standards and that their QA visitors are representing the NMC. We are therefore providing additional more intense support in this area as the new service beds in. We are also keen to learn from QAA's experience and will be working closely with them on improving our approach to monitoring.
- 13 In addition, and by way of update we have:
 - 13.1 Successfully managed the exit of the Mott Macdonald contract, including the safe transfer/return of EdQA information and data, and removal of their

access to QA Link.

13.2 Secured a one month extension ending on 30 September 2024 for Mott MacDonald to conclude specific reporting on QA activity that they undertook on our behalf prior to the conclusion of the contract on 31 August 2024.

13.3 Updated the NMC website to reflect QAA as our new EdQA service provider.

13.4 Published a refreshed [QA framework](#) into the new visual identity with improved accessibility. This framework sets out the NMC's strategy for quality assurance and gives a helpful overview of the four-stage approval process, which the NMC refers to as the 'Gateways'

13.5 Worked closely with QAA to support the development of their operational EdQA handbook, ongoing support for recruitment and selection and training materials for registrant and lay QA visitors

13.6 Provided QAA with NMC induction sessions that included who we are and what we do, our corporate priorities and values and behaviours

13.7 Ensured that QAA prioritise scheduling of new programme approvals and major modification of existing programmes.

13.8 Considered plans to introduce student visitors and agreed a way forward.

13.9 Established ways of working and confirmed contract management arrangements now that the new EdQA contract has gone live.

13.10 Provided regular updates to approved education institutions on progress.

Outcome on the mandatory exceptional self-reporting analysis

14 In spring 2023 we used our power to withdraw approval of the pre-registration midwifery programme at Canterbury Christ Church University (CCCU) (See NMC/23/23 Council paper). Later in August 2023 we discovered that their pre-registration nursing programme had been miscalculating practice learning hours meaning that completing students had to make up additional hours before being able to apply to join the register. This discovery also had an impact on CCCU graduates who had already joined the register. A proportionate, person-centred approach was undertaken to mitigate the risk of incorrect entry to the register.

15 In autumn 2023 we reminded all AElS to self-report any similar miscalculation within their approved pre-registration programmes. At that time no additional exceptional self-reporting was submitted or noted.

16 We cannot underestimate the impact of regulatory decisions taken regarding CCCU nursing and midwifery programmes and the corresponding impact on their students and graduates. The implications of these actions to ensure public protection and the safety of people who use services have reverberated across the nursing and midwifery higher education sector to this day with nursing and midwifery students increasingly voicing their concerns to AElS, and to the media.

17 An extraordinary review monitoring visit at one AEI in March 2024 identified certain themes of concerns. We then wrote to all AEIs and required they provide details on three main areas of all nursing, midwifery and nursing associate programme delivery:

17.1 Wrongly counted parts of their programme as 'simulated practice learning hours' for activities that do not meet [standards for pre-registration nursing programmes](#) and [standards for student supervision and assessment](#) (SSSA) in nursing programmes

17.2 Used reflection for practice learning across nursing, and [nursing associate programmes](#), and [midwifery programmes](#) that do not meet SSSA.

17.3 Used any satellite sites that have not been approved for one or more NMC programme.

18 This information was sought to enable us to determine whether programme delivery met pre-registration standards and our standards for student supervision and assessment (SSSA)

Outcome of analysis

19 We received initial returns from 94 AEIs. Following requests for the missing information further analysis *and* cross mapping to other QA reporting was undertaken.

20 This included mapping and cross referencing to: extraordinary reviews, known programme monitoring and existing action plans and associated documentation, other emerging and known critical concerns, Annual Self-Reporting (ASR) for the 2021-2022 and 2022-2023 academic year, a review of AEI RN5 and RN6 AEI status (this latter point speaks to recovery standards that provided additional flexibility for simulated practice learning in pre-registration nursing programmes during the Covid-19 pandemic), together with triangulation with the original programme approval and any major modifications documentation and information pertaining to the original programme approval.

21 This has been a highly complex analysis to do, not least due to the number of programme routes that are available and have been approved previously in our ambition to move to be outcome focused.

22 Additionally the analysis has also been hampered by and highlights the lack of a single version of the truth in relation to EdQA documentation, data and intelligence. Currently EdQA documentation and information is collected and stored in multiple places meaning that manual approaches had to be taken to establish accuracy and accurately identify and mitigate risk. This drawback also highlights the limited progress in our ambition to having a data driven approach to EdQA.

23 Despite the methodological challenges faced we have completed a rigorous stocktake of all pre-registration programme provision currently approved. This

involved 95 AEs and covered 1128 pre-registration programmes across the UK. (NB: The remaining AEs do not run pre-registration programmes).

- 24 As indicated previously strategic risk Reg22/04 relates to the failure to address appropriately or timeously, regulatory concerns regarding the quality of nursing or midwifery education and training. The likelihood and impact of the strategic risk are currently rated as high. The mandatory exceptional self-reporting has enabled us to identify potential instances of concerns about the quality of education and training thereby reducing the likelihood and impact of the risk.

Approach to risk management and mitigation

- 25 In completing the analysis of the mandatory exceptional self-reporting submissions alongside the wider EdQA documentation and information, we developed our approach to managing the impact of potential risks arising from use of unapproved simulated practice learning hours, reflective practice and alternate learning locations. We also assessed the overall impact of any shortfall in programme hours including where this may have been due to the inclusion of breaks. We discussed our initial assessment with the Council of Deans of Health (CoDH) to test and challenge who agreed the appropriateness of the approach to manage the risks arising in a safe, fair and proportionate way.

- 26 The internal working group comprised colleagues from across Professional Practice, General Counsel and Communications & Engagement. Development of the approach was informed by the corporate risk management framework which has an open appetite to risk and mitigation. The approach was shared with the Corporate Planning and Delivery Manager who also attended the discussion with CoDH.

- 27 The starting point of the approach is to recognise that professionals on the register and students who have had their learning outcomes approved and confirmed by their AEs meet our proficiency standards and that they are therefore fit to join and be on the register.

- 28 Where an AEI is not, or is at risk of not, meeting the standards for student supervision and assessment (SSSA) and/or pre-registration programme standards the risk is an adverse impact to a student's learning journey and experience. And while this is of concern and needs remedy, the impact of standards not being met is not so significant that any shortfall in hours does not elevate patient safety risks.

- 29 Although *'hours are seen as a proxy for quality'* this is not the sole measure or indicator, instead they indicate the appropriate opportunity for achieving the relevant standards of proficiency.

- 30 The risks to the student experience indicated through a shortfall in hours may be mitigated by taking a holistic view of the practice learning environment and the support available. Our Rules allow us a broad discretion in our approval of programmes which we have applied to take this holistic view together with the

corporate open approach to risk in determining appropriate mitigations.

- 31 Broadly, we are intending to rely upon confirmations from AEs that while unapproved activity may be taking place, our standards continue to be applied to that activity. We will follow up through monitoring to retrospectively ratify the provision. This approach relates to instances of:
- 31.1 Learning being delivered at an unapproved site where we've had confirmation that the programme delivery and resource at that site is in line with provision at approved locations, and
 - 31.2 Simulated practice learning and reflective practice which are delivered in line with the approved programme provision and within levels allowed by our education and training standards.
- 32 This approach seeks to manage any unwarranted variations in approved programmes and their delivery and management by AEs and their practice learning partners. As an example, our approach to quality assurance requires use of simulated practice to be specifically approved with a maximum number of hours allowed. This was due to the need for us to comply with EU regulations when the UK was in the EU. However, no other form or delivery of practice learning requires any such specific approval. This variation in approach to approval has, to some degree, driven this concern to arise.
- 33 In developing this approach we have been mindful of any unintended consequences and inconsistency with previous mitigation or remedies. We have not seen a recurrence of the specific circumstances that existed for CCCU in the mandatory exceptional self-reporting submissions and are therefore satisfied that this proposed approach isn't inconsistent.
- 34 Furthermore, in remedying any risks that do arise we are considering the students' experience throughout. The students have, in good faith, entered approved programmes and our approach seeks to honour their applications while balancing the risk to the safety of people who use services and the public, and newly qualified professionals and their ability to practice effectively when they join the register.
- 35 Although it appears that misinterpretation and some non-compliance with our education and training standards may have occurred there have been no instances where there has been any suggestion of risks to the public or people using services.
- 36 We were able to stratify the findings by profession and by country, and triangulated by response specific to the questions posed via mandatory self-reporting i.e. wrongly counted parts of their programme as 'simulated practice learning hours' for activities that do not meet [standards for pre-registration nursing programmes](#), use of reflection for practice learning across nursing, and [nursing associate programmes](#), and [midwifery programmes](#) that do not meet SSSA, and use of

satellite sites that have not been approved for one or more NMC programme. We intend to publish an executive summary of our findings later this autumn.

Issue one: Use of non approved satellite sites

37 Two AEIs were impacted: The risk of a significantly adverse impact to student journey and learning outcomes is minimal, if the site is operating in line with the programme delivery on the main approved campus sites.

38 The proposed approach agreed was self-declaration that unapproved satellite site is delivering in line with approved standards - and that we will continue to monitor this as part of our agreed non-urgent monitoring process via annual self reporting. Both AEIs are now currently compliant.

Issue two: Simulated practice learning for nursing programmes where AEI is not approved, or delivery exceeds the approved hours and the practice doesn't meet our definition

39 Initially seven AEIs were identified as being at risk of not meeting relevant standards. The risk of a significantly adverse impact to the student journey and learning outcomes varies, depending on the quality and volume of the simulation. The risk scale is from minor to moderate, dependent on the scenario in each individual AEI meaning the proposed approach had to be AEI specific with the NMC providing specific support to deliver an agreed action plan. Alongside this and as required the individual AEI will become a priority for seeking a major modification to their programme.

40 Following the mapping there are now two AEIs who're delivering more simulated practice learning than has been approved. We are assured that while excess hours are being delivered, the simulated practice learning is proportionate and continue to meet the standards for student supervision and assessment. We'll use the additional information to decide on the most appropriate and proportionate way for activity to be approved and to support AEIs to be brought into assured compliance as soon as possible.

Issue three: use of reflection for practice learning across nursing, and nursing associate programmes, and midwifery programmes that do not meet SSSA

41 Initially five AEIs were identified as being at risk of not meeting relevant standards. The risk of a significantly adverse impact to the student journey and learning outcomes is moderate, if inappropriate disparities for reflective practice arrangements are in place.

42 Following the mapping there are now four AEIs who are delivering reflective practice through practice related activity. Our assessment of that activity is that contributes effectively to students' learning and that the standards for student supervision and assessment are applied.

42.1 We have recognised that further clarity is needed on reflective practice and propose therefore to co-produce a policy position on reflection that supports student learning in line with our standards.

42.2 This line of enquiry raised a wider issue where 'Practice related activities' were identified and we sought and obtained additional information about the specific practice related activities.

42.3 What we found that these are not a traditional view of practice learning nor are they learning in practice or simulated practice learning (SPL).

42.4 As a result our understanding of practice related activity is evolving however we can be assured that practice learning activities contribute to students' learning where there's evidence that learning is taking place in line with proficiency standards and SSSA is applied. Furthermore the practice learning is, structured, productive and supervised, appropriate guidance is provided and is AEI directed and students are supported through the practiced related learning. And this will be reflected in our policy position.

43 As a result of the requirement for mandatory exceptional self-reporting some AEIs have already taken action to restore hours and therefore minimise the risk of final year students being delayed in completing their programme in order to be safely uploaded onto the register. This includes one AEI who is being actively supported to meet their action plans where decisions have already been taken to extend students programme of study.

44 We are also working closely with this AEI and their practice partners/employers to finalise the approach we will take to approach graduates that may have incorrect entries in line with the proportionate, person-centred approach taken at CCCU.

45 Furthermore there was one AEI where the response to mandatory self-reporting indicated fewer than 2,300 programmed hours were being delivered. Following engagement with this AEI this issue was successfully resolved, and assurance was achieved.

46 All 95 AEIs have now been individually written to outlining the outcome of the analysis on their pre-registration provision together with offers of support and ongoing monitoring that may need to take place.

47 In concluding this analysis we have ascertained that no additional students expected to complete this autumn will be delayed in doing so.. This outcome is predicated on the customary assurances in line with individual AEI academic regulation and in providing assurance that all our standards and requirements have been met on completion of the programme.

Counting of breaks within programme hours

48 Although we did not ask any specific question pertaining to students and the allocation of breaks a significant number of AEIs provided this information when

they responded to the exceptional mandatory self-reporting.

49 Given the variation between employers and employment conditions, we have not issued formal guidance on breaks as breaks do not feature in our standards. We have however shared our agreed position that students are entitled to breaks and the time is important for their wellbeing and should not be included in practice learning hours.

50 As a result of the analysis we have been undertaking we are now aware that some AElS do include breaks. In some instances, we have formally approved their inclusion and in some cases we have formally approved programmes that do not include breaks. There are also times when we have no formal position when approving a programme as no mention of breaks was reported during individual programme approval activity.

51 We are aware that a Scotland-wide approach for AElS to include breaks within practice hours exists. Additionally, this issue has become more acute given the increase in apprenticeship programme routes in England given individuals having employment status while also being a student on a NMC pre-registration programme.

52 We are also mindful of the potential impact of a binary policy of not including breaks as practice hours on people with protected characteristics for whom this may result in a shortfall in overall practice hours. We therefore advocated a commonsense approach to not cause inequalities and discrimination.

53 We are therefore managing this issue differently and accept some variation exists however AEl oversight is in place. We will co-produce a policy position on student breaks for the forthcoming academic year and work with CoDH and other stakeholders on any next steps.

