

# Council Open 20 May 2020

MEETING  
20 May 2020 09:30

PUBLISHED  
12 May 2020

## Meeting of the Council

To be held by teleconference from 09:30 on Wednesday 20 May 2020

### Agenda

Philip Graf  
Chair

Fionnuala Gill  
Secretary

- |          |  |           |  |
|----------|--|-----------|--|
| <b>1</b> | <b>Welcome and Chair's opening remarks</b>               | NMC/20/31 | <b>09:30</b>                           |
| <b>2</b> | <b>Apologies for absence</b>                             | NMC/20/32 |  |
| <b>3</b> | <b>Declarations of interest</b>                          | NMC/20/33 |  |
| <b>4</b> | <b>Minutes of the previous meeting</b>                   | NMC/20/34 |  |
|          | Chair  |           |  |
| <b>5</b> | <b>Summary of actions</b>                                | NMC/20/35 |  |
|          | Secretary  |           |  |
| <b>6</b> | <b>Update on our response to the Covid-19 pandemic</b>   | NMC/20/36 | <b>09:40-10:10</b><br><i>(30 mins)</i> |
|          | Director of Strategy and Insight                         |           |  |
| <b>7</b> | <b>Executive Report (part 1)</b>                         | NMC/20/37 | <b>10:10-10:30</b><br><i>(20 mins)</i> |
|          | Chief Executive and Registrar/Executive                  |           |  |
|          | <b>Comfort break</b>                                     |           | <b>10:30-10:40</b><br><i>(10 mins)</i> |
|          | <b>Executive Report (part 2)</b>                         |           | <b>10:40-11:00</b><br><i>(20 mins)</i> |
|          | Corporate performance and risk report year end 2019-2020 |           |  |
|          | Chief Executive and Registrar/Executive                  |           |  |
| <b>8</b> | <b>PSA Performance Review 2018–2019</b>                  | NMC/20/38 | <b>11:00-11:10</b><br><i>(10 mins)</i> |
|          | Director of Professional Regulation                      |           |  |

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- 9    **9.1 Governance: effectiveness review and amendments to the Standing Orders and Scheme of Delegation**    NMC/20/39    **11:10-11:25**  
*(15 mins)*
- 9.2 Governance: Council Committee membership 2020 and Council meeting dates 2021-2022**    NMC/20/40
- Secretary

**Comfort break**

**11:25-11:35**  
**(10 mins)**

- 10    **Governance: Proposed amendments to the financial regulations**    NMC/20/41    **11:35-11:50**  
*(15 mins)*
- Director of Resources and Technology Services
- 11    **Expected high value contracts 2021-2022**    NMC/20/42    **11:50-12:00**  
*(10 mins)*
- Director of Resources and Technology Services
- 12    **Audit Committee Report**    NMC/20/43    **12:00-12:15**  
*(15 mins)*
- Chair of the Audit Committee
- 13    **Questions from observers**    NMC/20/44    **12:15**  
*(15 mins)*
- Chair    **(Oral)**

**Matters for information**

- 14    **Chair's action taken since the last meeting**    NMC/20/45
- Chair

**CLOSE**    **12:30**

Meeting of the Council  
Held on 25 March 2020 by teleconference.

## Minutes

### Participating

#### Members:

Philip Graf	Chair
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
Sarah Daniels	Director of People and Organisational Development
Matthew McClelland	Director of Fitness to Practise
Andy Gillies	Director of Resources and TBI
Candace Imison	Director of Strategy 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 Manager

*A list of all who joined by teleconference to listen to the meeting is at Annexe A.*

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**Minutes**

**NMC/20/15 Welcome and Chair’s opening remarks**

1. A minute’s silence to remember all of our registrants we had lost during the Covid-19 pandemic was held.
2. The Chair welcomed all attendees to the virtual Council meeting. On behalf of the Council, the Chair thanked all nurses, nursing associates and midwives, as well as everyone else involved in health and care, for their tremendous efforts during the Covid-19 pandemic. The Chair also thanked Rob Parry, registrant Council member, who had answered the call to help by returning to clinical practice during this pandemic.
3. The Chair also expressed the Council’s considerable thanks to Andrea Sutcliffe, Chief Executive and Registrar, the Executive team and NMC colleagues for the incredible work undertaken at pace to respond to the Covid-19 pandemic in collaboration with all key stakeholders and partners.

**NMC/20/16 Apologies for absence**

1. None.

**NMC/20/17 Declarations of interest**

1. In relation to **NMC/20/22 Financial Strategy and Corporate Plan and Budget** all registrant members and Geraldine Walters declared an interest in the annual review of the registration fee. All NMC officers declared an interest in the pay award.
2. In relation to **NMC/20/25 Nursing associates: one year one** – all registrant members and Geraldine Walters declared an interest.
3. In relation to **NMC/20/26 Midwifery update**. Lorna Tinsley, as a midwife, declared an interest, and Ruth Walker and Karen Cox declared an interest as employers/providers of services.
4. None of the interests declared were considered material such as to require those concerned to withdraw from discussion or decisions

**NMC/20/18 Minutes of the previous meeting**

1. The minutes of the meeting on 29 January 2020 were agreed as an accurate record.

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**NMC/20/19 Summary of actions**

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

**NMC/20/20 COVID-19 emergency changes to rules, standards and policy**

1. The Chief Executive in conjunction with General Counsel introduced this item. This was an unprecedented situation: the health and care system was under immense pressure with nurses, midwives, nursing associates and other health professionals playing a significant part.
2. The Coronavirus Bill, which was expected to receive Royal Assent shortly, would give the NMC an emergency power to grant temporary registration, once the Secretary of State notified the NMC that the UK was in an emergency. The Chief Executive and Registrar would have an emergency power to temporarily register individuals or groups of people who may reasonably be considered to be fit, proper and suitably experienced to be registered as nurses, midwives or nursing associates for the duration of this Covid-19 emergency. Temporary registration on our Register was purely for the purpose of the Covid-19 pandemic and was separate to normal full registration on our Register.
3. We would publish the names of those holding temporary registration on a separate list which we would call the Covid-19 Temporary Register. There would be no fee to join the Temporary Register and normal Registration requirements and Fitness to Practise provisions would not apply. An emergency temporary registration policy governing the addition of people or groups of people to the Temporary Register was needed, along with changes to education standards and Rules.
4. The NMC had engaged in discussions with governments, the four Chief Nursing Officers, the Royal Colleges and unions, the Council of Deans and other stakeholders about the emergency measures which needed to be put in place.
5. Temporary registration status would be separate from full registration and would end when the emergency period ends. Once the Secretary of State advised that the emergency was over, all temporary registrations would be revoked. Likewise, the emergency Rule changes and changes to education standards would cease to apply.
6. In putting emergency measures in place, the overriding objective remained protection of the public, balancing the need to support the health and care workforce to manage the increased risks of an emergency situation with the importance of minimising any risks to safety for people using services and patients; and all our registrants, with both full and temporary registration.

## ***Covid-19 Emergency Temporary Registration Policy***

7. As normal registration requirements and Fitness to Practise processes would not apply to the Temporary Register, the Council was being asked to approve policy principles in relation to individuals and groups of people who may be suitable for temporary registration during the emergency period. The key test was that they could be considered to be fit, proper and suitably experienced to be registered as nurses, midwives or nursing associates for the duration of this Covid-19 emergency. Four initial cohorts had been identified:
- i. People who had left the register within the last three years. We would exclude anyone who had previously been removed from the Register through fraudulent entry, voluntary removal or, Fitness to Practise processes or about whom we had any other fitness to practise concerns.
  - ii. Nursing students in the last six months of the final year of their education programmes. If this group was invited to join, they would be subject to conditions on their temporary registration, including supervision and not being able to carry out any activity for which they had not been assessed as competent and appropriately signed off on during training.
  - iii. Overseas nursing and midwifery professionals already in the UK who were part way through our overseas registration process. This group would also be subject to conditions on their temporary registration. Work on the details of the policy governing this group was being finalised.
  - iv. People who had left the register within the last four to five years. Consideration was being given to whether this group would be subject to conditions of practice.
8. Joining the Temporary Register was entirely optional; there was no compulsion. As the emergency developed, there may be a need to add further groups to expand the health and care workforce further.
9. In discussion, the following points were noted:
- a) The NMC had written to the first group of former registrants who had left the Register within the last three years, some 50,000 people, inviting them to express an interest in joining the Temporary register once open. We have not actively contacted anyone identified by the Government as 'at risk' category (such as those over 70 years or with known health conditions),
  - b) The positive response already received had been overwhelming.
  - c) Nursing students who opted to join the Temporary Register if it was opened to them would step off their education programmes for the duration. For the period of the emergency, they would be Registrants. At the end of the emergency, such students would no longer be Registrants and would need to return to education to complete their programmes. They may be able to count some of the practice hours towards their programmes, depending on the

work undertaken whilst on the Temporary Register. This would be up to each individual Approved Education Institution (AEI) to determine on a case by case basis.

- d) Following discussions with Senior midwives, midwifery students were not included in this cohort, because newly registered midwives are required to practice with a high level of clinical autonomy, which could not be expected of students who had not completed their full education programme.
- e) Nursing associates were not currently included, since it was assumed that as many were on apprenticeship programmes, they would be deployed back to work by employers.
- f) Employment contracts, pay levels, indemnity insurance, deployment and all other matters relating to the employment of those on the Temporary Register was a matter for each of the four governments, who would each be issuing advice and guidance.
- g) In relation to anyone who joined the Temporary Register, Registrants on the normal register needed to have absolute clarity around delegation and accountability.
- h) It should be recognised that given the emergency circumstances, individuals (including students if they are invited to join) on the Temporary register may come under pressure to work outside their competence. However, there was an expectation on employers to provide appropriate support for anyone on the Temporary Register, ensuring that they only worked within the scope of their competence. The NMC had worked closely with the chief nursing officers in each of the four countries on this. Critically the NMC's Code would apply to everyone on the Temporary Register.
- i) If a decision was taken to invite students to join the temporary register, the NMC would write to Universities requesting details of eligible nursing students, so that they could be asked if they wished to join. In the meantime, we are creating an alternative route for such students to contribute to the workforce immediately by opting to remain in education, but complete the last six months of their studies on clinical placement (discussed further below under the changes to Education Standards).
- j) In relation to overseas registered nurses and midwives already in the overseas registration process, UK Visas and Immigration (UKVI) had confirmed that no one would have a negative immigration outcome due to circumstances beyond their control (e.g. if they had not yet been able to go through the objective structured clinical examination (OSCE)).
- k) In relation to the fourth cohort, former registrants who had left the register between three to five years ago, this timeframe had been chosen as it aligned with existing five-year provisions relating to admission and readmission to the Register.
- l) In relation to the policies governing the overseas and former registrants who had left more than three years ago, the key question was what assurance was needed to ensure that these met the 'fit, proper and suitably experienced' test and how that

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could best be obtained.

- m) There were no data protection concerns since the Coronavirus legislation would give the NMC the power to ask relevant organisations for the required information for each cohort and share that as necessary.
- n) Existing Fitness to Practise processes would not apply to anyone on the emergency register: the Registrar would have power to remove registrants. Operational policies and guidance were being developed to govern such removals based on fairness, proportionality and speed. The processes would be considered by the Executive Board and then approved by the Chief Executive and Registrar, in consultation with the Chair of the Council.
- o) When the Secretary of State declared the emergency situation over, everyone would go back to where they were before. However, practice hours completed whilst on the temporary register by former registrants would count towards the practice hours required for our usual readmission process.

10. The safety of all concerned was the priority in all the measures being put in place. Once finalised the emergency Registration policy would be shared with the Council and placed on the NMC website.

11. **Decision: The Council approved the draft Covid-19 emergency temporary registration policy including the proposed conditions of practice for some groups of temporary registrants.**

***Emergency Education Programme Standards***

12. The aim was to adapt the existing Education standards to make these more flexible for those in the relevant groups, whilst still complying with the EU directive requirements in relation to minimum hours of clinical training. This included changes to allow nursing and midwifery students in the final six months of their programmes to spend the whole time in clinical placement.

13. Those who did so would remain students and would complete their education programmes and qualify in the normal way, subject to spending the last six (or remaining) months of their programmes on clinical placement. The emergency standards would allow such students not to be supernumerary but employers would still be expected to ensure protected learning time. The four UK Governments had committed to remunerating students during this extended clinical placement period.

14. The proposed changes also addressed the position of students in earlier years of training and were designed to enable Approved Education Institutions (AEIs) and their practice learning partners to support all of their nursing and midwifery students in an appropriate way during the emergency period. The changes had been developed in close consultation with the Council of Deans of Health.

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15. It was recognised that this was a worrying and unsettling time for all: many questions around detailed arrangements and circumstances had been submitted by a range of external participants on the Council teleconference. Where the NMC was able to provide answers not covered during the Council discussions, it would do so through a ‘Frequently answered questions’ section on the Covid-19 hub on the website. Alternatively, it would signpost to those who could provide advice or guidance.

16. **Decision: The Council approved the draft Covid-19 emergency education programme standards.**

***Extended implementation date for Standards for pre-registration nursing programmes and the Standards for prescribing programmes***

17. In these unprecedented circumstances, it was proposed to extend the deadline for seeking approval of pre-registration nursing programmes and prescribing programmes against the new Future Nurse and Prescribing standards from September 2020 to September 2021. This would bring the date into line with the implementation date for midwifery programmes and should relieve pressure on education institutions and allow enough time to properly prepare for approvals.

18. **Decision: The Council approved the extension of the implementation date for the Standards for pre-registration nursing programmes and the Standards for prescribing programmes to September 2021.**

***Proposed Nursing and Midwifery Council (Emergency Procedures) (Amendment) Rules 2020***

19. The proposed amendments to the rules would allow flexible extensions of the revalidation period; support virtual/remote Registration appeals and Fitness to Practise hearings, including sending notices electronically; and flex the quorum of Fitness to Practise panels. The proposed changes had been discussed with the representative bodies and Unions.

20. The draft rules would enable Fitness to Practise panel events to take place by videoconferencing, audio-link and telephone. The requirement to hold events in public would not apply to events being held by videoconferencing, audio-link or telephone. The approach taken was in line with the approach being taken in the civil courts.

21. In the first instance this would allow urgent hearings and meetings like interim orders and substantive order reviews (SORs) to continue to take place virtually. For the moment, substantive public hearings had been postponed but there may be a need to revisit this later in the year

depending on how the emergency situation developed.

22. The Rules could only be made by Order of the Privy Council once the Coronavirus Bill received Royal Assent. The Council was being asked to approve the Rules and would be asked to make the Rules by correspondence the following day.

23. **Decision: In accordance with powers set out in the Nursing and Midwifery Order 2001 and, subject to any minor drafting changes required by the Privy Council, the Council approved the Nursing and Midwifery Council (Emergency Procedures) (Amendment) Rules 2020 with a view to making the Rules by correspondence following the passing of the Coronavirus Bill.**

***Delegation of authority to add further groups to the Temporary Register***

24. If the emergency situation worsened, provision was needed for further groups of people to be invited to join the Temporary Register at short notice. This would be approached in line with the principles outlined in the policy approved earlier. Arrangements for rapid decision-making needed to be put in place, with appropriate safeguards.

25. Council members had discussed the proposed arrangements set out in the public paper during informal discussions the previous day and had also considered alternative options overnight. The Council recognised that it was essential to make decisions at speed and avoid unnecessary delay, whilst still ensuring proper consideration and effective governance arrangements were in place.

26. Council supported the proposed approach set out in the paper subject to the addition of an expectation that the Council would be consulted wherever possible and where this was not the case, informed within 24 hours.

27. **Decision: The Council agreed to authorise the Chief Executive and Registrar, or in her absence, a nominated Assistant Registrar, with the agreement of the Chair, or in his absence, the Vice-Chairs, to add any additional groups of suitable people to the temporary register in line with the principles set out in the Covid-19 emergency temporary registration policy and to take any other action necessary to implement these emergency decisions and principles. Whenever time allows the Chair, or the Vice-Chairs, should consult Council members before signalling agreement to a proposal from the Chief Executive and Registrar, and in all circumstances the Chief Executive and Registrar shall inform Council members of all emergency decisions and policies within 24 hours of being made.**

**Questions from Observers/external parties joining the teleconference**

28. Given the unusual circumstances of holding the public meeting by teleconference, 'observers' had been asked to submit written questions in advance. A number of written questions had been received overnight, including from the Lead Midwives for Education network, nursing and midwifery educators and Unison.
29. It was hoped that many of these questions had been covered during the discussions and all would be carefully considered and addressed through a 'Frequently answered questions' section on the Covid-19 hub on the website and shared with the four Chief Nursing Officers and the Council of Deans. This would include signposting to those who could provide answers where this was outside the NMC's remit, such as impact on student loans, employment contracts and deployment for students opting to join the Temporary Register.
30. In relation to specific points raised by a member of the public, Mr Bell, about openness and public access to Fitness to Practise hearings, it was noted that decisions were published, and transcripts were available on request. The immediate priority was to ensure that Interim Order and Substantive Order Review hearings proceeded, to protect the public. Further consideration would be given to the suggestions made by Mr Bell, including the approach being adopted by the Civil Courts. The importance of public access if there was a need to run substantive hearings virtually was recognised.
31. It was noted that helpful comments on the proposals had also been received from the Professional Standards Authority and the NMC would respond separately to these.
32. In relation to the costs of the Temporary register and emergency measures, the NMC expected to be reimbursed by the Government so that these would not be borne by existing registrants. The predicted costs were being worked out and would be reported openly once known, as the NMC would wish to be as transparent as possible about this.

**Action: Share Frequently Asked Questions (FAQs) on the website**  
**For: Director of External Affairs**  
**By: 20 May 2020**

**NMC/20/21 Executive Report**

1. The Chief Executive and Registrar introduced the Executive report. As previously discussed, corporate performance and risk would be reported on a quarterly basis in future.

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2. The Council was advised that at 24 March 2020, 6304 former nurses and midwives had expressed an interest in joining the Temporary Register. As soon as the Register was open, everyone who had responded positively would receive an email with all the information needed.
3. Speedy translation of the Temporary Registrants into deployment would be critical. It was noted that this was a matter for the four Administrations rather than the NMC but we would ensure that all the necessary information was available to make this happen as rapidly as possible.
4. Council welcomed the very significant work undertaken at spend by the Executive and teams: the NMC's work was making a positive difference to operational staff and was much appreciated on the frontline.

### ***New Corporate risk – Coronavirus***

5. The next full risk register would be provided at the May open meeting, in the interim a new risk relating to the Covid-19 pandemic had been added to the risk register. When the risk was added 3 weeks earlier, the inherent risk had been scored as a likelihood of 4, and an impact of 5. It was agreed that the inherent likelihood score should now be 5.
6. The following points were also noted in discussion:
  - a) It may be worth reflecting on whether the risk should be framed in terms of preventing avoidable patient harm, rather than ability to regulate. Patient safety was absolutely at the heart of the proposed mitigations to address the risk, but consideration should be given to whether this should be more explicit.
  - b) It may also be worth considering that as the pandemic was now an issue rather than a risk it may be more appropriate to articulate it in this way on the risk register. The Audit Committee Chair and Director of Resources and TBI would discuss this further.

<b>Action:</b>	<b>i. Review the Corvid-19 risk taking account of the Council's comments; and ii. Consider how best to articulate this on the corporate risk register</b>
<b>For:</b>	<b>i. Director of Resources and TBI; ii Chair, Audit Committee and Director of Resources and TBI</b>
<b>By:</b>	<b>20 May 2020</b>

### **Our Future Strategy**

#### **NMC/20/22 8.1 Draft Strategy 2020–2025**

1. The Director of Strategy Development introduced the draft strategy. The draft was the product of extensive co-production and input both externally with the public and stakeholders and internally with colleagues. The draft Strategy was based around three key elements of our purpose: regulate, support, and influence. The comments on clarity and corrections

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suggested by a member of the public were helpful and would be reviewed as part of the finalisation of the content.

2. The Covid-19 pandemic would inevitably impact on the speed with which it would be possible to take forward the plans and proposals contained in the Strategy or the way in which these were delivered, but did not invalidate them. For example, engaging with the public or increasing visibility to registrants may need to be addressed differently.
3. The following points were noted in discussion:
  - a) The Council had contributed extensively to the development and shaping of the draft Strategy throughout the past 12 months and the draft therefore reflected the Council's expectations.
  - b) The impact of the Covid-19 pandemic would need to be captured, perhaps in the Forewords. A thorough review of the impact on achievement of the plans and ambitions should be undertaken in 12 months.
  - c) In communications about the Strategy, it may also be helpful to add recognition of the impact of other external constraints on our ability to deliver, for example, governmental or other agencies on whom we relied in delivering aspects of our regulatory functions.
  - d) The reflection in the strategy of the importance of equality, diversity and inclusion from the values all the way through to success measures was welcome.
  - e) In normal circumstances, approval of the Strategy would have been the major focus of this meeting. Whilst the current emergency meant that was not the case, it was important to recognise that the process of developing the strategy was as important and valuable as the final document.
  - f) The original plans for launch and communication of the Strategy had been put on hold. Once uncertainty around the current crisis had settled, consideration would be given with the Council to how best to communicate the Strategy more widely, probably in the autumn.
4. **Decision: The Council approved the draft strategy for 2020-2025 and agreed that a thorough review of the Strategy be undertaken after 12 months to assess the impact of the Covid-19 emergency on achievement of the ambitions and plans.**
5. On behalf of Council, the Chair thanked the Director of Strategy Development, Candace Imison, the Assistant Director of Strategy and Insight, Emma Westcott and all the teams and other colleagues who had contributed to this work.

Action:	i. Consider how to reflect the impact of the Covid-19 pandemic and other external constraints which may impinge on the NMC's ability to achieve the Strategy's ambitions; and
	ii. Schedule a thorough review of progress after 12 months given the impact of the Covid-19 pandemic.
For:	Director of Strategy and Insight
By:	i. 20 May 2020; ii. March 2021

**NMC/20/22 8.2 Values and Behaviours Framework**

1. The Director of People and Organisational Development introduced the proposed Values and Behaviours Framework. The framework was the result of extensive consultation and input with Council and colleagues across the organisation over the past year.
2. In discussion, the following points were noted:
  - a) The Values and Behaviours framework was simple, clear and powerful in setting out how the NMC wanted to work.
  - b) It was important that the values and behaviours were embedded into all aspects of the organisation's activities.
  - c) As with the Strategy, the process of developing the values and behaviours was as important as the document itself.
  - d) The Framework had received the Plain English campaign's 'Crystal Mark' seal of approval; this was welcome.
  - e) One aspect of the framework to monitor carefully was '*we are kind*'. The NMC had been criticised in past for not being as kind as it could be in interactions and a lot of work had been done to try to get that right. It was noted that the NMC could make difficult decisions in a way that was kind and considerate.
  - f) The way in which the Executive and other colleagues had worked on the Covid-19 emergency measures was evidence that the organisation was already living and breathing the values.
3. The Council noted that it had been closely involved in shaping the framework and was committed to exemplifying the Values and Behaviours in its leadership of the organisation.
4. **Decision: The Council approved the NMC's new values and behaviours framework.**
5. On behalf of Council, the Chair thanked the Director of People and Organisational Development and team, the Executive and all other colleagues involved in this work.

**NMC/20/22 8.3 Financial Strategy**

1. The Director of Resources and TBI introduced the paper. The Council had approved the Financial Strategy in 2019. This had now been revised and updated to align with, and support delivery of, the new Strategy

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2020-2025. The revised draft had been prepared before the Covid-19 pandemic and whilst the impact of this was not currently clear, the overall financial position remained strong.

2. The Council welcomed reference to NMC values: it was unusual to see reference to kindness and compassion in a Financial Strategy. In relation to registrants who may suffer financial difficulties, for example, during the current circumstances, they would not be automatically removed for non-payment of fees. The Rule changes discussed earlier would allow more flexibility for those struggling to pay the fee.

### ***Investment policy***

3. The Chair of the Investment Committee reported that the Committee had met the previous day to discuss the current situation with the appointed Investment Fund manager. No NMC money had been invested yet as contractual arrangements were still being finalised. The policy envisaged long-term investment of £30 million into the market over a period of six months. The Committee had been assured by the realistic and transparent assessment of the situation presented by the Fund Manager. Accordingly, the Committee's view was that it was sensible to proceed whilst being mindful of the current market volatility and global economic picture. The intention was to proceed cautiously with investment of smaller amounts than initially envisaged.
4. The Council was supportive of the approach and noted that it was important to assure registrants that good care was being taken of the NMC's funds. The Council requested regular updates on the investment position at each meeting.

5. **Decision: The Council approved the Financial Strategy.**

**Action: Provide regular updates on the Investment position**  
**For: Chair, Investment Committee/Director of Resources and TBI**  
**By: 20 May 2020**

### **NMC/20/22 8.4 Accommodation Strategy**

1. The Director of Resources and TBI introduced the Accommodation Strategy. This had been developed in parallel with, and to support delivery of, the Strategy 2020-2025. The strategy also addressed more immediate issues, such as the office in Edinburgh, as the lease expired in 2022 and the main office at 23 Portland Place, which is overdue for full refurbishment.
2. The Director welcomed the helpful correction from an external observer that the ratio should be seven desks for every 10 people, rather than the other way around, as stated in the Strategy.

