

Meeting of the Council

To be held from 09:30am on Wednesday 3 July 2019
in Manchester at the People's History Museum

Agenda

Philip Graf
Chair

Fionnuala Gill
Secretary

- | | | | |
|----------|--|-----------|--------------|
| 1 | Welcome and Chair's opening remarks | NMC/19/45 | 09:30 |
| 2 | Apologies for absence | NMC/19/46 | |
| 3 | Declarations of interest | NMC/19/47 | |
| 4 | Minutes of the previous meeting | NMC/19/48 | |
| | Chair | | |
| 5 | Summary of actions | NMC/19/49 | |
| | Secretary | | |
| 6 | Executive report | NMC/19/50 | 09:40 |
| | Chief Executive and Registrar/Executive | | |
| 7 | Audit Committee Annual Report 2018–2019 | NMC/19/51 | 10:40 |
| | Chair of Audit Committee | | |
| 8 | Draft Annual Report and Accounts 2018–2019 | NMC/19/52 | 10:50 |
| | Chief Executive and Registrar | | |
| | <i>** Annexe 3 - the draft Annual Report - will be handed out for you to view at the meeting</i> | | |
| | Coffee | | 11:10 |
| 9 | Draft Annual Fitness to Practise Report 2018–2019 | NMC/19/53 | 11:30 |
| | Director of Fitness to Practise | | |
| | <i>** Annexe 1 - the draft FTP report - will be handed out for you to view at the meeting</i> | | |

*** We are not allowed to publish or share the contents of our Draft Annual Report and Accounts or Draft Annual FTP Report until after we have submitted them to Parliament. We will have hard copies available on the day so you can follow the Council's discussions but we will need to collect these back from you at the end of the meeting.*

10	Revalidation Annual Data Report 2018–2019 Director of Registration and Revalidation	NMC/19/54	11:50
11	Annual Equality, Diversity and Inclusion Report 2018–2019 Director of Registration and Revalidation	NMC/19/55	12:10
12	12a. Adroddiad Monitro'r Cynllun iaith Gymraeg ar gyfer y cyfnod rhwng 1 Ebrill 2018 a 31 Mawrth 2019 Cyfarwyddwr Cofrestru ac Ailddilysu 12b. Welsh Language Scheme Monitoring Report 1 April 2018 to 31 March 2019 Director of Registration and Revalidation	NMC/19/56	12:20
13	Annual Workforce Report 2018–2019 Director of People and Organisational Development	NMC/19/57	12:30
14	Annual Health, Safety and Security Report 2018–2019 Interim Director of Resources	NMC/19/58	12:50
15	Questions from observers Chair	NMC/19/59 (Oral)	13:00
Matters for information			
16	Midwifery update Director of Education and Standards	NMC/19/60	
17	Appointments Board Annual Report 2018–2019 Chair of the Appointments Board	NMC/19/61	
18	Chair's action taken since the last meeting Chair	NMC/19/62	
	CLOSE and Lunch		13:30

Meeting of the Council
Held on 22 May 2019 at 23 Portland Place, London, W1B 1PZ

Minutes

Present

Members:

Philip Graf	Chair
Sir Hugh Bayley	Member
Karen Cox	Member
Maura Devlin	Member
Claire Johnston	Member
Robert Parry	Member
Marta Phillips	Member
Derek Pretty	Member
Stephen Thornton	Member
Lorna Tinsley	Member
Ruth Walker	Member
Anne Wright	Member

NMC Officers:

Andrea Sutcliffe	Chief Executive and Registrar
Emma Broadbent	Director of Registration and Revalidation
Andy Gillies	Interim Director of Resources
Matthew McClelland	Director of Fitness to Practise
Sarah Daniels	Director of People and Organisational Development
Geraldine Walters	Director of Education and Standards
Edward Welsh	Director of External Affairs
Clare Padley	General Counsel
Fionnuala Gill	Secretary to the Council
Pernilla White	Senior Governance and Committee Manager
Jessie Cunnett	Head of Public Support Service (<i>for NMC/19/36 only</i>)

Minutes

NMC/19/29 Welcome and Chair's opening remarks

1. The Chair welcomed all attendees and observers to the meeting, including Nick McLeod-Clarke, newly appointed independent member of the Investment Committee.
2. The Council congratulated Maura Devlin on revalidating successfully for a second time.

NMC/19/30 Apologies for absence

1. Apologies had been received from Ric Sheldon, Interim Director of Technology and Business Innovation and Candace Imison, Director of Strategy Development.

NMC/19/31 Declarations of interest

1. The following declarations were recorded:
 - a) In relation to **NMC/19/36 – New strategic direction for fitness to practise**: Ruth Walker declared an interest as an employer involved in piloting the new approach.
 - b) In relation to **NMC/19/37 – Midwifery standards and update**: Lorna Tinsley declared an interest as a midwife. Ruth Walker declared an interest as an employer of midwives.
 - c) In relation to **NMC/19/38 – Update on post-registration standards**: All registrant members and Geraldine Walters declared an interest.
 - d) In relation to **NMC/19/39 – Investment Policy**: All registrant members and Geraldine Walters declared an interest.
2. None of the interests declared were deemed material as the individuals were not affected any more than other registrants.

NMC/19/32 Minutes of the previous meeting

1. The minutes of the meeting on 27 March 2019 were agreed as an accurate record, subject to adding further context to NMC/19/21 to explain that the action stemmed from the Executive's recognition that there was an opportunity for further work on efficiencies.

NMC/19/33 Summary of actions

1. The Council noted progress on actions from the previous meetings.
2. Arising from **NMC/18/101 – Future midwife**: The key findings of the

future midwife consultation would be shared with the Midwifery Panel at its next meeting in June 2019.

NMC/19/34 Executive report

1. The Council considered the Executive report.

Executive update

2. The following points were noted in discussion:
 - a) Workforce was a critical issue for all four UK countries; we were engaging with each country.
 - b) In England, the Long term 'People Plan' had yet to be published. Our comments on the priority areas of focus had been appreciated by the Steering Group.
 - c) The National Audit Office study into NHS nursing workforce issues was at an early stage. We had agreed to share registration data which could help inform the report.
 - d) Brexit developments were being closely monitored; there were no specific updates at this point in time.
 - e) The Chief Executive and Registrar, and Director of External Affairs had attended the Royal College of Nursing Congress. This had offered opportunities to engage with people working at the point of care.
 - f) The NMC's social media celebration of the International Day of the Midwife and the International Day of the Nurse was welcome and had been well received. The Council was looking forward to the celebration of 100 years of regulation of nurses and the celebration of 118 years of regulation of midwives.
 - g) There had been positive feedback on the new Return to Practice Standards. An evaluation would be undertaken but work on what this would involve had yet to start.
 - h) Positive feedback was also being received on the overseas registration process changes. Slippages in the Overseas IT build timelines, had no impact on processing of current applications.
 - i) The Council was pleased to see the improved internal approach by Fitness to Practise to requesting information from other organisations. The three steps listed in the report did not represent an order of priority but a menu of actions that may be taken in instances of non-compliance with our requests for disclosure.
 - j) Delays were distressing and stressful for people affected and their families and the registrants involved. It was important for people to understand if we were unable to do our job due to difficulties obtaining information from other organisations and, where this was the case, the Council would say so publicly.

- k) The planned IT disaster recovery test in May 2019 had been successfully completed.
- l) There was wide-ranging, ongoing engagement across the four countries on development of the 2020–2025 Strategy. Over 1800 postcards and survey responses had already been received and there was ongoing engagement with partners and stakeholders as well as internally with staff. Council would receive an update on the emerging themes in June 2019, in preparation for the public launch of the strategy consultation themes in July 2019.

Performance and risk report for 2018–2019

3. The following points were noted in discussion:

- a) The report included both an assessment of performance for 2018–2019 and an update on performance so far in 2019–2020.
- b) The five corporate KPI targets for 2018–2019 had been achieved or exceeded. Contact centre performance, though not a KPI, had fallen below target partly due to telephony issues during November 2018.
- c) It was disappointing to see a 40 percent drop in customer survey responses and that one in five respondents were in some way dissatisfied. The main reason for dissatisfaction was that issues were not resolved in the first instance. Data protection concerns mainly related to the publication of FtP decisions.
- d) Work to improve how we gather customer feedback is underway with external support. This was welcome. It was also important to be clear about how feedback is used to learn and improve.
- e) Cases which missed the 15 month completion target were reviewed regularly to ensure that these continued to be progressed as quickly as possible. The improved escalation processes now in place, may help to reduce third party delays in the future.
- f) Investigations performance had been challenging and the caseload was higher than where we would want it to be, resulting in a lower number of final hearings than planned during 2018–2019. The historic caseload at the year-end was higher than expected and an upward trajectory in the age of cases at investigation and case examiner stages was evident. Significant efforts were being made to improve output at the investigation stage, including adding an extra 12-14 staff. There was still some way to go but Council could be assured it was under control.
- g) The reduction in people leaving within six months was encouraging. However, the overall turnover level remained a

significant risk. This represented not just a considerable drain on resources, but also impacted in terms of organisational memory, loss of knowledge and expertise.

- h) Consideration should be given to whether the proposed target of reducing turnover to 20 percent was sufficiently challenging, perhaps with the aim of moving towards 10 percent.

Finance and efficiencies

4. The following points were noted in discussion:

- a) The surplus was the result of a combination of unexpected income and underspends, particularly on projects and programmes. Whilst it was recognised that these were more difficult to predict when setting the budget, over-providing funds for programmes represented lost opportunity costs, as the money could not then be spent on delivering other activities.
- b) The Nursing Associates (NAs) funding was one-off funding from the Department of Health and Social Care specifically to meet the costs expended to introduce regulation of NAs and should be shown as neutral.
- c) While the surplus and achievement of the KPIs were welcome, the underspend suggested that we may not have achieved all that we intended. This report should present a balanced picture including what had not been delivered and any impact on current year spend or efficiencies.
- d) The key efficiency in 2019–2020 was the move of Fitness to Practise (FtP) staff from two central London locations to Stratford which would save £1 million in rent a year. The £3 million relocation costs should be recouped by year four. Whilst this was welcome, there was still a need to ensure business as usual efficiencies were being made across directorates.
- e) There was no complacency about the positive financial position: the Executive were clearly focused on the need for efficiencies as this was a key element of the financial strategy and keeping the fee at £120 for as long as possible.

5. The Chair noted the importance of caution and prudent management and that particular attention to managing programme and project budgets and spend tightly.

Corporate risk register for 2018–2019

6. The following points were noted in discussion:

- a) The Executive assessed the overall risk position as stable.

- b) The Council would encourage ongoing efforts to improve the maturity of the risk register. For example, it would be helpful to include end dates for planned mitigations to provide assurance that risks were being managed. The comprehensive assurance reviews undertaken by the Audit Committee meetings were useful.
- c) The Executive was encouraged to review the current rating of the risk relating to the failure to recruit and retain staff in terms of impact, which was currently rated as amber.

Action:	Ensure that future reports i. are balanced in reporting what has not been delivered as well as what has been achieved; and ii. include more information about efficiencies
For:	Interim Director of Resources
By:	3 July 2019
Action:	Reconsider i. the staff turnover target of 20 percent; and ii. the current rating of risk PEO18/01
For:	Director of People and Organisational Development
By:	3 July 2019
Action:	Give end dates for planned mitigations in the Corporate risk register
For:	Interim Director of Resources
By:	3 July 2019

NMC/19/35 Professional Standards Authority annual performance review 2017–2018

1. The Director of Registration and Revalidation introduced the Professional Standards Authority (PSA) annual performance review 2017–2018 which found that we had met 22 of the 24 PSA Standards of Good regulation (SOGR).
2. Publication of the report had been delayed by the Lessons Learned review. While this was recognised, it was difficult to address issues raised when the report was received after the end of the following reporting period. The Chair, and Chief Executive and Registrar had discussed this with the PSA.
3. In discussion, the following points were noted:
 - a) In relation to the standard we had failed to meet in terms of supporting FtP complainants, the PSA's assessment related to the period before we had reviewed and implemented the lessons learned findings.
 - b) In relation to the FtP standard relating to transparency and proportionality of FtP processes, the criticisms relating to cases involving Personal Independent Payment (PIP) assessments were accepted. An internal review had been conducted and

some of the learning had been implemented, as the PSA report recognised.

- c) The PIP cases also raised systemic issues for the Department for Work and Pensions (DWP) to address: 71 percent of people turned down in a PIP application won on appeal. These cases often come to us as a last resort. Engagement with the DWP was taking place.
- d) It was important to ensure that staff were supported and had an opportunity to reflect on the PSA's findings. It was equally important to congratulate staff and recognise that 22 of 24 standards were met.
- e) The Executive was alive to the issues the PSA has said it would look at, or wish to review, in future performance reviews: an action plan was being developed which would be considered by the Executive Board.

NMC/19/36 Changing our Approach: Ensuring registrants, patients and the public are at the heart of what we do

- 1. The Chair noted that it was a year since the Lessons Learned Review had been published by the PSA. The review had contained some powerful messages for the organisation and continued to have an ongoing impact on how we work and how we treat the public; people who use services; the professionals on our register; and one another.
- 2. The Chief Executive and Registrar added that she took the Lessons Learned report seriously and was determined that the NMC should be a humane, kind regulator, treating people with respect, listening and responding to their concerns.

8a. Progress report: new strategic direction for fitness to practise (FTP)

- 3. The Director of Fitness to Practise introduced a report on implementation of the new FTP strategic direction. In discussion, the following points were noted:
 - a) It was an ambitious programme with a person centred approach to FtP at its heart. The Council had approved the policy principles guiding the new approach in July 2018.
 - b) These had been tested through a number of pilots and much had been learned. The feedback had been excellent and there was a real appetite from stakeholders and employers to work with us. Most were now ready to move into the implementation phase and be incorporated into business as usual.
 - c) The pilot on taking account of context had been extended, to ensure we get this right. A note summarising the literature review on taking context into account would be shared with Council.

- d) The finding that employers would welcome good practice guidance on conducting effective local investigations suggested a shift in willingness to manage issues at a local level. Case studies would be helpful as part of the guidance.
- e) Difficulties arose in cases where a registrant left employment during an ongoing local investigation: further work was needed in this area.
- f) The pilots had highlighted the need for more engagement with HR directors both locally within employers and strategically by the NMC and this would be picked up.
- g) This new approach may also empower registrants to engage earlier, rather than at the hearing stage which could result in a more positive outcome for all and a speedier resolution.
- h) Learning was being shared across the sector including other system and professional regulators from all of the four countries on an ongoing basis. There was also considerable collaborative activity with patient advocacy organisations as well as the professional bodies and unions. There was a wide interest in the concept of a just culture and how things could be done differently.

8b. Public Support Service

- 4. The Head of the Public Support Service (PSS) delivered a presentation on the progress made since 2018, including a summary of the experiences and feedback received from the parent of their autistic son supported by the PSS.
- 5. The Council welcomed the presentation as both humbling and a breath of fresh air in bringing to life the impact of our work. The progress made in the last year was encouraging and evidence of the drive and determination to change.
- 6. In discussion, the following points were noted:
 - a) The PSS reviewed all cases involving direct referrals from a patient/member of the public as well as employer and other referrals which directly involved a patient/member of the public to identify those where support should be offered. In a very few cases, people had approached the Public Support team directly.
 - b) The independent emotional support line encouraged people to get in touch with the NMC but left the decision to them.
 - c) A shared framework with other health and care regulators to provide independent advocacy support was being developed.
 - d) The use of 'personal experience statements' as part of the FtP process was being explored.
 - e) A key role of the Public Support Service was to manage people's expectations and to be honest with people about what we could do.

- f) It was important to ensure that the work of the Public Support Service benefitted all four countries and to reach people delivering and receiving care in all settings.
- g) There was a need to ensure we genuinely heard the voice of people who use services and families involved in the FtP process. An external review was being done and would be shared with the Council when available.
- h) For those whose cases may involve both criminal investigations and FtP action, there may be value in looking at the overlap with the support provided to witnesses and victims by the criminal justice system.
- i) Collaboration with other regulators was key and if the objective was that patients and people should only have to tell their story once, the ultimate aim would be to have joint hearings with other regulators in relevant cases.
- j) Ideally, the aim should be that direct referrals from the public were rare, as matters were being dealt with appropriately by employers.

7. The Council would welcome further opportunities to hear the voice of people who use services, and families, as well as professionals who experience our processes, at future meetings.

8c. Lessons Learned review: Ensuring patients and the public are at the heart of what we do

8. The Director of Registration and Revalidation introduced an update on the progress across other aspects of the PSA's Lessons Learned review. In discussion, the following points were noted:
- a) Six new clinical advisers had been recruited.
 - b) All the template letters and forms used by the Fitness to Practise and Registration and Revalidation directorates had been revised and tone of voice training delivered to staff. While this was welcome, the Council would be keen to hear about what was being done to empower staff to change how they engage with people.
 - c) A new Enquiries and Complaints function had been put in place from 1 April 2019 with a clear focus on transparency. Among other things, the team would consider how to better capture and respond to customer feedback, as discussed earlier.
 - d) A new reasonable adjustment policy was in place for people who may need additional support including translation services.
9. The Council welcomed the progress made. Regular reports should continue to be provided on the Lessons Learned work for at least the next 12 months as part of the Executive report.

10. Consideration should also be given to how we update the families, stakeholders and partners, such as the Health and Care Select Committee, on progress against the Lessons Learned action plan we shared with them 12 months ago.

Action: Share the literature review on taking context into account with Council

For: Director of Fitness to Practise

By: 31 May 2019

Action: Share the report on the findings from the work on hearing the voice of people who use services, and families, in FtP

For: Director of Fitness to Practise

By: 27 November 2019

Action: Consider how the Council can hear the voice of those who experience our processes more regularly, at meetings

For: Director of Fitness to Practise/Director of External Affairs

By: 3 July 2019

Action: Consider how we update families, stakeholders and partners, such as the Health and Care Select Committee, on progress.

For: Director of Registration and Revalidation/Director of External Affairs

By: 3 July 2019

NMC/19/37 Midwifery standards and update

1. The Director for Education and Standards introduced the report.
2. Following queries from Lead Midwives for Education, it would be helpful to make a minor amend to the existing Midwifery Standards (2009) relating to the length of programmes, consistent with the relevant EU Directive.
3. **Decision: The Council approved a minor amendment to Standard 10 in the Standards for pre-registration midwifery education (2009).**
4. In discussion on the wider midwifery updates the following points were noted:
 - a) The future midwife consultation was now closed. There had been an excellent response, exceeding that for the future nurse consultation, with a significant number from the public.
 - b) The new collaborative approach to the work of the Midwifery Panel was working well. The last meeting had involved external speakers and had been very valuable.
 - c) The Midwifery Panel had received the findings of a survey we ran

during December 2018 and January 2019 to gather women's experiences of midwifery care. This indicated that experiences of antenatal care were more positive than post-natal care. It was concerning that around a quarter of respondents felt that their personal needs and choices were not taken into account. A caring approach and the need for strong communication skills would feature strongly in our new standards.

- d) The context of care and system impacts were other important factors to consider.
- e) The survey findings would be compared with the consultation findings. Post-natal care was a complex area which needed a strong focus.
- f) Further information on whether respondents were self-selected or a representative sample would be provided, as this would help provide context.
- g) The experience of midwives suffering assaults and harassment should also not be forgotten.

Secretary's Note: The Executive subsequently confirmed that the survey was not a survey of a representative sample; this was an online survey and respondents were self-selecting.

NMC/19/38

Update on post-registration standards

1. The Director of Education and Standards introduced the report on post-registration standards. In discussion, the following points were noted:
 - a) The whole range of different roles in community settings in the widest sense should be considered, recognising that this varied across the four countries
 - b) There is a need to understand what people want us to do and what we can do. We should be clear about the problem we are seeking to solve and how this fits with our future priorities.
 - c) It was important to use the right language and to be mindful of the differences relating to midwifery.
 - d) Any work in this area needed future proofing; we should look ahead to how care would need to be provided in the future.
 - e) It was important to be clear about the areas that we have capacity to regulate in and to look at how these issues are addressed by other health care regulators, recognising the different roles of the Royal medical colleges. It was likely that if we decided to regulate, we would need to build our capacity in this area.
 - f) It was also important to recognise that people in advanced practice are not unregulated; they are on our register It was right to approach this issue in a careful way.
 - g) A careful approach to considering advanced practice was sensible, given the lack of any agreed definitions.

h) The compatibility of the timetable for this work and the development of the 2020-2025 strategy should be kept in mind. We need to be clear not to overload work on the strategy with solving other outstanding issues.

2. The Council was supportive of the further work proposed to inform an approach to post-registration qualifications.
3. **Decision: The Council agreed the proposed next steps as set out in the report.**

Action:	Provide a glossary on qualifications and language relating to post-registration standards
For:	Director of Education and Standards
By:	3 July 2019

NMC/19/39 Investment Policy

1. The Chair of the Investment Committee introduced the report which proposed some changes to the ethical aspects of the investment policy agreed by the Council in March 2019 (**NMC/19/21**).
2. Following discussions by the Investment Committee with the added input of two new independent expert members, it was concluded that the approved policy would be difficult to apply in practice. The revised policy now identified three proposed investment categories: absolute exclusions; direct investment exclusions and indirect investment exclusions. The latter did not include the exclusion of infant formula milk producers as this would mean that there would be little if any scope to invest in pooled funds. The Committee recognised that this was a contentious and sensitive area but considered that any other approach would not be practical to achieve the investment objectives.
3. **Decision: The Council approved the revised Investment Policy, including the ethical policy.**

NMC/19/40 Appointment of Assistant Registrars

1. The Director of Fitness to Practise introduced the paper on the appointment of additional Assistant Registrars to act on the Registrar's behalf.
2. The Council noted that it was important to have robust governance processes and to ensure that decisions made by Assistant Registrars were consistent and transparent, which would be more challenging as the number increased.

3. **Decision: The Council approved the appointment of the individuals named as Assistant Registrars, subject to authorisation by the Registrar to act on her behalf in any matter, in accordance with the Standing Orders.**

NMC/19/41 Questions from observers

1. The Chair invited questions and comments. The following comments were made:
- a) The upcoming work on the post-registration standards was welcomed by a number of observers. The existing standards were out of date and there was dilution and fragmentation. The complexity of the task was appreciated.
 - b) It was very important to be clear about the language and to remember that Health Visitors were a separate category with a protected title. It may be difficult to compare practice with other professional regulators as the accreditation of advanced practice varied significantly.
 - c) Whilst none of the clinical advisers was a Health Visitor, the clinical advisers have access to specialist advice when needed.
 - d) The safe staffing law in Wales might be relevant to this work. As recognised, the differences between nurses and midwives were important.
 - e) In relation to staff turnover, it was noted that unions can be helpful in assisting organisations and it may send a positive message to both staff and registrants if the NMC was willing to recognise trade unions.
 - f) The Midwifery Standards were amended followed the EU Directive by setting out both required hours and years to assist with clarity.

NMC/19/42 Audit Committee report

1. The Council noted the Audit Committee report.

NMC/19/43 Council meeting dates 2020–2021

1. The Council noted the confirmed meeting dates for 2020–2021.

NMC/19/44 Chair's action taken since the last meeting

1. The Council noted the Chair's actions to appoint two independent members to the Investment Committee and to appoint an NMC Trustee of the Defined Benefit Pension Fund.

The next meeting of the Council in public will be held on Wednesday 3 July 2019 at the People's History Museum, Manchester.

Confirmed by the Council as a correct record and signed by the Chair:

SIGNATURE:

DATE:

Council

Summary of actions

Action:	For information.
Issue:	Summarises progress on completing actions from previous Council meetings.
Core regulatory function:	Supporting functions.
Strategic priority:	Strategic priority 4: An effective organisation.
Decision required:	None.
Annexes:	None.
Further information:	If you require clarification about any point in the paper or would like further information please contact the author below.

Secretary: Fionnuala Gill
Phone: 020 7681 5842
Fionnuala.gill@nmc-uk.org

Summary of outstanding actions arising from the Council meeting on 22 May 2019

Minute	Action	Action owner	Report back date	Progress to date
NMC/19/34	<p>Executive report</p> <p>Ensure future reports</p> <ul style="list-style-type: none"> i. are balanced in reporting what has not been delivered as well as what has been achieved; ii. include more information about efficiencies 	Interim Director of Resources	3 July 2019	<ul style="list-style-type: none"> i. We have included an executive summary within Annexe 1 (performance report) of the Executive report, which provides highlights, covering a range of performance updates (on and off track). ii. This will be provided to the Council in October 2019 as part of the Executive Report following alignment with Q1 budget forecasting.
NMC/19/34	<p>Executive report</p> <p>Reconsider:</p> <ul style="list-style-type: none"> i. the staff turnover target of 20 percent; ii. the current rating of risk PEO18/01 	Director of People and Organisational Development	3 July 2019	<p>We have reduced our turnover target to 20 percent for 2019–2020. Our rationale for this target along with the comparators for the London market and other healthcare regulators can be found in the annual workforce report 2018–2019.</p> <p>The risk rating was reviewed by the Executive Board in May 2019 and has been revised to red.</p>
NMC/19/34	<p>Executive report</p> <p>Give end dates for planned mitigations in the Corporate risk</p>	Interim Director of Resources	3 July 2019	End dates are now included.

Minute	Action	Action owner	Report back date	Progress to date
	register			
NMC/19/36	FTP new strategic direction Share the literature review on taking context into account with Council	Director of Fitness to Practise	31 May 2019	Completed: shared with Council members on 31 May 2019.
NMC/19/36	Public Support Service Share the report on the findings from the work on hearing the voice of people who use services and families in FtP	Director of Fitness to Practise	27 November 2019	We expect to report to the Council on the findings and actions we are taking as part of the Executive Report in November 2019. We will circulate the research report at the same time.
NMC/19/36	Public Support Service Consider how the Council can hear the voice of those who experience our processes more regularly at meetings	Director of Fitness to Practise/Director of External Affairs	3 July 2019	We plan to provide Council with an update once a year on Public Support Service activity, which will include case studies of people's experiences of our process. As our new Enquiries and Complaints function develops we will share feedback and trends from our customer surveys and complaints.
NMC/19/36	Lessons Learned Report Consider how we update families, stakeholders and partners, such as the Health and Care Select Committee on progress.	Director of Registration and Revalidation/Director of External Affairs	3 July 2019	We are planning to update families on progress. We are writing to the Chair of the Health and Social Care Select Committee, Dr Sarah Wollaston MP, updating her on our progress made

Minute	Action	Action owner	Report back date	Progress to date
				against the recommendations from the Lessons Learned report. We will also be writing to update the Minister of State for Health, officials at the Department of Health and Social Care, the Special Adviser at Downing Street, the Professional Standards Authority, the Chief Nursing Officers, and our fellow professional regulators.
NMC/19/38	Post Registration Standards Provide a glossary on qualifications and language relating to post-registration standards	Director of Education and Standards	3 July 2019	This glossary is being developed and will be ready by 3 July 2019. This will then be shared with Council members.

Summary of outstanding actions arising from the Council meeting on 27 March 2019

Minute	Action	Action owner	Report back date	Progress to date
NMC/19/18	Fitness to Practise Provide ongoing updates to the Council on Gosport	Director of Fitness to Practise	3 July 2019	We are attending the next family meeting in July 2019 to discuss our progress and will update the Council on the outcomes.

Minute	Action	Action owner	Report back date	Progress to date
NMC/19/19	<p>Executive report</p> <p>Consider future structure of Executive report to aid the Council in holding the Executive to account.</p>	Interim Director of Resources/Chief Executive and Registrar	22 May 2019	The Executive has reviewed the Executive report on the agenda and taken significant steps to improve the format to aid the Council to hold the Executive to account. See Annexe 1, section 2 (delivery plan), which provides visibility of progress of our corporate plan 2019–2020.
NMC/19/20	<p>Standards for return to practice</p> <p>Provide regular feedback to the Council on developments and proposals for evaluation</p>	Director of Education and Standards	3 July 2019	New return to practice standards were published in May 2019. Education institutions are required to seek approval for their return to practice programmes by September 2021. We will be considering proposals for evaluation of the new standards once new programmes are running and once the new route to return to practice via a test of competence opens (January 2020).
NMC/19/21	<p>8a. Financial Strategy and Investment Policy</p> <p>Ensure that the principles around the use of consultants and temporary contractors are captured in operational guidance</p>	Interim Director of Resources	22 May 2019/ 3 July 2019	This is being developed and will be incorporated into operational guidelines by end July 2019.
NMC/19/21	<p>8a. Financial Strategy and Investment Policy</p> <p>Undertake additional work on</p>	Interim Director of Resources	3 October 2019	Not yet due.

Minute	Action	Action owner	Report back date	Progress to date
	efficiencies and update Council on progress			
NMC/19/21	<p>8a. Financial Strategy and Investment Policy</p> <p>Undertake work on how we tell registrants how we spend their money</p>	Interim Director of Resources/Director of External Affairs	22 May 2019	Content and design has been finalised and we aim to tell registrants how we spend their money from July 2019.
NMC/19/22	<p>Appointment and removal of panel members and legal assessors</p> <p>Develop a policy governing the appointment of former senior staff members to NMC roles.</p>	Director of Fitness to Practise	3 July 2019	The Appointments Board considered the policy at its meeting in June 2019 and decided that there should be a five year disqualification period for all former NMC staff.
NMC/19/25	<p>Audit Committee report</p> <p>Consider further how to ensure suppliers of all sizes adhere to the modern slavery expectations and update the Audit Committee.</p>	Interim Director of Resources	22 May 2019	The Procurement team has commenced contacting our suppliers using supplier assurance software. All new suppliers and existing suppliers are being asked to complete a new on-boarding questionnaire and a modern slavery questionnaire, which gathers detailed information on their company including their approach to modern slavery.

Summary of outstanding actions arising from the Council meeting on 28 November 2018

Minute	Action	Action owner	Report back date	Progress to date
NMC/18/101	Future midwife Consider how the impact of the final midwifery standards can be evaluated once implemented and report back to Council on a timeframe for such evaluation	Director of Education and Standards	3 October 2019	Not yet due.

Summary of outstanding actions arising from the Council meeting on 26 September 2018

Minute	Action	Action owner	Report back date	Progress to date
NMC/18/88	Annual equality, diversity and inclusion report 2017–2018 Consider: <ol style="list-style-type: none"> i. how future reports can provide more information about trends over time and ii. the scope to improve analysis of the data to derive better understanding and intelligence 	Director of Registration and Revalidation	3 July 2019	<p>Trend information is included in the annual equality, diversity and inclusion report showing that some trends have remained the same e.g. gender, and some trends have changed, for example this year there are similar proportions of black African and white British groups going to the Fitness to Practise hearing stage.</p> <p>Extra analysis has been done and included in the annual Revalidation report, which looks at scope and setting of practise by protected characteristics.</p>

Minute	Action	Action owner	Report back date	Progress to date
NMC/18/89	<p>Welsh language scheme Access to services Consider how to ensure services are accessible to all members of the population in a way that meets their needs</p>	Director of External Affairs/Director of Registration and Revalidation	3 July 2019	<p>Work is ongoing to standardise our approach to producing and promoting easy read publications.</p> <p>The Welsh Language report on the agenda outlines how we took these considerations into account in our major pieces of work over the year. For example, providing Welsh versions of the future nurse consultation documents and communicating these in Welsh.</p>

Council

Executive report

Action: For discussion.

Issue: Provides the Executive's report on key strategic developments and performance against our 2019–2020 corporate plan and budget to 31 May 2019.

Core regulatory function: All regulatory functions.

Strategic priority: All.

Decision required: None.

Annexe: The following annexes are attached to this paper:

- Annexe 1: Performance report to 31 May 2019.
- Annexe 2: Corporate risk register to 31 May 2019.

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

Director: Andy Gillies
Phone: 020 7681 5641
Andrew.Gillies@nmc-uk.org

Author: Kim Butler
Phone: 020 7681 5822
Kim.Butler@nmc-uk.org

- Discussion:**
- 1 The purpose of this report is to update the Council on delivery of our 2019–2020 corporate business plan and budget, alongside highlights from the external environment which impact on what we do.
 - 2 We continue to refine the format of this report. As requested, we have sought to reduce duplication of information reported elsewhere. We have segmented the report into 3 distinct sections:
 - 2.1 A short report by the Executive with highlights from the external environment and our strategic engagement work;
 - 2.2 Our performance report providing status updates against our corporate plan and budget (**Annexe 1**);
 - 2.3 Our corporate risk position and risk register (**Annexe 2**).
 - 3 This report provides the year to date position to 31 May 2019 and shows a positive start to the year in the work to deliver our corporate objectives and the development of our new strategy for 2020–2025.
 - 4 The Executive remains confident that, at this point in the year, we can deliver the key commitments of our corporate plan for 2019-2020. Detailed performance updates are discussed at **Annexe 1**, section 2.
 - 5 Some risks are inherent within our plans. These remain tolerable and are discussed at **Annexe 2**.

Developments within the external environment

Interim NHS People Plan

- 6 On 3 June 2019, NHS England and NHS Improvement published the Interim NHS People Plan. This plan outlines the initial and immediate proposals to support the NHS workforce to ensure it can meet the delivery of the NHS Long Term Plan (published in January 2019). A full workforce plan is expected later this year following the anticipated Comprehensive Spending Review in the autumn. As with the NHS Long Term Plan, the Interim NHS People Plan applies only to the NHS in England.
- 7 We contributed to this work through representation on a number of the working groups, led by NHS Improvement, which fed into the development of the Interim NHS People Plan.
- 8 The plan focuses on three key areas for improvement:
 - 8.1 recruiting more staff with particular attention to nursing;

- 8.2 the culture and working environment of the NHS to support retention of staff;
 - 8.3 supporting the workforce to deliver 21st century care.
- 9 The plan places a strong emphasis on addressing the shortages in the nursing workforce and outlines a number of approaches to address this. It also acknowledges the recent under-investment in developing the existing workforce and puts forward proposals to restore national and local investment in Continuing Professional Development (CPD) to previous funding levels by 2024. The plan is reliant on securing funding at the Comprehensive Spending Review.
 - 10 Our Chief Executive and Registrar, Andrea Sutcliffe issued a statement after the publication of the Interim Plan. In our comment, we welcomed the plan as a step forward in tackling the improvements required to put the recruitment, retention, training and development for nursing and midwifery professionals on a much-needed stable and secure footing.
 - 11 We will now be working with our key partners and stakeholders to contribute to the development of the final, fully costed, plan in the autumn.
 - 12 Following on from the nursing and midwifery workforce dinner we hosted in May 2019, we will be convening a smaller group to look at developing shared messaging and activity in the run up to the Comprehensive Spending Review.

Future workforce strategy in Wales

- 13 Health Education and Improvement Wales (HEIW) and Social Care Wales have been commissioned by the Welsh Government to develop a long-term workforce strategy across health and social care, to ensure the workforce can meet the future needs of people in Wales.
- 14 These organisations have launched an online survey to gather the views of the public and key stakeholders on what they see as the biggest challenges and opportunities facing the health and social care workforce in Wales over the next decade. As part of this consultation, and our ongoing engagement with HEIW and Social Care Wales on the developing strategy, we have been invited to attend a workshop to discuss these challenges and opportunities in greater depth. The Assistant Director of Strategy and Insight, will be attending the workshop in early July 2019.

Just culture

- 15 Our new strategic direction for fitness to practise aims to foster a just culture in health and social care. In developing our new strategic direction, we took account of the learning from gross

negligence manslaughter cases. Recently, there have been a number of reports from other organisations which are relevant:

- 15.1 On 16 May 2019, the Academy of Medical Royal Colleges issued [guidance for healthcare professionals acting as expert or professional witnesses](#). The guidance was developed collaboratively with a wide range of organisations in response to a recommendation in Sir Normal Williams' Review of Gross Negligence Manslaughter in Healthcare. We have incorporated the guidance into our toolkit for expert witnesses.
- 15.2 On 6 June 2019, the General Medical Council published [Leslie Hamilton's independent review](#) into how the law on gross negligence manslaughter and culpable homicide are applied to medical practice. We are studying the review carefully to determine whether there is any additional learning we can take from it.
- 15.3 On 11 June 2019, the PSA published two reports which it had commissioned in response to the Williams review. The first proposes [a methodology for assessing the consistency of fitness to practise outcomes](#). The PSA recognises that taking forward a study to assess consistency of outcome across the regulators would be a major piece of work. The second report looked at [how public confidence is maintained](#) when fitness to practise decisions are made. The report highlights that there is no agreed definition between the regulators and that the public have different views in relation to different professions. We are considering what lessons we can draw from the report for our decision-makers.
- 15.4 On 18 June 2019, the PSA published a [literature review by Dr Paul Sanderson](#) on what academic literature tells us about the consequences of decisions generally being taken in private or in public settings. The report highlights that private hearings may allow decision-makers to consider a broader range of options and that in a public context, decision-makers may strive to perform better. We will consider the report carefully to see whether there are any lessons we can draw from it for our fitness to practise decision-making processes.
- 15.5 Our consideration of these reports and any changes we may make to our approach to fitness to practise will be reported to the Council in the autumn.

Gosport War Memorial Hospital

- 16 On 16 July 2019, the Chief Executive, the Director of Fitness to Practise, and colleagues from our Public Support Service will attend a meeting with families affected by the events at Gosport War Memorial Hospital. The meeting will be chaired by Bishop James

Jones and attended by the police, regulators, and NHS bodies. There will be an opportunity for the Chief Executive to talk briefly about the work we have done since the Gosport Independent Panel report which was published in June 2018 and for families to ask questions.

Brexit

- 17 We continue to monitor external developments carefully and prepare for any scenarios that might emerge.

Shaping the future: strategy development 2020–2025

- 18 We have continued to promote the opportunity for people to share their views and input into our strategy development process. At 7 June 2019, we had received over 2,000 responses to our online form and postcard opportunities. We are collating the responses to assist in the development of our strategic themes for consultation in July 2019.
- 19 The consultation will run from 24 July to October 2019, with a range of opportunities for people to engage with us during this period. We are scheduling a series of face-to-face events around the country, roundtable sessions and online opportunities for people to engage with us through the consultation period.
- 20 We have already sought input from patient and public groups including Stonewall, Cancer Research UK, Diabetes UK and Maternity Voices on our strategy development work.
- 21 We have exhibited at several major healthcare events, including the RCN Congress, NHS Providers Quality Conference, the RCM Education Conference, Confed19, the Northern and Midwifery Festival and the Health+ Care Expo. This has provided us with numerous opportunities to engage with a wide range of stakeholders to collect their views.
- 22 We have promoted 'Shaping the future' on our website, social media and in mass email communications. Since launch to early June we have received 9,604 page views across the pages. This is comparable with the launch traffic we received for our future midwife campaign.
- 23 Our social media campaign on the strategy has also been very successful with our tweets on strategy being seen 355,124 times, clicked on 5,533 times and retweeted 938 times.

Sector Engagement

- 24 Since the last report, the Chief Executive and Registrar has continued to engage a number of key stakeholders through events

such as the Royal College of Nursing Congress, and meetings with the Sickle Cell All Party Parliamentary Group and Cheshire and Wirral Partnership NHS Foundation. Topics included encouraging engagement on our new strategy for 2020–2025, workforce and to discuss the report ‘I’m in crisis’ for sickle cell disease.

- 25 The Deputy Director of Fitness to Practise took part in a panel discussion focused on patient safety in May 2019. They discussed accountability, creating an open culture for learning and duty of candour. The panel included representatives from the Royal College of Physicians, General Medical Council, NHS Resolution and the Parliamentary and Health Service Ombudsman.
- 26 The Director of Strategy Development and the Assistant Director, Strategy and Insight spent time in Northern Ireland, Scotland and Wales in order to understand the strategic context in each country, as part of the NMC strategy development work.
- 27 On 12 June 2019, the Chief Executive and Registrar and the Director of External Affairs met Norman Lamb MP to discuss some of his concerns around a fitness to practise case, Gosport and our strategy development work.
- 28 On 1 July 2019, the Chief Executive and Registrar and the Director of External Affairs are due to meet Stephen Hammond MP, Minister of State for Health as part of a series of regular catch ups. This meeting will focus on gaining the Minister’s insight on our 2020–2025 Strategy development work and discussing the recently published interim NHS People Plan.
- 29 We continue to support the implementation of our new education and training, future nurse, prescribing, and nursing associate standards. This includes providing ongoing support for the four country implementation boards, attending local and national events and publishing webinars, blogs and supporting information. We have also published further resources, scenarios, case studies and frequently asked questions on our website.

Centenary of the Nurse Registration Act

- 30 December 2019 marks the 100th anniversary of the Nurse Registration Act (1919). Plans are being progressed to mark this significant milestone, which provides us with an important opportunity to showcase our commitment to better, safer care and highlight the professionalism of registrants past, present, and into the future.
- 31 We will work closely with our stakeholders to develop and tell a coherent and compelling story about the history of professional nursing regulation, and driving up standards of care across the UK,

which will inspire a conversation about the future.

- 32 This activity will also help to set the scene for the World Health Organisation's Year of the Nurse and Midwife and the NMC strategy in 2020.
- 33 We will celebrate the 118 years of midwifery regulation to support the release of the new midwifery standards in early 2020.

Settlement agreement

- 34 In accordance with the governance arrangements approved by the Council, any cases involving a settlement agreement with an employee are reported to the next open Council meeting, as well as in our annual report and accounts.
- 35 The Remuneration Committee approved a request to settle an Employment Tribunal claim. This case has now been resolved by negotiation to the value of £10,000 and the resolution of a previous overpayment.

Public Protection	36	Public protection implications are considered when reviewing performance and the factors behind poor or good performance.
Resource implications:	37	Performance and risk reporting are a corporate requirement and are resourced from within BAU budgets. No external resources have been used to produce this report.
Equality and diversity implications:	38	Equality and diversity implications are considered in reviewing our performance and risks.
Stakeholder engagement:	39	Not applicable.
Risk implications:	40	The impact of risks is assessed and rated within our corporate risk register.
Legal implications:	41	None.

Item 6: **Annexe 1**
 NMC/19/50
 3 July 2019



NMC Performance report for 2019–2020

Report period: May 2019

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Section 1: Executive Summary

- 1 Our delivery plan (section 2), budget (section 4) and KPIs (sections 5 and 6) reflect those within our corporate plan and budget for 2019–2020 which were agreed by the Council in March 2019.
- 2 The Executive remains confident that we can deliver the key commitments of our corporate plan for 2019-2020.
- 3 Our delivery plan which details the key milestones for delivering our commitments largely remains on track following re-planning of our core systems replacement work. Items to note are:
 - 3.1 Our strategy consultation for 2020–2025 is on track to launch in July.
 - 3.2 Our office move for FTP employees to Stratford is on track for September 2019.
 - 3.3 We have experienced some delays for the technical build to automate our overseas registration process. This does not pose a risk to processing overseas registrations, but does impact the expected timescales for making the process more efficient. Delays are being managed by the Executive and remain tolerable.
 - 3.4 We expect to extend the timescales for reviewing post regulation standards as we plan to take the opportunity to align this with our strategy development and stakeholder engagement work. This does not pose significant risk.
 - 3.5 We have extended the timescales for the release of the technical solution for quality assurance of Approved Education Institutions. Mitigations are in place to test the approach during summer 2019 which will limit adverse impacts on external stakeholders.
 - 3.6 We have successfully completed the delivery of the overseas nursing associate applications technical solution.
 - 3.7 Our contingency plan to backup our phone lines so that we can recover more quickly following telephone outages has been delayed to allow us to manage potential risks within the project. This work will be rescheduled at a later date, which is still to be confirmed. Our previous mitigation to upgrade the phone line was delivered earlier in 2019, and mitigates the stability of the phone lines. This reduces the likelihood of the risk occurring in the first instance.
- 4 We have a year to date surplus of £1.3m, which is £3m ahead of budget. This is driven by an increase in overseas registrations and lower than budgeted expenditure.
- 5 We met or exceeded targets for our five corporate KPIs covering UK and EU/Overseas registration, the issuing of interim orders, and conclusion of cases within 15 months. The contact centre has also been brought back on track following technical issues during 2018–2019.
- 6 Employee turnover continues to reduce especially amongst new joiners but this remains an area we are actively managing to reduce further risks.

- 7 We have included a new section (section 7) highlights performance metrics for corporate services covering technology, estates, procurement and external affairs. The aim is to provide the Council with assurance that we continue to monitor the performance of our infrastructure efficiencies.

Section 2: Progress to 31 May 2019 against our Delivery plan

Key deadline	Activity	Previous forecast At 30 April 2019	Current forecast At 31 May 2019	Commentary at 31 May 2019
1. Changing our Approach				
Delivering a new approach to fitness to practice (Matthew McClelland)				
May 19 (Q1)	Publish a series of videos on our website aimed at members of the public explaining the Fitness to Practise process	Green	Green	<p>Complete</p> <p>To support our work to deliver person centered approaches for FtP, we published a series of videos focused on the people behind the NMC FtP processes which provide more visibility about how we undertake case referrals.</p> <p>These were developed to be accessible to a wide range of external stakeholders, including those with learning disabilities.</p>
Jun 19 (Q1)	Evaluate the outcomes from pilots and develop implementation plan	Green	Green	<p>On track</p> <p>The pilots have been evaluated and we are developing our implementation plan which will deliver the changes needed to put in place a new model for FtP during 2019-2020. The plan is due to be implemented from July 19.</p>
Sept 19 (Q2)	Improve the level of support that we provide for nurses, midwives, and nursing associates	Green	Green	<p>On track</p> <p>A working group of employees from across FtP are scoping a number of micro projects to improve the support for registrants, such as improving the information and advice available on our website and evaluating the training needs of our teams to best support registrants. Outcomes will be delivered by September 2019.</p>

Key deadline	Activity	Previous forecast At 30 April 2019	Current forecast At 31 May 2019	Commentary at 31 May 2019
Sept 19 (Q2)	Introduce a pro-bono legal advice service for unrepresented registrants, in partnership with a law school	Green	Amber	<p>Slightly delayed</p> <p>We are developing proposals and have been engaging with representative bodies.</p> <p>We expect to have concluded the development phase by the end of Q2, with delivery expected to take place later in the year which is the reason for the amber status.</p>
Dec 19 (Q3)	Launch an emotional support helpline by the end of quarter three	Green	Green	<p>On track</p> <p>We have begun the procurement process and issued an invitation to tender.</p>
Reviewing the overseas registration process (Emma Broadbent)				
May 19	NA Overseas applications: technical solution	Green	Green	<p>On track</p> <p>We delivered a release to complete the functionality required to process NA overseas application. Early feedback from external stakeholders suggests that we will need to deliver a further updated release in September 2019 to complete the process.</p>

Key deadline	Activity	Previous forecast	Current forecast	Commentary at 31 May 2019
		At 30 April 2019	At 31 May 2019	
Sept 19 (Q2)	Automate the whole application process continue to improve our support and guidance for applicants	Amber	Amber	<p>Some challenges exist to delivery</p> <p>We are on track to launch the new overseas pages on our website and our new pre-application checklist which will support applicants through the full process.</p> <p>The full end to end process involves a significant technical build and work is underway to finalise delivery timelines. Early feedback from stakeholders suggests that we may need to undertake a two stage approach so we can accommodate feedback from users in between releases, with an initial release in July 2019 and an update in September 2019. This adjustment remains tolerable at this time.</p>
Sept 19 (Q2)	Continue to develop and improve the test of competence	Green	Green	<p>On track</p> <p>We have awarded the contract for a partner to design the new test of competence based on the future nurse and midwife standards. We are also on track to award the new contract for the Computer Based Test.</p>
2. Core business and new initiatives				
Education (Geraldine Walters)				
Jun 19 (Q1)	Return to practice: publish new return to practice standards for nurses, midwives and nursing associates	Green	Green	<p>Complete</p> <p>New return to practise standards were published in May 2019. We are working with stakeholders to raise awareness of the increased flexibility of the new programme standards and the opportunities for employers to develop new routes for returners.</p>
Jan 20 (Q4)	Launch an alternative route for	Green	Green	<p>On track</p> <p>The alternative route for return to practice via a test of</p>

Key deadline	Activity	Previous forecast	Current forecast	Commentary at 31 May 2019
		At 30 April 2019	At 31 May 2019	
	return to practice			competence will be launched in January 2020.
Jun 19 (Q1)	Post registration standards: agree a timescale and work programme to complete our review	Green	Amber	<p>Slightly delayed</p> <p>In May we discussed the findings of an independent evaluation of our post registration standards with the Council. We agreed that we should consider our role in setting standards beyond initial registration and in particular agree timelines to address specialist community public health nursing standards and timelines to address specialist practice qualification standards.</p> <p>The Council also agreed that we should explore our future position in relation to advanced practice as part of the wider corporate strategy development. Distinct project plans are now being developed and include a stakeholder engagement and communication plan. This will ensure that we continue to engage with stakeholders during 2019 across the four countries on these important developments</p>
Oct 19 (Q3)	Future nurse: implement our new education framework and our new standards of proficiency for registered nurses	Green	Green	<p>On track</p> <p>We continue to support the implementation of our new standards including working with stakeholders, attending events and publishing a range of supporting information and resources.</p>
Jan 20 (Q4)	Future midwife: complete the consultation on our draft standards for registered midwives, approve and launch	Green	Green	<p>On track</p> <p>The consultation on the draft standards closed in May 2019 and we are on schedule to publish new standards in January 2020.</p>

Key deadline	Activity	Previous forecast	Current forecast	Commentary at 31 May 2019
		At 30 April 2019	At 31 May 2019	
	the final standards and proficiencies			
Mar 20 (Q4)	Quality assure all education institutions and programmes against the new standards using our new model of quality assurance	Green	Green	<p>On track</p> <p>Education institutions are progressing with their applications to be approved against the new standards. Six institutions including one provider of nursing associate programmes have been approved to date. We expect a peak of activity during summer 2019.</p> <p>Since April 2019 we began publishing programme approval visit reports on the NMC website for all institutions that have been approved. We are working closely with stakeholders to monitor progress and we expect a peak of activity this summer as all institutions progress towards seeking approval against the new standards.</p>
Nursing Associates (Geraldine Walters)				
No date – approvals are demand led	Approve nursing associate pre-registrations programmes using our new QA framework	Green	Green	<p>On track</p> <p>Applications from institutions for nursing associate programmes are being processed as they are received and the first institutions have been approved.</p> <p>We anticipate we will receive a high number of applications for approval of nursing associate courses in the coming months, and we have provided further information to help institutions progress their applications in a timely manner.</p>
Mar 20 (Q4)	Monitor and review our regulatory processes to ensure they work well for	Green	Green	<p>On track</p> <p>Oversight of nursing associate registrations continues via weekly reports and Council have been updated. 1,000 people are now registered as qualified nursing associates less than six months</p>

Key deadline	Activity	Previous forecast	Current forecast	Commentary at 31 May 2019
		At 30 April 2019	At 31 May 2019	
	nursing associates on an ongoing basis throughout the year and seek to gain insights from the evaluation being undertaken by the National Institute for Health Research into the introduction of the role.			<p>since this new professional role joined the health and care workforce in England.</p> <p>The National Institute for Health Research (NIHR) team have just begun conducting research into the implementation of the new role and have held an initial interview with us. We have requested ongoing contact with the team conducting the research.</p> <p>Our own evaluation of the protected learning time option for providers will not start until there is a sufficient body of evidence to scrutinise which is expected to be after 2019-20.</p>
May-19 (Q1)	NA Overseas – technical solution	Amber	Green	<p>Complete</p> <p>The second half of the application process has now been delivered.</p>
3. Enhancing our capability and infrastructure				
Accommodation (Andy Gillies)				
Jun-19 (Q1)	Decant from Aldwych	Amber	Green	<p>On track</p> <p>We are pleased that we have been able to align our timelines to limit disruption to employees based in Aldwych who will only need to move once rather than twice in a short period. This will enable us to further limit disruption to services.</p>
Aug-19 (Q2)	Decant from Kemble St	Green	Green	<p>On track</p> <p>Employees will move from both locations by the end of August/ early September 2019. Project planning continues to mitigate</p>

Key deadline	Activity	Previous forecast	Current forecast	Commentary at 31 May 2019
		At 30 April 2019	At 31 May 2019	
				potential risks.
Replacing core technology (MOTs) (Ric Sheldon)				
May-19 (Q1)	New technical solution for quality assurance of education standards for Approved Education Institutions	Amber	Amber	<p>Slightly off track</p> <p>Preparations are complete for the initial launch of the new solution. This will be used to gather feedback from our external stakeholders during summer 2019 to test the solution, which will then be fed into a final version to be delivered in September 2019.</p> <p>The amber forecast reflects delays to this work. Risks continue to be mitigated which should minimise disruption.</p>
Nov-19 (Q3)	Wiser replacement (our core systems for our register)	Amber	Green	<p>On track</p> <p>We remain on track to meet the revised delivery date of November 2019 and will implement a number of quick wins in July 2019 (including initial registrations running in parallel on the new platform and a revised re-admissions process) which will start to materially reduce the risks related to Wiser.</p> <p>The registrants' payments aspect of the new solution (particularly the processing of Direct Debits which is expected to be outsourced) remain the key area of focus as this defines the critical path and deadline for delivery.</p> <p>The status has been revised to Green to reflect the fact that revised funding and timings have been fully approved by Council.</p>
Mar-20 (Q4)	Case Management	Green	Green	<p>On track</p> <p>We have started work earlier than planned on this part of the core systems replacement scope, which will also include work on our</p>

Key deadline	Activity	Previous forecast At 30 April 2019	Current forecast At 31 May 2019	Commentary at 31 May 2019
				<p>corporate complaints and enquiries processes. The intention is to deliver a proof of concept for our corporate complaints and enquires process in July 2019.</p> <p>We will leverage this development to deliver the full Case Management solution for FtP by March 2020, as per the commitment in the original business case.</p>
Digital Workplace (Ric Sheldon)				
Jul-19 (Q1)	Telephony enhancements (planning phase)	Green	Green	<p>On track</p> <p>Building on the software delivered by the recent upgrade, we will implement a second phase of enhancements to which will benefit the Contact Centre in particular. We expect to complete our planning for this in July 2019 and will present proposed implementation timings thereafter.</p>
Jun-19 (Q1) (Previous deadline: Apr 19)	Backup phone lines	Amber	Amber	<p>Slightly off track</p> <p>After the major telephone outages in September and October 2018, we intend to implement a backup phone line solution, to allow us to recover more quickly and independently of our primary telephony supplier. This was intended to take place on the 18th June 2019, but our implementation advisor has recently advised that their suggested approach involves too great a degree of risk and they will therefore need to reschedule. We will provide an update when the revised date is confirmed.</p>
May-19 (Q1)	Collaboration tools	Green	Green	<p>Complete</p> <p>Our new internal collaboration platform - Workplace by Facebook – launched on 20 June 2019.</p>
Aug-19 (Q2)	Technology supporting the office	Green	Green	<p>On track</p>

Key deadline	Activity	Previous forecast At 30 April 2019	Current forecast At 31 May 2019	Commentary at 31 May 2019
	move to Stratford			We have started the implementation laptops and telephony, with the aim of being complete in time for the FtP office move in August 2019.
People Strategy (Sarah Daniels)				
May 19 (Q1)	Implement monthly employee surveys	Green	Green	<p>Complete</p> <p>Our first new employee engagement regular pulse survey was conducted in May 2019. The pulse survey is a 21 question sample of the larger 50 question sample taken in December 2018.</p> <p>The new engagement scores will be used to update our action plans and will allow us to be aware of new issues as they arise. Regular results will be provided within the performance report from July 2019.</p>
Jun 19 (Q1)	Equality and inclusion action plan to be rolled out during quarter one.	Green	Green	<p>On track</p> <p>The action plan will be formally signed off at Executive Board in July 2019 with some elements already being progressed.</p>
Sept 19 (Q2)	New pay and grading system to be consulted upon and implemented by end of quarter two.	Green	Green	<p>On track</p> <p>Our employee consultation launched on 17 June and will run until 31 July 2019. A series of employee engagement briefings have been scheduled to support the consultation process.</p> <p>We will then draw up implementation proposals which will be presented to the Remuneration Committee in September and Council in October 19, with new pay scales in place shortly after.</p>
Mar 20 (Q4)	Longer term work on future pay scheme design to be	Green	Green	<p>On track</p> <p>Work will commence in the latter part of 2019-2020.</p>

Key deadline	Activity	Previous forecast	Current forecast	Commentary at 31 May 2019
		At 30 April 2019	At 31 May 2019	
	concluded by the end of quarter four.			
Mar 20 (Q4)	New values and behaviours framework to be agreed by the end of quarter four.	Green	Green	On track Initial meetings with the Director of Strategy Development have taken place to align this work to the corporate strategy.
Delivering proactive strategic communications and engagement (Edward Welsh)				
Sept 19 (Q2)	A new operating model for communications and engagement to support the successful roll out of our public policy initiatives, and improve engagement with parliamentary and devolved administrations by establishing and growing our network.	Green	Green	On track We have developed a strategic communications and engagement programme and supporting which will be put in place from July 2019. This is supported by success criteria which we will monitor on a regular basis. This programme will be delivered from quarter two.
4. Strategy 2020–2025				
Strategy Development (Candace Imison supported by Edward Welsh for co-production and engagement)				
Jun 19 (Q1)	Council seminar to discuss themes	Green	Green	Complete The Council discussed the proposed themes and key content for the wider consultation on our new strategy for 2020-2025.