Summary

54 In summary the outcome of the exceptional mandatory reporting highlights the complexity involved in ensuring ongoing assurance of nursing and midwifery programme delivery. We will continue to strengthen and develop a coherent policy position on approaches to the use of reflection in nursing and midwifery programmes. We are however confident that students joining the register continue to meet our standards of proficiency and that no deviations from the standards for student supervision and assessment are so serious or remain unmitigated.

Next Steps

55 The next quarterly report to Council on EdQA activity is due in November where we will update on activity and ongoing management of risks. This will include a discussion on the outcome of RN5 and RN6 reporting of SPL over the last year.

56 We will publish an executive summary of the exceptional mandatory self reporting analysis on the NMC website.

57 The outcomes and findings of the exceptional mandatory self reporting analysis will inform the practice learning review project. These findings will be discussed by the independent steering group to inform any recommendations and next steps.

58 We have submitted a business case to Executive Board to outline the resources needed to stabilise and deliver the improvements to our EdQA function and are awaiting the outcome of this.

59 We are establishing a UK wide EdQA reference group who will support and advice on our EdQA improvements.

Implications

The following were considered when preparing this paper:

| Implication: | | Location if in paper: | Content if not in paper: |
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| Public protection/impact for people. | Yes | Throughout and specifically see paras 1,11,16, 34, 35 | Improved ability to identify and respond to risks that education programmes do not meet our standards resulting in education and training that doesn't adequately prepare future registrants. |
| Safeguarding considerations | Yes | | Improved ability to identify and respond safeguarding risks reported to us. |
| The four country factors and considerations. | Yes | See para 23 | Delivery of EdQA is a UK wide function Mandatory exceptional self-reporting was required across the UK. |
| Resource implications including information on the actual and expected costs involved. | Yes | | A budget pressure of £320k for 2025/26 will need to be considered as part of |

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| | | | <p>business planning and prioritisation.</p> <p>Additional support resource required.</p> <p>Additional costs for IT and data to be identified.</p> |
| Risk implications associated with the work and the controls proposed/ in place. | Yes | See para 2, 5, 14, 22, 24, 25, 26, 28, 30, 35, 37, 39, 41, 43 | Risk and risk mitigation for EdQA is identified throughout the paper |
| Legal considerations. | Yes | | <p>All quality assurance of education must be in line with our legislative framework.</p> <p>Proposed process changes will remain with our existing Rules.</p> |
| Midwives and/or nursing associates. | Yes | | <p>Education quality assurance includes programmes across each of the three professions.</p> <p>The exceptional mandatory self reporting incorporated all pre-registration nursing, midwifery provision across the UK and nursing associate provision in England.</p> |
| Equality, diversity, and inclusion. | Yes | | All NMC standards for education and training requires AEs to be compliant with all legislation, including the Equality Act (2010) and the Disability |

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| | | | Discrimination Act in Northern Ireland. This is reviewed in line with our QA framework. |
| Stakeholder implications and any external stakeholders consulted. | Yes | See paras 25, 26, 53 | We have regularly updated DHSC and UK wide CNOs and CMidOs on exceptional mandatory self reporting analysis |
| Regulatory Reform. | | | Current proposed regulatory reform changes are limited in scope.. As we develop our thinking on the new ways of working as we move towards EdQA that offers assurance and focuses on restorative and supportive approaches we will identify areas where legislative change may be required to support more effective improvements. |

Cyngor

Adroddiad Monitro Blynyddol Rheoliadau Safonau'r Gymraeg 2023 - 2024

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| Cam gweithredu y gofynnwyd amdano: | <p>Ynghyd â rheoleiddwyr proffesiynol gofal iechyd statudol eraill sy'n gweithredu yng Nghymru, mae'r NMC wedi bod yn ddarostyngedig i Reoliadau Safonau'r Gymraeg (Rhif 8) 2022 ers 6 Rhagfyr 2023.</p> <p>Mae'r safonau'n ei gwneud yn ofynnol i ni gyhoeddi adroddiad blynyddol yn amlinellu sut rydym wedi cydymffurfio â safonau penodol yn unol â chais Comisiynydd y Gymraeg o fewn chwe mis i ddiwedd y flwyddyn ariannol.</p> <p>Mae'r adroddiad (Atodiad 1) yn rhoi gwybodaeth am y safonau y mae'n rhaid i ni adrodd arnynt yn ogystal â manylion ychwanegol ar sut rydym yn gweithio i hwyluso'r defnydd o'r Gymraeg yn ogystal â'n hymgyssylltiad â rhanddeiliaid yng Nghymru.</p> <p>I'w benderfynu</p> <p>Argymhellir bod y Cyngor yn cymeradwyo Adroddiad Monitro Blynyddol Rheoliadau Safonau'r Gymraeg 2023 – 2024.</p> <p>Disgwylir i'r adroddiad gael ei gyflwyno i Gomisiynydd y Gymraeg a'i gyhoeddi ar wefan yr NMC erbyn 30 Medi 2024.</p> <p>Gofynnir i'r Cyngor ddirprwyo penderfyniadau yn y dyfodol i gymeradwyo Adroddiad Monitro Blynyddol Rheoliadau Safonau'r Gymraeg i'r Prif Weithredwr a Chofrestrydd.</p> |
| Cefndir allweddol a llwybr penderfynu: | <p>Mae'r papur hwn yn ddiweddariad blynyddol i'r Cyngor. Roedd diweddariadau blynyddol blaenorol yn ymwneud â'r Cynllun Iaith Gymraeg, fodd bynnag, mae hwn bellach wedi'i ddisodli gan Reoliadau Safonau'r Gymraeg (Rhif 8), rydym wedi bod yn ddarostyngedig iddynt ers 6 Rhagfyr 2023.</p> <p>Mae'r papur hwn wedi'i adolygu gan aelodau'r Bwrdd Gweithredol ac wedi'i gymeradwyo gan y Cyfarwyddwr Gweithredol Pobl ac Effeithiolrwydd Sefydliadol ar 27 Awst 2024.</p> <p>Roedd ffrwd waith Safonau'r Gymraeg yn ymrwymiad corfforaethol allweddol ar gyfer y flwyddyn 2023-2024, ac adroddwyd ar gynnydd i'r Bwrdd Gweithredol a'r Cyngor.</p> |

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| | <p>Mae ein cydymffurfedd â'r safonau yn sicrhau ein bod yn hwyluso a hyrwyddo'r defnydd o'r Gymraeg ac nad ydym yn trin y Gymraeg yn llai ffafriol na'r Saesneg. Mae hyn yn hanfodol i sicrhau bod siaradwyr Cymraeg yn cael cyfle cyfartal i ymgysylltu â'r NMC.</p> | |
| <p>Cwestiynau allweddol:</p> | <ul style="list-style-type: none"> • Pa weithgarwch y mae'r NMC wedi'i wneud i sicrhau cydymffurfedd â Rheoliadau Safonau'r Gymraeg newydd erbyn 6 Rhagfyr 2023? • Rhwng 6 Rhagfyr 2023 a 31 Mawrth 2024, pa ddata a gasglwyd gan yr NMC mewn perthynas â'n cydymffurfedd â Safonau'r Gymraeg? • Rhwng 1 Ebrill 2023 a 31 Mawrth 2024, sut mae'r NMC wedi ymgysylltu â rhanddeiliaid yng Nghymru? | |
| <p>Atodiadau:</p> | <p>Mae'r atodiad canlynol ynghlwm wrth y papur hwn:</p> <ul style="list-style-type: none"> • Atodiad 1: Adroddiad Monitro Blynyddol Rheoliadau Safonau'r Gymraeg 2023-2024 | |
| <p>Gwybodaeth bellach:</p> | <p>Os oes angen eglurhad arnoch am unrhyw bwynt yn y papur neu os hoffech gael rhagor o wybodaeth, cysylltwch â'r awdur neu'r cyfarwyddwr a enwir isod.</p> <p>Awdur:</p> <p>Sylvia McLean Ffôn: 020 7681 5804 Sylvia.McLean@nmc-uk.org</p> <p>Colette Howarth Ffôn: 020 7681 5191 Colette.Howarth@nmc-uk.org</p> | <p>Cyfarwyddwr Gweithredol: Ruth Bailey Ffôn: 020 7681 5865 Bailey.Boissiere@nmc-uk.org</p> |

Adroddiad Monitro Blynyddol Rheoliadau Safonau'r Gymraeg 2023 - 2024

Trafodaeth

- 1 Mae'r NMC a rheoleiddwyr gofal iechyd eraill sy'n gweithredu yng Nghymru yn ddarostyngedig i [Reoliadau Safonau'r Gymraeg \(Rhif 8\) 2022](#). Mae'n ofynnol i ni gydymffurfio â'r Safonau hyn ers 6 Rhagfyr 2023.
- 2 Mae'r Rheoliadau yn ei gwneud yn ofynnol i ni:
 - 2.1 Hyrwyddo a hwyluso'r defnydd o'r Gymraeg
 - 2.2 Sicrhau nad yw'r Gymraeg yn cael ei thrin yn llai ffafriol na'r Saesneg.
- 3 Fe fu gweithgarwch sylweddol ar draws yr NMC i sicrhau cydymffurfedd â'r safonau a chydlynwyd hyn gan fwrdd prosiect mewnol Safonau'r Gymraeg a oedd yn cyfarfod yn fisol i baratoi ar gyfer y dyddiad cydymffurfio. O 6 Rhagfyr 2023 mae bwrdd monitro wedi'i ddisodli gan fwrdd y prosiect sy'n cyfarfod bob chwarter i gasglu data perthnasol, asesu cydymffurfedd parhaus a thrafod unrhyw faterion sy'n codi.
- 4 Mae'r safonau yn ei gwneud yn ofynnol i ni gyflwyno adroddiad monitro blynyddol o fewn chwe mis ar ôl diwedd ein blwyddyn ariannol ar ein cydymffurfedd â nifer o safonau a amlinellir yn Atodiad 1. Rydym hefyd yn darparu gwybodaeth ychwanegol am fentrau ehangach yn ymwneud â'r Gymraeg a'r Gymraeg a'n hymgysylltiad â rhanddeiliaid yng Nghymru.
- 5 Rydym yn hyderus ein bod wedi cydymffurfio'n llwyddiannus â Rheoliadau Safonau'r Gymraeg rhwng 6 Rhagfyr 2023 a 31 Mawrth 2024 sef y cyfnod y mae angen i'r adroddiad ei gwmpasu. Mae'r data a ddarparwyd yn yr Adroddiad Monitro Blynyddol yn ymwneud â'n cydymffurfedd â'r safonau newydd rhwng 6 Rhagfyr 2023 a 31 Mawrth 2024. Rydym hefyd wedi cynnwys manylion ymgysylltu yng Nghymru ar gyfer blwyddyn ariannol gyfan 2023-2024.
- 6 Mae'r Adroddiad Monitro Blynyddol wedi'i gyfieithu i'r Gymraeg i'w gyflwyno i'r Cyngor. Yn dilyn cyfarfod y Cyngor, disgwylir i'r Adroddiad Monitro Blynyddol gael ei gyflwyno i Gomisiynydd y Gymraeg a'i gyhoeddi ar ein gwefan erbyn 30 Medi 2024.
- 7 **Argymhellir bod y Cyngor yn cymeradwyo Adroddiad Monitro Blynyddol Rheoliadau Safonau'r Gymraeg drafft 2023 - 2024**

Camau Nesaf

- 8 Os caiff ei gymeradwyo, caiff yr adroddiad hwn ei gyflwyno i Gomisiynydd y Gymraeg a'i gyhoeddi ar wefan yr NMC erbyn 30 Medi 2024.

Goblygiadau

Ystyriwyd y canlynol wrth baratoi'r papur hwn:

| Goblygiad: | | Lleoliad os yw yn y papur: | Cynnwys os nad yw yn y papur: |
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| Diogelu'r cyhoedd/effaith ar bobl. | le | | Mae sicrhau nad ydym yn trin y Gymraeg yn llai ffafriol na'r Saesneg yn sicrhau bod siaradwyr Cymraeg yn cael cyfle cyfartal i gyrchu ein gwasanaethau, sy'n hanfodol i gefnogi ein nodau diogelu'r cyhoedd ac yn cael effaith gadarnhaol ar siaradwyr Cymraeg. |
| Ystyriaethau diogelu | Amherthnasol | | |
| Ffactorau ac ystyriaethau'r pedair gwlad. | le | | Mae'r adroddiad hwn yn arbennig o berthnasol i bobl sy'n byw ac yn gweithio yng Nghymru, a siaradwyr y Gymraeg. |
| Goblygiadau adnoddau gan gynnwys gwybodaeth am y costau gwirioneddol a disgwylidig. | le | | Mae'r goblygiadau o ran adnoddau sy'n |

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| | | | deillio o'r adroddiad hwn yn ymwneud â llunio, cyfieithu a chyhoeddi'r adroddiad, sy'n cael eu cynnwys yn yr adnoddau presennol.. |
| Goblygiadau risg sy'n gysylltiedig â'r gwaith a'r rheolaethau arfaethedig/mewn lle. | Amherthnasol | | |
| Ystyriaethau cyfreithiol. | le | | Rydym o'r farn ein bod yn cydymffurfio â Rheoliadau Safonau'r Gymraeg ac nid oes unrhyw oblygiadau cyfreithiol yn codi o'r adroddiad. |
| Bydwragedd a/neu gymdeithion nyrsio. | Not Applicable | | |
| Cydraddoldeb, amrywiaeth, a chynhwysiant ac effaith ar yr Iaith Gymraeg. | le | | Mae'r adroddiad yn amlinellu sut rydym yn hwyluso a hyrwyddo'r defnydd o'r Gymraeg yn yr NMC yn unol â Safonau'r Gymraeg. Mae ein Hasesiad o'r Effaith ar y Gymraeg yn rhan o'r holl waith cynllunio prosiect a pholisi mawr i asesu unrhyw effeithiau negyddol neu gadarnhaol ar y |

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| | | | defnydd o'r Gymraeg, ac i nodi unrhyw gamau lliniaru i leihau effeithiau negyddol. |
| Goblygiadau rhanddeiliaid ac unrhyw randdeiliaid allanol yr ymgynghorir â nhw. | le | | Mae'r adroddiad yn cynnwys gwybodaeth am ein hymgysylltu â rhanddeiliaid yng Nghymru, a sut rydym wedi sicrhau y gall siaradwyr Cymraeg ymgysylltu â'r NMC yn Gymraeg. |
| Diwygio Rheoleiddiol. | Amherthnasol | | |

Rheoliadau Safonau'r Gymraeg - Adroddiad Monitro Blynyddol 2023-2024

Medi 2024

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Yr hyn a wnawn

Ein gweledigaeth yw ymarfer nyrsio a bydwreigiaeth diogel, effeithiol a charedig sy'n gwella iechyd a lles pawb. Fel rheoleiddiwr annibynnol dros 826,000 o nyrsys a bydwragedd yn y DU a chymdeithion nyrsio yn Lloegr, mae gennym rôl bwysig i'w chwarae i wireddu'r weledigaeth hon.