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3. In discussion, the following points were noted:
  - a) The current emergency had resulted in almost the entire workforce, including the contact centre, working remotely from home. This was a great credit to Technology and facilities colleagues who had enabled such a rapid transformation.
  - b) So far, the video-conferencing technology was working well, including for virtual Fitness to Practise hearings.
  - c) The insights and experience gained from running the organisation in this way may generate consideration of the scope to further reduce the physical office space in future. A reduction of the organisation's carbon footprint and travel and accommodation costs were additional factors to consider further. Investing in further improving technology would be key to this.
  - d) Whilst remote and agile working was welcome, the social impact of work and the challenges for teamworking also needed to be part of the consideration and should not be underestimated.
4. It was proposed to bring the business case for the Edinburgh office and 23 Portland Place to the Council in the Summer or Autumn. The Council asked that the above comments and observations be taken into account in developing the business cases to be brought back later in the year.

5. **Decision – The Council approved the Accommodation Strategy.**

<b>Action:</b>	<b>Take account of the Council's comments in developing the business cases for Edinburgh and 23 Portland Place</b>
<b>For:</b>	<b>Director of Resources and TBI</b>
<b>By:</b>	<b>July/September 2020</b>

**NMC/20/22 8.5 Corporate Plan and Budget**

1. The Director of Resources and TBI introduced the draft Corporate Plan and Budget for 2020-2021. The corporate plan sought to deliver the first year of the strategy structured under the Strategy's five themes. Thanks were due to the Head of Planning and Performance, Rob Beaton, who had done an excellent job in supporting the strategy team and the Executive in preparing the plan.
2. It was not yet possible to know what the financial and operational impact of the Covid-19 pandemic would have on the plans, but clearly aspects of these would be significantly delayed. The Executive had already undertaken a prioritisation exercise to ensure delivery of the Temporary Register and emergency measures and other core regulatory functions and identify what could be deferred.
3. The budget was based on the current organisational structure which would change at the beginning of April. The budget would be brought back to the Council in May aligned to the new structure.

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4. Currently it was proposed to retain the existing Key Performance Indicators and targets, except that more challenging targets were proposed in a small number of areas based on current performance.

5. In discussion, the following matters were noted:

- a) It was important to identify which projects may not go ahead as planned and the impact of this. Projects that needed to be put on hold or undertaken differently, included those which required registrants' input or consultations and interactions with the public and partners.
- b) It was important to not lose momentum in the areas where work could continue or where preparatory and scoping work could be done.
- c) The Modernisation of Technology programme needed to continue, but as the Council had discussed the previous day, it was essential to get a grip on expenditure and be realistic about what could be delivered, budgets and timescales. It had been agreed to complete phase one and to commission an external review, which would include identifying learning so far and the scope and options for phase two.
- d) Given the adoption of the new Strategy, there was a case for a more fundamental review of the key performance indicators to consider whether these were the right key measures to drive activity and for the Council to assess progress and performance. A rigorous review of progress was necessary in six months' time. The budget was a roadmap and was a very good starting point.
- e) The budget figures for years two and three were indicative. The reason for the deficit in year three of £4.2 million related to the possible estimate costs associated with renting additional office space if it was agreed to refurbish 23 Portland Place.
- f) The corporate plan and budget were a roadmap and the work and effort that had gone into these were commended.

6. The Council requested that a thorough review of the corporate plan and budget be brought back in the autumn, reflecting the impact of the Covid-19 emergency. This should also include a fundamental review of the key performance indicators to identify what would best enable the Council to monitor progress against the strategy and corporate plan.

7. **Decisions:**

**Subject to a review in the autumn, the Council approved:**

- the corporate plan for 2020–2021;
- the KPIs and targets for 2020–2021; and
- the budget for 2020–2021.

8. **The Council agreed:**

- that the annual registration fee for all registrants should remain at the current level of £120.
- the cost of living award of 2.0 percent for all employees, and the grading and pay awards to colleagues below the mid points of their ranges, to be paid with effect from 1 April 2020.

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**Action:** Undertake a thorough review of the Corporate Plan and Budget in the autumn, including a fundamental review of the Key Performance Indicators.  
**For:** Director of Resources and TBI  
**By:** 23 September 2020

**NMC/20/23 Gender Pay Gap Report 2019**

1. The Director of People and Organisational Development introduced the Gender Pay Gap Report 2019. The legal obligation for this to be published by 31 March 2020 had just been suspended by the Government due to the Covid-19 pandemic. As the report had been prepared, it was proposed to press ahead and submit this.
2. The Director noted that the gender pay gap had worsened over the past 12 months, partly due to the changing composition of the workforce, since this was a snapshot in time. More male colleagues had joined the organisation in the higher quartiles and more females in the lower quartiles. It was important to note that this was not an equal pay audit: the equal pay gap was 0.3 percent.
3. In discussion the following points were noted:
  - a) The proposal for further unconscious bias training was welcome, as was the proposed internal review to identify barriers to career progression for females.
  - b) Some of the challenge related to the reluctance of colleagues to put themselves forward for roles with additional responsibility given personal circumstances. There was a need to be clear about the support and flexibility that the NMC offered.
  - c) A reverse mentoring scheme for BAME colleagues was in place and it may be worth considering extending this to female colleagues. Other strategies such as shadowing and mentoring could also be useful.
  - d) The fact that the gap was worsening was a concern and, recognising that the gender pay gap had to be calculated in the way required by Government, it was difficult to ascertain what was going wrong if we were doing all the right things and what could be done to address this.
  - e) The indications were that the 2020 figures should be more positive but we were not complacent and would continue to seek to look at ways to tackle this issue.
4. **Decision: The Council approved the draft Gender Pay Gap Report 2019.**

**Action:** Update Council on the results of the reverse mentoring scheme once in place  
**For:** Director of People and Organisational Development  
**By:** TBC

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**NMC/20/13 Questions from observers**

1. The Chair noted the following additional questions submitted by a member of the public, Mr Bell.
  - a) *Pro bono legal advice for unrepresented registrants*: in relation to a question about progress, the Director of Fitness to Practise advised that this was still at the scoping stage. Some progress had been made though not as much as we would like. This was on hold at the present, given the Covid-19 pandemic, but would be returned to in the new financial year.
  - b) Investment policy risk appetite given the current market situation: this had been discussed during the meeting and the Council had expressed confidence in the assessment of the Investment Committee and noted that decisions on timing of investment would be taken by the expert appointed investment fund manager.

**NMC/20/25 Nursing associates – one year on**

1. The Council noted the report.

**NMC/20/26 Midwifery Update**

1. The Council noted the update.

**NMC/20/27 Audit Committee Report**

1. The Council noted the report.

**NMC/20/28 Appointments Board Report**

1. The Council noted the report.

**NMC/20/29 Chair’s action taken since the last meeting**

1. There were none to report.

**Chair's closing remarks**

1. The Chair thanked everyone for listening and for their patience. This had been a very important meeting. He expressed special thanks, on behalf of the Council, to the Director of Strategy Development, Candace Imison, attending her last public meeting. Candace had made an immense contribution over the past year, not just in terms of delivering the Strategy but to all the organisation’s work.
2. The Council also reiterated its enormous thanks to all the registrants continuing to deliver care on the front line in the most difficult and challenging time and wished them all to stay safe and well.

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

**SIGNATURE:** .....

**DATE:** .....

## External Observers

Carol Doyle	Professional Advisor for Nursing and Midwifery Education and NMAHP Research, Chief Nursing Officer's Directorate, Scottish Government
Jane Beach	Lead Professional Officer, Regulation, East & West Midlands, Unite
Peter Bell	Member of public
Kate Robinson	Senior Policy and Research Manager, NHS England/Improvement
Ian Felstead-Watts	Director of Quality Assurance, Mott Macdonald
Pamela Page	Deputy Director of NMC Reviews, Mott MacDonald
Jenny McNeill	Lead Midwife for Education, School of Nursing and Midwifery, Queens University Belfast
Claire Roberts	Lead for Academic Quality, School of Nursing & Midwifery Birmingham City University
Lisa Jenson	Lead Midwife for Education and Quality Enhancement Lead - Nursing and Midwifery, Birmingham City University
Abbie Fordham Barnes	Faculty Lead for Practice Quality, Birmingham City University
John Lee	Head of School - Nursing and Midwifery, Birmingham City University
Rachel Spencer	Lead Midwife for Education, Sheffield Hallam University
Phil Downing	Job title unknown
Frances Cannon	Senior Professional Officer, NIPEC
Georgina Sims	Associate Professor, Head of Department, Midwifery, Lead Midwife for Education, Kingston and St George's Joint Faculty, St George's Hospital
Jackie Parkin	Deputy Head: Department of Nursing and Midwifery College of Health, Wellbeing and Life Sciences, Sheffield Hallam University
Dr Jo Lidster	Deputy Head of Department, Nursing and Midwifery, Sheffield Hallam University
Jenny Wood	Solicitor, Capsticks LLP
Liz Wheatley	Lecturer in Nursing, University of Bolton
Rachel Best	Assistant Professor, Lead Midwife for Education, The University of Nottingham
Kate Bowers	Academic Lead for Nursing, Hull University
Sam Chenery-Morris	Lead Midwife for Education, University of Suffolk
Stephanie Jones-Berry	Nursing Journalist, RCNi
Megan Ford	Reporter, Nursing Times
Jo Stephenson	Freelance News and Features, Nursing Times
Helen Ashford	Neurology Co-ordinator at South Devon Healthcare NHS Foundation Trust
Kate Fawcett	Senior Scrutiny Officer (Performance), Professional Standards Authority

**NMC Staff Observers**

Jennifer Turner	Senior Governance Manager
Kelly O'Brien	Governance Manager
John Lucarotti	Legislation Reform Lead
Ellie Taylor	Social media officer, External Affairs
Lauren Haslehurst	Head of News, External Affairs
Roberta Beaton	Corporate Risk Manager
Jacqui Williams	Senior Midwifery Advisor

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## **Council meeting: 25 March 2020**

### Questions submitted by observers

#### **Temporary register (general)**

**Q: You say you haven't contacted those with 'known health conditions', what does this mean?**

**A:** In light of recent government advice, we didn't contact people who we understand to have health conditions to invite them to join the temporary register. We identified these people using the data they provided at the time they left the register. These people are still able to join the Covid-19 temporary register if they are in an eligible group. If you have been contacted or are looking to join the temporary register and you have a health condition, we would encourage you to consider the most recent government guidance on Covid-19 before making your decision.

**Q: How is the NMC protecting the data of those applying to join the Covid-19 temporary register?**

**A:** All those applying to join the temporary register receive details about how we will use their data in line with GDPR and our privacy policy.

**Q: If I am removed from the register, will information about it be made public?**

**A:** If you are removed from the Covid-19 temporary register, your name will no longer appear on it. We may tell employers and other relevant health and social care providers that you have been removed from the temporary register and the reasons why. We will also inform those who may have been directly involved or impacted, including temporary registrants, employers and members of the public. Removal decisions will not be published on the NMC website.

**Q: 'The Registrar may register all of the persons comprising a specified group of persons without first identifying each person in the group' - does that mean all people in a specified group will get registered without being asked?**

**A:** No one will be registered without specifically opting in, either by responding to an email invite from the NMC or using the opt-in form on our website. Those on the temporary register are able to contact us to ask to be removed at any time. Read more in our [temporary registration policy](#).

**Q: What is meant by 'specified group'?**

**A:** We have [identified groups of potential registrants](#) who are fit, proper and suitably experienced for temporary registration during this Covid-19 emergency. So far we have identified a number of these groups.

#### **Students (general)**

**Q: If I am on an extended clinical placement and remunerated, am I still a student?**

**A:** Yes. Your education institution will continue to support you while you are studying.

**Q: What happens if I do something wrong while I am on an extended clinical placement? Will I still be able to join the permanent register at a later date?**

**A:** This will be addressed with you through the normal processes at your education institution, and will only impact on your application for registration if you are considered not fit to practise or do not successfully meet the outcomes of the programme.

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**Q: If I choose to take up an extended clinical placement and become unwell, will I get sick pay?**

**A:** Information related to remuneration is available from the Department of Health (and Social Care) in your respective country.

**Q: I am unable to continue on my clinical placement, which means it is going to take additional time for me to complete the programme. Will my fees be automatically covered for the extended period or will I be required to pay fees for another term?**

**A:** Your education institution will be able to advise you whether there is any impact to your fees if your course is going to take longer to complete.

**Q: Where will my clinical placement be?**

**A:** Your education institution will be able to provide you with information about your placement/s.

**Q: Will I be required to continue documenting evidence for assessment in student practice documents as per our usual assessment preparation?**

**A:** Supervisors will continue to document evidence in the practice assessment document during this period.

**Q: If I want to leave my clinical placement after I have already started, what should I do?**

**A:** If you have any concerns about working in your allocated placement, you will need to discuss this with your education institution.

**Q: How will this change affect my student finance?**

**A:** Your education institution will be able to advise you whether there is any impact to your fees if you have to defer or if your course is going to take longer to complete.

**Q: Will I have employment rights if I take up an extended clinical placement?**

**A:** You will be undertaking your extended clinical placement as a student, but if you are remunerated during your placement by an employer they will be able to confirm your employment status.

**Q: If I have failed practice assessments, will I still be allowed to choose to take up an extended clinical placement?**

**A:** This will be up to your education institution to decide whether you are able to go on an extended placement or need to complete your outstanding assessments first.

**Q: What will happen to first and second year students with regards to progression?**

**A:** Your education institution will be able to advise you about progression points and any changes that might be made to support this.

**Q: Can I go on an extended placement part-time?**

**A:** If you are a full-time student then your practice learning will be full-time. Please speak with your education institution about this if you are unsure.

**Q: If I opt to undertake an extended placement, what impact will this have on the completion of my dissertation?**

**A:** Your education institution will be able to advise you on the requirements and any changes that might impact on your dissertation.

**Q: Will second year students who are on placement under the emergency standards of 'protected learning time' be remunerated in the same way as the final year students are?**

**A:** Information related to remuneration is available from the Department of Health (and Social Care) in your respective country.

**Q: Given the blanket introduction of the Standards for Student Supervision and Assessment, can the same Academic Assessor be used for progression in consecutive parts of the programme?**

**A:** This standard has not been changed and so a different academic assessor will need to be in place in consecutive parts of the programme.

**Q. If a student suspends studies to take a contract of employment working as a temporary registrant, could this student receive recognition of prior experiential learning (RPL) against programme learning outcomes when they return to their studies?**

**A:** No decision has been made about inviting nursing students to join the Covid-19 temporary register so this is not an option for any student at present. If a student leaves their programme to work as a non-registered health care worker, any RPL will depend on their AEI's RPL process. Institutions would need to robustly ensure that students have appropriately met their learning outcomes, and had their competencies signed off during this period. If not then students would need to return to complete their studies.

**Q: Do education institutions need to adopt the emergency programme standards?**

**A:** Our [emergency standards](#) are intended to be facilitative and not directive. These standards do not require AEIs or individual students to change their current programmes, but provide additional flexibility for AEIs so that they can facilitate student learning and support the workforce during this emergency period. These standards are temporary and will no longer apply after the emergency period.

**Students (temporary register)**

**Q: If student nurses are invited to join the temporary register, and I choose to do so, am I still a student?**

**A:** No decision has been made about inviting nursing students to join the Covid-19 temporary register so this is not an option for any student at present. If this option is allowed in future, you would join as a registered nurse with conditions of practice for the emergency period and would not be a student. At the end of the emergency your temporary registration would end and you would become a nursing student again.

**Q: 'AEIs will be asked for names of potential students' – can you envisage any GDPR issues with this? How do AEIs mitigate against this?**

**A:** The Coronavirus Act 2020 gives us an express new power to require the provision of information for the purposes of identifying individuals in any specified group of temporary registrants so we will use this power for any future groups of potential registrants if necessary. No decision has been made about inviting nursing students to join the Covid-19 temporary register but if this decision is made, then we will use this statutory power to ask AEIs for their names and contact details to enable us to invite them to opt in and the AEIs will be under a duty to provide them so there will not be any GDPR issues.

**Other**

**Q: Are there CMA (Consumer Marketing Authority) implications in adopting the Emerging Programme Standards?**

**A:** Our [emergency standards](#) are intended to be facilitative and not directive. They do not require AEIs or individual students to change their current programmes but provide additional flexibility for AEIs so that they can facilitate student learning and support the workforce during this emergency period. Any CMA implications are a matter for the AEIs and the CMA.

## Council

### Summary of actions

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

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## Summary of outstanding actions arising from the Council meeting on 25 March 2020

Minute	Action	Action owner	Report back date	Progress to date
NMC/20/20	<p><b>COVID-19 emergency changes to rules, standards and policy</b></p> <p>Share Frequently Asked Questions (FAQs) on the website</p>	<p><b>Director of Communications and Engagement</b></p>	<p><b>20 May 2020</b></p>	<p>Completed: FAQs are available on the <a href="#">Covid-19 website</a>. Responses to questions raised by Observers at the 25 March 2020 meeting were sent to all those who joined the meeting and are also annexed to the minutes.</p>
NMC/20/21	<p><b>Executive Report</b></p> <p>i. Review the Covid-19 risk taking account of the Council's comments; and</p> <p>ii. Consider how best to articulate this on the corporate risk register</p>	<p>i. <b>Director of Resources and Technology Services;</b></p> <p>ii. <b>Chair, Audit Committee and Director of Resources and Technology Services</b></p>	<p><b>20 May 2020</b></p>	<p>See updated risk register on the agenda.</p>
NMC/20/22	<p><b>8.1 Draft Strategy 2020–2025</b></p> <p>i. Consider how to reflect the impact of the Covid-19 pandemic and other external constraints which may impinge on the NMC's ability to achieve the Strategy's ambitions; and</p> <p>ii. Schedule a thorough review of progress given the impact</p>	<p><b>Director of Strategy and Insight</b></p>	<p>i. <b>20 May 2020</b></p> <p>ii. <b>March 2021</b></p>	<p>We will report on impact of Covid-19 on the Strategy at the Open Council meeting in July 2020, as part of the Performance and risk report.</p>

Minute	Action	Action owner	Report back date	Progress to date
	of the Covid-19 pandemic.			
<b>NMC/20/22</b>	<b>8.3 Financial Strategy</b> Provide regular updates on the Investment position	<b>Chair, Investment Committee/ Director of Resources and Technology Services</b>	<b>20 May 2020</b>	At the time of writing, the contract with the investment manager has not yet been signed and no investments have been made.
<b>NMC/20/22</b>	<b>8.4 Accommodation Strategy</b> Take account of the Council's comments in developing the business cases for Edinburgh and 23 Portland Place	<b>Director of Resources and Technology Services</b>	<b>July/September 2020</b>	The business case for the Edinburgh offices and 23 Portland Place will be discussed by the Accommodation Committee (date TBC) and then presented to Council in September 2020.
<b>NMC/20/22</b>	<b>8.5 Corporate Plan and Budget</b> Undertake a thorough review of the Corporate Plan and Budget in the autumn, including a fundamental review of the Key Performance Indicators	<b>Director of Resources and Technology Services</b>	<b>23 September 2020</b>	Not yet due.
<b>NMC/20/23</b>	<b>Gender Pay Gap Report 2019</b> Update Council on the results of the reverse mentoring scheme once in place	<b>Director of People and Organisational Development</b>	<b>TBC</b>	The reverse mentoring project has been rescheduled to start in September 2020 due to the COVID-19 emergency.

## Summary of outstanding actions arising from the Council meeting on 29 January 2020

Minute	Action	Action owner	Report back date	Progress to date
NMC/20/07	<p><b>7a. Executive Report</b></p> <p>Add Modernisation of Technology programme delivery to the corporate risk register</p>	<p><b>Director of Resources and Technology Services</b></p>	<p><b>25 March 2020</b></p>	<p>This risk will be reflected in the corporate risk register on the agenda.</p>
NMC/20/10	<p><b>Safeguarding and Protecting People Policy review</b></p> <p>The Executive to consider:</p> <p>i. if the risk register is comprehensive enough to encompass safeguarding issues;</p> <p>ii how to best share cases and learning with the Council on an ongoing basis.</p>	<p><b>Director of Professional Regulation / Director of Resources and Technology Services</b></p>	<p><b>25 March 2020</b></p>	<p>i. This element has been added to our risk of failing to comply with legal or compliance requirements (COM18/02).</p> <p>ii. Safeguarding incidents and learning will be considered by the Executive Board and the Audit Committee will also receive a summary. The most serious incidents will be reported to Council members and the Remuneration Committee as appropriate.</p>

## Summary of outstanding actions arising from the Council meeting on 3 October 2019

Minute	Action	Action owner	Report back date	Progress to date
<b>NMC/19/70</b>	<b>EDI Research</b>  Provide early findings from the EDI research to Council	<b>Director of Strategy and Insight</b>	29 January 2020 / 25 March 2020	An update on the work is provided within the Executive Report.

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## Council

### Update on our response to the Covid-19 pandemic

**Action:** For noting.

**Issue:** To update the Council on the measures we have taken to respond to the Covid-19 pandemic.

**Core regulatory function:** All regulatory functions.

**Strategic priority:** Strategic aim 1: Improvement and innovation  
Strategic aim 2: Proactive support for our professions  
Strategic aim 3: More visible and informed  
Strategic aim 4: Engaging and empowering the public, professionals and partners  
Strategic aim 5: Insight and influence  
Strategic aim 6: Fit for the future organisation

**Decision required:** None.

**Annexes:** None.

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

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**Context:**

- 1 The Covid-19 pandemic has presented an unprecedented challenge for the health and social care sector, as well as for society more broadly. In tackling this virus the nurses, midwives and nursing associates on our register have demonstrated exceptional skill, perseverance and bravery. We want to pay tribute to them and to the many professionals who have, tragically, lost their lives to Covid-19.
- 2 At its last meeting on 25 March 2020, the Council agreed a number of measures in response to the pandemic. These included:
  - 2.1 Approving the Covid-19 Emergency Temporary Registration Policy;
  - 2.2 Approving the Covid-19 Emergency Education Programme Standards;
  - 2.3 Extending the implementation date for the Standards for pre-registration nursing programmes and the Standards for prescribing programmes to September 2021;
  - 2.4 Agreeing emergency changes to our Rules to enable us to continue to regulate effectively during the pandemic.
- 3 This report summarises the actions we have taken since the Council’s last meeting. Its structure reflects the three pillars of our [corporate strategy 2020-2025](#): regulate, support, and influence.

**Four country factors:**

- 4 This pandemic has affected the entire UK, although its impact has not been the same in all the nations or regions. Our approach to managing it has been UK-wide and we have prioritised regular stakeholder engagement with UK Government, the Devolved Administrations, the Chief Nursing Officers (CNOs), and the four national leads for midwifery to ensure an aligned approach.

**Discussion:**

**Regulate**

**Temporary registration**

- 5 The [Covid-19 Emergency Temporary Registration Policy](#) explained our proposed risk-based approach to using our emergency temporary registration power to expand the nursing and midwifery workforce in a safe and measured way. The policy set out the principles we would follow and outlined the groups of people who may be considered suitable for temporary registration at different stages as the pandemic evolved. These potential groups included former registrants, overseas qualified nursing and midwifery professionals, and final year nursing students in the last six month of their education programmes.

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- 6 On 26 March 2020, the Secretary of State for Health and Social Care formally advised the Registrar of the Covid-19 emergency situation and our emergency temporary registration power came into force.
- 7 Our role is to temporarily register suitable people for the purpose of this particular emergency in line with our policy. They must all practise in line with the Code. We then support the organisations in each of the four nations responsible for deployment of these temporary registrants by sharing relevant information and data. We have also provided information for employers about their responsibilities for providing appropriate training, support, and equipment, and for conducting relevant pre-employment checks with the Disclosure and Barring Service / Disclosure Scotland.
- 8 To date, the Registrar has granted temporary registration to eligible people in three groups who have opted-in voluntarily, having been advised of the need to have regard to their own health and wellbeing and suitability to practise during the emergency:
- 8.1 From 27 March 2020, those who voluntarily left the register without any concerns within the last three years.
- 8.1.1 The group can reasonably be considered to be fit and proper by reason of their previous recent period of registration without concern, and suitably experienced by reason of their recent nursing and midwifery registered practice.
- 8.2 From 6 April 2020, overseas-trained nurses and midwives who are ready to sit their objective structured clinical examination (OSCE) and who have completed all other stages of our overseas assessment process.
- 8.2.1 The group excludes applicants whose previous OSCE test results suggest there may be serious concerns about their clinical competence.
- 8.2.2 The group is identified as higher risk than the first group because they have not previously been on the NMC's register.
- 8.2.3 We have a good level of assurance about their qualification, language, health, character and theoretical clinical knowledge.
- 8.2.4 We have taken into account that many people in this category are already working in health and social care settings and have very nearly completed the process for NMC registration.