Key deadline	Activity	Previous forecast	Current forecast	Commentary at 31 May 2019
		At 30 April 2019	At 31 May 2019	
				This sets out the Council's proposed strategic direction for the next 5 years (at thematic level) which we will consult on with internal and external stakeholders during July to September.
July 19 (Q2)	Launch consultation on strategic themes	Green	Green	<p>On track</p> <p>As above, consultation materials are being developed and on track.</p> <p>A wider schedule of communications and engagement sessions have been developed for the consultation period to ensure we obtain a wide range of views to test our proposals.</p>
Aug-Sept (Q2)	Launch process for implementation planning (business planning)	Green	Green	<p>On track</p> <p>A plan for undertaking implementation planning across the organisation will be drawn together by the end of Q1 with the intention to launch in Q2. This will enable us to develop our corporate plan and budget to support delivery of our new strategy.</p>
Oct 19 (Q3)	Council review consultation outcomes	Green	Green	<p>On track</p> <p>We expect to meet this deadline.</p>
Jan 20 (Q4)	Draft strategy to Council	Green	Green	<p>On track</p> <p>We expect to meet this deadline.</p> <p>The strategy will be supported by a high level corporate plan and budget which will state our high level commitments and KPIs for the start of the new strategic period.</p>
Mar 20 (Q4)	Council approve strategy	Green	Green	<p>On track</p> <p>We expect to meet this deadline.</p>

Key deadline	Activity	Previous forecast At 30 April 2019	Current forecast At 31 May 2019	Commentary at 31 May 2019
April 20 (Q4)	Launch the corporate strategy, achieving widespread third party support and high levels of employee knowledge.	Green	Green	<p>On track</p> <p>We expect to meet this deadline. A programme of internal and external stakeholder engagement will facilitate us achieving third party support.</p>

Section 3: Traffic light summary of performance to 31 May 2019

Year to date income and expenditure at May 2019	Current status
Income (May outturn: £14.8 million / 3% over budget)	Green
Expenditure (May outturn: £14.9 million / 13% under budget. The size of the underspend may indicate risk of slippage in delivery against plans)	Amber

Registration & Revalidation performance metrics at May 2019	Current status
% of UK Initial Registration Completed (1 day) (new measure)	Green
% of UK Initial Registration Completed (60 days) (new measure)	Green
% of Overseas Applications Assessed (60 days) (new measure)	Green
% of EU Applications Assessed (30 days) (new measure)	Green
% of Readmission applications completed (21 days) (new measure)	Green
% of calls answered by the contact centre	Green

Education and Standards metrics at May 2019	Current status
Approval decisions against new standards	Green

Fitness to Practise performance metrics at May 2019	Current status
% of interim orders imposed within 28 days of opening the case	Green
Proportion of FtP cases concluded within 15 months of opening	Green

People and Organisational Development performance metrics at May 2019	Current status
Overall staff turnover (12 month rolling) (The year-end target is 20%. During the year our target is to reduce towards 20%)	Green
Staff turnover within six months of joining (The year-end target is 18%. During the year our target is to reduce towards 18%)	Green
Average sick days per employee	Green

Technology and Business Innovation performance metrics at May 2019	Current status
Monthly customer satisfaction with technology services	Green
ICT Helpdesk Resolution: First time fix rate	Green
ICT Helpdesk Resolution: All incidents logged, and resolved within 5 working days	Green
Network security: Threats blocked	Green
Incident reports for all Priority 1 failures produced and distributed within 3 working days	Green
NMC website / NMC online downtime (Working hours/ out of hours) - excluding planned outages	Green

Resources performance metrics at May 2019	Current status
Accommodation efficient (use of office space - square feet per person)	On track
Oversight of contracts by Procurement team (spend under contract)	On track

Section 4: Financial performance data

a. Actuals to 31 May 2019

Nursing and Midwifery Council Financial Monitoring Report

	YTD May 2019				Full Year Budget £'m
	Actual £'m	Budget £'m	Var. £'m	Var. %	
Income					
Registration fees	13.9	13.9	0.0	0%	83.5
Other	0.9	0.4	0.4	103%	2.6
Nursing Associates funding	0.1	0.1	0.0	0%	0.4
Total Income	14.8	14.4	0.4	3%	86.5
Expenditure					
<u>Directorates</u>					
Fitness to Practise	6.2	6.9	0.6	9%	38.8
Resources	1.6	1.7	0.1	4%	9.4
Technology and Business Innovation	1.2	2.0	0.8	41%	8.5
Registration and Revalidation	1.1	1.2	0.1	6%	7.4
Education and Standards	0.6	0.8	0.2	22%	3.3
People & Organisational Development	0.6	0.4	(0.1)	(27%)	2.8
Office of the Chair & Chief Executive	0.5	0.6	0.1	13%	3.4
External Affairs	0.4	0.4	0.0	0%	2.7
Directorate BAU	12.2	14.0	1.8	13%	76.3
<u>Corporate</u>					
Depreciation	0.3	0.3	0.0	3%	2.3
PSA Fee	0.3	0.3	0.0	0%	1.9
Other	0.0	0.0	0.0	0%	1.3
Contingency	0.0	0.0	0.0	0%	2.5
Total Corporate	0.6	0.7	0.0	6%	8.0
Total BAU Expenditure	12.8	14.7	1.8	12%	84.2
Surplus/(Deficit) excluding Programmes	2.0	(0.2)	2.2	(1,030%)	2.3
<u>Programmes & Projects</u>					
Accommodation Project	1.0	1.2	0.2	17%	4.8
Modernisation of Technology Services	0.8	0.8	0.0	0%	4.1
Education Programme	0.1	0.2	0.1	63%	1.1
FtP Change Strategy	0.1	0.2	0.1	65%	0.8
People Strategy	0.0	0.0	0.0	0%	0.7
Overseas Programme	0.0	0.1	0.0	40%	0.7
Digital Workplace	0.1	0.1	0.0	0%	0.5
Nursing Associates	0.1	0.1	0.0	0%	0.4
Total Programmes/Projects	2.1	2.6	0.5	19%	12.9
Total Expenditure including capex	14.9	17.3	2.3	13%	97.2
Surplus/(Deficit) including capex	(0.1)	(2.8)	2.7	(95%)	(10.7)
Capital	1.4	1.1	(0.3)	(24%)	6.4
Surplus/(Deficit) excluding capex	1.3	(1.7)	3.0		(4.3)
Free Reserves	28.8	27.7	1.1	4%	21.8

b. Balance sheet at 31 May 2019

BALANCE SHEET	Mar-19	May-19	Change	Change
	£'m	£'m	£'m	(%)
Fixed Assets				
Tangible Assets	19.7	20.8	1.1	6%
Current Assets				
Cash	28.8	12.3	(16.5)	(57%)
Debtors	4.3	3.4	(0.9)	(21%)
Investments	66.0	81.1	15.1	23%
Total Current Assets	99.1	96.8	(2.3)	(2%)
Total Assets	118.8	117.6	(1.2)	(1%)
Liabilities				
Creditors	(55.0)	(50.8)	4.2	8%
Provisions	(1.2)	(3.2)	(2.0)	(164%)
Total Liabilities	(56.2)	(54.0)	2.2	4%
Net Assets (excl pension liability)	62.6	63.6	1.1	2%
Pension Liability	(14.2)	(14.0)	0.2	1%
Total Net Assets	48.3	49.6	1.3	3%
Total Reserves	48.3	49.6	1.3	3%

- Where totals and variances do not calculate exactly this is due to rounding.
- Results do not include any adjustments that will come from the year-end actuarial review for 2019- 2020 of the defined benefit pension scheme for the statutory accounts. This may result in an increase or decrease in the valuation of the net pension liability and a corresponding charge or credit to the statement of financial activities in the statutory accounts.

c. Cash flow statement to 31 May 2019

Cash Flow Statement	May-18	May-19
	(£'m)	(£'m)
Cashflow from operating activities		
Surplus/(Deficit) (YTD)	2.2	1.3
Add back depreciation (YTD)	0.5	0.3
(Increase)/Decrease in current assets (excluding cash)	(0.5)	0.9
Increase/(Decrease) in liabilities	(3.6)	(2.2)
Pension Deficit Payments	(0.2)	(0.2)
Net Cash inflow/(outflow) from operating activities	(1.6)	(0.0)
Cashflow from investing activities		
Capital Expenditure (YTD)	0.0	(1.4)
Net Cash inflow/(outflow) from investing activities	0.0	(1.4)
YTD Cumulative net increase/(decrease) in cash and cash equivalent at month end	(1.6)	(1.4)
Cash & Cash Equivalent at the beginning of the year	82.2	94.8
Cash & Cash Equivalent at the end of the month	80.6	93.4

d. Detailed financial commentary

Year to date (YTD) financial performance

Overview: We had a surplus of £1.3m as at 31 May 2019. This is mainly due to lower BAU expenditure compared to plan.

	Actual to May 2019 £'m	Budget to May 2019 £'m	Variance to budget %
Income	14.8	14.4	3% above
Expenditure	14.9	17.3	13% below

Note: "Expenditure" includes capital spend. Capital is excluded in calculating the surplus.

Income

Income is £0.4m (3%) above budget as a result of a higher than anticipated 'Other' income due to increased applications from overseas nurses applying to join the register. Income from registration fees, which makes up 97% of total income, is in line with expectations.

Expenditure on business as usual (BAU) activities

YTD spend on directorate BAU is £1.8m (13%) below budget. This is mainly due to

- A delay in the purchase of laptops by Technology and Business Innovation Directorate resulting in £0.8m underspend. Laptops will be purchased in due course.
- A £0.6m underspend in FtP due to lower staff costs resulting from vacancies.
- A £0.2m underspend in Education and Standards due to lower Quality Assurance activity. Spend will ramp up later in the year due to Approved Education Institutes planning to have their reviews later than originally anticipated.

Expenditure on strategic programmes and projects

YTD spend on Strategic Programmes and Projects is £0.5m (19%) below budget. Points of note are:

- The Accommodation Project is £0.2m below budget because the delay in the lease signing consequently led to fit out work starting later than planned at the new office.
- There is an underspend of £0.1m in FtP Strategy due to re-phasing of the main activities to second quarter of the year.

Section 5: Non-financial performance data

5.1. Corporate KPIs

a. Status at 31 May 2019

9 Currently above target <i>(R&R = 6; FTP = 2, ES = 1)</i>	0 Marginally below target	0 Significantly below target
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b. Registration and Revalidation commentary and metrics

R&R commentary and metrics

KPI 1 (UK initial registrations completed within 1 day) (graph 5.01)

Result: Above target. Performance is currently above 99% for April and May against a target of 97%.

Commentary: This is a new measure taken from the point at which we receive an application form (irrespective of whether we need further information) and measures how long it takes us to request further information, process it and make a decision. No trend information is available at this time.

KPI 2 (UK initial registrations completed in 60 days) (graph 5.02)

Result: Above target. Performance is currently above 97% for April and May against a target of 95%.

Commentary: This is a new measure showing the NMC handling time from the point at which we receive an application for the first time to the point we communicate our decision and add someone to the register. No trend information is available at this time.

KPI 3 (Overseas registration assessed within 60 days) (graph 5.03)

Result: Above target. Performance is currently 100% for April and May against our target for 90%.

Commentary: This a new measure as we have split out the data for overseas registrations from the combined KPI for both overseas and EU applications. Strong performance came despite a significant increase in the number of overseas applications and the fact that we have changed the measurement of the target to make it more challenging.

- In International Registration, the changes to the Test of Competence fees went live as of 1 April and have been well received.
- In May, the last system deployment for Overseas Nursing Associates went live and we now have the end-to-end application process online.

R&R commentary and metrics

- We also saw our first Overseas Nursing Associate take and pass the Computer Based Test (CBT). We continued our stakeholder engagement through the month, sharing our proposed new online process and preview of our new overseas webpages and pre-application checklist.

KPI 4 (EU Applications Assessed within 30 days) (graph 5.04)

Result: Above target. Performance 100% for April and May against a target for of 90%.

Commentary: This a new measure as we have split out the data for EU registrations from the combined KPI for both overseas and EU applications. Measurement is taken from the point at which we receive an application form (irrespective of whether we need further information) and measures how long it takes us to request further information, process it, make a decision and add someone to the register. No trend information is available at this time.

KPI 5 (Readmission applications completed within 21 days) (graph 5.05)

Result: Above target. Performance was above 93% for April and May against a target of 90%.

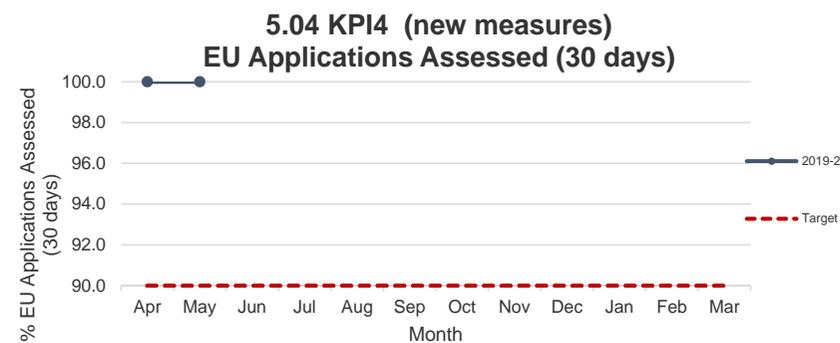
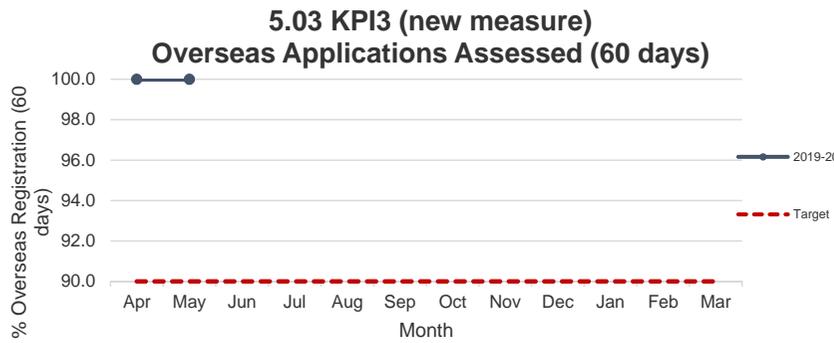
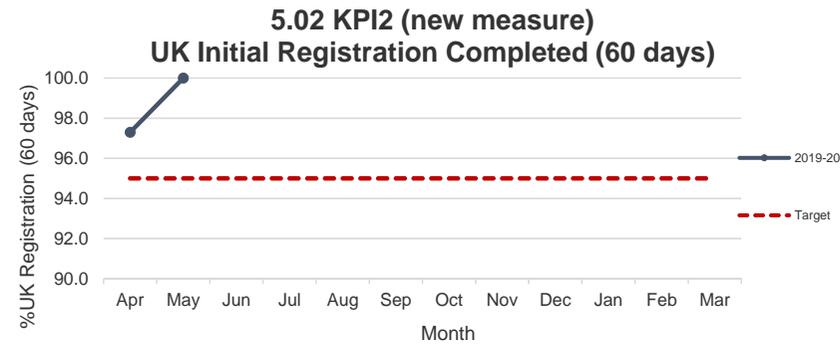
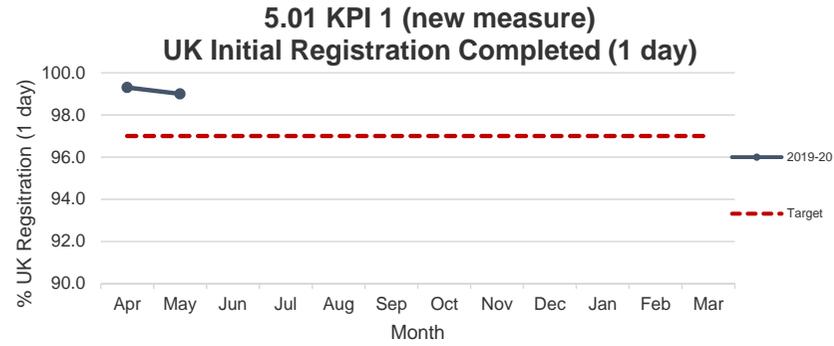
Commentary: This is a new measure of the NMC handling time from the point at which we receive an application for the first time to the point we make a decision and return the customer to the register. No trend information is available at this time.

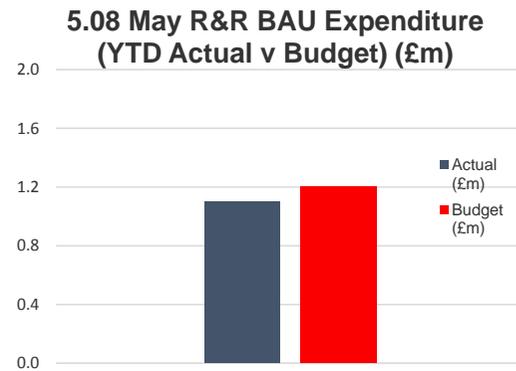
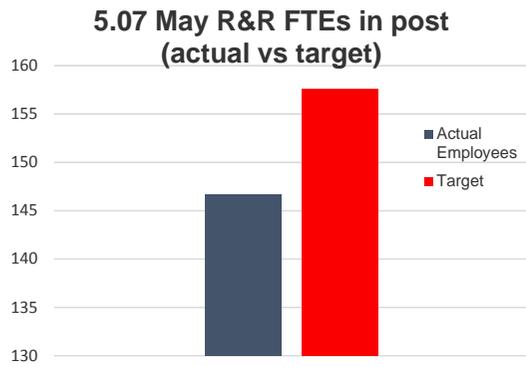
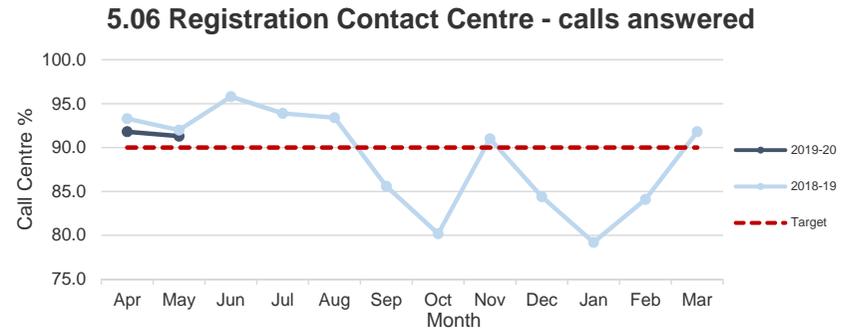
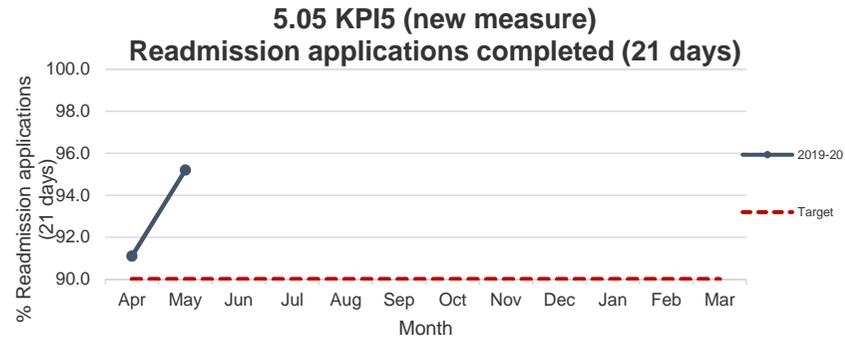
Contact centre (calls answered) (graph 5.06)

Result: Above target. Performance was 91.6% average for April and May which is above our target of 90%.

Commentary: No issues to report. Results are in line with trends from 2018–19. The next phase of the telephone upgrade and the telephony business contingency plans are expected to further reduce potential disruption to the contact centre in the future.

Section 5b: Performance against the corporate business plan (at May 2019) Registration and Revalidation performance metrics





5.09 Corporate risk (at 31 May 19)

REG18/01: Risk that we fail to maintain an accurate register of people who meet our standards

Likelihood	Impact	L X I	Trend	Response
3	5	15	Stable	Tolerate

**March 2019
Directorate
Engagement
Score = 5.8
(Target = 6.4)**

Section 5c: Performance against the corporate business plan (at May 2019) Education & Standards - performance metrics

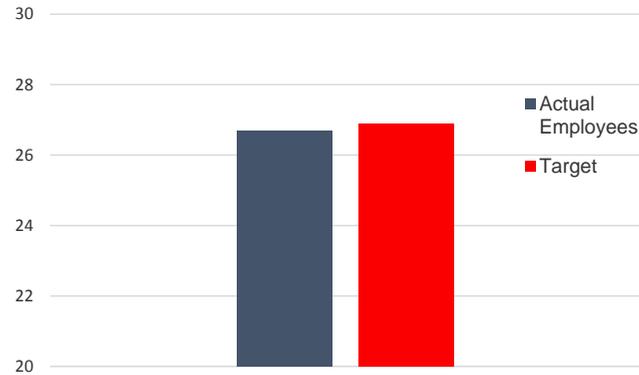
5.10 KPI 6 (new measure) Approval decisions for AEI against new standards



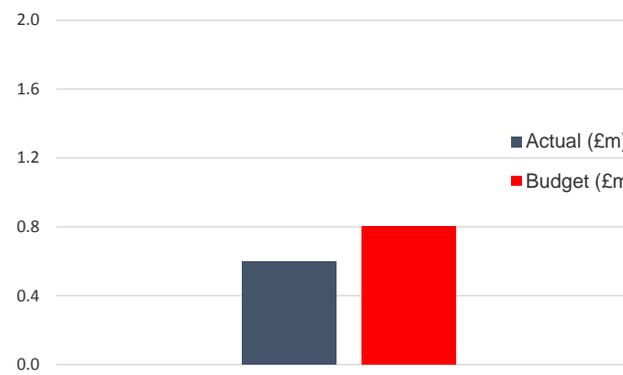
May 2019 status:
5 decisions against
a target of 63 for
2019-2020
(7.9% complete)

Status commentary:
The number of approvals are planned
to ramp up during the year and
expect to remain on track to deliver

5.11 May 2019 ES FTEs in post (actual vs target)



5.12 May 2019 E&S BAU Expenditure (YTD Actual v Budget) (£m)



**March 2019
Directorate
Engagement
Score = 5.9
(Target = 6.4)**

d. Fitness to Practise commentary and metrics

Fitness to Practise performance summary

Performance against the two corporate KPIs was consistent with recent trends:

KPI 7 (Interim Orders within 28 days of opening case) – (graph 5.13)

Result: Above target. Performance shows the monthly average for May was 82% and the 12 month rolling average was 83% against of target of 80%.

KPI 8 (cases concluded within 15 months) – (graph 5.14)

Result: Above target. Performance shows the spot rate for May was 84% and the 12 month rolling average was 85% against a target of 80%. This is marginally higher than the same period last year.

KPI performance commentary

- We have made changes to improve quality of screening decision-making which has had an impact on the time taken to reach screening decisions. The screening caseload is therefore slightly higher than planned at this stage in the year. During Q1 and Q2 we are taking steps to increase the capacity of the screening teams and expect to see an improvement in performance as a result later in the year.
- Output from investigations was lower than planned during 2018–19 while we made significant operational improvements and took steps to improve the capacity of the teams. This has impacted the timeliness of case progression. We expect output to improve steadily during 2019–20 and timeliness and overall caseload to improve later in the year.

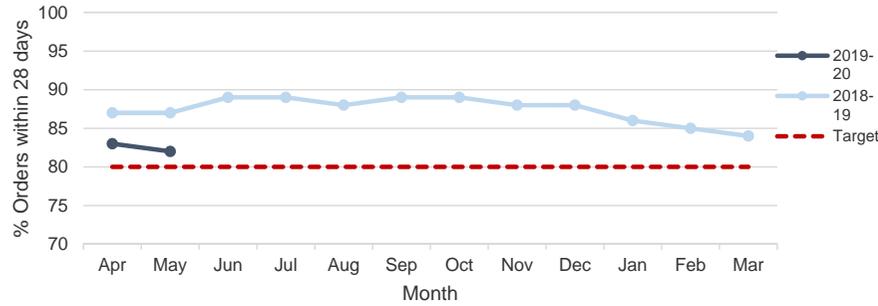
Notes on the FTP dashboard

1. Graph A1 shows the historical caseload data for comparison. Caseload has reduced significantly over the last three years.
2. Graph A2 shows the caseload forecast for 2019–2020. We expect the caseload to be broadly stable during the year.
3. Graph A3 shows the referral rate;
4. Graphs B1 to B3 show the median ages of cases in the caseload and at the key decision points.
5. Graphs C1, C2, C3, and C4 reflect the ages of the cases at each stage of the process, split between active cases and cases on hold because of third party proceedings. The dotted lines reflect the timeliness pathway: we are aiming not to have any active cases older than the dotted line at each stage. Achieving the timeliness pathway is largely dependent on improving output at the investigation stage.

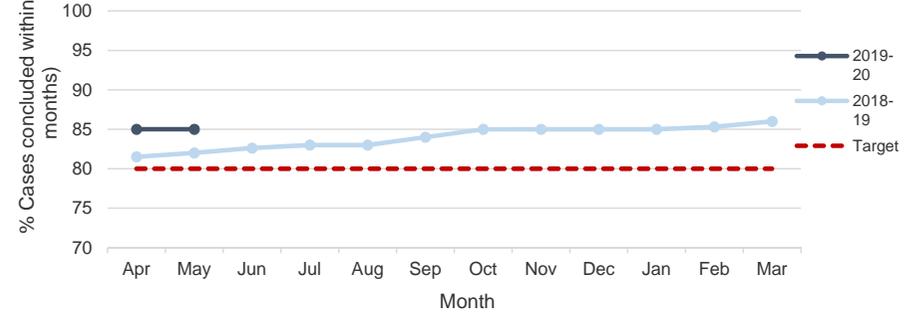
Section 5d: Performance against the corporate business plan (at May 2019)

Fitness to Practise - performance metrics

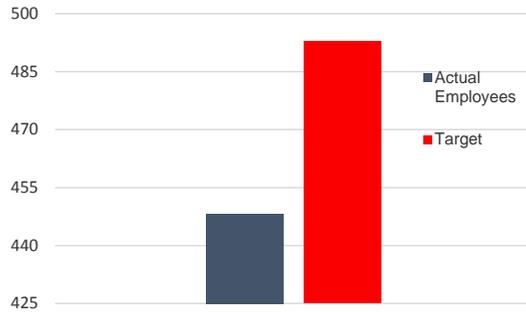
5.13 KPI 7 - Orders within 28 days of opening case



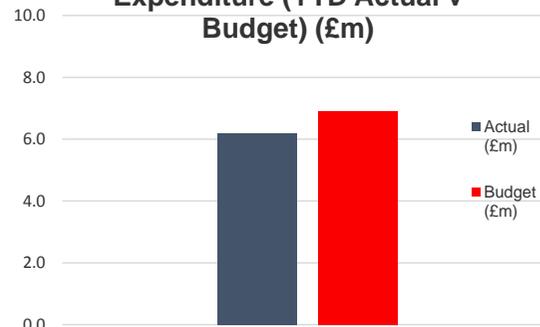
5.14 KPI 8 - FtP Cases concluded within 15 months



5.15 May 2019 FtP FTEs in post (actual vs target)



5.16 May 2019 FtP BAU Expenditure (YTD Actual v Budget) (£m)



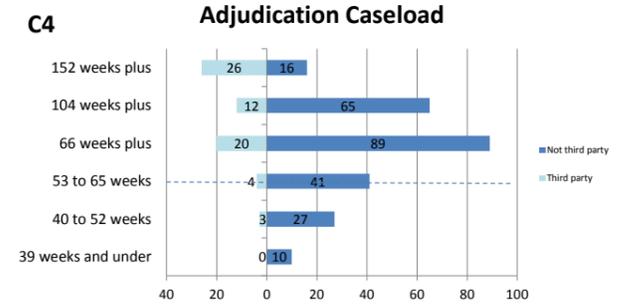
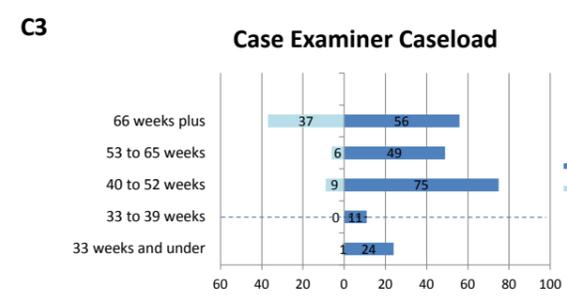
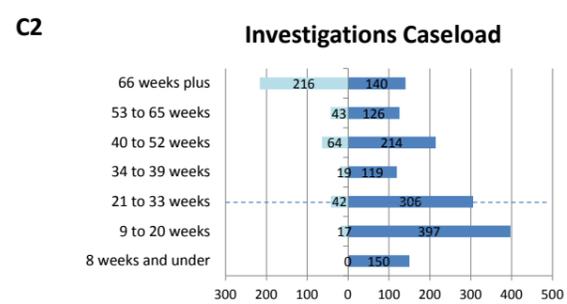
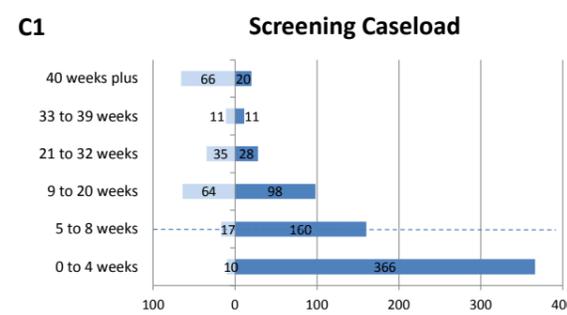
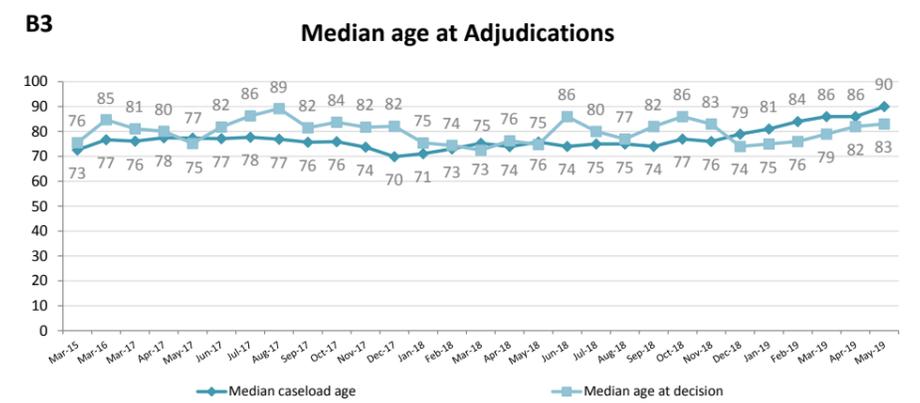
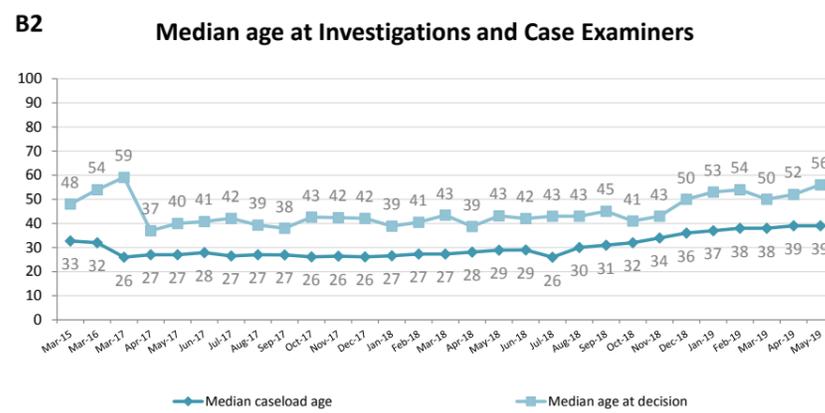
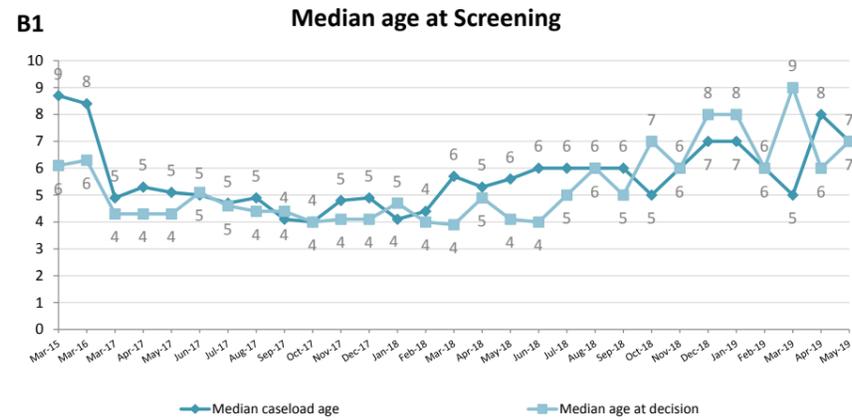
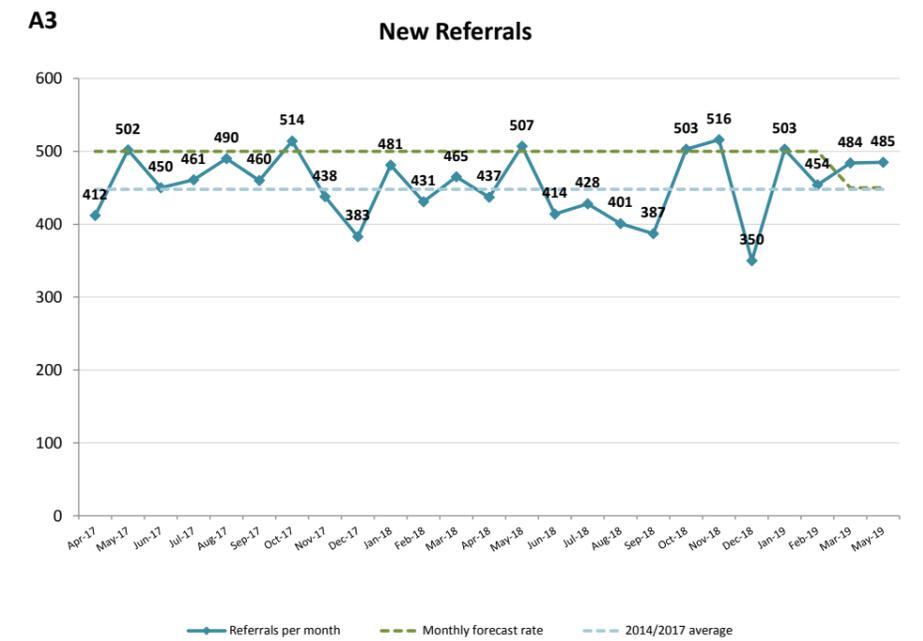
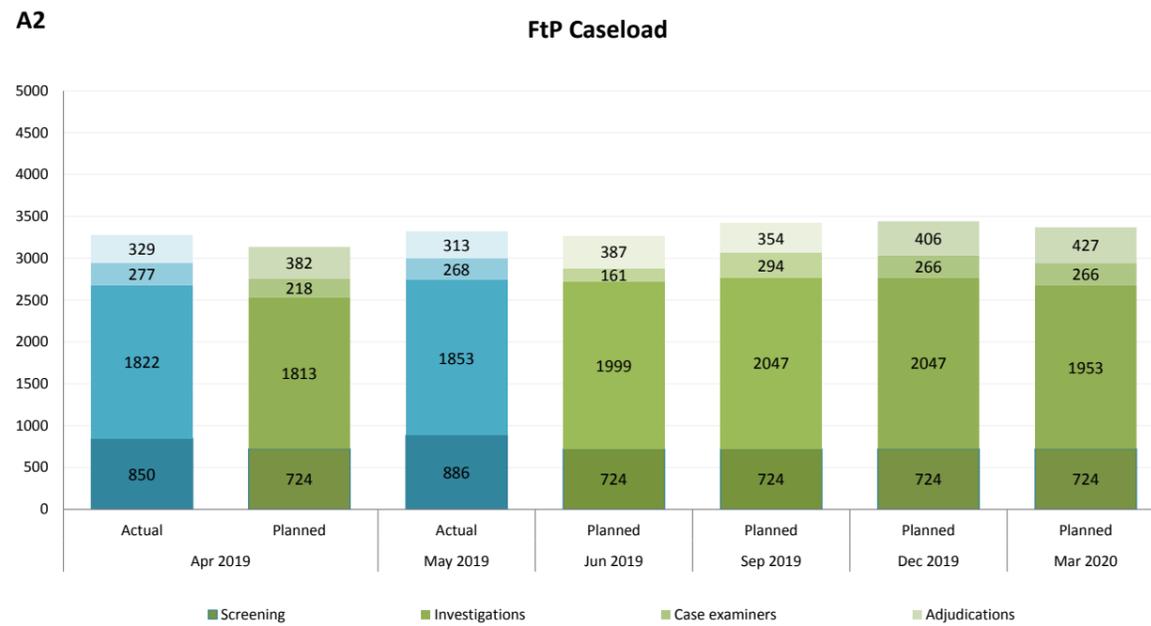
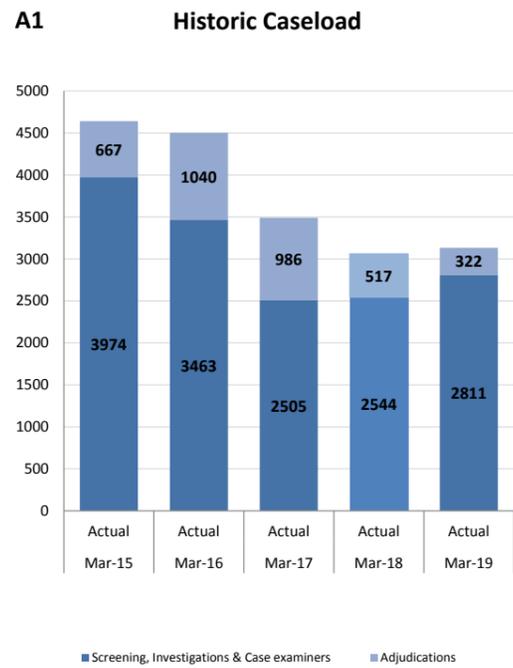
5.17 Corporate risk (at 31 May 19)

REG18/02: Risk that we fail to take appropriate action to address a regulatory concern

Likelihood	Impact	L X I	Trend	Response
2	5	10	Stable	Tolerate

March 2019
Directorate
Engagement
Score = 5.9
(Target = 6.4)

Section 5.d FtP Performance Dashboard May 2019



Caseload Movement Summary

Opening caseload 3,278

485 cases received

443 cases closed

3,320 Closing caseload

Section 6: People data

People

KPIs

We are actively pursuing improvements to address turnover in the organisation and have reduced our targets for employee turnover to 20% (measure 1) and employee turnover within 6 months of joining to 18% (measure 2) to reflect this aim during this financial year. Improvements are dependent on a mixture of predominantly longer term initiatives and some short term actions.

Measure 1: Overall employee turnover (12 month rolling) – (graph 6.01)

Target: 20%

Result: Reducing. Our average turnover for April and May was 21.4% compared to 21.6% at year end.

Commentary: The number of people leaving the organisation continues to improve. The May result is 21.1% which is a 0.4% reduction when compared to the YE results for 2018-19 which was 21.6%. 21 employees have left year to date, which is an average of 10.5 employees per month. This is compared to 34 in the final quarter of last year where the average monthly leavers was 11.3 employees showing a slight improvement. We are taking action to improve this further throughout the year.

When compared to the same period last year, the April and May 2019 results show a very marginal increase on last year's results. However, this equates to less than 1%..

Exit Interview insights: 21 employees have left since April 2019 and 12 of them (57 percent) took part in exit interviews. The main leaver reasons are:

- **Pay** (25 percent/ 3 employees) - Leavers state that pay was too low and not competitive to market rates.
- **Career progression** (25 percent/ 3 employees) Represents a number of employees who have been in their respective roles for over 4 years and had no opportunities for career progression
- **Relocation** (16.7 percent/ 2 employees) this represents personal relocation and not anything to do with office relocation as in previous months.

We continue to encourage leavers to provide exit interviews and insights as to why they chose to leave. This information will be used alongside data from our new monthly employee engagement 'pulse' surveys to understand employee satisfaction and draw out areas from improvement.

People

Measure 2: Employee turnover within 6 months of service (within probation) – (graph 6.02)

Target: 18 percent

Result: Reducing. Turnover within probation for April and May averaged 17.4% against a year-end target of 18%.

Commentary: Our May results show turnover within probation at 15% which is a reduction of 4.6% compared to the YE result for 2018–19 of 19.6%. Over the past 12 months turnover of new joiners continues to reduce.

Compared to the same period last year, our May 19 results show a significant reduction of 12.3% from 27.3% at May 2018. If the current trend continues we forecast 6 month turnover to reduce to 10.6 percent by March 2020.

Measure 3: Staff turnover within the first year of service – (graph 6.02)

Target: No target – monitor only.

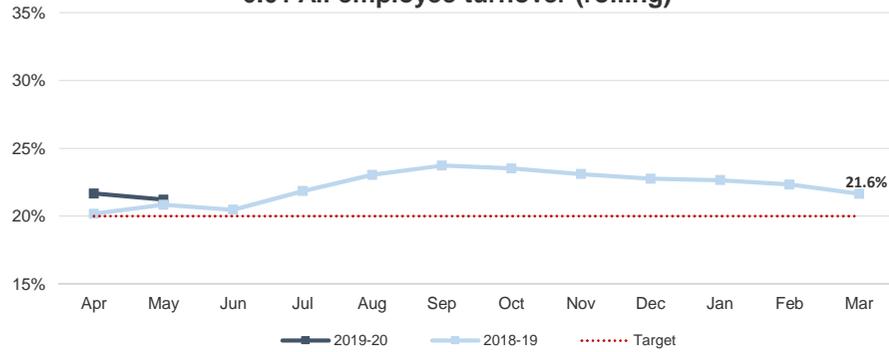
Commentary: Turnover within the first year of service has dropped by 3.1 percent to 21 percent. If this trend continues we forecast this figure to fall below 15 percent by March 2020.

Next steps: Ongoing work includes:

- **The reward implementation plan:** our consultation with employees begins 17 June regarding the changes to our grading and pay structures.
- **Employee engagement:** our first monthly pulse survey has been requested from employees. The results will provide us with accurate, timely data in order to spot issues or concerns and resolve them quickly.
- **Exit interviews:** the number of colleagues taking part in exit interviews continues to rise allowing us to track concerns and act accordingly.

Section 6: People (at May 2019) Corporate metrics

6.01 All employee turnover (rolling)



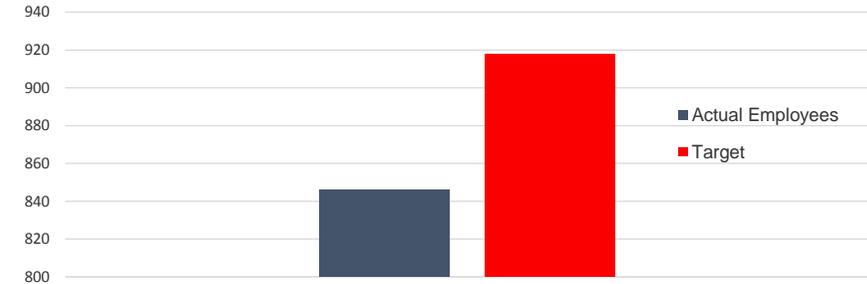
6.02 First 6 month turnover vs first 12 months turnover vs all turnover



6.03 All leavers
(Actual per month)

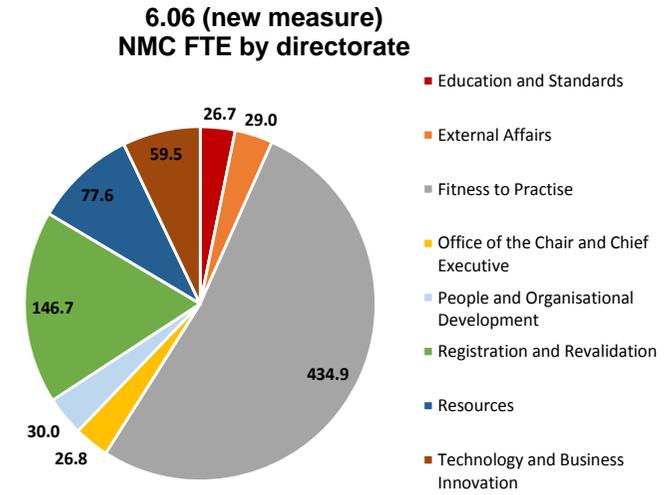
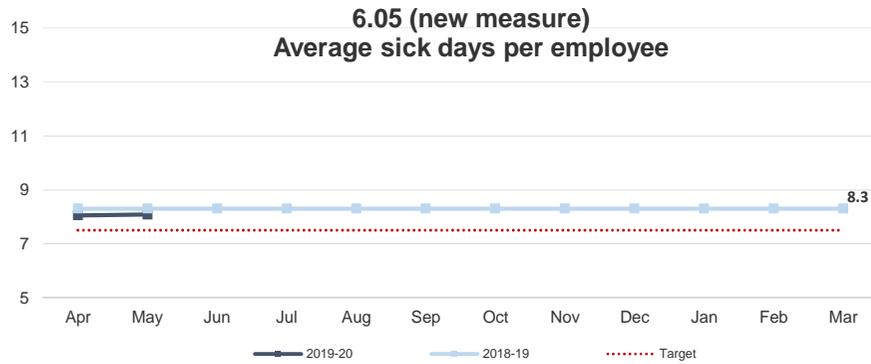


6.04 All FTEs in post (actual vs target)



(FTE = full time equivalent)

March 2019
Organisational
Engagement
Score = 5.8
(Target = 6.4)



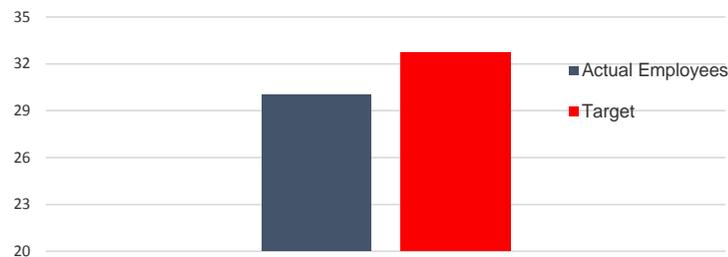
6.07 Corporate risk (at 31 May 19)

PEO18/01: Risk that we fail to recruit and retain an adequately skilled and engaged workforce (permanent and temporary staff, contractors, and third parties)

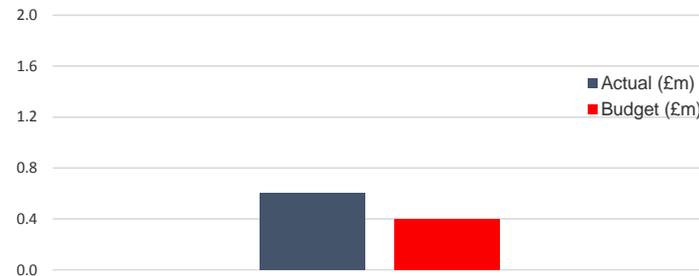
Likelihood	Impact	L X I	Trend	Response
4	4	16	Increasing	Treat

Directorate Metrics

6.08 May 2019 POD FTEs in post (actual vs target)

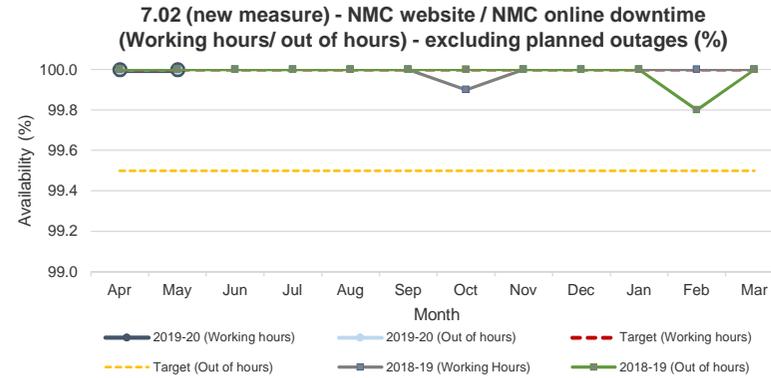
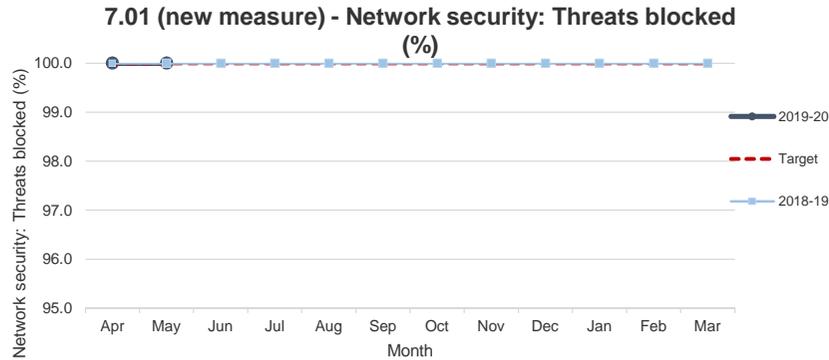


6.09 May 2019 POD BAU Expenditure (YTD Actual v Budget) (£m)



**March 2019
Directorate
Engagement
Score = 6.8
(Target = 6.4)**

Section 7: Corporate Services (at May 2019) Part A: Technology Services - Corporate Metrics



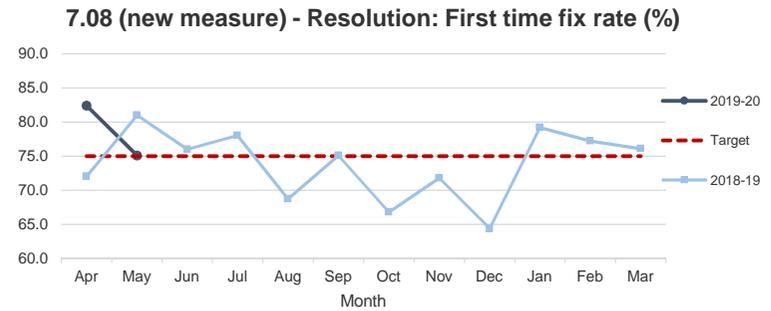
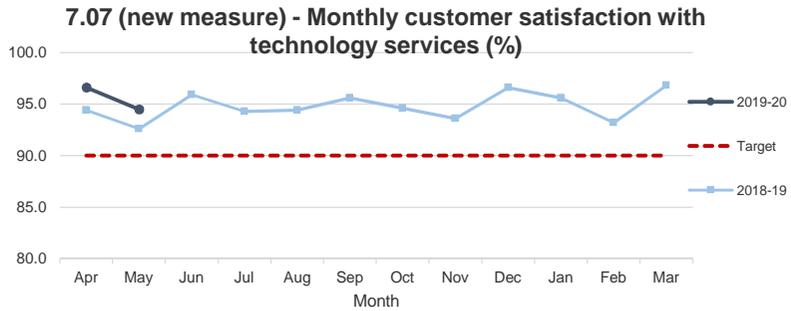
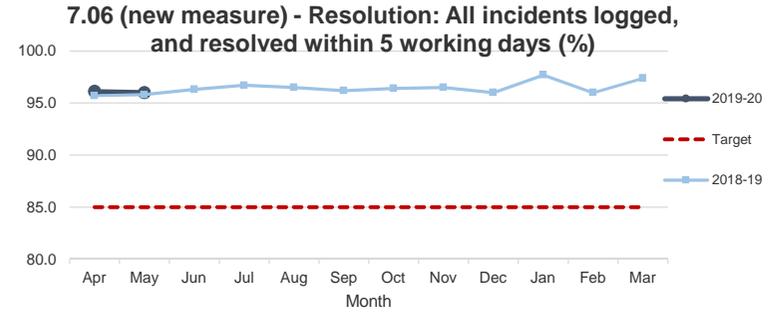
7.03 Corporate risk (at 31 May 19)

COM18/01: Risk that we fail to prevent a significant data loss or we experience an information security breach				
Likelihood	Impact	L X I	Trend	Response
3	3	9	Stable	Treat

7.04 Corporate risk (at 31 May 19)

INF18/02: Risk that ICT failure impedes our ability to deliver effective and robust services for stakeholders or value for money				
Likelihood	Impact	L X I	Trend	Response
4	5	20	Increasing	Treat

Section 7: Corporate Services (at May 2019) Part B: Technology Efficiency



Directorate Metrics

7.09 May TBI FTEs in post (actual vs target)

Category	Value
Actual Employees	59
Target	67

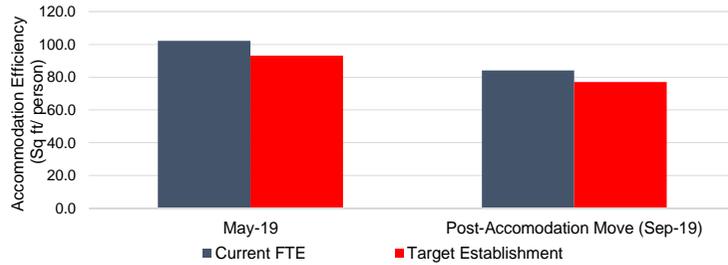
7.10 May TBI BAU Expenditure (YTD Actual v Budget) (£m)

Category	Value (£m)
Actual (£m)	1.2
Budget (£m)	2.0

**March 2019
Directorate
Engagement
Score = 6.4
(Target = 6.4)**

Section 7: Corporate Services (at May 2019) Part C: Resources

7.11 (new measure) - Accommodation Efficiency

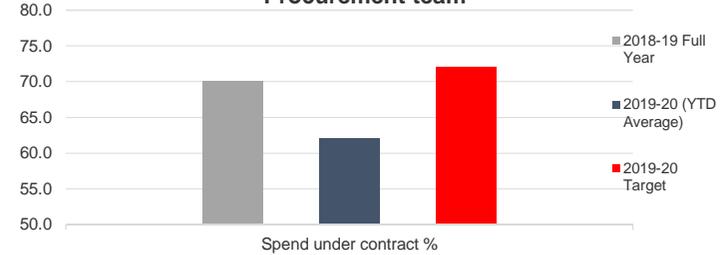


Status Commentary:

Accommodation efficiency is calculated on square ft per person, based on the current FTE (831). We have also included the budgeted establishment (918) as a comparison to demonstrate the difference if we were at full employee capacity.

The columns in the above chart show both our current status at May 2019 and the forecast status post the accommodation move to One Westfield Avenue. This shows a percentage space saving of 18% at current FTE and 17% at target

7.12 (new measure) - Oversight of contracts by Procurement team



Status Commentary:

This measure is focused on understanding the level of oversight that the corporate procurement team provides over our spend. This is not a measure of procurement compliance. To assist our future assessment we will obtain industry comparators, and report this measure on a 6-month basis. Our current trend is increasing.

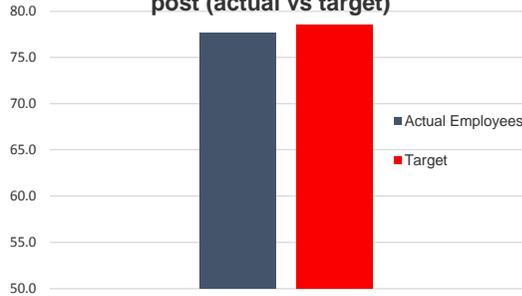
Please note: we are not seeking to achieve 100% of spend under contract as there will always be a percentage of low value purchasing that teams have delegated authority to spend without contract.