Rydym yma i amddiffyn y cyhoedd drwy gynnal safonau nyrsio a bydwreigiaeth proffesiynol uchel, y mae gan y cyhoedd hawl i'w disgwyl. Dyna pam rydym yn gwella'r ffordd rydym yn rheoleiddio, yn gwella ein cefnogaeth i gydweithwyr, gweithwyr proffesiynol a'r cyhoedd, ac yn gweithio gyda'n partneriaid i ddylanwadu ar ddyfodol iechyd a gofal cymdeithasol.

Ein rôl graidd yw **rheoleiddio**. Rydym yn gosod ac yn hyrwyddo safonau addysg a phroffesiynol uchel ar gyfer nyrsys a bydwragedd ledled y DU, a chymdeithion nyrsio yn Lloegr ac yn sicrhau ansawdd eu rhaglenni addysg. Rydym yn cynnal cywirdeb y gofrestr o'r rhai sy'n gymwys i ymarfer. Ac rydym yn ymchwilio i bryderon am weithwyr proffesiynol - rhywbeth sy'n effeithio ar ychydig iawn o bobl ar ein cofrestr pob blwyddyn.

Er mwyn rheoleiddio'n dda, rydym yn **cefnogi** gweithwyr nyrsio a bydwreigiaeth proffesiynol a'r cyhoedd. Rydym yn creu adnoddau ac arweiniad sy'n ddefnyddiol drwy gydol gyrfaeoddd gweithwyr proffesiynol, gan eu helpu i gyflawni ein safonau ymarfer a mynd i'r afael â'r heriau y maent yn eu hwynebu. Rydym yn gweithio ar y cyd fel bod pawb yn teimlo eu bod wedi'i cynnwys a'u grymuso i lywio ein gwaith.

Rydym yn gweithio gyda'n partneriaid i fynd i'r afael â phryderon cyffredin, rhannu ein data, mewnwelediad a dysg, i **ddylanwadu** a llywio penderfyniadau a helpu i ysgogi gwelliant mewn iechyd a gofal cymdeithasol i bobl a chymunedau.

Ein hymrwymiad i'r Gymraeg

Yn unol â Rheoliadau Safonau'r Gymraeg (Rhif 8), fel y'u nodir gan Gomisiynydd y Gymraeg, rydym wedi ymrwymo i hwyluso'r defnydd o'r Gymraeg a sicrhau nad yw'r Gymraeg yn cael ei thrin yn llai ffafriol na'r Saesneg.

Nod yr adroddiad monitro blynyddol hwn yw crynhoi ein cynnydd o ran gweithredu Rheoliadau Safonau'r Gymraeg yn ystod y cyfnod rhwng 6 Rhagfyr 2023 a 31 Mawrth 2024.

Rydym wedi ymrwymo i gydymffurfio'n gyson â Rheoliadau Safonau'r Gymraeg, ac ymgysylltu â Chomisiynydd y Gymraeg ac eraill i fod yn ymatebol ac yn wybodus yn ein dull o ddiwallu anghenion siaradwyr Cymraeg. Mae'r adroddiad hwn yn nodi ein gwaith yn y maes hwn a bydd yn cael ei gyhoeddi ar ein gwefan.

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Blaenoriaeth strategol

Mae strategaeth yr NMC ar gyfer 2020-2025 yn cynnwys gweithredu Safonau'r Gymraeg fel un o'n 22 ymrwymiad corfforaethol.

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

Teg

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

Caredig

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

Cydweithredol

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

Uchelgeisiol

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

Llywodraethu ein gwaith iaith Gymraeg

Mae aelodau'r Cyngor, y tîm Gweithredol a'n holl gydweithwyr yn chwarae rhan wrth sicrhau ein bod yn cydymffurfio â Safonau'r Gymraeg. Mae Ruth Bailey, Cyfarwyddwr Gweithredol Pobl ac Effeithiolrwydd Sefydliadol, yn gyfrifol am oruchwylio ein hadroddiadau blynyddol ac ymgysylltu â Chomisiynydd y Gymraeg.

Sam Foster yw Cyfarwyddwr Nyrsio Gweithredol Ymarfer Proffesiynol ac mae hefyd yn Gyfarwyddwr Arweiniol Cymru. Yn y rôl hon, mae Sam yn goruchwylio ymgysylltu â rhanddeiliaid yng Nghymru ar lefel strategol ac yn cadeirio ein gweithgor mewnol Cymru.

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

Rydym hefyd wedi sefydlu Bwrdd yr Iaith Gymraeg mewnol sy'n cyfarfod bob chwarter. Mae'r Bwrdd hwn yn cynnwys cydweithwyr o bob rhan o'r NMC sydd wedi bod yn gyfrifol am weithredu Safonau'r Gymraeg. Mae data ar bob un o'r meysydd cydymffurfio yn cael eu casglu a'u trafod yn y cyfarfod chwarterol hwn. Trafodir hefyd unrhyw faterion sy'n codi neu feysydd i'w gwella.

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Ein cynnydd dros y flwyddyn ddiwethaf

Mae'n ofynnol i'r NMC gydymffurfio â Rheoliadau Safonau'r Gymraeg (Rhif 8) ers 6 Rhagfyr 2023. Rydym o'r farn ein bod wedi bod yn cydymffurfio â'r rheoliadau ers y dyddiad hwn.

Ym mis Gorffennaf 2024 fe wnaethom gwblhau hunanasesiad ar gyfer Comisiynydd y Gymraeg mewn perthynas â'n cydymffurfiaeth â'r Safonau. Fe wnaethom ddatgan lefel uchel o sicrwydd ar gyfer y rhan fwyaf o safonau, gan ein bod wedi gwneud gwaith sylweddol i sicrhau bod pob tîm yn barod i ymateb i geisiadau i ddefnyddio'r Gymraeg. Erys llawer o'r safonau heb eu profi oherwydd niferoedd isel o geisiadau, fodd bynnag rydym yn fodlon bod prosesau a chanllawiau ar waith pe byddem yn derbyn cais o'r fath.

Ar gyfer y safonau sy'n ymwneud â gwefannau, fe wnaethom ddatgan lefel ganolig o sicrwydd oherwydd y dull cymesur a ddefnyddiwyd gennym i gyfieithu tudalennau gwefannau. Mae hyn yn golygu bod dolenni i dudalennau gwefan sydd ar gael yn Saesneg yn unig ar rai o'n tudalennau gwe sydd wedi'u cyfieithu i'r Gymraeg. Yn ein hunan-ddatganiad cydnabuwyd bod angen diweddariadau ar lawer o dudalennau gwe'r NMC, a bryd hynny byddwn yn ystyried a oes angen cyfieithu ychwanegol.

Fe wnaeth Comisiynydd y Gymraeg gytuno i estyniad i ni gydymffurfio â Safon 20, sy'n ei gwneud yn ofynnol i ni greu fersiwn Gymraeg o'r broses gwneud cais am gofrestrriad ar gyfer y rhai a hyfforddwyd yn y DU. Oherwydd y rhaglen ddiwygio reoleiddiol a ragwelir, gofynnwyd am ymestyn y dyddiad cau ar gyfer y safon hon, a chaniatawyd hyn, ac mae gennym tan 31 Rhagfyr 2025 i weithredu'r safon hon. Rydym yn parhau i weithio tuag at y dyddiad hwn ar gyfer gweithredu Safon 20.

Goruchwyliwyd ein gweithgarwch gweithredu gan fwrdd prosiect traws-sefydliadol Rheoliadau Safonau'r Gymraeg a gyfarfu'n fisol o fis Awst 2022. Rhannwyd y 67 safon yn saith ffrwd gwaith ac roedd arweinwyr ym mhob maes yn gyfrifol am nodi pa weithgarwch oedd ei angen i sicrhau cydymffurfiaeth â'r safonau.

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Fe wnaeth bwrdd prosiect Safonau'r Gymraeg ddatblygu mentrau ar draws yr NMC i sicrhau ein bod yn cydymffurfio â'r Safonau ac yn hwyluso'r defnydd o'r Gymraeg. Trwy'r broses hon rydym wedi:

- Datblygu canllawiau ategol i bob cydweithiwr mewn perthynas â'u cyfrifoldebau o dan y Safonau, gan gynnwys polisi Iaith Gymraeg, Cwestiynau Cyffredin, a chanllawiau ategol penodol ar gyfer y safonau llunio polisi.
- Sefydlu llinell ffôn awtomataidd Gymraeg a phrosesau i ddarparu gwasanaeth cyfieithu os oes angen.
- Creu prosesau ar gyfer cyfieithu dogfennau fel rhan o brosiectau corfforaethol neu ar sail ad-hoc, gan gynnwys mewn perthynas ag achosion Addasrwydd i Ymarfer.
- Creu ffurflen Asesu'r Effaith ar y Gymraeg, templed a chanllawiau ategol i gydweithwyr ystyried effeithiau cadarnhaol neu andwyol posibl penderfyniad polisi neu newid ar y cyfleoedd i ddefnyddio'r Gymraeg.
- Defnyddio amrywiaeth o sianeli cyfathrebu mewnol i sicrhau bod cydweithwyr yn ymwybodol o'r newidiadau a'u cyfrifoldebau o dan y rheoliadau newydd. Fe wnaethom ddarparu diweddariadau drwy sesiynau briffio'r holl staff, sianeli cyfathrebu mewnol a thrwy fynychu cyfarfodydd tîm unigol, gan sicrhau'r ymwybyddiaeth fwyaf posibl ymhlith cydweithwyr ym mhob maes o'r NMC.
- Diweddarau ein systemau AD i alluogi cydweithwyr yr NMC i ddatgan eu lefelau sgiliau Cymraeg a sefydlu prosesau i hwyluso ceisiadau am hyfforddiant iaith Gymraeg. Rydym hefyd wedi diweddarau ein modiwl e-ddysgu iaith a diwylliant Cymraeg.

Yn dilyn gweithredu'r safonau'n llwyddiannus, mae'r prosiect sy'n canolbwyntio ar baratoi ar gyfer y dyddiad cydymffurfio wedi dod i ben. Mae gennym bellach Fwrdd Safonau'r Gymraeg gan fod ffocws wedi symud i fonitro ein cydymffurfedd parhaus, a chasglu data perthnasol bob chwarter. Mae'r data a gesglir gan y bwrdd hwn yn bwydo i mewn i'r adroddiad blynyddol hwn.

Monitro data blynyddol

Mae Safon 66 o Reoliadau Safonau'r Gymraeg (Rhif 8) yn ei gwneud yn ofynnol i'r NMC ddarparu data yn yr adroddiad blynyddol hwn ar y meysydd a ganlyn:

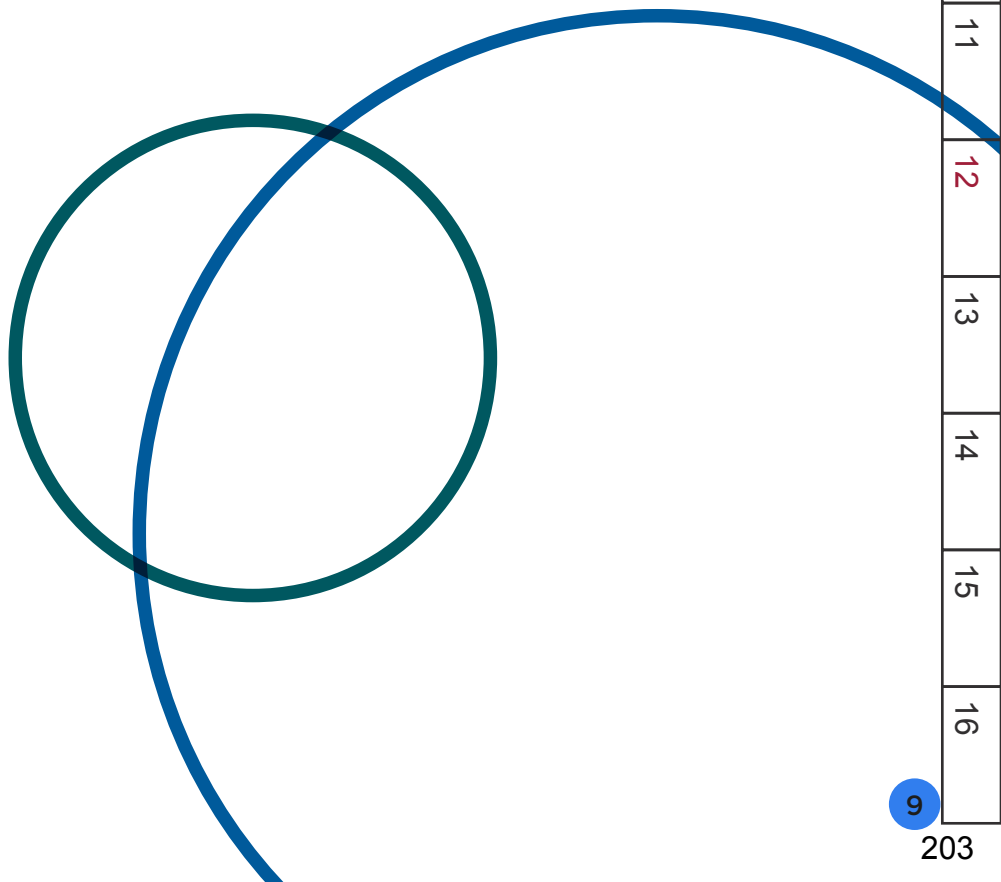
1. Nifer y cwynion a dderbyniwyd mewn perthynas â'n cydymffurfedd â Safonau'r Gymraeg.
2. Nifer y cydweithwyr sy'n datgan sgiliau iaith Gymraeg a'u lefelau sgiliau.
3. Nifer y swyddi gwag neu newydd lle mae angen sgiliau Cymraeg.