- 8.2.5 As we do not have the assurance of the OSCE in relation to their clinical skills, temporary registration for this group is subject to conditions (see paragraph 9).
- 8.3 From 15 April 2020, those who voluntarily left our register without any concerns four to five years ago.
- 8.3.1 We have assurance over this group because they have all been on our register within the last five years, so they have previously met all our registration requirements.
- 8.3.2 As their past period of registration is not as recent as the first group, we have less assurance about their current clinical skills, so temporary registration for this group is subject to conditions (see paragraph 9).
- 9 To make sure the public are protected and to maintain confidence in the professions, the following conditions of practice apply to temporary registrants who trained overseas and temporary registrants who left our register four or five years ago:
- 9.1 They must work as a registered nurse or midwife in an employed capacity for a health or social care employer; and
- 9.2 They must always work under the direction of an NMC registered nurse, midwife or other registered healthcare professional who is not on a temporary registrant.
- 10 As a result of these measures 13,290 nurses and midwives have become temporary registrants as of 5 May 2020. Tables 1 and 2 break the total number down by nation of registered address and type of registration.

England	10,998
Scotland	1,392
Wales	595
Northern Ireland	279
Not provided (we have requested)	26

<b>Table 2: Temporary registrants by type</b>	
Nurses	12,416
Midwives	743
Dual (nurse and midwife)	131

### **Temporary registration of students**

- 11 At the time of the previous Council meeting in March, the possibility of granting temporary registration to nursing students in the final six months of their programmes, was set out as a possible future option.
- 12 Following engagement with the Chief Nursing Officers and their teams and with the professional bodies and unions over the past few weeks, we have now decided not to grant temporary registration to nursing students in the final six months of their programme, for three key reasons:
- 12.1 The likely impact of the pandemic on our health and social care system has changed and there is now less demand to rapidly expand the nursing and midwifery workforce to deal with anticipated short term pressures on services. It is clear however, we will need to sustain the numbers of fully qualified nursing and midwifery professionals to support services in the medium to long term.
- 12.2 A high number of students have decided to opt in to extended clinical placements (see paragraph 21). These placements are working well to allow students to support services while completing their studies.
- 12.3 Deployment of professionals on the temporary register has not yet been at the level we anticipated. There are a number of people already on the temporary register available to work but not currently deployed into services. We are working with partners across the UK to support people who are waiting to return to practice.

### **Temporary registration of ‘partial lapsed’**

- 13 We have received a small number of enquiries from individuals who hold effective registration in one or more parts of the register and who have lapsed their registration in another part; for example, they remain registered as a nurse and have lapsed their registration as a midwife. They have asked whether they are eligible for temporary registration in the part of the register from which they have lapsed.

Following engagement with our stakeholders, we have decided not to open temporary registration to this group.

- 14 As there is currently less demand to expand the workforce to address short term pressures, and there would be no net increase in registered professionals, there would be only limited benefit of opening temporary registration to this group. We identified a number of risks of doing so, including:
- 14.1 potential confusion for people using services and the public, employers, and registrants about people holding both temporary and full registration in different parts of the register at the same time;
  - 14.2 complexity in handling concerns about the practice of people with two types of registration, given the different rules that apply to temporary and full registrants;
  - 14.3 possible unintended workforce consequences caused by an individual moving roles based on their new temporary registration.
- 15 We therefore concluded the risks of extending temporary registration to this group outweighed the benefits of doing so. As an alternative, we are providing information on how people can apply for readmission for full registration in the part of the register from which they have lapsed.

#### **Temporary registration removal guidance**

- 16 On 6 April 2020, following engagement with the four Chief Nursing Officers, the RCN, the RCM, Unite and Unison we published our [Covid-19 Temporary Registration Removal Guidance](#). The policy explains why and how temporary registrants can be removed from the register.

#### **Temporary prescribing annotations**

- 17 During the emergency, we also have an emergency power to temporarily annotate the register entries of individual registrants or groups of registrants considered to be fit, proper and suitably experienced persons to prescribe medicines. We recognise there are risks associated with using this power. In particular, we have concerns about how it could be implemented with sufficient safeguards, while still being operationally useful in the care of people using services.
- 18 The four Chief Nursing Officers have considered the situation and have assured us that temporary prescribing annotations would not be beneficial at the moment. As a consequence, we have no current plans to use these powers.

## Emergency education programme standards

- 19 The [Covid-19 Emergency Education Programme Standards](#), which the Council approved in March, give AEIs increased flexibility to enable students to progress on their programmes, while supporting the workforce.
- 20 Nursing and midwifery students have the option of continuing on their existing programmes, where our normal standards can be assured, or deferring their programmes and undertaking paid clinical work as health care workers or voluntary clinical work in line with the deferral policies of their institution.
- 21 Those in the final six months of their pre-registration programme will be able to finish their programme in clinical placement, while students in their second year will be able to spend up to 80 percent of their time in clinical placement. First year students will be able to move into 100 percent theory during the emergency period.
- 22 Feedback from students, universities, and professional partners and our latest figures indicate that this approach has had a positive impact. Approximately 29,500 students have taken up the option of an extended clinical placement. 22,000 of these are in England, 4,300 are in Scotland, 2,200 are in Wales and 1,000 are in Northern Ireland.
- 23 We have also continued to engage with those responsible for the education and training of nursing associates to ensure they remain supported in their programmes.
- 24 At its last meeting, the Council extended the deadline for implementing the new standards for pre-registration nursing programmes and for prescribing programmes to September 2021, which aligns with the implementation date for future midwife standards. We have adapted our quality assurance approvals process so that it is more flexible and can be undertaken remotely. Following those changes, of the 131 scheduled approval events, 60 are now planned to go ahead remotely and 71 have been deferred by AEIs.
- 25 We have also recently provided clarification to our Approved Education Institutions (AEIs) about the interpretation of the minimum years requirement in the EU Directive to make clear that it refers to academic years. Therefore, as soon as students have completed 4,600 programme hours, three academic years, and have met all of the requirements to meet our standards, it is permissible for their details to be uploaded to us to be admitted to the NMC register. This gives the AEIs more choice about when they opt to upload the information on their students to us, for us to admit them onto our register, taking into account any local factors.

- 26 We are keen to ensure that we have removed any barriers to entry, whilst ensuring that our standards are met, and seek to be as facilitative as possible. Any decision to bring forward the upload of students will therefore be entirely at the AEIs discretion.

### **Registration**

- 27 For UK registrations, we are continuing as normal with online applications to join and re-join the register. We are continuing to process applications from overseas applicants wishing to join our register. Following the lockdown advice from the UK Government, all OSCE tests were suspended until further notice so we are keeping the situation under review.
- 28 We have allowed an extra six weeks for payment of our annual registration fee when this has been needed to reflect the fact that some registrants may be facing some financial hardship as a result of the Covid-19 situation.
- 29 Registration appeal hearings have been postponed for the time being. We are keeping in close contact with all appellants whose appeals are affected and working with them to resolve matters through other means where possible.

### **Revalidation**

- 30 As reported to the last meeting of the Council, we provided a three-month extension for people due to revalidate in March, April, and May 2020 (a total of 24,422 people). Those due to revalidate in June have now also been given the same three month extension.
- 31 Our emergency rule changes came into force on 31 March 2020, giving us more flexibility in relation to revalidation extensions.
- 32 Since then, we have been considering a number of options in relation to revalidation extensions, balancing a range of factors including: the benefits to public protection and to registrants; the feasibility of undertaking revalidation during the pandemic; our legal and technological constraints; and the financial implications for the organisation.
- 33 We have now decided to allow all registrants due to revalidate from July 2020 onwards to request a three month extension if they need more time to complete their revalidation applications. Thereafter, a further extension of three months may be allowed if they can show a good reason for it and their request is supported by their confirmer. More information will be provided soon about these changes and we will be keeping the need for any further extensions under review as the pandemic evolves.

## Fitness to Practise

- 34 The emergency Rule changes which the Council approved at its last meeting came into effect on 31 March 2020. They have enabled us to maintain essential fitness to practise services:
- 34.1 Between the 16 March and 30 April 2020, we received 574 new referrals and have resolved 164 of these (all of which were screening closures).
  - 34.2 In the same period, 372 remote panel meetings and hearings have taken place to conclude interim order applications and reviews and substantive order reviews.
  - 34.3 Between 31 March (when they restarted) and 30 April 2020, we have participated remotely in 18 high court interim order extension applications.
- 35 Our substantive hearings have currently been suspended to the end of June 2020.

## Support

- 36 Since the beginning of the pandemic we have increased our advice and information for our registrants and our stakeholders.
- 37 To ensure we provide clear advice and information about temporary registration and our regulatory approach during the pandemic we have:
- 37.1 issued a joint statement with 10 other regulators of professions on [how we will continue to regulate during the pandemic](#);
  - 37.2 issued [four joint statements](#) with nursing and midwifery leaders across the UK on our plans for expanding the workforce;
  - 37.3 organised calls and remote meetings and published a [blog and resources](#) for employers;
  - 37.4 created a [Covid-19 hub](#) with targeted information for stakeholders which has been viewed over 1 million times;
  - 37.5 sent 70,807 targeted emails to people eligible for temporary registration;
  - 37.6 answered 25,931 calls and 7,612 emails to our home-based contact centre between 20 March and 30 April 2020;

- 37.7 used a range of media articles, blogs, social media, and webinars to reach as wide an audience as possible.
- 38 We have issued statements on issues that are important to our registrants and stakeholders and important for the safety of people using services, including on:
- 38.1 [Personal protective equipment](#);
- 38.2 [Advance care planning and do not attempt cardiopulmonary resuscitation](#) (joint statement with the General Medical Council);
- 38.3 The [disproportionate impact of Covid-19 on people from Black, Asian and minority ethnic \(BAME\) backgrounds](#);
- 38.4 The [Government's social care action plan](#) for England and the [ONS statistics on deaths in care homes](#) in England and Wales.

### **Influence**

- 39 Tackling this pandemic has required significant collaboration across all parts of the health and social care system. We have worked closely with a wide range of stakeholders to achieve consensus on changes to the way we regulate during the pandemic, support decision-making across all four UK nations, securing alignment of messaging, as well as highlighting (and, where appropriate, acting on) areas of concern, including the disproportionate impact of Covid-19 on people from BAME backgrounds.

### **Working with sector partners**

- 40 We have engaged with stakeholders on all of the actions we have taken in response to the pandemic, and this has enabled us to be confident that our decisions have been appropriate in this fast-moving situation while considering the unique nature of each of the four UK countries.
- 41 Andrea Sutcliffe and Geraldine Walters have led weekly calls with the CNOs of the UK and their teams. These calls are used to update each other on our respective work in relation to Covid-19, and gain feedback on our early and developing thinking on all aspects of our response to Covid-19.
- 42 Andrea Sutcliffe, Geraldine Walters and Emma Broadbent have had regular calls with a working group made up of the NMC, CNOs, the Council of Deans of Health, the Royal Colleges and unions, and the DHSC. The working group has collaborated to help the NMC make decisions in relation to the Covid-19 temporary registration and

other issues, as well as being a forum for organisations to offer support to each other during this unprecedented situation.

- 43 Partners we continue to work closely with include CNOs, other health and social care regulators, the Royal College of Nursing, the Royal College of Midwives, Unison, Unite, the Council of Deans of Health, the Critical Care National Network Nurse Leads Forum, the British Association of Critical Care Nurses, the UK Critical Care Nursing Alliance, the Nurse Professional Advisory Group, the National Critical Care Network Directors' Group and leaders in the social care sector.

### **Working with the four UK countries**

- 44 Building on our successful engagement work to build relationships across the UK, lead directors for each of the four UK countries have held calls with key stakeholders in each country to reflect on the specific challenges they are facing, how our respective organisations have responded to date, and to explore opportunities for us to collaborate on future challenges ahead and prepare for exiting the emergency.

### **Engaging with UK Parliament**

- 45 Andrea Sutcliffe and Philip Graf had a discussion with the Minister of State for Care, Helen Whately MP, to discuss the NMC's response to Covid-19. Andrea Sutcliffe has had a further call and a video meeting with the Minister to discuss the progress of our work and to highlight some of the barriers the nursing and midwifery workforce are facing at this time.
- 46 We worked closely with DHSC officials to establish our emergency temporary registration, emergency standards and necessary changes to our rules to make sure that we were able to support the expansion of the nursing and midwifery workforce in a safe and effective way. We continue to engage with government and NHS officials about the deployment of those temporarily registered and the support in place for both those returning to practice and those with permanent registration.
- 47 We will be writing to the Chair of the Women and Equalities Committee, Caroline Nokes MP, in response to the Committee's call for evidence on the impact of the Covid-19 outbreak on those with protected characteristics.
- 48 We have sent our key political stakeholders from across the UK an information pack outlining our activity in response to Covid-19 and a list of frequently asked questions to support them with any queries that they may have from constituents or members of the public.

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## Internal operations

- 49 Within the NMC we have undertaken a number of pieces of work to ensure that we are able to manage the impact of the pandemic whilst maintaining our core statutory functions. Since the 16 March 2020, with the exception of a visiting skeleton staff to monitor post and building safety, all of our staff have been working remotely. On 11 May 2020 we confirmed that in line with Government advice we would not be re-opening our offices as colleagues can continue to work at home.
- 50 We have established a robust approach to managing all of our activities during this emergency situation. Gold Command comprising Executive Directors, Director of People and General Counsel meets daily to review progress, determine priorities and acts as the prime decision-making body with those decisions recorded and ratified at Executive Board meetings. Gold Command is assisted by Silver Command comprising Assistant Directors from across the organisation responsible for the operational implementation of our plans. These arrangements are now under review as the emergency situation develops.
- 51 The health and wellbeing of our staff is vitally important and we have taken the following steps to support them whilst ensuring that we are operating as effectively as possible:
- 51.1 Laptops and softphones were rolled out before the lockdown to enable remote working, including for contact centre staff;
  - 51.2 Regular communication, briefings, and webinars for colleagues including an organisation-wide update from the Chief Executive in April 2020 and another planned in May 2020;
  - 51.3 Regular information on managing physical and mental health and wellbeing together with the roll out of a resources hub; and
  - 51.4 Restarting online recruitment for priority roles following an initial pause.

## Next Steps

- 52 We continue to monitor the external environment to consider what further steps we may need to take to *Regulate, Support, and Influence* during the pandemic.
- 53 In particular, we are starting to plan for all the steps we will need to take, in collaboration with others, to ensure the safe transition out of the current emergency situation. This planning is needed in relation to both our regulatory role and our internal arrangements, taking

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into account the needs of the public, people using services, our registrants and our own staff.

54 We will provide evidence, where appropriate, to support work to assess and learn from the pandemic. Current work underway includes:

54.1 Inquiries by the Health and Social Care Committee of the UK Parliament.

54.2 Research by Public Health England into the impact of Covid-19 on health and care staff.

54.3 A study by the National Audit Office on readying the NHS and social care for the Covid-19 peak.

**Midwifery implications:**

55 We have aligned our approach so that there is parity of support provided both to nurses and midwives seeking to become temporary registrants. We are continuing to hold regular discussions with four national leads for midwifery, the Royal College of Midwives and others to ensure that this approach remains the right one.

**Public protection implications:**

56 Our decision-making has been guided by the following prioritisation factors:

56.1 Maintaining our important role in protecting the public and promoting public confidence in nursing and midwifery, while looking to minimise burdens on busy professionals;

56.2 Ensuring we continue to register the right people swiftly – the health and social care system needs nurses, midwives and nursing associates more than ever now;

56.3 Playing our part in the emergency actions needed to respond to the Covid-19 pandemic;

56.4 Looking after our colleagues to make sure people are safe and we can continue to operate effectively; and

56.5 Progressing our long-term plans but recognising some projects and programmes may now take longer or be deferred.

**Resource implications:**

57 The NMC’s response to Covid-19 has been a substantial effort, requiring resource and support from all functions. We are discussing with DHSC the process for reimbursement of the costs

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we have incurred in relation to enabling temporary registration and our emergency rule changes.

**Equality diversity and inclusion implications:**

- 58 Over the course of this pandemic, we have sought the views of key EDI stakeholders on the specific impact it could be having on different groups. Stakeholders have told us they are very concerned about the differential impact of the Covid-19 pandemic on different groups, especially on people from BAME backgrounds.
- 59 This evidence has informed the development of our equality impact assessment and action plan on the Covid-19 policy response. Our priority actions are:
  - 59.1 To improve our understanding of the diversity of those on our temporary register by identifying how many temporary registrants we already hold EDI data for and how complete and up to date it is. Once we have that information, we will take a decision on further data collection;
  - 59.2 To ensure that our processes for registration and removal from the temporary register are fair and free from bias. We are reviewing our standard operating procedures for example to identify decision points which might be vulnerable to this;
  - 59.3 To ensure that registrants do not discriminate and act in ways that are free from bias; and
  - 59.4 To provide support to the professionals on our registers by working collaboratively with other stakeholders to promote sign-posting to mental health support, and by updating our guidance and support documents accordingly.
- 60 We will continue to keep the EQIA updated during the pandemic.

**Stakeholder engagement:**

- 61 To-date we have worked closely with the UK Government and devolved administrations, employers, professional bodies and our partner regulators to design, implement and monitor these measures. We plan to continue this engagement going forward.
- 62 We are conscious that due to the exceptional circumstances posed by this pandemic, we have not engaged or consulted with public and patient groups as we usually would. We will address this in the event of further substantive changes to our approach during the pandemic.

**Risk implications:**

- 63 An initial assessment of key risks resulting from Covid-19 was discussed by the Executive Team in April 2020. This highlighted for example that Covid-19 could result in us being unable to effectively

regulate our professions or to protect the public or protect NMC colleagues.

- 64 It also set out specific mitigation measures, such as developing the emergency register and having flexibility within our standards to provide a framework for decision making which can be applied in a wide range of situations. The full entry in the risk register is included in Annexe 2 of the Executive Report at Item 7 on this agenda.

**Legal implications:**

- 65 At its last meeting, the Council approved the Nursing and Midwifery Council (Emergency Procedures) (Amendment) Rules. Once the Coronavirus Act 2020 came into force these Rules were formally made by the Council, have subsequently been approved by an Order of the Privy Council and came into force on 31 March 2020.

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## Council

### Executive report

**Action:** For discussion.

**Issue:** The Council is invited to consider the Executive's report on key strategic developments up to 30 April 2020 and financial performance against our 2019–2020 corporate plan and budget up to 31 March 2020.

**Core regulatory function:** All regulatory functions.

**Strategic priority:** All priorities for the strategic period 2019-2020.

**Decision required:** None.

**Annexes:** The following annexes are attached to this paper:

- Annexe 1 – Corporate performance report at 31 March 2020
- Annexe 2 – Corporate Risk Register at 31 March 2020
- Annexe 3 – 2020–2021 budget reflecting our new organisational structure.

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

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- Context:**
- 1 This paper is produced by the Executive and contains highlights from the external environment, progress against our corporate plan and risks facing the organisation.
  - 2 The report consists of four sections:
    - 2.1 This cover report 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 for 2019–2020 (**annexe 1**);
    - 2.3 Our corporate risk position and risk register up to 31 March 2020 (**annexe 2**); and
    - 2.4 A supplementary report showing our corporate budget for 2020-2021 which reflects our new organisational structure (the content of the budget has not changed from the Council approved budget submitted in March 2020) (**annexe 3**).

**Four country factors:** 3 Same in all UK countries.

**Discussion: Responding to novel coronavirus (Covid-19)**

- 4 As 2019-2020 drew to a close, the UK faced the global emergency to respond to novel coronavirus (Covid-19). With a vital role to play in the health and social care sector, we undertook an intense programme of work to support the UK Government to mobilise its emergency plans to create capacity within the workforce.
- 5 A detailed paper on measures introduced to respond to Covid-19 is at agenda item 6, detailing the actions we have taken to respond, working with our partners and key stakeholders.

**2020–2025 Strategy**

- 6 Following 12 months of intensive work to engage with stakeholders and develop our strategic priorities for the next five years, in March 2020 the Council approved our strategy for 2020–2025.
- 7 Our new strategy was published on 29 April 2020. The launch involved publishing the strategy to our website alongside writing to our stakeholders, and those people who responded to the consultation or attended an event, inviting them to view the strategy on the website and explaining the context in which we are publishing it.
- 8 We will be revisiting plans to host events with key stakeholders later in the year.

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- 9 Although we have referenced the Covid-19 pandemic in our new strategy, it was not on the horizon as we developed our priorities. However, we do not believe that this invalidates the strategy but strengthens the need for the strategic ambition which we have set.
- 10 However, Covid-19 does mean that we will not be able to do everything we have laid out in the time frames we anticipated. How we do things, particularly engaging with our colleagues and partners, will also need to change in the short term.
- 11 We have already made decisions to pause or slow specific initiatives. When the immediate pressures have eased we will need to do a more in depth stock take of our work programme and agree new phasing, which we will keep under constant review as the situation evolves.
- 12 An internal group has been set up to review and update our corporate plan for 2020-2021 in light of Covid-19. An updated plan will be provided to the Council in the autumn.
- 13 In the meantime, we have been familiarising colleagues with the corporate strategy and embedding the revised values and behaviours which underpin it.

## Other engagement work

### UK political engagement

- 14 On 4 April the Labour Party announced their new leader Sir Keir Starmer. Since the announcement he has made a number of changes to his frontbench including appointing Liz Kendall MP as the new Shadow Minister for Social Care. We have written to Ms Kendall to request a meeting. We also hope to engage with other members of the new Shadow Cabinet in the coming months.
- 15 The UK government's legislative agenda has been heavily impacted during the Covid-19 outbreak. We continue to monitor the parliamentary business of all four UK legislatures and keep colleagues updated regarding the latest status and on progress with new legislation and policies.

### Regulatory reform

- 16 We are committed to working with the government and other stakeholders to help modernise the legislative framework for professional regulation in health and social care.
- 17 Work continues with DHSC officials regarding regulatory reform, and we understand at this time that DHSC remains committed to an ambitious timetable with plans to consult by the end of 2020 and to lay legislation in early 2021. Covid-19 may still impact this timeframe and we continue to work closely with DHSC to understand the

impact on this work.

### **EU exit**

- 18 We continue to engage with government officials at DHSC and Department for Business, Energy and Industrial Strategy (BEIS) on the trade negotiations and any potential impacts for the NMC.
- 19 Despite the government's current focus on the Covid-19 pandemic, at the time of writing they have said there will not be an extension to the EU exit trade negotiations deadline. A sub-group of the Brexit Steering Group is therefore being established to consider the possible outcome of these negotiations and review our preparations for both a deal and no-deal EU exit in December 2020.

### **Fitness to Practise case against Helen Lockett**

- 20 In our last report we referenced our referral of a 12 month suspension order in the case against Helen Lockett, former Director of Nursing at Liverpool Community Health Trust, to the Professional Standards Authority (PSA) for consideration. In February 2020, we had asked the PSA to consider exercising its power to appeal this case to the High Court, as we believed that in light of our independent panel's findings, and our NMC guidance, a 12 month suspension order was not sufficient.
- 21 On 22 April 2020, the PSA confirmed they would not be referring this decision to the High Court. The sanction remains a 12 month suspension order. This means Ms Lockett will be unable to practise as a nurse for the duration of the suspension. The sanction will be reviewed before the end of the 12-month period, where a panel can decide to let the sanction expire at the end of the 12 months, extend the duration of the suspension order or replace it with a conditions of practice or striking off order.
- 22 On 23 April 2020, we issued a statement to selected media and political stakeholders following the PSA's decision.
- 23 We respect the PSA's decision and are reviewing the full rationale from the PSA so that we can incorporate this into our continuous improvement work.

### **EDI Research**

- 24 We are undertaking research to evaluate the impact of our regulatory activities on people with protected characteristics under the Equality Act 2010 and, where necessary, to identify actions required to address inequalities. As the work progresses, we wish to keep Council informed about progress. The quantitative stage of the research is expected to be finished by the end of July 2020 and we expect to be in a position to share the findings from that in the

autumn.

25 We shared initial findings from our analysis of internal NMC data with our external advisory group in January 2020 and sought feedback on proposed next steps. Our initial analysis of NMC data confirms the findings of the previous work we have done in this area through the University of Greenwich research of fitness to practise outcomes and the Ipsos MORI evaluation of revalidation. In summary:

25.1 We receive proportionally more referrals of Black and unknown ethnicity professionals and most of these referrals are made by employers.

25.2 Male nurses and midwives and those referred by their employer are more likely to progress further in our FtP process.

25.3 As employers refer more BME professionals, they are, by association, more likely to go further in our FtP process.

25.4 Nurses and midwives with a disability, those who are older (aged over 61 years), those living outside of the UK, and those whose ethnicity is unknown are less likely to revalidate.

26 The project will be focusing on three priority areas for the next phase of our work:

1. Referrals to FtP and case progression;
2. Revalidation; and
3. People joining the register from outside the UK.

**Midwifery implications:** 27 There are no differences to the application of this topic for midwifery.

**Public protection implications:** 28 Public protection implications are considered when reviewing performance and the factors behind poor or good performance.

**Resource implications:** 29 No external resources have been used to produce this report.

**Equality diversity and inclusion implications:** 30 Equality and diversity implications are considered in reviewing our performance and risks.