7.13 Corporate risk (at 31 May 19)

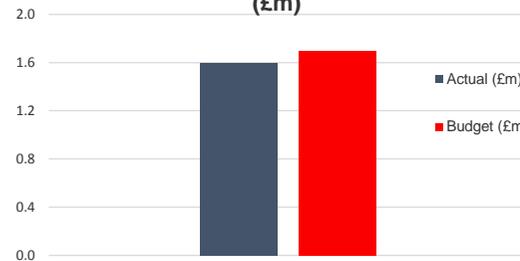
INF18/01: Risk that we fail to recover from adverse infrastructure incidents				
Likelihood	Impact	L X I	Trend	Response
3	4	12	Stable	Treat

Directorate Metrics

7.14 May 2019 Resources FTEs in post (actual vs target)



7.15 May 2019 Resources BAU Expenditure (YTD Actual v Budget) (£m)



March 2019 Directorate Engagement Score = 5.0 (Target = 6.4)

Section 7: Corporate Services (at May 2019)
Part D: External Affairs

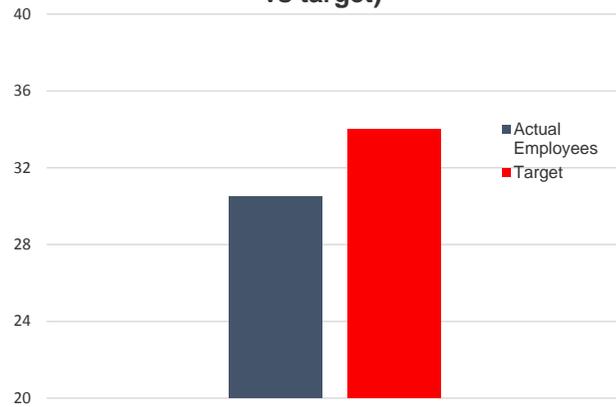
7.16 Corporate risk (at 31 May 19)

EXT18/01: Risk that we may lack the right capacity and capability to influence and respond to changes in the external environment				
Likelihood	Impact	L X I	Trend	Response
3	3	9	Stable	Treat

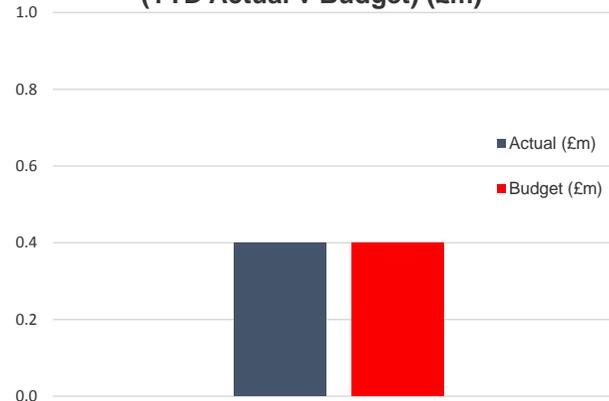
7.17 Corporate risk (at 31 May 19)

EXP18/01: Risk that we fail to meet external expectations significantly affecting our ability to maintain stakeholders' trust in our ability to regulate				
Likelihood	Impact	L X I	Trend	Response
3	4	12	Reducing	Treat

7.18 May 2019 EA FTEs in post (actual vs target)



7.19 May 2019 EA BAU Expenditure (YTD Actual v Budget) (£m)



**Mar 19
 Directorate
 Engagement
 Score = 3.8
 (Target = 6.4)**

Glossary

Performance Traffic Light Definitions

Red	Significant challenges that put successful delivery at risk
Amber	Challenges to delivery exist but management action is being taken to bring on track
Green	On track

Income and Expenditure Traffic Light Definitions

	Income	Expenditure	Actions
Red	2% or more below budget	<input type="checkbox"/> 2% or more over budget <input type="checkbox"/> 10% or more under budget	<ul style="list-style-type: none"> • Escalate to Council • Check whether underspend have affected delivery of the corporate plan • Re-prioritise corporate business plan
Amber	1-2% or more below budget	<input type="checkbox"/> 1-2% over budget <input type="checkbox"/> 5-10% under budget	<input type="checkbox"/> Managed by Executive Board <input type="checkbox"/> Check whether underspends have affected delivery of corporate plan <input type="checkbox"/> Adjust the budget to manage variances
Green	Under 1% below budget	<input type="checkbox"/> Less than 5% under budget	<input type="checkbox"/> No action

Corporate Risk Traffic Light Definitions

Red	<input type="checkbox"/> High likelihood with high impact
Amber	<input type="checkbox"/> Medium to low likelihood but high impact <input type="checkbox"/> High likelihood but moderate to minor impact
Green	<input type="checkbox"/> Low likelihood but moderate to minor impact <input type="checkbox"/> High likelihood but minor to insignificant impact

Programme Traffic Light Definitions

Red	Progress between 1% - 49% against milestones or benefits
Amber	Progress between 50% - 79% against milestones or benefits
Green	Progress between 80% - 100% against milestones or benefits

NMC corporate risk report

Corporate Risk Register at 31 May 2019

Current risk position

- 1 We continue to review and refine our controls and mitigations on the corporate risk register, with changes since May 2019 reflected in red.
- 2 For July we have provided more clarity regarding our planned actions, with expected delivery dates and milestones for longer term actions now included.
- 3 The Executive reviewed the risk register in June 2019, and concluded that our overall risk exposure has increased. Two of our nine risks are now rated as red: Risk INF18/02 (Stability of IT infrastructure) and PEO18/01 (NMC workforce). This compares to 1 risk rated as red at April 2019.
- 4 Items of note are:
 - 4.1 **Stability of IT infrastructure (INF18/02):** As reported at **Annexe 1** section 2 (NMC delivery plan), various initiatives are underway to deliver long term actions to mitigate this risk.

The proximity of this risk in the short term has slightly increased due the potential impact of the departure of the Director of Technology and Business Innovation in September 2019. Two mitigations are being progressed:

- **Recruitment of a new director.** This new role will draw together two corporate directorates (Technology and Business Innovation and Resources) and provide leadership across our corporate services. We are aiming for this person to be in place by September 2019.
 - **Transition planning.** The CEO is proactively engaging with key directors to ensure that suitable transition plans are in place for September and beyond. This includes extending the contract for the interim Director of Resources until October 2019, putting in place additional programmatic support for delivery of our ICT change activities, and working with the Executive to ensure that critical activities are supported in the short to medium term.
- 4.2 **NMC workforce (PEO18/01):** The Executive propose an increase to the impact rating from 3 (moderate) to 4 (major) to reflect an overall red risk rating. Major risk factors include:

- a) The impending departure of the Director of Technology and Business Innovation (discussed above).
- b) An anticipated short term increase in employee turnover resulting from our office move to Stratford. Mitigations have previously been reviewed by the Council.
- c) Concerns regarding the number of priorities the organisation is focusing on. This risk factor is currently being tolerated and is supported by close monitoring of our corporate performance by the Executive. Reprioritisation of our activities will be undertaken if our risk exposure is deemed no longer tolerable.

4.3 The Director of People has also committed to undertaking a proactive review with Directors of the risk mitigations (in place and planned) for PEO18/01. These will be reflected on the corporate risk register in due course.

4.4 **External Expectations (EXP18/01):** We continue to monitor the impact of our strategy development work for 2020-2025. The next major milestone will be the launch of our consultation on the thematic areas and encourage views from internal and external stakeholders. A programme of strategic engagement events have been planned, and employee engagement will commence from June. The outcomes of our consultation will be considered through an external analysis and segmentation exercise, prioritised by the Executive, agreed by the Council, and be supported by strong communications about the decisions we take and why.

4.5 We have begun considering our requirements for implementation planning and will consider mitigation of specific risks regarding organisational capacity and engagement of employees in our planning. This risk remains amber and tolerable at this time.

4.6 **New risk for standards (REG19/01):** A new corporate risk summarising risk factors associated with ensuring that our standards remain up to date and fit for purpose is being proposed by the Executive for inclusion on the corporate risk register. We recommend that we monitor the risk at corporate level despite it being green, as the potential impact would be high and our appetite for risk is adverse.

5 **Recommendation: The Council are asked to confirm that they are content with the updates provided on the corporate risk register including the increased impact rating for risk PEO18/01 and the addition of risk REG19/01 on the corporate risk register.**

Annual review of our corporate risk position

- 6 The Council undertook its annual corporate risk review for 2019–2020 in May 2019. The session considered the internal and external risk context, and whether there were any new concerns which could impact the successful delivery of our 2019–2020 corporate plan.
- 7 Emerging themes were:
 - Technology and People remain our greatest areas of concern because they permeate across all other areas of the corporate risk register. Both risks should remain the focus of the Executive for 2019-2020.
 - Having a new strategy in place for 1 April 2020 is a risk pending the completion of the strategy development work for 2020-2025. This has been reflected within risk EXT18/01 on the corporate risk register.
 - The Executive should give further consideration as to how Education risks are represented on the risk register. A new risk has been proposed for the corporate risk register (REG19/01).
 - Council members requested that the risk improvement project provides greater clarity about tolerances and risk appetites and more opportunities for the Council to hold regular discussions about risk areas (specific risk topics or directorate risks) as they provide a deeper understanding of the key issues. This will be included as part of the risk management policies and procedures which will be submitted to Audit Committee in October 2019.

Guidance for understanding NMC's corporate risk register

Term	Description
Risk Reference Number	NMCs unique identifier assigned to the risk. The reference tells you the type of risk, the year the risk was raised, and assigned number. E.g. REG18/01
Risk Description	Describes: <ul style="list-style-type: none"> • what the risk is • the potential impact it could have on NMC • our risk appetite
Contributing factors / causations	Provides details about what could cause the risk to happen. Essentially, these are risk factors within the main risk where some or all may need to occur for the risk to happen.
Inherent risk rating (before controls)	Provides a risk rating for likelihood and impact before any risk reducing controls have been applied. Understanding inherent risk levels demonstrates the level of risk if our controls fail. Likelihood and impact are scored using a scale of 1 to 5, with 5 being the most severe (detailed description below)
Mitigations and controls (in place)	Mitigations and controls we have put in place to reduce the inherent risk level. These includes actions to reduce the likelihood of risk occurring, actions which reduce the impact of the risk to make it more tolerable, or contingency measures to minimise the impact if a risk does occur.
Current rating (with controls)	<ol style="list-style-type: none"> 1. Provides the current level of risk once mitigations and controls which are in place are taken into account. Again, likelihood and impact are scored using a scale of 1 to 5. 2. Highlights our intended risk response: <ul style="list-style-type: none"> • Treat – take action to reduce the likelihood of occurrence or to reduce the impact • Tolerate – accept the risk at its current level but continue that controls and mitigations are appropriate • Transfer – either share or transfer the risk (e.g. via insurance) • Terminate – stop the activities causing the risk 3. Risk trend details whether the risk has increased, decreased or remained stable since the risk was last reported to the Council. Comments are provided when the trend changed.
Planning mitigations and controls	Mitigations and actions that we will put in place to reduce the level of risk further.
Target rating (after planned actions)	1. The expected reduction in the risk levels once planned actions and controls have been delivered. Scored for likelihood and impact.

Term	Description
	2. Expected date the target rating should be achieved. 3. Any supporting commentary.
Executive Lead	The assigned internal lead from the Executive who provides oversight for the risk, ensuring that risk treatments (mitigations, controls, contingency plans) are still appropriate and being progressed.

Risk scores	
5	<ul style="list-style-type: none"> • Likelihood: Almost certain (likelihood of 81-100%) • Critical impact on the achievement of business, project and public protection objectives, and overall performance. Huge impact on public protection, costs and/or reputation. Very difficult to recover from and long term consequences.
4	<ul style="list-style-type: none"> • Likelihood: Likely (likelihood of 51-80%) • Major impact on costs and achievement of objectives. Affects a significant part of the business or project. Serious impact on output, quality, reputation and public protection. Difficult and expensive to recover from and medium to long term consequences.
3	<ul style="list-style-type: none"> • Likelihood: Possible (likelihood of 21-50%) • Moderate impact which results in significant waste of time and resources. Impact on operational efficiency, output and quality, hindering effective progress against objectives. Adverse impact on public protection, costs and/or reputation. Not easy to recover from and medium term consequences.
2	<ul style="list-style-type: none"> • Likelihood: Unlikely (likelihood of 6-20%) • Minor loss, delay, inconvenience or interruption. Objectives not compromised. Low impact on public protection and/or reputation. Easy to recover from and mostly short term consequences.
1	<ul style="list-style-type: none"> • Likelihood: Remote (likelihood of 0-5%) • Insignificant impact of minimal loss, delay, inconvenience or interruption. Very low or no impact on public protection, costs and/or reputation. Very easy to recover from and no lasting consequences.

**Likelihood is scored for the period covering April 2019 – March 2020*

Corporate risk register for 2019-2020 (up to 31 May 2019)

Reference	Risk	Current Rating
REG18/0	Risk that we fail to maintain an accurate register of people who meet our standards	AMBER
REG18/0	Risk that we fail to take appropriate action to address a regulatory concern	AMBER
REG19/0	Failure to ensure that educational standards are fit for purpose, and processes to ensure compliance with standards are being met (NEW RISK)	GREEN
PEO18/0	Risk that we fail to recruit and retain an adequately skilled and engaged workforce	RED
INF18/01	Risk that we fail to recover from adverse infrastructure incidents	AMBER
COM18/0	Risk that we fail to prevent a significant data loss or we experience an information security breach	AMBER
COM18/0	Risk that we fail to recover from legal and compliance breaches	AMBER
EXT18/0	Risk that we may lack the right capacity and capability to influence and respond to changes in the external environment	AMBER
EXP18/0	Risk that we fail to meet external expectations affecting stakeholders' trust in our ability to regulate	AMBER
INF18/02	Risk that ICT failure impedes our ability to deliver effective and robust services for stakeholders or value for money	RED

Risk Ref. Number	Risk Description	Contributing Factors / Causation	Inherent Risk (without controls)			Mitigations and Controls (In place)	Current Rating (with controls)			Planned Mitigations and Controls	Target Rating (after planned actions are delivered)			Executive Lead (responsible for assuring risk treatment)	
			L	I	L X I		L	I	L X I		L	I	L X I		
REG18/01	<p>Risk that we fail to maintain an accurate register of people who meet our standards</p> <p>i) Potential Impact: - Public are not protected - Loss of confidence in NMC - Undermines public trust</p> <p>ii) Appetite: Averse: but always some residual risk</p>	<p>a. We register people that don't meet our standards due to processing errors, fraudulent applications, or Approved Education Institutions (AEIs) providing the wrong details or qualifications.</p> <p>b. AEIs do not continue to deliver programmes of education and training that meet our standards. Increased risk as the new Quality Assurance (QA) model is implemented and we enter a transition period where we reassess 80+ AEIs and 900+ programmes between now and September 2020.</p> <p>c. Selection and admissions of students onto NMC approved programmes by AEIs may not meet our standards for education and training.</p> <p>d. We fail to reflect a Fitness to Practise (FtP) outcome on the register due to errors or processing gaps.</p> <p>e. Overseas process does not assess risk or map to our current standards.</p> <p>f. A failure of core registration systems</p>	5	5	25	<p>a, e. Identity and quality checks for UK, EU and Overseas initial registrations, and renewals and readmissions to limit fraudulent entry and human errors.</p> <p>a. Revalidation ensures the details of registrants are kept up to date and that their fitness to practise is confirmed.</p> <p>a, e. Self serve and Wiser improvements provide automation of core processes to reduce errors.</p> <p>a, b. Staff training and induction in required standards and core processes.</p> <p>a, b, e. Risk based quality assurance approach of AEIs. The new QA Framework for Education of Nurses, Midwives and Nursing Associates includes a requirement for annual self reporting, including an annual declaration from AEIs that they continue to comply with our standards. This is supported by thematic reporting and analysis, additional requirements for programmes under enhanced scrutiny, and data driven monitoring with action taken when concerns emerge.</p> <p>d. Daily reconciliation processes to reconcile FtP outcomes and International Market Information (IMI) alerts which are added to register.</p> <p>a, d. Serious Event Reviews, complaints and assurance controls.</p> <p>f. Business continuity processes in place to manage system down time. See risk INF18/01 (business continuity and disaster recovery)</p>	3	5	15	<p>a, b, d, f. Ongoing data, systems and registration process improvement work to resolve gaps and improve robustness. This include developing analytical tools which will provide trend insights that enable us to spot risk areas. (Ongoing)</p> <p>a, b, c. Updated guidance to Approved Education Institutions (AEIs) to clarify their obligations regarding approval of programmes and requirements when uploading students' qualifications for application to the register. (October 2019)</p> <p>a, b, c. In rolling out our new education standards and QA framework, we will: - actively monitor programmes in line with our new QA framework. - approve programmes against our new standards (the peak of the approvals for 2019-20 will happen during summer 2019) (September 2020) (2021 for midwifery)</p> <p>a, d and f. Modernising our Technology (MOTS) programme will deliver core systems replacement for Wiser and CMS and improved case management. Implementation started from November 2018. (see risk INF18/02). - Further automation of readmissions process (July 2019) - The introduction of case management functionality for our Appeals team (RAST) (September 2019) - Enhancements to the revalidation process (November 2019)</p> <p>e. Overseas review during 2019. - Implementation of updated process and online system (October 2019) - Introduction of test of competence against FN standards (January 2020)</p>	2	5	10	<p>Date change expected: March 2020</p> <p>Comments: Maintain controls and monitor outcomes for any changes. Implementation of new systems via MOTS will reduce the potential for processing errors, and data governance controls will be put in place as part of the work. We anticipate the risk will reduce by March 2020 once these systems have bedded in.</p>	Director, Registrations and Revalidation

Risk Ref. Number	Risk Description	Contributing Factors / Causation	Inherent Risk (without controls)			Mitigations and Controls (In place)	Current Rating (with controls)			Planned Mitigations and Controls	Target Rating (after planned actions are delivered)			Executive Lead (responsible for assuring risk treatment)	
			L	I	L X I		L	I	L X I		L	I	L X I		
REG18/02	<p>Risk that we fail to take appropriate action to address a regulatory concern</p> <p>i) Potential Impact: - Public are not protected - Loss of confidence in NMC - Undermines public trust</p> <p>ii) Appetite: Averse: but always some residual risk</p>	<p>a. We fail to action referrals in a timely or appropriate way.</p> <p>b. We fail to process FtP cases effectively or make the wrong decision about a case outcome.</p> <p>c. Intelligence and insights are not escalated, used effectively, or shared with key stakeholders.</p> <p>d. FtP, Registrations and Education functions work in silos or fail to communicate effectively resulting in process gaps and inaccurate data sharing.</p> <p>e. We do not engage effectivity with members of public.</p>	5	5	25	<p>a, b. Lessons Learned Programme implemented during 2018-2019 which addressed PSA recommendations. An assurance process is in place to monitor the improvements (mitigation added April 2019)</p> <p>a, d. Existing FtP, Registrations and Education policies and processes.</p> <p>a. Monthly monitoring of FtP timeliness pathway. Council/public visibility via KPIs presented at open Council meetings.</p> <p>a, b. Extended powers for case examiner disposals (from 31 July 2017) to manage FtP cases more quickly and effectively.</p> <p>a, b, c. Targeted recruitment for high turnover roles and staff induction, training and L&D.</p> <p>c. Collaboration and data sharing with external stakeholders and partners.</p> <p>d. Routine information sharing regarding processes and risks between FtP, Registrations and Education and Standards.</p> <p>a. c. Employer Link Service supports early engagement with employers and relevant stakeholders to improve knowledge of FtP processes. Increased capacity within the Regulatory Intelligence Unit in place from May 19.</p> <p>e. Public Support Service provides tailored support to patients, families and parents (from October 2019)</p>	2	5	10	<p>a. Embedding outcomes from lessons learned programme. Outstanding actions include further work on employee values and behaviours (delivered as part of our People Strategy) and bedding in our corporate enquires and complaints team which was established in April 2019. Improvements to our public support service will continue during 2019-20.</p> <p>a - e. Pilots in 4 key areas are being tested between October-2018 - March 2019.—The new model for FtP using the outcomes from our FtP pilots will be implemented during 2019-2020. An implementation plan is being developed (July 2019)</p> <p>c - d. Regulatory Intelligence Unit will continue to develop our capabilities in trend analysis and risk assessment, and we will enhance processes sharing information with internal and external stakeholders. (3 year expansion programme from March 2019). - Embedding new software and developing intelligence tools. (March 2020)</p> <p>d. Continue to deliver process improvements between FtP and Registrations and Revalidation to ensure more consistency in regulatory actions and approach. FtP and Education and Standards working together to develop new data driven approach to QA. - Bi monthly meetings between FtP and R&R leadership teams (in place) - Review of potential fraudulent entries (July 2019)</p>	2	5	10	<p>Date change expected: N/A</p> <p>Comments: Maintain controls and monitor outcomes for any changes. Planned mitigations are focused on exploiting opportunities rather than to reduce likelihood further. Impact is unlikely to decrease as a failure could impact public safety.</p>	Director, Fitness to Practise
REG19/03	<p>Failure to ensure that educational standards are fit for purpose, and processes to ensure compliance with standards are being met</p> <p>i) Potential impact: - Public are not protected - Loss of confidence in educational standards - Undermines public trust - Loss of confidence in our processes for quality assurance of education</p> <p>ii) Risk appetite: Averse: but always some residual risk</p>	<p>a. Our Code and standards fail to keep pace with changes in healthcare delivery and practice within and across the 4 devolved UK countries.</p> <p>b. We do not process programme approvals within the expected timescales which potentially impacts the number of new nurses, midwives and nursing associates joining the register.</p> <p>d. We do not meet the Standards of Good Regulation (SoGR) for standards and education.</p> <p>e. AEs and their practice learning partners do not continue to deliver programmes of education and training for nurses, midwives and nursing associates that meet our standards.</p>	4	4	16	<p>a Ongoing development and delivery of new standards for nurses, midwives and nursing associates.</p> <p>a Four country communications and engagement plan established and embedded in our approach to standards development and delivery</p> <p>b. A new model of Quality Assurance has been implemented. This includes a defined timescale for approvals.</p> <p>d. Our programme of delivery of the new standards and our new model of Quality Assurance meets the SoGR.</p> <p>e. The new QA Framework for Education of nurses, midwives and nursing associates includes requirements for monitoring of all programmes. There are additional requirements for programmes under enhanced scrutiny and a new approach to data driven monitoring, with action taken when concerns are identified.</p>	2	4	8	<p>a. Education programme which will deliver new standards for midwives (Jan 2020) and a plan for our programme of work to review our post registration standards (July 19).</p> <p>a Implementing a rolling programme of evaluation, review and update for all existing standards (from April 2020)</p> <p>e In rolling out our new education standards and QA framework, we will: - actively monitor programmes in line with our new QA framework. - approve programmes against our new standards before September 2020 (2021 for midwifery)</p>	2	2	4	<p>Comments: New risk - the Executive propose the inclusion of a new risk dedicated to Education and Standards</p>	Director, Education and Standards

Risk Ref. Number	Risk Description	Contributing Factors / Causation	Inherent Risk (without controls)			Mitigations and Controls (In place)	Current Rating (with controls)			Planned Mitigations and Controls	Target Rating (after planned actions are delivered)			Executive Lead (responsible for assuring risk treatment)
			L	I	L X I		L	I	L X I		L	I	L X I	
PEO18/01	Risk that we fail to recruit and retain an adequately skilled and engaged workforce (permanent and temporary staff, contractors, and third parties) i) Potential Impact: - Reduced capacity - Inadequate skills - Low staff engagement / resilience - Increased costs - Delays or failure to deliver commitments ii) Appetite: Open: willing to consider all potential delivery options	a. Weak recruitment and high vacancies. b. Poor retention and high turnover. c. Low resilience and poor engagement including over reliance on key individuals / teams and high staff sickness. d. Failure to embed a high performance and development culture. e. Gaps in BAU capacity resulting from staff being redeployed to deliver programmes and projects. f. Our workforce does not keep pace with the capacity and / or capability needed to deliver our corporate plan g. High turnover of Executive Team leads to destabilised leadership and lost skills and knowledge and diverts attention from the plan (two interim directors and a new CEO and Registrar) h. Short term capacity risks posed by accommodation moves from OKS and 61 Aldwych i. Turnover increase due to accommodation move	5	4	20	a. Targeted recruitment and procurement of specialist advertising partner for hard to recruit to roles. a-f. Focused People Directorate which facilitates business partnering, provides targeted people insights (monthly directorate dashboard), and provides focused analysis and solutions for high risk areas. a-c. HR policies, procedures and L&D. HR policies review during 2018-19 continues. b, d. Rolling leadership development programme majoring on performance management from March 2018. a-d. People strategy with 3 year plan covering attraction, recruitment and retention and reward. a, b, c. Annual staff engagement survey and engagement action plans. a, b, c. Monthly staff engagement survey to take regular measurements of employee engagement from June 19. c. Updated appraisal format implemented from May 2018. e. Staff backfilled when employees are redeployed onto programmes and projects. h, i. Ongoing staff engagement regarding the FtP accommodation move, including survey work, workshops, and staff support meetings.	4	4	16	a and b. Continuous improvement of NMC employer brand to attract and retain staff. Initiatives for 2019-2020 have been approved and will be delivered throughout the year. (March 2020) a-c, e. Staff capacity improvement plan to relieve current capacity/capability pressure points (e.g. FtP investigation) (Ongoing) a-c. Programme of career pathways initiated (March 2020) a, b. Pay envelope analysis to develop options for strengthening staff pay and reward. (Principles agreed by the Council in March 2019, modelling of new pay structures from May 2019) - Consultation for part 1 of pay and reward implementation (July 2019) - Recommendations to Remuneration Committee (September 19) and Council (October 19) a, b, c. Monthly staff engagement survey from 2019 to take regular measurements of employee engagement. a, b, g. Succession planning for critical leadership roles. - Recruitment for the Director of Finance, Estates and IT (conclusion by September 2019).	2	3	6	Director, People and Organisational Design
INF18/01	Risk that we fail to recover from adverse infrastructure incidents i) Potential Impact: - Disrupted service delivery - Short term heightened risk of significant harm to the public ii) Appetite: Cautious: preference for safe delivery options that have a low degree of residual risk	a. Shifts in terrorist threat levels particularly in central London where the majority of staff are based. b. Failure of Business Continuity Plans and ICT contingency plan. i) Significant interruption to premises due to inadequate recovery arrangements ii) Significant interruption to IT services due to inadequate IT service recovery arrangements c. Accommodation moves from OKS and 61 Aldwych d. 23 Portland Place maintenance programme	4	5	20	a and b. Business Impact Analysis (BIA) to understand the operational resource needed in the event of infrastructure incidents. Business Continuity Plans, lockdown procedures, and ICT infrastructure disaster recovery arrangements in case of incident. b. Training and desktop exercises with lead directorate representatives undertaken in London and Edinburgh -- Oct and Nov 2018. Director and senior management strategic training and desktop exercise undertaken in March 2019. c. Accommodation programme and roadmap including risk monitoring and risk treatment. d. 23 Portland Place maintenance programme has been scoped within the 2019+ business plan.	3	4	12	a, b. Review of business continuity plans including annual tests. A programme of Business Continuity training and exercises. - Emergency Response Team and Incident Management Team to undertake Business Continuity Training and exercises (March 2020) b. Annual IT infrastructure disaster recovery test (completed for 2019). Business continuity plans updated following test. (see risk INF18/02) (March 2020)	2	4	8	Director, Resources

Risk Ref. Number	Risk Description	Contributing Factors / Causation	Inherent Risk (without controls)			Mitigations and Controls (In place)	Current Rating (with controls)			Planned Mitigations and Controls	Target Rating (after planned actions are delivered)			Executive Lead (responsible for assuring risk treatment)
			L	I	L X I		L	I	L X I		L	I	L X I	
COM18/01	<p>Risk that we fail to prevent a significant data loss or we experience a major information security breach</p> <p>i) Potential Impact: - Disrupted service delivery - Loss of stakeholder data - Compliance breach - ICO fines - Negative perceptions - Bank sanctions</p> <p>ii) Appetite: Cautious: preference for safe delivery options that have a low degree of residual risk</p>	<p>a. Potential cyber vulnerabilities in our IT applications and servers and lack of staff awareness.</p> <p>b. Failure to put in place adequate safe guards for data protection. Lack of staff awareness and literacy of data protection obligations.</p> <p>c. Data protection breaches lead to unauthorised disclosure of personal data, inaccuracy of personal data, failure to comply with the data protection principles.</p> <p>d. Information and records management does not comply with relevant legal requirements or business requirements.</p> <p>e. Non-compliance with the Payment Card Industry Standards</p>	5	5	25	<p>a. Insurance cover for cyber security threats. Mandatory Information security training for all employees. Work continues to address vulnerabilities in our IT systems.</p> <p>a. Technical controls e.g. software security patches (where possible), IT security measures, encrypted email.</p> <p>a. Priority actions to improve cyber and other vulnerabilities implemented at the end Q1 of 2019-20.</p> <p>b. Second phase of GDPR project completed in April 2019.-(project to end 30/4/19)</p> <p>b and c. Oversight provided by Information Governance and Security Board which includes the Business Continuity Working Group.</p> <p>b and c. Information security risk register, treatment plan and monitoring in accordance with ISO standard.</p>	3	3	9	<p>a. Investment in cyber vulnerabilities during 2018-19 and implementation of MOTS over the next 3 years (see risk INF18/02)</p> <p>a. MOTS programme will deliver core systems replacement for Wisser and CMS during 2019-20 (see risk INF18/02).</p> <p>b and c. Continue to maintain and strengthen controls around information governance (a-d) by: i) implementing the treatment plan. ii) maintaining staff awareness - comms. iii) ongoing BAU work on technical side. (Ongoing)</p>	2	3	6	Director, TBI
COM18/02	<p>Risk that we fail to recover from legal and compliance breaches</p> <p>i) Potential Impact: - Wasted resources - Negative perceptions - Bank sanctions - Fines</p> <p>ii) Appetite: Cautious: preference for safe delivery options that have a low degree of residual risk</p>	<p>a. Failure to meet statutory, legal and mandatory responsibilities (e.g. regulatory processes, data protection, health and safety, Freedom of Information, procurement, employment law etc)</p> <p>b. Risk of significant internal and external legal and other staff costs and damages to pay</p>	4	4	16	<p>a. Centralised corporate legal services team to advise on achieving legal compliance and support the business if breaches occur.</p> <p>a. Legal knowledge management system in place to identify changes in law and assess impact</p> <p>a-b. Overseas legal review completed leading to a new process being developed</p> <p>a-b. Legal support for all corporate programmes to improve legal awareness and compliance</p>	3	3	9	<p>a. Improvement plan to resolve weaknesses in contracting and procurement processes including increased oversight from corporate legal services. (xxx)</p> <p>a-b. Improvements to handling of information requests. (xxx)</p> <p>b. Phase 2 of legal services review will include further legal compliance reviews to identify and areas of increased legal risk and plan appropriate changes. (xxx)</p>	2	3	6	General Counsel

Risk Ref. Number	Risk Description	Contributing Factors / Causation	Inherent Risk (without controls)			Mitigations and Controls (In place)	Current Rating (with controls)			Planned Mitigations and Controls	Target Rating (after planned actions are delivered)			Executive Lead (responsible for assuring risk treatment)	
			L	I	L X I		L	I	L X I		L	I	L X I		
EXT18/01	<p>Risk that we may lack the right capacity and capability to influence and respond to changes in the external environment</p> <p>i) Potential Impact: - Inability to influence - Undermine public trust - Missed opportunities - Wasted resources</p> <p>ii) Appetite: Open: willing to consider all potential delivery options</p>	<p>a. Complex stakeholder relationships affects our ability to collaborate or influence.</p> <p>b. We fail to be part of key discussions eroding our ability to influence (e.g. NHS workforce planning).</p> <p>c. Significant changes are not anticipated and our response is reactive or unplanned. (e.g. Brexit; change of government and/or ineffectiveness of government as a consequence of Brexit)</p> <p>d. External pressure to adopt further commitments.</p> <p>e. We fail to invest appropriately in our External Affairs Directorate resulting in a lack of corporate support for engagement and communications across NMC</p> <p>f. Disjointed organisational communications result in a failure to speak with one voice leading to confusion or negative stakeholder perceptions of NMC</p> <p>g. Strategy development for 2020-2025 fails to gain support from key stakeholders</p>	4	4	16	<p>a, b, e.g. Investment in External Affairs directorate provides targeted support across the organisation to improve how we manage our external stakeholders and unify our communications (from May 2018 with extra investment agreed from 2019-20).</p> <p>a.b.f.g. Insights generated by stakeholder perception research (IFF) and research into the trust in professional regulation (Stonehaven) has been used to clarify our purpose and will be used to underpin targeted strategic communications and engagement across NMC.</p> <p>c. Brexit lead and working group.</p> <p>c. Contingency fund built into the annual corporate budget to manage unexpected events.</p> <p>e.f. Organisational narrative which provides standardised communication messages to present one voice (launched December 2019)</p> <p>g. Strategy development process for 2020-2025 launched in April 2019, with appointment of a fixed term Director of Strategy for 12 months to lead the process.</p>	3	3	9	<p>a, b, e, f, g. Insights generated by stakeholder perception research (IFF) and research into the trust in professional regulation (Stonehaven) will be used to develop targeted strategic communications and engagement programme and support development of the 2020-25 strategy (June/July 19)</p> <p>b.f.-Clarifying our purpose and Revising our organisational narrative. (June 19)</p> <p>f. Delivery of strategic communication and engagement programme and implementation of capability plans to build skills and knowledge. This will be regularly monitored using clear success criteria. (Monitoring and improvements will be delivered on an ongoing basis).</p> <p>g. New Strategy for 2020-2025 to be developed during 2019 with specific focus on co-production and consultation with key stakeholders. - Consultation and engagement activities on strategic themes (July - October 2019) - Corporate planning (TBC - August to December 19) - Strategy, corporate plan and budget agreed (March 20)</p> <p>a-g. Clearer internal roles and responsibilities regarding procedures for managing external stakeholders. (September 19)</p>	2	3	6	<p>Date change expected: March 2021</p>	Director, External Affairs
EXP18/01	<p>Risk that we fail to meet external expectations significantly affecting our ability to maintain stakeholders' trust in our ability to regulate</p> <p>i) Potential Impact: - Inability to influence - Undermine public trust - Missed opportunities - Wasted resources</p> <p>ii) Appetite: Minimalist: reference for ultra-safe business delivery options that have a low degree of inherent risk</p>	<p>a. We fail to demonstrate learning from adverse incidents such as core business failure or meet expectations such as PSA Lessons Learned Review, Gosport, Shrewsbury and Telford</p> <p>b. We fail to appropriately manage a negative media publicity/campaign.</p> <p>c. Failure to deliver significant regulatory change programmes eg FtP change or overseas programmes.</p> <p>d. Core business failure leads to negative publicity</p> <p>e. Fail to maintain the trust of key stakeholders</p> <p>f. Strategy development for 2020-2025 fails to gain support from key stakeholders</p> <p>(Links to risks REG18/01 (register) and REG18/02 (dealing with regulatory concerns) - but the focus here is a corporate wide loss of trust rather than a small number of stakeholders)</p>	4	4	16	<p>a. Public apology and acknowledgements of mistakes at the June 2018 Council meeting supported by media communications.</p> <p>a. Lessons Learned Programme implemented during 2018-2019 which addressed PSA recommendations. An assurance process is in place to monitor the improvements.</p> <p>a. Public Support Service providing tailored support to patients, families and parents.</p> <p>b Temporary crisis communications checklist in place</p> <p>b, e. Dedicated press office, schedule of authorised people that can speak with the media, and regular analysis to anticipate potential media publicity.</p> <p>c. Regular monitoring of programme performance at Council and dedicated programme boards for strategic programmes to tackle issues early.</p> <p>c. NA register launched in January 2019.</p> <p>e, f. Insights generated by stakeholder perception research (IFF) and research into the trust in professional regulation (Stonehaven) will be used to develop targeted strategic communications and engagement plans, and support development of the 2019-20 strategy</p>	3	4	12	<p>a. Embedding outcomes from lessons learned programme. Outstanding actions include further work on employee values and behaviours (delivered as part of our People Strategy) and bedding in our corporate enquires and complaints team. which was established in April 2019. (Ongoing)</p> <p>b. Development of crisis communications response. This will build on learning from Executive incident management training held in March 19. (July 19)</p> <p>c. Pilots in 4 key areas of the FtP change programme are being tested between October 2018 - March 2019. Plans for implementing the new model for FtP will be delivered from April 2019. (xx)</p> <p>e, f. Delivery of strategic communication and engagement programme and implementation of capability plans to build skills and knowledge. This will be regularly monitored using clear success criteria. (Monitoring and improvements will be delivered on an ongoing basis).</p> <p>e, f. New Strategy for 2020-2025 to be developed during 2019 with specific focus on co-production and consultation with key stakeholders. - Consultation and engagement activities on strategic themes (July - October 2019) - Corporate planning (TBC - August to December 19) - Strategy, corporate plan and budget agreed (March 20)</p>	3	3	9	<p>Date change expected: TBC</p> <p>Comments: Delivery of FtP change programme and completion of lessons learned programme are key mitigations.</p>	Director, External Affairs

Risk Ref. Number	Risk Description	Contributing Factors / Causation	Inherent Risk (without controls)			Mitigations and Controls (In place)	Current Rating (with controls)			Planned Mitigations and Controls	Target Rating (after planned actions are delivered)			Executive Lead (responsible for assuring risk treatment)
			L	I	L X I		L	I	L X I		L	I	L X I	
INF18/02	<p>Risk that ICT failure impedes our ability to deliver effective and robust services for stakeholders or value for money for the organisation</p> <p>i) Potential Impact: - Service disruption - Negative customer feedback - Wasted resources</p> <p>ii) Appetite: Open: Willing to consider all potential delivery options</p>	<p>a Our core systems (e.g. Wifi, TRIM, Wisser, CMS) and servers are on unsupported hardware and are obsolete, risking potential business interruption, data loss or registering people inappropriately.</p> <p>b. Our network infrastructure has potential cyber vulnerabilities which could result in data and information security breaches. (Also see risk COM18/01)</p> <p>c. Ageing IT infrastructure and processes and incompatibility between legacy and modern systems and applications results in reduced capability impeding efficient delivery and risking compliance obligations.</p>	5	5	25	<p>a. Disaster recovery testing to test switching between our main systems and our back up systems. Last successful test in May 19 with actions implemented by Q1 2019-20.</p> <p>a, b, c Priority actions to improve cyber and other vulnerabilities implemented at the end of Q1 2019-20.</p> <p>b. Management plan for systems failures.</p> <p>b. External review of most recent failures and escalation plan now in place.</p> <p>b. Regular penetration and vulnerability testing for data breaches and business continuity.</p> <p>b-c Network penetration test carried out in Q3 2018-2019.</p> <p>a-c. Annual business planning takes a holistic view of all technology commitments being proposed to ensure interdependencies and capacity are sufficiently managed. This is tracked and monitored during the year.</p>	4	5	20	<p>a, b, c. Investment plan to resolve immediate cyber risks and threats in 9 key areas (including license compliance)</p> <p>a. Disaster recovery test will take place in mid-May 19 (action added April 2019)</p> <p>b. Implementation of findings from most recent network penetration test by end Q1 2019-20 (July 2019)</p> <p>a-b. MOTS programme will deliver core systems replacement for Wisser and CMS during 2019-20.</p> <p>a-c. Business planning will take a holistic view of all technology commitments being proposed to ensure interdependencies and capacity are sufficiently managed.</p> <p>a, b, c A plan to improve cyber and other vulnerabilities is being implemented by end Q1 2019-20.</p>	2	4	8	Director, TBI
									<p>Risk Response: Treat</p> <p>Trend: Increasing</p> <p>Comments: N/a</p>					
										<p>Date change expected: 2020-2021</p>				

Allocation of Risk References

Format: RRYY/NN
RRR = Risk type YY = Year the risk was raised /NN = Number starting at 01
Risk types: Reg = Regulatory Duty Fin = Financial Inf = Infrastructure Rep = Reputational Ext = External Environment Com = Compliance Peo = People Exp = Expectations

Council

Audit Committee Annual Report to Council 2018–2019

Action: For discussion.

Issue: Report on the work of the Audit Committee during 2018–2019 and meetings in May and June 2019.

Core regulatory function: Supporting functions.

Strategic priority: Strategic priority 4: An effective organisation.

Decision required: None.

Annexes: None.

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

Author: Mary Anne Poxton
Phone: 020 7681 5440
maryanne.poxton@nmc-uk.org

Chair: Marta Phillips

- Context:**
- 1 This report covers the work of the Audit Committee during the 2018–2019 financial year and meetings in May and June 2019. The Committee met four times during 2018–2019 and has since met in May and June of the current financial year.
 - 2 The remit of the Audit Committee is to support the Council and the Executive by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of financial statements and the annual report.

Committee membership

- 3 On 30 April 2018, one member of the Committee completed their second and final term of office with the Council, and therefore also ceased to be a member of the Committee. It was agreed that the Committee membership would remain at three for the present.
- 4 The Committee was pleased to note that comprehensive assurance handovers had taken place during the year from the former Chief Executive and Registrar (CER) and Accounting Officer in July 2018 and the Interim CER and Accounting Officer in January 2019 to the new holders of this position. The statements of assurance provided included an overall assessment of governance, risk management and controls and were supported by a range of evidence.
- 5 The Committee has welcomed the regular attendance at its meetings of the Chair of Council and the Chief Executive and Registrar, as Accounting Officer, along with the Interim Director of Resources and the Director of Registration and Revalidation. Other senior executives attend when presenting papers and when internal audit reports for their areas are being considered.
- 6 The Committee has also welcomed the consistent attendance of the Internal Auditors (RSM), the External Auditors (haysmacintyre) and the National Audit Office (NAO) at its meetings and in keeping with good practice, has held private meetings with each at appropriate junctures during the year.

Committee effectiveness review

- 7 The Committee undertook reviews of its effectiveness on 25 April 2018 and on 1 May 2019, assessing itself against the NAO checklist for Audit Committee effectiveness. The Committee had positive and constructive discussions and a number of actions are being taken forward, including providing appropriate training and development opportunities for Committee members.

- Four country factors:**
- 8 The Committee is mindful of the need to ensure that the NMC is compliant with relevant legislation in all four countries, for example

charity law.

Discussion: Integrity of financial statements

Review of accounting policies

- 9 The Committee carried out its annual review of accounting policies and agreed the accounting policies subject to some amendments proposed in relation to: going concern; contract income; and investments and financial instruments.

External audit

- 10 The Committee approved the arrangements proposed by the External Auditors (haysmacintyre) and the National Audit Office (NAO) for the external audit and certification of the NMC's annual accounts for the year ending March 2019.
- 11 The Committee reviewed the external auditors 2017–2018 letters of representation and audit findings reports in June 2018, and the 2018–2019 letters of representation and audit findings reports in June 2019. The Committee noted that, subject to post-balance sheet reviews, these reports were expected to be unqualified.

Internal audit

- 12 RSM replaced Moore Stephens as the NMC's internal auditors with effect from 1 April 2018. In April 2018 the Committee approved the Internal Audit work programme for 2018–2019 and in February 2019 the Committee approved the draft Internal Audit work programme for 2019–2020.
- 13 During the year the Committee monitored progress against the Internal Audit work programme at each meeting. The planned Internal Audit programme was completed on schedule and a total of ten audit reviews were carried out – this included reviews of the Wisser IT system, Benefits Realisation, Procurement and Cyber Security.
- 14 The Committee welcomed the progress of the Executive in implementing outstanding recommendations from previous Internal Audits. The Committee agreed a proposal from the Executive that Directors take responsibility for internal audit activity in their area including implementation of recommendations. Going forward, the Internal Audit outsourced service will therefore follow up on internal audit recommendations with Directors, rather than this being managed through the Resources directorate. The effectiveness of this new approach will be kept under review.
- 15 The Committee considered the 2018 annual review of the effectiveness of the Internal Audit service in April 2018 and the 2019

annual review in June 2019 and noted that this outsourced service was working well.

Committee's views on governance, risk management and control

- 16 The Committee has reflected on a range of issues including the Internal Audit annual opinion and report, the findings of the External Auditors and NAO and the views of the Accounting Officer.
- 17 In considering the Internal Audit annual opinion and report for 2018–2019, the Committee accepted the annual opinion of the Internal Auditors that the NMC has an adequate and effective framework for risk management, governance and internal controls. The Internal Auditors have identified further enhancements to the framework to ensure that it remains adequate and effective, but have confirmed that nothing has arisen which they would consider to be a significant control issue.
- 18 The Committee has also considered the view of the Executive, which is that the Audit Committee can take reasonable assurance that the NMC is adequately managing risk both corporately and operationally, and that the internal control environment remains strong. The Committee welcomed the renewed focus of the Executive on risk management, which is now considered at each Executive Board meeting.
- 19 Overall, the Committee's view is that the Council can have confidence that arrangements for governance, risk management and controls are satisfactory, notwithstanding the fact that there is further work to be done. Going forward, the Committee will continue to closely monitor progress on the proposed improvements.

Draft Annual Report and Accounts 2018–2019

- 20 The Committee scrutinised the draft Annual Report and Accounts 2018–2019, including the Annual Governance Statement, in June 2019. The Committee endorsed the Annual Report and Accounts for approval by the Council at its meeting on 3 July 2019.

Draft Fitness to Practise annual report 2018–2019

- 21 The Committee scrutinised the draft Annual Fitness to Practise Report 2018–2019 in June 2019. The Committee endorsed the draft for approval by the Council at its meeting on 3 July 2019.

Internal controls and risk management

Risk management

- 22 During the year the Committee reviewed an update on risk management at each meeting and considered comprehensive

assurance reviews on:

22.1 Resources directorate;

22.2 External Affairs directorate; and

22.3 Office Move planning and related People issues, in light of the fact that all our London-based Fitness to Practise teams are due to move to new offices in Stratford during 2019.

- 23 The Committee considered the annual review of risk management effectiveness in May 2019. Under the current risk management arrangements, the Council reviews the corporate risk register at each open meeting, the Executive Board reviews the register at its monthly meeting, and Directorate teams manage their own risk registers and can escalate risks to the Executive Board.
- 24 An Internal Audit of risk management carried out during September 2018 concluded that there was reasonable assurance in how the NMC's risk management operated. Where gaps were identified, enhancements will be delivered as part of the Risk Management Improvement Plan being taken forward. The Committee will be monitoring progress against the plan.

Assurance maps

- 25 In October 2018 and May 2019 the Committee considered work undertaken by the Fitness to Practise (FtP) directorate on assurance mapping against both the Professional Standards Authority's Standards of Good Regulation and the recommendations of the Lessons Learned Review. The approach taken by FtP has been to target improvements based on an assessment of assurance, and the directorate has used the assurance map to prioritise action based on areas most at risk.
- 26 The Committee has noted the challenges in developing a corporate approach to risk assurance mapping, and has discussed the purpose and usage of risk assurance maps and the development of an assurance framework going forward.

Whistleblowing

- 27 During the year the Committee reviewed an update on the whistleblowing policy at each meeting. The Committee was pleased to note action taken to raise staff awareness of the policy and that training by Public Concern at Work has been delivered to staff. During 2018–2019 there were no invocations of the internal whistleblowing policy.
- 28 There are a number of mechanisms in place which staff may use to raise issues, including meetings / lunches with senior management, the employee forum, and exit interviews. In light of this, invocation of

the whistleblowing policy is expected only to be as a last resort, following failure of the other mechanisms.

Anti-fraud, bribery and corruption

- 29 During the year the Committee reviewed an update on anti-fraud, bribery and corruption at each meeting. During 2018–2019 no instances of fraud, bribery or corruption were detected and there were no reported incidents of offences under the Modern Slavery Act 2015 in the NMC's supply chain. The Committee was pleased to note that our Modern Slavery Statement was updated and published in March 2019.

Serious event reviews (SERs) and data breaches

- 30 During the year the Committee considered a report on SERs and data breaches at each meeting. The Committee noted the main cross organisational themes identified from the reported incidents and received assurance from the Executive that shortcomings were being addressed through process change and staff training as appropriate.
- 31 In June 2019 the Committee reviewed a full year report on SERs with further analysis on trends and figures for incidents reported during the financial year 2018–2019. The Committee welcomed the reduction in SERs reported during the year and agreed that efforts should continue to address the risk of under-reporting by some directorates.

Single tender actions (STAs)

- 32 During the year the Committee reviewed the STAs cumulative register at each meeting. In May 2019 the Committee considered an analysis of STAs for the financial year 2018–2019.
- 33 A new Procurement Policy was considered by the Committee in February 2019 and subsequently implemented. The Policy clarifies the NMC's approach to procurements activities and who is responsible for each part of the process, in particular that budget holders are responsible for ensuring compliance. Under the Policy, exceptions may be progressed as STAs, and the Committee received assurance from the Executive that the procurement team will challenge any requests for STAs and work with budget holders to look for alternative competitive procurement solutions wherever appropriate. The Committee welcomed the categorisation of STAs in the log and the reduction in the number of STAs occurring.

Cyber security

- 34 In April 2018 the Committee received an update on the mitigation of cyber security risks with reference to the National Audit Office (NAO) cyber security guidance and the government's Cyber Essentials scheme. The Committee reviewed the findings of an Internal Audit

review of cyber security in February 2019 and is monitoring the implementation of the recommendations arising from this review.

- 35 In October 2018 the Committee considered an update on compliance with the GDPR which took effect on 25 May 2018. In May 2019 the Committee discussed the findings of an Internal Audit advisory review on GDPR post-implementation - this followed up on progress against the agreed management actions from the GDPR readiness review performed in April 2018. The Committee will continue to monitor progress on GDPR compliance.

Business resilience

- 36 The Committee agreed in June 2018 that an update on business resilience be added to the Audit Committee agenda as a regular item until the Committee received sufficient assurance regarding the stability of the NMC's IT infrastructure. The Committee has subsequently received an update on business resilience and the stability of the IT infrastructure at each Committee meeting and continues to monitor progress. The Committee welcomed the successful disaster recovery test carried out in May 2019 and the plans to repeat this.

Public protection implications:

- 37 No public protection issues arising directly from this report.

Resource implications:

- 38 No resource implications arising directly from this report.

Equality and diversity implications:

- 39 No equality and diversity implications arising directly from this report.

Stakeholder engagement:

- 40 None.

Risk implications:

- 41 The role of the Audit Committee is to give assurance to Council that the NMC has effective governance, risk management and internal controls in place.

Legal implications:

- 42 None.

Council

Draft Annual Report and Accounts 2018–2019

Action: For decision.

Issue: Presents the draft NMC Annual Report and Accounts for the year ended 31 March 2019 for approval, along with the letters of representation to the external auditors and National Audit Office (NAO).

Core regulatory function: Supporting functions.

Strategic priority: Strategic priority 4: An effective organisation.

Decision required: The Council is recommended to:

- Authorise the Chair to sign the letter of representation to the external auditors (**Annexe 1**) (paragraph 7.1);
- Authorise the Chair and Chief Executive to sign the letter of representation to the NAO (**Annexe 2**) (paragraph 7.2); and
- Approve the draft Annual Report and Accounts 2018–2019 for submission to Parliament (paragraph 17 and **Annexe 3**).

Annexes: The following annexes are attached to this paper:

- Annexe 1: Letter of representation to the external auditors.
- Annexe 2: Letter of representation to the NAO.
- Annexe 3*: Draft Annual Report and Accounts 2018–2019.

*Please note that **Annexe 3** is not included in the public Council papers. This is so that we comply with strict rules not to publish the content of the report before it is submitted to Parliament.

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.

Authors:

Mary Anne Poxton

Phone: 020 7681 5440

maryanne.poxton@nmc-uk.org

Chief Executive: Andrea Sutcliffe

Phone: 020 7681 5871

andrea.sutcliffe@nmc-uk.org

Kim Butler

Phone: 020 7681 5822

kim.butler@nmc-uk.org

- Context:**
- 1 Under the Nursing and Midwifery Order 2001 (“the Order”), the Council is required to prepare an annual report and accounts.
 - 2 The Order requires the accounts to be audited by independent auditors appointed by the NMC and certified by the Comptroller and Auditor General (the National Audit Office).
 - 3 Once approved by the Council, the Annual Report and Accounts must be submitted to the Privy Council for laying before Parliament.
 - 4 The Annual Report and Accounts also serves as the Trustees’ report to the Charity Commission for England and Wales and the Office of the Scottish Charity Regulator and must comply with their requirements. The Annual Report makes clear how we have delivered public benefit and taken it into account in our activities and decisions.

- Four country factors:**
- 5 The Annual Report and Accounts reflect our UK-wide remit.

Discussion: Letters of representation

- 6 The accounts have been audited and there is an unqualified opinion. As is usual practice, we are required to provide a letter of representation to the independent auditors and to the NAO in connection with their audit work. The proposed letters of representation are set out in **Annexes 1 and 2**.
- 7 **Recommendation: The Council is recommended to:**
 - 7.1 **authorise the Chair to sign the letter of representation to the external auditors (annexe 1)**
 - 7.2 **authorise the Chair and Chief Executive to sign the letter of representation to the NAO (annexe 2).**

Draft Annual Report and Accounts 2018–2019

- 8 The draft Annual Report and Accounts is at **Annexe 3**. This is an important accountability document for Parliament; for the Charity regulators; for the public we serve; and for the professionals on our register.
- 9 The Audit Committee reviewed the Annual Report and Accounts on 12 June 2019 and its comments have been reflected in the draft.

Performance review

- 10 The Annual Report includes a high level review of our performance over the year, describing how we have delivered our objectives and how this has made a difference for the public and other

stakeholders. It reflects the challenges and significant learning we faced in 2018–2019 and some of the progress we have made so far in tackling those challenges, as well as delivering the commitments and targets in the Council's corporate plan for 2018–2019.

Financial review

- 11 We have sought to be more transparent about our spend by explaining this in terms of the direct costs of all our functions, including support functions, compared to our budget and the previous year. In previous years, the financial review has adopted the same approach as the accounts which allocates all support costs to our charitable objects.
- 12 The financial review section also includes a summary of the new reserves and investment policies approved by Council in March 2019.

Remuneration report

- 13 The Remuneration Committee reviewed the Remuneration Report on 22 May 2019 and was content to recommend it to the Council for approval.
- 14 We have sought to improve transparency in the presentation of the information and by including executive expenses for the first time.

Accounts

- 15 The management accounts for the year ended 31 March 2019 which were included in the Executive Report to May's Council meeting showed a surplus for the year of £11m. The draft statutory accounts show a net movement in funds of £7.1m. The main difference is the £3.3m actuarial loss on the defined benefit pension scheme, resulting from an increase in the assumed rate of inflation.
- 16 A post-balance sheet review is carried out to ensure that no material events relevant to the accounts have taken place between the financial year-end and submission to Parliament. At the point of preparing this paper no relevant material events were identified. An update will be given at the meeting.
- 17 **Recommendation: Subject to any comments, the Council is invited to approve the Annual Report and Accounts for submission to Parliament.**

Next Steps

- 18 Subject to Council's approval and the post balance sheet review, the Annual Report and Accounts will be signed by the Chair of Council and by the Chief Executive and Registrar, as Accounting Officer.

- 19 Robust transitional arrangements were put in place to ensure that the Chief Executive and Registrar, in her capacity as Accounting Officer, received assurance from the outgoing and former Accounting Officers to inform her assessment of the arrangements in place for governance, risk management and control.
- 20 The Annual Report and Accounts will be submitted to the Privy Council to be laid before Parliament before the summer recess, along with the Annual Fitness to Practise report for 2018–2019.
- 21 The Annual Report and Accounts will also be filed with the Charity Commission for England and Wales and the Office of the Scottish Charity Regulator in advance of their respective deadlines of 31 January 2020 and 31 December 2019.

Communications

- 22 Once laid before Parliament, the Annual Report and Accounts will be published on the NMC website, along with the Annual Fitness to Practise Report. The Reports will also be published in Welsh.
- 23 We are also producing an *Annual Review* – a shorter, more accessible version of both reports, as well as an *Easy Read* version.
- 24 We will launch the reports at our event on 24 July 2019, alongside the launch of the consultation themes for our new strategy 2020–2025. The Reports and Review will then be sent out electronically to our stakeholders and partners across the four countries, to all the professionals on our register, to those we work with and internally to colleagues.

Public protection implications:

- 25 No direct public protection implications.

Resource implications:

- 26 Staff and other resources to compile the Annual Report and Accounts are absorbed within the Governance team and the Resources directorate budgets. Audit costs are met from within the Resources directorate budget and costs of printing and Welsh translation are met from within the Governance and Communications budgets.

Equality and diversity implications:

- 27 As required by the Order, the Annual Report describes the arrangements the NMC has put in place for complying with its obligations for equality and diversity.
- 28 The NMC's Annual Equality, Diversity and Inclusion Report 2018–2019 will be presented to Council at its meeting on 3 July 2019. This report describes in more detail the actions we are taking to meet our

equality and diversity objectives.

- Stakeholder engagement:** 29 See above.
- Risk implications:** 30 Failure to meet our statutory and charitable reporting requirements would undermine public trust and confidence in our work.
- Legal implications:** 31 The Order requires the NMC to produce:
- 31.1 A “report on the exercise of its functions which includes a description of the arrangements the Council has put in place to ensure that it adheres to good practice in relation to equality and diversity” [Article 50(1)(a)].
 - 31.2 A “strategic plan for the Council in respect of such number of years as the Council shall determine” [Article 50(1) (c)].
 - 31.3 Annual accounts in the form determined by the Privy Council [Article 52].
- 32 Under the Nursing and Midwifery Order 2001 (Form of Accounts) Determination 2010, the accounts must be prepared both:
- 32.1 In compliance with the accounting principles and disclosure requirements contained in the current Statement of Recommended Practice, *Accounting and Reporting by Charities* (“Charities SORP”), issued by the Charity Commission.
 - 32.2 With regard to the requirements of the current *Government Financial Reporting Manual* issued by HM Treasury (“FReM”) to the extent that those requirements clarify, or build on, the requirements of the Charities SORP.
- 33 The Annual Report and Accounts have been prepared in accordance with the above obligations and requirements.

[TO BE PRINTED ON HEADED PAPER]

Haysmacintyre LLP
10 Queen Street Place
London
EC4R 1AG

Date: [SAME DATE ACCOUNTS ARE SIGNED]

Dear Sirs

During the course of your audit of our financial statements for the year ended 31 March 2019, the following representations were made to you by management and trustees on behalf of the charity.

1. We have fulfilled our responsibilities as Trustees under the Charities Act 2011, the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006 and the Nursing and Midwifery order 2001 for preparing financial statements, in accordance with UK Generally Accepted Accounting Practice (UKGAAP) that give a true and fair view and for making accurate representations to you as auditors.
2. We confirm that all accounting records have been made available to you for the purpose of your audit, in accordance with your terms of engagement, and that all the transactions undertaken by the charity have been properly reflected and recorded in the accounting records. All other records and related information, including minutes of all management and Trustees meetings, have been made available to you. We have given you unrestricted access to persons within the charity in order to obtain audit evidence and have provided any additional information that you have requested for the purposes of your audit.
3. We confirm that significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable.
4. We confirm that all known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor and accounted for and disclosed in accordance with UKGAAP.
5. We confirm that we have informed you of the details of all correspondence with the charity's regulators during the year and, in particular, the details of all Serious Incident Reports that we have made to the Charity Commission/OSCR.
6. We confirm that there have been no events since the balance sheet date which require disclosing or which would materially affect the amounts in the accounts, other than those already disclosed or included in the accounts.
7. We confirm that we are aware of the definition of a related party set out in FRS102. We confirm that the related party forms have been completed by all trustees and made available to you as part of the audit.