Ar gyfer y cyfnod rhwng 6 Rhagfyr 2023 a 31 Mawrth 2024, gallwn ddarparu'r data canlynol:

1. Ni dderbyniwyd unrhyw gwynion mewn perthynas â'n cydymffurfedd â Safonau'r Gymraeg.
2. Datganodd tri (3) cydweithiwr sgiliau iaith Gymraeg. Datganodd dau o'r rhain hyfedredd lefel A1 CEFR, a datganodd un hyfedredd lefel A2 CEFR.
3. Ni hysbysebwyd unrhyw swyddi gwag na newydd lle mae angen sgiliau Cymraeg.

Yn ystod y cyfnod hwn, casglwyd data ychwanegol am ein darpariaeth Gymraeg:

- Roedd angen cyfieithu Cymraeg ar wyth darn o waith prosiect corfforaethol.
- Cyfieithwyd un dudalen gwefan ychwanegol i'r Gymraeg.
- Fe fu 982 o ymweliadau â gwefan Gymraeg yr NMC.
- Gofynnodd un cydweithiwr am fanylion ynghylch hyfforddiant iaith Gymraeg, ac fe wnaeth dau gydweithiwr gwblhau hyfforddiant ar-lein ychwanegol ar yr iaith Gymraeg a'i hanes. Yn y flwyddyn i ddod byddwn yn parhau i hyrwyddo'r cyfleoedd hyfforddi hyn gyda'r nod o gynyddu nifer y cydweithwyr sy'n eu dilyn.
- Cwblhawyd un Asesiad o'r Effaith ar y Gymraeg (AEIG) fel rhan o Gam 1 ein hadolygiad o Ymarfer Uwch. Mae'r ddogfen hon ar gael ar ein gwefan yn **Gymraeg** ac yn **Saesneg**. Mae cwblhau Asesiad o'r Effaith ar yr Iaith Gymraeg yn rhan o gylch datblygu polisi'r NMC ac mae'n fecanwaith i ystyried unrhyw effeithiau andwyol neu gadarnhaol yn sgil penderfyniad polisi neu newid ar gyfleoedd i ddefnyddio'r Gymraeg. Ein nod yw cynyddu nifer yr AEIG sy'n cael eu cwblhau yn y flwyddyn ariannol i ddod.



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Camau allweddol ar gyfer y flwyddyn nesaf

2024-2025 fydd blwyddyn ariannol lawn gyntaf yr NMC yn ddarostyngedig i Reoliadau Safonau'r Gymraeg. Byddwn yn parhau i gynnal cyfarfodydd bwrdd monitro'r Gymraeg yn rheolaidd drwy gydol y flwyddyn i gynnal trosolwg o'n cydymffurfedd â'r safonau, a nodi unrhyw feysydd i'w gwella.

Byddwn yn parhau i hybu ymwybyddiaeth o Reoliadau Safonau'r Gymraeg a'n cyfrifoldebau gyda chydweithwyr yn yr NMC, a'n nod yw cynyddu nifer y cydweithwyr sy'n dilyn hyfforddiant mewn perthynas â'r Gymraeg a'i hanes.

Byddwn hefyd yn sicrhau bod Aseidiadau Effaith ar yr Iaith Gymraeg pellach yn cael eu cwblhau mewn perthynas â'n prosiectau mawr a'n gwaith datblygu polisi. Mae'r gofyniad i gwblhau AEIG ac ystyried effeithiau ar y defnydd o'r Gymraeg yn cael ei amlygu mewn fframweithiau rheoli prosiect, yn ogystal â'r templedi ar gyfer papurau i'w cyflwyno i'r Cyngor.

Byddwn yn parhau i adolygu'r tudalennau a ddarperir yn Gymraeg ar wefan yr NMC, ac wrth i dudalennau gael eu diweddarau byddwn yn ystyried a ddylid eu cyfieithu i'r Gymraeg hefyd.

Rydym yn parhau i fod yn ymrwymedig i ymgysylltu â Chomisiynydd y Gymraeg ac rydym yn edrych ymlaen at gynnig ein barn drwy'r fframwaith newydd o gyd-reoleiddio a hunanasesu cydymffurfedd yn erbyn y safonau. Byddwn yn parhau i ymrwymo i hwyluso'r defnydd o'r Gymraeg ar gyfer pobl sy'n ymgysylltu â ni, a gweithio i sicrhau ein bod yn cynyddu cyfleoedd i bobl ddefnyddio'r Gymraeg.

Gweithgarwch ymgysylltu diweddar

Yn ogystal â chydymffurfio â Rheoliadau Safonau'r Gymraeg, rydym yn parhau i ymgysylltu â rhanddeiliaid allweddol yng Nghymru.

Yn ystod y cyfnod adrodd rhwng **1 Ebrill 2023 a 31 Mawrth 2024**, fe wnaeth yr NMC gynnal nifer o gyfarfodydd a digwyddiadau gyda rhanddeiliaid allweddol yng Nghymru.

Ar 27 Medi 2023, cynhaliwyd cyfarfod Cyngor Agored yng Nghaerdydd. Cyfieithwyd deunyddiau'r cyfarfod hwn i'r Gymraeg, a darparwyd cyfieithu ar y pryd i'r Gymraeg, yn unol â Safonau'r Gymraeg sy'n ymwneud â digwyddiadau yng Nghymru. Cafodd y cyfarfod hwn dderbyniad da gan rhanddeiliaid a rhoddodd gyfle i brofi ein cydymffurfedd â'r safonau cyn y dyddiad cydymffurfio ym mis Rhagfyr 2023.

Ymgysylltu traws-reoleiddiol ar Reoliadau Safonau'r Gymraeg

Fe wnaeth yr NMC a'r GMC gyd-gadeirio Fforwm Cyd-reoleiddwyr Safonau'r Gymraeg a oedd hyd at fis Rhagfyr 2023. Drwy'r ymgysylltu hwn rydym wedi trafod ein hymagweddau priodol at weithredu'r safonau a'n dealltwriaeth o sut i gymhwyso'r safonau yng nghyd-destun rheoleiddio gweithwyr iechyd a gofal .

Rheoleiddio Proffesiynol ac Ymarfer Proffesiynol

Yn ystod y flwyddyn ariannol ddiwethaf, fe fu ymgysylltu â sefydliadau'r GIG, gweithrediaeth y GIG a rhanddeiliaid allanol yng Nghymru. Adlewyrchir hyn yn y nifer cynyddol o geisiadau rydym wedi'u derbyn am sesiynau cefnogol, trafodaeth yn ymwneud ag ymholiadau proffesiynol yn ymwneud ag Addasrwydd i Ymarfer (FtP), cymhwyso'r Cod, ail-ddilysu, cofrestru a negeseuon craidd yr NMC (er enghraifft profion cyfrifiadurol (CBT), Prawf Saesneg Galwedigaethol (OET), Ymarfer Uwch a'r broses FtP).

Ar 26 Mai 2023, fe wnaeth Anne Trotter (Cyfarwyddwr Cynorthwyol, Ymarfer Proffesiynol) ac Aditi Chowdhary-Gandhi (Pennaeth Safonau) fynychu cyfarfod Lansio Grŵp Datblygu Dogfen Asesu Ymarfer Cymru Gyfan ar gyfer Nyrsys Iechyd Cyhoeddus Cymunedol Arbenigol (SCPHN) a Chymhwyster Ymarferydd Arbenigol (SPQ) i drafod Safonau Ôl-gofrestru.

Gwasanaeth Cyswllt Cyflogwyr

Ers mis Ionawr 2024, mae'r Gwasanaeth Cyswllt Cyflogwyr (ELS) wedi cynnal cyfarfodydd misol gyda Dirprwy CNO Cymru ac wedi cefnogi ymchwiliadau lefel uchel i achosion FtP agored sy'n ymwneud â Byrddau Iechyd ac Ymddiriedolaethau yng Nghymru.

Mae'r Gwasanaeth Cyswllt Cyflogwyr wedi cynnal wyth ar hugain o sesiynau ymgysylltu a dysgu i uwch dimau nyrsio a bydwreigiaeth a chofrestryddion ar draws pob Bwrdd Iechyd a dwy Ymddiriedolaeth yng Nghymru. Mae hyn yn cynnwys:

1. Pedair sesiwn 'Croeso i'r DU' gyda'r nod o gefnogi ein cydweithwyr a hyfforddodd dramor yn wreiddiol ac sydd wedi dod i weithio yng Nghymru (y cyfeirir atynt yn aml fel Nyrsys a Addysgwyr yn Rhyngwladol - IENs).
2. Cyflwyno un ar ddeg o sesiynau pwrpasol i Fydwreagedd ledled Cymru.
3. Un sesiwn gydweithredol gyda'r GMC i Obstetryddion a Bydwreagedd mewn Bwrdd Iechyd yng Nghymru.

Mae'r Gwasanaeth Cyswllt Cyflogwyr wedi cynnal 25 o sesiynau ymgysylltu gyda rhanddeiliaid allanol megis RCN, RCM, gweithrediaeth y GIG a rheolyddion proffesiynol gyda thair sesiwn ddysgu arall wedi'u darparu i fyfyrwyr mewn dau AEI yng Nghymru. Gwahoddwyd y Gwasanaeth Cyswllt Cyflogwyr hefyd i fynychu a chefnogi saith o gyfarfodydd Adolygu Marwolaethau Amenedigol a Morbidrwydd Gweithrediaeth GIG Cymru Gyfan.

Fe wnaeth ELS gefnogi deg o gofrestreion a oedd yn mynd drwy'r prosesau Addasrwydd i Ymarfer a chefnogi dau dyst i baratoi ar gyfer y Pwyllgor Addasrwydd i Ymarfer (FtPC).

Ar 5 Hydref 2023, fe wnaeth yr NMC gynhyrchu diweddariad dwyieithog o'r broses Addasrwydd i Ymarfer gyda Gofal Cymdeithasol Cymru a'i gyflwyno i Reolwyr Cartrefi Gofal.

Mae'r Cynghorydd Rheoleiddio ar gyfer y Sector Iechyd Annibynnol wedi dechrau trafodaethau gyda darparwyr yn y sector hwn ledled Cymru.

Rhanddeiliaid y sector iechyd a gofal cymdeithasol

Fel Cyfarwyddwr Arweiniol Cymru, mae Sam Foster wedi cyfarfod yn rheolaidd â Chyfarwyddwyr Gweithredol Nyrso a gadeiriwyd gan y Prif Swyddog Nyrso a Dirprwy CNO Cymru.

Ar 1 Mehefin 2023, cafodd Andrea Sutcliffe (cyn Brif Weithredwr) ac Alice Hood (Cyfarwyddwr Cynorthwyol, Ymgysylltu â'r Cyhoedd) gyfarfod rhagarweiniol ag Alyson Thomas, (Prif Weithredwr, Llais) i drafod gwaith Llais, y sefydliad llais cyhoeddus ar gyfer y sector iechyd a gofal cymdeithasol yng Nghymru. Ar 6 Gorffennaf 2023, mynychodd Alyson Thomas y cyfarfod Bord Gron Rhanddeiliaid Cyhoeddus i drafod datblygiad ein Strategaeth.

Ar 28 Mehefin 2023, roedd Sue Tranka, Gill Knight a Karen Jewell (Swyddog Nyrso ar gyfer Mamolaeth a'r Blynyddoedd Cynnar) yn bresennol yng nghyfarfod y Gweithgor Traws-sefydliadol CBT.

Ar 7 Awst 2023 cyfarfu Sam Foster, Lesley Maslen (Cyfarwyddwr Gweithredol dros Reoleiddio Proffesiynol) a Ruth Walker (Cyfarwyddwr Nyrso Gweithredol Bwrdd Iechyd Prifysgol Caerdydd a'r Fro) â Gill Knight i drafod y llwyth achosion ar gyfer Cymru.

Ar 20 Medi 2023, anfonodd yr NMC ein hymateb i lythyr y PSA at Ysgrifennydd Gwladol dros Iechyd a Gofal Cymdeithasol Llywodraeth y DU, at y Farwnes Morgan o Drelái, Gweinidog Iechyd Cymru.