**Stakeholder engagement:** 31 Not applicable.

**Risk** 32 The impact of risks is assessed and rated within our corporate risk

**implications:** register.

**Legal implications:** 33 None.

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## **Section 1: Executive Summary**

### **Context**

- 1 Annexe 1 contains a number of different reports providing updates against our corporate plan, budget and KPIs. Sections are: Traffic light assessments against our delivery plan (section 2), traffic light summary of performance (section 3), financial monitoring reporting (section 4) and corporate KPIs (sections 5) which reflect the targets set within our corporate plan and budget for 2019–2020. Detailed KPI commentary for each directorate can be found within sections 6 to 8.
- 2 Our delivery plan details the key milestones of our corporate commitments for 2019-2020. At year end this shows that a significant proportion of milestones have been completed.
- 3 Completed work includes: putting in place new processes for overseas registration, completing our office move from Holborn to Stratford, publishing new return to practice standards for nurses, midwives and nursing associates, launching Future Midwife, transforming the way we deal with enquires and complaints, undertaking approval decisions for Approved Education Institutions (AEIs) against our new standards of proficiency for nurses, developing our new technical solution for education quality assurance, implementation of new internal collaboration tools (Workplace and Peakon employee surveying), backing up the stability of our phone lines, rolling out an organisation wide laptop programme, delivering new pay and grading structures, and completing an extensive programme of strategy consultation and launching our new strategy for 2020-2025.
- 4 In March 2020, we also delivered a significant response to the Covid-19 emergency including the launch of temporary registration for nurses and midwives, agreeing emergency powers, engaging with sector stakeholders and mobilising NMC colleagues to work remotely. These activities were unplanned but successfully delivered at pace.
- 5 The impact of Covid-19 meant that we prioritised our available resources to divert capacity to the emergency response. The impact is that some areas which we expected to complete or progress further by Q4 have been delayed. See annexe 1 section 2.
- 6 Areas of slippage at the end of the year are delivery of our modernising of technology programme (replacing our core systems, Wisser and CMS), introducing pro bono legal advice for registrants, improvements to information and signposting for registrants within our FTP processes, engagement work for post registration standards development, and the test of competence for overseas applicants.

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## Performance highlights

- 7 The Executive Board would like to draw to the attention of Council those areas where performance is notable or has slipped as discussed below:

### Regulate

#### Registrations

- 8 **Overseas test of competence:** Since 28 January 2020, those returning to practise have been able to use the test of competence (ToC) to rejoin our register. Due to Covid-19 our OSCE delivery centres in Northampton, Oxford and Ulster have been temporarily closed. At the same time we have also seen a high number of computer based test (CBT) delivery sites and English language test sites closing across the world, including significant closures throughout India and the Philippines.
- 9 The new test of competence was due to launch in May 2020 to go live in August 2020. This has now been paused, and we will consider the appropriate way forward as part of our planning.
- 10 **Enquires and complaints:** We have delivered a number of improvements throughout the year. In February 2020 we launched the new customer feedback survey for the contact centre and have received 509 completed surveys. 75 percent of these customers were happy with the service provided. Through our live monitoring of the survey, we have contacted eight unhappy customers and resolved the issues immediately.
- 11 **Registrations KPIs:** All five of our registrations KPIs finished the year above target. See annexe 1 - section 5 - part a, for details.
- 12 **Contact Centre:** Our call answering rates finished the year above target at 92.2 percent.

#### Fitness to Practise

- 13 We continue to implement the outcomes from our pilots into new approaches for FTP. Progress in four key areas is:
- 1) *Prioritising local action:* We have been engaging with stakeholders ahead of the launch of our revised pre-referral guidance for employers. The guidance aims to support employers to take effective action when there are concerns about someone's practice, with fairness to everyone involved in the process, ensuring that decisions are proportionate and take account of the context in which concerns have arisen. The launch was delayed from January to March 2020 to allow time for additional engagement with employers. The engagement and updates to the guidance were completed but the launch was postponed because of Covid-19. We will re-schedule the launch at the appropriate time following recovery from the emergency.

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- 2) *Taking account of context:* We are developing a tool for taking a more systematic approach to considering context. The context pilot has been paused due to Covid-19. However, the emergency puts greater significance on context as referrals have already begun to be received relating to practise during these challenging times. In response, work has been initiated to roll out the context tool and principles for decision-makers across the Professional Regulation directorate to ensure that context is taken into account in a systematic way, including virtual training.
- 3) *Enabling remediation:* We introduced revised guidance to assist the professionals on our register to better understand how they can demonstrate that they are safe to practice after a complaint has been raised against them. We also updated guidance for our decision makers to assist them in considering remediation, which has now been published and teams have been trained. The six-month review was due to take place in June 2020. However, due to Covid-19, this work is on pause.
- 4) *Making best use of hearings:* The six-month review of this pilot took place in January and a period of implementation is still required. We will continue to deliver the new approach to hearings through virtual events at this time.
- 14 **FTP KPIs:** Both of our FTP KPIs (issuing interim orders and FtP Cases concluded within 15 months) finished the year above target, but at a lower level than previous years. This was anticipated due to performance issues that have been reported on throughout the year and we expect there to be further downturn in performance in 2020-2021. In light of Covid-19 we anticipate performance and budget slippages during 2020-2021. See annexe 1 - section 5 - part c for details.

## Support

### **Future midwife**

- 15 We formally launched the standards in January and February 2020 with a roadshow of events across the UK. Feedback was overwhelming positive and we will implement the standards over the coming year.

### **Post-registration standards**

- 16 We held a post registration standards steering group in January 2020 where the proposed direction of travel for developing the new standards was recommended. The Council agreed these recommendations at its January 2020 meeting. We continue to progress the post-registration standards project but the overall project planning, milestones and timelines will need to be adjusted in response to Covid-19.

**Approval decisions for approved education institutions against new standards**

- 17 71 Approved Education Institutions (AEIs) were approved between April 2019 and March 2020. This represents 113 percent progress against our target of 63 AEI approvals for 2019–2020 (a green current status).
- 18 In response to the ongoing Covid-19 situation, programme approvals are taking place remotely, though some institutions have deferred their visit. Council has agreed to extend the implementation of pre-registration nursing and prescribing standards from September 2020 to September 2021, to allow more institutions to focus on students and the workforce at this time.

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## Influence

### Strategy for 2020-2025

- 19 The Council approved our strategy for 2020-2025 at its March meeting; this followed 12 months of extensive engagement and co production with stakeholders. Although our engagement work around the launch has been delayed for six months, the strategy was published on our website and launched internally in April 2020.

### Four country engagement

- 20 Director leads have been engaging with key stakeholders within each country of the UK to understand country specific issues and consider how we collaborate moving forward.

### Focused strategic communications

- 21 This year we have delivered a new approach to strategic engagement which has underpinned all of our engagement work. This will provide strong foundations for increasing the reach of our engagement for the new strategy from 2020.

### Covid-19

- 22 As mentioned in agenda item 6 we have worked extensively with sector partners and the UK government to deliver our emergency response. An exception report providing more information about engagement on Covid-19 is at annexe 1 - section 8 - part c.

## Our Organisation

### Our people

- 23 **New values and behaviours:** Our values and behaviours were agreed by the Council in March 2020. They were launched in April 2020 at our leadership event for over 200 managers. Work will continue to embed them through 2020-2021, including integration into our Leadership Development Programme.
- 24 **Pay and reward:** The pay proposals for 2020-2021 were approved by Council in March 2020. The approved pay increases will take effect from April 2020. Further work to update pay structures to relate them to talent and development and are currently being modelled.
- 25 The defined benefit pension scheme consultation will now take place in the autumn due to Covid-19. Preparation is underway including revisions to current defined contribution pension scheme and life insurances.
- 26 **Policy work:** Our capability, disciplinary, grievance and time off policy work is now complete. Policies currently being reviewed are redundancy, managing change, learning and development and probation amongst others. Our new hiring

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policy is almost ready for sign off now that our managed service provider is in place. Other policies being drafted are the 'personal interest and outside appointments' policy and 'disability leave and long term condition leave' policy which will be discussed out our next people programme board.

- 27 **Turnover:** Our overall employee turnover has significantly reduced to 13.5 percent at March 2020 (against a target of 20 percent). This is an 8 percent reduction on the same period last year and continues to show a positive trend towards our long term turnover reducing over time.
- 28 Employees leaving within six months of joining has fallen from over 16 percent in December 2019 to under 13 percent at March 2020. This is below the target of 18 percent.
- 29 **Employee engagement:** Employee pulse surveys to provide regular data about the level of employee engagement have recommenced having been paused earlier in the year as we worked on a wider survey about 'Life at the NMC'. The latest set of Peakon results show an overall employee engagement rating of 6.6 (against a target of 6.4).

### **Replacing core ICT systems**

- 30 In March, the Council received a separate report with detailed information regarding our Modernisation of Technology Services programme (MOTS).
- 31 As previously reported, the programme experienced significant slippages during the year, and was re-phased in November 2019. Phase 1 was focused on moving the register off Wiser and onto Microsoft Dynamics 365 (D365). Case management system work has been moved into phase 2 for 2020-2021.
- 32 In March 2020, we successfully delivered the latest releases for our Overseas and Readmissions systems.
- 33 The next significant release will be the payments system which is due to be launched in May 2020. Following this, we will be able to move to having the D365 Register as the primary source of record for registrations.
- 34 The team have received new requirements to meet Covid-19 emergency policies such as the extending revalidation timeframes. These requirements have had an impact on the wider timeline and deliverables, but have been prioritised for delivery in June 2020.

### **Digital workplace**

- 35 In response to Covid-19 we successfully moved NMC colleagues to remote working as advised by the UK government. The ease of this transition was supported through the rollout of an organisation wide laptop project, regular IT infrastructure testing and IT improvements delivered during the year.
- 36 Although there are some areas where we still need to invest in ICT, this provides assurance that stability exists within the system.

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## Financial Monitoring

- 37 Subject to the outcome of the audit, at year end, we have a surplus of £7.2m against a budgeted deficit of £3.0m. This represents a variance £10.2m compared to budget. This is largely driven by higher income at £89.7m combined with underspends in core business spending across a number of directorates and delays to spending or lower than anticipated costs within our programmes and projects. Another contributor is a higher proportion of MOTS expenditure being capital in nature which was more than originally anticipated. We had planned to move some of our bank deposits/ investments into a portfolio of equity based investments by the end of the year. Due to ongoing work setting up the investment management process, this will be carried out in the new financial year.

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## Section 2: Traffic light summary of progress against our Delivery plan

The table below provides a year end review of our progress against our delivery plan for 2019-2020

Key deadline	Activity	Previous forecast (December 2019)	Current forecast (March 2020)
<b>1. Changing our Approach</b>			
Delivering a new approach to fitness to practise (Matthew McClelland)			
May 19 (Q1)	<p>Publish a series of videos on our website aimed at members of the public explaining the Fitness to Practise process</p> <p><i>*Delivered as scheduled in Q1. To support our work to deliver person centred 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.</i></p> <p><i>These were developed to be accessible to a wide range of external stakeholders, including those with learning disabilities.</i></p>	N/a	Complete
Jun 19	<p>Evaluate the outcomes from pilots and develop implementation plan</p> <p><i>* The pilots were reviewed and implementation plans drawn up in four key areas: Prioritising local action, Taking account of context, Enabling remediation and Making best use of hearings.</i></p> <p><i>Our Amber rating reflects that some work is still outstanding (discussed in the executive summary at annexe 1 section 1).</i></p>	Green	Amber (further work outstanding)
Sept 19 (Q2)	<p>Improve the level of support that we provide for nurses, midwives, and nursing associates.</p> <p><i>* Our Amber rating reflects that work to improve signposting and support for registrants has been delayed because of resource constraints. We have developed an FAQ document to assist registrants with FTP processes but plans for further improvements will now slip into 2020-2021.</i></p>	Amber	Amber (further work outstanding)

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Key deadline	Activity	Previous forecast (December 2019)	Current forecast (March 2020)
Sept 19 (Q2)	<p>Introduce a pro-bono legal advice service for unrepresented registrants, in partnership with a law school.</p> <p><i>*Our Amber rating reflects slippage from the intended due date and work still to be completed.</i></p> <p><i>Progress to date is that an options paper was considered by the Executive in October 2019 and an internal working group was convened to develop a proof of concept and engage with representative bodies about possible options. This work has been postponed to allow teams to focus on business continuity priorities during Covid 19.</i></p>	Amber	Amber  (further work outstanding)
Dec 19 (Q3)	<p>Launch an emotional support helpline by the end of quarter three.</p> <p><i>*Careline was launched on 10 October 2019. We are meeting regularly with the provider to evaluate the service and we will conduct an interim evaluation after six months and a full evaluation at the end of the 12 month pilot.</i></p>	N/a	Complete
Embedding Lessons Learned (Emma Broadbent)			
Mar 20 (Q4)	<p>Transform the way we will deal with all enquiries and complaints.</p> <p>2019-2020 highlights are:</p> <ul style="list-style-type: none"> <li>• Embedding and providing training for the new team including completion of a nationally recognised qualification in complaints handling and investigations and peer support training for handling distressing cases.</li> <li>• New customer feedback survey for the contact centre launched in February 2020.</li> <li>• New FOI and GDPR policies and updated standard operating procedures are in place.</li> <li>• Revisions to our response templates which balance legal compliance with our person centered approach.</li> </ul>	Green	Complete

Key deadline	Activity	Previous forecast (December 2019)	Current forecast (March 2020)
Reviewing the overseas registration process (Emma Broadbent)			
May 19 (Q1)	Nursing Associates (NA) Overseas applications: technical solution  <i>*A release to process overseas NA applications was completed in Q1. Additional functionality was released as part of the go live date of 7 October for the system for nurses and midwives.</i>	N/a	Complete
Sep 19 (Q2)	Automate the whole application process continue to improve our support and guidance for applicants  <i>*The NMC successfully went live with the new overseas system and process on the 7 October 2019 as planned.</i>	N/a	Complete
Mar 20 (Q4)	Continue to develop and improve the test of competence.  <i>* We successfully launched our new overseas system and process on 7 October 2019.</i>  <i>Our red rating reflects that despite work initially being on track, we have postponed the introduction of the test of competence for Overseas applicants to focus on establishing temporary registration during Covid 19. New timescales to be confirmed as part of our longer term planning.</i>	Green	Red  (Has been deprioritised due to Covid 19)
<b>2. Core business and new initiatives</b>			
Education (Geraldine Walters)			
Jun 19 (Q1)	Return to practice: publish new return to practice standards for nurses, midwives and nursing associates  <i>*New return to practice standards were published in May 2019. Work continued 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.</i>	N/a	Complete
Jan 20 (Q4)	Launch an alternative route for return to practice.	Green	Complete

Key deadline	Activity	Previous forecast (December 2019)	Current forecast (March 2020)
	<i>*The alternative route for return to practice via a test of competence was launched in January 2020.</i>		
Jan 20 (Q4)	<p>Future midwife: complete the consultation on our draft standards for registered midwives, approve and launch the final standards and proficiencies.</p> <p><i>*The Final standards are available on the NMC website. Celebratory events across the UK were completed during January and February 2020.</i></p>	Green	Complete
Mar 20 (Q4)	<p>Quality assure all education institutions and programmes against the new standards of proficiency for nurses using our new model of quality assurance.</p> <p><i>*71 Approved Education Institutions (AEIs) have approval decisions against our new standards since April 2019 against our target of 63 for 2019-2020.</i></p>	Green	Green
Sept 20 (Q2)	<p>Post registration standards: agree a timescale and work programme to complete our review.</p> <p><i>*Amber reflects slippage from original timescales. We continue to progress the post registration standards project but the overall project planning, milestones, delivery approaches and timelines need to be adjusted as a result of Covid-19.</i></p>	Amber	Amber (Needs to be reviewed in light of Covid 19)
Oct 19 (Q3)	<p>Future nurse: implement our new education framework and our new standards of proficiency for registered nurses</p> <p><i>*This was completed in Q3. 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.</i></p>	Green	Complete
Jan 20 (Q4)	Future midwife: complete the consultation on our draft standards for registered midwives, approve and launch the final standards and	Complete	Complete

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Key deadline	Activity	Previous forecast (December 2019)	Current forecast (March 2020)
	<p>proficiencies</p> <p><i>*We published the standards on our website on 18 November 2019, following which formal launch events were also held.</i></p>		
Nursing Associates (Geraldine Walters)			
No date – approvals are demand led	<p>Approve nursing associate pre-registrations programmes using our new quality assurance (QA) framework.</p> <p><i>*To date over 50 institutions have begun the programme approval process, with 46 now fully approved and 1 refusal. We liaise regularly with the Department of Health and Social Care and Health Education England to update them on progress.</i></p>	Green	Green
Mar 20 (Q4)	<p>Monitor and review our regulatory processes to ensure they work well for 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> <p><i>*Oversight continues via weekly monitoring and periodic updates to the Council</i></p>	Green	Green
May 19 (Q1)	<p>Nursing Associates – overseas technical solution</p> <p><i>*This was delivered in Q1 as scheduled.</i></p>	N/a	Complete
<b>3. Enhancing our capability and infrastructure</b>			
Accommodation (Andy Gillies)			
Jun 19 (Q1)	<p>Decant from Aldwych</p> <p><i>*Colleagues were able to decant from Aldwych by the end of Q2 but moved to Kemble Street, rather than directly to OWA, due to the installation of IT and furniture.</i></p>	N/a	Complete
Sep 19 (Q2)	<p>Decant from Kemble Street</p> <p><i>*The move to OWA took place as planned at the end of Q2.</i></p>	N/a	Complete

Key deadline	Activity	Previous forecast (December 2019)	Current forecast (March 2020)
Replacing core technology (MOTS) (Andy Gillies)			
May-19 (Q1)  (The MOTS phase 1 programme was reviewed during the year and a new deadline of July 2020 and additional budget was agreed by the Council in November 2019)	<p>New technical solution for quality assurance (QA) of education standards for Approved Education Institutions.</p> <p><i>*Our Amber rating reflects the in year slippage in phase 1 development from the planned deadline.</i></p> <p><i>The Education approved programme database went live in April 2020. Further work to develop the QA portal and MOTS hub migration is forecast for August 2020 as per the wider MOTS phase 1 programme timelines.</i></p>	Amber	Amber  (Reflects in year slippages)
Nov-19 (Q3)  (The MOTS phase 1 programme was reviewed during the year and a new deadline of July 2020 and additional budget was agreed by the Council in November 2019)	<p>Wiser replacement (our core systems for our register).</p> <p><i>*As previously reported, our Amber rating reflects slippage both in time and costs for phase 1 of the programme.</i></p> <p><i>We anticipate that our Registration processes will transition to the new platform (Microsoft Dynamics 365) in stages throughout summer 2020. Rigorous testing will continue to ensure that we limit any risks.</i></p> <p><i>Our overseas and re-admissions systems went live on the new platform in March 2020. We have however experienced a delay to payments system which has slipped from April to May to reduce the risk of introducing changes during Covid 19. We have also undertaken work to reflect registration policy changes agreed in our new Covid 19 powers for the emergency.</i></p>	Amber	Amber  (Reflects in year slippages and work outstanding)
Mar-20 (Q4)	<p>FTP Case Management System.</p> <p><i>* As previously reported, Red reflects slippage into 2020-2021. The business case is due in Q2 2020-2021.</i></p>	Red	Red  (work was moved to 2020-21)

Key deadline	Activity	Previous forecast (December 2019)	Current forecast (March 2020)
Digital workplace (Andy Gillies)			
Jun-19 (Q1)	Backup phone lines  <i>*We have fully migrated onto new telephony infrastructure and are no longer reliant on traditional copper telephone lines which failed us in the past.</i>	N/a	Complete
May-19 (Q1)	Collaboration tools  <i>*Our internal collaboration tool, Workplace by Facebook, was launched on 20 June 2019.</i>	N/a	Complete
Aug-19 (Q2)	Technology supporting the office move to Stratford  <i>*After delays on provision of the main data line from OpenReach, this was delivered in time for the move date in September. The backup line was delivered by Q3 2019.</i>	N/a	Complete
People Strategy (Sarah Daniels)			
May 19 (Q1)	Implement monthly employee surveys  <i>*Our first regular employee engagement survey was conducted in May 2019. The surveys are used to update our action plans and allow us to be more aware of issues as they arise.</i>	N/a	Complete
Jun-19 (Q1)	Equality and inclusion action plan to be rolled out during Q1  <i>*The Equality, Diversity and Inclusion Action Plan was signed off by the People Strategy Programme Board in October 2019.</i>	N/a	Complete
Sep-19 (Q2)	New pay and grading system to be consulted upon and implemented by end of quarter two.  <i>*Following an employee consultation process between 17 June and 31 July 2019, the Grading and Pay framework (structure and salary investment) was approved by the Remuneration Committee in September 2019 and by Council in October 2019.</i>	N/a	Complete
Mar 20 (Q4)	Longer term work on future pay scheme design to be concluded by the end of quarter four.	Green	Amber  (further work outstanding)

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Key deadline	Activity	Previous forecast (December 2019)	Current forecast (March 2020)
	<p><i>* At their meeting in March 2020 the Council approved the pay proposals for 2020-2021 which included further steps to move colleagues towards the median rate. This was reflected in colleague's salaries from April 2020.</i></p> <p><i>Our Amber rating reflects slippages regarding additional work to develop future pay structures which relate to talent and development and remodelled based on a headcount which naturally scales down in our 5 year business plans. . This is currently behind schedule due to COVID-19.</i></p>		
Mar 20 (Q4)	<p>New values and behaviours framework to be agreed by the end of quarter four.</p> <p><i>* Our new values and behaviours were developed in latter part of 2019-20 alongside our new strategy, and agreed Council in March 2020. They were also reviewed by Plain English and have achieve the Crystal Mark of approval.</i></p> <p><i>They will now be embedded through a plan of internal activities including integrating them into our Leadership Development Programme. They were internally launched at a virtual leadership event on 22 April 2020.</i></p>	Green	Complete
Delivering proactive strategic communications and engagement (Edward Welsh)			
Sep 19 (Q2)	<p>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.</p> <p><i>*A new model was delivered in December 2019.</i></p>	N/a	Complete
<b>4. Strategy 2020–2025</b>			
Strategy Development (Candace Imison supported by Edward Welsh for co-production and engagement)			
24 Mar 20 (Q4)	<p>Council approve new strategy for 2020-2025</p> <p><i>* Following 12 months of work to seek views</i></p>	Green	Complete

Key deadline	Activity	Previous forecast (December 2019)	Current forecast (March 2020)
	<i>from stakeholders and develop our new strategy for 2020-25, the strategy was formally approved in March 2020.</i>		
1 April 20 (Q4)	<p>Launch the corporate strategy, achieving widespread third party support and high levels of employee knowledge.</p> <p><i>*The launch of the strategy has been delayed by six months due to the ongoing Covid-19 pandemic</i></p>	Green	<p>Amber</p> <p>(launch event has been delayed due to Covid 19)</p>

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### Section 3: Traffic light summary of budget and KPI performance

Year to date income and expenditure	Current status
Income (YTD outturn: £89.7 million, which is £3.2m / 4% ahead of budget )	Green
Expenditure (YTD outturn: £91.3 million, which is £5.9m / 6% under budget)* <i>*The size of the underspend indicates slippage in delivery against plans</i>	Amber

Registration & Revalidation performance metrics (YTD against target)	Current status
97% of UK Initial Registration Completed (1 day)	Green
95% of UK Initial Registration Completed (60 days)	Green
90% of Overseas Applications Assessed (60 days)	Green
90% of EU Applications Assessed (30 days)	Green
90% of Readmission applications completed (21 days)	Green
90% of calls answered by the contact centre	Green

Education and Standards metrics (YTD progress against target)	Current status
Approval decisions against new standards for 63 AEIs during 2019-2020	Green

Fitness to Practise performance metrics (YTD against target)	Current status
80% of interim orders imposed within 28 days of opening the case* <i>*Although at year end we have achieved our rolling 12 month target, the longer term trend shows a decline over time which poses risks for maintaining future performance levels</i>	Amber (changed from Green)
80% of FtP cases concluded within 15 months of opening <i>* Although at year end we have achieved our rolling 12 month target, the longer term trend shows a decline over time which poses risks for maintaining future performance levels</i>	Amber (changed from Green)

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People and Organisational Development performance metrics (YTD against target)	Current status
Overall staff turnover (12 month rolling) below 20%	Green
Staff turnover within six months of joining below 18%	Green
Average sick days per employee (a reduction to 7.5 days by March 2020)	Green

Technology and Business Innovation performance metrics (YTD against target)	Current status
Network security: Threats blocked	Green
Incident reports for all Priority 1 (P1) failures produced and distributed within 3 working days	Green
NMC website / NMC online downtime (Working hours/ out of hours) - excluding planned outages	Green

Data for (i) Monthly customer satisfaction with technology services, (ii) First time fix rate and (iii) all incidents logged and resolved within 5 working days will be provided at a later date due to transitioning to a new system. This will be reported in our next report to Council.