8. We confirm that the related party relationships and transactions set out in the declarations provided to you are a complete list of such relationships and transactions and that we are not aware of any further related parties or transactions and have been accounted for and disclosed in accordance with UKGAAP.
9. We confirm that the financial statements correctly disclose the Trustees' remuneration and reimbursement of expenses and are drawn up in accordance with the Statement of Recommended Practice *Accounting and Reporting by Charities*.
10. We confirm that the charity has not had, at any time during the year, an arrangement, transaction or agreement to provide credit facilities (including advances and credits granted by the charity) for Trustees, nor to provide guarantees of any kind on behalf of the Trustees, except as disclosed in the financial statements.
11. We confirm that the charity has not contracted for any capital expenditure other than as disclosed in the financial statements.
12. We confirm that we are not aware of any possible or actual instance of non-compliance with those laws and regulations which provide a legal framework within which the charity conducts its business, and which are central to the charity's ability to conduct its business.
13. We acknowledge our responsibility for the design and implementation of controls to prevent and detect fraud. We confirm that we have provided you with a copy of our latest risk assessment and confirm that we have considered the risk of fraud and have disclosed to you any actual or suspected instances of fraud involving management or employees who have a significant role in internal control or that could have a material effect on the financial statements. We also confirm that we are not aware of any allegations of fraud by former employees, regulators or others.
14. We confirm that, having considered our expectations and intentions for the next twelve months and the availability of working capital, the charity is a going concern.
15. We confirm that in our opinion the effects of unadjusted misstatements, as disclosed in the Audit Findings Report are immaterial, both individually and in aggregate, to the financial statements as a whole.
16. All grants, donations and other incoming resources, receipt of which is subject to specific terms or conditions, have been notified to you. There have been no breaches of terms and conditions in the application of such incoming resources.
17. We acknowledge our legal responsibilities regarding disclosure of information to you as auditors and confirm that:
 - so far as each Trustee is aware, there is no relevant audit information of which you as auditors are unaware; and
 - each Trustee has taken all the steps that they ought to have taken as a Trustee to make themselves aware of any relevant audit information and to establish that you are aware of that information.

We confirm that the above representations are made on the basis of enquiries of management and staff with relevant knowledge and expertise (and, where appropriate, of supporting documentation) sufficient to satisfy ourselves that we can properly make these representations to you and that to the best of our knowledge and belief they accurately reflect the representations made to you by the Trustees during the course of your audit.

Yours faithfully

Signed on behalf of the Board of Trustees by:

Trustee

Item 8: **Annexe 2**

NMC/19/52

3 July 2019

The Comptroller and Auditor General
National Audit Office
157-197 Buckingham Palace Road
Victoria
LONDON
SW1W 9SP

Date:

LETTER OF REPRESENTATION: Nursing and Midwifery Council 2018/19

We acknowledge as Accounting Officer and Chair of the Nursing and Midwifery Council our responsibility for preparing financial statements that give a true and fair view of the state of affairs, net movement in funds, and cash flows of the Nursing and Midwifery Council for the year ended 2018/19.

In preparing the financial statements, we were required to:

- observe the financial statements direction issued by the Privy Council, including the relevant accounting and disclosure requirements (a) in compliance with the accounting principles and disclosure requirements contained in the Charities' SoRP; and (b) having regard to the requirements of the FReM to the extent that those requirements clarify, or build on, the requirements of the Charities' SORP, and apply appropriate accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards have been followed and disclosed and explain any material departures in the financial statements; and
- make an assessment that the Nursing and Midwifery Council is a going concern and will continue to be in operation throughout the next year; and ensure that this has been appropriately disclosed in the financial statements.

We confirm that for the financial year ended 31 March 2019:

- neither we nor our staff authorised a course of action, the financial impact of which is that transactions infringe the requirements of regularity as set out in Managing Public Money;
- having considered and enquired as to the Nursing and Midwifery Council's compliance with law and regulations, We are not aware of any actual or potential non-compliance that could have a material effect on the ability of the Nursing and Midwifery Council to conduct its business or on the results and financial position disclosed in the financial statements;

- all accounting records have been provided to you for the purpose of your audit and all transactions undertaken by the Nursing and Midwifery Council have been properly reflected and recorded in the accounting records. All other records and related information, including minutes of all management meetings which you have requested have been supplied to you; and
- the information provided regarding the identification of related parties is complete; and the related party disclosures in the financial statements are adequate.

All material accounting policies as adopted are detailed in note 1 to the financial statements.

INTERNAL CONTROL

We acknowledge as Accounting Officer and Chair of the Nursing and Midwifery Council our responsibility for the design and implementation of internal controls to prevent and detect error and we have disclosed to you the results of our assessment of the risk that the financial statements could be materially misstated.

We confirm that we have reviewed the effectiveness of the system of internal control and that the disclosures we have made are in accordance with HM Treasury guidance on the Governance Statement.

FRAUD

We acknowledge as Accounting Officer and Chair of the Nursing and Midwifery Council our responsibility for the design and implementation of internal controls to prevent and detect fraud and we have disclosed to you the results of our assessment of the risk that the financial statements could be materially misstated as a result of fraud.

We are not aware of any fraud or suspected fraud affecting the Nursing and Midwifery Council and no allegations of fraud or suspected fraud affecting the financial statements has been communicated to us by employees, former employees, analysts, regulators or others.

ASSETS

General

All assets included in the balance sheet were in existence at the reporting date and owned by the Nursing and Midwifery Council, and free from any lien, encumbrance or charge, except as disclosed in the financial statements. The balance sheet includes all tangible assets owned by the Nursing and Midwifery Council.

Non-Current Assets

All assets over £5k are capitalised. Depreciation is provided on tangible fixed assets to write them down to a nominal value of £1 over their estimated useful lives in the Nursing and Midwifery Council's operations.

Other Current Assets

On realisation in the ordinary course of the Nursing and Midwifery Council's operations the other current assets in the balance sheet are expected to produce at least the amounts at which they are stated. Adequate provision has been made against all amounts owing to

the Nursing and Midwifery Council which are known, or may be expected, to be irrecoverable.

LIABILITIES

General

All liabilities have been recorded in the balance sheet. There were no significant losses in the year and no provisions for losses were required at the year-end.

Provisions

Other than the provisions disclosed in the financial statements, no other provisions were required at year end relating to litigation or claims against the Nursing and Midwifery Council. The panellists provision reflects the latest legal and other guidance available to us.

Contingent Liabilities

Other than reported in the financial statements, we are not aware of any pending litigation which may result in significant loss to the Nursing and Midwifery Council, and we are not aware of any action which is or may be brought against the Nursing and Midwifery Council under the Insolvency Act 1986.

OTHER DISCLOSURES

Results

Except as disclosed in the financial statements, the results for the year were not materially affected by transactions of a sort not usually undertaken by the Nursing and Midwifery Council, or circumstances of an exceptional or non-recurring nature.

Unadjusted Errors

No unadjusted errors have been brought to our attention.

Events after the Reporting Period

Except as disclosed in the financial statements, there have been no material changes since the reporting date affecting assets, liabilities and commitments, and no events or transactions have occurred which, though properly excluded from the financial statements, are of such importance that they should have been brought to notice.

Management of Personal Data

Except as disclosed in the relevant sections of the Annual Report, there have been no personal data related incidents in the accounting period subject to audit which are required to be reported.

Privy Council determinations

Income and expenditure are consistent with determinations given by the Privy Council.

Andrea Sutcliffe
Chief Executive and Registrar
Date

Philip Graf
Chair
Date

Council

Draft Annual Fitness to Practise Report 2018–2019

- Action:** For decision.
- Issue:** Presents the draft Annual Fitness to Practise Report 2018–2019 for approval.
- Core regulatory function:** Fitness to practise.
- Strategic priority:** Strategic priority 1: Effective regulation.
- Decision required:** The Council is recommended to approve the draft Annual Fitness to Practise Report 2018–2019 for submission to Parliament (paragraph 7 and **Annexe 1**).
- Annexes:** The following annexe is attached to this paper:
- Annexe 1: Draft Annual Fitness to Practise Report 2018–2019.
- * Please note that **Annexe 1** is not included in the public Council papers. This is so that we comply with strict rules not to publish the content of the report before it is submitted to Parliament.
- 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: Claire Davidson
Phone: 020 7681 5733
claire.davidson@nmc-uk.org

Director: Matthew McClelland
Phone: 020 7681 5987
matthew.mcclelland@nmc-uk.org

- Context:**
- 1 Under the Nursing and Midwifery Order 2001, the Council is required to prepare an annual statistical report which includes a description of our fitness to practise arrangements; and the efficiency and effectiveness of those arrangements.
 - 2 Once approved by the Council, the Annual Fitness to Practise Report, together with the Annual Report and Accounts, must be submitted to the Privy Council for laying before Parliament.
 - 3 The draft report for 2018–2019 is attached for Council to review. The Audit Committee reviewed the draft report on 12 June 2019 and its comments have been reflected in the draft at **Annexe 1**.
- Four country factors:**
- 4 The Annual Fitness to Practise Report reflects the NMC’s UK-wide remit and includes all cases we have dealt with in 2018–2019 from all four of the UK countries. The report also includes a breakdown of the new referrals we have received by country of origin.
- Discussion:**
- 5 Key points to note on the content of the report are:
 - 5.1 We have explained how we have used the learning from the PSA’s Lessons Learned Review in developing our new strategic direction for fitness to practise and establishing a person-centred approach.
 - 5.2 A key focus for 2019–2020 will be improving the support provided to registrants under investigation. We have begun to record the numbers of registrants who take their own life during the course of our processes.
 - 5.3 This year we have included more information in the report about the work of the Employer Link Service and Regulatory Intelligence Unit. For the first time we are publishing data about the most common types of allegations we see at hearings. We will not be publishing a separate Employer Link Service and Regulatory Intelligence Unit annual report this year. We have included case studies wherever possible to illustrate aspects of our work.
 - 6 Key points to note from the statistical analysis:
 - 6.1 The total number of new concerns we received represents around 8 referrals for every 1,000 people on our register, highlighting that the vast majority of people on our register practise safely and effectively.
 - 6.2 The number of new concerns raised with us has reduced slightly by 2.5 percent relative to last year. In particular, the number of concerns raised by employers has reduced. This

may be as a result of our improved engagement with employers, helping to make sure that things are dealt with effectively at a local level and only the right referrals are made to us.

- 6.3 The proportion of new concerns we receive broadly reflects the total distribution of registrants across England, Scotland, Wales, and Northern Ireland.
- 6.4 The proportion of concerns we received broadly reflects the proportion of nurses and midwives on the register. We have not seen any material change in the proportion of midwives referred to us since statutory supervision was removed in March 2017.
- 6.5 We have not received any fitness to practise concerns about nursing associates since we started to regulate them in England in January 2019.
- 6.6 There has been a reduction in the number of Case Examiner outcomes (see table 5) which reflects the lower throughput than planned from investigations.
- 6.7 There has also been a reduction in hearing outcomes (see tables 7 and 8) which is due to the lower throughput from investigations, the overall reduction of our historical backlog of cases, and increased take up of Case Examiner powers to agree undertakings, issue warnings and give advice.

7 Recommendation: The Council is recommended to approve the draft Annual Fitness to Practise Report 2018–2019 for submission to Parliament.

Next steps

- 8 The Annual Fitness to Practise Report will be submitted to the Privy Council to be laid before Parliament before the summer recess, along with the Annual Report and Accounts for 2018–2019.
- 9 We are also producing an *Annual Review* – a shorter, more accessible version of both reports, as well as an *Easy read* version.
- 10 We will launch both our statutory annual reports at our event on 24 July 2019, alongside the launch of the consultation themes for our new strategy 2020–2025. The Reports and Review will then be sent electronically to our stakeholders and partners across the four countries, to all the professionals on our register, to those we work with and internally to colleagues.

Public

- 11 There are no public protection issues which arise directly from the

protection implications:		production of the Annual Fitness to Practise Report; rather the report highlights the contribution of fitness to practise activities towards protecting the public.
Resource implications:	12	Staff and other resources to compile the Annual Fitness to Practise Report are absorbed within the Fitness to Practise directorate and Governance team budgets. Costs of printing and Welsh translation are met from within the Governance and Communications budgets.
Equality and diversity implications:	13	Equality and diversity data for fitness to practise is published separately as part of the Annual Equality, Diversity and Inclusion Report 2018–2019, which will be presented to Council at its meeting on 3 July 2019.
Stakeholder engagement:	14	See above.
Risk implications:	15	Failure to comply with our statutory reporting requirements would undermine public trust and confidence in our work.
Legal implications:	16	Under Article 50(2) of the Nursing and Midwifery Order 2001, the Council is required to lay each year before Parliament a statistical report which includes a description, of the arrangements which the Council has put in place under article 21(1) (b) to protect members of the public from registrants whose fitness to practise is impaired; the efficiency and effectiveness of these arrangements; and the Council's observations on the report.

Council

Revalidation Annual Data Report 2018–2019

Action: For decision.

Issue: Provides the Revalidation Annual Data Report 2018–2019.

Core regulatory function: Registration and Revalidation.

Strategic priority: Strategic priority 1: Effective regulation.

Decision required: The Council is recommended to approve the Revalidation Annual Data Report 2018–2019 (paragraph 8).

Annexes: The following annexe is attached to this paper:

- Annexe 1: Revalidation Annual Data Report 2018–2019.

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: Sara Kovach Clark
Phone: 020 7681 5968
sara.kovach-clark@nmc-uk.org

Director: Emma Broadbent
Phone: 020 7681 5903
emma.broadbent@nmc-uk.org

- Context:**
- 1 Revalidation for nurses and midwives began in April 2016. Since that time we have shared our data regularly and published an annual report each year. This is the third report and will be launched alongside the other annual reports on 24 July 2019, following approval by Council. The report will be published in two parts: an overall summary of the data (**Annexe 1**) and a technical annexe containing all the data tables which will be published on our external website.
 - 2 At the start of revalidation we commissioned an independent evaluation to help us understand the outcomes and impact of revalidation. The final evaluation report will be published online in July also.
- Four country factors:**
- 3 Revalidation applies equally across all four countries and revalidation rates for the last three years have been similar across the UK. The proportion of nurses and midwives revalidating by country was what we would expect given the proportion of people registered in each country.
- Discussion:**
- 4 It is clear from the last three years that revalidation continues to be a success. For the period 2018–2019, 611,462 nurses and midwives successfully revalidated, which is 93 percent of the 658,100 people who were due to revalidate.
 - 5 This includes nurses and midwives who were working or living abroad. While there are lower revalidation rates for those outside the UK, this is in line with what we might expect since they are not required to remain registered to practise.
 - 6 During this period, 6 percent chose not to revalidate and left the register. This proportion was steady throughout the three years and is in line with the numbers who left the register under the previous renewal scheme.
 - 7 The proportion of people revalidating is largely consistent across all registration types. For example, 94 percent of those who revalidated were nurses, which is similar to the proportion of nurses on our register overall. Analysis suggests that registrants are more likely to drop a registration type at revalidation, and the most common change is for people previously holding a dual nurse/midwife registration to drop one of these, as they are no longer practising in that profession.
 - 8 **Recommendation: The Council is recommended to approve the Revalidation Annual Data Report 2018–2019.**

Public protection implications:	9	Revalidation is designed to help deliver better, safer care by supporting nurses and midwives in their professional development, thereby bringing about improvements in the practice of nursing and midwifery and strengthening public confidence in the professions.
Resource implications:	10	Resource implications arising from this report relate to the compilation, translation and publication of the report which are within existing budgets.
Equality and diversity implications:	11	We undertook a comprehensive equality impact assessment (EQIA) on our proposals at the start of revalidation. We regularly review this using intelligence gained as part of the revalidation application process, when we ask nurses and midwives to provide a range of equality and diversity data. Using this data we have carried out a detailed analysis of the impact on groups with different protected characteristics.
	12	Looking at this we are confident that the revalidation requirements do not lead to disproportionate impacts on any group sharing protected characteristics. This has been confirmed by the independent evaluation. Where there are differences in revalidation rates, analysis suggests this is largely due to roles or work settings rather than the revalidation requirements themselves. We will seek to address this through additional context-specific guidance.
Stakeholder engagement:	13	The report will be published in July 2019.
Risk implications:	14	When revalidation was introduced stakeholders raised the risk that it would lead to people leaving the register as well as impose disproportionate burdens on employers and other stakeholders. There is no evidence that either of these risks has materialised.
	15	We have carried out regular research with those who have left the register each year, for the last three years. While concern about not being able to meet the revalidation requirements does feature, it features among a cluster of other issues. The independent evaluation has confirmed that there is no evidence that revalidation has led to a reduction in numbers on the register; nor do they consider that there is any evidence of a disproportionate burden placed on employers and other stakeholders.
Legal implications:	16	None.

Revalidation Annual Data Report 2018–2019

Foreword

2019 began with an important milestone for the NMC with the introduction of the nursing associate role in England. This year also marks the completion of the first three years of revalidation and every nurse or midwife who was on our register on 1 April 2016 has now been through the revalidation process. Over 611,462 nurses and midwives have revalidated, and they will be joined in 2022 by the first nursing associates who joined our register in January this year. Once again I am delighted to report that our data shows revalidation continues to be a successful and valuable experience for many nurses and midwives with high numbers choosing to revalidate across all four countries of the UK.

Much has changed in the last three years. We have made significant improvements as an organisation, all of which demonstrate our commitment to being a force for compassion and professionalism. Revalidation was the forerunner of this period of change and I and other colleagues regularly hear that it is regarded as one of the best initiatives we have introduced, as it focuses on the professional development of the people on our register and uses our role to support the conditions in which better, safer care can thrive. This success is not possible without the dedication and commitment of everyone in the health and social care sector; not just those on our register but their employers and representative bodies. So I want to take this opportunity to thank everyone again for their hard work and collaboration so far.

We know that nurses, midwives and nursing associates are working in constantly changing environments increasing in complexity and demand. Our data gives us the opportunity to influence the sector as a whole by highlighting systemic issues and adding to the richness of data that guides workforce strategies in each of the four countries. In this report we present important new primary data and analysis of work and practice settings by protected characteristics. This will help our understanding of what is needed to help support and sustain the current workforce and the supply of nurses and midwives for the future.

When we introduced revalidation we were clear that it would be implemented through a phased approach, allowing us to understand the impact it was having, so it remains effective, proportionate and affordable across all the countries. We have recently completed a three year evaluation of revalidation and the main findings are that revalidation has been positively received with reflection the most valued element. Bringing people with us and demonstrating that we recognise the value of continuous learning, has been key to our success.

It is clear revalidation must keep pace with changes in practice. It is also clear that we have an opportunity to use it to influence the external health and care environment. We're currently working to develop an ambitious plan for 2020–2025, which will drive forward more improvements and help us support the delivery of safe, high quality and consistent care. As we develop this new five year strategy, we have an excellent opportunity to utilise the first three years of revalidation to review how we want this process to evolve over the next three years and we look forward to discussing that with our stakeholders and partners over the next few months.

Emma Broadbent

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Executive summary

Numbers of people revalidating

Since 2016, more than 600,000 nurses and midwives have renewed their registration through the process of revalidation. The overall revalidation rates across the UK have remained relatively similar throughout years one to three at 93 percent. The revalidation rate (the proportion of people that revalidated from those who were due to), across the UK remains what we would expect, at or above 90 percent in each of the four countries.

Over the last three years, the proportions of people choosing not to revalidate are similar to historical rates under the previous renewal scheme. This suggests that there has not been the loss of nurses and midwives some feared would result from the introduction of revalidation. We've seen a slightly lower rate of revalidation for people practising outside the UK, compared with those in the UK. This is expected as they no longer need to maintain NMC registration and the main reason they give for not revalidating is that they are no longer practising.

Differences in revalidation rates

In this last year, 204,545 nurses and midwives renewed their registration. Revalidation rates across the four UK countries were over 94 percent, consistent with trends from the previous two years. The proportions of people revalidating are fairly consistent across age groups between 21 and 60 years, and then begin to fall. This is in line with what we would expect in terms of individuals planning their retirement, and what we have seen reported to us in our [survey of those leaving the register](#). There is a slight difference between revalidation rates for men and women, but these are in line with historical revalidation rates and do not give any cause for concern.

The numbers choosing to revalidate are largely consistent across all registration types. This is consistent with both year one and year two. Analysis suggests that people holding more than one registration type are more likely to drop one of these at revalidation. Most commonly, registrants previously holding a dual nurse/midwife registration may drop one of these, depending on which one they use less.

There are broadly similar revalidation rates across different ethnic groups but those declaring a disability at the time of revalidation had lower rates compared with those not declaring a disability. This is in line with rates from the previous two years of revalidation and could be driven by the fact that those with a disability may be less likely to be currently working and as a result less likely to gain the necessary evidence for revalidation. Looking at people's recorded reasons for leaving the register, one third of individuals declaring a disability left due to ill health. Preventing barriers to revalidation for people living with disabilities is of paramount importance, and we provide adjustments for those who face any difficulty due to the revalidation process.

Employment, practice and work settings

This year we have carried out new analysis on employment, practice and work settings which has given us some very interesting insights about our register. This intelligence provides the

opportunity to inform how we support the people on our register as they make up an integral part of the workforce.

Most people on our register are in direct employment and direct clinical care, most of this being in the fields of adult nursing and general care. Over 50 percent of roles are in hospital or other secondary care settings, with the next most frequently reported setting being community care (18 percent). Most of the midwives on our register work in maternity units or hospitals, while the majority of roles reported by nurses are in hospitals or other secondary care settings (57 percent).

Of the 698,000 people on our register, 11 percent are men. Women dominate a number of roles including midwifery, health visiting and school nursing. In terms of work settings, men are well-represented in the military, ambulance service, trade union and professional body, prison or police services.

Over one third of the people revalidating since 2016 were over the age of 50 and just over one third were between the ages of 21–40. Those working in agencies tend to be slightly older than those who are employed directly, which may be indicative of the flexibility and pay offered by agency work. Some types of practice have a relatively young age profile such as children's and neo-natal nursing, midwifery, military and public health jobs. We see this contrasted with the fields that have an older age profile including quality assurance and inspection, occupational health, education, and universities or research facilities.

People employed via an agency are markedly more ethnically diverse than people in direct employment and over a third of agency roles are done by people of Black British African ethnicity. The fields of adult general nursing and mental health nursing are the most diverse, with Black British African individuals very well represented in mental health and prison settings. Other diverse fields include the home care sector, public health, hospitals and prisons. Some settings have a primarily White British workforce including school nursing, quality assurance, policy, the voluntary sector, police, military, government and leadership roles.

15 percent of those on our register are trained outside of the UK, and these nurses and midwives continue to make up a valued part of our workforce. There are certain work settings that rely more on these individuals including the care home sector, public health and hospitals or other secondary care settings.

How people are revalidating

Confirmation provides the basis of our assurance that revalidation is being implemented in the way that we intended. This process provides opportunities for engagement and reflection to continue to improve practice. Most people on our register have their line manager as their confirmer in line with our guidance, or another nurse or midwife on our register. Many also cite having regular appraisals which is an important tool to support nurses and midwives in their professional development. We will continue to work with stakeholders to guide the confirmation and appraisal processes as a key component of the revalidation process.

Reasons for leaving

We have carried out research with those who have left the register each year, for the last three years. Additionally when people tell us they are leaving the register rather than revalidate we ask them to provide us with a reason. While concern about not being able to meet the revalidation requirements does feature, it features among a cluster of issues; too much pressure; staffing levels; changes in personal circumstances, and poor pay and benefits.

As we mention above we would expect a higher proportion of those working or living outside of the UK to choose not to revalidate. We also see a lower revalidation rate in those aged over 60 years which is in line with what may be expected as individuals plan for retirement.

Verification

We verify the evidence provided for revalidation on a sample of applications based on the total number of people on our register. Currently, this includes two samples, one of which is selected on a risk basis, and one on a random basis. We will be using the learning from the last three years to develop this model to ensure that our verification process remains robust to ensure public safety, and welcome the opportunity to continue the refinement of this process moving forward.

Evaluation

We have just completed a three-year evaluation of revalidation which has shown that it's having a positive impact on practice, by raising awareness of the Code and providing the opportunity for individuals to reflect on their practice. The sustainability of this is as yet unclear, and we must do what we can to develop the model to ensure revalidation remains sustainable and robust. One of the keys to the success of revalidation was our ability to build a coalition across all sectors in all four nations. It is vital that any developments of the model both address its continuing ability to support retention in the workforce while at the same time not imposing additional burdens on an already pressured sector.

Our evaluation partners have made a number of recommendations which are designed to ensure that the excellent momentum behind revalidation is not lost as it becomes business as usual. As we begin engaging on the development of our new corporate strategy, we will take this opportunity to discuss with our stakeholders how revalidation can evolve over the next three to five years.

About the data

We publish this report as part of our commitment to being an open and transparent organisation and to share our learning for the benefit of the healthcare sector as a whole.

The data we are collecting is adding to the richness of our understanding of where people work and how they work. This year for the first time we are publishing an analysis of work and practice settings by protected characteristics.

Sharing our data externally is an opportunity to influence the sector as a whole by highlighting systemic issues. We have already used it as part of our contribution to the workforce strategies being developed by the each of the four countries. We think there is scope for other regulators, employers and NHS providers, and policymakers at local, regional and national levels to use our data to support good policy making.

We are happy to take further suggestions as to what data might be of interest to our partners.

The report is in two sections – a summary of our findings, and a technical annexe which details all of the data we are publishing. Wherever possible, the data reporting is broken down by registration type and by country. In this report, the 'country' means the country of a nurse or midwife's current or most recent practice (for those for whom we have an employer address), or their home address. This means that for most people who revalidated, their country is the country of their current or most recent employment. For those who lapse and for some of the nurses and midwives who are self-employed, it is the country where they live.

The data doesn't include nurses and midwives who submitted a revalidation application but by the end of their renewal month had not had their revalidation application fully processed. Reasons for this may include: they were going through the process of verification, had declared cautions and convictions, had declared a determination from another regulator, or were subject to fitness to practise sanctions.

Aims and objectives

What is revalidation?

Every three years nurses, midwives and nursing associates are required to renew their registration with the NMC to be able to continue to practise in the UK. Revalidation is the set of requirements they must meet, and the process they must go through, in order to successfully renew their registration. Revalidation replaces the previous Post-registration education and practice (PREP) scheme by introducing several new requirements for reflection and engagement. Following extensive public consultation in 2014 and a pilot in 2015 we published our revalidation guidance in October 2015, and the first nurses and midwives revalidated in April 2016.

Why did we introduce revalidation?

We introduced revalidation to improve public protection by making sure that everyone on our register demonstrates their continued ability to practise safely and effectively throughout their career. With revalidation we want to:

- raise awareness of the Code and professional standards expected of nurses, midwives and nursing associates
- provide them with the opportunity to reflect on the role of the Code in their practice and demonstrate that they are 'living' these standards
- encourage them to stay up to date in their professional practice by developing new skills and understanding the changing needs of the public and fellow healthcare professionals
- encourage a culture of sharing, reflection and improvement
- encourage them to engage in professional networks and discussions about their practice.

What are the revalidation requirements?

Nurses, midwives and nursing associates are required to declare via an online form that they have:

- practised for a minimum of 450 practice hours (900 hours for those with dual registration) over the three years prior to the renewal of their registration
- carried out 35 hours of continuing professional development (CPD), of which at least 20 hours must be participatory learning
- collected five pieces of practice-related feedback over the three years prior to the renewal of their registration
- completed five written reflective accounts on their CPD and/or practice-related feedback and/or an event or experience in their practice, and how this relates to the Code, over the three years prior to the renewal of their registration
- had a reflective discussion with another nurse, midwife or nursing associate
- received confirmation from an appropriate person that they have met all the requirements.

In addition they must:

- provide a health and good character declaration

- declare that they have (or will have when they practise) an appropriate professional indemnity arrangement.

For more information on the revalidation requirements and the guidance and support available [please visit our website](#).

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The big picture: Revalidation over the last three years (April 2016 – March 2019)

611,462 nurses and midwives successfully revalidated between April 2016 and March 2019. That's 93 percent of the 658,100 people who were due to revalidate.

During this period, 42,167 people (6 percent) chose not to revalidate and left the register. This proportion was steady throughout the three years, (7 percent in year one and 6 percent in years two and three). This is in line with the numbers who left the register under the previous PREP system, before we introduced revalidation.

Figure 1: Proportion of people who revalidated by country (April 2016 – March 2019)

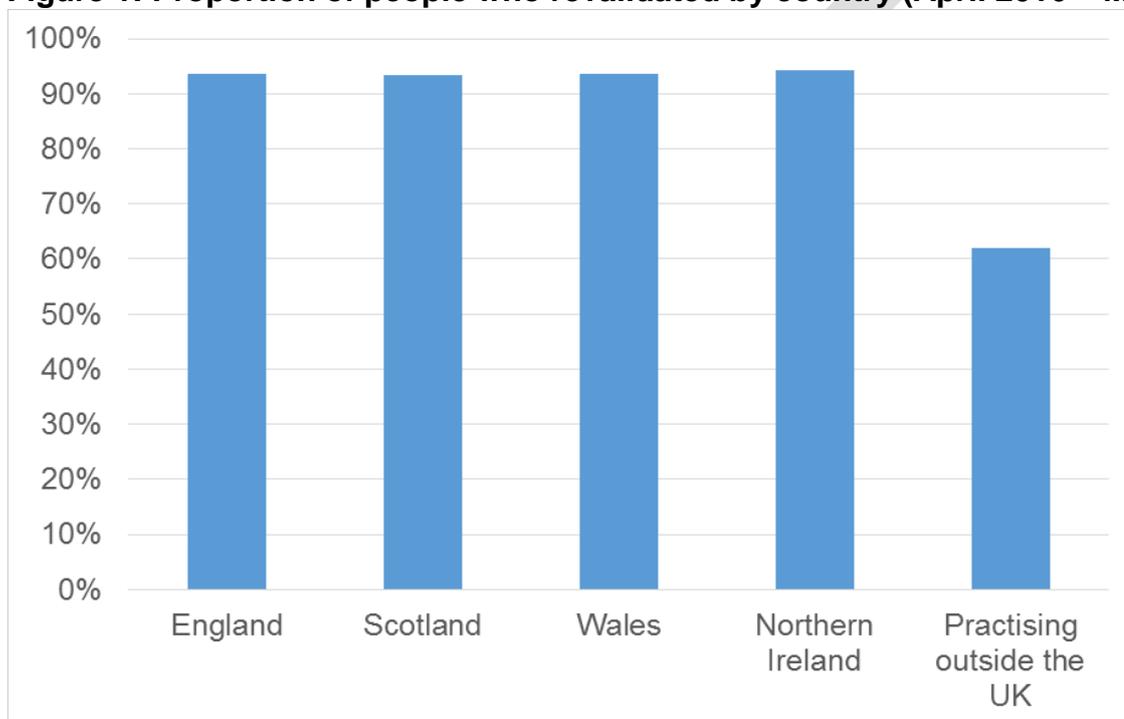
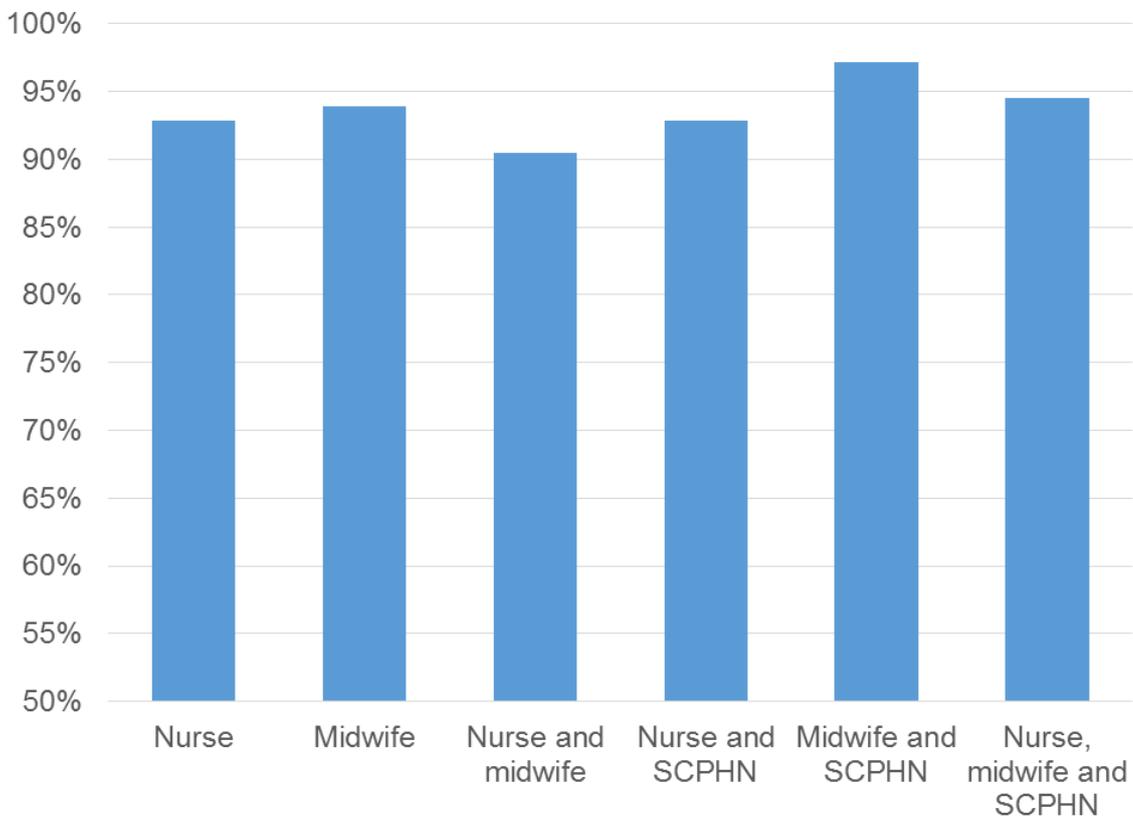


Figure 2: Proportion of people who revalidated by registration type (April 2016 – March 2019)



Please note that the axis of this chart starts at 50% rather than 0%

Summary of year 3 revalidation data (April 2018 – March 2019)

- **204,545** nurses and midwives renewed their registration in the third year of revalidation.¹
- Across the four countries of the UK, revalidation rates were over **94 percent**.
- The percentage lapsing in the four UK countries was likewise very similar, at **5 percent – 6 percent**.

The numbers revalidating

93 percent of all those due to revalidate (including those working or living abroad) between April 2018 and March 2019 chose to revalidate.

Across the UK revalidation rates were very similar, ranging from 94 percent to 95 percent (Figure 3). These figures are in line with historical averages under the previous renewal scheme (PREP). While there are lower revalidation rates for those who work primarily outside the UK this is in line with what we might expect since they are not required to remain registered to practice outside the UK.

The people revalidating

The vast majority of those who revalidated were nurses (94 percent). This is similar to the proportion of nurses, midwives and SCPHNs on our register overall (Figure 4).

The numbers choosing to revalidate are largely consistent across all registration types. This is consistent with both year one and year two. Analysis suggests that registrants are more likely to drop a registration type at revalidation; and the most common change is for people previously holding a dual nurse/midwife registration to drop one of these.

¹ This number includes those nurses and midwives that hold dual registration.

Figure 3: Numbers due to revalidate vs. numbers revalidating, by country (April 2018 to March 2019)

This chart shows the number of nurses and midwives due to revalidate and the number who actually revalidated broken down by country for the third year of revalidation, April 2018 – March 2019. For each country, the light coloured bar represents those who were due to revalidate, and the dark coloured bar represents those who actually revalidated.

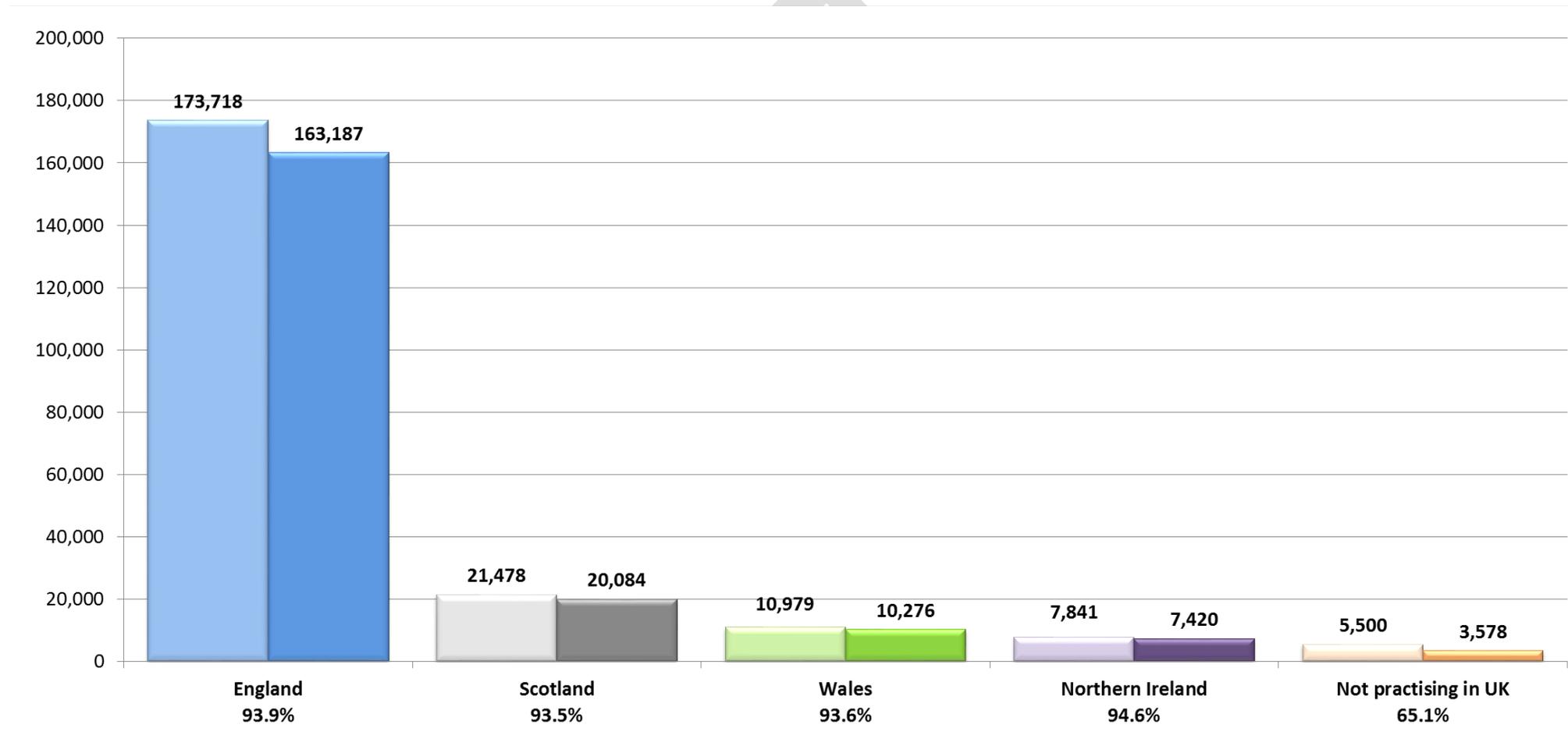
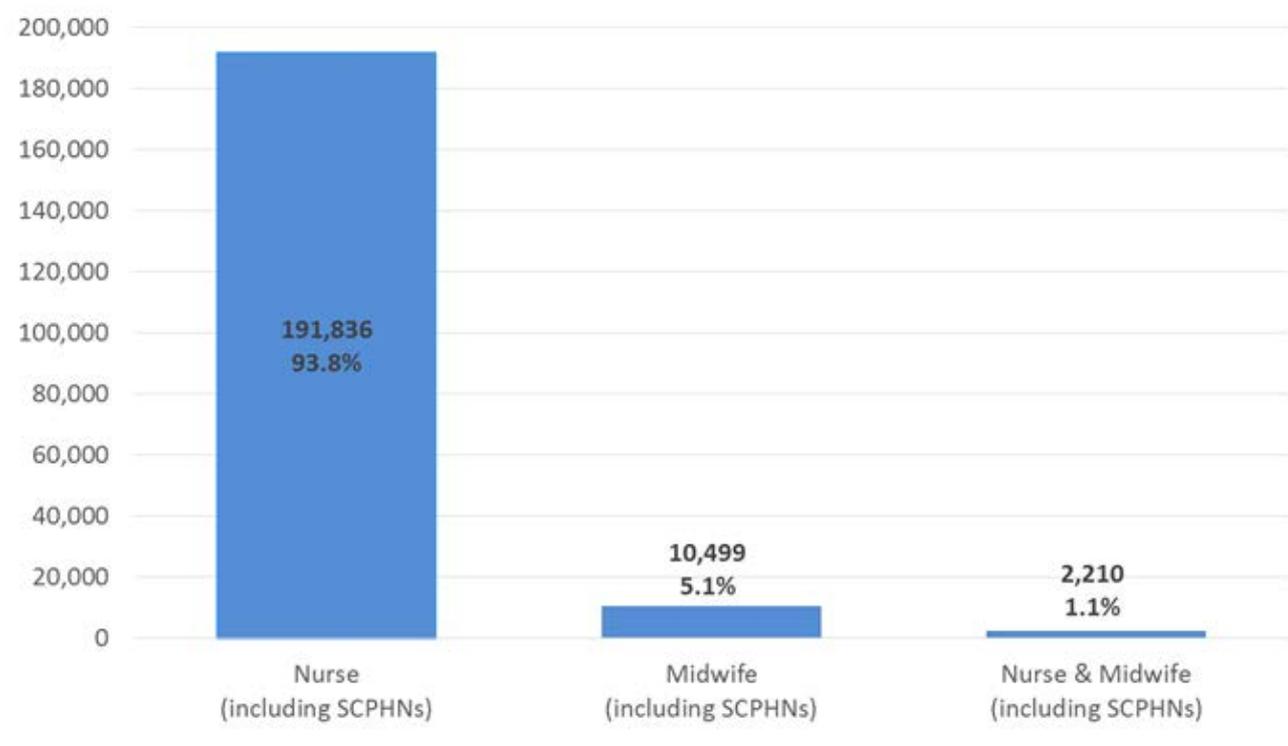


Figure 4: Revalidation by registration type (April 2018 to March 2019)²

Revalidation by protected characteristic

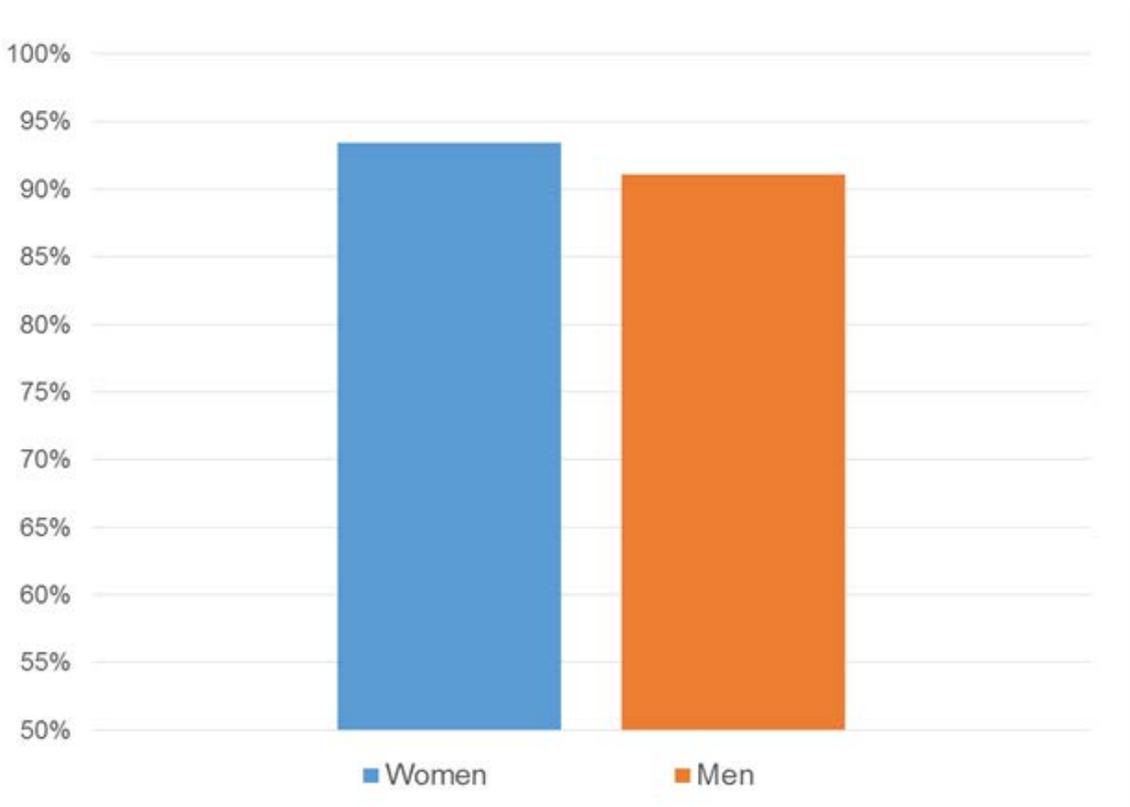
Gender

As we would expect, given the gender breakdown of people on the register, the majority of those revalidating are women (90 percent). There is a slight difference between revalidation rates for men (91 percent) and women (93 percent) (Figure 5). Both are in line with historical revalidation rates. The proportions of men and women that revalidated in each of the four countries of the UK is broadly similar.

Figure 5: Proportion of men and women who revalidated (April 2018 to March 2019)³

² This chart shows the number and percentage of nurses and midwives who revalidated broken down by registration type after revalidation. This is a nurse or midwife's registration type after their registration is renewed, partially renewed or lapsed.

³ This includes nurses and midwives whose current or most recent practice (those for whom we have an employer address), or their home address is either outside of the UK in the EU/EEA or overseas (outside the EU/EEA).



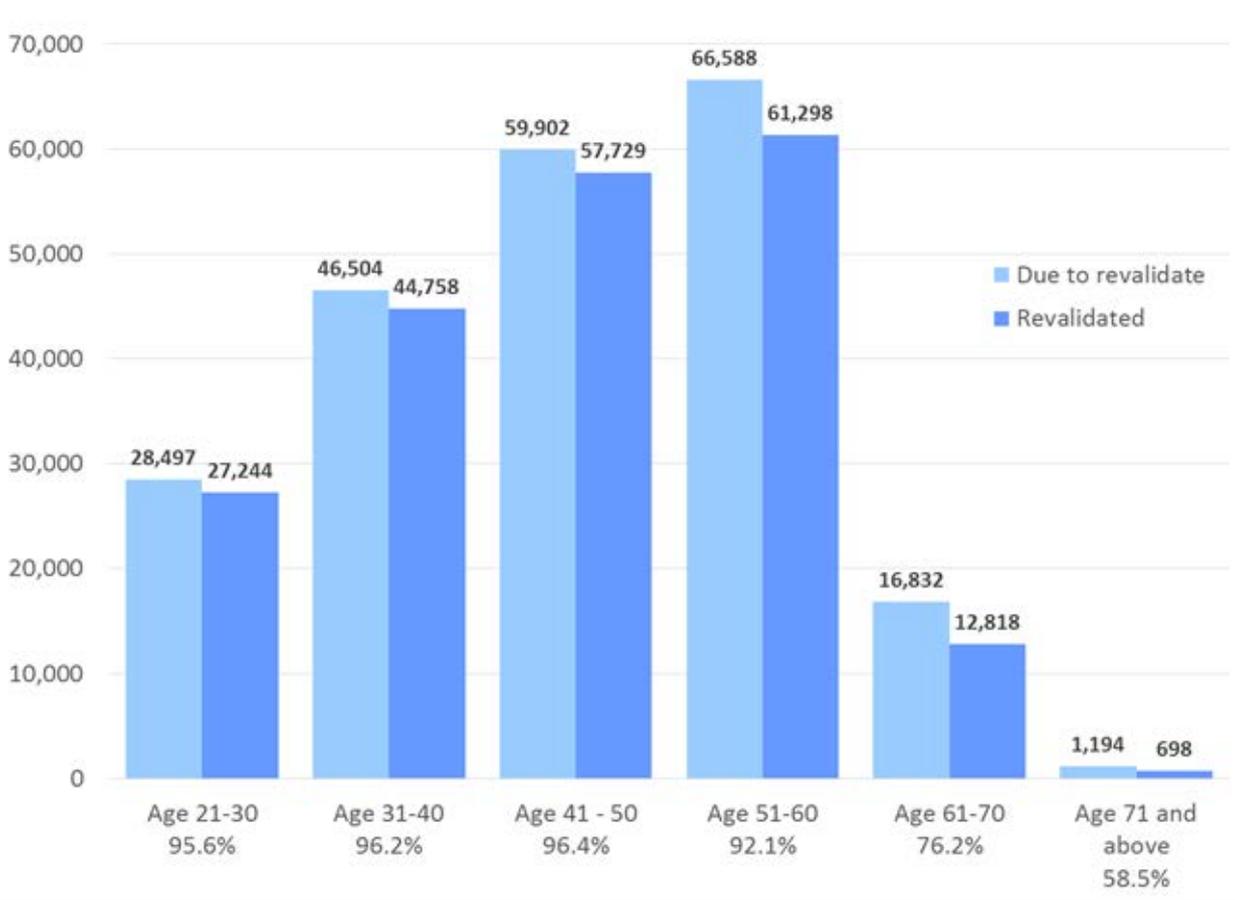
Please note that the axis of this chart starts at 50% rather than 0%.

Age

The highest proportion of those revalidating in 2018–2019 are aged between 41–60 years (58 percent). Revalidation rates are fairly consistent across age groups between 21 and 60 years. However rates fall off between 61 and 70 years (76 percent) and further after the age of 71 years (59 percent). This is in line with what we might expect in terms of individuals planning their retirement and what we have seen reported to us in our [survey of those leaving the register](#). However we do recognise that the reasons for this are complex and we analyse this further on in the report.

Figure 6: Proportion of people due to revalidate vs. proportion who revalidated, by age group (April 2018 to March 2019)⁴

⁴ This includes all those who revalidated both in the standard way and through exceptional circumstances.



This chart shows the number of nurses and midwives due to revalidate and the number who actually revalidated broken down age group for the third year of revalidation, April 2018 – March 2019. The chart also shows the revalidation rate by age group.

Ethnic group

The majority of those revalidating declare they are White British (71 percent). Those declaring Black/Black British African ethnicity form the next largest cohort (6 percent).

Revalidation rates by ethnic group range between 87 percent and 97 percent. The lowest revalidation rates are for those declaring Asian/Asian British Chinese (88 percent), and those declaring any other black background (87 percent). Both these groups represent very small numbers and we have not been able to identify any specific barrier to revalidating for either of these groups. Both groups have a relatively high proportion of people aged 61 and over (33 percent of Asian Chinese people who were due to revalidate in this year, and 17 percent of people of any other Black background). It may be that a lower revalidation rate may be more to do with retirement than any specific barrier present as a result of ethnicity. We continue to keep this under review.

Table 1: Numbers who revalidated by ethnic group (April 2018 to March 2019)⁵

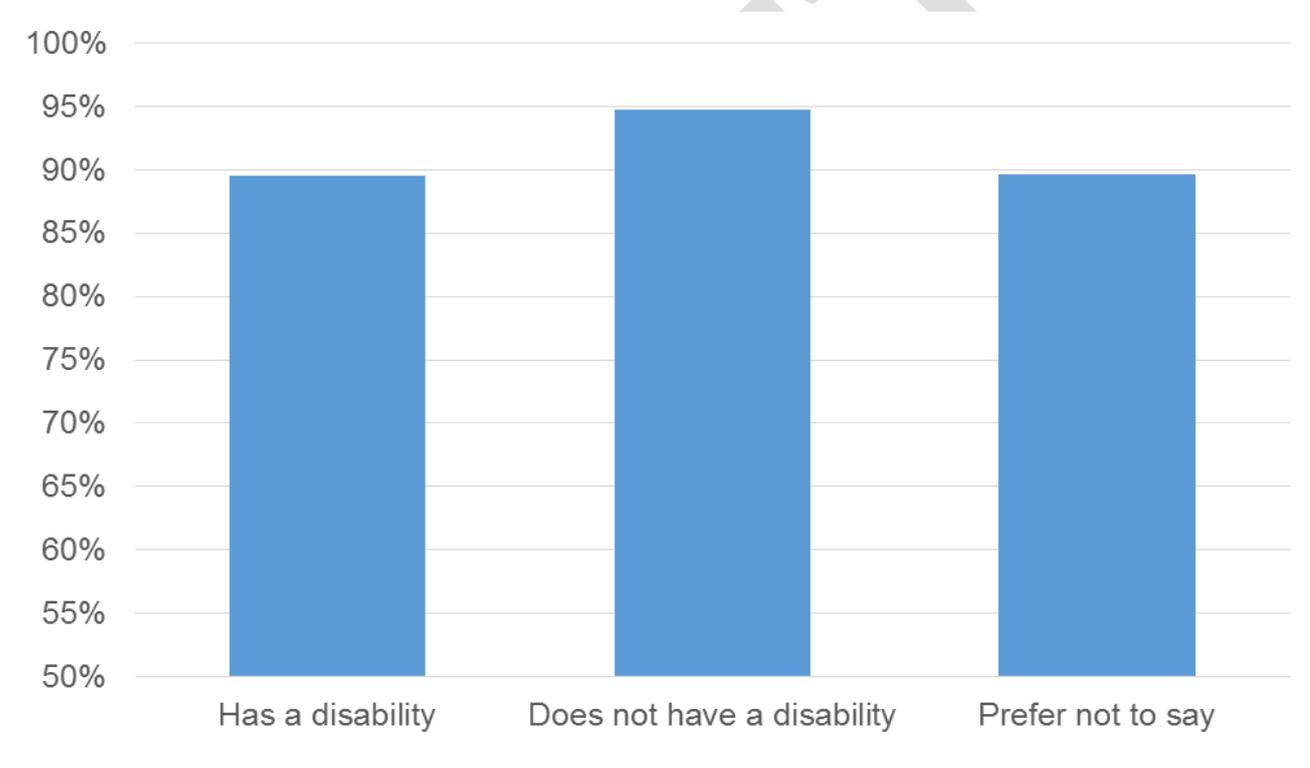
Ethnic group	Number	Proportion
White British	145,521	94%
White – Gypsy or Irish Traveller	65	92%
White Irish	3,844	91%
Any other white background	10,567	90%
Mixed – white and black Caribbean	2,250	96%
Mixed – white and black African	589	96%
Mixed – white and Asian	635	95%
Any other mixed background	792	90%
Asian/Asian British Indian	7,222	97%
Asian/Asian British Pakistani	911	97%
Asian/Asian British Bangladeshi	216	96%
Asian/Asian British Chinese	718	88%
Any other Asian background	8,471	96%
Black/black British African	13,167	96%
Black/black British Caribbean	3,049	94%
Any other black background	360	87%
Any other ethnic group	1,943	94%
Prefer not to say	4,225	90%
Unknown	-	-
Total	204,545	93%

⁵ This table gives a breakdown of those who revalidated by ethnic group. Where there are fewer than 50 cases in a cell, this is reported as a dash (-) in order that small groups of people cannot be easily identified. Therefore the totals for a country or an ethnic group may be greater than the total of the numbers shown.

Disability

4 percent of those revalidating have declared a disability. Those declaring a disability had a lower revalidation rate (90 percent compared with 95 percent for those not declaring a disability). This is a similar picture to the last two years and we think it is driven by the fact that those declaring a disability are less likely to be in work and able to gather evidence for revalidation. People living with a disability are more likely to say they are leaving the register due to ill health (36 percent cited ill health as a reason for leaving, compared to only 2 percent of people without a disability – see the ‘Why people choose not to revalidate’ section). We make adjustments available for those who face difficulty in revalidating and we discuss those in the next section.

Figure 7: Proportion of people who revalidated by whether they had a self-declared disability (April 2018 to March 2019)⁶



Please note that the axis of this chart starts at 50% rather than 0%.

⁶ Note: Only one person who revalidated has ‘unknown’ disability status. The 2,517 people ‘due to revalidate’ who were unknown, are mainly people who are no longer on the register, mainly because they lapsed instead of revalidating.

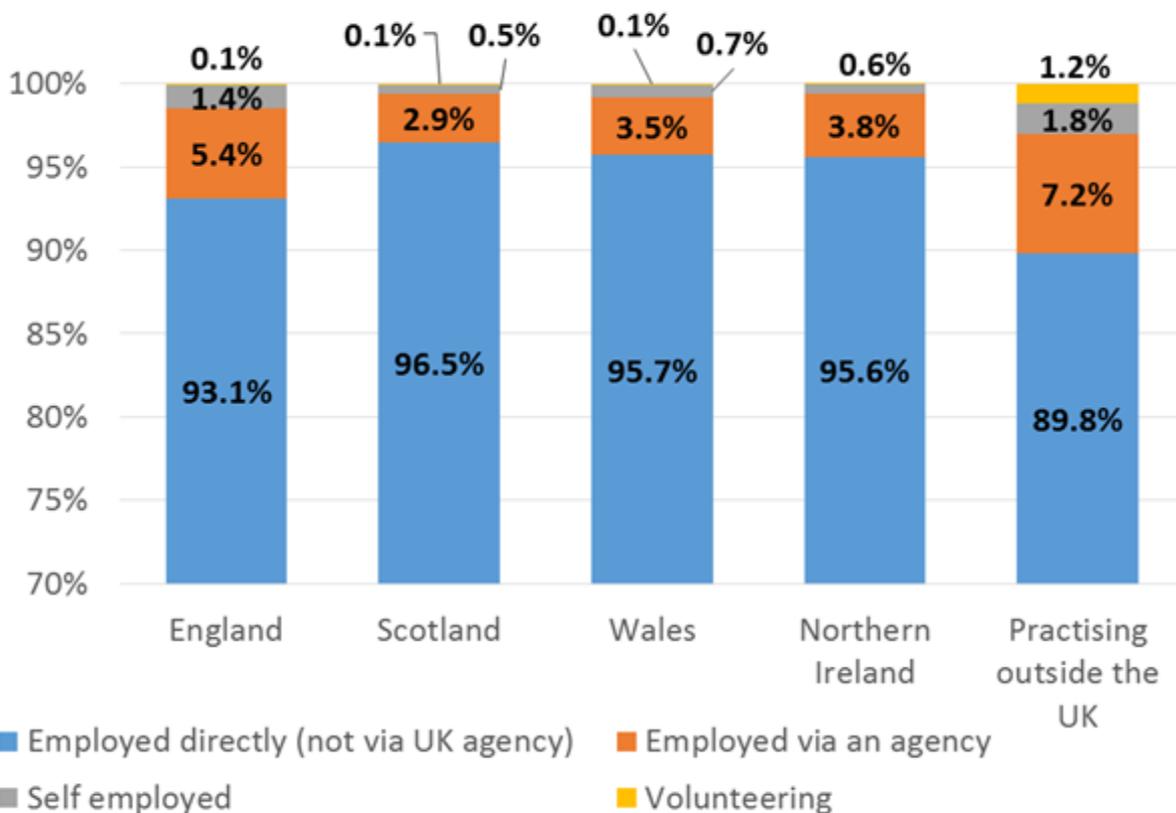
Employment, practice and work settings

Revalidation gives us an insight into the types of jobs people are doing, where they are working, and how they are employed.