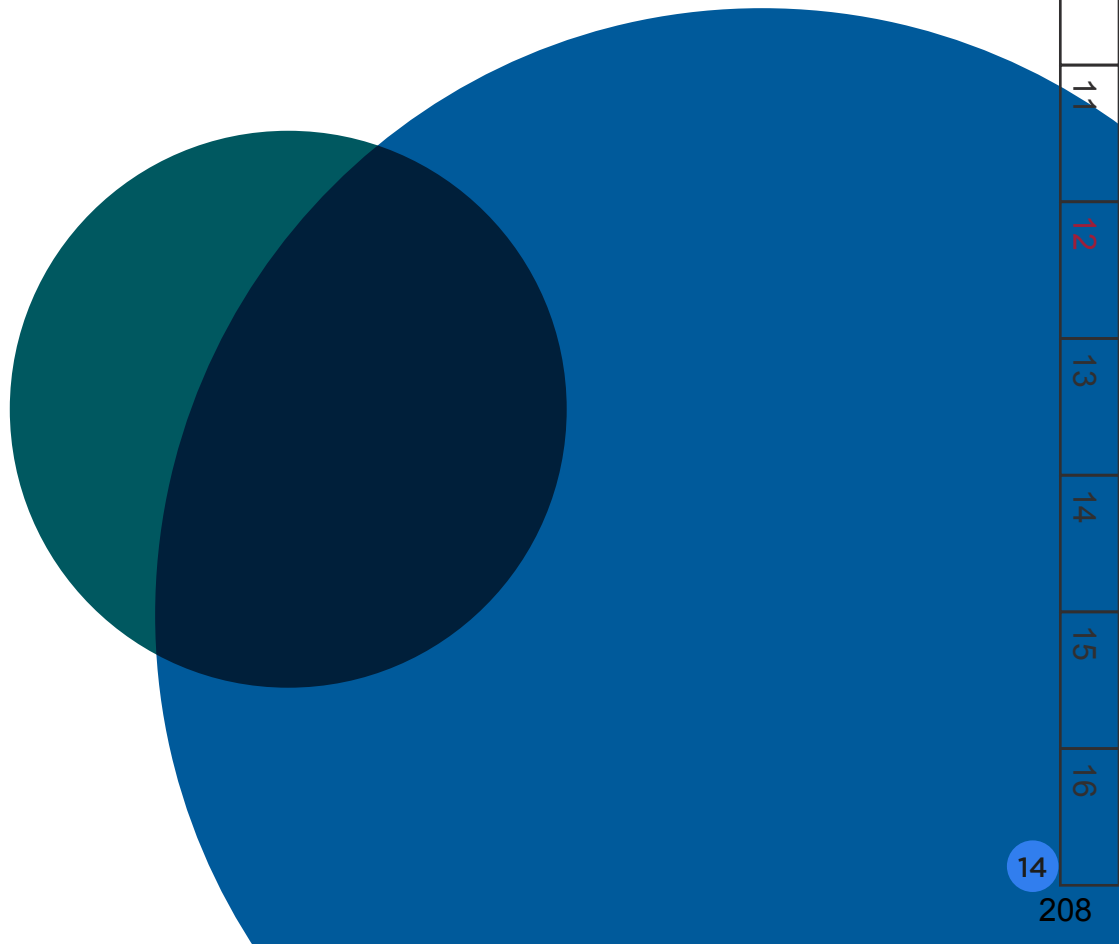
Ar 28 Tachwedd 2023, fe wnaeth Anne Trotter (Cyfarwyddwr Cynorthwyol, Ymarfer Proffesiynol) fynychu 8fed Symposiwm Efelychu ac Addysgu Cymru ym Mhrifysgol Caerdydd.

Mae'r NMC yn parhau i gael ei wahodd i gymryd rhan yn Uwchgynhadledd Gofal Iechyd Traws-reoleiddiol Cymru a gynhelir gan Arolygiaeth Gofal Iechyd Cymru (AGIC) bob chwe mis.

Cymdeithion nyrsio yng Nghymru

Derbyniodd yr NMC gais gan Ysgrifennydd Cabinet Llywodraeth Cymru dros lechyd a Gofal Cymdeithasol i reoleiddio'r rôl cydymaith nyrsio yng Nghymru, yn amodol ar y newidiadau angenrheidiol i'n deddfwriaeth. Cytunodd ein Cyngor i'r cais ym mis Mawrth 2024 a hyd nes y galwyd yr Etholiad Cyffredinol roeddem yn gweithio gyda Llywodraeth Cymru a'r DHSC ar y newid deddfwriaethol. Bydd y trafodaethau hynny'n ailddechrau ym mis Medi 2024.

Mae Emma Westcott (Cyfarwyddwr Cynorthwyol, Strategaeth a Mewnwelediad) yn arwain y gwaith, ac mae hi wedi ymuno â bwrdd rhaglen Llywodraeth Cymru ar gyfer cyflawni'r newid hwn. Mae cydweithwyr eraill yn cymryd rhan mewn is-grwpiau o fwrdd y rhaglen. Mae Emma'n ymgymryd ag ymrwymïadau yng Nghymru ar bwnc rheoleiddio cymdeithion nyrsio, gan gynnwys cynadleddau a chyfarfodydd dwyochrog yn ôl y gofyn.



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Council

Welsh Language Standards Regulations Annual Monitoring Report 2023 - 2024

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| Action requested: | <p>Along with other statutory healthcare professional regulators operating within Wales, the NMC has been subject to the Welsh Language Standards (No. 8) Regulations 2022 since 6 December 2023.</p> <p>The standards require us to publish an annual report outlining how we have complied with specific standards as requested by the Welsh Language Commissioner within six months from the end of the financial year.</p> <p>The report (Annexe 1) provides information on the standards we must report on as well as additional detail on how we are working to facilitate the use of the Welsh Language as well as our engagement with stakeholders in Wales.</p> <p>For decision</p> <p>The Council is recommended to approve the Welsh Language Standards Regulations Annual monitoring report 2023 – 2024.</p> <p>The report is due to be submitted to the Welsh Language Commissioner and published on the NMC website by 30 September 2024.</p> <p>The Council is requested to delegate future decisions to approve the Welsh Language Standards Regulations Annual Monitoring Report to the Chief Executive and Registrar.</p> |
| Key background and decision trail: | <p>This paper is an annual update to the Council. Previous annual updates related to the Welsh Language Scheme, however this has now been replaced by the Welsh Language Standards (No.8) Regulations, which we have been subject to since 6 December 2023.</p> <p>This paper has been reviewed by Executive Board members and approved by the Executive Director of People and Organisational Effectiveness on 27 August 2024.</p> |

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| | <p>The Welsh Language Standards workstream was a key corporate commitment for the year 2023-2024, with progress reported to the Executive Board and Council.</p> <p>Our compliance with the standards ensures we facilitate and promote the use of Welsh language and that we treat Welsh no less favourably than English. This is crucial to ensure Welsh speakers have equal opportunities to engage with the NMC.</p> | | | |
| <p>Key questions:</p> | <ul style="list-style-type: none"> • What activity has the NMC undertaken to ensure compliance with the new Welsh Language Standards Regulations by 6 December 2023? • Between 6 December 2023 and 31 March 2024, what data has been collected by the NMC in relation to our compliance with the Welsh Language Standards? • Between 1 April 2023 and 31 March 2024, how has the NMC engaged with stakeholders in Wales? | | | |
| <p>Annexes:</p> | <p>The following annexe is attached to this paper:</p> <ul style="list-style-type: none"> • Annexe 1: Welsh Language Standards Regulations Annual Monitoring Report 2023-2024 | | | |
| <p>Further information:</p> | <p>If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.</p> <table border="1" data-bbox="379 1344 1404 1742"> <tr> <td data-bbox="379 1344 858 1742"> <p>Author:</p> <p>Sylvia McLean Phone: 020 7681 5804 Sylvia.McLean@nmc-uk.org</p> <p>Colette Howarth Phone: 020 7681 5191 Colette.Howarth@nmc-uk.org</p> </td> <td data-bbox="858 1344 1404 1742"> <p>Executive Director: Ruth Bailey Phone: 020 7681 5865 Bailey.Boissiere@nmc-uk.org</p> </td> </tr> </table> | | <p>Author:</p> <p>Sylvia McLean Phone: 020 7681 5804 Sylvia.McLean@nmc-uk.org</p> <p>Colette Howarth Phone: 020 7681 5191 Colette.Howarth@nmc-uk.org</p> | <p>Executive Director: Ruth Bailey Phone: 020 7681 5865 Bailey.Boissiere@nmc-uk.org</p> |
| <p>Author:</p> <p>Sylvia McLean Phone: 020 7681 5804 Sylvia.McLean@nmc-uk.org</p> <p>Colette Howarth Phone: 020 7681 5191 Colette.Howarth@nmc-uk.org</p> | <p>Executive Director: Ruth Bailey Phone: 020 7681 5865 Bailey.Boissiere@nmc-uk.org</p> | | | |

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Discussion

- 1 The NMC and other healthcare regulators that operate in Wales are subject to the [Welsh Language Standards \(No.8\) Regulations 2022](#). We have been required to comply with these Standards since 6 December 2023.
- 2 The Regulations require us to:
 - 2.1 Promote and facilitate the use of Welsh
 - 2.2 Ensure that the Welsh language is not treated less favourably than English.
- 3 There has been significant activity across the NMC to ensure compliance with the standards and this has been coordinated by the internal Welsh Language Standards project board which met monthly to prepare for the compliance date. From 6 December 2023 the project board has been replaced with a monitoring board which meets quarterly to collect relevant data, assess ongoing compliance and discuss any issues arising.
- 4 The standards require us to submit an annual monitoring report within six months after the end of our financial year on our compliance with a number of standards which are outlined in Annexe 1. We are also providing additional information around broader initiatives relating to Welsh language and our engagement with stakeholders in Wales.
- 5 We are confident that we have successfully complied with the Welsh Language Standards Regulations between 6 December 2023 and 31 March 2024 which is the period the report needs to cover. The data provided in the Annual Monitoring Report relates to our compliance with the new standards between 6 December 2023 to 31 March 2024. We have also included details of engagement in Wales for the entire financial year 2023-2024.
- 6 The Annual Monitoring Report has been translated into Welsh for presentation to the Council. Following the meeting of the Council, the Annual Monitoring Report is due to be submitted to the Welsh Language Commissioner and published on our website by 30 September 2024.
- 7 **The Council is recommended to approve the draft Welsh Language Standards Regulations Annual Monitoring Report 2023 - 2024**

Next Steps

- 8 If approved, this report will be submitted to the Welsh Language Commissioner and published on the NMC website by 30 September 2024.

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Implications

The following were considered when preparing this paper:

| Implication: | | Location if in paper: | Content if not in paper: |
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| Public protection/impact for people. | Yes | | Ensuring that we treat Welsh no less favourably than English ensures that Welsh speakers have equal opportunities to access our services, which is vital to support our public protection aims and has a positive impact on Welsh language speakers. |
| Safeguarding considerations | Not Applicable | | |
| The four country factors and considerations. | Yes | | This report is of particular relevance to people living and working in Wales, and Welsh speakers. |
| Resource implications including information on the actual and expected costs involved. | Yes | | Resource implications arising from this report relate to the compilation, translation, and publication of the report, which are covered within current resources. |

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| Risk implications associated with the work and the controls proposed/ in place. | Not Applicable | | |
| Legal considerations. | Yes | | We consider we are compliant with the Welsh Language Standards Regulations and there are no legal implications arising from the report. |
| Midwives and/or nursing associates. | Not Applicable | | |
| Equality, diversity, and inclusion and Welsh Language impact. | Yes | | The report outlines how we are facilitating and promoting the use of Welsh at the NMC in line with the Welsh Language Standards. Our Welsh Language Impact Assessment forms part of all major project and policy planning to assess any negative or positive impacts on the use of Welsh language, and to identify any mitigating actions to reduce negative impacts. |
| Stakeholder implications and any external stakeholders consulted. | Yes | | The report includes information about our engagement with stakeholders in Wales, |

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| | | | and how we have ensured Welsh speakers can engage with the NMC in Welsh. |
| Regulatory Reform. | Not Applicable | | |

Welsh Language Standards Regulations Annual Monitoring Report 2023-2024

Sept 2024

About us

Our vision is safe, effective and kind nursing and midwifery practice that improves everyone’s health and wellbeing. As the independent regulator of more than 826,000 nurses and midwives in the UK and nursing associates in England, we have an important role to play in making this vision a reality.

We’re here to protect the public by upholding high professional nursing and midwifery standards, which the public has a right to expect. That’s why we’re improving the way we regulate, enhancing our support for colleagues, professionals and the public, and working with our partners to influence the future of health and social care.

Our core role is to **regulate**. We set and promote high education and professional standards for nurses and midwives across the UK, and nursing associates in England and quality assure their education programmes. We maintain the integrity of the register of those eligible to practise. And we investigate concerns about professionals – something that affects very few people on our register every year.

To regulate well, we **support** nursing and midwifery professionals and the public. We create resources and guidance that are useful throughout professionals’ careers, helping them to deliver our standards in practice and address challenges they face. We work collaboratively so everyone feels engaged and empowered to shape our work.

We work with our partners to address common concerns, share our data, insight and learning, to **influence** and inform decision-making and help drive improvement in health and social care for people and communities.