Resources performance metrics	Current status
Increase oversight of contracts by Procurement team	Green

External Affairs performance metrics	Current status
Internal communications (employee engagement scores) <i>*Our employee survey was relaunched in December 2019</i>	Green
Registrant mass email communications (open rates and engagement) <i>*Both the open rate and click to open rate were below target at Q2 and have since increased to above the target.</i>	Green
Social media (Twitter and LinkedIn engagement) <i>*Followers for both Twitter and Linked In continue to increase, and our engagement rate of whether people reacted to our posts is now above target.</i>	Green
Events (satisfaction scores of 70% and above)	Green
Positive sentiment from media coverage (increase to 65% by March 2020)	Green

## Section 4: Financial monitoring report

a. Table 1 – Income and expenditure to 31 March 2020

	Full Year March 2020				Q3 Forecast		
	Actual	Budget	Var.	Var.	Forecast	Var. Act vs fcast	Var. Act vs fcast
	£'m	£'m	£'m	%	£'m	£'m	%
<b>Income</b>							
Registration fees	83.8	83.5	0.2	0.3%	83.7	0.0	0%
Other	5.7	2.6	3.1	120%	5.3	0.4	8%
Nursing Associates funding	0.2	0.4	(0.2)	(46%)	0.2	0.0	4%
<b>Total Income</b>	<b>89.7</b>	<b>86.5</b>	<b>3.2</b>	<b>4%</b>	<b>89.3</b>	<b>0.5</b>	<b>1%</b>
<b>Expenditure</b>							
<b>Directorates</b>							
Fitness to Practise	37.5	39.4	1.9	5%	37.4	(0.1)	(0%)
Resources & TBI	17.9	18.1	0.2	1%	17.6	(0.3)	(2%)
Registrations and Revalidation	7.0	7.6	0.6	8%	7.0	0.0	1%
Education and Standards	3.6	3.3	(0.3)	(8%)	3.6	0.1	2%
People & Organisational Development	3.0	2.8	(0.2)	(7%)	2.9	(0.1)	(3%)
Office of the Chair & Chief Executive	3.3	3.5	0.2	6%	3.3	0.0	1%
External Affairs	2.6	2.8	0.2	7%	2.6	(0.0)	(2%)
<b>Directorate - Core Business</b>	<b>74.9</b>	<b>77.4</b>	<b>2.6</b>	<b>3%</b>	<b>74.5</b>	<b>(0.4)</b>	<b>(0%)</b>
<b>Corporate</b>							
Depreciation	1.9	2.3	0.4	19%	1.9	0.0	2%
PSA Fee	1.9	1.9	0.0	0%	1.9	0.0	0%
Other	0.4	0.2	0.0	0%	0.2	(0.3)	(161%)
Contingency	0.0	1.0	1.0	100%	0.0	0.0	0%
Total Corporate	4.2	5.4	1.2	22%	4.0	(0.2)	(6%)
<b>Total Core Business Expenditure</b>	<b>79.1</b>	<b>82.8</b>	<b>3.8</b>	<b>5%</b>	<b>78.5</b>	<b>(0.6)</b>	<b>(1%)</b>
<b>Surplus/(Deficit) excluding Programmes</b>	<b>10.7</b>	<b>3.7</b>	<b>6.9</b>		<b>10.8</b>	<b>(0.1)</b>	<b>(1%)</b>
<b>Programmes &amp; Projects</b>							
Accommodation Project	4.7	4.8	0.2	4%	4.7	0.1	2%
Modernisation of Technology Services	4.9	5.5	0.6	11%	4.9	0.0	0%
Education Programme	0.5	1.1	0.6	57%	0.6	0.1	18%
FtP Change Strategy	0.4	0.8	0.4	51%	0.4	0.0	8%
People Strategy	0.6	0.7	0.1	15%	0.3	(0.2)	(71%)
Overseas Programme	0.9	0.7	(0.2)	(34%)	0.9	0.0	3%
Digital Workplace	0.2	0.5	0.2	51%	0.3	0.0	8%
Nursing Associates	0.2	0.4	0.2	45%	0.2	(0.0)	(16%)
<b>Total Programmes/Projects</b>	<b>12.3</b>	<b>14.4</b>	<b>2.1</b>	<b>15%</b>	<b>12.3</b>	<b>(0.0)</b>	<b>(0%)</b>
<b>Total Expenditure including capex</b>	<b>91.3</b>	<b>97.2</b>	<b>5.9</b>	<b>6%</b>	<b>90.7</b>	<b>(0.6)</b>	<b>(1%)</b>
<b>Surplus/(Deficit) including capex</b>	<b>(1.6)</b>	<b>(10.7)</b>	<b>9.1</b>		<b>(1.5)</b>	<b>(0.1)</b>	<b>10%</b>
<b>Capital</b>	<b>8.7</b>	<b>7.7</b>	<b>(1.0)</b>		<b>8.8</b>	<b>0.0</b>	<b>0%</b>
<b>Surplus/(Deficit) excluding capex</b>	<b>7.2</b>	<b>(3.0)</b>	<b>10.2</b>		<b>7.3</b>	<b>(0.1)</b>	<b>(1%)</b>
<b>Free Reserves</b>	<b>29.0</b>	<b>21.8</b>	<b>7.2</b>	<b>33%</b>	<b>29.1</b>	<b>(0.1)</b>	<b>(0%)</b>

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b. Table 2 – Balance sheet at 31 March 2020

Balance Sheet (£'m)	Mar-19	Mar-20	Change	Change (%)
<b>Fixed Assets</b>				
Tangible Assets	19.7	26.5	6.9	35%
<b>Current Assets</b>				
Cash	28.8	33.1	4.3	15%
Debtors	4.3	2.5	(1.9)	(43%)
Investments	66.0	63.9	(2.1)	(3%)
<b>Total Current Assets</b>	<b>99.1</b>	<b>99.5</b>	<b>0.3</b>	<b>0%</b>
<b>Total Assets</b>	<b>118.8</b>	<b>126.0</b>	<b>7.2</b>	<b>6%</b>
<b>Liabilities</b>				
Creditors	(53.0)	(54.7)	(1.7)	(3%)
Provisions	(3.2)	(3.0)	0.3	8%
<b>Total Liabilities</b>	<b>(56.2)</b>	<b>(57.7)</b>	<b>(1.5)</b>	<b>(3%)</b>
<b>Net Assets (excl pension liability)</b>	<b>62.6</b>	<b>68.3</b>	<b>5.7</b>	<b>9%</b>
Pension Liability	(14.2)	(13.1)	1.2	8%
<b>Total Net Assets</b>	<b>48.3</b>	<b>55.5</b>	<b>7.2</b>	<b>15%</b>
<b>Total Reserves</b>	<b>48.3</b>	<b>55.5</b>	<b>7.2</b>	<b>15%</b>

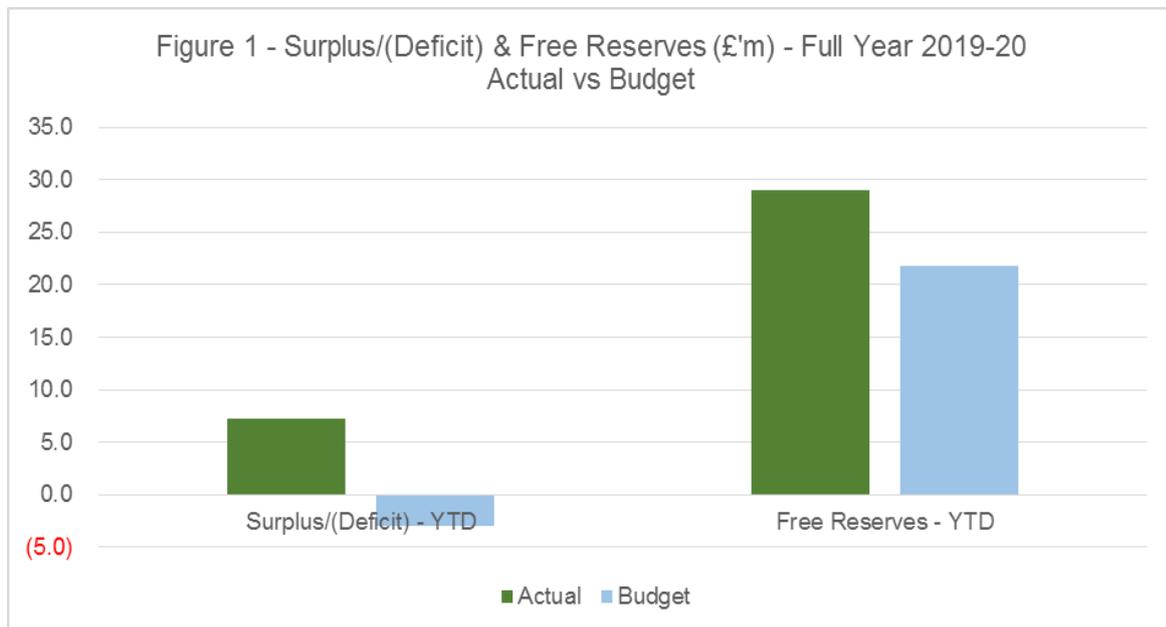
c. Table 3 – Cash flow statement to 31 March 2020

Statement of Cashflows (£'m)	Mar-19	Mar-20
<b>Cashflow from operating activities</b>		
Surplus/(Deficit) (YTD)	7.1	7.2
Adjustment for non-cash transactions	2.8	1.9
(Increase)/Decrease in current assets	(0.3)	1.9
Increase/(Decrease) in liabilities	3.9	1.2
Pension Deficit Payments	2.5	(1.2)
<b>Net Cash inflow/(outflow) from operating activities</b>	<b>16.2</b>	<b>10.9</b>
<b>Cashflow from investing activities</b>		
Capital Expenditure (YTD)	(3.6)	(8.7)
<b>Net Cash inflow/(outflow) from investing activities</b>	<b>(3.6)</b>	<b>(8.7)</b>
<b>Cumulative net increase/(decrease) in cash and cash equivalent at month end</b>	<b>12.6</b>	<b>2.2</b>
Cash & Cash Equivalent at the beginning of the year	82.2	94.8
<b>Cash &amp; Cash Equivalent at the end of the month</b>	<b>94.8</b>	<b>97.0</b>

## d. Detailed financial commentary

### Year to date (YTD) financial performance

**Overview:** At year end we have recorded a surplus of £7.2m, subject to accounts finalisation, audit and agreeing the annual revaluation of the pension liability. This is compared to a budgeted deficit of £3.0m, see Figure 1 below. This is a result of higher income (£3.2m above budget) and lower expenditure due to less core business spend (£3.8m below budget) and programmes & projects (£2.1m below budget), see Table 1. Another contributor is a higher proportion of MOTS expenditure being capital in nature than originally anticipated. This reduces our operating expenditure this year and increases the surplus excluding capital expenditure.



In line with our investment strategy, we had planned to move some of our bank deposits (shown as “investments” on the balance sheet) into a portfolio of equity based investments by the end of the financial year. Due to ongoing work setting up the investment management process we now plan to do this in the new financial year. We have earmarked a total of £30m for the portfolio. This amount is subject to confirmation following discussion with our investment managers.

The provisional year-end revaluation of our pension assets and liabilities suggests that the pension deficit has reduced by £2.6m. This was unexpected but is a result of bond yields falling. The revaluation has not been factored into the figures presented here but the confirmed revaluation will be included in our Annual Report and Accounts presented to Audit Committee and Council later in the year.

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## d. Detailed financial commentary

### Income

**Full year (FY):** Income is £3.2m (4 percent) above budget and £0.6m above forecast, mainly due to significantly higher overseas application fees (included in 'Other'). Through the year we have streamlined our processes and made changes to the English language requirements. We expect that these changes have contributed to an increase in the number of overseas trained nurses and midwives applying to join the register (average actual number is 2,477 applications per month, compared to a budget of 960 per month).

### Expenditure on core business activities

FY spend on core business activities is £3.8m (5 percent) below budget. Broadly this is due to lower staff costs in FtP, planned work being cancelled or postponed in Registrations & Revalidation and the mostly unused contingency spend in the corporate budget. There were smaller underspends in other directorates but they are offset by overspends in Education & Standards and People & Organisational Development.

Hearing activities in FtP have also been below plan which has led to lower spend. However, this has been partly offset by hearing days per outcome being higher than planned. Overall, this has resulted in a backlog of cases, the estimated costs of which have been included in the new 2020-2021 to 2022-2023 budgets.

### Expenditure on strategic programmes and projects

FY spend on strategic programmes and projects is £2.1m (15 percent) below budget, with the majority underspent.

The underspends are due to previously planned activities being reduced, stopped or actual spend being below initial estimates. Having assessed whether overspends on certain activities were being masked by slippages elsewhere, we are satisfied that these are real underspends.

Programmes with significant underspends include:

- **Education Programme:** FY spend is £0.6m (57 percent) below budget and is partly due to the cancellation of the consultancy and conference plans for the implementation of the Future Nurse programme. The scope of the Post Registrations Standards project is also being redefined and activities have been put on hold resulting in lower spend than planned.
- **Modernisation of Technology:** FY spend is £0.6m (11 percent) below budget due to slippage of activities into early 2020-2021 and due to more costs being capital in nature than anticipated and so being spread out over the next three years to recognise the value of the assets created.

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## d. Detailed financial commentary

- **FtP Strategy:** FY spend is £0.4m (51 percent) below budget, due to a combination of lower costs for some planned activities than estimated and also using less costly internal resources to deliver other project activities.

### Capital Expenditure

Our spend on capital programmes is £1m (12 percent) above budget due to higher development costs for the MOTS programme than previously planned. This is partly due to the overall increase in spend agreed for the MOTS programme, and partly due to more costs being capital in nature than was originally anticipated.

### Risks

Key risks due to the impact of the Covid-19 pandemic have been identified as:

- **Income from overseas applications:** Early indication are that the number of nurses and midwives applying to join our register has declined by around 75 percent in April compared to prior months. This is likely due to the lockdown measures imposed by Governments across the world. As this income stream is directly linked to the number of applications we receive, it is a risk to our original anticipated income of £4.2m for the year.
- **Impact on new strategy:** The 2020-2025 strategy launched in April 2020 as planned but the pandemic has had an impact, leading to some changes in the proposed work plans. At this stage we anticipate this is likely to lead to slippage rather than major additional cost.
- **Cyber security risks:** The NMC has been able to respond to the change in business operations resulting from Covid-19 impact, with most staff working from home and hearings taking place remotely. Our Technology Services team has highlighted the risk to all staff, of cyber criminals taking advantage of the current situation. We are alert to the risk and are monitoring closely to ensure we are not subject to denial of service attacks or financial scams.

## Non-financial performance data

### Status of all corporate KPIs at 31 March 2020

<b>9</b> Currently above target (R&R = 6; FTP = 2, ES = 1)	<b>0</b> Marginally below target	<b>0</b> Significantly below target
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### Section 5 - part A (i). Registrations and Revalidation

Commentary and metrics
<p><b>KPI 1 (UK initial registrations completed within 1 day) (graph 5.01)</b></p> <p><b>Result:</b> Above target. Full year average since April is 99.1 percent against a target of 97 percent.</p> <p><b>Commentary:</b> This KPI has remained consistently above target for each month since April 2019.</p>
<p><b>KPI 2 (UK initial registrations completed in 60 days) (graph 5.02)</b></p> <p><b>Result:</b> Above target. Full year average since April is 99.2 percent against a target of 95 percent.</p> <p><b>Commentary:</b> Performance for Initial Applications with declared concerns (i.e. where applications take longer to process due to concerns) remained consistently at 100 percent for Q4.</p>
<p><b>KPI 3 (Overseas registration assessed within 60 days) (graph 5.03)</b></p> <p><b>Result:</b> Above target. Full year average since April is 100 percent against a target for 90 percent.</p> <p><b>Commentary:</b> Performance for Overseas (OS) assessments finished the year at 100 percent.</p>
<p><b>KPI 4 (EU Applications Assessed within 30 days) (graph 5.04)</b></p> <p><b>Result:</b> Above target. Full year average since April is 99.8 percent against a target for 90 percent.</p> <p><b>Commentary:</b> Performance for EU assessments remained at 100 percent throughout Q4. The number of EU applications presented this quarter remained stable and in line with previous quarter.</p>
<p><b>KPI 5 (Readmission applications completed within 21 days) (graph 5.05)</b></p> <p><b>Result:</b> Above target. Full year average since April is 96.0 percent against a target of 90 percent.</p>

## Commentary and metrics

**Commentary:** Year to date performance up to December 2019 remains above target, ending the year at 99.1 percent in March 2020. Automation of core processes under the Modernisation of Technology Services (MOTS) programme continues and we are seeing the benefits of these changes.

### Contact centre (calls answered) (graph 5.06)

**Result:** Above target. Full year average since April is 92.2 percent against a target of 90 percent.

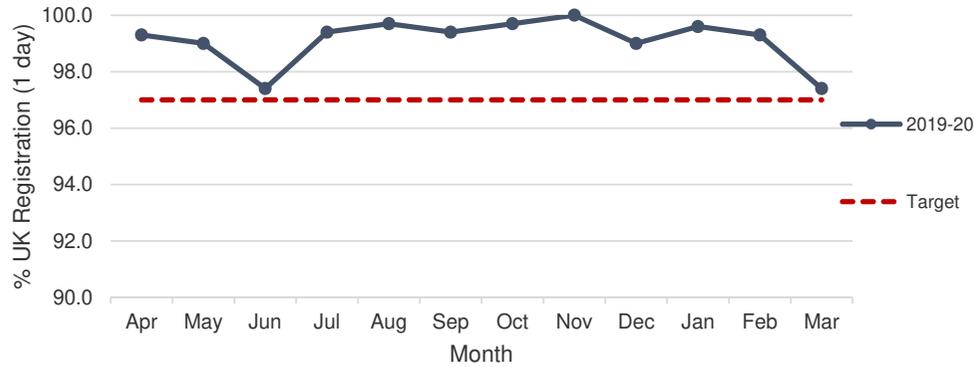
**Commentary:** Contact Centre performance throughout the year remained above target, only dropping marginally below target in March 2020. In 2019–2020 the contact centre answered an average of 923 calls a day (up from an average of 857 per day in 2018–2019), rising to a peak of 1078 calls at peak registration and renewal periods.

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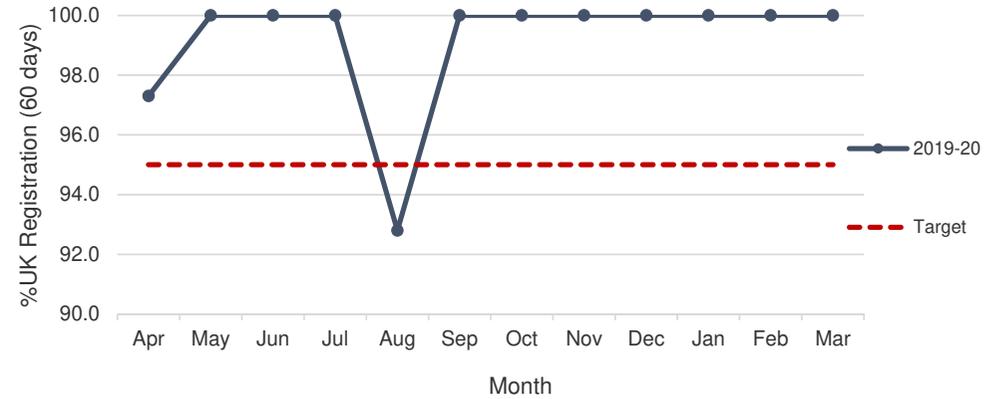
## Section 5 - part A (ii)

### Registration and Revalidation performance against the corporate performance metrics (at March 20)

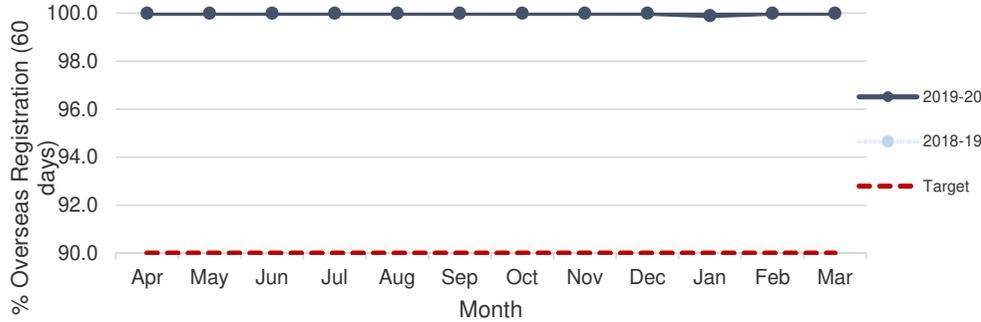
**5.01 KPI 1: UK Initial Registrations completed (1 day). Year average above target at 99.1%**



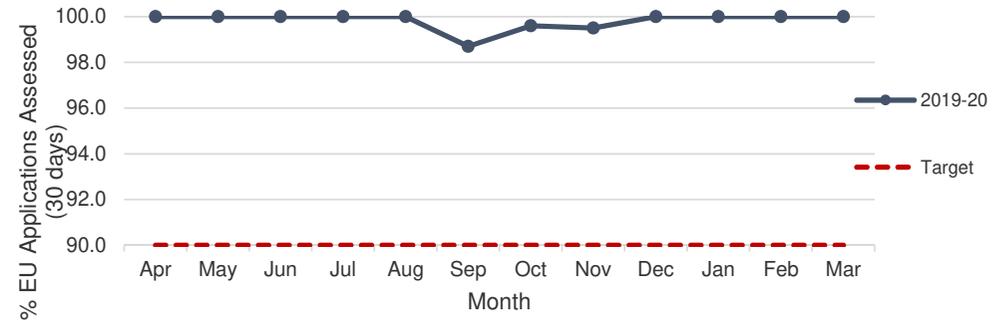
**5.02 KPI2: UK Initial Registration Completed (60 days). Year average above target at 99.2%**



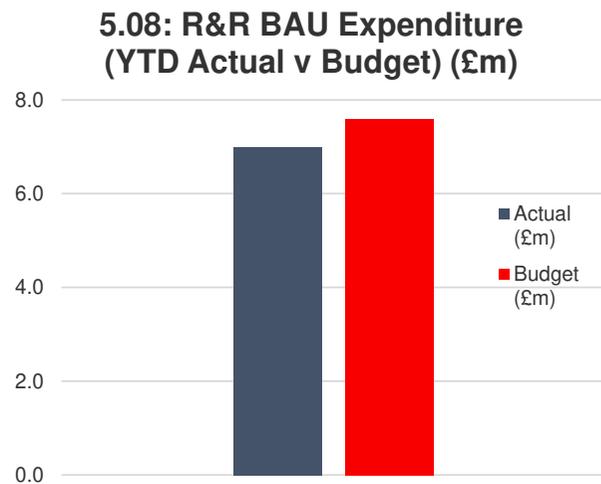
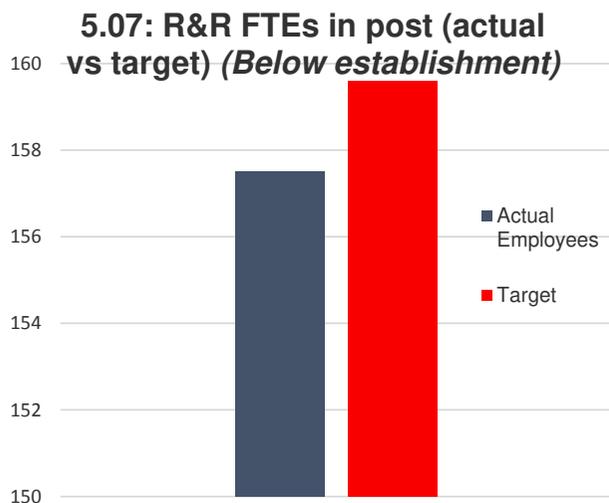
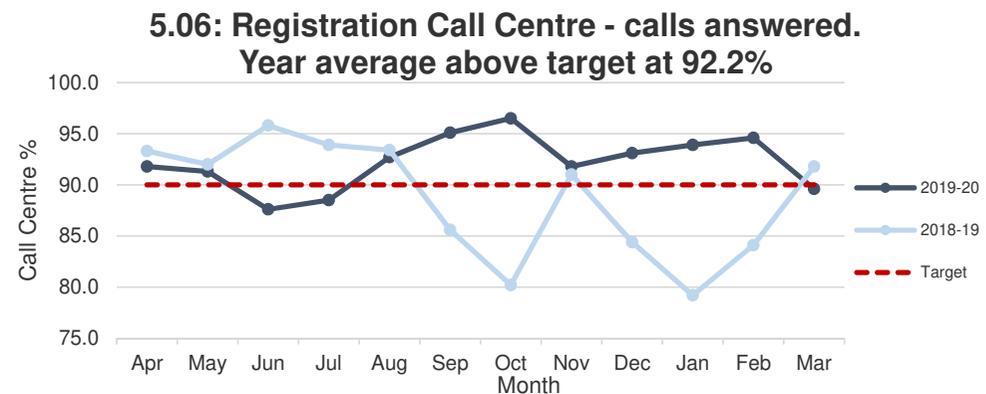
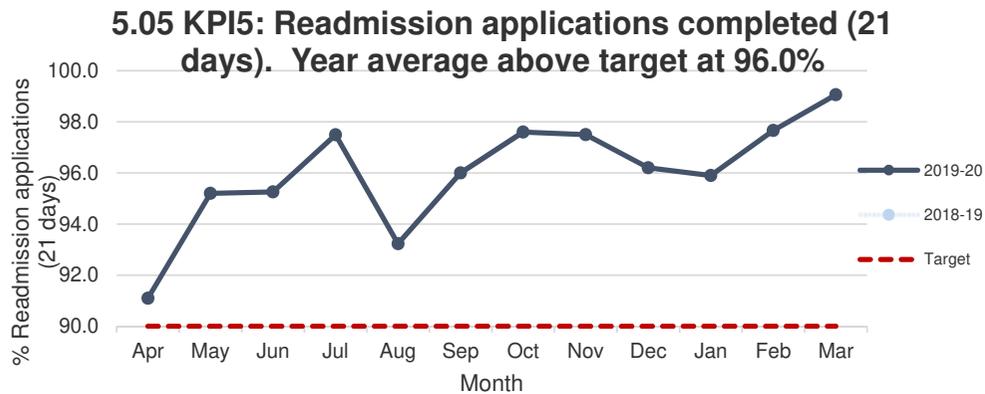
**5.03 KPI3: Overseas applications assessed (60 days). Year average remained at 100.0%**



**5.04 KPI4: EU applications assessed (30 days). Year average above target at 99.8%**



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### 5.09: Corporate risk (current status)

<b>REG18/01: Risk that we fail to maintain an accurate register of people who meet our standards</b>				
Likelihood	Impact	L X I	Trend	Response
3	5	15	Stable	Tolerate

**Mar 2020 Directorate Engagement Score = 6.8 (Target = 6.4)**

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## Section 5 – part B (i). Education and Standards

### Quality Assurance

We continue to approve education institutions against our new standards utilising the gateways model of approval. The QA board continues to monitor approval activity. We are sharing good practice and engaging with stakeholders as part of our ongoing implementation activity.