For the first time this year we have analysed the more detailed information we have on employment, scope of practice and work settings by protected characteristics. This analysis has shown some interesting insights which are explored below.

Nurses and midwives can do more than one type of job. At revalidation, we ask people to declare all of the types of jobs that they do to meet the 450 practice hours requirement. This means that someone who is self-employed and who does additional voluntary work could record both employment types at revalidation. The vast majority of jobs people reported in year three (94 percent) were in direct employment, with most of the remainder (5 percent) being through an agency (Figure 8). People reported being self-employed only rarely (1 percent). This is consistent with previous years.

Figure 8: Employment types for those who revalidated by country (April 2018 to March 2019)⁷



Please note that the axis of this chart starts at 70% rather than 0%.

⁷ This includes employment types for all current jobs that have been reported, so the totals add up to more than the number of people in each country. If someone has two or three current jobs, each of these is included in the relevant cell in the table. For example, someone who is self-employed and who does additional voluntary work would record both employment types.

Most nurses and midwives reported working in direct clinical care roles (94 percent), with the majority of that being in adult and general care nursing (64 percent) followed by mental health nursing (10 percent) (Table 2). As we might expect, there are lower proportions of jobs done by midwives in hospital or secondary care than for nurses. There were similar proportions of jobs done by midwives and nurses in community settings, and obviously much higher numbers of jobs done by midwives in maternity units.

A small majority of jobs are in hospital or other secondary care (56 percent). The next most frequently reported work setting is community care, including district nursing and community psychiatric nursing (18 percent). The breakdown across the four countries of the UK is generally similar although there is a higher proportion of care home work settings being declared in Northern Ireland (13 percent of jobs compared to 10 percent in Scotland, 8 percent in England, and 7 percent in Wales and outside of the UK).

Table 2: Scope of practice for those who revalidated by country (April 2018 to March 2019)⁸

Scope of practice	England	Scotland	Wales	Northern Ireland	Practising outside the UK*	Total current scopes of practice
Commissioning	1,075 (0.6%)	20 (0.1%)	35 (0.3%)	8 (0.1%)	5 (0.1%)	1,143 (0.5%)
Direct clinical care or management – adult and general care nursing	107,341 (63.4%)	13,109 (63.1%)	6,744 (63.5%)	5,221 (66.3%)	2,325 (61.6%)	134,740 (63.5%)
Direct clinical care or management – children's and neonatal nursing	10,719 (6.3%)	954 (4.6%)	551 (5.2%)	408 (5.2%)	242 (6.4%)	12,874 (6.1%)
Direct clinical care or management – health visiting	4,121 (2.4%)	696 (3.4%)	355 (3.3%)	201 (2.6%)	62 (1.6%)	5,435 (2.6%)
Direct clinical care or management – learning disabilities nursing	2,448 (1.4%)	322 (1.6%)	188 (1.8%)	211 (2.7%)	36 (1.0%)	3,205 (1.5%)
Direct clinical care or management –	17,310	2,557	1,267	677	350	22,161

⁸ Individuals can declare more than one scope of practice, so the totals add up to more than the number of people in each country. For example, a person who works in a policy development role part time, and in direct clinical care part time, would record both scopes of practice. The percentages are worked out based on the total reported current periods of practice. The table does not include those who were not practising at the time of revalidation.

mental health nursing	(10.2%)	(12.3%)	(11.9%)	(8.6%)	(9.3%)	(10.4%)
Direct clinical care or management – midwifery	9,139 (5.4%)	938 (4.5%)	490 (4.6%)	398 (5.1%)	217 (5.7%)	11,182 (5.3%)
Direct clinical care or management – occupational health	1,440 (0.9%)	225 (1.1%)	81 (0.8%)	47 (0.6%)	25 (0.7%)	1,818 (0.9%)
Direct clinical care or management – other	3,666 (2.2%)	503 (2.4%)	219 (2.1%)	146 (1.9%)	120 (3.2%)	4,654 (2.2%)
Direct clinical care or management – public health	1,063 (0.6%)	138 (0.7%)	57 (0.5%)	79 (1.0%)	55 (1.5%)	1,392 (0.7%)
Direct clinical care or management – school nursing	1,838 (1.1%)	155 (0.7%)	114 (1.1%)	57 (0.7%)	56 (1.5%)	2,220 (1.0%)
Education	3,322 (2.0%)	393 (1.9%)	197 (1.9%)	150 (1.9%)	117 (3.1%)	4,179 (2.0%)
Policy	126 (0.1%)	27 (0.1%)	8 (0.1%)	19 (0.2%)	12 (0.3%)	192 (0.1%)
Quality assurance or inspection	850 (0.5%)	84 (0.4%)	46 (0.4%)	43 (0.5%)	32 (0.8%)	1,055 (0.5%)
Research	1,372 (0.8%)	154 (0.7%)	66 (0.6%)	28 (0.4%)	24 (0.6%)	1,644 (0.8%)
Other	3,348 (2.0%)	499 (2.4%)	200 (1.9%)	185 (2.3%)	97 (2.6%)	4,329 (2.0%)
Total	169,178	20,774	10,618	7,878	3,775	212,223

* This includes nurses and midwives whose current or most recent practice (those for whom we have an employer address), or their home address is either in the EU/EEA or overseas (outside the EU/EAA).

Differences by protected characteristic

Gender

Of the 698,000 people on our register only 11 percent are men. Those men are well-represented in certain fields of work: they do 28 percent of mental health jobs, 19 percent of jobs in learning disabilities and 19 percent of agency jobs. On the other hand, women dominate a number of roles that involve children. Women do 99.5 percent of jobs in midwifery, 99 percent of health visiting jobs

and 99 percent of school nursing jobs. Men are also more likely to work in certain settings. They do at least 20 percent of jobs in: the military (29 percent), ambulance service (24 percent), trade union or professional body (21 percent), prison (26 percent) and police service (20 percent). In contrast to this, women do more than 95 percent of jobs in maternity units or birth centres (99.6 percent), schools (98 percent), cosmetic or aesthetic sector jobs (96 percent) and GPs or other primary care settings (97 percent).

Age

Of those individuals who have revalidated since April 2018, 36 percent were over the age of 50 years, while 35 percent were between the ages of 21–40 years. When thinking about current and future workforce planning, it is useful to know which settings, jobs and employer types have larger proportions of older people in order to be anticipatory in planning and to meet the needs of an ageing workforce. Those working in agencies tend to be older with 7 percent of those aged 61–70 years employed via an agency compared to only 4 percent of those aged 21–30 years. This could be indicative of the flexibility and pay offered by agency work.

The age profile of people in different scopes of practice and work settings varies markedly (Figure 9). Some scopes of practice and work settings have a relatively young age profile overall, with over half of jobs done by people aged between 21–40 years. This age group does over half of all jobs in children's and neo-natal nursing, 42 percent of midwifery jobs, 46 percent of jobs in maternity units or birth centres and 53 percent of jobs in the military. In contrast, in some work settings and scopes of practice over half of people are aged 51 and over. These include: occupational health (59 percent), quality assurance or inspection (59 percent), education (53 percent), inspectorates or regulators (63 percent) and universities or other research facilities (55 percent). Trade unions or professional bodies, insurance or legal settings and the voluntary or charity sector are all also dominated by individuals aged 51 years and older.

Ethnicity

Based on this analysis, we see a relationship between ethnicity and the type of nursing and midwifery jobs that people undertake. For example, people employed via an agency are markedly more ethnically diverse than people employed directly. 73 percent of jobs done through direct employment are by people of White British ethnicity, with 5 percent by people of Black/Black British African ethnicity. In comparison, 36 percent of jobs done via an agency are by people of Black African ethnicity, and 35 percent are by people of White British ethnicity (Figure 10).

People in the fields of adult general care nursing and mental health nursing are the most diverse in terms of ethnicity. Almost one third (32 percent) of jobs in adult and general care nursing are done by people who are not White British. Mental health nursing has a high proportion of people of Black British African ethnicity, 16 percent of jobs done in mental health nursing are done by people of Black British African ethnicity, compared to 7 percent of all jobs done by this group overall.

In the least ethnically diverse work settings and scopes of practice over 80 percent of nursing and midwifery jobs are done by White British people, compared with the 71 percent of jobs done by White British people overall (Figures 11 and 12). These are: school nursing (86 percent), quality assurance or inspection (86 percent), policy (81 percent), the voluntary or charity sector (88 percent), police and military (both 84 percent), governing bodies or other leadership settings (81

percent) and the ambulance service (85 percent). Work settings with the most ethnically diverse nursing and midwifery workforce include the care home sector, public health organisations, hospitals or other secondary care and prisons. Almost half (49 percent) of jobs in the care home sector are done by people who are not White British, with 13 percent done by Black/Black British African people. Around one third of jobs in public health organisations and hospitals or other secondary care are done by people who are not White British (34 percent and 32 percent respectively). The work setting with the highest proportion of jobs done by people of Black/Black British African ethnicity (17 percent) is prisons.

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Figure 9: Jobs done by people revalidating by scope of practice and age group (April 2018 to March 2019)

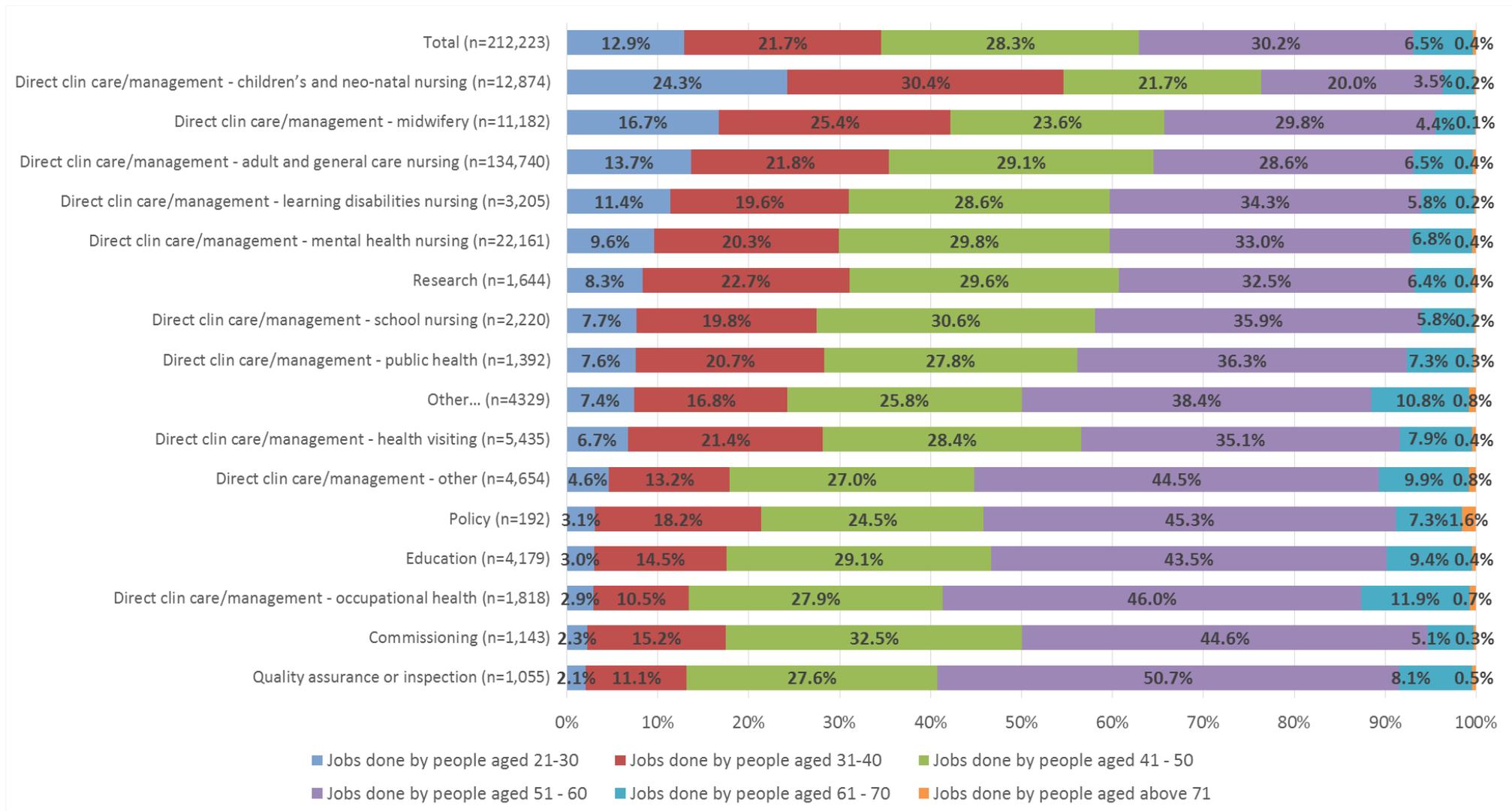


Figure 10: Employer types by most common ethnic groups (April 2018 to March 2019)⁹



⁹ Please note that the charts in this section show only the three most common ethnic groups – White British, Black African and Any other White background. The other ethnic groups (including unknown and prefer not to say) have been grouped together, as individually they make up a small proportion of the whole group. The data are presented in this way in order to bring out the key differences by ethnic group for the larger ethnic groups.

Figure 11: Jobs by scope of practice and ethnic group (April 2018 to March 2019)

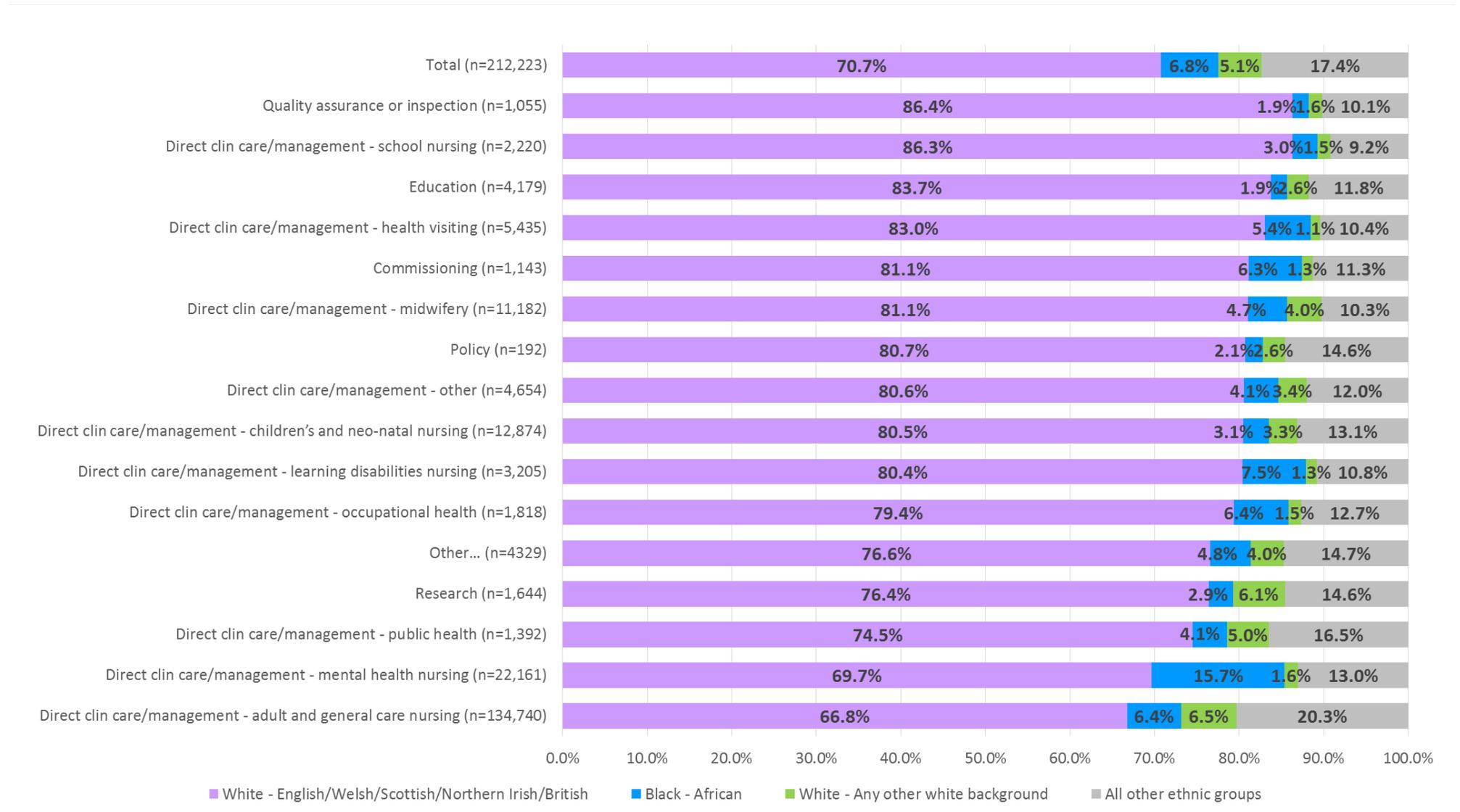


Figure 12: Jobs by work setting and ethnic group (April 2018 to March 2019)



Country of training

Many of the individuals on our register are trained outside of the UK, and these people make up a valued part of our workforce. Almost one quarter of jobs (22 percent) through an agency are done by people who trained outside of the EU/EEA, compared with one in ten jobs for those in direct employment (Figure 13). Adult general care nursing is the scope of practice with the highest proportion of jobs done by people trained outside of the UK (21 percent). There are certain work settings that rely more on individuals trained outside the UK including: the care home sector (39 percent), public health (20 percent), and hospital or other secondary care (19 percent). Work settings with highest proportion of people who trained in the UK include: the police (95 percent), the military (98 percent), community settings (97 percent), and the voluntary or charity sector (97 percent) (Figure 14).

Figure 13: Employer types by training country (April 2018 to March 2019)

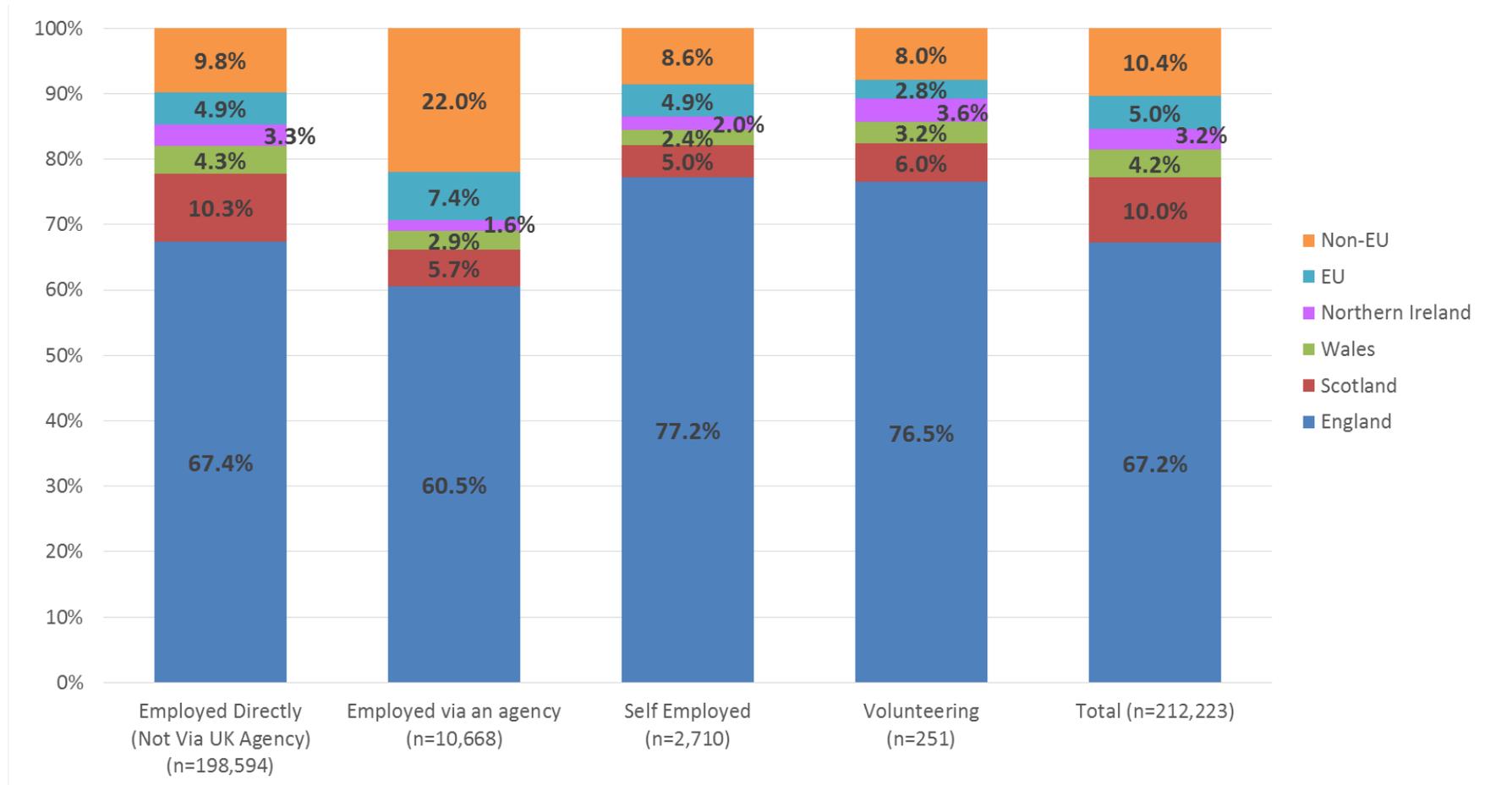
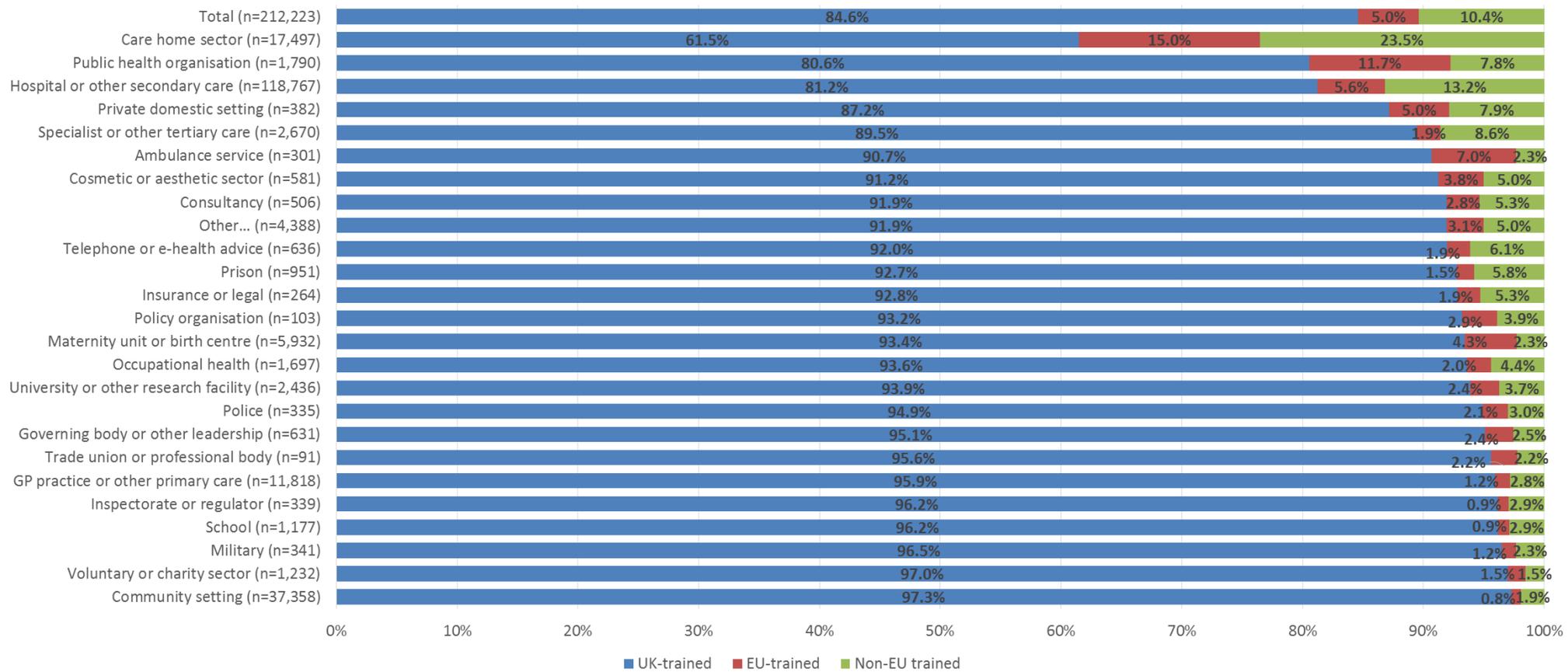


Figure 14: Jobs by work setting and training country (April 2018 to March 2019)



How people revalidated: Confirmation and appraisal

We require everyone who revalidates to have a confirmation discussion, ideally with a line manager. This assures us that revalidation is being implemented in the way that we intended.

The majority of people revalidating choose their line manager (69 percent) as their confirmer and this is in line with our preferred approach. In most cases, the line manager acting as the confirmer is also an NMC registrant. The next most frequently reported confirmer type is another registered nurse or midwife (31 percent) and again this is in line with our guidance. Only a very small proportion choose anyone else.

There are some differences reported by country. For example, Northern Ireland has the highest proportion of people choosing a line manager who is an NMC registrant as a confirmer compared to England, Wales and Scotland. The proportions of nurses and midwives choosing a confirmer who is registered with the NMC is broadly similar, although a larger proportion of nurses choose an NMC registered line manager, while a larger proportion of midwives choose another NMC registered nurse or midwife to be their confirmer.

We also consider appraisal to be an important tool to support nurses, midwives and nursing associates in their professional development. Most people (97 percent) told us that they had a regular appraisal and this proportion is largely consistent across all four countries. Nurses and midwives in Scotland are more likely to report that they don't have a regular appraisal (6 percent compared with less than 3 percent in the other UK countries). Nurses and midwives who have an NMC registered line manager are more likely to report having a regular appraisal than those who don't (98 percent compared with 87 percent).

Applicants requiring additional support to revalidate

When we introduced revalidation we knew that some nurses and midwives wouldn't have had sufficient time to gather enough evidence to meet the revalidation requirements. Therefore, we allowed people under these exceptional circumstances to continue to meet the previous renewal requirements. Over the last three years the number of people renewing their registration in this way reduced from 1 percent of those revalidating in year 1 to only 0.3 percent in year 3. The largest proportion of people revalidating through the 'exceptional circumstances' process (46 percent) are between the ages of 31 to 40, and 97 percent are women. This is what we would expect as a frequent reason for not having sufficient time in practice is being on maternity leave.

Those who go through the 'exceptional circumstances' process are also more likely to declare a disability (14 percent) than those who go through the standard revalidation process (4 percent).

This was a transitional arrangement for the first three years of revalidation only and this option is now not available. There will still be reasonable adjustments available for those who are experiencing barriers to revalidating. These adjustments include additional time or alternatives to submitting online applications.

Why people choose not to revalidate

In all four countries of the UK, between 5–6 percent of people who are due to revalidate leave the register instead. The proportion is higher among people who practise outside of the UK (around one third don't revalidate).

When people tell us they wish to leave the register, we ask them to give a single reason for doing so. This year, 52 percent of people who were due to revalidate but did not, gave us a reason for leaving, (Figure 15).

Most people cite retirement (53 percent) or not practising (35 percent) as their reason not to revalidate. Ill health and not meeting the revalidation requirements are cited by similar proportions of people choosing not to revalidate (5 percent and 6 percent respectively).

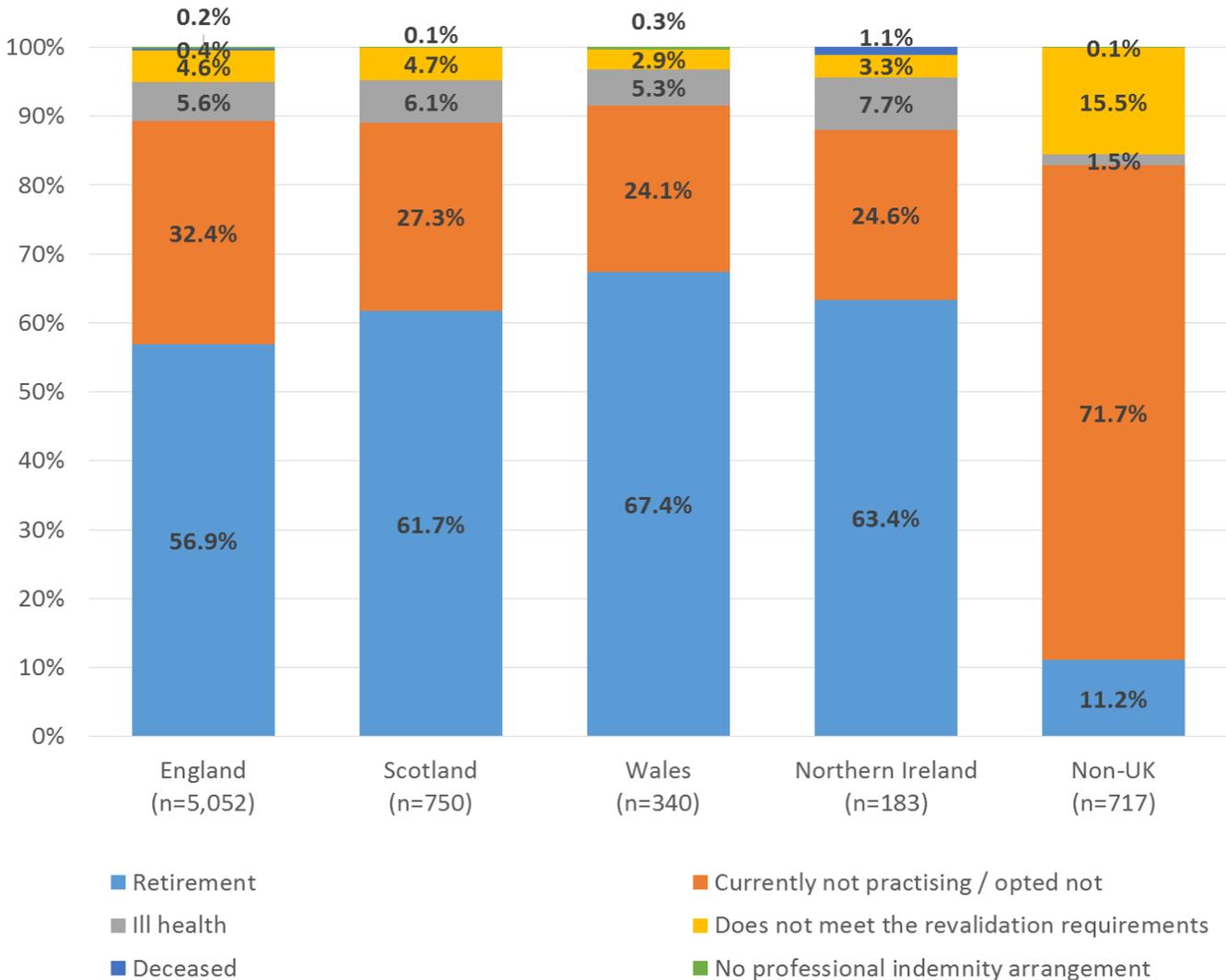
As we would expect, a higher proportion of those working or living outside the UK are more likely to choose not to revalidate. The majority of these people (72 percent) say they are leaving the register because they don't practise anymore. There are some differences between UK countries in the proportions citing retirement as a reason for leaving. England has slightly lower proportions citing retirement than the other three UK countries. This is probably due to the age profile of nurses and midwives in these countries.

A small proportion of people (6 percent) said that they were leaving the register because they were unable to meet the revalidation requirements. For nurses, the biggest difficulties are meeting the practice hours requirements (48 percent); undertaking the reflective discussion element (47 percent); obtaining practice related feedback (34 percent); or completing the written reflective accounts (35 percent). In some cases, these aspects may be linked as if an individual is not carrying out sufficient practice it will be difficult to obtain feedback or carry out a reflective discussion.

When considering how to address these points we must recognise that our register is for nurses, midwives and nursing associates practising in the UK. We think that revalidation has highlighted the fact that under the previous scheme it was easier to stay on the register without being able to meet the requirements for continuing safe and effective practice.

We also [surveyed those who left the register between May and October 2018](#), asking them for their reasons. In total, 3,504 people responded to this survey. Respondents were asked to select the top three reasons why they chose to leave the register from a list of 18 options. Less than 20 percent (658 people) said that they were 'concerned about not being able to meet the revalidation requirements'. People in older age groups (aged 61–70 years) were more likely to select this option than younger groups (21–30 year olds). For example, 19 percent of people aged 61–70 years said they were concerned about not being able to meet revalidation requirements in contrast to 12 percent of 21–30 years who cited this as a reason for leaving.

The independent evaluation has confirmed that no group is at a significant disadvantage, but we will continue to monitor the reasons why people choose not to revalidate.

Figure 15: Reasons for leaving by country (April 2018 to March 2019)¹⁰

People with a disability are more likely to say they are leaving the register due to ill health (36 percent of disabled people cite ill health as a reason for leaving, compared to only 2% of non-disabled people) (Table 3). We can make adjustments for those who face difficulty in revalidating.

¹⁰ This chart only includes those people who told us that they wanted to leave the register (rather than those who simply chose not to revalidate or not to pay their annual fee), and for whom we have a recorded reason for doing so. If someone left both at the point of revalidation and because they were ceasing to practise, both of the reasons have been counted. Where an individual has lapsed both their nurse and midwife or SCPHN registration, their reason for lapsing for each of these registration types would be counted.

Table 3: Reasons for leaving by self-declared disability (April 2018 to March 2019)

Where there are no cases in a cell, this is reported as a dash (-).

Reason for leaving	Has a disability	Does not have a disability	Prefer not to say	Unknown	Total
Retirement	183 (35.1%)	2,980 (54.3%)	245 (47.1%)	353 (68.8%)	3,761 (53.4%)
Currently not practising / opted not to practise	124 (23.8%)	2,036 (37.1%)	187 (36.0%)	138 (26.9%)	2,485 (35.3%)
Ill health	190 (36.4%)	117 (2.1%)	49 (9.4%)	15 (2.9%)	371 (5.3%)
Does not meet the revalidation requirements	21 (4.0%)	336 (6.1%)	36 (6.9%)	–	393 (5.6%)
Deceased	3 (0.6%)	11 (0.2%)	1 (0.2%)	6 (1.2%)	21 (0.3%)
No Professional Indemnity Arrangement	1 (0.2%)	7 (0.1%)	2 (0.4%)	1 (0.2%)	11 (0.2%)
Total	522	5,487	520	513	7,042

The verification process

Verification is one of the tools we use to gain assurance that nurses, midwives and nursing associates are complying with the revalidation guidance and meeting our requirements. The possibility of being selected for verification encourages people to meet our requirements. Selecting and reviewing a representative sample of applications enables us to have a high degree of confidence that everyone revalidating is acting in this way.

Checking every single application would be a disproportionate approach as well as operationally impracticable. We therefore have had to identify what a representative sample of the register might be and use this to choose applications to verify. We have used standard statistical methodology (frequently used by polling companies) based on the size of the register, the level of certainty we require and the margin of error we are prepared to accept. We have chosen a 95 percent level of certainty and a margin of error of +/-3 percent.

As well as monitoring compliance for the whole register, we are also testing to see if there are any nurses and midwives who represent a greater risk of not complying with the requirements. We have categorised potential risks into three main types:

- the individual's own characteristics
- the practice environment they work in
- the organisational context they work in.

We have chosen not to use people's individual characteristics as a risk factor due to the lack of information we have to objectively identify any particular characteristics as well as the potential for unlawful/unethical discrimination. Instead we test for risks according to practice environment (whether the individual has an NMC registered line manager) and organisational context (whether they have an annual appraisal). People who have neither are categorised as high risk. People with one but not the other are categorised as medium risk. Someone is low risk if they have both an NMC registered line manager and an annual appraisal.

Verification isn't about auditing the quality of the information we receive. It's about collecting information to increase assurance that people are meeting the requirements. We ask those who are selected for verification for the following information:

- a breakdown of practice hours that have made up their required 450 hours
- details of the type of practice they undertook
- where they carried out the work
- confirmation of CPD hours and the types of courses that they undertook
- confirmation of their arrangements for professional indemnity insurance.

Finally we contact the confirmer to verify that they carried out the confirmation discussion and that the discussion covered the areas specified in the guidance. We also ask the confirmer to state how they qualify as a confirmer.

The evaluation of revalidation

Fundamental to where we go next with revalidation is the evaluation carried out by Ipsos MORI. We began this in 2016 shortly after the first nurses and midwives revalidated. This year marks the publication of the final evaluation report. We are very encouraged to see that the great feedback we have received is supported by these detailed and helpful findings, which show people believe revalidation is having a positive impact on their ability to practise safely and effectively. Even more importantly there is evidence that this change is being sustained.

Key highlights

People find the process straightforward and valuable. There is no evidence of any group being at a significant disadvantage or evidence that revalidation is leading to a reduction in numbers on the register. Nor is there any evidence that the burden placed on nurses and midwives and their employers is disproportionate. Where there are differences in revalidation rates our analysis suggests this is largely due to roles or work settings rather than the revalidation requirements themselves, and we will seek to address this through developments in our guidance.

Nurses and midwives value the opportunity to reflect, in particular the opportunity to discuss reflections with another NMC registered professional. Many perceive this as the most valuable part of revalidation. People not only understand the importance of reflection but can see the benefit it has had for their practice. This is true even for those already committed to reflective practice; revalidation has encouraged them to reflect further.

Another strong theme is that professionals increasingly see the Code as central to their everyday practice. It is seen as helpful, easy to read and understand and flexible enough to apply to a variety of individual practice settings. Revalidation appears to have helped individuals improve their practice by asking them to focus their reflection and subsequent actions around the Code.

The opportunity to carry out meaningful CPD is central to revalidation. The evaluation has shown that a focus on recording CPD leads people to reflect more on the training they undertake as well as taking a more thoughtful and proactive approach to training than they had done before. Finding time and support to carry out CPD can be a problem; many have supportive employers but this support can vary. This is reflected in our own surveys of those choosing to leave the register, which show that lack of time to do CPD can be a factor in this decision.

It is clear that employer's value revalidation too and the evaluation suggests that more work can be done with employers in terms of sharing best practice; especially outside the larger trusts.

We recognise that cultural change is a process. We know that there is more to do if we are to build on the great foundations that have already been laid. We are pleased to see that our stakeholders agree we have an important role to play in encouraging better, safer care and that revalidation is seen to be complimenting a wider shift towards openness and learning in the sector. We need to make sure we continue this momentum.

How we might improve

Nurses and midwives have been positive about our communication and guidance but some are seeking a more directive approach from us in terms of revalidating in different practice settings and the roles of confirmer and reflective discussion partner. This is particularly true for confirmers who are not registered with the NMC. Some people have concerns about how the quality of reflective accounts could vary and whether the confirmation process is robust enough for everyone.

Effective feedback is key to meaningful change and we think we can do more to provide guidance in this area. People report that the quality of feedback is variable with nurses and midwives sometimes being passive recipients of feedback rather than seeking it proactively. This might be best achieved by moving away from specifying numbers and focusing more on quality. We also recognise that there can be barriers to collecting feedback, particularly from people who use services, patients and their families. We want to work with patient representative groups and others to understand what support we can provide to help overcome these barriers.

There is strong support for confirmation which is seen as providing assurance that the requirements are being met. While the principle of verification has strong support, understanding of the process is still poor. There is a perception that the confirmation and verification process are the same thing, as well as a view that not many people are subject to verification. This risks leading to a belief that if someone were not to take their revalidation seriously, they would not experience any negative consequences. This has the potential to weaken public confidence in revalidation.

We had hoped that one outcome of revalidation would be that concerns about safe and effective practice would be raised earlier, leading in time to a possible reduction in the number of Fitness to Practise referrals. There is little evidence that this is the case and we need to consider whether that is an outcome we should continue to pursue or whether the best way forward would be to focus on how we can support those on our register to develop professionally.

Where next?

The evaluation has shown that the existing model has performed well and that it provides a good foundation for future development. We can see that the principles and outcomes of revalidation reflect and support changes in the sector overall and we intend to continue with the existing model; albeit in an improved and strengthened form.

How far we pursue changes to the model will be dictated by a number of factors not least the impact on the health and social care sector as a whole and our future direction as an organisation. We know that revalidation will need to be flexible enough to support people on our register to develop into changing roles and enable them to work closely with teams and other healthcare professionals so that they have the skills and experiences required to move into different ways of working. It is vital that any developments of the model both address its continuing ability to support retention in the workforce while at the same time not imposing additional burdens on an already pressured sector.

The evaluation team have made some very interesting suggestions for how we might do this. Given the success of the reflective elements of revalidation in particular, they recommend we consider building on these to focus on ongoing learning and development. We should be more specific

about how to collect constructive feedback (including feedback from patients, people who use services and their families) as well as providing clear examples of what good looks like for CPD in particular roles or settings.

They also recommend we review our approach to verification and look at how to make the process more visible. They suggest we provide more examples of how to carry out confirmation and reflective discussions.

Finally they recognise, as we do, that one of the keys to the success of revalidation was our ability to build a coalition across all sectors in all four nations. They encourage us to continue working in partnership across the whole sector with an excellent communication and engagement strategy. We welcome these recommendations and will continue to seek further views from as many people as possible as we develop our new strategy for 2020–2025.

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Council

Annual Equality, Diversity and Inclusion Report 2018–2019

Action:	For discussion.
Issue:	This paper presents the NMC's annual equality diversity and inclusion report 2018–2019.
Core regulatory function:	All regulatory functions. Supporting functions.
Strategic priority:	Strategic priority 1: Effective regulation. Strategic priority 2: Use of intelligence. Strategic priority 3: Collaboration and communication. Strategic priority 4: An effective organisation.
Decision required:	None.
Annexes:	The following annexe is attached to this paper: <ul style="list-style-type: none"> Annexe 1: Annual Equality Diversity and Inclusion Report 2018–2019.
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. <p>Author: Aishnine Benjamin Phone: 020 7681 5053 aishnine.benjamin@nmc-uk.org</p> <p>Director: Emma Broadbent Phone: 020 7681 5903 emma.broadbent@nmc-uk.org</p>

- Context:**
- 1 This is the seventh annual equality, diversity and inclusion (EDI) report. It covers the period of April 2018 to March 2019.
 - 2 This report is divided into two sections. Section one is an overview of the achievements and progress of our EDI work in the reporting year. Section two presents a summary of the diversity data about the nurses, midwives and nursing associates on our register, including fitness to practise data.
- Four country factors:**
- 3 We ensure that we comply with the equality legislative requirements across the four Countries where these differ.
- Discussion**
- 4 In September 2018 when Council received the sixth annual EDI report for 2017–2018, more analysis of the data and trends to be highlighted in the report was requested. This has been included in this year's report.
 - 5 Some notable achievements from this year include:
 - 5.1 The review of our Health and Character guidance which has significantly modernised our guidance and approach for people on our register and their employers in relation to appropriate disclosure of disability related conditions.
 - 5.2 The review of the overseas processes, where we have engaged with nurses, midwives and organisations that represent the views of diverse people and incorporated their input into our new processes and guidance.
 - 5.3 Developing our understanding of how race impacts on individuals that work for us, with us and the people on our register such as further analysis of our revalidation data and our completion of the BITC race benchmark.
 - 5.4 Improving the suite of EDI training available to NMC colleagues and panellists.
 - 5.5 Completing external benchmarks such as the Stonewall Workplace Equality Index (WEI) – where we moved from 357 in 2018 to 215 in 2019.
 - 6 The Professional Standards Authority (PSA) is introducing a specific standard on EDI to ensure regulators understand the diversity of their registrants and that their processes do not disadvantage people with protected characteristics. We are one of the healthcare regulators piloting this standard in 2019. This annual EDI report will support the NMC in reporting against this new standard that will be implemented in 2020.

- 7 The next step is to to publish this report on the NMC website, with a version in Welsh.
- Public protection implications:** 8 Good practice on EDI and compliance with equalities legislation is not separate from good regulation. This report demonstrates how we protect the public with consideration of equality, diversity and inclusion.
- Resource implications:** 9 Costs of producing this report in English and translating the report into Welsh are met from within the existing budget.
- Equality and diversity implications:** 10 The publication of these reports demonstrates the activities the NMC is undertaking to comply with the Equality Act 2010 and the relevant legislation in Northern Ireland.
- Stakeholder engagement:** 11 We have engaged with diverse external stakeholder groups. Information about our stakeholder engagement is contained in the report.
- Risk implications:** 12 We have identified a risk of failure to embed equality and diversity in the regulatory and operational functions of the NMC and non-compliance with the Welsh language standards. This report helps us manage that risk by demonstrating how we have mitigated against that risk during the reporting period and provide information to help us identify appropriate mitigating actions.
- Legal implications:** 13 The annual report is one of the mechanisms in place to demonstrate the NMC's compliance with the Equality Act 2010 (similar legislation in Northern Ireland).

Annual equality, diversity and inclusion report 2018–2019

Foreword

I am very pleased to introduce our annual Equality Diversity and Inclusion (EDI) report which presents a wealth of valuable data and is an opportunity to showcase the great work we are doing on EDI in the NMC, of which I am very proud.

The NMC is the independent professional regulator for nurses and midwives across the UK, and nursing associates in England. We are bound by equality legislation, but we want to go further by embedding EDI in all our work to promote better and safer care. We value the diversity of the nurses, midwives and nursing associates on our register, our colleagues and the wider community we serve.

The data in this report shows the diversity of our nurses, midwives and nursing associates. We must remain mindful of this in our approach to regulation, both now and in the future. I'm passionate about promoting inclusive healthcare regulation, and I'm inspired by what we have achieved over the last year. Some highlights for me have been welcoming the new profession of nursing associates and how we considered their diversity in our policy development; and our overseas review, which has given us the opportunity to hear from people with different experiences of our overseas processes – and make positive changes to the processes that impact them directly to make them more inclusive.

It's important to be transparent, and we know we have further to go on our journey. This year we have been able to increase the range of data we are able to share and going forward we plan to continue to broaden and deepen the analysis we provide. EDI is not an add-on, we want EDI to be at the core of all we do at the NMC and EDI will be at the heart of our new Strategy 2020-25. At the start of 2019 we welcomed Andrea Sutcliffe as our new CEO; her enthusiasm and commitment to EDI is evident and I know that with her leadership we will continue to move forward to greater inclusion.

Emma Broadbent

Director of Registration and Revalidation, and Senior Sponsor for EDI

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Executive Summary

Our annual EDI report 2018-19 is a comprehensive review of how we as the regulator of nurses, midwives and nursing associates have progressed on our equality, diversity and inclusion work. Looking across all our regulatory and workforce functions. It provides a picture of how we have used our [EDI strategic framework](#) and our [People Strategy](#) to achieve our [EDI priorities for 2018-19](#).

Key activities and achievements

Some of the [key activities and achievements for 2018-19](#) include:

- The Public Support Service (PSS) has been created and this will support people to have equal access to our services.
- The development of the Future Nurse standards of education including requirements and guidance with a much stronger EDI focus.
- The review of our Health and Character guidance which has significantly modernised our guidance and approach for people on our register and their employers in relation to appropriate disclosure of disability related conditions.
- EDI has been included in our new approach to Fitness to Practice, with one of the two regulatory outcomes stating EDI as an element of professionalism and regular reviews of the equality impact assessments.
- The review of the overseas processes, where we have engaged with nurses, midwives and organisations that represent the views of diverse people and incorporated their input into our new processes and guidance.
- Work to improve our processes for those disabled people and trans people that interact with us.
- Developing our understanding of how race impacts on individuals that work for us, with us and the people on our register such as further analysis of our revalidation data and our completion of the BITC race benchmark.
- Improving the suite of EDI training available to NMC colleagues and panellists.
- Completing external benchmarks such as the Stonewall Workplace Equality Index (WEI), and moving from 357 in the index in 2018 to 215 in 2019.
- Developing our staff networks - LGBT+, Cultural Network and a new Workaround network (for disabled employees).

Highlights from the data

We see [our diversity data](#) as an important source of intelligence. Understanding differences across our regulatory functions that relate to different protected characteristics will help us to decide our future priorities and ensure fairness. We cannot deliver on our aim to deliver better safer care without understanding the diversity of the nursing and midwifery professions. We also know our data is a useful source of information for those working across the healthcare sector to support wider work to ensure inclusion. In this report we are starting to undertake more trend analysis and will build on this as our data develops over time.

The proportions of men and women on the register have remained the same since 2013, with men particularly under-represented in midwifery and dual registration (that

is, people who are registered as both a nurse and a midwife) compared to the UK population. This year 99.7 per cent of midwives are women compared with 88.6 per cent of nurses, 99.1 per cent of those with dual registration and 89 per cent of nursing associates. This could be set to begin changing as there has been a nine per cent increase in men applying to study nursing and midwifery since summer 2018 linked to the [‘We are the NHS’](#) recruitment campaign.

There are 4,457 people on our register whose gender identity does not match the sex they were registered with at birth, 668 more people than last year. 3.7 per cent of people on the register have told us they are disabled compared to 3.9 per cent last year. These differences may be down to the continued increased completion rates of our diversity data.

The first cohort of nursing associates joined our register in January 2019. As we might expect with such a new role compared to the people that have been on the register with longer career lengths, this is a relatively young group with nearly 65 per cent of nursing associates aged under 40 years.

There remain differences in the outcomes for registrants going through our fitness to practise processes on the basis of gender, age and ethnicity. Last year we highlighted substantial differences between white and black African registrants in fitness to practise outcomes. For new concerns raised we continue to see these differences between groups, but for hearing outcomes the differences between these groups are not the same as last year with similar proportions for both the black African and white British groups.

People who selected prefer not to say/unknown ethnicity have the highest proportion of the most serious outcomes at the case examiner and hearing stages of fitness to practise, as was the case last year. This is possibly because people who have not engaged in the fitness to practise process (and are therefore less likely to have recorded diversity information) are more likely to be referred to the adjudication stage. Although only 11 per cent of people on our register are men, 23 per cent of new concerns in fitness to practise relate to this group.

This year we have some additional information about the people on the register who have revalidated. More detailed analysis of the work and practice settings by protected characteristics of the people on our register can be found in our annual revalidation report. Some interesting findings include that those working in agencies tend to be slightly older than those who are employed directly, which may be indicative of the flexibility and pay offered by agency work; and some settings rely strongly on a primarily white British workforce, including school nursing, quality assurance, policy, the voluntary sector, police, military, government and leadership roles.

Why does EDI matter to the NMC?

Equality, diversity and inclusion are principles the NMC actively seeks to embed in all our work to reflect the fact that effective healthcare regulation has people, in all our diversity, at its heart.

Everyone has a right to safe and effective care from nurses, nursing associates and midwives – and most of us will need to interact with the professionals on our register at some point in our lives, if not regularly.

It's vital that we understand the different health and care experiences people have in order to know that we are doing our job well as the regulator of nurses, midwives and nursing associates. We must be aware of the needs of all people and groups, and listen where things go wrong, particularly with more vulnerable people.

An unavoidable reality is that health inequalities across communities in the UK still persist today. We are committed to being an organisation that listens to the challenges facing different communities, and that champions the right we all have to access healthcare without fear of discrimination, harassment and victimisation.

About us

We're the independent regulator for nurses, midwives and nursing associates. We hold a register of the 698,000 nurses and midwives who can practise in the UK, and nursing associates who can practise in England.

Better and safer care for people is at the heart of what we do, supporting the healthcare professionals on our register to deliver the highest standards of care.

We make sure nurses, midwives and nursing associates have the skills they need to care for people safely, with integrity, expertise, respect and compassion, from the moment they step into their first job.

Learning does not stop the day nurses, midwives and nursing associates qualify. To promote safety and public trust, we require professionals to demonstrate throughout their career that they are committed to learning and developing to keep their skills up to date and improve as practitioners.

We want to encourage openness and learning among healthcare professionals to improve care and keep the public safe. On the occasions when something goes wrong and people are at risk, we can step in to investigate and take action, giving patients and families a voice as we do so.

How we embed EDI in the NMC's work

Our equality, diversity and inclusion (EDI) work is evidence-based – meaning that our work is more than a collection of good ideas – rather, it is underpinned by data, research and engagement, and informed by people and their experiences.

Our [EDI strategic framework](#) outlines our approach. It emphasises the need for leadership and vision, and sets out our commitment to use our diverse workforce, accessible and effective communication, and evidence about people's experiences to drive forward improvements.

Our EDI team ensures colleagues understand our legal responsibilities under the Equality Act 2010,¹ and empowers the people in our workforce to reflect on and improve the inclusivity of our work.

We are clear that it must be everyone's responsibility to promote equality, celebrate diversity and actively practise inclusion, if we are to achieve progress against our [strategic objectives](#).

For 2018-19 our Executive Board agreed the following EDI priorities:

- Continue to improve the quality of the diversity data we hold.
- Implement our reasonable adjustments policy for customers.
- Raise awareness of gender identity and how it affects the service we provide.
- Reduce disproportionately negative outcomes for ethnic minority nurses, midwives and staff.
- Build the capability of employees to comply with equalities legislation.
- Embed equality impact assessments into our project and operational processes.

This enabled us to focus our resources on the areas that would have the greatest impact, based on evidence of need. This report shows how we have progressed against these priorities and our wider work to achieve EDI excellence.

How this report is structured

This is our seventh EDI annual report. We publish this report because a core part of delivering our EDI work is sharing our findings, reflecting on our progress, and being transparent about our challenges.

Firstly we outline some key activities and achievements that took place between April 2018 and the end of March 2019. Later in the report we share some highlights and trends in the diversity data about the nurses, midwives and nursing associates on our register.

Nursing associates joined our register in January 2019, so this is the first time we have been able to share insights about the diversity of this new profession.

¹ The Equality Act 2010 doesn't apply to Northern Ireland, where the equalities legislation is spread across several orders and regulations and has some differences to the rest of the UK.

The diversity data of our Council members and fitness to practise panellists are also included in this report, as well as analysis of the different fitness to practise outcomes by protected characteristic.

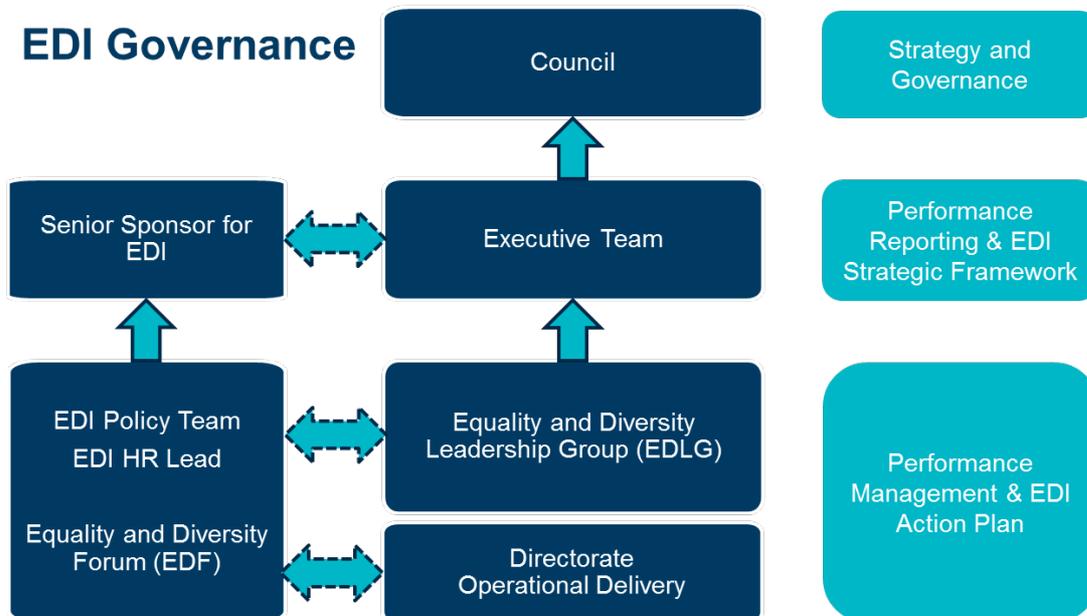
Section 1: Key activities and achievements

Ensuring we have strong foundations

Our EDI Framework is in year three of implementation. In this reporting year we further embedded EDI in our business planning processes. We held EDI business planning workshops in January 2019 with our business planning leads and Equality and Diversity Forum (EDF) members, and have continued to engage with internal and external stakeholders about how to make our EDI priorities part of our everyday business.

We recognised the importance in investing in our small team of EDI professionals to ensure we become a forward-looking organisation that can lead the way in inclusive healthcare regulation. They monitor our compliance with equality legislation and promote best practice. The EDI team now consists of an EDI Policy Manager and EDI Senior Policy Officer, alongside an EDI Lead for Organisational Development and Human Resources (OD&HR), who is responsible for EDI activity relating to our 800 colleagues. During the 2018-2019 reporting year we also recruited a new EDI Support Officer, in order to further expand our ability to provide support, advice and best practice in EDI across the organisation.