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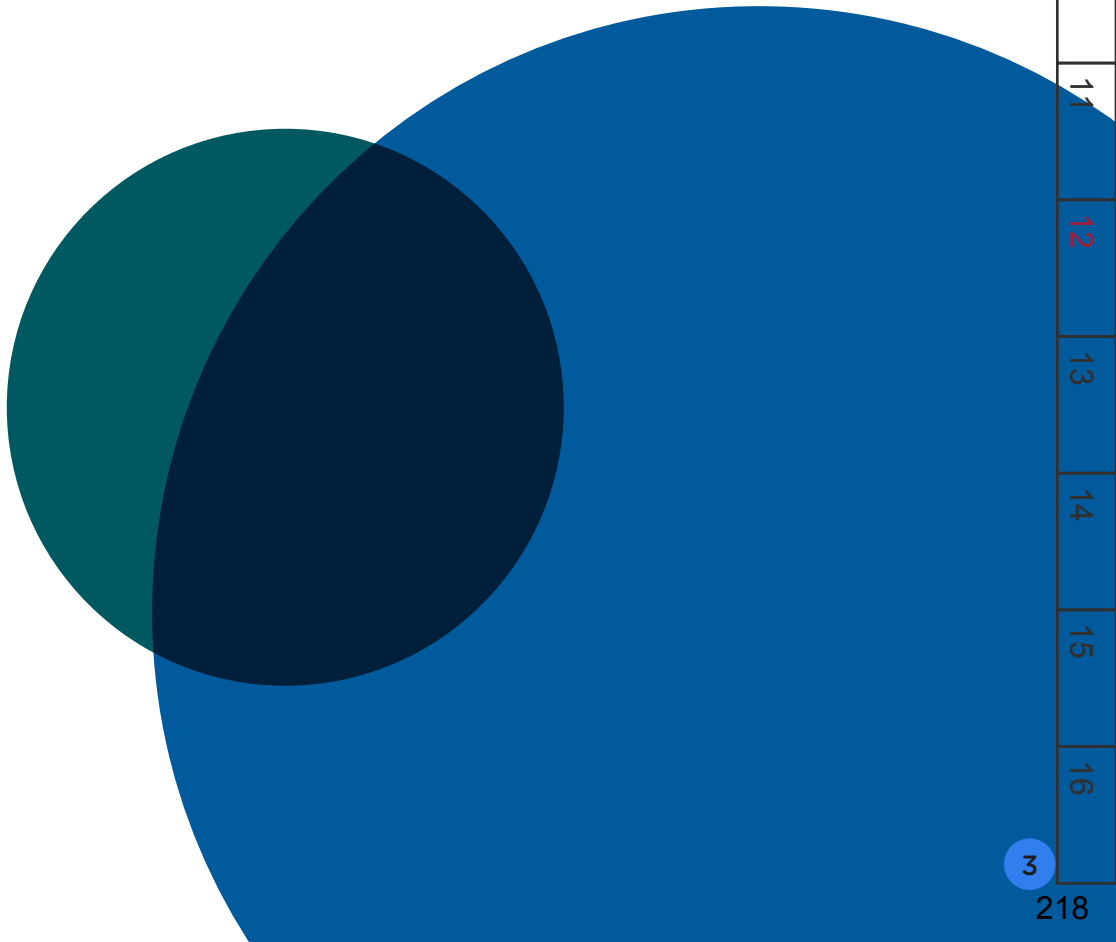
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Our commitment to the Welsh Language

In accordance with the Welsh Language Standards (No. 8) Regulations, as set out by the Welsh Language Commissioner, we are committed to facilitating the use of the Welsh language and ensuring that the Welsh language is not treated any less favourably than English.

The aim of this annual monitoring report is to summarise our progress in implementing the Welsh Language Standards Regulations during the period from 6 December 2023 to 31 March 2024.

We are committed to consistent compliance with the Welsh Language Standards Regulations, and engaging with the Welsh Language Commissioner and others to be responsive and informed in our approach to meeting the needs of Welsh speakers. This report sets out our work in this area and will be published on our website.



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A strategic priority

The NMC’s strategy for 2020-2025 includes the implementation of the Welsh language Standards as one of our 22 corporate commitments.

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

Fair

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

Kind

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

Collaborative

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

Ambitious

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

Governance of our Welsh language work

Members of the Council, the Executive team and all our colleagues play a part in ensuring our compliance with the Welsh Language Standards. Ruth Bailey, Executive Director for People and Organisational Effectiveness, is responsible for overseeing our annual reporting and engagement with the Welsh Language Commissioner.

Sam Foster is the Executive Nurse Director for Professional Practice and is also Lead Director for Wales. In this role, Sam oversees engagement with stakeholders in Wales at a strategic level and chairs our internal Wales working group.

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

We have also established an internal Welsh Language Board which meets every quarter. This Board is made up of colleagues from across the NMC who have been responsible for implementing the Welsh Language Standards. Data on each of the compliance areas is collected and discussed at this quarterly meeting. Any issues arising or areas for improvement are also discussed.

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Our progress over the past year

The NMC has been required to comply with the Welsh Language Standards (No.8) Regulations since 6 December 2023. We consider that we have been compliant with the regulations since this date.

In July 2024 we completed a self-assessment for the Welsh Language Commissioner in relation to our compliance with the Standards. We declared a high level of assurance for most standards, as we have undertaken significant work to ensure that all teams are prepared to respond to requests to use Welsh. Many of the standards remain untested due to low numbers of requests, however we are satisfied that processes and guidance is in place should we receive such a request.

For the standards relating to websites, we declared a medium level of assurance due to the proportionate approach we have taken to translating website pages. This means that on some of our web pages which have been translated into Welsh, there are links to website pages available in English only. In our self-declaration we acknowledged that many of the NMC's web pages require updates, and at that point we will consider whether additional translation is required.

The Welsh Language Commissioner granted an extension for us to comply with Standard 20, which requires us to create a Welsh version of the UK-trained registration application process. Due to the anticipated programme of regulatory reform, we requested that the deadline for this standard be extended, and this was granted, and we have until 31 December 2025 to implement this standard. We continue to work towards this date for implementing Standard 20.

Our implementation activity was overseen by a cross-organisational Welsh Language Standards Regulations project board which met monthly from August 2022. The 67 standards were separated into seven workstreams and leads in each area were responsible for identifying what activity was needed to ensure compliance with the standards.

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The Welsh Language Standards project board took forward initiatives across the NMC to ensure we are complying with the Standards and facilitating the use of Welsh language. Through this process we have:

- Developed supporting guidance for all colleagues in relation to their responsibilities under the Standards, including a Welsh Language policy, FAQs, and specific supporting guidance for the policy making standards.
- Established a Welsh language automated telephone line and processes to provide interpreting if required.
- Created processes for translating documents as part of corporate projects or on an ad-hoc basis, including in relation to Fitness to Practise cases.
- Created a Welsh Language Impact Assessment form, template and supporting guidance for colleagues to consider the potential positive or adverse impacts of a policy decision or change on the opportunities to use the Welsh language.
- Used a range of internal communications channels to ensure colleagues are aware of the changes and their responsibilities under the new regulations. We provided updates via all-staff briefings, internal communications channels and by attending individual team meetings, ensuring maximum awareness among colleagues in all areas of the NMC.
- Updated our HR systems to allow NMC colleagues to declare their Welsh language skill levels and established processes to facilitate requests for Welsh language training. We have also updated our Welsh language and culture e-learning module.

Following successful implementation of the standards, the project focused on preparing for the compliance date has been closed. We now have a Welsh Language Standards Board as focus has shifted to the monitoring of our ongoing compliance, and collecting relevant data on a quarterly basis. The data collected by this board feeds into this annual report.

Annual data monitoring

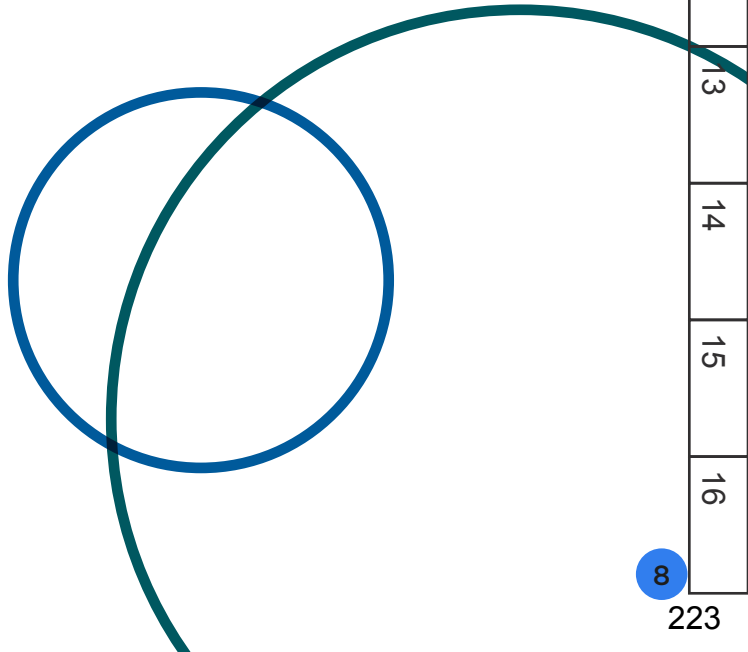
Standard 66 of the Welsh Language Standards (No.8) Regulations requires the NMC to provide data within this annual report on the following areas:

1. Number of complaints received in relation to our compliance with the Welsh Language Standards.
2. Number of colleagues declaring Welsh language skills and their skill levels.
3. Number of vacant or new roles where Welsh language skills are required.

For the period from 6 December 2023 to 31 March 2024, we can provide the following data:

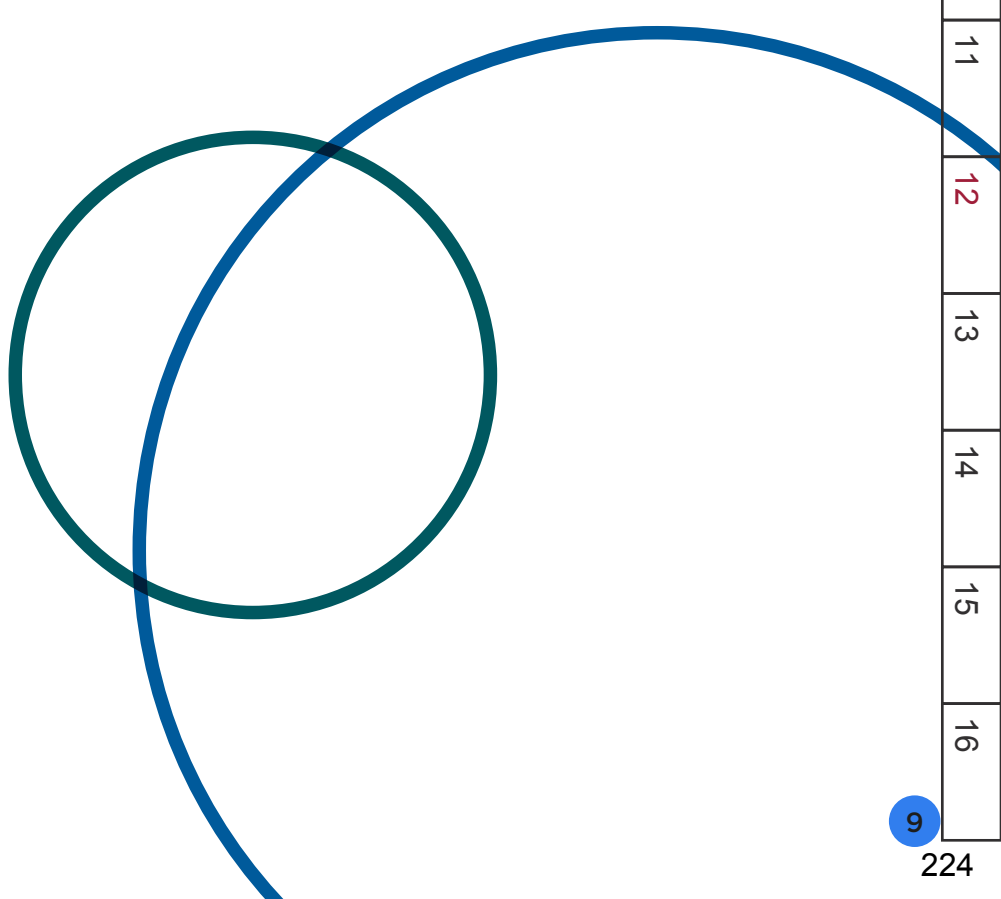
1. No complaints were received in relation to our compliance with the Welsh Language Standards.
2. Three (3) colleagues declared Welsh language skills. Two of these declared CEFR A1 level proficiency, and one declared CEFR A2 level proficiency.
3. There were no vacant or new roles advertised where Welsh language skills are required.

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During this period, we collected additional data around our Welsh language provision:

- Eight pieces of corporate project work required Welsh translation.
- One additional website page was translated into Welsh.
- There were 982 visits to the NMC's Welsh language website.
- One colleague requested details for Welsh language training, and two colleagues completed additional online training around the Welsh language and its history. In the coming year we will continue to promote these training opportunities with an aim to increase the number of colleagues undertaking them.
- One Welsh Language Impact Assessment (WLIA) was completed as part of Phase 1 of our review into Advanced Practice. This document is available on our website in [Welsh](#) and [English](#). Completing a Welsh Language Impact Assessment is part of the NMC's policy development cycle and is a mechanism to consider any adverse or positive impacts of a policy decision or change upon opportunities to use the Welsh language. We aim to increase the number of WLIA's being completed in the coming financial year.



Key actions for the next year

2024-2025 will be the first full financial year of the NMC being subject to the Welsh Language Standards Regulations. We will continue to hold regular Welsh Language monitoring board meetings throughout the year to maintain oversight of our compliance with the standards, and identify any areas for improvement.