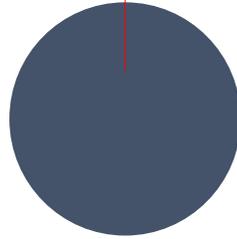
Approval nursing associate programmes is ongoing. To date over 50 institutions have begun the programme approval process, with 46 having now been fully approved. We have refused 1 NA programme. We liaise regularly with the Department of Health and Social Care and Health Education England to update them on progress.

In response to the ongoing COVID-19 situation, programme approvals are taking place remotely, with some institutions choosing to defer their visit. Council agreed to extend the implementation of the pre-registration nursing and prescribing standards from September 2020 to September 2021. This allows more institutions to defer their visits and focus on students and the workforce at this time.

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## Section 5 - part B (ii): Education & Standards performance against corporate metrics (at March 2020)

**5.10 KPI 6: There are currently 71 approval decisions for AEIs against new standards, against a target of 63**



**Status commentary:**

The number of approvals increased by 13 between December and March and we have surpassed our target of 63 .

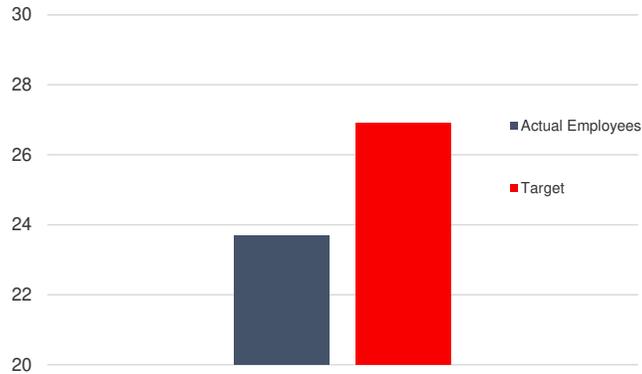
**5.11: Corporate risk (current status)**

<b>REG18/01:</b> Risk that we fail to ensure that educational standards are fit for purpose, and processes to ensure compliance with standards are being met				
Likelihood	Impact	L X I	Trend	Response
2	4	8	Stable	Tolerate

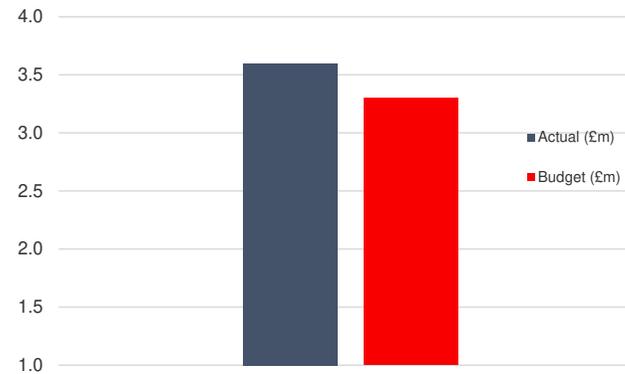
**5.12: Corporate risk (current status)**

<b>EXT20/02:</b> Risk that novel coronavirus (Covid-19) means that we are unable to effectively regulate our professions or protect the public or protect NMC				
Likelihood	Impact	L X I	Trend	Response
4	4	16	Stable	Treat

**5.13: E&S FTEs in post (actual vs target) (Below establishment)**



**5.14: E&S BAU Expenditure (YTD Actual v Budget) (£m)**



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## Section 5 – part C (i). Fitness to Practise

### Fitness to Practise performance summary

#### ***From 6 April 2020 Fitness to Practise became part of the Professional Regulation directorate***

#### **People**

- We saw most teams moving to working from home full time overnight in March 2020 in response to the Covid-19 pandemic and the lockdown measures imposed by the UK government. The wellbeing of our teams has been a primary focus as they adapt to these new ways of working and also manage personal circumstances related to Covid-19. We took the following steps to monitor people’s wellbeing and keep them updated during this period:
  - We implemented daily team catch up calls for all teams to allow any issues around homeworking, personal circumstances or wellbeing to be raised. The most common issues raised were around IT equipment, home office furniture and personal health/health of family and friends;
  - From 6 April 2020 we introduced a weekly message to all Professional Regulation colleagues and a weekly update call for all managers.
- Our latest Peakon scores have seen an overall improvement in engagement with the last-recorded figure of 6.8 being an improvement from the position at December.

#### **Operating performance/ Screening**

- Performance against the two corporate KPIs was as follows:
  - KPI 4 – interim orders: the month actual for March 2020 was 83 percent and the 12 month rolling average at year-end is 81 percent;
  - KPI 5 – cases concluded within 15 months: the month actual for March 2020 was 80 percent and the 12 month rolling average at year-end is 81 percent. We met both KPIs but anticipated that they would be at a lower rate than previous years due to performance issues we have reported on throughout the year. We expect this downward trend to continue in 20120-2021 due to the impact Covid-19 will have on our priorities and caseload.
- Referrals in March 2020 were within the normal range (474). As expected, we saw the number of referrals from employers decrease in the second half of the month as a result of the Covid-19 situation. We are closely monitoring our referrals during this period, including identifying any related to the current health pandemic
- The screening teams and senior management in the unit have done tremendous work in the last two months of the year to improve performance against the interim order KPI through a comprehensive action plan which has seen performance improve and end the year on 81 percent.
- The caseload in screening remains higher than we forecast (1,745) due to reduced capacity in the decision making team for a number of months earlier in the year;

however in March 2020 we saw an improvement in the number of decisions made during the month.

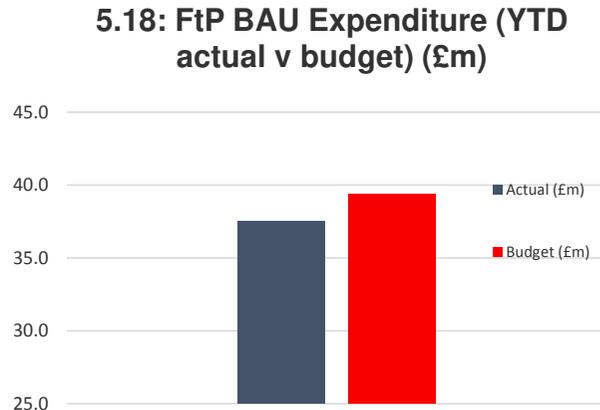
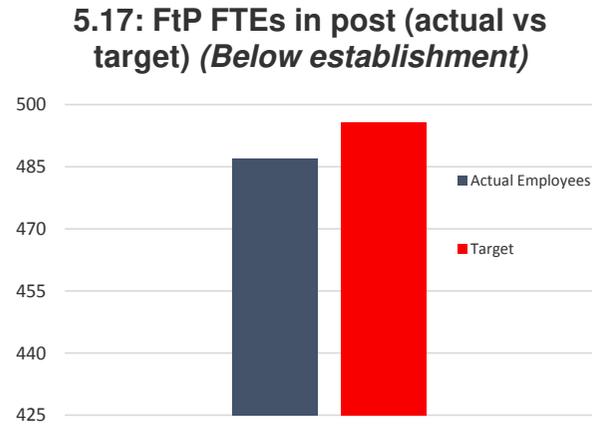
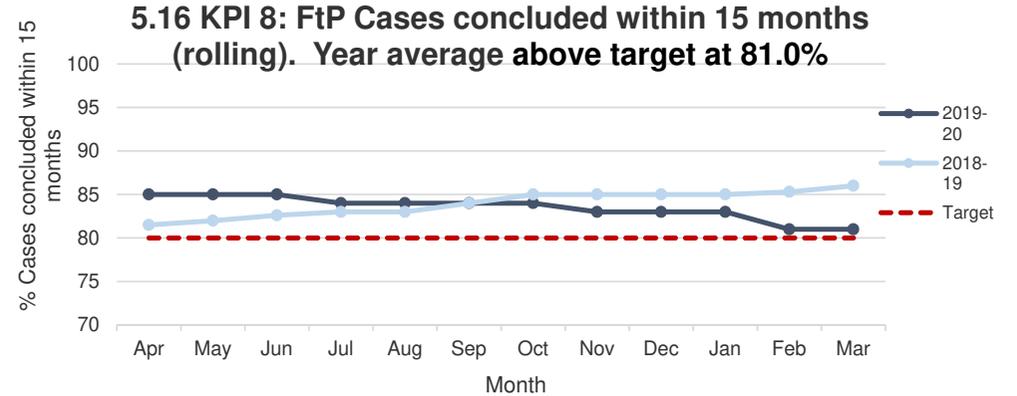
**Case examiners**

- The caseload at the Case Examiner stage remains high despite fewer cases being passed through to case examiners from investigations throughout March 2020.

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## Section 5 - part C(ii)

### Fitness to Practise - performance against corporate performance metrics (at March 20)



#### 5.19: Corporate risk (current status)

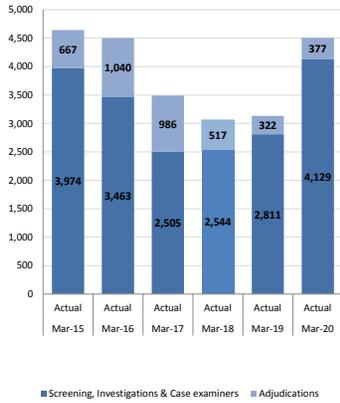
**REG18/02:** Risk that we fail to take appropriate action to address a regulatory concern

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

Mar 2020  
Directorate  
Engagement  
Score = 6.8  
(Target = 6.4)

# Section 5 - part C (iii) FtP Performance Dashboard March 2020

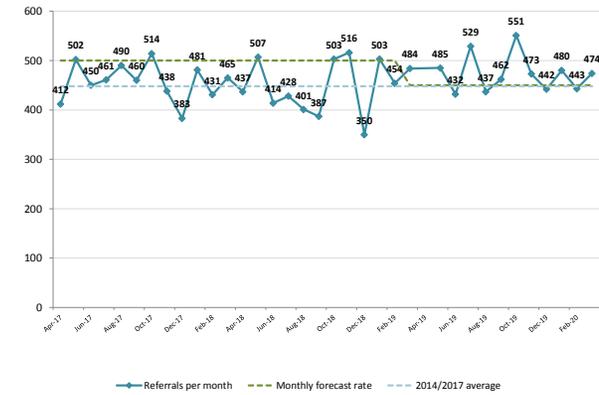
**A1** Historic Caseload



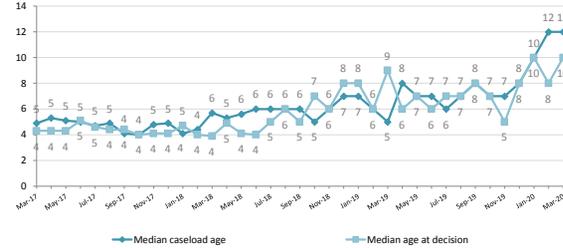
**A2** FtP Caseload



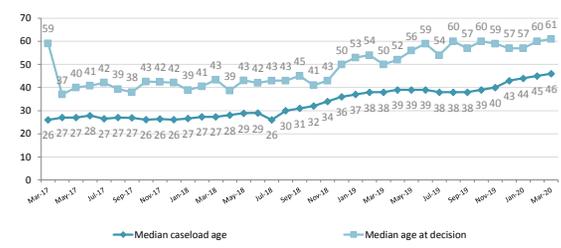
**A3** New Referrals



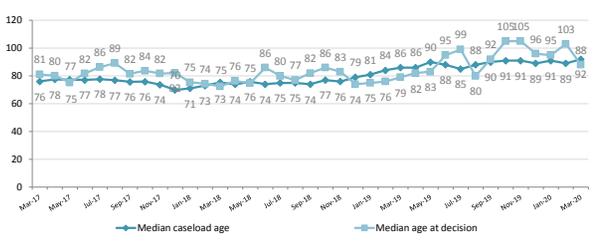
**B1** Median age at Screening



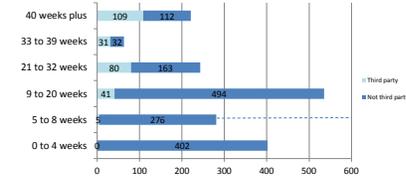
**B2** Median age at Investigations and Case Examiners



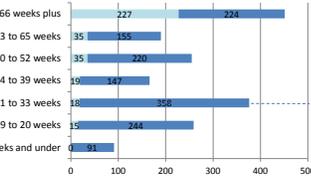
**B3** Median age at Adjudications



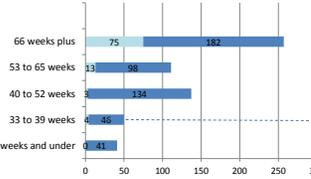
**C1** Screening Caseload



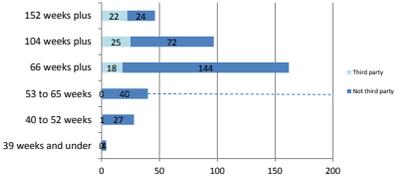
**C2** Investigations Caseload



**C3** Case Examiner Caseload



**C4** Adjudication Caseload



Caseload Movement Summary

Opening caseload 4,430

474 cases received

398 cases closed

4,506 Closing caseload

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## Section 6 – part A: People and Organisational Development

People
<p><b>Measure 1: Overall employee turnover (12 month rolling) – (graph 6.01)</b></p> <p><b>Target:</b> 20 percent</p> <p><b>Result:</b> Exceeding target. Total turnover ended the year at 13.5 percent against a year-end target of 20 percent.</p> <p><b>Commentary:</b> The number of people leaving the organisation continues to reduce. We have achieved a 1.8 percentage point reduction since December 2019 and an 8.1 percentage point decrease compared to March 2019. This is the lowest turnover the NMC has seen since the launch of the People Strategy, with the June 2017 results showing our highest turnover at 26.6 percentage points. We expect this trend to continue in early 2020–2021 and this will be reflected in our new KPIs.</p> <p>This means that we have finished the year 6.5 percentage points below target for the year. Pay and benefits used to be one of the main reasons given in exit interviews for leaving the NMC, but this year it has rarely been mentioned in exit interviews. Therefore we believe the biggest contributor to the reduction is the launch of the NMC’s reward review. Since implementation began, we have seen an average decrease of 0.8 percentage points in turnover every month.</p> <p>105 colleagues left the organisation since April 2019, an average of 8.8 employees per month. This is compared to 159 for the same period last year (an average of 13.3 employees per month).</p> <p><b>Exit interview insights:</b> As a result of continued engagement with colleagues and managers, the current uptake of exit interviews is 56.6 percent. The reasons cited for leaving fall into the following themes:</p> <ul style="list-style-type: none"><li>• <b>Role</b> (13.3 percent/ 14 employees) – Employees who had been in their respective roles for an average of just under 4 years and felt they needed a new challenge.</li><li>• <b>Work related</b> (9.5 percent/ 10 employees) – Issues around workload and feeling undervalued in their role.</li><li>• <b>Career Progression</b> (9.5 percent/ 10 employees) –Employees who had been in their respective roles for over 4 years and reported that they had no opportunities for career progression and/or promotion.</li></ul> <p><b>Measure 2: Employee turnover within 6 months of service (within probation) – (graph 6.02)</b></p> <p><b>Target:</b> 18 percent</p> <p><b>Result:</b> Exceeding target. Turnover for employees leaving within 6 months of joining the NMC in March was 12.9 percent against a year-end target of 20 percent.</p>

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**Commentary:** Turnover within probation for March decreased by 3.3 percentage points since December 2019. This equates to 2 fewer employees leaving compared to the same period in March 2019.

When compared to the same period last year, we achieved a reduction of 6.7 percentage points from 19.6 percent. This means we have finished the year 5.1 percentage points below target.

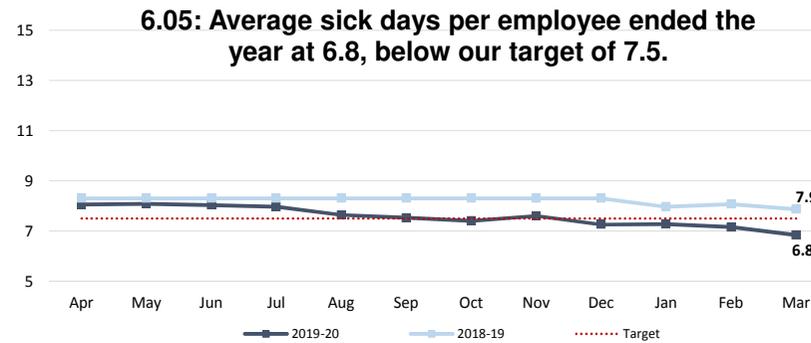
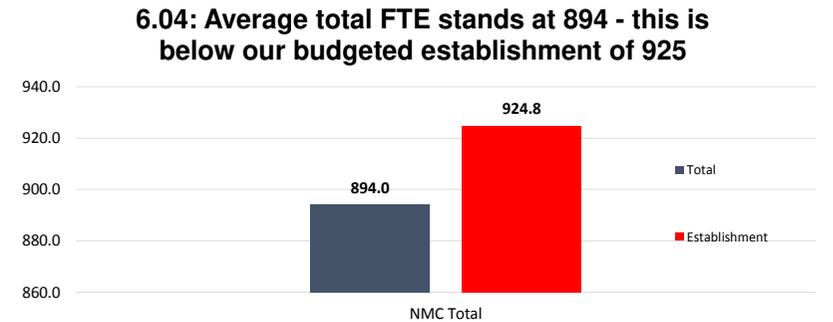
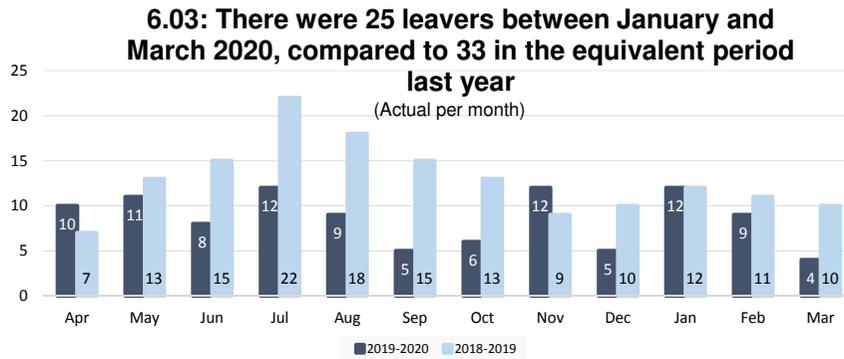
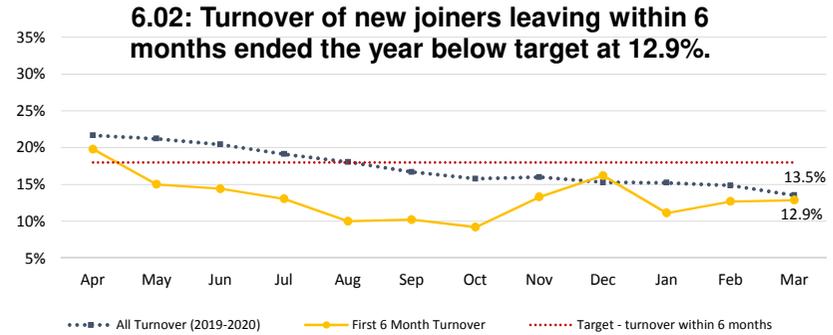
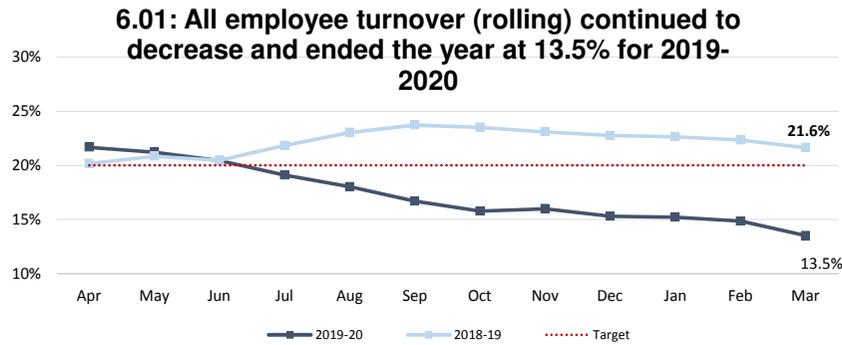
**Next steps:** Ongoing work includes:

- Values and Behaviours – a programme of activities to embed them into the organisation starting with a launch event on 22 April for leaders. They will be integral to the Leadership Development Programme which will continue throughout 2020-2021.
- Due to the Covid-19 response we have revised timelines DB pension consultation. Work continues on the review to improve the DC pension scheme.
- Employee Engagement survey results in March shows an increase of 0.1 points to a score of 6.5. We have decided to pause Peakon engagement survey until late April 2020 to prioritise our response to Covid-19.