Our EDI governance structure is an integral part of measuring our progress. We continue to have an active Equality and Diversity Leadership Group (EDLG), with senior leaders from each directorate accountable for driving forward activity across their areas. Led by Emma Broadbent, Director of Registration and Revalidation and our Senior Sponsor for EDI, EDLG has enabled us to make better decisions with more scrutiny, and enabled a productive space for thought leadership on EDI matters.



We also have an Equality and Diversity Forum (EDF), made up of colleagues from across the organisation. This group serves the invaluable purpose of feeding

organisational intelligence into the EDI team, as well as sharing knowledge and championing EDI in their own teams.

Our corporate groups are complemented by a growing number of employee networks, who work to celebrate and raise the profile of the experiences of diverse communities.

With increased investment in the EDI team, and both corporate EDI governance structures and employee network activity making advances across the organisation, we have built stronger foundations from which to achieve EDI excellence.

Supporting our regulatory activity

It's been a busy year for us as an organisation in 2018-19. We have reviewed many of our core regulatory activities, providing opportunities to analyse the equality impact of our work, ensuring that barriers to inclusion have been identified and reviewed early on, and allowing us to be satisfied that our core functions are as inclusive as possible.

Both the introduction of nursing associates in January 2019 and the development of our new Public Support Service (PSS) provided further opportunities to address barriers to inclusion. The **PSS strategy** was aligned to one of our EDI objectives, to ensure that our customers will not have different outcomes from using our services because of their protected characteristics. For example, we have made more information publicly available on how we can make adjustments for disabled people.

In addition, the **Future Nurse standards of education** have been implemented with a suite of standards, requirements and guidance with a stronger EDI focus. For example, in [Part 1: Standards framework for nursing and midwifery education](#), there is a requirement for approved education institutions and learning partners to 'ensure the learning culture is fair, impartial, transparent, and fosters good relations between individuals and diverse groups and is compliant with equalities and human rights legislation'.

We reviewed our [health and character guidance](#) from an equality perspective, being particularly keen to ensure our policy did not unnecessarily disadvantage disabled people. Our updated guidance takes a person-centred approach that makes it clear we only need to know about someone's disability or health condition where it is not being effectively managed by that person in a work context. It therefore empowers people on our register, encouraging them to reflect on their ability to manage the physical or mental health issue, rather than focusing on the disclosure of the condition, which is often unnecessary and can be distressing for the individual.

The [review of our overseas processes](#) continues into 2019/20, but EDI was integral in the foundations of this review in 2018/19. We held meetings with stakeholders with a particular focus on the fairness and equalities compliance of our processes. The feedback from these expert groups informed our equality impact assessments and continues to influence our decisions as the programme of work progresses.

We have developed two cross-directorate EDI policy working groups – one on [reasonable adjustments](#), and the other to explore the experiences of trans people as they interact with our functions, whether they are a professional on our register or involved in another of our processes, such as a witness in a fitness to practise case.

Our **reasonable adjustments working group** has been working to identify any barriers disabled people face in accessing our services, and to ensure we are consistent in the way we anticipate and implement reasonable adjustments for our customers and employees.

Our **trans working group** is exploring the experiences that people who are gender minorities – whether they are trans, non-binary, intersex or identify in another way – have in their interactions with us. This activity will allow us to be confident we are compliant with relevant equality legislation, in particular when it comes to how we monitor, record and publish details of people on our register.

Another key improvement has been refining the categories we use for our **diversity data monitoring**. We have brought our categories up-to-date and in line with best practice guidance, ensuring that we do not create unnecessary barriers when it comes to asking people how they identify, and moving us forward in the collection of reliable, accurate data.

Fitness to practise

Work in this area includes the development of [new ways of working](#) in our fitness to practise processes. EDI was identified early as an integral part of this: 95 per cent of respondents to our public consultation agreed that fitness to practise should support a professional culture that values equality, diversity and inclusion. This has given us a mandate to build inclusion into the very fabric of our new fitness to practise processes.

We believe that when nurses, midwives and nursing associates are treated fairly, regardless of their background or protected characteristics, they have the best possible chance to be open about their mistakes and to remediate effectively, which we know is vital for patient safety. Our new fitness to practise approach has provided us with an opportunity to remind all parties of their equality responsibilities, and to send a clear signal that bias has no place in making decisions about someone's fitness to practise. We also set an intention to use our influence to move towards a professional culture where we only receive the right referrals.

Part of this is ensuring our decision-makers are representative, fair and unbiased. Our panel member recruitment campaign in 2018 was designed to attract a more diverse range of people and we saw increased interest from ethnic minority, younger and LGBT+ applicants. Around 23 per cent of appointees from this campaign were ethnic minorities, increasing our total number of panel members who are ethnic minorities to 11 per cent. Although there is still some way to go until the diversity of our panel members reflects the professions we regulate, we are pleased to have made demonstrable progress towards our aim.

All panel members received unconscious bias training and are required to complete our EDI e-learning. Our training programme for 2019-20 focuses on the importance of the people involved in our hearings and covers themes including identifying and supporting vulnerable parties, and making adjustments.

Our workforce

We want to be an employer of choice and attract the best candidates. We want our people to thrive and have the best employment experience while working with us. We know that for this to happen we need EDI to be at the heart of everything we do and embedded in our values.

EDI is a core strand within our People Strategy. We know that by excelling at EDI, embedding it into all elements of the employee lifecycle, we can have a positive impact on employee engagement. It is one of the ways that we can develop our employer brand, differentiating ourselves as an attractive employment proposition in an increasingly challenging, candidate-led market.

We are developing and implementing a three year workforce EDI action plan that aims to address our inclusion issues with the following objectives:

1. Give people the tools to improve inclusion for all at the NMC (through training and support);
2. Develop a pool of resources (physical and virtual);
3. Increase the involvement of the people affected;
4. Change policies and procedures to help us achieve better inclusion;
5. Give support to people facing barriers;
6. Gather and monitor more data to help us know our people better.

The plan mirrors the employee lifecycle (the journey of our colleagues from recruitment until they leave the organisation), in line with the key deliverables of our People Strategy. In 2018/19 we focused on research to understand the issues, needs and find the best solutions. From 2019/20 to 2020/21 will be the time to implement and consolidate those solutions, evaluating and reassessing as we go along.

In 2018-19 we made improvements in some areas:

1. The number of people from ethnic minority backgrounds in management roles went up by 3.1 percentage points and this equated to 17 people;
2. We have climbed up 140 places in this year's Stonewall Workplace Equality Index (WEI). The WEI is an annual audit of LGBT+ inclusion within organisations across the UK. It's used as benchmarking tool for employers to create a more inclusive workplace. In 2018, we were ranked 357 out of 434. This year, 445 organisations took part and we ranked 215;
3. Our employee networks have grown and developed; the LGBT+ network (focusing on sexual orientation and gender identity) and the Cultural network (ethnic minorities) are valued partners and help us to review policies and procedures and give support to their members;
4. More recently, the Workaround employee network was launched, challenging perceptions about disability.

We continue to monitor our measures of workforce engagement and training attendance. The completion rates for our basic EDI training courses were:

- 93 per cent) EDI e-learning completion rate (95 per cent) in 2017/18)
- 77 per cent) EDI face-to-face attendance rate (85 per cent) in 2017/18)

In addition we provide a range of learning and development opportunities, including but not limited to: discrimination law training for policy and legal teams, gender identity training for front-line teams, mental health awareness for fitness to practise teams and lunch-time talks (see below section on understanding people's diverse needs and identities).

Below are the scores from the EDI questions in our annual employee engagement survey. We highlight these scores (out of 10) as key measures for how our colleagues are engaging in the EDI framework. The survey shows a slight fall in our measures when compared year on year. The NMC is committed to being a great place to work and at the heart of that is treating people fairly and as inclusively as possible. We will continue to invest in EDI initiatives and will have a renewed focus in this area with agreement of a new internal EDI action plan in Q1 of 2019-20 which will demonstrate plans and commitment until 2021. This is the second year that these particular questions have been asked and we will continue to monitor the impact of our action plan against these questions in future years.

Employee engagement survey	2017	2018	+/-
I understand equality, diversity and inclusion and where it is relevant to my role	9.3	8.6	-0.7
I am aware of the NMC's valuing diversity policy	8.7	8.0	-0.7
People from all backgrounds are treated fairly at the NMC	7.4	7.2	-0.2
There is a real commitment at the NMC to continuing to improve performance on equality, diversity and inclusion.	7.2	7.6	+0.4
Overall EDI score	8.2	7.8	-0.4

Working with stakeholders

It's important to us that we are an outward-looking organisation that is committed to listening to people about their needs and experiences. We have continued to develop strong relationships with our diversity stakeholders, ensuring we are mutually informed of, and where possible involved in, each other's priorities and key developments.

We are members of several specialist EDI organisations, including the Business Disability Forum, Business in the Community's race campaign, the Employer's Network for Equality and Inclusion (ENEI) and Stonewall. In this reporting year we also became members of Mind and Inclusive Employers.

In October 2018 we presented findings from last year's EDI annual report to stakeholders from our membership bodies and other diversity contacts, inviting many of them to bring their own resources to share best practice information at the event. We also invited guests to help us shape our proposed 2019-20 EDI priorities at an early stage. This engagement and feedback was essential; for example, attendees encouraged us to focus on mental health and his feedback led to us including mental health in our external and workforce priorities for 2019-20. We continued this conversation with our internal and external stakeholders with a survey in May 2019 about our 2019-20 regulatory priorities and how to measure our progress.

In addition to other forms of engagement, over the past year we have organised several equality roundtables to inform our key policy work, including for the new ways of working for our fitness to practise functions, and our overseas review.

We also worked with stakeholders to provide learning opportunities for our staff. For example, we organised an event in collaboration with Mencap for people with learning disabilities to share their healthcare experiences with colleagues. This emotive and powerful event emphasised the need for us to slow down and listen more carefully, and the importance of empowering people to speak up about what they really need.

We continue to be active members of an inter-regulatory network of EDI professionals, allowing learning and best practice to be shared among all the key healthcare regulators. We also feed into the LGBT+ focused inter-regulatory group, meeting with key influencers such as the LGBT+ lead in the Government Equalities Office, and our London offices were well-represented at the 2018 Pride parade.

Of key importance for us during this reporting year has been working with the Professional Standards Authority (PSA) in readiness for the approved new standard relating to EDI that we will pilot in the 2019-20 period.

Improving our understanding of people's diverse needs and identities

When we say we recognise and respect the diverse needs and identities of people, we mean the people we regulate, the people we interact with, the people who work for and with us. We have taken steps to deepen our understanding of people's diverse identities and healthcare experiences – a crucial element in making sure we can be both an effective regulator which supports better and safer healthcare for everyone, and an employer of choice.

We completed more external benchmarks last year, to demonstrate transparency and receive appropriate external scrutiny of our EDI progress. For example, we submitted to Stonewall's WEI for the second year running. We also took part in other benchmarks for the first time: the Business in the Community's race benchmark, socioeconomic mobility inclusion from the Social Mobility Foundation, and Mind's employee wellbeing index. At the beginning of 2019 we also started preparing our first submission to the Disability Standard benchmark by Business Disability Forum. Over the next few years we will be able to report on our progress.

To underpin our commitment to understanding and embracing diversity and tackling prejudice, we commissioned ENEI to deliver a programme of unconscious bias training. This mandatory course was initially designed for managers but has been rolled out across the organisation more widely. This additional training complements our existing mandatory e-learning and face-to-face EDI training course for all employees.

We have sought to improve our organisational empathy by arranging talks with diverse speakers. This has included a talk about life experiences as a non-binary person, a panel event on leadership and career progression for ethnic minority employees, a talk about the impact of living and working with mental health conditions, and the impact of race discrimination on people that are ethnic minorities in the healthcare context from Yvonne Coghill, Director of the Workforce Race Equality Standard (WRES) – a blog on this can be found [on the website](#).

In particular, we have focused on deepening our awareness of the needs of gender minorities – including trans, non-binary and intersex people. We have produced factsheets and delivered in-depth training to frontline colleagues. We also responded to the Government Equality Office's 2018 consultation on proposals to update the 2004 Gender Recognition Act.

What's next?

We have made some tangible and positive progress in our EDI activities – but we certainly aren't resting on our laurels, and we're looking forward to sustained EDI improvements going forwards.

In late 2018 we looked at evidence from data, research and complaints about what our 2019-20 EDI priorities should be. As mentioned above, this also included valuable insight gained from the 2018-19 report launch event and subsequent survey. We felt that we should retain some of the 2018-19 priorities as they will continue to provide an organisation-wide focus in the next year, for example our work on improving reasonable adjustments, while also adding new priorities areas.

The Executive Board agreed the following priorities for 2019-20:

- Use our diversity data more to improve our decision-making.
- Use our reasonable adjustment policy when working with people with disabilities.
- Raise awareness of gender identity and how it affects our work.
- Work in partnership with others to encourage fair and non-biased referrals for all ethnic groups.
- Involve a more diverse range of stakeholders in our policy development.
- Share our understanding of health inequalities internally and externally.
- Improve our understanding of issues around mental health.

We will measure our progress against these priorities throughout 2019-20.

Preparing for the NMC Strategy 2020-25

A key EDI focus for 2019-20 will be on the new [NMC Strategy 2020-25](#). We will work to embed EDI at the outset by listening to our diverse stakeholders and understanding where we can be effective in promoting EDI for our workforce, the nursing and midwifery professions and in all our interactions with the public. The development of the new strategy gives us an important opportunity to review and revise our EDI Framework to be effective and relevant in the future healthcare environment for nurses, midwives, nursing associates, our employees, the public and anyone who interacts with us.

In support of developing our evidence base for the new strategy and in line with our 2019-20 priorities we plan to make more use of our diversity data. In April 2017 we published the [research into disproportionate outcomes for some nurses and midwives](#) (known as the Greenwich research). This report examined disproportionality in the progress and outcomes of Black and Minority Ethnic (BME) nurses and midwives in relation to fitness to practise, from the point of referral to the point of case closure across the UK. We will be taking forward the commitment we made to repeat the analysis after the first cycle of revalidation was complete. We will also expand the research to look at more protected characteristics and all our regulatory functions so that we have a richer and more reliable picture

Section 2: Our data

Key decision-makers

We also include information about the diversity of key decision-makers such as our Council members and fitness to practise panel members in this report. We want to be transparent about how well people in these roles in particular represent the professions we regulate and the wider community.

Council, committee and board members

Our Council is made up of twelve members: six lay people and six nurses and midwives, from England, Northern Ireland, Scotland and Wales, all appointed by the Privy Council. The Council has an Audit Committee, Remuneration Committee, Investment Committee and an Appointments Board to support it in its role. Appointments Board members are not members of the Council. Diversity data is collected on appointment.

There were 17 members in office on 31 March 2019: 12 Council members and five members of the Appointments Board. Of the 17 members, 10 identify as women and 7 as men. 16 members identify as heterosexual, with one preferring not to say. One member identifies as disabled. 16 members identify as white with one member from a BME background. In terms of age, all members are in the age categories over 40. Ten members identify as Christian, five as having no religious beliefs and two preferring not to say.

Fitness to practise panellists

Fitness to practise (FtP) panellists are independent contractors engaged by the NMC to sit on our FtP panels.

Table 1: Fitness to practise panellists by gender

Gender	%	Register %	Population ² %
Female	68.2	89.3	50.9
Male	27.7	10.7	49.1
Prefer not to say	4.2	-	-
Total	100	100	100

² Census - Office for National Statistics, Northern Ireland Statistics and Research Agency, National Records of Scotland

Table 2: Fitness to practise panellists by ethnic group

Ethnic group	%	Register %	Population ³ %
Black	3.9	8.3	3.4
Asian	4.4	8.5	7.5
Mixed	2.6	2.1	2.2
White	83.3	77.0	85.9
Other	1.3	0.9	1
Prefer not to say	3.9	1.9	-
Unknown	0.5	1.3	-
Total	100	100	100

Table 3: Fitness to practise panellists by sexual orientation

Sexual orientation	%	Register %	Population ⁴ %
Bisexual	0.8	0.6	0.8
Gay/Lesbian	4.4	1.7	1.2
Heterosexual	86.7	89.8	93.4
Other	-	-	0.5
Prefer not to say	8.1	6.6	4.1
Unknown	-	1.3	-
Total	100	100	100

Table 4: Fitness to practise panellists by age group

Age group	%	Register %	Population ⁵ %
18-30	0.8	14.2	17
31-40	6.0	22.1	13

³ Ibid⁴ Sexual identity, UK; 2016; Office for National Statistics; <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2016> [accessed 23-05-19]⁵ ONS 2017 mid-year population estimates; <https://data.london.gov.uk/dataset/ons-mid-year-population-estimates-custom-age-tables> [accessed 06-06-19]

41-50	19.1	26.5	14
51-60	42.6	28.3	13
60+	28.5	8.8	22
Prefer not to say	3.1	-	-
Total	100	100	80⁶

Nurses, midwives and nursing associates

This section provides some of the diversity data that we hold about nurses, midwives and nursing associates on the register and in our fitness to practise processes. We hold and analyse data by age, disability, ethnicity, gender, gender identity, religion and belief and sexual orientation. In this year's report we have highlighted figures of particular interest.

In presenting data in this report we've rounded percentages up to the nearest whole number or one decimal place. In a small number of cases this means the figures may add up to slightly over/under 100 per cent.

In some instances we have small numbers for some groups that could lead to individuals being identified, or could be considered sensitive. In these cases smaller categories have been collapsed into bigger categories or that information has not been presented.

What do our data tell us about those on the register?

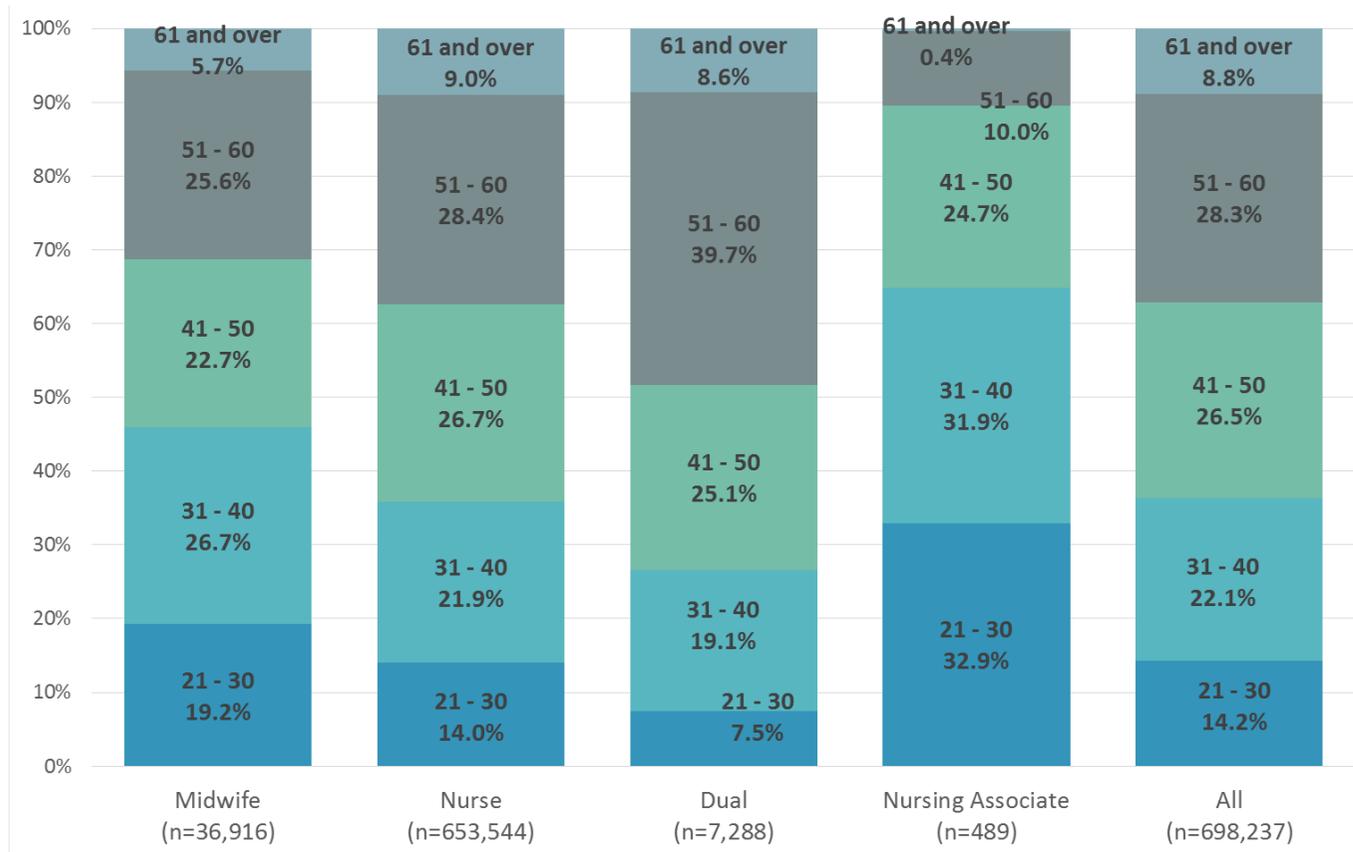
Most of the people on our register (around 94 per cent) are nurses. This has remained unchanged since 2015. Since last year one notable change is the addition of a new profession and 489 nursing associates on the register at 31 March 2019.

Looking at the [registration data](#), some notable differences are that midwives are a younger group than nurses. People with dual registration (that is, people who are registered as both a nurse *and* a midwife) are the oldest group (40 per cent of these are in the 51-60 age group) [Figure 1]. This is likely to be linked to the fact that before direct entry midwifery courses⁷ started all midwives had to train as nurses first so many dual registrants will date from that time. The number of dual registrants has decreased by 7 per cent since last year (from 7,811 to 7,288). This may be due to the fact that we are encouraging people to renew only the registration(s) in which they are practising when they revalidate.

The first cohort of nursing associates joined our register in January 2019. As we might expect with such a new role compared to the people that have been on the register with longer career lengths, this is a relatively young group with nearly 65 per cent of nursing associates aged under 40 years.

⁶ This total figure does not include people under the age of 18 in the UK population.

⁷ Direct entry midwifery training has been available from different dates in each of the four countries.

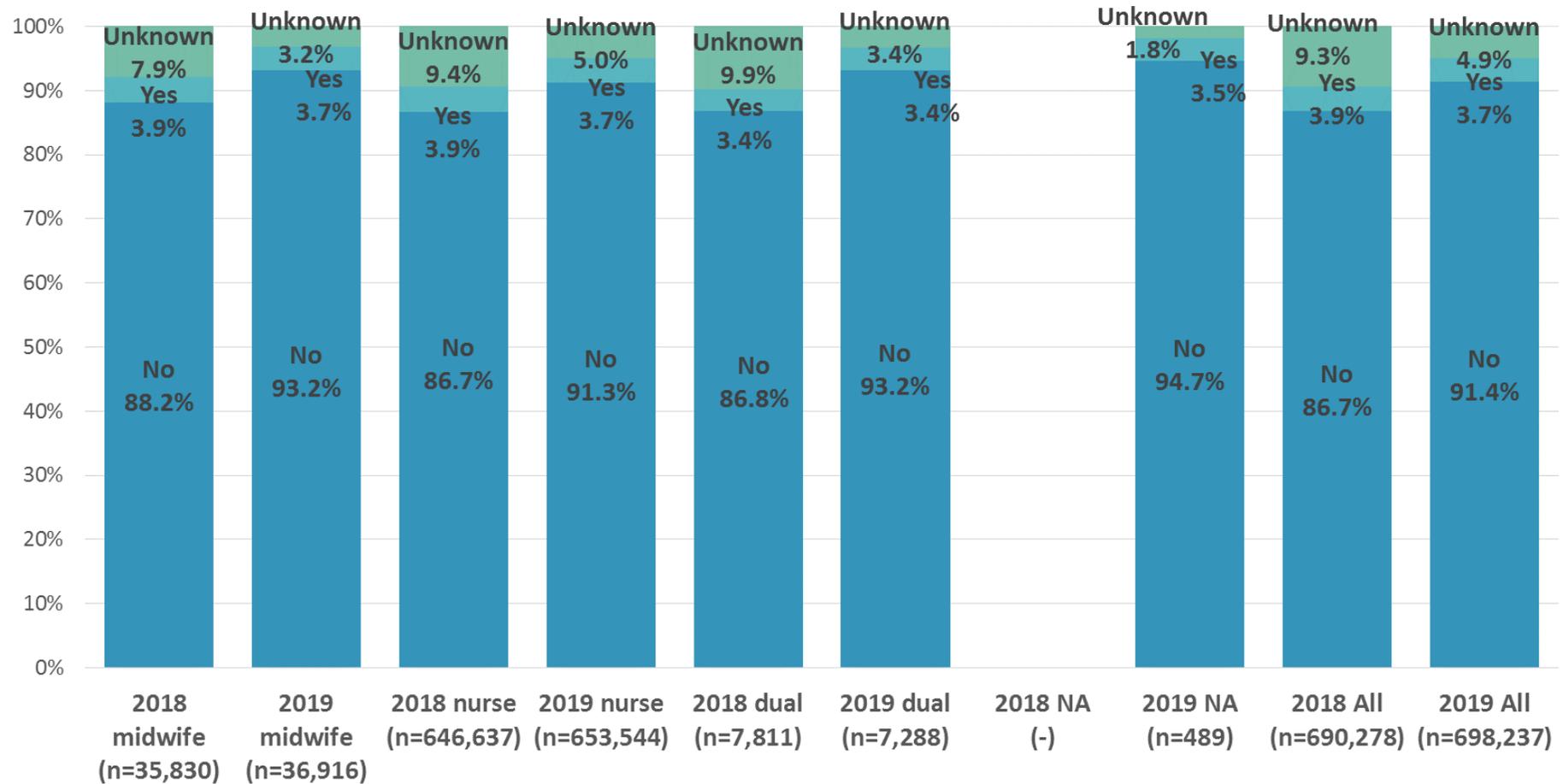
Figure 1: Age groups of nurses, midwives, dual registrants and nursing associates


The completeness of the disability data has improved since last year's report. The number of people whose disability status is unknown has reducing from over 64,000 to around 34,000 in 2018-19 [Table 5]. The number of people who identify as having a disability has decreased from 27,035 in the 2017-18 report to 25,782 in the 2018-19 report – Figure 2 below shows that the proportion of people who identify as having a disability has reduced from 3.9 to 3.7 per cent.

Table 5: Disability status of nurses, midwives, dual registrants and nursing associates

	No	Yes	Unknown	Total
2017 midwife	27,098	1,704	5,752	34,554
2018 midwife	31,599	1,394	2,837	35,830
2019 midwife	34,395	1,349	1,172	36,916
2017 nurse	497,601	33,345	116,659	647,605
2018 nurse	560,423	25,378	60,836	646,637
2019 nurse	596,612	24,167	32,765	653,544
2017 dual	6,602	334	1,678	8,614
2018 dual	6,777	263	771	7,811
2019 dual	6,792	249	247	7,288
2019 NA	463	17	9	489
2017 all	531,301	35,383	124,089	690,773
2018 all	598,799	27,035	64,444	690,278
2019 all	638,262	25,782	34,193	698,237

Figure 2: Disability of nurses, midwives and dual registrants



The data shows that nurses are more ethnically diverse than midwives, and dual registrants are the most ethnically diverse group of all [Table 6]; this was the same last year. Overall, almost all ethnic groups have increased in both number and proportion in the last year as the number of unknowns has decreased. For example, the percentage of registrants who identify as white – English/Welsh/Scottish/Northern Irish/British increased in all registration types from 2017-18 to 2018-19: midwives from 80 per cent to 84 per cent, nurses from 67 per cent to 70 per cent, and dual registration from 60 per cent to 64 per cent.

Table 6: Ethnic groups on the register (numbers and percentages)

	Midwife	Nurse	Dual	NA	Total
Asian - Asian - Indian	217 (0.6%)	22,543 (3.4%)	62 (0.9%)	10 (2.0%)	22,832 (3.3%)
Asian - Asian - Pakistani	179 (0.5%)	3,388 (0.5%)	21 (0.3%)	3 (0.6%)	3,591 (0.5%)
Asian - Asian - Bangladeshi	55 (0.1%)	925 (0.1%)	5 (0.1%)	1 (0.2%)	986 (0.1%)
Asian - Asian - Chinese	101 (0.3%)	2,258 (0.3%)	37 (0.5%)	-	2,396 (0.3%)
Asian - other background	127 (0.3%)	29,175 (4.5%)	54 (0.7%)	23 (4.7%)	29,379 (4.2%)
Black African	772 (2.1%)	44,548 (6.8%)	1,091 (15.0%)	23 (4.7%)	46,434 (6.7%)
Black Caribbean	631 (1.7%)	9,491 (1.5%)	327 (4.5%)	13 (2.7%)	10,462 (1.5%)
Black - other	42 (0.1%)	1,209 (0.2%)	20 (0.3%)	-	1,271 (0.2%)

	Midwife	Nurse	Dual	NA	Total
background					
Mixed - white and Asian	133 (0.4%)	2,074 (0.3%)	28 (0.4%)	1 (0.2%)	2,236 (0.3%)
Mixed - white and black African	72 (0.2%)	1,982 (0.3%)	25 (0.3%)	3 (0.6%)	2,082 (0.3%)
Mixed - white and black Caribbean	459 (1.2%)	6,909 (1.1%)	77 (1.1%)	4 (0.8%)	7,449 (1.1%)
Mixed - other background	146 (0.4%)	2,550 (0.4%)	28 (0.4%)	2 (0.4%)	2,726 (0.4%)
White - English/Welsh/Scottish/Northern Irish	31,153 (84.4%)	454,836 (69.6%)	4,625 (63.5%)	376 (76.9%)	490,990 (70.3%)
White - Irish	658 (1.8%)	12,509 (1.9%)	239 (3.3%)	-	13,406 (1.9%)
White - Gypsy or Irish Traveller	11 (<0.1%)	274 (<0.1%)	5 (0.1%)	-	290 (<0.1%)
White - other background	1,531 (4.1%)	30,887 (4.7%)	454 (6.2%)	22 (4.5%)	32,894 (4.7%)
Any other ethnic group	153 (0.4%)	6,246 (1.0%)	36 (0.5%)	3 (0.6%)	6,438 (0.9%)
Prefer not to say	402 (1.1%)	13,066 (2.0%)	138 (1.9%)	5 (1.0%)	13,611 (1.9%)

	Midwife	Nurse	Dual	NA	Total
Unknown	74 (0.2%)	8,674 (1.3%)	16 (0.2%)	-	8,764 (1.3%)
Total	36,916 (100%)	653,544 (100%)	7,288 (100%)	489 (100%)	698,237 (100%)

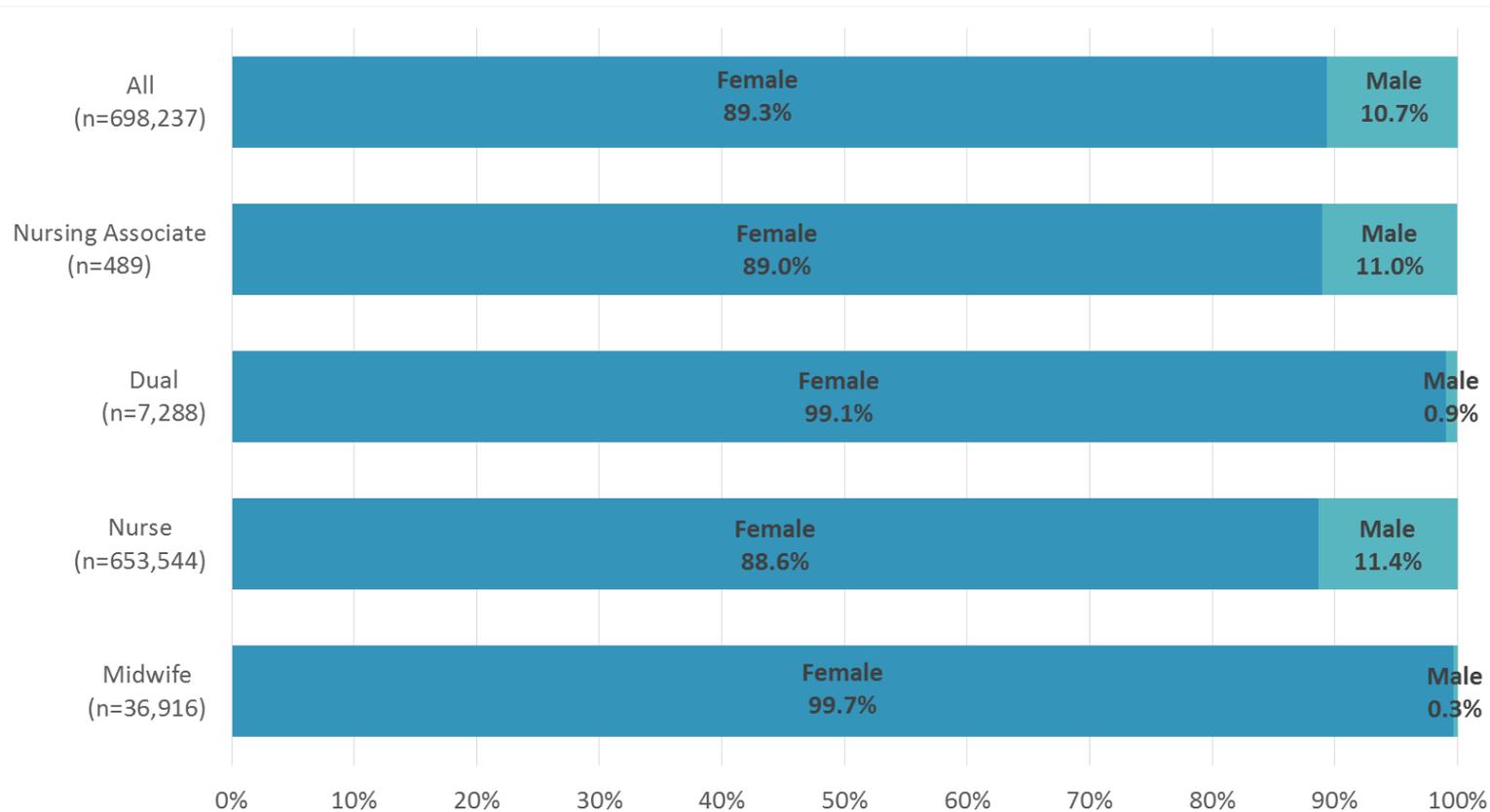
Most nurses and midwives who answered the question, 'does your gender identity completely match the sex you were registered with at birth?' confirmed that these matched. However, 4,457 (0.6 per cent) said that they did not, which is a similar proportion to last year (but an increase of 668 because more people answered the question). There were a further 3.4 per cent who preferred not to say, and 1.5 per cent who were unknown.

Looking at religion or belief, notable differences include 34 per cent of midwives who say they have no religion or belief compared with 24 per cent of nurses and 18 per cent of those with dual registration. In the small group of nursing associates on the register on 31 March 2019, 38 per cent had no religion or belief. 56 per cent of midwives identify as Christian compared with 62 per cent of nurses and 72 per cent of those with dual registration. In the nursing associate group, 54 per cent identify as Christian.

Since the 2016-17 report, the percentage of all registrant types saying they have no religion has been increasing steadily: midwives (26 per cent in 2016/17 to 34 per cent in 2018-19), nurses (19 per cent in 2016-17 to 24 per cent 2018-19), dual registrants (14 per cent in 2016-17 to 18 per cent in 2018-19). At the same time, the proportion of all registrants identifying as Christian is also increasing, with biggest increase amongst dual registrants: midwives (51 per cent in 2016-17 to 56 per cent in 2018-19), nurses (54 per cent in 2016-17 to 62 per cent in 2018-19), dual registrants (60 per cent in 2016-17 to 72 per cent in 2018-19). These increases are likely to be at least in part due to the number of people in the unknown category going down overall.

The Figure below shows that there are differences in the gender breakdown between the registration types. 99.7 per cent of midwives are women compared with 89 per cent of nurses, 99 per cent of those with dual registration and 89 per cent of nursing associates. The proportion of men and women has remained the same since 2013, with men underrepresented in midwifery and dual registration compared to the UK population.

Figure 3: Gender on the register



On sexual orientation the differences between the professions are that 0.7 per cent of midwives identify as gay or lesbian as compared with 1.8 per cent of nurses and 0.8 per cent of those with dual registration. There are few differences from last year's report, except that as can be expected all groups have increased in numbers as the number of unknowns decreases (from 5.8 per cent to 1.3 per cent of all those on the register).

What do our data tell us about fitness to practise outcomes?

In this section we are only making comparisons with the register where there are relatively large groups. If the numbers by registration type are small we will not make a comparison to reduce the chances of people being identified.

Some trends follow through all the sections. For example, we know that men are more likely to be referred to fitness to practise than would be expected given their proportion on the register. At case examiner stage, they are more likely to get a case to answer decision than women. They are more likely to get an interim suspension order than women and at hearing stage they are more likely to be struck off the register than women.

Our historical data reflect the same trends. For example, men have made up a larger proportion of new concerns in fitness to practise than they do on the register as a whole since the 2013/14 report (2013/14: 24 per cent, 2014/15: 21 per cent, 2015/16: 23 per cent, 2016/17: 24 per cent, 2017/18: 23 per cent, and 2018/19: 23 per cent). Men have been more likely to get interim suspension orders and women more likely to get interim conditions of practice orders since 2016 when we started reporting the data in this format. Similarly, men continue to be more likely to be struck off since we started reporting the figures in 2013.

This year, we did some further analysis to compare this year's data with previous years, where the data allows us to⁸ and where doing so illustrates continuing or divergent trends.

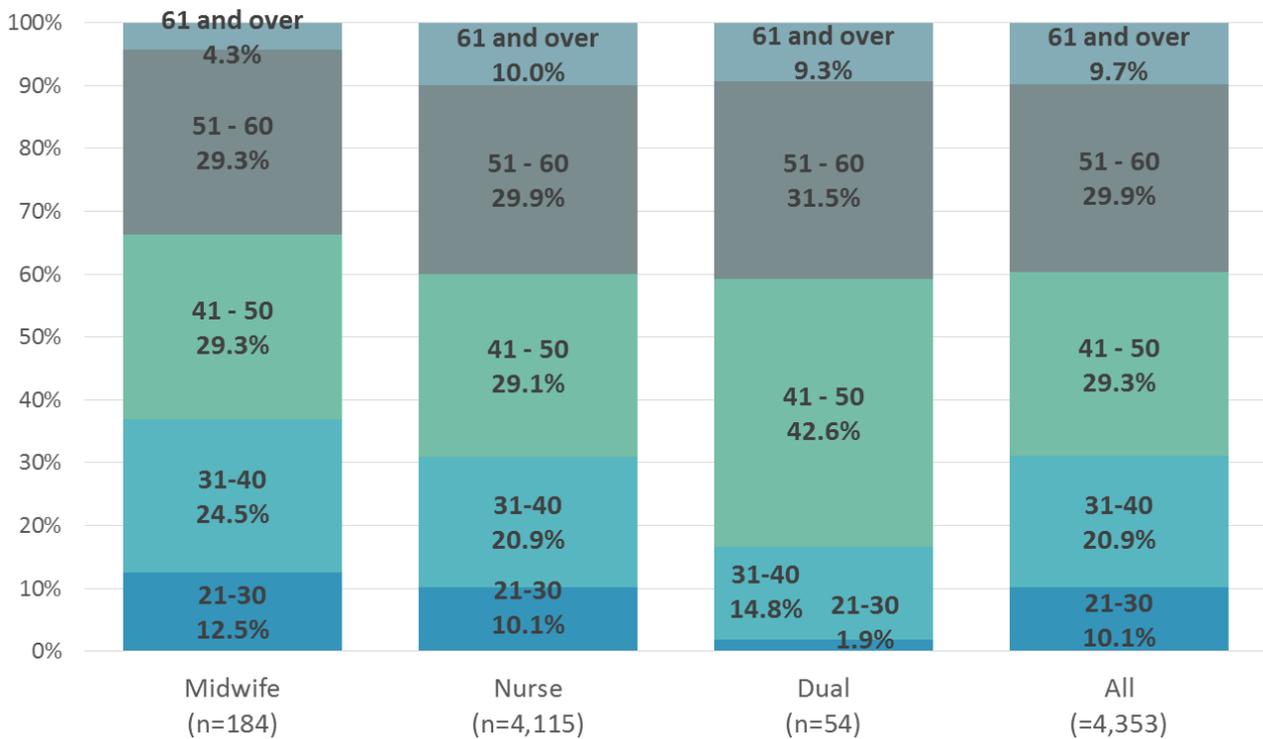
New concerns

This section details the diversity data for the 4,353 new concerns where we opened a case between April 2018 and March 2019 and where the person referred was identified as being an NMC registrant.

We were not able to identify a registered nurse or midwife in 1,020 of the new cases raised with us. Some of those are cases we received at the end of the reporting period and where we will identify a nurse or midwife in 2019-2020. Others are cases where we do not have the authority to act because they do not relate to a registered nurse or midwife. The data in the charts below are for those individuals who had been identified as nurses or midwives by 31 March 2019.

The figures in this report are in line with the figures in our annual fitness to practise report 2018–2019 which reports on number of referrals as a whole, not by individual. This means there may be more than one referral for an individual and that individual may present in the data more than once.

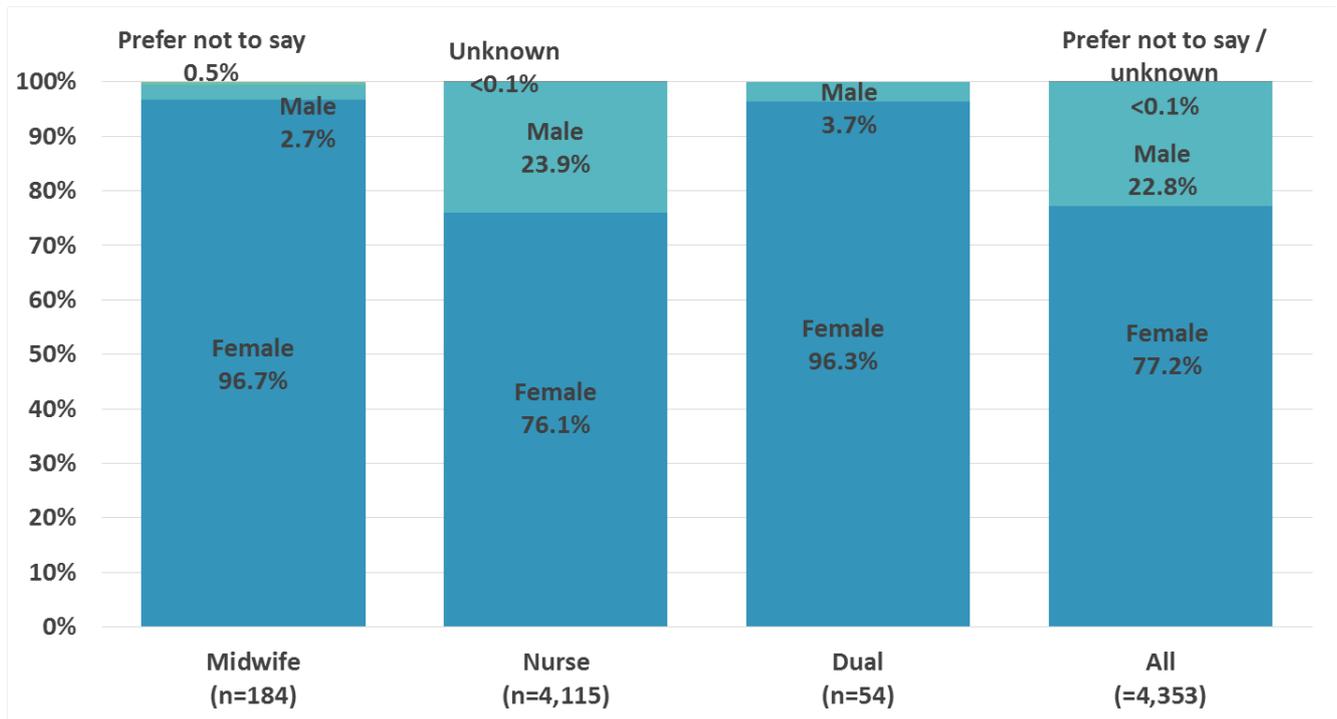
⁸ Most findings are compared back to 2016. Before this point, data and fitness to practise outcomes were collected and reported differently, preventing comparison.

Figure 4: New concerns by age group

Comparing everyone on our register (Figure 4) to the data on new concerns for those who were identified as NMC registrants, we can see that nurses and midwives being referred are slightly more likely to come from older age groups.

For example, although 19 per cent of midwives are in the 21-30 age group, only 13 per cent of new concerns for midwives were about people in this age group. Similarly, 10 per cent of new concerns about nurses were about people aged 21-30, although 14 per cent of nurses are in this age group.

Conversely, 29 per cent of new concerns raised about midwives relate to people in the 51-60 age group, compared with being 26 per cent of the midwives being in this group.

Figure 5: New concerns by gender

Overall, 24 per cent of new concerns were for men, compared with being 11 per cent on the register. Across all registration types more men are referred than we would expect, given their proportion on the register.

Since 2017 we have reported fitness to practise outcomes by ethnicity broken down into all 18+1⁹ of the 2001 census categories. The proportion of unknown ethnicity has decreased from 8 per cent of new concerns in 2017-18 to 3 per cent of new concerns in 2018-19.

Table 7: New concerns by ethnic group

	Midwife	Nurse	Dual	All	Register
Asian - Asian - Indian	1 (0.5%)	127 (3.1%)	1 (1.9%)	129 (3.0%)	22,832 (3.3%)
Asian - Asian - Pakistani	3 (1.6%)	41 (1.0%)	-	44 (1.0%)	3,591 (0.5%)
Asian - Asian - Bangladeshi	-	10 (0.2%)	-	10 (0.2%)	986 (0.1%)

⁹ In the ONS census there are 5 broad categories (White, Asian, Black, Mixed, other), with a number of subcategories, making a total of 18 choices plus the one prefer not to say option.

	Midwife	Nurse	Dual	All	Register
Asian - Asian - Chinese	-	14 (0.3%)	-	14 (0.3%)	2,396 (0.3%)
Asian - other background	1 (0.5%)	138 (3.4%)	-	139 (3.2%)	29,379 (4.2%)
Black African	7 (3.8%)	521 (12.7%)	12 (22.2%)	540 (12.4%)	46,434 (6.7%)
Black Caribbean	6 (3.3%)	72 (1.7%)	4 (7.4%)	82 (1.9%)	10,462 (1.5%)
Black - other background	-	13 (0.3%)	-	13 (0.3%)	1,271 (0.2%)
Mixed - white and Asian	1 (0.5%)	17 (0.4%)	-	18 (0.4%)	2,236 (0.3%)
Mixed - white and black African	-	24 (0.6%)	1 (1.9%)	25 (0.6%)	2,082 (0.3%)
Mixed - white and black Caribbean	4 (2.2%)	53 (1.3%)	2 (3.7%)	59 (1.4%)	7,449 (1.1%)
Mixed - other background	3 (1.6%)	24 (0.6%)	-	27 (0.6%)	2,726 (0.4%)
White - English/Wel sh/Scottish/ Northern Irish	134 (72.8%)	2,496 (60.7%)	27 (50.0%)	2,657 (61.0%)	490,990 (70.3%)
White - Irish	4 (2.2%)	64 (1.6%)	2 (3.7%)	70 (1.6%)	13,406 (1.9%)
White - Gypsy or Irish Traveller	-	-	1 (1.9%)	1 (<0.1%)	290 (<0.1%)
White - other background	10 (5.4%)	211 (5.1%)	2 (3.7%)	223 (5.1%)	32,894 (4.7%)

	Midwife	Nurse	Dual	All	Register
Any other ethnic group	3 (1.6%)	60 (1.5%)	-	63 (1.4%)	6,438 (0.9%)
Prefer not to say	6 (3.3%)	116 (2.8%)	2 (3.7%)	124 (2.8%)	13,611 (1.9%)
Unknown	1 (0.5%)	114 (2.8%)	-	115 (2.6%)	8,764 (1.3%)
Total	184 (100%)	4,115 (100%)	54 (100%)	4,353 (100%)	698,237 (100%)

We have only made comparisons where the numbers are large enough to make valid comparisons.

This year's data (Table 7) continue to echo the findings in [The Progress and Outcomes of Black and Minority Ethnic \(BME\) Nurses and Midwives through the Nursing and Midwifery Council's Fitness to Practise Process](#) that people of white British ethnicity are proportionately less likely to be referred than expected given their proportion on the register (61 per cent of referrals compared to 70 per cent on the register in Table 6). People of black African ethnicity are more likely to be referred (12 per cent of referrals) than expected given their proportion on the register (7 per cent of people on the register). This mirrors the findings since the 2016-17 report.

Table 8: New concerns by sexual orientation

Due to small numbers this table presents only the percentages to ensure individuals cannot be identified.

	Midwife %	Nurse %	Dual %	All %
Bisexual	1.1	1.1	-	1.1
Gay or lesbian	1.6	3.2	-	3.1
Heterosexual or straight	91.3	85.5	96.3	85.9
Prefer not to say	5.4	7.4	3.7	7.3
Unknown	0.5	2.8	-	2.7
Total	100	100	100	100

The number of people that we had new concerns for with unknown and prefer not to say sexual orientation has continued to reduce from 15 per cent last year to 10 per cent this year. This is slightly higher than the proportion on the register (7.9 per cent).

Interim orders

This section on interim orders (IOs) analyses whether a nurse or midwife has received an interim conditions of practice order, interim suspension order or if it was decided that an IO was not necessary by protected characteristics. The number of cases considered for an IO has dropped considerably from 666 in 2017-18 to 575 in 2018-19, which is a 14 per cent decrease, but the percentage breakdown of outcomes is similar to last year.

Table 9: Interim orders by age group

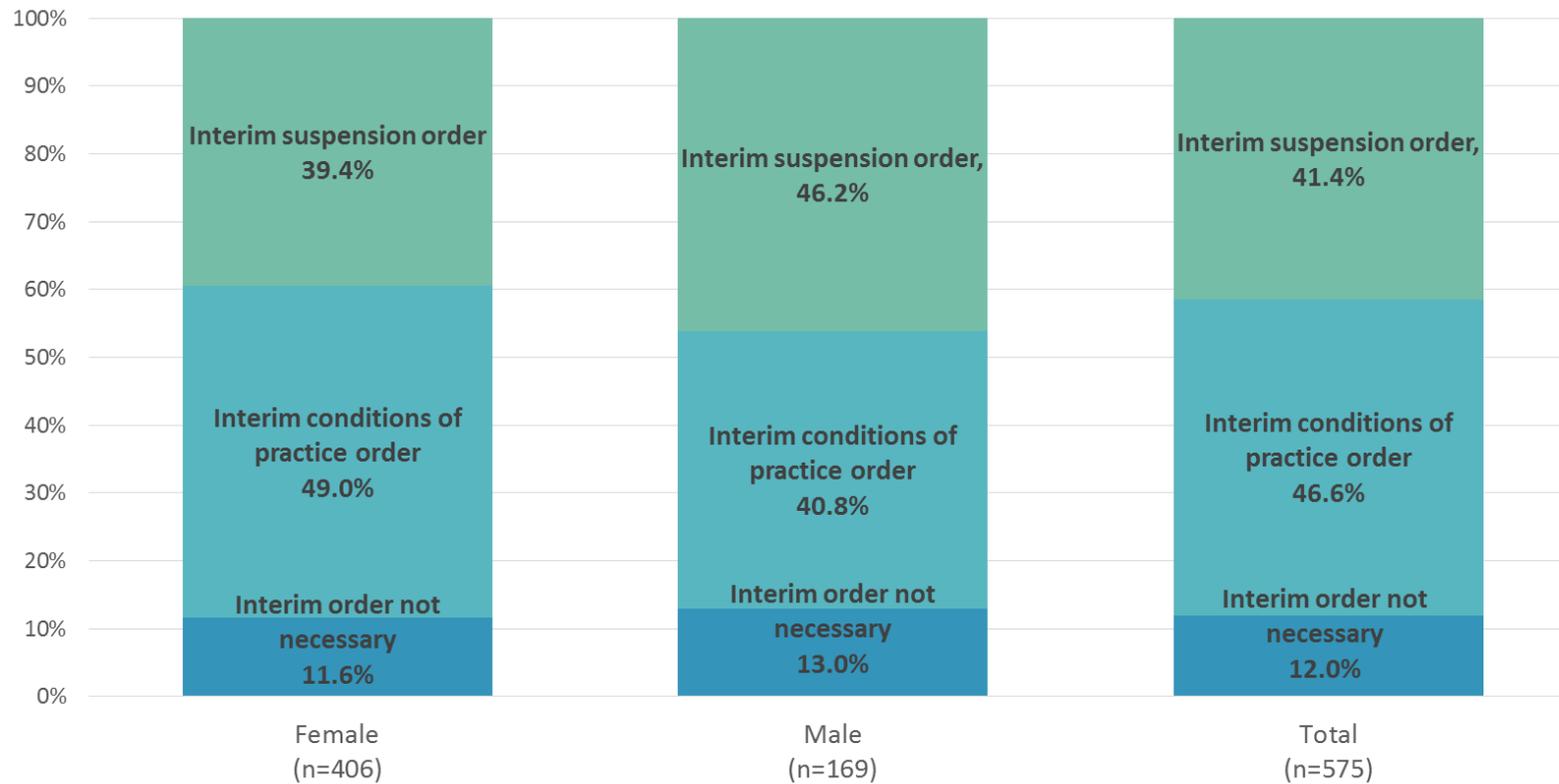
	21 - 30	31 - 40	41 - 50	51 - 60	61 and over	Total
Interim order not necessary	2 (3.8%)	17 (13.4%)	20 (13.8%)	20 (11.2%)	10 (13.9%)	69 (12.0%)
Interim conditions of practice order	25 (47.2%)	54 (42.5%)	62 (42.8%)	93 (52.2%)	34 (47.2%)	268 (46.6%)
Interim suspension order	26 (49.1%)	56 (44.1%)	63 (43.4%)	65 (36.5%)	28 (38.9%)	238 (41.4%)
Total	53 (100.0%)	127 (100.0%)	145 (100.0%)	178 (100.0%)	72 (100.0%)	575 (100.0%)

Note the different sizes of the age groups. The table shows that those in the 21-30 age group had the lowest proportion of cases considered for an IO where it was considered that an IO was not necessary. Conversely, the 21-30 age group have the highest proportion of interim suspension orders. The 51-60 group have the highest proportion of interim conditions of practice orders and the lowest proportion of interim suspension orders.

Table 10: Interim orders by ethnic group

	Asian	Black	Mixed	White	Any other ethnic group	Prefer not to say / unknown	Total
Interim order not necessary	5 (13.5%)	18 (18.2%)	2 (12.5%)	36 (9.8%)	3 (25.0%)	5 (11.9%)	69 (12.0%)
Interim conditions of practice order	20 (54.1%)	47 (47.5%)	7 (43.8%)	176 (47.7%)	5 (41.7%)	13 (31.0%)	268 (46.6%)
Interim suspension order	12 (32.4%)	34 (34.3%)	7 (43.8%)	157 (42.5%)	4 (33.3%)	24 (57.1%)	238 (41.4%)
Total	37 (100.0%)	99 (100.0%)	16 (100.0%)	369 (100.0%)	12 (100.0%)	42 (100.0%)	575 (100.0%)

Note that although we have amalgamated the ethnic categories to these higher level groups there are still few cases for many groups so we will only make comparisons between groups with larger numbers. Black people have a higher proportion of interim order not necessary decisions than white people. Conversely, black people have a lower proportion of interim suspension orders. People whose ethnic group is unknown or prefer not to say, are most likely to have the most serious outcome – Interim suspension order, which is in line with the findings for case examiner decisions and hearing outcomes. This could be because people who do not engage with the fitness to practise process are both most likely to have more severe outcomes and be the least likely to complete their diversity data on NMC Online.

Figure 6: Interim orders by gender

The Figure above shows that men are more likely to receive an interim suspension order, whereas women are more likely to receive an interim conditions of practice order. This is similar to the breakdowns by gender from last year.

Of the 575 IO decisions made, 29 per cent were for male nurses and midwives. This is substantially higher than the 11 per cent of men on the overall register of nurses and midwives.

Case examiner decisions

During a fitness to practise investigation, we gather evidence that is needed to make a full assessment of the allegations. At the end of the investigation, the case examiners review all the evidence and decide one of the following [outcomes](#):

- No case to answer (NCTA) – separated into facts not proved and no further action
- No case to answer – Advice issued
- No case to answer – Warning issued
- Case to answer - Undertakings
- Case to answer (CTA) referred to a hearing

The data in this section have not been separated into registration type to prevent individuals being identified by the small numbers. The percentages are column percentages – they show for each demographic group what percentage were NCTA, advice, warnings, undertakings and CTA. When looking at the figures in this section please note that there are considerably fewer cases going to case examiner stage than last year – a reduction from 2,234 to 1,638 (a decrease of 27 per cent). The proportions who are receiving a warning or an undertaking have gone up since last year because advice, warnings and undertakings only started in July 2017.

Across the fitness to practise outcomes data, people with unknown protected characteristics appear to have higher proportions of more severe outcomes and/or sanctions. This could be because people who do not engage with the fitness to practise process are both most likely to have more severe outcomes and be the least likely to complete their diversity data on NMC Online.