We will continue to promote awareness of the Welsh Language Standards Regulations and our responsibilities with NMC colleagues, and we aim to increase the number of colleagues undertaking training in relation to the Welsh language and its history.

We will also ensure that further Welsh Language Impact Assessments are completed in relation to our major projects and policy development work. The requirement to complete a WLIA and consider impacts on the use of the Welsh language is highlighted in project management frameworks, as well as the templates for papers to be presented to the Council.

We will continue to review the pages provided in Welsh on the NMC website, and as pages are updated we will consider whether they should also be translated into Welsh.

We remain committed to engaging with the Welsh Language Commissioner and look forward to offering our views through the new framework of co-regulation and self-assessment of compliance against the standards. We will continue to commit to facilitating the use of Welsh language for people who engage with us, and working to ensure we increase opportunities for people to use the Welsh language.

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Recent engagement activity

In addition to complying with the Welsh Language Standards Regulations, we continue to engage with key stakeholders in Wales.

During the reporting period from **1 April 2023** to **31 March 2024**, the NMC held a number of meetings and events with key stakeholders in Wales.

On 27 September 2023, we held an Open Council meeting in Cardiff. Materials for this meeting were translated into Welsh, and simultaneous interpreting into Welsh was provided, in line with the Welsh Language Standards relating to events in Wales. This meeting was well received by stakeholders and provided an opportunity to test our compliance with the standards ahead of the compliance date in December 2023.

Cross-regulatory engagement on the Welsh Language Standards Regulations

The NMC and GMC jointly chaired the Welsh Language Standards Joint Regulators' Forum which until December 2023. Through this engagement we have discussed our respective approaches to implementing the standards and our understanding of how to apply the standards in the context of health and care professional regulation.

Professional Regulation and Professional Practice

During the last financial year, there has been engagement with NHS organisations, the NHS executive and external stakeholders in Wales. This is reflected in the increased number of requests we have received for supportive sessions, discussion relating to professional queries covering Fitness to Practise (FtP), application of the Code, revalidation, registration and the NMC's core messaging (for example Computer based testing (CBT), Occupational English Test (OET), Advanced Practice and the FtP process).

On 26 May 2023, Anne Trotter (Assistant Director, Professional Practice) and Aditi Chowdhary-Gandhi (Head of Standards) attended the All-Wales Practice Assessment Document Develop Group for Specialist Community Public Health Nurse (SCPHN) and Specialist Practitioner Qualification (SPQ) Launch meeting to discuss Post Registration Standards.

Employer Link Service

Since January 2024, the Employer Link Service (ELS) has held monthly meetings with the Deputy CNO for Wales and have supported high level enquiries into open FtP cases relating to Health Boards and Trusts in Wales.

The Employer Link Service has undertaken twenty-eight engagement and learning sessions to senior nursing and midwifery teams and registrants across all Health Boards and two Trusts in Wales. This includes:

1. Four 'Welcome to the UK' sessions aimed at supporting our colleagues who originally trained overseas and have come to work in Wales (often referred to as Internationally Educated Nurses - IENs).
2. Eleven bespoke sessions delivered to Midwives across Wales.
3. One collaborative session with the GMC to Obstetricians and Midwives at a Health Board in Wales.

The Employer Link Service has undertaken twenty-five engagement sessions with external stakeholders such as RCN, RCM, NHS executive and professional regulators with a further three learning sessions delivered to students at two AEIs in Wales. The Employer Link Service was also invited to attend and support seven of the NHS Executive All Wales Perinatal Mortality and Morbidity Review meetings.

ELS supported ten registrants going through the FtP processes and supported two witnesses in preparation for Fitness to Practice Committee (FtPC).

On 5 October 2023, the NMC produced a bilingual update of the FtP process with Social Care Wales and delivered this to Care Home Managers.

The Regulation Advisor for the Independent Health Sector has commenced discussions with providers in this sector across Wales.

Health and social care sector stakeholders

As Lead Director for Wales, Sam Foster has met regularly with the Executive Directors of Nursing chaired by the CNO and Deputy CNO for Wales.

On 1 June 2023, Andrea Sutcliffe (former Chief Executive) and Alice Hood (Assistant Director, Public Engagement) had an introductory meeting with Alyson Thomas, (Chief Executive, Llais) to discuss the work of Llais, the public voice organisation for the health and social care sector in Wales. On 6 July 2023, Alyson Thomas attended the Public Stakeholder Roundtable meeting to discuss our Strategy development.

On 28 June 2023, Sue Tranka, Gill Knight and Karen Jewell (Nursing Officer for Maternity and Early Years) attended the CBT Cross Organisational Working Group meeting.

On 7 August 2023 Sam Foster, Lesley Maslen (Executive Director for Professional Regulation) and Ruth Walker (Executive Nurse Director at Cardiff and Vale University Health Board) met with Gill Knight to discuss the caseload for Wales.

On 20 September 2023, the NMC sent our response to the PSA letter to UK Government Secretary of State for Health and Social Care, to Baroness Morgan of Ely, Minister for Health for Wales.

On 28 November 2023, Anne Trotter (Assistant Director, Professional Practice) attended the 8th Welsh Simulation and Teaching Symposium at Cardiff University.

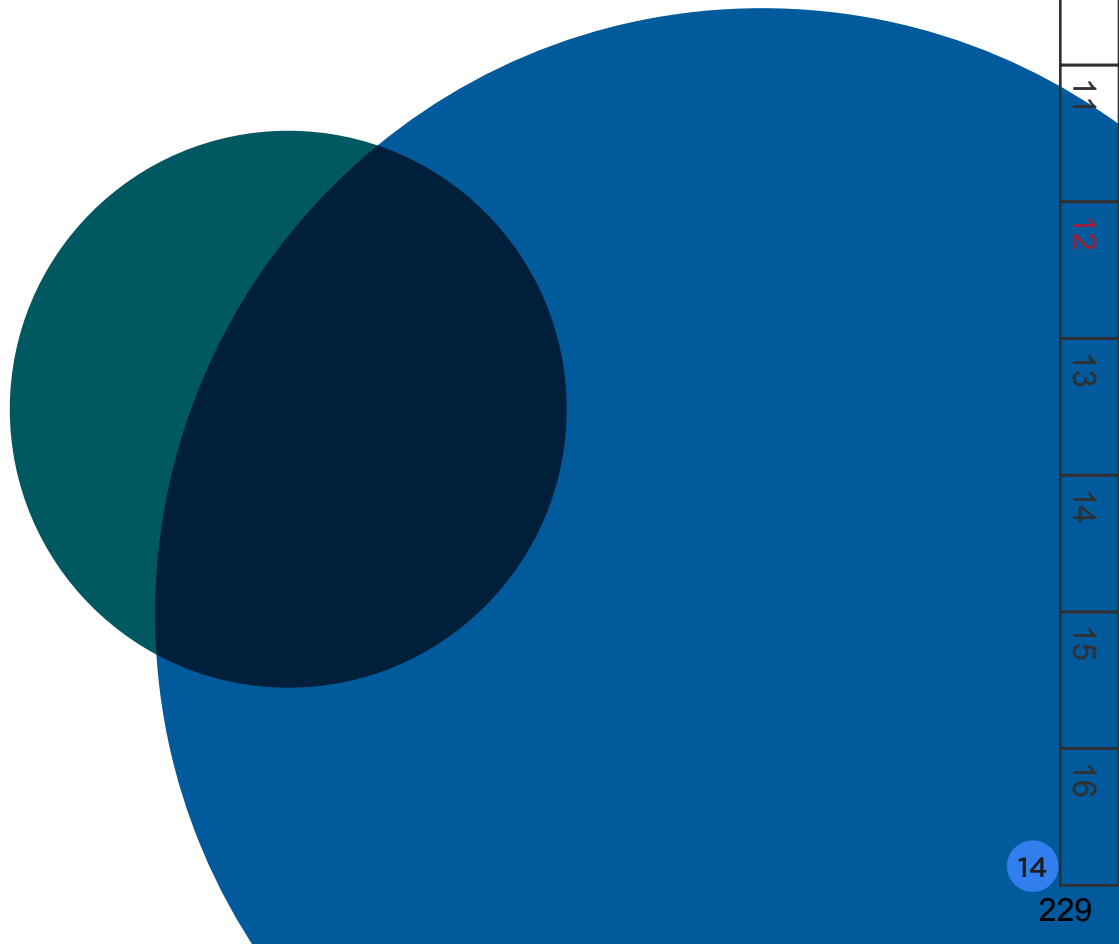
The NMC continues to be invited to participate in the Cross Regulatory Wales Health Care Summit hosted by Healthcare Inspectorate Wales (HIW) every six months.

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Nursing associates in Wales

The NMC received a request from the Welsh Government Cabinet Secretary for Health and Social Care to regulate the role of nursing associate in Wales, subject to the necessary changes to our legislation. Our Council agreed to the request in March 2024 and until the General Election was called we were working with the Welsh Government and DHSC on the legislative change. Those discussions will resume in September 2024.

Emma Westcott (Assistant Director, Strategy and Insight) is leading the work, and she has joined the Welsh Government's programme board for the delivery of this change. Other colleagues are participating in sub-groups of the programme board. Emma is undertaking engagements in Wales on the subject of nursing associate regulation, including conferences and bilateral meetings as requested.



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Council

Appointment of External Auditor

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| <p>Action requested:</p> | <p>Agreement to the appointment of the National Audit Office (NAO) as our ‘first-tier’ auditor for the 2024-2025 financial year in succession to HW Fisher. This follows on from recent changes to the International Standard on Auditing 600 (ISA 600).</p> <p>For decision.</p> <p>We recommend that Council accepts the recommendation of the Audit Committee to appoint the NAO as our first-tier auditor from the 2024-2025 financial year (paragraph 9).</p> |
| <p>Key questions:</p> | <ol style="list-style-type: none"> 1. How should we respond to the change in ISA 600? 2. Does this reduce the rigour of our external audit scrutiny? |
| <p>Key background and decision trail:</p> | <p>Our legislation, the Nursing and Midwifery Order 2001, requires us to appoint auditors to audit and report on our annual accounts (the ‘first-tier’ auditor). It also requires the Comptroller and Auditor General (C&AG – who heads up the National Audit Office (NAO)) to express an opinion on our accounts – the ‘second-tier auditor’ (see annexe 1).</p> <p>Until and including the financial year 2023-2024, the first-tier audit has been performed by a firm of independent statutory auditors (most recently HW Fisher). The NAO has largely relied on the work of those statutory auditors in reaching its opinion, using ISA 600 to provide the regulatory framework that permits it to do so, although are also some elements of its opinion that require it to do direct audit work. ISA 600 deals with special considerations that apply to a group audit, including when ‘component auditors’ are involved and so the ability of one auditor to rely on the work of another auditor.</p> <p>The latest revised version of the ISA 600 (full name: ‘ISA (UK) 600 (Revised September 2022)’) has come into effect for audits of group financial statements for periods beginning on or after 15 December 2023. The revised ISA 600 has significantly restricted the circumstances in which one auditor can rely on the work of another.</p> |

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| | <p>The Audit Committee discussed this issue at its meeting of 12 June 2024 (AC/24/44) and recommends that Council appoints the NAO as our ‘tier-one’ auditor.</p> | | | |
| <p>Annexes:</p> | <p>Annexe 1: Appointment of external auditors – extract from our Order.</p> | | | |
| <p>Further information:</p> | <p>If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.</p> <table border="1" data-bbox="379 622 1404 806"> <tr> <td data-bbox="379 622 858 806"> <p>Author: Richard Wilkinson Phone: 020 7681 5172 richard.wilkinson@nmc-uk.org</p> </td> <td data-bbox="858 622 1404 806"> <p>Interim Executive Director: Tom Moore Phone: 020 4548 9260 tom.moore@nmc-uk.org</p> </td> </tr> </table> | | <p>Author: Richard Wilkinson Phone: 020 7681 5172 richard.wilkinson@nmc-uk.org</p> | <p>Interim Executive Director: Tom Moore Phone: 020 4548 9260 tom.moore@nmc-uk.org</p> |
| <p>Author: Richard Wilkinson Phone: 020 7681 5172 richard.wilkinson@nmc-uk.org</p> | <p>Interim Executive Director: Tom Moore Phone: 020 4548 9260 tom.moore@nmc-uk.org</p> | | | |

Appointment of External Auditor

Discussion

Appointment of NAO as our first-tier auditor

- 1 The NAO has highlighted to us that from 2024-2025 financial year it will no longer be able to rely on another auditor's work when forming its opinion on the NMC financial statements. This is a result of the revised ISA 600 which broadly confines its application to group audits – and so does not apply to us. The NAO has, therefore, concluded that it will need to perform a full audit of the NMC accounts in order to form its opinion. It has reached this view after significant consideration internally by its technical department and after consultation with the Financial Reporting Council which is responsible for Auditing Standards in the UK.
- 2 The implication of the new requirement is that we can decide whether we want to:
 - 2.1 Option 1: be audited in full, twice, both by a first-tier auditor we appoint (currently HW Fisher), *and* the NAO; or
 - 2.2 Option 2: ask the NAO to fulfil the role of first-tier auditor effective from 2024-2025 onwards. The Comptroller and Auditor General would then be able to rely on the NAO's work in forming their opinion for the tier-two opinion.
- 3 The NAO has confirmed it is comfortable with either option described above.
- 4 From our point of view, Option 1 would be expensive with the need to pay two sets of full audit fees, and create significant extra workload for the people in our teams since they would have to provide information and explanations in full to two auditors. It would also increase the time it would take to complete the sign-off of our accounts as compared to previous years and Option 2, and hence take the timeline for laying before Parliament to the autumn of each year rather than July which we have achieved since 2017.
- 5 We have considered whether there are other potential implications of Option 2, to make the NAO our sole auditor covering both first-tier and second-tier opinions. Key ones are:
 - 5.1 Whether using only the NAO will reduce the level of external independent scrutiny we receive. This is not the case: the NAO has relied on the detailed scrutiny of the separate first-tier auditor in the past for nearly all aspects of its opinion, reviewing the documented work of the first-tier auditor. In future, the NAO will be directly performing the same level of detailed scrutiny itself. As a result the level of scrutiny will be the same as before;
 - 5.2 Whether simply using the NAO may impact on our independence from government if we are only audited by the NAO. However, given that the NAO

is itself strongly independent of government and the civil service (it reports to Parliament) we believe this not to be the case.