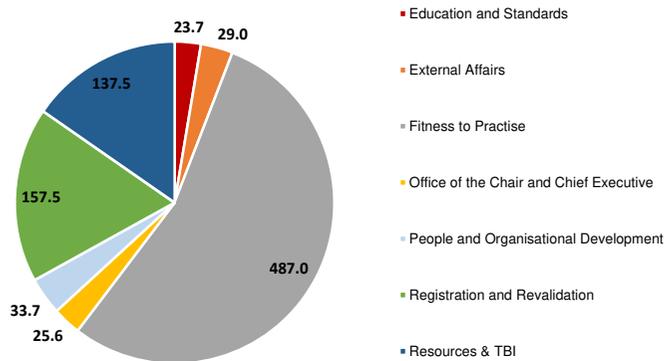
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## Section 6 - part B

### People and Organisational Development performance against corporate metrics (at March 2020)



### 6.06 NMC FTE by directorate



### 6.07 Corporate risk (at 31 March 2020)

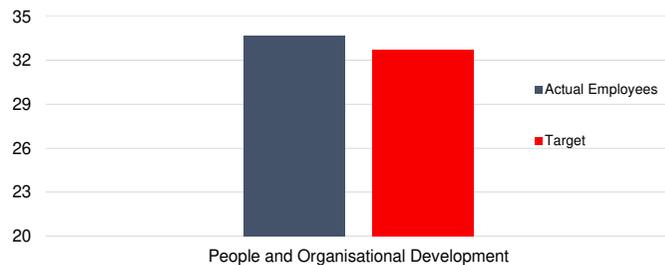
**PEO18/01:** Risk that we fail to recruit and retain an adequately skilled and engaged workforce (permanent and temporary staff, contractors, and third parties)

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

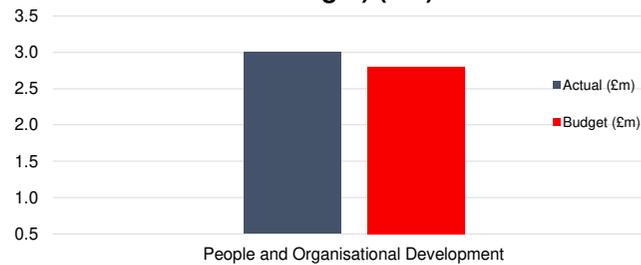


### Directorate Metrics

#### 6.08 POD FTEs in post (actual vs target)



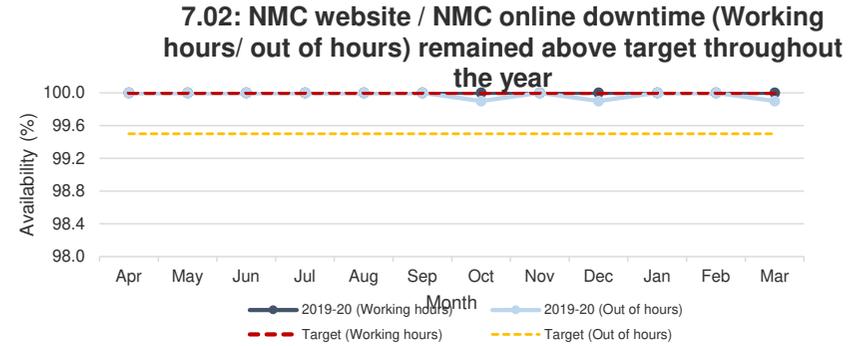
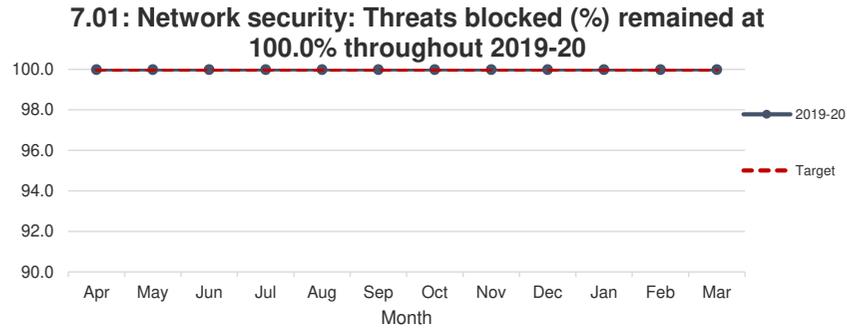
#### 6.09 POD BAU Expenditure (YTD Actual v Budget) (£m)



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## Section 7: Resources & Technology KPIs (at March 2020)

### Performance metrics - TBI



**7.03: Corporate risk (at 31 March 2020)**

**COM18/01:** Risk that we fail to prevent a significant data loss or we experience an information security breach

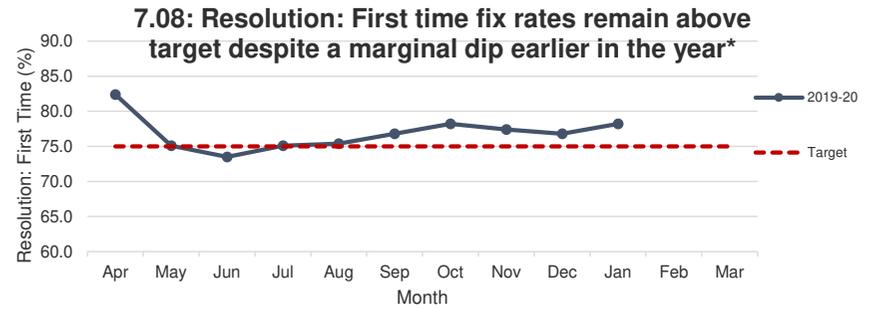
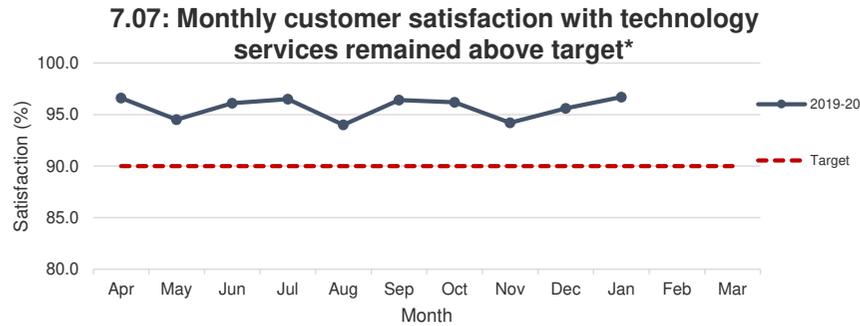
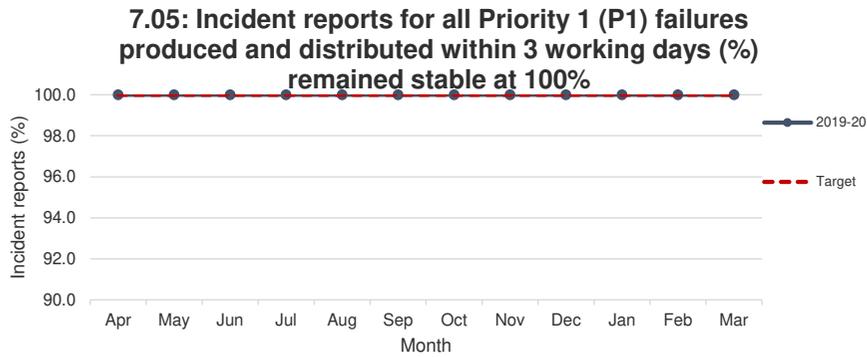
Likelihood	Impact	L X I	Trend	Response
3	3	9	Stable	Treat

**7.04: Corporate risk (at 31 March 2020)**

**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

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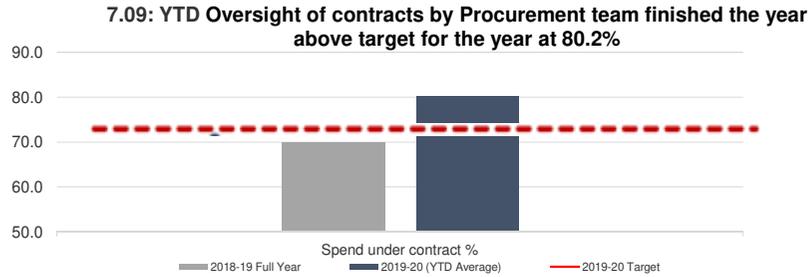


\* In February 20 we transitioned onto a new IT service desk platform. Data for February and March 20 is not available whilst we embed the new system and will be provided to the Council for their next performance report at Q1

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## Section 7: Resources & Technology KPIs (at March 2020)

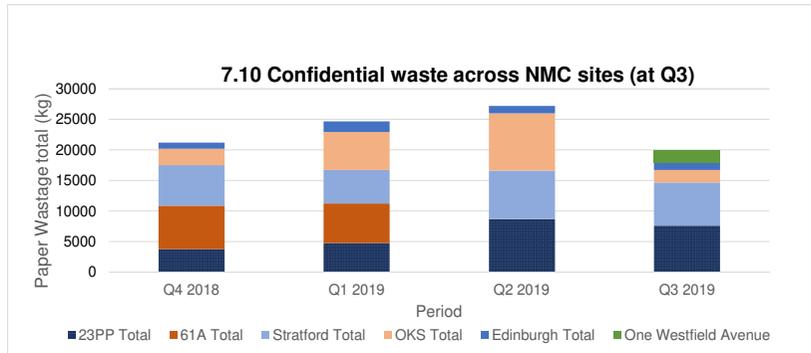
### Performance metrics - Resources



#### Status Commentary

An average of 80.2% spend under contract has procurement oversight over target by 8.2%. This is not a measure of procurement compliance but a way to demonstrate that procurement oversight is increasing over time.

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. The lag in invoicing means that figures can retrospectively change as new information becomes available.



#### Status Commentary

Reporting of confidential waste is produced a quarter in arrears. As a result, we have not been able to obtain the Q4 results.

Q3 was the first quarter following the move to One Westfield Avenue and we saw a 7,220kg reduction in confidential waste. We will monitor the impact of home working during Covid 19 to see if there are any opportunities in the future to reduce waste further.

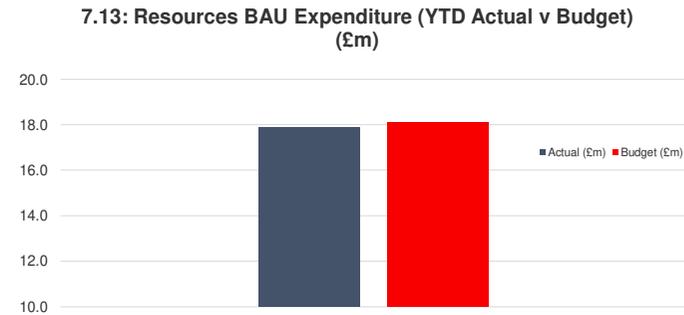
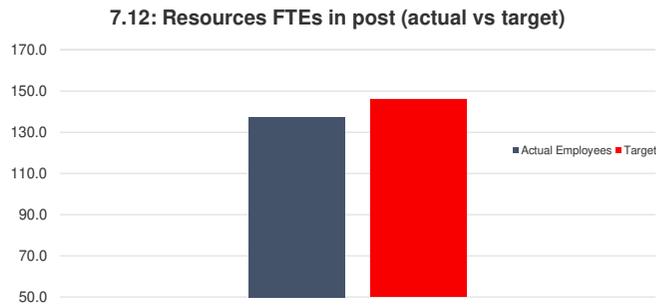
Mar 2020  
Directorate  
Engagement  
Score = 6.0  
(Target = 6.4)

#### 7.11: Corporate risk (at 31 March 2020)

**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



## Section 8, part A: External Affairs

### KPIs

#### Background

The end of quarter 4 saw increased engagement across all of our channels except LinkedIn due to the coronavirus pandemic.

While some of this fell into Q4, much has also occurred in April 2020 so we have also provided a separate report which sets out our engagement for the pandemic to date. This report follows the regular dashboard below.

#### Registrant mass email communications

**Measure 8.01:** Mass emails have an average unique open rate of 55.0 percent.

**Measure 8.02:** Mass emails have an average click per email open rate of 30.0 percent.

#### Results at the end of quarter 4:

- Mass emails had an average open rate of 68.8 percent at the end of quarter 4 (up 9.2 percent from quarter 3).
- Mass emails had an average click per email open rate of 30.4 percent at the end of quarter 4 (down 7 percent from quarter 3).

**Commentary:** Whilst we saw an increase in the number of emails opened to 68.8 percent in Q4, there was also a decrease in the click to open rate (CTOR) in this period, down to 30.4 percent. We are continually improving the quality of our mass communication emails to increase engagement and will continue to monitor this.

#### Social media

**Measure 8.03:** Twitter posts have an engagement rate of 1.5 percent.

**Measure 8.04:** LinkedIn posts have an engagement rate of 4 percent.

#### Results at the end of quarter 2:

- Twitter engagement is 2.2 percent against a target of 1.5 percent (up from quarter 3).
- LinkedIn engagement is 4.0 percent against a target of 4 percent (down from quarter 3).

**Commentary:** For a second consecutive quarter we have sustained an increase in engagement rate on Twitter, up 0.3 percent in the period during which time we have been supporting and leading campaigns across the organisation.

We have established measures to become more responsive on the channel. Due to the pandemic, we saw a sharp increase in our Twitter followers with 7,038 new accounts (8 percent increase) following @nmcnews this quarter.

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## KPIs

During the pandemic, we have focused primarily on Twitter as our primary social media channel. Our LinkedIn posts reduced from 93 to 20 and our engagement decreased from 4.1% to 4%, while our followers increased by more than 5,000 over this quarter, continuing the positive trajectory we have seen over the last year.

### Press office

**Measure 8.05:** Media coverage achieving 65 percent positive sentiment by March 2020.

**Result:** A sample of our media coverage showed that 69 percent was of positive sentiment during this quarter. (289 out of 1,361 pieces of coverage evaluated)

**Commentary:** Compared to the previous quarter (July to September), the share of positive content increased by 8 percentage points – rising from 61 percent to 69 percent.

We achieved 1,361 mentions in the press, compared to 989 during the previous quarter. We are currently in the process of scoping out a new service to analyse all mentions and provide a range of other metrics.

### Internal communications

**Measure:** Internal communications scores a 7 out of 10 in Peakon monthly pulse survey.

**Result:** N/A

**Commentary:** This is measured by a question included in the bi-monthly Peakon survey of employee engagement which has been suspended because of the pandemic.

### Events

**Measure:** 70 percent of people agree or strongly agree that our events have met their objectives

**Result:** We were unable to properly measure this during quarter 4.

### Stakeholder engagement

**Commentary:** Owing to the pandemic the annual perceptions audit has been put on hold. We will review the situation in the autumn and set out next steps then.

### Political and parliamentary engagement

**Commentary:** We have undertaken a UK political stakeholder engagement survey to develop a better understanding of what these stakeholders know and understand about the work of the NMC. We surveyed member of the UK Parliament, the Scottish Parliament and Welsh Assembly. We were not able to survey the Northern Irish Assembly as they were not sitting when the fieldwork

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## KPIs

took place, however we plan to include them in future surveys.

We have now received the results from these three surveys. These results will help us in further developing our political and parliamentary engagement approach and KPIs. We will share our new approach and KPIs with Council at its next meeting. These surveys will be repeated on an annual basis.

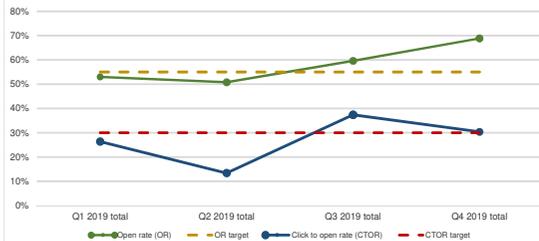
A further survey of Peers of the UK Parliament is due to take place in May 2020.

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**Section 8, Part B: External Affairs KPIs (at March 2020)**  
**Corporate Services Directorates - performance metrics - External Affairs**

**Registrant Emails**

8.01 and 8.02: Mass emails have an average unique open rate of 69 percent and click per email open rate of 30 percent. Though the CTOR fell from its position at Q3, both end the year above target



**8.01 & 8.02 - Registrant Emails**

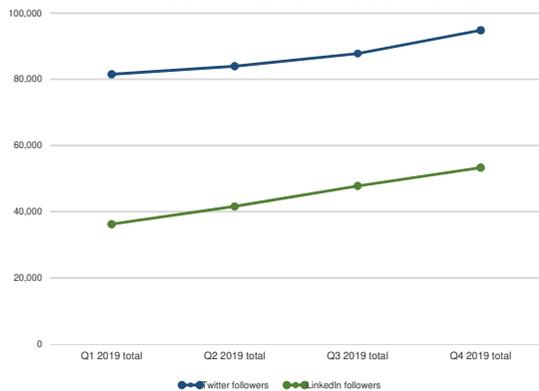
	Q1 2019	Q2 2019	Q3 2019	Q4 2019
<b>Registrant emails</b>				
Emails sent	874,939	1,628,651	1,518,179	1,003,635
Unique opens	330,336	607,043	588,173	646,460
Open rate (1)	53.0%	50.8%	59.6%	68.8%
Click to open rate (2)	26.4%	13.4%	37.4%	30.4%

(1) This metric measures the number of recipients who have opened an email at least once (unique open rate) over a three month period. Open rates are not calculated on the raw numbers set out above but are a figure given by the mass email system which takes into account bounce backs and undelivered emails.

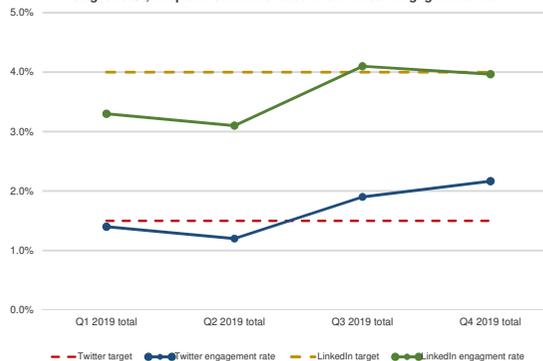
(2) The click-to-open rate (CTOR) is the total number of unique clicks divided by the total number of unique opens, given as a percentage. The public sector standards for good click-to-open rates is 10-20 percent.

**Social Media**

8.03 and 8.04 - Social media followers have continued to rise in Q4



8.03 and 8.04: Engagement with Twitter posts (target rate of 1.5 percent) and LinkedIn posts (target rate of 4 percent) remained on target at Q4, despite a small decrease in the Twitter engagement rate



**8.03 & 8.04 - Social media**

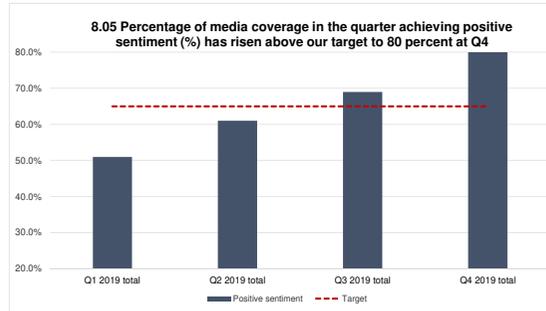
	Q1 2019	Q2 2019	Q3 2019	Q4 2019
<b>Twitter</b>				
Twitter followers	81,531	83,964	87,786	94,824
Number of Twitter posts	568	448	394	500
Impressions (3)	2,609,203	1,993,667	2,978,351	4,831,418
Engagements (4)	46,144	30,309	78,528	1,151,511
Twitter engagement rate (5)	1.4%	1.2%	1.9%	2.2%
<b>LinkedIn</b>				
LinkedIn Followers	36,251	41,606	47,803	53,321
Number of social media posts	92	91	93	20
Impressions (3)	355,143	268,418	325,123	299,639
Engagements (4)	11,511	17,156	27,190	24,014
LinkedIn engagement rate	3.3%	3.1%	4.1%	4.0%
<b>Referrals to our website from all social media channels</b>				
	29,200	39,824	41,367	163,861

(3) An impression is when someone has seen one of our social media posts.

(4) Engagement is a measurement of whether our audiences reacted to our posts beyond just seeing them. For example, if they clicked on a link, shared a post or commented on it.

(5) An engagement rate is the percentage of engagements expressed as a total of the number of impressions (i.e. the post appeared on someone's social media feed). The engagement rate is not calculated based on raw numbers above. It is a figure calculated by Twitter using a method that excludes various anomalies.

Media coverage



Directorate metrics

8.06 Corporate risk (at 31 March 19)

EXT18/01: Risk that we may lack the right capacity and capability to influence and respond to changes in the external environment

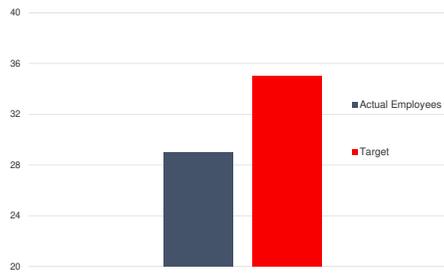
Likelihood	Impact	L X I	Trend	Response
3	3	9	Stable	Treat

8.07 Corporate risk (at 31 March 19)

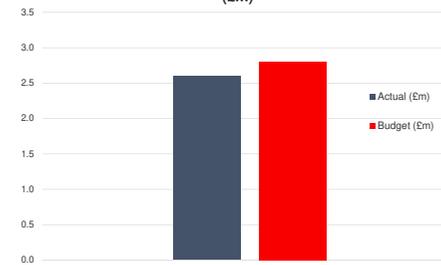
EXP18/01: Risk that we fail to meet external expectations significantly affecting our ability to maintain stakeholders' trust in our ability to regulate

Likelihood	Impact	L X I	Trend	Response
3	4	12	Stable	Treat

8.08 EA FTEs in post (actual vs target)



8.09 EA BAU Expenditure (YTD Actual v Budget) (£m)



Mar 2020 Directorate Engagement Score = 5.3 (Target = 6.4)

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## Section 8, part C: Digital communications related to coronavirus

9 March to 20 April 2020

### Introduction

This report highlights key statistics across our digital communication channels for the reporting period **9 March to 20 April 2020**. This is an extraordinary report put together to measure the upturn in digital engagement due to the Covid-19 pandemic.

For comparison and to put these statistics into context, we have included below our corporate KPI targets that we report to Council on a quarterly basis.

1. Measure 8.01: Mass emails have an average unique open rate of **55 percent**.
2. Measure 8.02: Mass emails have an average click per email open rate of **30 percent**
3. Measure 8.03: Twitter posts have an engagement rate of **1.5 percent**.
4. Measure 8.04: LinkedIn posts have an engagement rate of **4 percent**.
5. There are no KPIs set for Facebook and the NMC website, but have provided commentary below where possible.

### Social media

Facebook	
Number of new followers	1,625
Comments	480 (728% increase)
Share	386 (311% increase)
Engagements	1.7K (349% increase)
Link clicks	2.8K (40% increase)
Impressions	208.7K (11% decrease)

Twitter	
Number of tweets	390 (14% increase)
Number of new followers	(6.7% increase)
Impressions	4M (208% increase)
Engagement rate	3.5%
Likes	15K (257% increase)
Retweets	7.2K (157% increase)
Replies	1.5K (498% increase)
Link clicks	45.4K (956% increase)

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## Top tweets

Tweets	Top Tweets	Tweets and replies	Promoted	Impressions	Engagements	Engagement rate
	<b>The NMC</b> @nmcnews · Mar 21	As of 11:30am today, we have received <b>3986</b> applications from across the UK to join the <b>#COVID19</b> temporary register!		166,318	11,657	7.0%
	Thank you to everyone that has responded to our email so far, we are incredibly grateful to you. <a href="https://pic.twitter.com/p4tQLdBjQM">pic.twitter.com/p4tQLdBjQM</a>					<a href="#">Promote</a>
	<a href="#">View Tweet activity</a>					
	<b>The NMC</b> @nmcnews · Mar 22	 <b>UPDATE</b> 		164,392	11,461	7.0%
	As of 11:30am today, we have received <b>5633</b> applications from across the UK to join the <b>#COVID19</b> temporary register!					
	Thank you, we are incredibly grateful to you. <a href="https://pic.twitter.com/tgzTQTyGOT">pic.twitter.com/tgzTQTyGOT</a>					<a href="#">Promote</a>
	<a href="#">View Tweet activity</a>					
	<b>The NMC</b> @nmcnews · Mar 11	Good evening! We know you have a lot of questions; please know we are listening to you.		119,496	6,967	5.8%
	We're working with government on proposed legislation that would let us potentially register different groups nursing & midwifery professionals in a safe way in an emergency situation (1/2)					<a href="#">Promote</a>
	<a href="#">View Tweet activity</a>					

LinkedIn	
Number of new followers	2,055
Impressions	52,128
Engagement rate	6.4%
Likes	639
Link clicks	2796

## Mass email communication

We sent **125,364 emails** relating to Covid-19 temporary registration.

These include invitations to register, reminders and confirmation of temporary registration.

Here is a breakdown of stats for the three temporary registration cohort invitation emails.

Email	Total emails sent	Total unique opens	Unique open rate*	Total unique clicks	Click-to-open-rate**
Invitation to lapsers – last 3 years	47,452	35,319	74.4%	15,608	44.19%
Invitation to eligible overseas candidates	2,295	2,243	97.7%	1,894	84.44%
Invitation to lapsers – 4 to 5 years	21,060	12,764	60.6%	3,919	30.70%
All register email on Covid-19	694,296	436,159	63.8%	34,766	7.3%

\* Unique open rate is system generated and calculated independently of figures above.

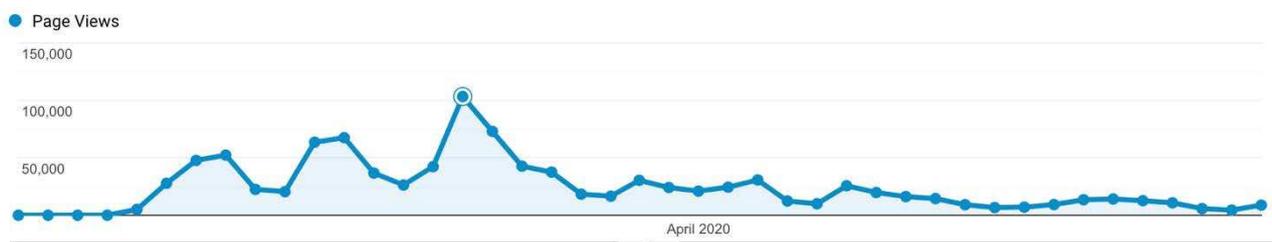
\*\*The click-to-open rate (CTOR) is the total number of unique clicks divided by the total number of unique opens, given as a percentage.

## Website

### Covid-19 hub:

<b>Page views</b>	1,035,011 page views / 23.2% of all web traffic
<b>New users</b>	44.81% of people visiting this hub had never used our website before
<b>Bounce rate</b>	52.20% **
<b>Average time on page</b>	01:14
<b>Average session duration</b>	02:29
<b>Average pages per session</b>	2.79

\*\*Bounce rate is the percentage of visitors to a website who navigate away after viewing only one page. Our bounce rate is higher than our average last year which was 23.94%, however this is not surprising considering the topic of the content and that people are trying to find answers to specific questions, not browsing.

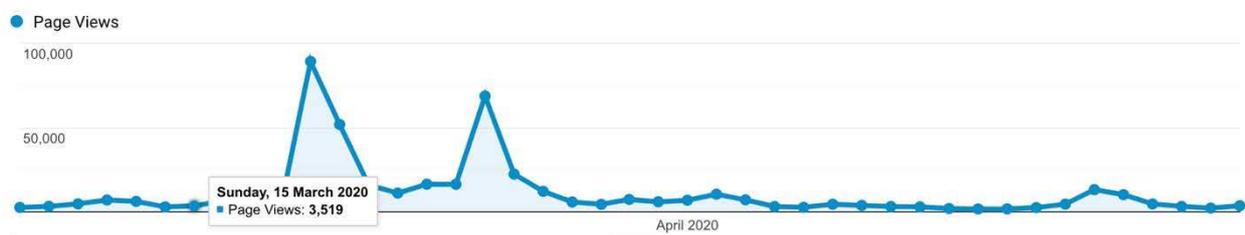


- 36 percent of users who visited this hub entered on the 'Covid-19 temporary registration' page.
- The temporary registration page was also the most popular page, with 294,969 page views.
- Tuesday 24 March 2020 was the busiest day in the Covid-19 hub accounting for 10 percent of the total traffic during the time period. This is likely due to the all register email that went out that day.