Table 11: Case examiner decisions by age group

Decisions	21-30	31-40	41-50	51-60	61 and over	Total
NCTA – Facts not proved	24 (20.0%)	44 (15.9%)	87 (18.4%)	102 (18.6%)	40 (18.1%)	297 (18.1%)
NCTA – No further action	45 (37.5%)	125 (45.3%)	177 (37.3%)	223 (40.8%)	96 (43.4%)	666 (40.7%)
NCTA – Advice issued	-	2 (0.7%)	2 (0.4%)	7 (1.3%)	1 (0.5%)	12 (0.7%)
NCTA – Warning issued	8 (6.7%)	19 (6.9%)	35 (7.4%)	33 (6.0%)	7 (3.2%)	102 (6.2%)

Decisions	21-30	31-40	41-50	51-60	61 and over	Total
CTA – Recommend Undertakings	3 (2.5%)	9 (3.3%)	11 (2.3%)	14 (2.6%)	4 (1.8%)	41 (2.5%)
CTA – Refer to FtP committee	40 (33.3%)	77 (27.9%)	162 (34.2%)	168 (30.7%)	73 (33.0%)	520 (31.7%)
Total	120 (100.0%)	276 (100.0%)	474 (100.0%)	547 (100.0%)	221 (100.0%)	1,638 (100.0%)

The differences by age group that were apparent last year (a smaller proportion of older age groups had a CTA) have not been replicated this year.

Table 12: Case examiner decisions by disability

Decision	No	Yes	Prefer not to say	Unknown	Total
NCTA – Facts not proved	242 (18.0%)	25 (20.7%)	16 (17.2%)	14 (17.1%)	297 (18.1%)
NCTA – No further action	568 (42.3%)	39 (32.2%)	46 (49.5%)	13 (15.9%)	666 (40.7%)
NCTA – Advice issued	12 (0.9%)	-	-	-	12 (0.7%)
NCTA – Warning issued	89 (6.6%)	6 (5.0%)	4 (4.3%)	3 (3.7%)	102 (6.2%)
CTA – Recommend Undertakings	31 (2.3%)	7 (5.8%)	2 (2.2%)	1 (1.2%)	41 (2.5%)

Decision	No	Yes	Prefer not to say	Unknown	Total
CTA – Refer to FtP committee	400 (29.8%)	44 (36.4%)	25 (26.9%)	51 (62.2%)	520 (31.7%)
Total	1,342 (100.0%)	121 (100.0%)	93 (100.0%)	82 (100.0%)	1,638 (100.0%)

The table above shows that disabled nurses and midwives have a higher proportion of CTA – Refer to fitness to practise committee decisions (36 per cent) than people without a disability (30 per cent). Also, the proportion of people with unknown disability status who have a CTA – Refer to fitness to practise committee decision is high at 62 per cent. This is similar to last year where 60 per cent of people with unknown disability status had CTA – Refer to fitness to practise committee decision.

Table 13: Case examiner decisions by ethnicity

Decision	Asian	Black	Mixed	White	Any other ethnic group	Prefer not to say / unknown	Total
NCTA – Facts not proved	19 (16.7%)	48 (16.6%)	6 (11.5%)	195 (19.0%)	5 (17.9%)	24 (18.6%)	297 (18.1%)
NCTA – No further action	54 (47.4%)	132 (45.5%)	25 (48.1%)	414 (40.4%)	11 (39.3%)	30 (23.3%)	666 (40.7%)
NCTA – Advice issued	2 (1.8%)	1 (0.3%)	1 (1.9%)	8 (0.8%)	-	-	12 (0.7%)
NCTA – Warning issued	5 (4.4%)	22 (7.6%)	4 (7.7%)	60 (5.9%)	2 (7.1%)	9 (7.0%)	102 (6.2%)
CTA – Recommend Undertakings	1 (0.9%)	9 (3.1%)	1 (1.9%)	29 (2.8%)	-	1 (0.8%)	41 (2.5%)

Decision	Asian	Black	Mixed	White	Any other ethnic group	Prefer not to say / unknown	Total
CTA – Refer to FtP committee	33 (28.9%)	78 (26.9%)	15 (28.8%)	319 (31.1%)	10 (35.7%)	65 (50.4%)	520 (31.7%)
Total	114 (100%)	290 (100%)	52 (100%)	1,025 (100%)	28 (100%)	129 (100%)	1,638 (100%)

We have looked at the ethnicity figures using the broader groupings of: white, Asian, black, mixed and other. It is important to note that the ethnic groups here have very different sizes, for example there are only 52 in the mixed ethnic group, compared with 1,025 in the white ethnic group.

The differences between groups here are small. White people have a slightly lower proportion of NCTA – No further action outcomes than groups such as Asian people, black people and people of mixed ethnicity, which is a similar picture to last year.

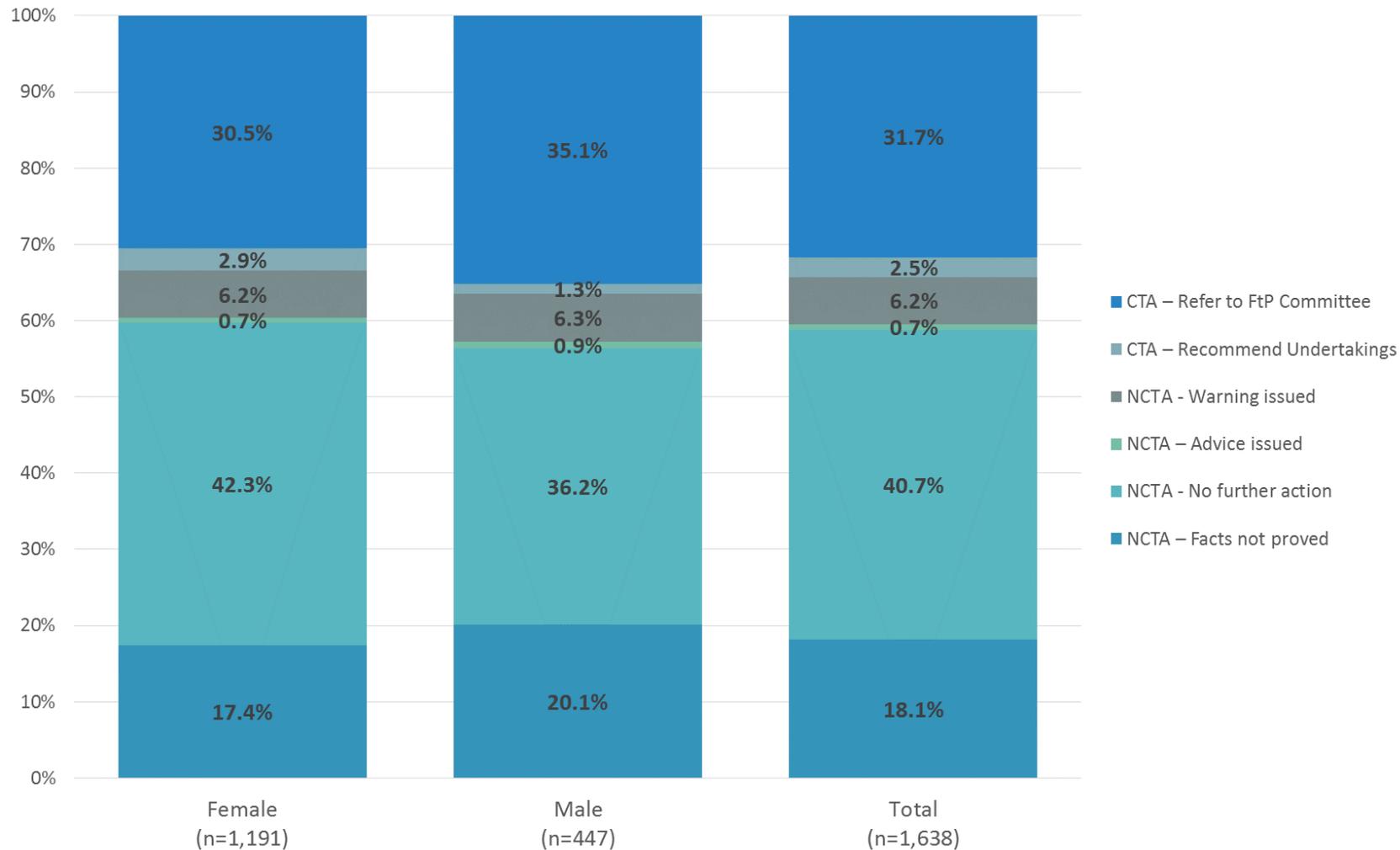
Similar to the hearings section, people who have prefer not to say/unknown ethnicity have the highest proportion of the most serious outcome, CTA – Refer to fitness to practise committee, as was the case last year. As noted previously about people in the unknown category this could be because people who do not engage with the fitness to practise process are both most likely to have more severe outcomes and be the least likely to complete their diversity data on NMC Online.

The case examiner decisions for the ethnic groups with the largest numbers of cases from the lower level 18+¹⁰ ethnic group categories are presented in the table below. The ethnic groups that have proportionately more NCTA (facts not proved and no further action taken) decisions are Asian Indian (66 per cent) and black African (63 per cent). Of the nurses and midwives with unknown ethnicity 33 per cent of decisions were NCTA – Facts not proved and no further action taken compared with the relatively high 63 per cent CTA – Recommend undertakings and refer to a fitness to practise committee decisions.

¹⁰ In the ONS census there are 5 broad categories (white, Asian, black, mixed, other), with a number of subcategories, making a total of 18 choices plus the one prefer not to say option.

Table 14: Case examiner decisions for the ethnic group categories with more than 50 cases

Decision	Asian - Indian	Asian - other	Black African	White - English/ Welsh/ Scottish/ Northern Irish	White - other	Prefer not to say	Unknown	Total (n=1,638)
NCTA – Facts not proved	6 (15.8%)	10 (16.4%)	45 (17.7%)	162 (17.9%)	29 (27.1%)	10 (21.3%)	14 (17.1%)	297 (18.1%)
NCTA – No further action	19 (50.0%)	30 (49.2%)	115 (45.3%)	364 (40.3%)	44 (41.1%)	17 (36.2%)	13 (15.9%)	666 (40.7%)
NCTA – Advice issued	1 (2.6%)	1 (1.6%)	1 (0.4%)	8 (0.9%)	-	-	-	12 (0.7%)
NCTA – Warning issued	3 (7.9%)	2 (3.3%)	15 (5.9%)	56 (6.2%)	3 (2.8%)	6 (12.8%)	3 (3.7%)	102 (6.2%)
CTA – Recommend Undertakings	-	-	8 (3.1%)	25 (2.8%)	4 (3.7%)	-	1 (1.2%)	41 (2.5%)
CTA – Refer to FtP committee	9 (23.7%)	18 (29.5%)	70 (27.6%)	288 (31.9%)	27 (25.2%)	14 (29.8%)	51 (62.2%)	520 (31.7%)
Total	38 (100%)	61 (100%)	254 (100%)	903 (100%)	107 (100%)	47 (100%)	82 (100%)	1,638 (100%)

Figure 7: Case examiner decisions by gender

The Figure above shows small differences between men and women at the case examiner stage. Women have proportionately more NCTA – No further action decisions (42 per cent) than men (36 per cent). Conversely, women have slightly smaller proportions of CTA – Refer to FtP committee decisions. However, the differences are smaller than last year.

Hearings

Some of the diversity data that we hold about nurses and midwives that go to hearings is sensitive data and cannot be published in this report. For the same reason the data in this section is not divided into nurse, midwife and dual registration. The sanctions that the panels determine are listed below. Go to the [Sanctions we can impose](#) pages on our website for more information.

Sanctions	Abbreviation
Facts not proved	FNP
Fitness to practise not impaired	FTPNI
Caution order	CO
Conditions of practice order	CPO
Suspension order	SO
Striking off order	SOO

There are fewer cases that are reaching the hearing stage overall (661 vs. 1207 last year), and also lower proportions of fitness to practise not impaired outcomes (14 per cent this year compared with 23 per cent last year). A key part of our new approach to fitness to practise was to deal with less serious cases at an earlier stage (e.g. with advice, warnings or undertakings) and this would have contributed to the lower proportion of serious cases getting to the hearings stage.

Table 15: Hearing outcome by age group

Outcome	21-30	(%) in 2017/18	31-40	(%) in 2017/18	41-50	(%) in 2017/18	51-60	(%) in 2017/18	61 and over	(%) in 2017/18	Total
FNP	-	-	3 (3%)	-	9 (4%)	(0.3%)	5 (2%)	(0.7%)	-	(1.2%)	17 (3%)
FTPNI	6 (12%)	(10%)	12 (10%)	(22%)	27 (13%)	(23%)	38 (18%)	(23%)	12 (16%)	(31%)	95 (14%)
CO	2 (4%)	(12%)	8 (7%)	(10%)	20 (10%)	(10%)	24 (11%)	(12%)	3 (4%)	(8%)	57 (9%)
CPO	11		12		33		36		7		99

Outcome	21-30	(%) in 2017/18	31-40	(%) in 2017/18	41-50	(%) in 2017/18	51-60	(%) in 2017/18	61 and over	(%) in 2017/18	Total
	(22%)	(22%)	(10%)	(16%)	(16%)	(13%)	(17%)	(13%)	(9%)	(12%)	(15%)
SO	21 (42%)	(36%)	39 (34%)	(34%)	72 (35%)	(31%)	72 (34%)	(30%)	27 (36%)	(28%)	231 (35%)
SOO	10 (20%)	(20%)	42 (36%)	(18%)	44 (22%)	(23%)	39 (18%)	(22%)	27 (36%)	(19%)	162 (25%)
Total	50 (100%)	(100%)	116 (100%)	(100%)	205 (100%)	-	214 (100%)	-	76 (100%)		661 (100%)

Those aged 31-40 and the 61 and over have higher proportions of striking off orders, with over one-third of cases for these groups receiving this sanction.

Table 16: Hearing outcome by disability

	No	Yes	Prefer not to say	Unknown	Total
FNP	16 (3.4%)	1 (1.7%)	-	-	17 (2.6%)
FTPNI	84 (17.7%)	6 (10.3%)	2 (5.4%)	3 (3.3%)	95 (14.4%)
CO	48 (10.1%)	5 (8.6%)	4 (10.8%)	-	57 (8.6%)
CPO	63 (13.3%)	15 (25.9%)	7 (18.9%)	14 (15.2%)	99 (15.0%)

	No	Yes	Prefer not to say	Unknown	Total
SO	157 (33.1%)	20 (34.5%)	14 (37.8%)	40 (43.5%)	231 (34.9%)
SOO	106 (22.4%)	11 (19.0%)	10 (27.0%)	35 (38.0%)	162 (24.5%)
Total	474 (100%)	58 (100%)	37 (100%)	92 (100%)	661 (100%)

Table 16 shows that disabled nurses and midwives were more likely to receive a conditions of practice order (26 per cent of disabled people compared to 13 per cent for non-disabled people). This is a higher proportion of disabled people than last year (21 per cent of disabled people compared to 13 per cent for non-disabled people). Non-disabled people had proportionately more decisions that their fitness was not impaired (18 per cent of non-disabled people, down from 27 per cent last year compared with 10 per cent for disabled people, down from 17 per cent last year). Therefore the same movement has happened for both disabled and non-disabled people since last year, decisions for conditions of practise going up and decisions of fitness to practise not impaired going down.

Table 17: Hearing outcome by ethnicity

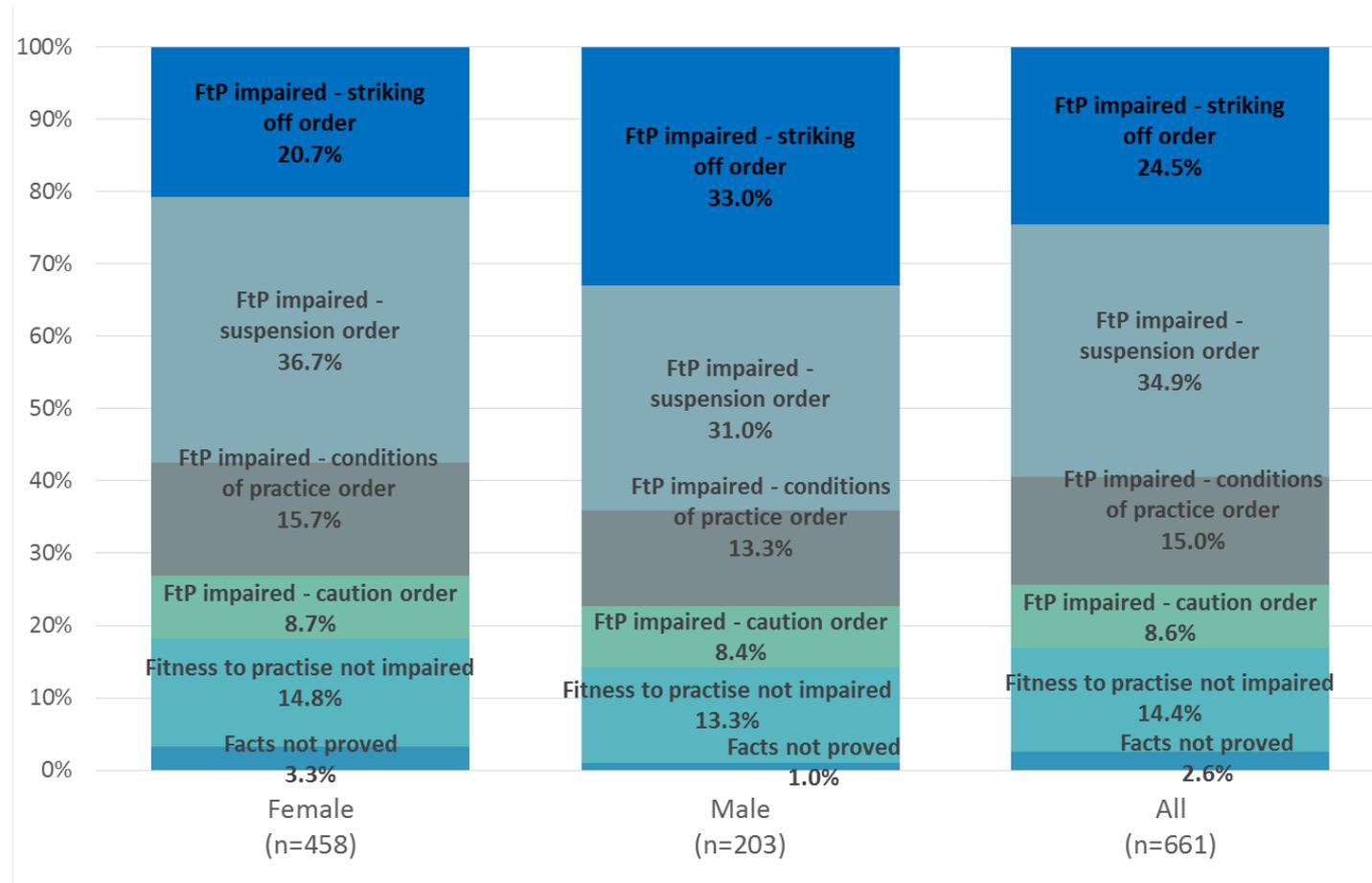
This table shows the four ethnic groups that had more than 40 cases going through the hearings stage of fitness to practise. These are from the lower level 18+1 ethnic group categories.

	Black African	White - English/ Welsh/ Scottish/ Northern Irish/ British	White - other background	Unknown	All ethnic groups (n=661)
FNP	3 (3.4%)	9 (3.1%)	1 (2.4%)	-	17 (2.6%)
FTPNI	13 (14.6%)	51 (17.6%)	5 (11.9%)	3 (3.3%)	95 (14.4%)

	Black African	White - English/ Welsh/ Scottish/ Northern Irish/ British	White - other background	Unknown	All ethnic groups (n=661)
CO	11 (12.4%)	24 (8.3%)	2 (4.8%)	-	57 (8.6%)
CPO	9 (10.1%)	43 (14.8%)	3 (7.1%)	14 (15.2%)	99 (15.0%)
SO	28 (31.5%)	96 (33.1%)	21 (50.0%)	40 (43.5%)	231 (34.9%)
SOO	25 (28.1%)	67 (23.1%)	10 (23.8%)	35 (38.0%)	162 (24.5%)
Total	89 (100%)	290 (100%)	42 (100%)	92 (100%)	661 (100%)

Last year people from the black African group had a higher proportion of fitness to practise not impaired (35 per cent) than people in the white British (24 per cent) or white other (20 per cent) groups; this difference has not been replicated this year. People who have unknown ethnicity have the highest proportion of striking off orders, as they did last year. As stated previously in this report one reason for this could be because people who do not engage with the fitness to practise process are both most likely to have more severe outcomes and be the least likely to complete their diversity data on NMC Online..

Figure 8: Hearing outcome by gender



Male nurses and midwives had a higher proportion of cases that received a striking off order (33 per cent) compared with female nurses and midwives (21 per cent of women). This is likely to be related to the fact that men make up a higher proportion of people who are referred to fitness to practise.

Y Cyngor

Adroddiad Monitro'r Cynllun iaith Gymraeg ar gyfer y cyfnod rhwng 1 Ebrill 2018 a 31 Mawrth 2019

Cam gweithredu: I'w benderfynu.

Mater: Mae'r papur hwn yn cyflwyno adroddiad monitro cynllun iaith Gymraeg yr NMC ar gyfer 2018 – 2019 i'w drafod gan y Cyngor.

Swyddogaeth h reoleiddio graidd: Swyddogaethau cefnogol.
Pob swyddogaeth reoleiddio.

Blaenoriaeth strategol: Blaenoriaeth strategol 1: Rheoleiddio effeithiol.
Blaenoriaeth strategol 3: Cydweithredu a chyfathrebu.
Blaenoriaeth strategol 4: Sefydliad effeithiol.

Penderfyniad gofynnol: Gofynnir i'r Cyngor gymeradwyo adroddiad monitro'r cynllun iaith Gymraeg ar gyfer y cyfnod rhwng 1 Ebrill 2018 a 31 Mawrth 2019 i'w gyflwyno i Gomisiynydd y Gymraeg.

Atodiadau: Mae'r atodiad canlynol ynghlwm wrth y papur hwn:

- Atodiad 1: Adroddiad monitro'r cynllun iaith Gymraeg ar gyfer y cyfnod rhwng 1 Ebrill 2018 a 31 Mawrth 2019.

Rhagor o wybodaeth: Os hoffech gael eglurhad ynghylch unrhyw beth yn y papur neu os hoffech gael rhagor o wybodaeth cysylltwch â'r awdur neu'r cyfarwyddwr a enwir isod.

Awdur: Aishnine Benjamin
Ffôn: 020 7681 5053
aishnine.benjamin@nmc-uk.org

Cyfarwyddwr: Emma Broadbent
Ffôn: 020 7681 5903
emma.broadbent@nmc-uk.org

- Cyd-destun:**
- 1 Fel corff cyhoeddus sy'n arfer swyddogaethau statudol yng Nghymru, mae'r NMC yn ddarostyngedig i Ddeddf yr Iaith Gymraeg 1993 sy'n gofyn i ni wneud y canlynol:
 - 1.1 Cadarnhau'r egwyddor y dylid trin y Gymraeg a'r Saesneg yn gyfartal wrth gyflawni busnes cyhoeddus.
 - 1.2 Hwyluso'r broses o ddefnyddio'r Gymraeg.
 - 2 Yn 2011, cyflwynodd Llywodraeth Cymru Fesur y Gymraeg, a wnaeth gydnabod statws swyddogol y Gymraeg yng Nghymru a sefydlu Swyddfa Comisiynydd y Gymraeg.
 - 3 Paratowyd ein cynllun iaith Gymraeg yn unol â Deddf yr Iaith Gymraeg 1993. Fe'i cymeradwywyd gan Fwrdd yr Iaith Gymraeg yn unol ag adran 14(1) o Ddeddf yr Iaith Gymraeg 1993 ar 19 Ionawr 2011.
 - 4 Cawsom sawl cais am wybodaeth gan Gomisiynydd y Gymraeg yn ddiweddar. Mae'r adolygiad monitro blynyddol yn **Atodiad 1**, yn cynnwys gwybodaeth am y camau arloesol ac effeithiol yr ydym wedi'u cymryd i gydymffurfio â gofynion Deddf yr Iaith Gymraeg 1993 a'r modd yr ydym yn hybu cyfleoedd i ddefnyddio'r Gymraeg ac i gydymffurfio â'r gofynion i lunio a chyhoeddi ein hadroddiad blynyddol ar gyfer 2018-2019.
- Ffactorau sy'n berthnasol i'r pedair gwlad:**
- 5 Mae'r adroddiad hwn yn arbennig o berthnasol i Gymru a siaradwyr Cymraeg.
- Trafodaeth**
- 6 Dyma ein seithfed adroddiad blynyddol ar y cynllun iaith Gymraeg ar gyfer y cyfnod rhwng 1 Ebrill 2018 a 31 Mawrth 2019.
 - 7 Ar ôl i'r adroddiad gael ei drafod, caiff ei gyflwyno i'r Comisiynydd erbyn 1 Hydref 2019.
 - 8 Gofynnir i'r Cyngor gymeradwyo adroddiad monitro'r cynllun iaith Gymraeg ar gyfer y cyfnod rhwng 1 Ebrill 2018 a 31 Mawrth 2019 i'w gyflwyno i Gomisiynydd y Gymraeg.
- Goblygiadau o ran amddiffyn y cyhoedd:**
- 9 Nid oes gan yr adroddiad hwn unrhyw oblygiadau o ran amddiffyn y cyhoedd.
- Goblygiadau o ran adnoddau:**
- 10 Mae'r goblygiadau o ran adnoddau sy'n deillio o'r adroddiad hwn yn ymwneud â llunio, cyfieithu a chyhoeddi'r adroddiad, sydd wedi'u

cynnwys yn yr adnoddau presennol.

- | | | |
|--|----|--|
| Goblygiadau o ran cydraddoldeb ac amrywiaeth: | 11 | Mae ystyriaethau iaith Gymraeg wedi'u cynnwys yn ein pecyn asesu'r effaith ar gydraddoldeb, a chânt eu hadolygu'n barhaus er mwyn sicrhau ein bod yn cynnal yr ymrwymadau a wnaed gennym yn ein cynllun iaith Gymraeg ym mhob rhan o'n gwaith. |
| Ymgysylltu â rhanddeiliaid: | 12 | Mae'r adroddiad yn cynnwys gwybodaeth am y ffordd yr oeddem wedi sicrhau bod siaradwyr Cymraeg yn cael eu cynnwys yn ein gweithgareddau sefydliadol. |
| Goblygiadau goblygiadol: | 13 | Dim. |
| Cyfreithiol goblygiadau: | 14 | Rydym yn cydymffurfio â'r Cynllun Iaith Gymraeg. |

Adroddiad monitro'r cynllun iaith Gymraeg

ar gyfer y cyfnod rhwng
1 Ebrill 2018 a 31 Mawrth
2019

Amdanom ni

Ni yw'r rheoleiddiwr annibynnol ar gyfer nyrsys, bydwagedd a chymdeithion nyrsio. Mae gennym gofrestr sy'n cynnwys 698,000 o nyrsys a bydwagedd a all ymarfer yn y DU a chymdeithion nyrsio a all ymarfer yn Lloegr.

Mae gofal gwell a mwy diogel i bobl wrth wraidd yr hyn a wnawn, gan helpu'r gweithwyr gofal iechyd proffesiynol ar ein cofrestr i ddarparu gofal o'r safon uchaf.

Rydym yn sicrhau bod gan nyrsys, bydwagedd a chymdeithion nyrsio y sgiliau sydd eu hangen arnynt i ofalu am bobl yn ddiogel, ag urddas, arbenigedd, parch a thrugaredd, o'r eiliad y byddant yn camu i mewn i'w swydd gyntaf.

Ni fydd nyrsys, bydwagedd na chymdeithion nyrsio yn rhoi'r gorau i ddysgu ar y diwrnod y byddant yn cymhwyso. Er mwyn hybu diogelwch ac ymddiriedaeth y cyhoedd, rydym yn ei gwneud yn ofynnol i weithwyr proffesiynol ddangos drwy gydol eu gyrfaedd eu bod yn ymrwmo i ddysgu a datblygu er mwyn sicrhau bod eu sgiliau'n gyfredol a'u bod yn gwella fel ymarferwyr.

Rydym am annog gweithwyr gofal iechyd proffesiynol i fod yn agored a dysgu er mwyn gwella gofal a chadw'r cyhoedd yn ddiogel. Ar yr achlysuron pan fydd rhywbeth yn mynd o'i le ac y bydd pobl yn wynebu risg, gallwn gamu i mewn i ymchwilio i'r mater a chymryd camau gweithredu, gan roi llais i'r cleifion a'r teuluoedd yn y broses.

Rydym wedi ymrwmo i wella'r gwasanaethau y gallwn eu cynnig i siaradwyr Cymraeg.

Ein hymrwymiad i'r iaith Gymraeg

Mae aelodau'r Cyngor, y Tîm Gweithredol a phob cyflogai yn chwarae rhan yn y gwaith o gyflawni ein cynllun iaith Gymraeg:

- Y Cyngor sy'n gyfrifol am bennu ein strategaeth gyffredinol.
- Y tîm Gweithredol sy'n gyfrifol am weithredu ein strategaeth ac am bennu polisiau a chynlluniau busnes mewnol sy'n cefnogi'r gwaith o gyflawni'r cynllun iaith Gymraeg.
- Y Cyfarwyddwr Cofrestru ac Ailddilysu sydd â chyfrifoldeb cyffredinol am gyflwyno'r cynllun iaith Gymraeg.
- Y tîm Polisiau a Deddfwriaeth sy'n gyfrifol am fonitro newid deddfwriaethol a'r effaith ar ein gwaith cynllunio busnes mewn perthynas â chydymffurfio â

Deddf yr Iaith Gymraeg 1993.

- Y tîm rheoleiddiol Cydraddoldeb, Amrywiaeth a Chynhwysiant sy'n gyfrifol am ddatblygu ymwybyddiaeth o'r iaith Gymraeg a chefnogi pawb sy'n gyfrifol yn unigol am gamau gweithredu a'n cyflogeion i gydymffurfio â'n cynllun iaith Gymraeg.

Cynnydd y cynllun iaith Gymraeg

Yn unol ag Adran 21 o Ddeddf yr Iaith Gymraeg 1993, byddwn yn trin y Gymraeg a'r Saesneg yn gyfartal wrth gyflawni busnes cyhoeddus a gweinyddu cyfiawnder yng Nghymru, cyn belled â bod hynny'n briodol o dan yr amgylchiadau ac yn rhesymol ymarferol. Cymeradwywyd ein cynllun iaith Gymraeg gan Fwrdd yr Iaith Gymraeg ym mis Ionawr 2011.

Nod yr adroddiad monitro blynyddol hwn yw crynhoi ein cynnydd wrth weithredu ein cynllun iaith Gymraeg yn ystod y cyfnod rhwng 1 Ebrill 2018 a 31 Mawrth 2019 yn unol â gofynion Comisiynydd y Gymraeg. Ceir crynodeb (sy'n seiliedig ar gwestiynau o Swyddfa Comisiynydd y Gymraeg) yn Atodiad 1.

Rydym yn cydnabod ei bod yn bwysig ein bod yn parhau i gydymffurfio â'n cynllun iaith Gymraeg. Byddwn yn parhau i ymgysylltu â Chomisiynydd y Gymraeg er mwyn helpu i lywio a datblygu ein dull gweithredu. Yn dilyn cyfarwyddyd gan y Comisiynydd, gwnaethom gyhoeddi ein hadroddiad blynyddol ar ein gwefan am y tro cyntaf y llynedd. Bydd adroddiad eleni ac adroddiadau blynyddol yn y dyfodol ar gael ar-lein hefyd.

Mae ein hymgysylltiad rheoleiddiol yng Nghymru yn dibynnu ar natur y gwaith o ddatblygu polisi, prosiect neu safonau. Rydym yn sicrhau ein bod yn cynnal digwyddiadau ymgysylltu ledled y DU ar gyfer rhaglenni newid corfforaethol, gan hysbysu llywodraethau datganoledig lle bo'n briodol. Er enghraifft, pan ddatblygwyd ein safonau bydwragedd ar gyfer y dyfodol, gwnaethom hyrwyddo'r Gymraeg yn y ffyrdd canlynol:

- Roedd y dogfennau a gyflwynwyd ar gyfer ymgynghoriad (y safonau hyfedredd newydd drafft ar gyfer bydwragedd a safonau drafft ar gyfer rhaglenni bydweigiaeth cyn cofrestru) wedi cael eu cyfieithu i'r Gymraeg ac ar gael ar ein gwefan.
- Rhoddwyd cyfarwyddyd i'r cwmni ymchwil annibynnol y gwnaethom ei gontractio i gynnal ein harolygon ymgynghori er mwyn i fersiwn Gymraeg o'r arolygon fod ar gael.
- Pan gynhaliwyd gweithdy ymgynghori yng Nghaerdydd, gwnaethom gynnig cyfle i bawb a gofrestrodd ar gyfer y digwyddiad ofyn am gyfieithydd Cymraeg ymlaen llaw (ni wnaeth unrhyw un dderbyn ein cynnig).

- Roedd gan ein hwyluswyr gopiâu Cymraeg o'r safonau newydd drafft ym mhob un o'n gweithdai ymgysylltu (gan gynnwys Caerdydd).

Gwnaethom ddechrau rheoleiddio rôl newydd nyrsys cyswllt yn Lloegr ym mis Ionawr 2019. Drwy gydol y prosiect i ddechrau eu rheoleiddio, rydym wedi rhoi'r wybodaeth ddiweddaraf i Lywodraeth Cymru ynglŷn â'n gwaith drwy Brif Swyddog Nyrsio Cymru, ac wedi ystyried unrhyw oblygiadau canlyniadol posibl i Gymru.

Yn y flwyddyn adrodd, gwnaethom hefyd gynnwys ymwybyddiaeth o'r Gymraeg yn ein gweithgareddau ymgysylltu â staff mewnol, gan gynnwys y canlynol:

- Trefnu bod siaradwr yn siarad â'r staff am weithio gyda chymunedau Cymraeg eu hiaith yng Nghymru,
- Cystadleuaeth pobi cacennau ar gyfer Dydd Gŵyl Dewi gyda chymunedau cysylltiedig sy'n ymwneud â'n Cynllun iaith Gymraeg.

Rydym yn arbennig o falch o fodiwl e-ddysgu newydd sydd ar gael i bob cyflogai, sy'n rhoi cefndir a hanes yr iaith, yn amlgu'r defnydd presennol ac yn pwysleisio dyletswydd gyfreithiol cyrff cyhoeddus yng Nghymru i ddarparu gwasanaethau i aelodau'r cyhoedd yn y cyfrwng hwn. Lansiodd hyn ar Ddydd Gŵyl Dewi 2019.

Yn ogystal, fel rhan o'n gwaith o reoleiddio addysg y proffesiynau nyrsio a bydwreigiaeth, gwnaethom gynnwys cwestiynau thematig ar Gydraddoldeb, Amrywiaeth a Chynhwysiant yn ein hunanasesiad blynyddol o Sefydliadau Addysg Cymeradwy. Roedd yr arolwg hwn yn cynnwys cwestiwn am faint o fyfyrwyr oedd wedi cael eu haddysgu a'u hasesu mewn ieithoedd heblaw am Saesneg. Ymatebodd un brifysgol fod myfyrwyr yno yn cyflawni rhaglen cyn cofrestru yn Gymraeg. Roedd rhagor o adborth a gafwyd drwy'r arolwg hwn yn cynnwys gwybodaeth am brifysgolion yng Nghymru yn darparu amrywiaeth o lwybrau cymorth er mwyn i fyfyrwyr ddefnyddio'r Gymraeg, gan gynnwys: cael tiwtor academaidd sy'n siarad Cymraeg, y gallu i gymryd hyd at 50 y cant o'u rhaglen yn Gymraeg, a chyflwyno asesiadau academaidd yn Gymraeg. Byddwn yn parhau i fonitro sut mae Sefydliadau Addysg Cymeradwy yn addysgu ac yn asesu yn Gymraeg.

Safonau'r Gymraeg

Dros y blynyddoedd diwethaf, rydym wedi rhoi adborth manwl i Lywodraeth Cymru ar ei chynigion ar gyfer safonau'r Gymraeg, a fwriadwyd i gymryd lle ein cynllun iaith Gymraeg. Yn ogystal, gwnaethom gysylltu â rheoleiddwyr gofal iechyd eraill i drafod goblygiadau posibl unrhyw safonau newydd. Fodd bynnag, yn dilyn yr ymgynghoriad, cyhoeddodd Llywodraeth Cymru ym mis Mehefin 2018 na fyddai'r safonau'n cael eu rhoi ar waith yn eu ffurf arfaethedig.

Felly, mae ein Cynllun iaith Gymraeg yn parhau i fod mewn grym a byddwn yn parhau i gydymffurfio ag ymrwymadau ein cynllun a chyflwyno adroddiad blynyddol i Gomisiynydd y Gymraeg.

Gwnaethom gyfarfod â chynrychiolwyr Llywodraeth Cymru a rheoleiddwyr eraill yn ddiweddar ac edrychwn ymlaen at weithio gyda nhw i gyflwyno gofynion newydd i reoleiddwyr pan fydd y rhain wedi'u cwblhau. Rydym yn parhau i fod yn ymrwymedig i gydraddoldeb y Gymraeg a byddwn yn parhau i weithio gyda rhanddeiliaid allweddol i gyrraedd y nod hwn.

Camau allweddol ar gyfer y flwyddyn nesaf

Dros y flwyddyn nesaf, byddwn yn parhau i ganolbwyntio ein hymdrechion ar y canlynol:

- 1 Codi proffil y Cynllun iaith Gymraeg ym mhob rhan o'r sefydliad er mwyn sicrhau bod cyflogeion yn gwbl ymwybodol o'r hyn sy'n ofynnol a pham, er enghraifft drwy hyrwyddo ein modiwl e-ddysgu newydd gan godi ymwybyddiaeth o'r Gymraeg, a
- 2 Monitro'r amserlen ar gyfer rhoi unrhyw safonau newydd arfaethedig gan Lywodraeth Cymru ar waith, a gweithio gyda rhanddeiliaid allweddol i gyflwyno'r gofynion newydd.

Atodiad 1: Crynodeb o'r cynllun iaith Gymraeg ar waith ar gyfer y cyfnod rhwng 1 Ebrill 2018 a 31 Mawrth 2019

Asesiad o effaith polisïau	Ein gwaith
<p>Nifer a chanran y polisïau (gan gynnwys y rheini a gawsant eu hadolygu neu eu diwygio) lle rhoddyd ystyriaeth i'r effeithiau y byddai'r polisi yn eu cael ar y defnydd o'r Gymraeg.</p>	<ol style="list-style-type: none"> 1. Safonau rhaglenni addysg a pholisïau cysylltiedig (gan gynnwys Dychwelyd i Ymarfer a Bydwraig yn y Dyfodol) 2. Polisi ffioedd nyrsys cyswllt 3. Polisi ar ddull rheoleiddio nyrsys cyswllt 4. Polisi cofrestru Saesneg 5. Strategaeth Addaswydd i ymarfer 6. Adolygiad ail-ddilysu <p>Mae pob polisi'n cael asesiadau o'r effaith ar gydraddoldeb sy'n cynnwys ystyried effaith y polisi ar y defnydd o'r Gymraeg. Caiff cyfieithiadau Cymraeg eu cyhoeddi ynghyd â dogfennau'r safonau Saesneg.</p>
<p>Enghraifft o asesiad lle ystyriwyd bod y polisi yn cael effaith ar y defnydd o'r Gymraeg a manylion am y ffordd y cafodd y polisi ei ddiwygio o ganlyniad i hynny.</p>	<p>Mae ein rhaglen Addysgu yn cynnwys Safonau ar gyfer addysg a hyfforddiant, a Safonau hyfedredd ar gyfer pob proffesiwn.</p> <p>Un o'n cyfresi diweddaraf o safonau sy'n cael ei datblygu yw safonau Bydwraig yn y Dyfodol sy'n cynnwys Safonau ar gyfer rhaglenni bydwreigiaeth cyn cofrestru a Safonau hyfedredd i fydwragedd.</p> <p>Daeth ein hymgyngoriad cyhoeddus ar y safonau drafft hyn i ben yn ddiweddar, ac erbyn hyn rydym yn dechrau ar gam nesaf y gwaith datblygu. Yn y cam hwn, byddwn yn addasu ac yn mireinio'r safonau drafft ar sail yr ymatebion a gawsom yn ystod yr ymgynghoriad. Rydym wedi comisiynu cwmni ymchwil annibynnol i reoli'r gwaith o ddadansoddi'r ymatebion i'r ymgynghoriad ac yn disgwyl cael eu hadroddiad yng nghanol mis Mehefin. Unwaith y bydd yr adroddiad hwn wedi dod i law, gallwn asesu ymhellach effaith bosibl y safonau newydd hyn ar siaradwyr Cymraeg, gan ystyried a oes unrhyw addasiadau'n ofynnol ar sail yr ymatebion. Caiff y safonau eu cyflwyno i'n Cyngor ym mis Hydref. Os cânt eu cymeradwyo, bydd y safonau'n dod i rym am y tro cyntaf ym mis Medi 2020 a byddant ar waith yn llawn erbyn mis Medi 2021.</p> <p>Fel gyda'n holl waith ar safonau a pholisi, rydym yn sicrhau bod siaradwyr Cymraeg yn cael eu cynnwys drwy gynnal asesiad o'r</p>

effaith ar gydraddoldeb sy'n ystyried ein goblygiadau o dan y Cynllun Iaith Gymraeg. Proses barhaus yw'r asesiad o'r effaith ar gydraddoldeb a chaiff ei ddiweddarau'n rheolaidd wrth ystyried pob cam o'r gwaith o ddatblygu'r safonau. Mae'r asesiad yn llywio'r gwaith datblygu, gan nodi'r effeithiau (os o gwbl) ar siaradwyr Cymraeg, ac mae'n cynnig camau lliniaru a diwygiadau i gynnwys y safonau os yw hynny'n briodol ac yn gymesur. Hyd yn hyn, nid ydym wedi nodi unrhyw effaith y bydd y safonau drafft yn ei chael ar y gwaith o ddiwallu anghenion siaradwyr Cymraeg (Cymal 8). Mae ein hasesiad o'r effaith ar gydraddoldeb hefyd yn nodi gweithgareddau busnes cyhoeddus a chynhyrchion lle mae angen am integreiddio'r Gymraeg er mwyn cynnwys siaradwyr Cymraeg (Cymal 1).

Amlinellir isod weithgareddau'r Cyngor Nyrsio a Bydwreigiaeth (NMC) hyd yn hyn, sy'n dangos ein bod yn bodloni ein rhwymedigaethau o dan y Cynllun iaith Gymraeg.

Rydym yn trin y Gymraeg a'r Saesneg yn gyfartal wrth gyflawni busnes cyhoeddus yng Nghymru (Cymal 1) drwy wneud y canlynol:

- Cyfieithwyd ein safonau drafft ar gyfer ymgynghori, yn ogystal ag unrhyw ddogfennau ategol, i'r Gymraeg gan sicrhau eu bod ar gael ochr yn ochr â'r fersiynau Saesneg.
- Darparwyd fersiynau Cymraeg o'r arolygon ymgynghori ochr yn ochr â'r fersiynau Saesneg ar gyfer pob grŵp o ymatebwyr ('Proffesiynol', 'Proffesiynol arall' a 'Cyhoeddus').
- Cynhaliwyd digwyddiad yng Nghymru yn ystod yr ymgynghoriad. Gofynnwyd i bawb a gofrestrodd ar gyfer y digwyddiad hwn a oedd angen cyfieithydd Cymraeg ar y pryd arnynt, ond ni ofynnodd neb am y gwasanaeth hwn.
- Roedd fersiynau Cymraeg o'r holl ddeunyddiau ar gael ochr yn ochr â'r fersiynau Saesneg yn y digwyddiad yng Nghymru. Sicrhawyd hefyd fod deunyddiau Cymraeg ar gael yn ein holl ddigwyddiadau ledled y DU.
- Roedd cyfieithydd Cymraeg ar y pryd ar gael ar gyfer cyfranogwyr ein grwpiau ffocws yng Nghymru, os gofynnwyd amdanont. Ni ofynnodd neb am y gwasanaeth hwn. Roedd fersiynau Cymraeg o'r deunyddiau ar gael i bawb a gymerodd ran yn y grwpiau ffocws hyn.

Mae'r NMC yn sicrhau bod nyrsys a bydwagedd yn diwallu anghenion y gymuned Gymraeg ri hiaith (Cymal 8) yn ein safonau yn y ffyrdd canlynol:

- Rydym yn sicrhau y caiff ein safonau eu cyhoeddi yn Gymraeg fel eu bod ar gael i'r gymuned Gymraeg.
- Rydym yn hyrwyddo'r Cynllun iaith Gymraeg drwy gynnwys datganiad yn ein safonau drafft ar gyfer rhaglenni bydwreigiaeth a'n [Safonau ar gyfer rhaglenni bydwreigiaeth cyn cofrestru \(fersiwn Gymraeg\)](#) sy'n nodi bod yn *'rhaid i sefydliadau addysg cymeradwy ynghyd â'u partneriaid dysgu ymarfer sicrhau bod rhaglenni a gyflwynir yng Nghymru yn cydymffurfio â deddfwriaeth sy'n cefnogi'r defnydd o'r Gymraeg'*.
- Yn y fersiwn ddrafft o'n 'Safonau hyfedredd ar gyfer bydwagedd', rydym wedi cynnwys adran benodol yn 'Parth 1' sy'n amlinellu'r sgiliau sydd eu hangen ar gyfer cyfathrebu, rhannu gwybodaeth, meithrin cydberthnasau ac eirioli (1.21.7-1.21.18). Mae'r sgiliau angenrheidiol o fewn y safonau'n cynnwys *"defnyddio iaith glir a deunyddiau ysgrifenedig priodol, gan wneud addasiadau rhesymol lle y bo'n briodol, gan sicrhau bod menywod, a'u partneriaid a'u teuluoedd, yn deall eu hiechyd a'u llesiant eu hunain, ac iechyd a llesiant eu babi newydd-anedig; dylai hyn gynnwys: cydnabod yr angen i ddefnyddio gwasanaethau cyfieithu a chyfieithu ar y pryd a deunyddiau wedi'u cyfieithu a hwyluso hynny"*. Ceir safonau tebyg o ran cyfathrebu a rheoli cydberthnasau yn Atodiad A o'r [Safonau hyfedredd ar gyfer nyrsys cofrestredig \(Fersiwn Gymraeg\)](#).

Bydd yr NMC yn asesu effaith ein safonau ar siaradwyr Cymraeg yn barhaus. Wrth i ni ddechrau ar gam nesaf y gwaith o ddatblygu'r safonau, bydd canlyniadau ein hymgyngoriad yn llywio unrhyw addasiadau sydd eu hangen er mwyn sicrhau ein bod yn diwallu anghenion siaradwyr Cymraeg.

Cyhoeddiadau	
Nifer y cyhoeddiadau sydd ar gael i'r cyhoedd	2910
Nifer y cyhoeddiadau sydd ar gael i'r cyhoedd yn	94

Gymraeg	Bydd hyn yn unol â'n cynllun iaith Gymraeg sy'n nodi bod gwybodaeth ar gyfer cleifion ac aelodau'r cyhoedd ar gael yn Gymraeg a Saesneg. Caiff safonau, canllawiau a deunydd technegol neu arbenigol arall ar gyfer gweithwyr proffesiynol ac nid y cyhoedd yn uniongyrchol eu cyhoeddi yn Saesneg. Fodd bynnag, rydym yn cynnig cyfieithiad Cymraeg ar gais. Yn ogystal â gofynion ein cynllun, rydym yn cyfieithu deunyddiau pan fyddwn yn ymgysylltu â'r cyhoedd sy'n siarad Cymraeg, er enghraifft ein dogfennau a deunyddiau ymgynghori ar gyfer digwyddiadau ymgysylltu yng Nghymru.
Cwynion	
Nifer yr holl gwynion a gafwyd am ymddygiad ymarferwyr yng Nghymru	Cafwyd 250 o atgyfeiriadau mewn perthynas â nyrsys a bydwagedd â chyfeiriad cofrestredig yng Nghymru.
Nifer y cwynion a gafwyd yn Gymraeg am ymddygiad ymarferwyr yng Nghymru	Ni chafwyd unrhyw atgyfeiriadau yn Gymraeg yn ystod 2018-19.
Nifer y cwynion a gafwyd yn ymwneud â chydymffurfiaeth y Cyngor â'i gynllun iaith Gymraeg	Ni chafwyd unrhyw gwynion am roi'r cynllun iaith Gymraeg ar waith yn ystod y cyfnod adrodd yn 2018-19.
Gwefan	
Canran gwefan y sefydliad sydd ar gael yn Gymraeg	Llai nag un y cant. Mae'r brif wefan yn cynnwys tudalen 'Amdanom ni' yn Gymraeg, y gellir ei gweld drwy glicio ar fotwm 'Cymraeg' yn y bar llywio. Mae'r dudalen hon yn dwyn ynghyd wybodaeth bwysig amdanom ni fel rheoleiddiwr. Fel y nodwyd uchod, mae hyn yn unol â'n cynllun iaith Gymraeg sy'n nodi bod gwybodaeth ar gyfer cleifion ac aelodau'r cyhoedd ar gael yn Gymraeg a Saesneg. Rydym hefyd yn cynnig cyfieithiad Cymraeg ar gais.
Tystiolaeth o unrhyw gynlluniau i wella neu gynyddu'r ddarpariaeth	Byddwn yn parhau i ddarparu ymgynghoriadau a chyhoeddiadau pwysig yn Gymraeg.

Gymraeg ar y wefan	
Mae tystiolaeth am y broses a ddefnyddir i sicrhau bod cynnwys sy'n bodoli eisoes, diweddariadau a chynnwys newydd yn cydymffurfio â gofynion y cynllun iaith Gymraeg (os yw'r broses yn wahanol i'r hyn a nodwyd yn 2017-18)	dd/g
Hyrwyddo gwasanaethau Cymraeg	
Gwybodaeth am y dulliau a ddefnyddir i hyrwyddo gwasanaethau Cymraeg y sefydliad a thystiolaeth o unrhyw gynnydd yn nefnydd y cyhoedd o'r gwasanaethau o ganlyniad i hynny.	Gweler y wybodaeth uchod mewn perthynas â'n cyhoeddiadau Cymraeg a chyfieithiadau o'n dogfennau ymgynghori a digwyddiadau a gynhelir yng Nghymru.
Gwybodaeth am y dulliau a ddefnyddir i asesu ansawdd gwasanaethau Cymraeg y sefydliad (e.e. drwy asesu profiad darpar ddefnyddwyr gwasanaeth/defnyddwyr gwasanaeth presennol)	Rydym yn asesu profiad defnyddwyr presennol drwy eu gwahodd i gwblhau ein harolygon adborth cwsmeriaid. Mae'r cwsmeriaid yn sgorio eu bodlonrwydd a chânt gyfle i wneud sylwadau ychwanegol, megis adborth ar gyfathrebu yn Gymraeg. Caiff dadansoddiad meintioliol ac ansoddol o ymatebion eu casglu mewn adolygiadau boddhad cwsmeriaid, sy'n sail i wella profiad ein cwsmeriaid. Yn ogystal, rydym yn defnyddio'r adborth a gawn oymatebion ymgynghori byrddau sy'n cynrychioli siaradwyr Cymraeg er mwyn ystyried ansawdd gwasanaethau ein sefydliad ar gyfer siaradwyr Cymraeg (gweler yr adran uchod am sut rydym yn monitro ymatebion ymgynghori i'r Rhaglen Addysg).
Achosion addasrwydd i ymarfer	
Nifer y gwrandawiadau a gynhaliwyd yng Nghymru	Gwnaethom gynnal 42 o ddigwyddiadau sylwedd a 70 o ddigwyddiadau nad oeddent yn rhai sylwedd (ystyriwyd 52 o achosion sylwedd a 136 o achosion nad oeddent yn rhai sylwedd

	yn y digwyddiadau hyn).
Nifer y gwrandawiadau lle gwnaed cais gan dyst i siarad yn Gymraeg	Ni chafwyd unrhyw geisiadau gan dyst i siarad yn Gymraeg.
Nifer y gwrandawiadau lle cyflwynwyd tystiolaeth yn Gymraeg.	Ni chynhaliwyd unrhyw wrandawiadau lle cyflwynwyd tystiolaeth yn Gymraeg.
Hyfforddiant ymwybyddiaeth o'r Gymraeg	
Nifer a chanran staff newydd y sefydliad (h.y. ers 1 Ebrill 2017) sydd wedi cael hyfforddiant ymwybyddiaeth o'r Gymraeg.	199 o gyflogeion newydd, sef 71 y can o'r holl gyflogeion.
Nifer a chanran holl weithlu'r sefydliad sydd wedi cael hyfforddiant ymwybyddiaeth o'r Gymraeg ers i'r hyfforddiant gael ei gyflwyno.	<p>Lansiwyd modiwl e-ddysgu newydd gennym ar 1 Mawrth 2019 er mwyn codi ymwybyddiaeth o'r Gymraeg. Mae wedi'i anelu at unrhyw un sydd â diddordeb yn hanes y Gymraeg, o ddoe hyd heddiw. Mae naw cyflogai (un y cant) wedi cwblhau'r hyfforddiant hwn ers iddo gael ei lansio.</p> <p>Yn ystod y cyfnod adrodd, gwnaethom hefyd gynnal dau weithdy pwrpasol ar asesu'r effaith ar gydraddoldeb ar gyfer cyflogeion polisi, a oedd yn cynnwys asesiad Cymraeg.</p>

Council

The Welsh Language Scheme Monitoring Report 1 April 2018–31 March 2019

Action: For decision.

Issue: This paper presents the NMC's Welsh language scheme monitoring report 2018–2019 for discussion by Council.

Core regulatory function: Supporting functions.
All regulatory functions.

Strategic priority: Strategic priority 1: Effective regulation.
Strategic priority 3: Collaboration and communication.
Strategic priority 4: An effective organisation.

Decision required: The Council is asked to approve the Welsh language scheme monitoring report 1 April 2018–31 March 2019 for submission to the Welsh Language Commissioner (paragraph 8).

Annexes: The following annexe is attached to this paper:

- Annexe 1: The Welsh language scheme monitoring report 1 April 2018–31 March 2019.

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: Aishnine Benjamin
Phone: 020 7681 5053
aishnine.benjamin@nmc-uk.org

Director: Emma Broadbent
Phone: 020 7681 5903
emma.broadbent@nmc-uk.org

- Context:**
- 1 The NMC, as a public body that exercises statutory functions in Wales, is subject to the Welsh Language Act 1993 which requires us to:
 - 1.1 Establish the principle that the English and Welsh languages should be treated on a basis of equality in the conduct of public business.
 - 1.2 Facilitate the use of the Welsh language.
 - 2 In 2011, the Welsh government introduced the Welsh Language Measure, which granted the Welsh language official status in Wales and established the Office of the Welsh Language Commissioner.
 - 3 Our Welsh language scheme was prepared in accordance with the Welsh Language Act 1993. It was approved by the Welsh Language Board in accordance with section 14(1) of the Welsh Language Act 1993 on 19 January 2011.
 - 4 We recently received several requests for information from the Welsh Language Commissioner. The annual monitoring report at **Annexe 1**, includes information about innovative and effective steps we have taken to comply with the requirements of the Welsh Language Act 1993 and how we promote opportunities to use the Welsh language and to comply with the requirement to produce and publish our 2018–2019 annual report.
- Four country factors:**
- 5 This report is of particular relevance to Wales and Welsh speakers.
- Discussion**
- 6 This is our seventh Welsh Language Scheme annual report covering the period 1 April 2018 to 31 March 2019.
 - 7 After the report has been discussed it will be submitted to the Commissioner by 1 October 2019.
 - 8 **Recommendation: The Council is asked to approve the Welsh language scheme monitoring report 1 April 2018–31 March 2019 for submission to the Welsh Language Commissioner.**
- Public protection implications:**
- 9 This report does not have any implications for public protection.
- Resource implications:**
- 10 Resource implications arising from this report relate to the compilation, translation and publication of the report, which are covered within current resources.

Equality and diversity implications:	11	Welsh language considerations are included in our equality impact assessment toolkit and will continually be reviewed to ensure that in all of our work we uphold the commitments we have made in our Welsh language scheme.
Stakeholder engagement:	12	The report includes information about how we ensure that Welsh language speakers were engaged in our organisational activities.
Risk implications:	13	None.
Legal implications:	14	We are compliant with the Welsh language scheme.

The Welsh language scheme monitoring report

1 April 2018–31 March
2019

About us

We're the independent regulator for nurses, midwives and nursing associates. We hold a register of the 698,000 nurses and midwives who can practise in the UK, and nursing associates who can practise in England.

Better and safer care for people is at the heart of what we do, supporting the healthcare professionals on our register to deliver the highest standards of care.

We make sure nurses, midwives and nursing associates have the skills they need to care for people safely, with integrity, expertise, respect and compassion, from the moment they step into their first job.

Learning does not stop the day nurses, midwives and nursing associates qualify. To promote safety and public trust, we require professionals to demonstrate throughout their career that they are committed to learning and developing to keep their skills up to date and improve as practitioners.

We want to encourage openness and learning among healthcare professionals to improve care and keep the public safe. On the occasions when something goes wrong and people are at risk, we can step in to investigate and take action, giving patients and families a voice as we do so.

We are committed to improving the services that we are able to offer to Welsh language speakers.

Our commitment to Welsh language

Members of the Council, the Executive team and all employees play a part in delivering our Welsh language scheme:

- The Council is responsible for setting our overall strategy.
- The Executive team is responsible for implementing our strategy and for setting internal policies and business plans that support the delivery of the Welsh language scheme.
- The Director of Registration and Revalidation has overall responsibility for the delivery of the Welsh language scheme.
- The Policy and Legislation team is responsible for monitoring legislative change and the impact on our business planning in relation to compliance with the Welsh Language Act 1993.