- 6 In terms of fees, the NAO has given an indicative overall fee which is in line with the combined external audit fees for 2023-2024 of £97,000 of which £80,000 related to HW Fisher, our current first-tier auditors. We expect timetables to be in line with our current position. We have considered whether the letter of engagement (subject to Council approval of this paper) that we will enter into with the NAO is subject to procurement regulations and we believe it is exempt. Our procurement policy accounts for these types of contracts and a single tender action (STA) is not required.
- 7 As a result we conclude that we have no realistic choice but to make the NAO our first-tier our auditor (Option 2), since to do otherwise would be a poor use of the funds provided by the professionals on our register and place a significant and unnecessary burden and cost on our colleagues. Option 2 would also enable the audit and accounts finalisation to be completed in line with or faster than previous years' timetable.
- 8 The same issue applies to two other regulators of health professionals that are in our position of being required to appoint a first-tier auditor and also have the NAO provide an opinion as second-tier auditor. These are the Health and Care Professions Council (HCPC) and the General Dental Council (GDC). The GDC has reached the same conclusion as we have, while the HCPC is still considering its approach.
- 9 **Recommendation: We recommend that Council accepts the recommendation of the Audit Committee to appoint the NAO as our first-tier auditor from the 2024-2025 financial year.**

Next Steps

Subject to the Council's view on the recommendations, we will need to:

- 1 Agree timing and detail of resignation and appointment letters with HW Fisher and the NAO.

Implications

The following were considered when preparing this paper:

| Implication: | | Location if in paper: | Content if not in paper: |
|--------------------------------------|-----|-----------------------|--------------------------|
| Public protection/impact for people. | Yes | Paras 4, 5 | n/a |

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| The four country factors and considerations. | Not Applicable | | |
| Resource implications including information on the actual and expected costs involved. | Yes | Para 6 | n/a |
| Risk implications associated with the work and the controls proposed/ in place. | Yes | Para 4-7 | n/a |
| Legal considerations. | Yes | Background section and paras 1, 6 | n/a |
| Midwives and/or nursing associates. | Not Applicable | | |
| Equality, diversity, and inclusion. | Not Applicable | | |
| Stakeholder implications and any external stakeholders consulted. | Yes | | NAO and HW Fisher have input to the paper. Implications are dealt with throughout the paper. |
| Regulatory Reform. | Yes | | We are looking at the issue of how external audit is dealt with in our future regulations. This is not of immediate relevance to the decision here since it will not affect the 2024-2025 or 2025-2026 audits and the timing of regulatory reform after that remains unclear. |

Appointment of external auditors – extract from our Order

An extract from our order is below. A key point to note is that we are required to appoint an auditor to audit our annual accounts. In addition, the Comptroller and Auditor General (NAO) is required to provide an opinion. We do not ‘appoint’ the NAO.

The Nursing and Midwifery Order 2001 states with regard to audit arrangements:

“The annual accounts shall be audited by persons the Council appoints. [(3) The Council shall ensure that the persons it appoints are eligible for appointment as statutory auditors under Part 42 of the Companies Act 2006 (statutory auditors).] 307 (4) As soon as is reasonably practicable after the end of the financial year to which the annual accounts relate, the Council shall— (a) cause them to be published together with any report on them made by the auditors; and (b) send a copy of the annual accounts and of any such report to the Privy Council and to the Comptroller and Auditor General. (5) The Comptroller and Auditor General shall examine, certify and report on the annual accounts. (6) For the purposes of his examination, the Comptroller and Auditor General may inspect the accounts of the Council and any records relating to them.”

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Council

Panel Member transfer and resignations

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| <p>Action requested:</p> | <p>Panel Members to be transferred between and removed from the Practice Committees.</p> <p>For decision</p> <p>Council is invited to accept the recommendations of the Appointments Board to:</p> <ul style="list-style-type: none"> • Transfer the Panel Member in Table 1 of Annexe 1 from the Fitness to Practise Committee to the Investigating Committee (paragraph 4) • Remove the three Panel Members listed at Table 2 of Annexe 1 from the Practice Committee (paragraph 7) | | | |
| <p>Key background and decision trail:</p> | <p>At its meeting on the 11 September 2024, the Appointments Board considered the transfer of a Panel Member from the Fitness to Practise Committee to the Investigating Committee and the resignation of three Panel Members set out in this paper.</p> <p>The remit of the Appointments Board includes assisting the Council in connection with the exercise of any function or process relating to the appointment of Panel Members and Legal Assessors and the appointment of Registration Appeal Panel Members to the Registration Appeals Panel.</p> | | | |
| <p>Key questions:</p> | <ol style="list-style-type: none"> 1. What are the Appointment Board’s recommended Panel Member transfers and removals? 2. Are the proposals for transfer, removal and termination in line with legislative requirements? | | | |
| <p>Annexes:</p> | <p>The following annexes attached to this paper:</p> <ul style="list-style-type: none"> • Annexe 1: Panel Member transfer and Panel Members to be removed from the Practice Committees. | | | |
| <p>Further information:</p> | <p>If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.</p> <table border="1" data-bbox="416 1960 1402 2060"> <tr> <td data-bbox="416 1960 858 2060"> <p>Author: David Reeder david.reeder@nmc-uk.org</p> </td> <td data-bbox="858 1960 1402 2060"> <p>Assistant Director: Matthew Hayday matthew.hayday@nmc-uk.org</p> </td> </tr> </table> | | <p>Author: David Reeder david.reeder@nmc-uk.org</p> | <p>Assistant Director: Matthew Hayday matthew.hayday@nmc-uk.org</p> |
| <p>Author: David Reeder david.reeder@nmc-uk.org</p> | <p>Assistant Director: Matthew Hayday matthew.hayday@nmc-uk.org</p> | | | |

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Panel Member transfers, resignations, and termination of Legal Assessor appointment

Discussion

Panel Member transfer

- 1 The Nursing and Midwifery Council (Midwifery and Practice Committees) (Constitution) Rules 2008 state that no Panel Member may serve concurrently as a member of the Fitness to Practice Committee and the Investigating Committee.
- 2 The Panel Member listed at Annexe 1 advised us that their availability was better suited to the Investigating Committee and that they would like to be considered for transfer. The Board considered the reasons for the transfer request and reviewed the performance of the Panel Member against the performance monitoring framework. The Board concluded that the Panel Member continued to meet the required standards of performance, there have been no concerns about their conduct, they have undertaken the required Investigating Committee induction training, and agreed to recommend the transfer to Council.
- 3 Full details of the Panel Member, their performance and their term of appointment can be found at Table 1 of Annexe 1.
- 4 **Recommendation: The Council is invited to accept the recommendation of the Board to transfer the Panel Member to the Investigating Committee effective 25 September 2024.**

Panel Member resignations

- 5 Rule 9 of the Nursing and Midwifery Council (Practice Committees) (Constitution) Rules 2008 sets out the reasons where a Panel Member shall be removed from office by the Council. This includes a Panel Member resigning or where they have been appointed on the basis of being a professional on our register and their registration lapsing.
- 6 We have received three resignations from Panel Members of the Fitness to Practise Committee. Table 2 of Annexe 1 sets out the respective practice committee they served on, the date the resignation is effective from and the reason given for stepping down from the role.
- 7 **Recommendation: The Council is recommended to approve the removal of the Panel Members listed at Table 2 of Annexe 1 from the Fitness to Practise Committee.**

Next Steps

- 8 We will inform the Panel Members of the Council's decision and update their records accordingly.

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Implications

The following were considered when preparing this paper:

| Implication: | Applicable | Location if in paper: | Content if not in paper: |
|--|----------------|-----------------------|--|
| Public protection/impact for people. | Yes | | Panel Members are required to make decisions at practice committee events that protect the public. |
| Safeguarding considerations | Not Applicable | | |
| The four country factors and considerations. | Yes | | <p>The Nursing and Midwifery Council (Midwifery and Practice Committees)(Constitution) Rules 2008 apply to all four countries of the United Kingdom.</p> <p>Panel Members are allocated to adjudication events in each of the countries as they may sit on events across the United Kingdom.</p> |
| Resource implications including information on the actual and expected costs involved. | Not applicable | | |
| Risk implications associated with the work and the controls proposed/ in place. | Not applicable | | |
| Legal considerations. | Yes | Paras 1 & 5 | |
| Midwives and/or nursing associates. | Not Applicable | | |
| Equality, diversity, and inclusion. | Yes | | Resignations of the Panel Members and Legal Assessors will not affect the diversity of the Panel Member and Legal Assessor pools. |
| Stakeholder implications and any external stakeholders consulted. | Yes | Para 8 | |

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| Regulatory Reform. | Not Applicable | | |
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Panel Member transfer and Panel Members to be removed from the Practice Committees

Table 1 below lists the Panel Members who have requested to be transferred between Practice Committees

Table 1

| | Name | Current Practice Committee | Term Start | Term End | Performance record | Requesting transfer to |
|---|--------------|-----------------------------------|-------------------|-----------------|--|-------------------------------|
| 1 | Jessica Read | Fitness to Practise (Registrant) | 23/11/2023 | 22/11/2027 | No concerns or feedback points. Up to date on all training. Exceeding expectations in all areas. | Investigating Committee |

Table 2 below lists the Panel Members who have resigned and need to be removed from the Practice Committees.

Table 2

| | Name | Date resignation effective from | Role | Reason given |
|---|------------------|--|---|--|
| 1 | Jocelyn Griffith | 05/08/2024 | Lay Panel Member Fitness to Practise Committee | Difficulty giving the required time to the role. |
| 2 | Emily Davies | 03/07/2024 | Registrant Panel Member Fitness to Practise Committee | Started a new substantive role |

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| | | | | and no longer has time. |
| 3 | Carol Jackson | 01/07/2024 | Lay Panel Member Fitness to Practise Committee | Due to a change in circumstances |

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Council

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

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| Action requested: | <p>Reports action taken by the Chair of the Council</p> <p>The Council is asked to note the report.</p> |
| Key background and decision trail: | <p>This paper reports action taken by the Chair of the Council since 3 July 2024 under delegated powers in accordance with Standing Orders.</p> <p>There has been one Chair's action:</p> <ul style="list-style-type: none"> • Appointment of Partner Members to People and Culture Committee and Audit Committee (07-2024) |
| Key questions: | <ul style="list-style-type: none"> • What action on minor, non-contentious or urgent matters falling under the authority of the Council (Scheme of Delegation, paragraph 4.6) has the Chair taken on behalf of the Council since the last meeting? |
| Annexes: | <ul style="list-style-type: none"> • Annexe 1: - Chair's action 07/2024 |
| Further information: | <p>If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.</p> <p>Secretary: Matthew Hayday Phone: 020 7681 5516 matthew.hayday@nmc-uk.org</p> |

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Chair's Action 07/2024

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

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

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| Requested by: Secretary to the Council | Date: 23 August 2024 |
|--|------------------------------------|

Appointment of Partner Members to People and Culture Committee and Audit Committee

Purpose

Seeks the appointment of up to two Partner members to People and Culture Committee and up to two Partner members to Audit Committee. All Partner members would be appointed following an open and competitive recruitment process.

Background

Under Standing Orders, supplementing the membership of a Council Committee by appointing a Partner member is a matter for the Council on the advice of that Committee (Standing order 4.2.5).

Audit Committee

Audit Committee identified the need for recruiting at least one Partner member at its meeting in June 2023 (AC/23/40). On 27 March 2024, Council agreed that a Partner member should be appointed to Audit Committee during 2024-2025 (NMC/24/25). Since that meeting, the Chair of Audit Committee and the Chair of Council have agreed that the Committee would benefit from:

- up to two Partner members with terms of up to three years:
 - One member with appropriate financial qualifications (i.e. chartered accountant) with significant senior level experience in finance and/or audit in organisations of similarly size and complexity to the NMC.
 - One member with significant expertise and experience in overseeing technology and cyber security at an organisation of similar size and complexity to the NMC.
- One interim partner member for a term of six months that would provide one or more of the following:

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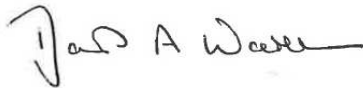
- Significant experience in transformational change and leading significant positive engagement initiatives with communities and stakeholders
- Significant experience in digital/data, technology and cyber security, counter fraud, and organisational development

People and Culture Committee

To supplement the Committee’s skills and expertise, the Chair of People and Culture Committee and the Chair of Council have identified a need for one or two Partner members with significant senior expertise, primarily, in organisational development and, secondarily, in culture change at an organisation of similar size and complexity to the NMC.

Requested action: The Chair of Council is asked to agree that the membership of the Audit Committee and the People and Culture Committee be supplemented by appointing Partner members as set out above.

Signed



Sir David Warren (Chair)

Date: 23 August 2024

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