- The regulatory Equality Diversity and Inclusion (EDI) team is responsible for driving forward Welsh language awareness and supporting individual action owners and our employees to comply with our Welsh language scheme.

Welsh language scheme progress

In accordance with Section 21 of the Welsh Language Act 1993, we will treat Welsh and English equally in the conduct of public business and the administration of justice in Wales, as far as is appropriate in the circumstances and reasonably practicable. Our Welsh language scheme was approved by the Welsh Language Board in January 2011.

The aim of this annual monitoring report is to summarise our progress in implementing our Welsh language scheme during the period 1 April 2018 to 31 March 2019 in compliance with the requirement of the Welsh Language Commissioner. A summary report (based on questions from the Welsh Language Commissioner's Office) is set out in Annexe 1.

We recognise that it's important that we continue to comply with our Welsh language scheme. We will continue to engage with the Welsh Language Commissioner to help inform and develop our approach. Last year, following the direction of the Commissioner we published our annual report for the first time on our website. This year's report and future annual reports will also be available online.

Our regulatory engagement in Wales depends on the nature of the policy, project or standards development that we undertake. For corporate change programmes we ensure we hold engagement events across the UK, informing devolved governments where appropriate. For example, when we developed our future midwife standards we promoted the Welsh language in the following ways:

- The documents that we put out to consultation (the draft new standards of proficiency for midwives and draft standards for pre-registration midwifery programmes) were translated into Welsh and made accessible on our website.
- We directed the independent research company that we contracted to host our consultation surveys to make a Welsh version of the surveys available.
- When we hosted a consultation workshop in Cardiff, we offered everyone who registered for the event an opportunity in advance to request a Welsh translator (no one took us up on the offer).
- At all our engagement workshops (including Cardiff) our facilitators had access to Welsh copies of the draft new standards.

We started regulating the new role of nursing associates in England in January 2019. Throughout the project to bring them into regulation we have kept the Welsh

government updated on our work via the Chief Nursing Officer for Wales, and considered any resultant implications that there may be for Wales.

In the reporting year we also included Welsh language awareness in our internal staff engagement activities, including:

- Scheduling a speaker to talk to staff about working with Welsh language speaking communities in Wales, and
- A Welsh cakes baking competition for St. David's Day with associated communications that linked to our Welsh language scheme.

We're particularly proud of a new e-learning module available to all employees, which provides a background and history of the language, highlights current usage and emphasises the legal duty of public bodies in Wales to provide services to members of the public in this medium. This was launched on St. David's Day 2019.

Additionally, as part of our work in regulating the education of the nursing and midwifery professions we included thematic questions on Equality, Diversity and Inclusion (EDI) in our Approved Education Institutions (AEIs) annual self-assessment. This survey included a question about how many students were taught and assessed in languages other than English. One university responded that they had students completing a pre-registration programme in the Welsh language. Further feedback we received through this survey included information about Welsh universities providing various support avenues for students to use Welsh, including: being allocated a Welsh speaking academic tutor, being able to take up to 50 per cent of their programme in Welsh, and submitting academic assessments in Welsh. We will continue to monitor how AEIs are teaching and assessing in Welsh.

Welsh language standards

Over the past couple of years we've provided detailed feedback to the Welsh government on its proposals for Welsh language standards, which were intended to replace our Welsh language scheme. We also liaised with other healthcare regulators to discuss the potential implications of any new standards. However, following consultation, in June 2018 the Welsh government announced that the standards would not be taken forward in their proposed form.

Our Welsh language scheme therefore remains in force and we will continue to comply with the commitments in our scheme and submit an annual report to the Welsh Language Commissioner.

We have recently met with representatives from the Welsh government and the other regulators and look forward to working with them to introduce new requirements for regulators when these are finalised. We remain committed to Welsh language equality and will continue to work with key stakeholders towards this goal.

Key actions for the next year

Over the next year, we'll continue to focus our efforts on:

- 1 Raising the profile of the Welsh language scheme across the organisation to ensure employees are fully aware of what is required and why, for example by promoting our new e-learning module raising awareness of the Welsh language, and
- 2 Monitoring the timeline for the implementation of any proposed new standards from the Welsh Government, and working with key stakeholders to introduce the new requirements.

DRAFT

Annexe 1: Summary report of the implementation of the Welsh language scheme from 1 April 2018 to 31 March 2019

Policy impact assessment	Our work
<p>Number and percentage of policies (including those that were reviewed or revised) where consideration was given to the effects the policy would have on the use of the Welsh language.</p>	<ol style="list-style-type: none"> 1. Education programme standards and related policies (including Return to practice and Future midwife) 2. Nursing associate fees policy 3. Nursing associate regulatory approach policy 4. English language registration policy 5. Fitness to practise strategy 6. Revalidation review <p>All policies have equality impact assessments that include consideration of the effects the policy has on the use of the Welsh language. Welsh language translations are published alongside English language standards documents.</p>
<p>Example of an assessment deemed to have an impact on the use of the Welsh language and details of how the policy was amended as a result.</p>	<p>Our Education programme includes Standards for education and training and Standards of proficiency for all our professions.</p> <p>One of our most recent set of standards under development is the Future Midwife standards which consist of Standards for pre-registration midwifery programmes and the Standards of proficiency for midwives.</p> <p>We have recently completed our public consultation on these draft standards and are entering into the next phase of development. This phase will see us making adjustments and refinements to the draft standards based on the responses received during the consultation. We have commissioned an independent research company to manage the analysis of the consultation responses and expect to receive their report in mid-June. Once we have this report we can further assess the impact the new standards may have on Welsh language speakers and consider whether any adjustments are required based on the responses. The standards will be presented to our Council in October. If approved, the standards will first take effect in September 2020 and be fully implemented by September 2021.</p> <p>As with all our standards and policy work we make sure that Welsh language speakers are included by undertaking an equality</p>

impact assessment that considers our obligation under the Welsh language scheme. The equality impact assessment is an on-going process and is updated regularly when considering all phases of standards development. This assessment informs the development identifying impacts (if any) to Welsh language speakers and presents mitigating actions and amendments to the content of the standards if appropriate and proportionate. To date we have not identified any impact the draft standards will have on meeting the needs of Welsh language speakers (Clause 8). Our equality impact assessment also identifies the public business activities and products that require Welsh language integration in order to be inclusive of Welsh language speakers (Clause 1).

The NMC's activities to date are outlined below showing we are meeting our obligations under the Welsh language scheme.

We treat the Welsh language and English language equally when conducting public business in Wales (Clause 1) by:

- Translating our draft standards for consultation, as well as any supporting documents, into Welsh and making them available alongside the English language versions.
- We provided Welsh language versions of the consultation surveys alongside the English language versions for all the respondents groups ('Professional', 'Other professional' and 'Public').
- During the consultation we hosted an event in Wales. We asked each individual who signed up to attend this event if a Welsh language interpreter was required, no individuals requested this service.
- At the event in Wales we had Welsh language versions of all materials available alongside English language versions. We also ensured we had Welsh language material available at all our events throughout the UK.
- An interpreter was available for the participants of our focus groups in Wales, if requested. No individuals asked for this service. Welsh language versions of material were available to all the participants of these focus groups.

The NMC ensures nurses and midwives meet the needs of the Welsh language speaking community (Clause 8) in our standards in the following ways:

	<ul style="list-style-type: none"> • We ensure our standards are published in Welsh so that they are accessible to the Welsh language speaking community. • We promote the Welsh language scheme by including in our draft midwifery programme standards and our Standards for pre-registration nursing programmes (Welsh version) that ‘<i>approved education institutions together with their practice learning partners must ensure that programmes delivered in Wales comply with legislation which supports use of the Welsh language</i>’. • We have included in the draft ‘Standards of proficiency for midwives’ a distinct section in ‘Domain 1’ that outlines the skills necessary for communication, sharing information, relationship building and advocacy (1.21.7-1.21.18). The skills required within the standards include “<i>using clear language and appropriate written materials, making reasonable adjustments where appropriate, optimising women’s, and their partners’ and families’, understanding of their own and their newborn infant’s health and wellbeing; this should include: recognising the need for, and facilitate access to, translation and interpretation services and materials</i>”. The Standards of proficiency for registered nurses (Welsh version) contains similar communication and relationship management standards in Annexe A. <p>The NMC will continuously assess the impact our standards have on Welsh language speakers. As we enter the next phase of standards development, the results of our consultation will inform any adjustments needed to ensure we meet the needs of Welsh language speakers.</p>
Publications	
Number of publications available to the public	2910
Number of publications available to the public in Welsh	<p>94</p> <p>This is in line with our Welsh language scheme that says information aimed at patients and members of the public will be available in English and Welsh. Standards, guidance and other technical or specialised material aimed at professionals and not directly at the public is published in English. However, we offer a</p>

	translation into Welsh on request. In addition to our scheme requirements we translate materials when we engage with the Welsh-speaking public, for example our consultation materials and documents for engagement events in Wales.
Complaints	
Number of all complaints received about the conduct of practitioners in Wales	We received 250 referrals regarding nurses and midwives with a registered address in Wales.
Number of complaints received in Welsh about the conduct of practitioners in Wales	We received no referrals in Welsh during 2018–19.
Number of complaints received related to the Council's compliance with its Welsh language scheme	We received no complaints about the operation of the Welsh language scheme in the reporting period 2018–19.
Website	
Percentage of the organization's website that is available in Welsh	<p>Less than one per cent.</p> <p>The main website features an 'About us' page in Welsh, accessed through a 'Cymraeg' button in the navigation bar. This page draws together key information about us as a regulator.</p> <p>As stated above this is in line with our Welsh language scheme that says information aimed at patients and members of the public will be available in English and Welsh. We also offer a translation into Welsh on request.</p>
Evidence relating to any plans to improve or increase the Welsh Language provision on the website	We'll continue to provide major consultations and publications in Welsh.
Evidence relating to the process used to ensure that existing content, updates and new content,	n/a

complies with the requirements of the Welsh language scheme (if the process is different to that reported in 2017-18)	
Promotion of Welsh language services	
Information about methods used to promote the organisation's Welsh language services and evidence of any subsequent increase in the public's use of the services.	See information above regarding our Welsh language publications and translations of our consultation documents and events held in Wales.
Information about methods used to assess the quality of the organisation's Welsh language services (e.g. by assessing the experience of existing/ potential service users)	<p>We assess the experience of existing users by invitation to our customer feedback surveys. Customers rate their satisfaction and have the opportunity to leave additional comments, such as feedback on Welsh language communications. Quantitative and qualitative analysis of responses are captured in customer satisfaction reviews, which form the bedrock to improving our customer's experience.</p> <p>In addition we use the feedback we gain from consultation responses from bodies that represent Welsh language speakers to consider the quality of our organisation's services for Welsh language speakers (see above section about how we monitored consultation responses to the Education Programme).</p>
Fitness to practise cases	
Number of hearings held in Wales	We held 42 substantive events and 70 non-substantive events (52 substantive cases and 136 non-substantive cases were considered at these events).
Number of hearings where a request was made by the witness to speak in Welsh	There were no requests made by a witness to speak in Welsh.
Number of hearings in which evidence was presented in Welsh.	There were no hearings in which evidence was presented in Welsh.

Language awareness training	
Number and percentage of the organisation's new staff (i.e. new since 1 April 2017) that received Welsh language awareness training.	199 new employees, which is 71 percent of all employees.
Number and percentage of the organisation's entire workforce that has received Welsh language awareness training since the training was introduced.	<p>On 1 March 2019 we launched a new e-learning module to raise awareness of the Welsh language. It is aimed at anyone interested in the history of Welsh, from past to present day. Since it was launched nine employees (one percent) have completed this training.</p> <p>In the reporting period we also held two bespoke equality impact assessment workshops for policy employees, which included Welsh language assessment.</p>

Council

Annual Workforce Report 2018–2019

Action: For discussion.

Issue: Provides the Annual Workforce Report for 2018–2019.

Core regulatory function: Supporting functions.

Strategic priority: Strategic priority 4: An effective organisation.

Decision required: None.

Annexes: The following annexe is attached to this paper:

- Annexe 1: NMC Annual Workforce Report 2018–2019.

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: Alison McNamara
Phone: 020 7681 5664
alison.mcnamara@nmc-uk.org

Director: Sarah Daniels
Phone: 020 7681 5863
sarah.daniels@nmc-uk.org

Context: 1 We produce an annual summary and analysis for the Council of the NMC's workforce at **Annexe 1**.

2 The report also provides an update on the improvements and initiatives implemented through the People Strategy over the past year.

Four country factors: 3 The Annual Workforce Report 2018–2019 covers all NMC employees wherever they work.

Discussion: 4 The format of the report this year follows the 10 workforce drivers of organisational effectiveness:

4.1 Attraction

4.2 Induction and onboarding

4.3 Diversity of our workforce

4.4 Organisational design and structure

4.5 Workforce costs and breakdown

4.6 Retention

4.7 Reward

4.8 Engagement

4.9 Wellbeing

4.10 Talent and career pathways

5 We have focused on the People Strategy initiatives that have delivered improvements in each of these areas and looked at the people issues which the NMC faces and how we plan to address them in 2019–2020.

Turnover

6 Turnover at the NMC is at its lowest level in six years at 21.6 percent for 2018–2019. According to XpertHR, (a leading UK HR benchmarking organisation) UK national turnover was 19.8 percent and London turnover was 21.5 percent for 2018–2019. We aim to continue to deliver initiatives to improve our retention.

7 Additionally our average length of service rose in 2018–2019 to three years per employee.

Equality, diversity and inclusion

- 8 In 2018–2019 we undertook a comprehensive review of our internal representation and inclusion, resulting in a new three year Equality, Diversity and Inclusion (EDI) action plan which will be considered by the Executive Board in July 2019.
- 9 We also recruited an EDI lead to focus solely on internal representation and inclusion, and took part in a series of benchmarking assessments by external organisations focusing on the nine protected characteristics. It was our second year taking part in the Stonewall (LGBT+ charity) workplace index and we were pleased to have climbed 140 places in just one year.
- 10 Our EDI action plan roll out will begin in 2019–2020 and we will be able to share comparative scores for each of these assessments in the 2019–2020 Workforce report.

Wellbeing and mental health

- 11 Our sickness levels have dropped slightly since 2017–2018. However, there has been an increase to just over 30 percent in the number of colleagues who have reported stress or anxiety as the reason for their absence.
- 12 We are committed to creating an open environment to talk about mental health. In 2018–2019, we trained over 70 colleagues to become mental health first aiders and launched a Mental Health network. We aim to extend their visibility in 2019–2020, and provide organisational support to build on support for stress and anxiety through initiatives and building the confidence of the members of the network.
- 13 We also want to normalise the discussion on mental health and tackle stigma. So far this year we have had two discussion sessions with a guest speaker and the Chief Executive and Registrar sharing their own personal experiences of mental ill-health.
- 14 In July 2019, we will present the NMCs first ever Wellbeing plan to the Executive Board. This plan will tackle mental and physical health as well as exploring other barriers to attendance that our colleagues may encounter.

Reward

- 15 Pay has been an ongoing issue of dissatisfaction for our employees: 17 percent of colleagues who left last year gave this as the reason. In 2018–2019 in partnership with the Institute for Employment Studies (IES) we conducted a significant piece of research to understand the market and our place within it. On 17 June 2019 we launched a consultation with staff on the first part of our proposals to

change the current grading and pay structure.

Public protection implications:	16	None.
Resource implications:	17	Initiatives within the People Strategy to address the NMC's people issues are met from a dedicated budget line.
Equality and diversity implications:	18	Equality Impact Assessments are undertaken for all aspects of our work.
Stakeholder engagement:	19	We will share this report with the Employee Forum.
Risk implications:	20	This report addresses the work undertaken to mitigate corporate risk PEO18/01 capacity and capability.
Legal implications:	21	All People and Organisational Development policies and processes have been checked for their compliance with UK employment law.

Annual Workforce Report 2018–2019

Introduction

This report provides an annual summary and analysis of workforce data for the year 1 April 2018 to 31 March 2019.

Our people and our organisation

Our People Strategy is about making the NMC a great place to work. We want to attract colleagues with the values and behaviours that support us to become a leading health and care regulator that ensures people are at the heart of everything we do. We want to engage and retain colleagues so we have the capability and capacity to regulate effectively. And we want to support our colleagues to have a career with passion and purpose and makes the NMC a great place to work.

Our strategy was agreed in 2017 and in it we set out a four year programme as follows:

- Discovery Year: 2017–2018 – reviewing our processes, developing our approach to leadership development and improving compliance
- Foundation Year: 2018–2019 – forming our People and Organisational Development directorate, rolling out our leadership development programme, launching a new approach to appraisal and creating an employee engagement action plan
- Implementation Year 2019–2020 – embedding our business partner model, new approach to reward, working on career pathways, modernising our HR IT systems
- Embedding Year 2020–2021 – apprenticeships, graduate programme, evaluation of People Strategy, reward strategy implementation.

This report sets out the information and progress in strategy implementation, highlighting trends and issues for people management within the NMC and outlines how these will be addressed in the coming years.

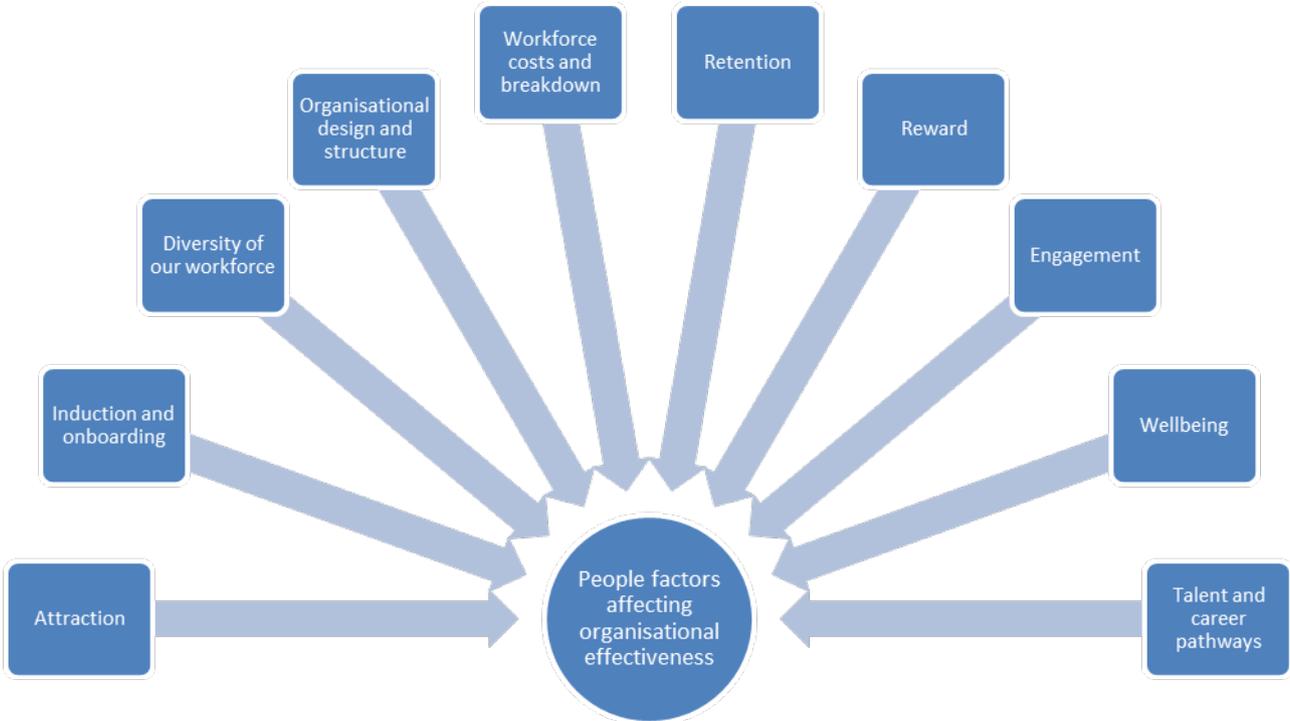
The People and Organisational Development Directorate

In 2018 we agreed to develop and recruit to a new directorate, People and Organisational Development, to support the work we are doing to make the NMC a great place to work. Along with other organisations, the NMC faces challenges to remain an attractive employer to new and existing employees. Having analysed our KPIs and performance information, areas most in need of improvement are our high turnover; high rates of sickness; (specifically in regard to mental health); our outdated policies and levels of engagement with our colleagues which is lower than we would like.

The directorate has had a busy year recruiting its new team so we are able to meet these challenges and ensure that the strategy achieves its deliverables and aims. Recruitment for the additional team members began in late 2018–2019 and continues into Q1 of the new

reporting year. With a full team expected in post by summer 2019, we will be better able to build on our current success and support the organisation to deliver its objectives.

The workforce drivers of organisational effectiveness



Each of these areas has a direct impact on the operational effectiveness of the NMC and trends in management information and KPIs provide a means for identifying emerging issues and areas for our focus.

Workforce Drivers – Analysis for Year 2018–2019

1. Attraction

In 2018–2019 we filled 334 roles, compared to 259 in 2017–2018. Additional posts were created to bring in IT staff to deliver the Modernisation of Technology programme, the creation of the new External Affairs directorate and an investment in People and OD directorate to support the People Strategy.

The cost of recruitment to the organisation, including staff costs was £596,610 in 2018–2019 compared with £568,982 in 2017–2018. This additional cost is due to the increase of 85 roles filled in the year. This means our average cost per hire was £2,196 in 2017–2018 and £1,734 in 2018–2019, saving us on average £462 per hire.

This saving was achieved through the establishment in 2017 of our dedicated resourcing team, bringing in house expertise to our recruitment campaigns. We did however miss the target we had set ourselves of £400,000 due to the unexpected recruitment of both an interim and permanent Chief Executive and Registrar.

We were also able to reduce costs in 2018–2019 by recognising and promoting talent from within the organisation. 188 employees made moves within the NMC through secondments, becoming permanent from temporary members of staff, or by being promoted. This has reduced our need for advertising costs and our reliance on agencies as well as providing career development for colleagues. The source for the 334 roles filled can be found in the table below.

Recruitment Source	Roles filled
Advertising	47
Agency	44
Direct	55
Internal	188
Roles filled	334

The current average time to hire is 30 working days beating the target we set ourselves by five days. We measure this as the time from receiving a vacancy, to a role being offered. This is a further reduction of 10 days when compared with 2017–2018. We continue to monitor, and beat, the industry standard reported by XpertHR of 37.5 working days.

2. Induction and onboarding

Welcomed 272 new people into the NMC in 2018–2019. We reviewed and refined our administration processes for new joiners with better engagement and more timely communications designed to ensure that they are equipped to navigate the NMCs ways of working quickly.

We will continue to improve on-boarding processes, these initiatives are from the point of offer to their start date. In a candidate-led market we can lose candidates during their notice periods if we are not communicating with them. Individuals joining us can now access their e-learning before their start date to assist with the induction. We have been working on the design of a welcome pack for new colleagues, to be launched in summer 2019–2020 and a new applicant tracking system to modernise our approach to recruitment and improve engagement. We have continued to develop our induction process and corporate welcome events.

3. Diversity of our workforce

In 2018–2019 we completed a comprehensive review of Equality, Diversity and Inclusion and added the role of an EDI Lead role to focus solely on internal representation and inclusion in the organisation. We are committed to creating and sustaining a working environment that enables everyone to thrive and feel we are a great place to work.

Analysis of our total workforce shows that our demographic has remained largely similar to previous years:

Workforce breakdown	2017–2018	2018–2019
Total number of employees	808	858
Female	511	558
Male	291	300
BAME	281	305
Declared a disability	22	16
LGBT+	44	36
Declared a religious belief	633	638

In relation to age, there has been no significant changes to the profile of our workforce, however we do now have one employee under the age of 20. When examining pay grade by age, older colleagues are more likely to be in grades H and above.

Our gender pay gap report was published in March 2019. We reported that the mean gender pay gap in the NMC is 1.6 percent; this means that on average male employees are paid 1.6 percent more than females. This result is 11.5 percent lower than the national average of 13.1 percent. This represents a reduction of 0.3 percent compared to 2018 and is a reflection of the higher proportion of male employees in grades F and above, 1 percent higher than female employees.

The number of BAME colleagues in management roles has increased from 26.4 percent to 27.9 percent of all managers in 2018–2019. We recognise that there is still work to be done to increase our representation at management level, and will work with our staff network groups in 2019–2020 to address this issue.

Our activities in the year have included external assessments conducted by Stonewall, Business in the Community, the Social Mobility Foundation, Mind and the Business Disability Forum. Each of these have provided us with a clear set of actions to improve the experience of our colleagues.

We are particularly proud that our Stonewall Workplace Equality Index score meant that we climbed 140 places within the year and are keen to maintain our momentum in this area. Other work (through our network groups) has focused on building support for our colleagues with disabilities and those who identify as BAME.

All of our employee network groups in 2018–2019 became well established. We now have:

- The LGBT+ network (focusing on sexual orientation and gender identity),
- The Cultural network (focusing on ethnic minorities)
- The Workaround network (focusing on how we support colleagues with disability).
- The Mental Health network (made up of 70 trained Mental Health First Aiders – a voluntary network who support colleagues and signpost to mental health services).

The groups have already been valued partners in reviewing policies and procedures, providing support to their members, and providing insight for the development of the action plan.

This year of research has supported the development of the NMC's first ever, three year EDI action plan which will be implemented starting in 2019–2020.

4. Organisational design and structure

When looking at people resource, two different measures are used:

- full time equivalents (FTE) which focuses on the total hours worked by staff and converts this into a number reflecting the number of people working full time this represents (thereby aggregating up part time workers hours into the number of full time equivalents that would cover this work); and
- total headcount which is a count of the number of individual people employed (including part time, temporary and fixed term employees).

At year end we had an FTE head count of 825.1 and a total headcount of 858 colleagues. In relation to organisational structure, we have:

- created an External Affairs directorate;
- made some changes in Fitness to Practise in line with the Fitness to Practise strategy; and
- carried out other continuous improvement and fit-for-purpose changes in other directorates.

As we are preparing for our new 2020–2025 Strategy, we do not plan to make wholesale changes to the organisational design and structure this year. The challenges we have to our design and structure will be revisited as part of our strategy, ensuring that we have the right structure to meet our corporate objectives.

5. Workforce costs and breakdown

We finished 2018–2019 with 13.6 FTE below our agreed establishment. This reflects the challenges we have faced in recruiting to some roles in a candidate-led market, our turnover, and the level of vacancies we hold as well as an increase in our managerial controls to review roles rather than automatically backfill.

The workforce cost to the organisation is found in the table below.

	2016–2017	2017–2018	2018–2019
Total wage bill	£37m	£39m	£40m
FTE	804.8	780.2	825.1

6. Retention

A key driver of productivity relates to retaining staff and therefore turnover rates. In addition to the loss of skills, experience and corporate knowledge for teams of colleagues leaving, with estimates of time to productivity for new recruits ranging from 6 months to a year (*Harvard Business Review, 2015*) ensuring that we continue to reduce turnover will help ensure we have the capacity to deliver our objectives.

Turnover at the NMC is at its lowest level for six years at 21.6 percent for 2018–2019. This is a reduction of 5.3 percentage points since 2013-2014 and down 0.3 percentage points from 2017–2018, or 6 people. As outlined below, we have taken action throughout the year to develop management and leadership capacity, thereby increasing the skills of managers to enhance engagement levels with our colleagues.

Xpert HR sets UK turnover as 19.8% in their Labour Turnover Rates and Costs 2018 survey where they survey a representative sample of turnover in 398 different organisations. It also highlights that London turnover is higher than the rest of the UK with a turnover rate of 21.5%. We are within touching distance of these comparators but we are not complacent and our aim is to continue to work hard on initiatives to improve on our turnover and get ahead of these external benchmarks.

Our current figure of 21.6 percent turnover represents 155 employees leaving in 2018–2019. We have worked to increase the proportion of leavers giving exit interviews to increase the intelligence we have on drivers for resignations. From this the main reasons given were:

- **Career progression** Lack of career pathways and lack of opportunity for employees is now the main reason given for leavers of the NMC.
- **Pay** Leavers state that they felt that their pay was too low and not competitive to market.
- **Relocation** This covers both personal relocation and a limited number of resignations resulting from the imminent Fitness to Practise move from Kemble Street and Aldwych to Stratford. This seems to have slowed now however, with only two colleagues citing it as their primary reason for leaving.

One area of note in relation to turnover is the proportion of colleagues who leave during their probation period. In 2018–2019, our turnover for employees in the first 6 months of service was 19.6 percent (19 people). This represents a reduction of 8.2 percentage points

(or 8 people) compared to 2017–2018 but remains a significant area of focus for our work. These colleagues cited the following as reasons for their exit:

- Pay
- Not feeling valued in their role
- Job description has not matched the experience of working here

Previously, our average length of service has been two years and five months. Over the course of 2018–2019 our average length of service improved by 7 months and we finished the year at an average of three years, seven months above the previous figure.

We will continue to maintain vigilance on our retention as we are aware that with various staff consultations and changes planned for 2019–20, including office moves and the development of a new corporate strategy that turnover and lack of capacity and capability that brings will be a significant risk for the organisation that may increase.

Our plans for 2019–2020 include work to develop career pathways, and this combined with our new approach to reward should serve as a positive means of retaining colleagues as well as attracting highly skilled applicants for vacant posts.

7. Reward

Pay has been a regular item of dissatisfaction in our employee survey results and some of the people leaving (around 17%)¹ are telling us that they are leaving because they can get more money elsewhere. When we have reviewed our roles we accept that some of our salaries have fallen behind.

Our grading and pay hasn't been formally reviewed since 2013. The first stage to addressing these issues is to get the infrastructure right. We have been working on a new grading and pay structure that is affordable, sustainable and fair and will better reflect the pay that our roles could attract in other organisations.

We want our salaries to be competitive so we will consult with our colleagues in 2019–2020 on a number of reward related topics so the organisation has a modern attractive package to support the attraction and retention of colleagues.

Throughout 2018–2019, significant research and work has been done to underpin a new approach to reward and recognition. We have worked with two external reward specialists (Mercer and the Institute of Employment Studies) to independently benchmark our roles against other regulators, as well as public and private sector comparators with both specialists recommending that we update our pay-scales in order to remain fair and competitive. In early 2019–2020 we will begin formal consultation with staff about a revised approach to grading and pay within the NMC as a result of this research carried out in 2018–2019.

¹ Data reported at 31st March 2019 reflecting feedback from leavers participating in an exit survey.

8. Engagement

This year we changed our employee survey provider to Peakon. We made this move to allow us to collect more accurate and meaningful data from pulse surveys and we created action plans to improve our engagement with colleagues and listen to ideas to improve the way we work. One of the major benefits of Peakon is the powerful analytical ability which enables us to drill down into the detail of the results and allows us to create team action plans, and enable managers to have real time information so they can track and monitor success.

We calculate our employee engagement score from five key indicators set out below.

- I am proud to say that I work for the NMC.
- I would recommend to friends and family that the NMC is a good place to work.
- Working here makes me want to do the best work I can.
- I care about the future of the NMC.
- I would still like be working for the NMC in 2 years' time.

Our 2017–2018 employee engagement score was 64 percent. On a like for like comparison of just these five indicators, our 2018–2019 score would be 67 percent (plus 3 percentage points). Our new survey platform asks more questions that the original bank of questions and will provide us with more detailed data for us to learn from. The new questions have asked more detail about our accommodation and environment in which we work in. Feedback on our accommodation is that it is not conducive for a modern working office environment and this additional feedback and methodology of assessment together has given us a new score of 5.7. We will use this new score as a new baseline on which to work on in the future.

The 2018 survey identifies four priorities for the organisation which we have committed to do. The survey feedback asked us to:

- Improve our accommodation and increase agile working
- Review pay and reward so it is fair and in line with external benchmarks
- Increase opportunities for career progression
- Modernise our technology so that it is fit for purpose

In 2019–2020, we will be taking the next step with our new employee engagement platform so we can adopt monthly 'pulse surveys'. By modernising our approach to engagement and moving away from the 'big event' of an annual survey, we will improve communication with our employees, gain richer insights into how we are doing, and be able to tack action on issues as they arise.

Employee Forum

Our Employee Forum provides colleagues with an opportunity to raise their employment related issues and a right to request that we consult, inform and communicate to them on employment related issues, new practices and policies. The Employee Forum has been a successful forum supporting and driving change and practice across the organisation. Their work has increased agile working and supported the organisation during our employee conferences. Over the last year the working relationship between the Forum and People and Organisational Development has strengthened immeasurably and has moved into a strategic and advisory space as well as a forum for concerns to be raised.

We will continue to build on our relationship with the Forum and help them to affect change on behalf of our colleagues. We value their work with us and training is being planned in 2019 to help increase the skills of the Forum.

In 2018–2019 the Employee Forum began the elections of new representatives and in early 2019–2020 a new Chair and new Vice Chair were elected. Our representatives will promote open and timely communication and consultation with colleagues in the organisational changes in the months ahead and training with external solicitors has been arranged so they feel confident to lead in that role.

9. Wellbeing

One of the many ways that our increased collaboration with our Employee Forum is supporting our work is in relation to wellbeing initiatives. In 2018–2019 the Forum sat on the selection panel for our new occupational health provider and provided feedback on our new benefits platform 'Perkbox' before it was procured.

The Forum also began to spearhead their own initiatives and presented a review of the agile and flexible working policies to the executive. The review provided recommendations to improve the application of the policies for employees across the organisation.

The Forum continue to support our wellbeing initiatives. This saw the launch of monthly fruit drops in all our locations, which has been a huge success with colleagues, and work continues on the development of a wellbeing plan which will be presented to the executive in July 2019.

Reducing sickness absence is an important element of our work for 2019–2020. In 2018–2019 the NMC lost a total of 5,586 days across 1,606 occasions through sickness absence. The average number of days sickness absence per employee was 7.9, compared to an average of 7.3 in the UK (XpertHR). This equates to an absence rate of 3.0 percent. In 2018–2019, 603 individuals had at least one sickness absence.

Compared to 2017-2018 this represented:

- 56 days fewer sickness overall
- 92 fewer sickness occasions
- 0.3 percent decrease in the overall sickness percentage

- 0.55 fewer sickness days per employee

Whilst our sickness levels dropped slightly since 2017–2018, it still represents a significant risk to our organisational productivity.

Just over 30 percent of all NMC absences is due to stress, depression and anxiety. In 2018–2019 we introduced and trained a new network of over 70 qualified Mental Health First Aiders to offer support and signposting to colleagues across the organisation. We also introduced a new Occupational Health Service (encompassing our Employee Assistance Programme) provided by Health Management Ltd (HML). This provider offered enhanced mental health support services to better help us support colleagues.

10. Talent and career pathways

We have invested in a leadership development programme for managers to help them improve communications, engagement and the performance management of their team members. All 185 managers at grade D and above received training in the following areas:

- Successful employee conversations
- Attendance management
- Performance management
- Unconscious bias
- Recruitment

Initial evaluation of the programme so far has yielded positive results, as evidenced by an increased management capability score of 50 percent in 2017 to 76 percent in 2018 in the employee engagement survey results. The programme will continue to evolve, taking into consideration key priorities for the organisation, results of our monthly engagement surveys and evidence from our exit interviews. Our new Learning and OD business partners are continuously working within their areas to identify gaps and opportunities for learning.

Our assistant directors and directors accessed one to one coaching to support their development. Learning and OD met with the external coaches every six to eight weeks throughout the leadership development programme to discuss the themes being discovered in coaching. The meetings protected the confidentiality of those being coached but allowed themes to be recorded so that they could be fed into the wider programme and development of modules in the future.

A new appraisal process was launched in 2018 further work will continue on building our values and behaviours into our appraisals and ensure that they support the work of the new corporate strategy development as we build on the work at the 2018 employee conferences in 2019–2020.

We will begin working to develop career pathways in 2019–2020, building on the enhanced appraisal process and personal development plans. This will begin after we have consulted and agreed the new grading structure.

Progress against our target of 85 percent mandatory training completion improved again this year ending up at 87.4 percent. This represented a 7.4 percent increase against our performance in 2017–2018. In 2019–2020 we have set ourselves a target of 90 percent.

Next Steps

Based on the analysis above, in early 2019–2020 the newly created People and OD senior team and executive directors met to determine the key priorities for the directorate over the coming years.

We have agreed five priority areas:

- Define and deliver a reward implementation plan
- Improve and embed POD services that meet the needs of our organisation (BAU)
- Encourage good engagement and inclusion so we become a better place to work
- Provide our people with the skills and abilities they need
- Deliver POD support for the corporate strategy and directorate change plans

With the support of the programme support office we are now agreeing implementation plans for each area. Work-streams for 2019–2020 cover areas such as reward, modernisation of HR and recruitment systems, employee engagement and talent management, updating our HR policies and processes and wellbeing.

As the development of the corporate strategy begins to take shape the organisational development responsibilities are expected to include:

- re-shaping the organisation to meet the challenges of the future
- support change management process
- increase the organisation's adaptability to change and new trends
- develop the corporate culture through the design and embedding of new values and behaviours.

Council

Annual Health, Safety and Security Report 2018–2019

Action: For discussion.

Issue: Provide assurance on the NMC's health, safety and security arrangements and information on activity over the last 12 months from April 2018 to March 2019.

Core regulatory function: Supporting functions.

Strategic priority: Strategic priority 4: An effective organisation.

Decision required: None.

Annexes: None.

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

Author: David Power
Phone: 020 7681 5488
david.power@nmc-uk.org

Director: Andy Gillies
Phone: 020 7681 5641
andrew.gillies@nmc-uk.org

- Context:**
- 1 In terms of health, safety and security the NMC is a relatively low-risk environment. However, it is still important that the Council monitor the extent to which we have formal policies, guidance and procedures in place, assuring the health, safety, welfare and security of our employees, contractors and visitors.
 - 2 This annual paper reports on how we ensure compliance with health and safety requirements, our security arrangements and the assurance available to the Council.

Four country factors:

- 3 Not applicable for this paper.

Discussion Sources of assurance

- 4 The following arrangements are in place:
 - 4.1 A Health and Safety Steering Group (HSSG), chaired by the Head of Estates under the interim Director of Resources, with membership drawn from across the organisation. Over the period the group has met on three occasions.
 - 4.2 Mandatory e-learning training on health and safety for all colleagues.
 - 4.3 Training for statutory responsibilities and further training for specific roles.
 - 4.4 The Health and safety policy which was reviewed and revised in October 2018. The policy statement, which is displayed on employee notice boards, was most recently signed in February 2019 by the new Chief Executive and Registrar, Andrea Sutcliffe.
 - 4.5 An NMC Health and safety guide for colleagues.
 - 4.6 Sufficient numbers of trained first aiders and fire wardens at all sites, including refresher courses as necessary.
 - 4.7 Fire Risks Assessments (FRAs) in place for all NMC buildings with evacuation testing and weekly fire alarm tests.
 - 4.8 Regular incident reporting.
 - 4.9 CCTV and access control systems in place at all our properties and security guards on duty at our hearings venues.
 - 4.10 A programme of planned preventative maintenance to the mechanical and electrical plant and associated infrastructure, fire alarm, CCTV and access control systems.

Reviews during the year

- 5 The Health and safety policy was reviewed and revised to ensure compliance with the latest relevant legislation and good practice. Revisions were made to job titles and department names which have changed over time. Reference was made to the NMC Health and safety guide, which provides the detail of how we operate and undertake our duties and responsibilities.
- 6 The NMC Health and safety guide was reviewed to ensure that it aligned to the revised policy, as noted above.
- 7 A new Occupational Health advisor was appointed, to align with the People Strategy and support the health and wellbeing of colleagues.
- 8 With help from our colleagues in the Equality, Diversity and Inclusion team, an Equality Impact Assessment (EQIA) was undertaken for suitability, of our new premises at One Westfield Avenue, Stratford.

Training

- 9 The main focus of health and safety training in the year was on continuing to improve rates of compliance with the mandatory e-learning. Compliance is now consistently above 90 percent.
- 10 Refresher and new training continues to be provided to fire wardens and first aiders across all sites, which includes defibrillator training for first aiders.
- 11 Health and safety also includes consideration of colleagues' health and wellbeing. Please see actions undertaken below: Priority outcomes (paragraph 21).

Incident reporting

- 12 Across all sites, during the year 1 April 2018 to 31 March 2019, there were 11 reported health and safety incidents, one near miss and five non work related incidents, which were actioned and recorded in our log book. A non-work related incident could be where a colleague trips and hurts their ankle on their way to work and was treated by one of our first aiders. The incidents were minor and no trends or common causes were identified.
- 13 We did not have any Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013 (RIDDOR) incidents, that would require reporting to the Health and Safety Executive (HSE).
- 14 During the period of continuous hot weather starting in April 2018 through to July 2018, Thames Water reduced the mains water pressure to the general locality around 23 Portland Place. On three occasions this led to the loss of water to the toilets and washing facilities for the building. For health and employee welfare reasons we had to enact our business continuity plans, where in the

afternoon of the occurrences we relocated the Call Centre operation to One Kemble Street while enacting agile working for other colleagues, either from other NMC locations or home. To alleviate any future issues we have now installed secondary pumps and a reservoir tank in the basement alongside the main water tanks in the roof.

- 15 A written risk assessment was completed for the demonstration and march in connection with the visit to London of the President of the United States in July 2018. Additional security measures, including guarding were undertaken, as necessary.

Progress against priorities set for 2018–2019

- 16 Relevant changes to legislation or guidelines were discussed in the Steering Group meetings, including discussions around the effects of Brexit, if any.
- 17 We committed to keep security under review for all our buildings/venues and have an appointed security contractor to provide guarding at our hearing venues.
- 17.1 Outcome: The ‘Run Hide Tell’ anti-terrorism poster and staff communication campaign continue to run across all sites.
- 17.2 Outcome: The NMC contributes to the West End Police Ward Panel meetings which includes local residents and organisations, for example: the BBC, Langham’s Hotel and Facebook. We also liaise with the police at our other buildings through the respective building management companies.
- 18 We committed to keep our business continuity arrangements under review, undertake business continuity exercises and learn any necessary lessons from these exercises.
- 18.1 Outcome: Policy and business arrangements in place. Training and exercises undertaken with the Emergency Response Teams (ERTs) and strategic senior level Incident Management Team (IMT).
- 19 To continue our ongoing planned maintenance programme at 23 Portland Place to maintain health and safety compliance and an ambient office environment.
- 19.1 Outcome: A structured maintenance+ regime is in place to ensure the continued operation of mechanical and electrical systems.
- 20 To increase health, safety and security awareness and the reporting of near misses.
- 20.1 Outcome: Although we have only one reported ‘near miss’,

an additional six incidents were reported. In collaboration with our Communications colleagues, articles about health and safety, fire exit and associated safety signage were published on our intranet as well as the use of 'Run Hide Tell' posters, as previously mentioned.

- 21 We also worked with the Employee Forum (EF) to inform future wellbeing initiatives. This is linked with the broader People Strategy for the organisation and is led by the People and Organisational Development directorate.

21.1 Mental health:

21.1.1 The creation of a Mental Health First Aid (MHFA) Network. All mental health first aiders are trained with the MHFA England and are available across the organisation. In just under a year we have trained over 80 MHFA and will continue to offer this when required.

21.1.2 The promotion of the Employee Assistance Programme (EAP) and the confidential telephone support line, through a poster campaign and other internal communication channels.

21.2 Healthy eating:

21.2.1 Monthly fruit baskets continued to be offered across all sites.

21.2.2 Healthy snack options continue to be implemented in vending machines with plastic bottles removed from the vending option.

21.3 Other initiatives:

21.3.1 The introduction of 'Perkbox' our employee benefits portal has offered further health and wellbeing benefits, including discounted gym memberships, fitness and yoga classes and medical benefits.

21.3.2 An annual winter flu jab was made available to all colleagues.

Priorities for 2019–2020

- 22 In addition to regular monitoring of incidents and accidents, and maintaining oversight of any changes to legislative requirements, priorities for health and safety for the coming year are:

22.1 To keep security under review for all our buildings/venues.

22.2 To undertake business continuity training and exercises and

take forward any necessary lessons from these exercises.

22.3 To increase health, safety and security awareness and the reporting of 'near misses'.

22.4 To continue working with the People and Organisational Development directorate to promote health and wellbeing:

22.4.1 Wellbeing actions prioritised with Employee Forum representatives for year 2019–2020.

22.4.2 Move away from offering ad-hoc and wellbeing options to offer a cohesive and comprehensive programme that includes valuable feedback to shape future plans. This will include both individual and wider workshops and promotional events.

22.4.3 Working with the Communications team – produce monthly and other regular communication and poster campaigns to all colleagues.

Public protection implications:	23	None.
Resource implications:	24	There are no material resource implications. Health, safety and security requirements, such as training, are built into general resources revenue budgets. People and Organisational Development directorate has its own budget for health and wellbeing initiatives.
Equality and diversity implications:	25	Estates/Facilities colleagues undertake workplace Display Screen Equipment assessments, as necessary. Colleagues can be referred to Occupational Health, in conjunction with People and Organisational Development, as required.
	26	Personal Emergency Evacuation Plans (PEEPs) are undertaken for all less abled or disabled persons at the NMC
Stakeholder engagement:	27	Not Applicable.
Risk implications:	28	This report provides assurance that we have measures in place to address health, safety and security risks.
Legal implications:	29	Policies and guidance notes are reviewed and updated for compliance with any new legislation or best practice.

Council

Midwifery update

Action: For information.

Issue: Midwifery update for Council.

Core regulatory function: Education and Standards.

Strategic priority: Strategic priority 1: Effective regulation.

Decision required: None.

Annexes: None.

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

Author: Jacqui Williams
Phone: 020 7681
5580 Jacqui.Williams@nmc-uk.org

Director: Dr Geraldine Walters CBE
Phone: 020 7681 5924
Geraldine.Walters@nmc-uk.org

Context: 1 This report updates the Council on recent midwifery-related activity including midwifery communications and external engagement.

Four country factors: 2 Each of the four countries in the UK has its own approach to midwifery and maternity services. We are engaging across the UK to ensure we understand the current issues across the four countries. This reflects our position as a UK-wide regulator.

Future midwife project

- 3 Following completion of the future midwife consultation on 9 May 2019, we are awaiting the collated report from Pye Tait Consultants on the survey responses and their focus group work.
- 4 We have received the results from the user testing undertaken by Blake Stevenson and are reviewing the findings.
- 5 We are currently planning the Consultation Assimilation Team process.
- 6 We are planning communications to our stakeholders about the next process in the development of the standards.

Review of Maternity Service at Cwm Taf Health Board

- 7 An external review to investigate care provided by the maternity services at Cwm Taf Health Board took place from 15 to 17 January 2019. The review was carried out by the Royal College of Midwives and the Royal College of Obstetricians and Gynaecologists and was published on 30 April 2019.
- 8 The report identified a number of serious concerns which have implications for the safety and quality of services.
- 9 Families who had used the maternity services were invited to be part of the review and they shared stories which form a separate report. The name of the report is [‘Listening to women and families about maternity care in Cwm Taf’](#). The concerns about the safety of the maternity service were escalated to the Health Board and the Welsh Government.
- 10 The Quality Assurance Team are monitoring the situation closely and are having regular meetings with the Approved Education Institution (AEI) which allocates student midwives in the placement areas named in the report.

THIS (The Healthcare Improvement Studies) Institute Safety Research consultation event

- 11 On 8 May 2019, the Senior Midwifery Advisers attended this event following an invitation via the Chair of the NMC Midwifery Panel.
- 12 The institute has a large 10 year grant from the Health Foundation to study improvements in safety.
- 13 In 2014, THIS Institute began observations in Southmead Hospital in Bristol which is seen as one of the UK's safest maternity units. The researchers (ethnographers) wished to learn what made the unit safe and whether the features could be replicated in other maternity units.
- 14 The aim of the workshop was to share their learning from their research conducted in England and consult on the next steps. The audience was made up of stakeholders with a range of expertise in maternity safety and included service users and advocacy groups.
- 15 The definition of safety was discussed. The research was confined to obstetric units and at this stage did not incorporate service user views. The other environments where women give birth for example, midwife-led units and home should have been included in the research.
- 16 The overall feedback from the group was that the research was worth pursuing.
- 17 The next Midwifery Panel will be held on 25 June 2019. The Lead Investigator on the above study will be presenting to the Panel at this meeting.

External Affairs midwifery updates

Future midwife

- 18 We are progressing a detailed plan for a two-phase approach to launching the future midwife standards. The first phase will communicate the final standards to relevant audiences, such as official correspondents at AEIs and Lead Midwives for Education, so that planning for new midwifery programmes can start as soon as possible.
- 19 The second phase will be to formally launch the new standards at a publication event in each UK country throughout the first six weeks of 2020. Our External Affairs team is working in partnership with the midwifery leads across the four countries, the Chief Nursing Officers and other stakeholders to organise these events. These events will mark the transition into implementation of the new future midwife standards.

Other midwifery engagement activity

- 20 We continue to engage with midwives, women and families at conferences, exhibitions and events. These include the RCM Education Conference in Bath, the MaMa Conference in Glasgow and the Northern Maternity and Midwifery Festival in Birmingham.
- 21 Our strategy development continues to underpin all of our communications and engagement activity with midwives, and we are committed that midwifery will have a strong voice as we co-produce our strategy for the next five years. Midwives and organisations that represent maternity service users continue to be involved in our phase one and two engagement.

Public protection implications:

- 22 None directly arising from this report.

Resource implications:

- 23 The resource implications for the future midwife programme have been accounted for within the corporate plan and budget.

Equality and diversity implications:

- 24 We are progressing equality impact assessments for the future midwife project. We are tracking the diversity of engagement to date and will be targeting specific groups that are currently underrepresented.

Stakeholder engagement:

- 25 This is covered in the body of the report.
- 26 We have updated the Council about the content of the engagement activities regularly. We will continue to collaborate with stakeholders to support the future midwife consultation.

Risk implications:

- 27 No specific risk implications arising from this report. Risks relating to the development of the future midwife standards are captured through the programme.

Legal implications:

- 28 None directly arising from this report.

Council

Appointments Board annual report to Council 2018–2019

Action:	For information.
Issue:	Report to the Council on the work of the Appointments Board during 2018–2019.
Core regulatory function:	Supporting functions.
Strategic priority:	Strategic priority 4 – An effective organisation.
Decision required:	None.
Annexes:	None.
Further information:	If you require clarification about any point in the paper or would like further information please contact the author below.

Author: Mary Anne Poxton
Phone: 020 7681 5440
Maryanne.poxton@nmc-uk.org

Chair of Appointments Board:
Jane Slatter

- Context:**
- 1 The Appointments Board is a committee of the Council. Its remit is to assist the Council in connection with the exercise of any function or process relating to the appointment of panel members and legal assessors to the practice committees.
 - 2 The primary focus of the Board's work is to ensure that effective arrangements are in place for the selection, appointment, training and performance of Fitness to Practise panel members and legal assessors.
 - 3 The Board's Terms of Reference require it to "report annually to the Council on the Appointments Board's activities, including an assessment of compliance with, and effectiveness of, the policies in place."
 - 4 The Board had four meetings in 2018–2019, including one by teleconference. It has had one further meeting on 17 June 2019.

- Four country factors:**
- 5 Same in all four countries.

Discussion: Board membership and effectiveness

- 6 The Board's membership is comprised entirely of non-Council members to ensure an appropriate separation of the Board's work from that of the Council.
- 7 Membership of the Board is currently at full complement (five members including the Chair) and comprises:
 - 7.1 Jane Slatter (Chair) (appointed 6 August 2018)
 - 7.2 Robert Allan (appointed 1 October 2018)
 - 7.3 Angie Loveless
 - 7.4 Frederick Psyk
 - 7.5 Clare Salters
- 8 New Board members have received induction, and ongoing training and development activities have taken place during the year.
- 9 The Board undertook its annual effectiveness review in June 2019. The Board assessed itself against a board effectiveness survey and discussed the findings. The Board concluded that it was operating effectively and that there was an appropriate range of skills and experience within its membership. There was

some discussion on how the Board's meetings and agenda might be structured to ensure sufficient time for consideration of strategic items. This will be considered further.

Terms of reference

- 10 The Board has reviewed its terms of reference and has made suggestions which will be considered as part of the governance review. These are around how the Board can assist the Council and the need for the Board to stay informed and connected to the wider work of the Council.

Integration of the Board with the wider work of Council

- 11 As indicated by the suggested changes to its terms of reference, the Board is committed to ensuring that its work is aligned with the wider strategic aims of the Council, in particular the implementation of the recommendations of the PSA's Lessons Learned Report and the requirements of the Fitness to Practise strategy.
- 12 The Chair of the Board meets quarterly with the Chair of Council and attended the Council meeting and associated events in November 2018. Members of the Board have undertaken the following additional activities:
 - 12.1 attendance at October 2018 Audit Committee meeting as observers
 - 12.2 attendance at meetings of the Panel Member Forum
 - 12.3 participation in the selection panel training webinar for the 2018 panel member appointment campaign and panel member webinar briefings on the introduction of nursing associates
 - 12.4 attendance at the Professional Standards Authority Fitness to Practise Chairs Conference.
- 13 The Board receives updates at and between meetings on corporate developments, including progress against the Fitness to Practise Strategy and the Lessons Learned Review programme. It keeps updated on key themes in the practice committees by receiving the panel member newsletter.

Panel member selection and appointment

- 14 During the year the Board oversaw an appointment campaign focused on attracting and appointing a diverse range of high quality candidates to ensure the composition of the practice

committees better reflects the diversity of the register. The appointment campaign emphasised our values – people, fairness and transparency – and used digital media to reach a wider audience. While recognising that the improvement was modest, the Board welcomed the results of this campaign which increased the proportion of fitness to practise panellists who identify as BAME, the number of women and lowered the age profile.

- 15 In light of operational forecasts and current Panel Member capacity, there is not expected to be a need to appoint panel members over the next two years. The Board is therefore taking the opportunity to review and refine the panel member selection and appointment process to ensure that it aligns with best practice.

Panel member and legal assessor appointments, reappointments and termination of appointments

- 16 The Board scrutinises appointments, reappointments and termination of appointments for panel chairs, members and legal assessors. In 2018–2019, the Council accepted the Board's recommendations to:
- 16.1 approve the appointment of 70 new panel members;
 - 16.2 remove a panel member from membership of the Fitness to Practise Committee on the basis that their continued membership of the Committee would be liable to undermine the public's confidence in the regulation of nurses and midwives;
 - 16.3 remove 11 panel members who had resigned from the practice committees;
 - 16.4 remove ten legal assessors who had resigned;
 - 16.5 remove six legal assessors who had not sat as legal assessors in the last two years.
- 17 The Board has asked that learning from the investigation of a panel member referred to in paragraph 16.2 above be taken account of in the scheduled review of the Panel Member Services Agreement (which includes a code of conduct).

Disqualification period for panel member appointments

- 18 The Board has approved the adoption of a five year disqualification period for any former NMC employee being appointed as a panel member; this mirrors a similar

disqualification period for Council and Committee members set out in the Council Standing Orders.

- 19 The Board considers that this approach will address the following risks:
 - 19.1 A perception that panels and their decisions are not independent of the NMC.
 - 19.2 A loss of trust and confidence in panels from the public, registrants and those affected by our processes.
 - 19.3 An actual or perceived bias.
 - 19.4 An actual or perceived conflict of interest.

Panel member training

- 20 The Board is mindful that effective and relevant panel member training ensures panel members have the skills and knowledge to make robust, independent, consistent and proportionate decisions which protect the public and maintain confidence in the nursing and midwifery professions.
- 21 The Board was pleased to note that the 2018–2019 training programme for panel members had been well received and attended, with positive feedback from participants. While the PSA's Lessons Learned review had not been published when the programme had been designed, the training had followed a general theme of taking a more person-centred approach.
- 22 The Board approved the strategic aims and outline summary of the panel member training programme for 2019. This had been informed by the key findings of the Lessons Learned Review and a training needs analysis which is carried out annually. The Board is pleased to report that the training programme includes a module on NMC values, behaviours and leadership, focusing on the importance of soft skills and using a person-centred approach at hearings.

Panel member and legal assessor performance

- 23 During the year the Board considered and approved a new panel member performance framework.
- 24 The Board was mindful that key areas of focus for the Lessons Learned work programme are transparency and improving communication and engagement with patients, people using services and their families. The new panel member framework includes guidance to support panel members in ensuring that decision-making is transparent. It sets out expectations in terms

of their communication and engagement with all parties at fitness to practise hearings and each other and provides examples of the positive behaviours that panel members are expected to display.

- 25 The Board also approved amendments to the legal assessor performance framework. The amendments apply more stringent benchmarks in each category of the framework, to promote a high quality service from the approved list of legal assessors.

Feedback from panel members and legal assessors

- 26 During the year the Board reviewed and commented on two new surveys for panel members. The surveys are:
- 26.1 A survey for exiting panel members, designed to 'take the temperature' and test the effectiveness of mechanisms and processes associated with the practice committees.
- 26.2 An exit survey for panel members focusing on the panel member's experience of how it has felt to be a Fitness to Practise panel member, whether they felt their role was valued by the NMC, whether they had the right resources to carry out the appointment effectively and whether they would recommend the appointment to others.

Panel Member Services Agreement

- 27 Initial review work on the Panel Member Services Agreement is being progressed by the Executive and this is scheduled to be considered by the Board later in the year.

Public protection implications:

- 28 There are no public protection implications arising directly from this report.

Resource implications:

- 29 None arising directly from this report.

Equality and diversity implications:

- 30 None arising directly from this report.

Stakeholder engagement:

- 31 None.

Risk implications:

- 32 There are no risk implications arising directly from this report.

Legal implications: 33 None.