### News and update hub:

<b>Page views</b>	469,015 page views / 10.5% of all web traffic
<b>New users</b>	58.44% visiting this hub have never used our website before
<b>Bounce rate</b>	59.28% **
<b>Average time on page</b>	01:57
<b>Average session duration</b>	01:30
<b>Average pages per session</b>	1.87

\*\*Bounce rate is higher than our average last year which was 23.94%, however this is not surprising considering the topic of the content and that people are trying to find answers to specific questions, not browsing.



- Thursday 19 March and Wednesday 25 March 2020 were the busiest days in terms of traffic to this area. We published our joint nursing/midwifery statements and update for students not in final six months on these dates.
- Most popular page within the news section during this time: <https://www.nmc.org.uk/news/news-and-updates/joint-statement-on-expanding-the-nursing-workforce/>

### Breakdown of engagement on guidance we have issued

- **NMC statement on personal protective equipment during the Covid-19 pandemic**
  - Web page views - 27,090
  - Impressions on social media - 29,754
  - Engagements on social media - 2,317
  - Engagement rate on social media - 7.8%

- **NMC responds to the Government's Covid-19 Social Care Action Plan**
  - Webpage views - 1,388
  - Impressions on social media - 9,372
  - Engagements on social media – 383
  - Engagement rate on social media - 4.1%
  
- **Statement on advance care planning, including do not attempt cardio pulmonary resuscitation (DNACPR)**
  - Web page views - 2,532
  - Impressions on social media - 13,557
  - Engagements on social media – 715
  - Engagement rate on social media - 5.3%
  
- **Joint NMC/RCN statement regarding Decisions Relating to Cardiopulmonary Resuscitation (CPR)**
  - Web page views - 3,968
  - Not promoted on social media
  
- **Response to concerns over the availability of protective equipment for nursing and midwifery professionals**
  - Web page views - 3,295
  - Impressions on social media - 19,280
  - Engagements on social media - 1,407
  - Engagement rate on social media - 7.3%

## Temporary registration forms

We developed a number of web forms for the Covid-19 temporary registration process. This is the number of people who have visited, started and submitted a form. These statistics measure the effectiveness of the online forms.

Form name	Page visits	No of people starting a form	Successful form submissions*	Form submission rate**
1-3 and 4-5 year cohorts opt in	35,065	16,445	15,039	91.4%
1-3 and 4-5 year cohorts opt out	1,673	921	747	81%
Overseas cohort opt in	4,786	2,011	1795	89%
Overseas cohort opt out	15	6	6	100%

\* Of those started a form this is the number of people who successfully submitted a form, who were then passed on for verification. Reasons for starting a form but not completing it, could be down to people testing the form, unsubscribes, double opt-ins etc.

\*\* Form submissions as a percentage of those who started a form.

## **NMC corporate risk report**

### **Part a - Corporate Risk Register at 31 March 2020**

#### **Current risk position**

- 1 We continue to review and refine our controls and mitigations on a regular basis, changes are reflected in red text on the risk register provided within this Annexe.
- 2 The Executive most recently reviewed the risk register on 13 May 2020.
- 3 Mitigating the potential consequences of coronavirus (Covid 19) has been the primary focus of the Executive Board since March 2020.
- 4 Our overall risk exposure remains unchanged since our risk report to the Council in March 2020 where we added a new risk regarding coronavirus. Three of our 12 corporate risks are rated as red. These are: INF20/02 [Covid 19], INF18/02 [Stability of ICT] and PEO18/01 [NMC workforce]).
- 5 Items of note on the corporate risk register are:

#### **Coronavirus (EXT20/02)**

- 6 Our response to Covid 19 has been discussed at agenda item 6.
- 7 Although we have been required to respond Covid 19 to support the government's emergency response plans, a number internal controls were in place that enabled us to respond to the emergency quickly. This included robust business continuity plans, regular testing of our ICT infrastructure, emergency protocols for taking decisions at pace, and regular communications such as weekly CEO blogs and utilising established stakeholder networks such as those with other regulators and CNOs.
- 8 We continue to manage significant risk exposure as a result of Covid 19, both in terms of how we regulate during a pandemic and how we exit the emergency and return to a state of relative normality.
- 9 Areas of risk are how we safely and fairly regulate our professionals whilst they are undertaking practice in extraordinary circumstances, how we continue to maintain capacity to regulate whilst we protect NMC colleagues and deliver services virtually, and the longer term impacts of Covid 19 once the emergency period ends.
- 10 Regular internal oversight and planning for Covid 19 will continue for the foreseeable future. We will maintain the Covid 19 risk on our corporate risk register so that we can monitor and treat the remaining risk exposure.

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- 11 The Executive has expanded and updated the Covid 19 risk on the corporate risk register since the Council last reviewed the register, to better reflect the different dimensions of the risk which we continue to treat.

**Stability of IT infrastructure (INF18/02)**

- 12 This risk remains rated as red and is unchanged since we last reported it to the Council in January 2020.
- 13 This risk focuses on the exposure from using legacy systems for core regulatory services. This will be mitigated by our Modernising our Technology Services programme (MOTS) which will be delivered in three phases.
- 14 The programme has experienced slippages both in time and budget during 2019–2020, and the Council requested that MOTS was included on the corporate risk register for visibility.
- 15 We added MOTS as a causation to INF18/02 to reflect the complexity of the programme and the possibility of further slippages or disruption to core business. The main mitigations are strengthening the programme’s governance (in place), exception reporting to the Council (in place), and an independent review of phase one of the programme (due to the Audit Committee in June 2020).
- 16 Fit for future technology is a core aim of our new 2020–2025 strategy, and significant investment agreed to ensure that we continue to mitigate this risk.
- 17 We continue to tolerate the risk at its current level in the meantime.

**NMC workforce (capacity and capability) (PEO18/01)**

- 18 This risk remains rated as red and is unchanged since we last reported it to the Council in January 2020.
- 19 There are a number of pressure points to note. These are:
- 19.1 **Coronavirus:** we have experienced capacity pinch points as we implement our temporary registration policy and rule changes, manage absence as a result of Covid 19, and deliver new ways of working remotely such as remote recruitment. A number of mitigations are in place.
- 19.2 **Capacity pressures within FTP:** pressure still remains within core teams at the beginning of the FTP process to clear case backlogs (specifically screening, investigations and case examiners). To mitigate this the Executive have agreed an increase in establishment with the expectation that this would decrease in time.
- 19.3 We expect Covid 19 to also create pressures within the FTP process which we are working to understand and mitigate.
- 19.4 **Capacity pressures within POD:** capacity pressures remain across the people and organisational development teams. There are some specific immediate priorities which require the teams’ involvement including supporting the Covid 19 response, implementation of values and behaviours, and work related to implementing the new organisational design. To mitigate this, the Executive has agreed an increase in establishment which will reduce over time.

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19.5 **New organisational design:** limited short term disruption to be expected whilst the new structure is implemented, including recruiting new leadership, updating key systems and processes, and directors reviewing their new or expanded portfolios. Controls are being applied through a project governance structure to reduce the risk exposure.

19.6 **New strategy:** planning and prioritisation for the new strategy has taken place, however a potentially large portfolio still remains (especially for corporate teams delivering fit for future). Work has begun to re-plan our annual priorities for 2020-2021 and beyond in light of Covid 19 which will be bought back to the Council in Q2.

20 Careful monitoring of this risk is recommended whilst controls are implemented.

### **Safeguarding (COM18/02)**

21 The Council requested that we strengthen the visibility of safeguarding on the register following its discussion of the safeguarding policy in January 2020.

22 Although always implicitly implied within risk COM18/02 (legal or compliance requirements), we have explicitly included safeguarding within the causation description and added the policy as a key control.

23 A number of actions were taken during March 2020 to ensure the robust roll out of the policy. These are:

23.1 Updating the guidance;

23.2 Updating the e-learning;

23.3 Additional face to face training sessions; and

23.4 Internal communication to raise staff awareness.

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Corporate risk register for 2019-20 (up 31 March 2020)

Reference	Risk	Current Rating	Appetite
REG18/01	Risk that we fail to maintain an accurate register of people who meet our standards	AMBER	Averse
REG18/02	Risk that we fail to take appropriate action to address a regulatory concern	AMBER	Averse
REG19/03	Failure to ensure that educational standards are fit for purpose, and processes to ensure compliance with standards are being met	GREEN	Averse
PEO18/01	Risk that we fail to recruit and retain an adequately skilled and engaged workforce	RED	Open
INF18/01	Risk that we fail to recover from adverse infrastructure incidents	AMBER	Cautious
COM18/0	Risk that we fail to prevent a significant data loss or we experience an information security breach	AMBER	Cautious
COM18/0	Risk that we fail to comply with legal or compliance requirements	AMBER	Cautious
EXT18/01	Risk that we may lack the right capacity and capability to influence and respond to changes in the external environment	AMBER	Open
EXP18/01	Risk that we fail to meet external expectations affecting stakeholders' trust in our ability to regulate	AMBER	Minimalist
INF18/02	Risk that ICT failure impedes our ability to deliver effective and robust services for stakeholders or value for money	RED	Open
STR19/01	Risk that we fail to develop a strategy for 2020-25 which is achievable and underpinned by appropriate implementation plans	GREEN	Open
EXT20/02	Risk that novel coronavirus (Covid-19) means that we are unable to effectively regulate our professions or protect the public or protect NMC colleagues	RED	Averse

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	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: <b>Averse:</b> 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> <p>(Links to EXT20/02 - Coronavirus)</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. Including automation of revalidation readmissions process.</p> <p>a. e. Self serve and Wiser improvements provide automation of core processes to reduce errors. The latest improvements are the automation of the readmission process and phase 1 of case management functionality for our Appeals team (RAST) (from July 2019).</p> <p>e. Updated Overseas process within MS Dynamics (from 7 October 2019).</p> <p>a. b. Staff training and induction in required standards and core processes.</p> <p>a. b. e. Risk based quality assurance approach to Approved Educational Institutions (AEIs) against our standards (from 2019).</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. <b>All registration services including contact centre can be operated remotely.</b></p> <p>a. b. c. Registration workshops with some AEIs to offer support on qualification uploads for registration and to strengthen relationships.</p>	3	5	15	<p><b>Risk Response:</b> Tolerate</p> <p><b>Trend:</b> Stable</p> <p><b>Comments:</b> Our key risk treatment is to maintain current controls and continue to monitor outcomes until Wiser replacement is complete.</p>	<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. Approve education programmes against Future Nurse standards (extended from September 2020 to September 2021 due to Covid 19) (2021 for return to practice and midwifery)</p> <p>a. d and f. Modernising our Technology (MOTS) programme will deliver core systems replacement for Wiser (due 2020-21) and CMS (TBC) and improved case management using MS Dynamics. - Enhancements to the revalidation process (TBC- 2020-21) - Continuing to develop case management functionality for our Appeals team (RAST).</p> <p>e. Overseas phase 2 programme during 2020-21.</p> <p>e. Introduction of test of competence against Future Nurse standards (Summer 2020)</p>	2	5	10	<p><b>Date change expected:</b> Aug 2020</p> <p><b>Comments:</b> Implementation of new systems via MOTS will reduce the potential for processing errors, and improved data governance controls will be put in place. We anticipate the risk will reduce once MS Dynamics has bedded in.</p>	Director, Professional Regulation		

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: <b>Averse:</b> 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> <p>(Links to EXT20/02 - Coronavirus)</p>	5	5	25	<p>a. New values and behaviours framework approved by Council in March 2020. With 'Kindness' central to how we are expected behave.</p> <p>a-e. New approach to FTP implemented (from 2019-20)</p> <p>a, b. Centralised corporate enquiries and complaints team.</p> <p>a, b. An assurance process is in place to monitor the improvements delivered from our lessons learned programme to address PSA recommendations (from 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>d. New organisational structure with Registrations and FTP under a single director lead (from 2020)</p> <p>c, d. Collaboration and data sharing with external stakeholders and partners. 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.</p> <p>c, d. Increased capacity in Regulatory Intelligence Unit (RIU) and a data lake established with first outputs to inform intelligence around fraudulent entry cases (from 2019)</p> <p>e. Public Support Service provides tailored support to patients, families and parents (from December 2019).</p>	2	5	10	<p>a. Improvements to our public support service will continue during 2020-2021 including the pilot of the Public Support Pathway.</p> <p>a - e. Final improvements to the new model for FtP expected in 2020-2021 (including consideration of context via new tools, mediation and new target operating model)</p> <p>c - d. RIU 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). - Intelligence plan will identify capabilities needed for data and intelligence (2020-21)</p> <p>a, c. Develop options to expand our Employer Link Service model (2020-21)</p> <p>d. Continue to deliver process improvements between FtP and Registrations and Revalidation to ensure more consistency in regulatory actions and approach (ongoing)</p>	2	5	10	<p>Director, Professional Regulation</p> <p><b>Date change expected:</b> N/A</p> <p><b>Comments:</b> 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>
REG19/03	<p>Failure to ensure that educational standards are fit for purpose, and processes to ensure compliance with standards are effective</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: <b>Averse:</b> 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 four 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. AElS 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 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>a. New Midwifery standards published in November 2019 with four-country launch events completed in January/February 2020.</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 new standards and our model of Quality Assurance meets the SoGR.</p> <p>d. Continue to review the PSA standards to ensure compliance.</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> <p>e. Actively monitor programmes in line with our new QA framework.</p>	2	4	8	<p>a Implement a rolling programme of independent evaluation, continuous improvement, a review of our internal methodology and a pipeline of updates for all existing standards (from Q4 2021)</p> <p>a. Implementation phase for Future Midwife standards including approval decisions for AElS (from 2020)</p> <p>b, e. Continue to monitor programme approval timelines at the monthly QA Board. Timescales for approval decisions against Future Nurse standards for all AElS extended until September 2021 due to Covid 19 (TBC for return to practice and midwifery).</p>	2	2	4	<p>Director, Professional Practice</p> <p><b>Comments:</b> Risk added on to register in May 2019 and accepted by Council in July 2019</p>

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	<p>Risk that we fail to recruit and retain an adequately skilled and engaged workforce (permanent and temporary staff, contractors, and third parties).</p> <p>i) Potential Impact: - Reduced capacity - Inadequate skills - Low staff engagement / resilience - Increased costs - Delays or failure to deliver commitments</p> <p>ii) Appetite: <b>Open:</b> willing to consider all potential delivery options</p>	<p>a. Weak recruitment and high vacancies.</p> <p>b. Poor retention and high turnover.</p> <p>c. Low resilience and poor engagement including over reliance on key individuals / teams and high staff sickness.</p> <p>d. Failure to embed a high performance and development culture.</p> <p>e. Gaps in BAU capacity resulting from staff being redeployed to deliver programmes and projects.</p> <p>f. Our workforce does not keep pace with the capacity and / or capability needed to deliver our corporate plan.</p> <p>g. Turnover increase due to accommodation move</p> <p><b>h. inconsistent change management capability which impedes successful delivery of our change portfolio</b></p> <p><b>i. Short term disruption to recruitment and selection resulting from C-19</b></p> <p>(Links to EXT20/02 - Coronavirus)</p>	5	4	20	<p>a-d. HR Modernisation programme consisting of a review of policies, an internal audit of recruitment and a Reward Review programme.</p> <p><b>a-d. New values and behaviours framework approved by Council in March 2020.</b></p> <p>a-d. 'Life at the NMC' survey to understand the current state and inform the future culture of the organisation.</p> <p>a-b. Implementation of agreed options for strengthening staff pay and reward (from October 2019).</p> <p>b-d, f. Roll out of Management and Leadership Programme based on identified skills gaps.</p> <p>a. Introduction of Managed Service Providers (MSP) and Applicant Tracker System (ATS) to drive up recruitment compliance.</p> <p>d, f. Targeted engagement initiatives such as Employee Forum Reps co-producing training plans.</p> <p>d, f. Launch of an updated internal communication tool (Workplace)</p> <p>d. Regular Peakon Pulse (engagement) surveys to increase two-way communication with employees.</p> <p>b-g. Business Partnering model to improve performance management practices, management confidence and increased support at significant times of organisational change</p> <p>a-d. Increased analysis of survey and exit data to target areas of dissatisfaction.</p> <p>a-b. Horizon Scanning of possible employment law changes, especially in light of leaving the EU.</p> <p>g. Additional travel costs incurred as a result of the office move to One Westfield Avenue will be paid for 12 months (until September 2020)</p>	4	4	16	<p><b>Risk Response:</b> Treat</p> <p><b>Trend:</b> Stable</p>	<p>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. (ongoing for 2020-21, some delays expected as a result of Covid 19)</p> <p>a-d Launch values-based recruitment and appraisal system. (expected Q1 2020-21 - new timescales TBC due to Covid 19)</p> <p><b>a-d. Outcomes from the 'Life at the NMC' survey and actions plans.</b></p> <p>a-c, e. Staff capacity improvement plan to relieve current capacity/capability pressure points-(Ongoing)</p> <p>a-d. Reward review grading: rewarding contributions and Pensions and Benefits review. (Sep 2020)</p> <p>a-c. Programme of career pathways initiated: <b>work on Candidate Experience and Leadership Development (Q1 2020-21)</b></p> <p>a, b, g. Succession planning for critical leadership roles.</p> <p>a-d. EDI Action Plan to introduce Workforce Race Equality (WRES) standard. (Aug 2020)</p> <p>a-d. Wellbeing plans to meet the standards of an external benchmark (March 2021)</p> <p>a-f Modernisation of HR IT systems (being planned for new strategy period - dates TBC)</p> <p><b>h. Review of our change management capability following the arrival of the new director of people and organisational effectiveness.</b></p> <p><b>i. Trailing of remote recruitment and induction</b></p>	2	3	6	<p><b>Date change expected:</b> 2020-2021</p> <p><b>Comments:</b> This will be facilitated by our 3 year People Strategy which will tackle the causations from multiple angles. Our pay and reward work is a critical aspect of this and will take 3 years to deliver tangible benefits from April 2019.</p>	Director, People and Organisational Development
INF18/01	<p>Risk that we fail to recover from adverse infrastructure incidents</p> <p>i) Potential Impact: - Disrupted service delivery - Short term heightened risk of significant harm to the public - Won't have the right premises to support business operation</p> <p>ii) Appetite: <b>Cautious:</b> preference for safe delivery options that have a low degree of residual risk</p>	<p>a. Shifts in terrorist threat levels particularly in central London where the majority of staff are based.</p> <p>b. Failure of Business Continuity Plans (BCPs) and ICT contingency plan.</p> <p>c. 23 Portland Place maintenance programme.</p> <p>d. Lease end events in Edinburgh (April 2021).</p> <p>(Links to EXT20/02 - Coronavirus)</p>	4	5	20	<p>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.</p> <p>b. Training and desktop exercises with lead directorate representatives. Director and senior management strategic training and desktop exercise undertaken (<b>Emergency response team training completed in March 2020</b>)</p> <p><b>b. IT infrastructure disaster recovery test was successfully run in February 2020. Directorates given opportunity to update Business Continuity Plans (BCPs) where specific feedback for their on-site teams was provided.</b></p> <p><b>b. Successful mobilisation of BCPs and remote working light of Covid 19 (March 2020)</b></p> <p>c. Planning for 23 Portland Place maintenance programme: <b>accommodation strategy approved by Council in March 20</b></p>	3	4	12	<p><b>Risk Response:</b> Treat</p> <p><b>Trend:</b> Stable</p>	<p>a, b. Review of business continuity plans including annual tests. A programme of Business Continuity training and exercises. has been <b>postponed due to Covid 19 (new date TBC)</b></p> <p><b>b. IT infrastructure disaster recovery test scheduled for early 2021.</b></p> <p><b>c. Business case for accommodation strategy to be developed by Q2 20-21.</b></p>	2	4	8	<p><b>Date change expected:</b> Sept 2020</p> <p>Likelihood and impact reduces after delivery of ICT infrastructure improvements and the accommodation programme over the next 18 - 24 months.</p>	Director, Resources and Technology Services

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 - Personal impact on individuals whose data is lost</p> <p>ii) Appetite: <b>Cautious:</b> 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. Technical controls e.g. software security patches (monthly), IT security measures, encrypted email.</p> <p>a. Priority actions to improve cyber and other vulnerabilities have been implemented or are in progress.</p> <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>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. MOTS programme will deliver core systems replacement for Wiser during 2020-21 (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) iv) Regular security testing</p>	2	3	6	<p>Director, Resources and Technology Services</p>
COM18/02	<p>Risk that we fail to comply with legal or compliance requirements</p> <p>i) Potential Impact: - Financial loss and wasted resources - Loss of trust/ confidence - Breach of individual legal rights</p> <p>ii) Appetite: <b>Cautious:</b> 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. safeguarding, Equality legislation, 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> <p>c. Risk of significant regulatory fines and bank sanctions.</p> <p>d. Unfairness or harm to registrants, applicants, referrers, witnesses, members of the public or employees as a result of unfair outcomes or avoidable delays</p>	4	4	16	<p>a. The recommendations from the Sep 2018 Procurement internal audit have been followed to drive process improvements, including implementation of comprehensive Procurement Policy, tendering of contracts through routes-to-market, addressing historic areas of uncontracted spend, implementation of e-sourcing portal, implementation of 'supplier assurance' portal and central contract management database.</p> <p>a-b. Centralised corporate legal services team to advise on achieving legal compliance and support the business if breaches occur. Plus: - Implementation of the outcomes from the legal services phase 2 review with new legal model now in place - Legal knowledge management system in place to identify changes in law and assess impact. - Legal support for all corporate programmes to improve legal awareness and compliance.</p> <p>a, d. Equality, Diversity and Inclusion framework with oversight from the Equality and Diversity Leadership Group.</p> <p>a, b, d. Creation of Complaints and Customer Enquiries department who handle all data protection and Freedom of Information requests, ensuring learning is collated, shared and drives continuous improvement. New process for handling information requests.</p> <p>a. Reasonable adjustments policy launched Q3 2019-20.</p> <p>d. Improved support for witnesses, public support service including emotional support and careline.</p> <p>d. Safeguarding policy and training so that everyone who works with us and for us should be clear about our safeguarding duty, to protect people from harm. The policy, its effectiveness and employee awareness are reviewed annually.</p>	3	3	9	<p>a. Improvements-to resolve weaknesses in contracting and procurement processes including increased oversight from corporate legal services. (ongoing)</p>	2	3	6	<p>General Counsel</p>

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 - particularly in the devolved countries - Undermine public trust - Missed opportunities - Wasted resources</p> <p>ii) Appetite: <b>Open:</b> 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> <p>(Links to EXT20/02 - Coronavirus)</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.</p> <p>a-g. Clearer internal roles and responsibilities regarding procedures for managing external stakeholders, including devising a new strategic approach to managing stakeholder relations.</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>b.f. Long Term Plan internal working group aims to coordinate our activity and messaging and ensure we are part of key discussions taking place in NHSE/I and DHSC.</p> <p>c. Brexit lead and working group established - <b>stakeholders communicated ahead of 31 January leave date</b>. Regulatory reform lead and working group also established. General election working group established. Regulatory reform lead and working group also established.</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 (updated June 2019), and regular communications with the business to enable them to communicate effectively.</p> <p><b>g. Strategy and corporate plan and budget finalised in March 2020.</b></p>	3	3	9	<p><b>Risk Response:</b> Treat <b>Trend:</b> Stable</p>	<p>a, b, e, f, g. <b>Next perceptions audit will take place following the launch of our new corporate strategy to determine confidence and trust in the organisation (May-July 2020).</b></p> <p>f. Delivery of strategic communication and engagement programme and implementation of capability plans to build skills and knowledge - Monitoring and improvements will be delivered on an ongoing basis.</p> <p><b>g. Formal strategy launch of new strategy 2020-25 expected in September 2020 (delayed due to Covid 19).</b></p>	2	3	6	<p>Date change expected: March 2021</p>	Director, Communications and Engagement

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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	
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 - particularly in the devolved countries - Undermine public trust - Missed opportunities - Wasted resources</p> <p>ii) Appetite: <b>Minimalist:</b> 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 e.g. FiP 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 - particularly in the devolved nations where our engagement is currently inconsistent.</p> <p>f. Strategy development for 2020-2025 fails to gain support from key stakeholders.</p> <p>g. Our website fails to meet the needs of our audiences, not providing them with the information they need.</p> <p>h. Unfairness or harm to registrants, applicants, referrers, witnesses, members of the public or employees as a result of unfair outcomes or avoidable delays</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. New values and behaviours framework approved by Council in March 2020. With 'Kindness' central to how we are expected behave</p> <p>a. An assurance process is in place to monitor the improvements delivered from our lessons learned programme to address PSA recommendations (from April 2019).</p> <p>a.h. Public Support Service providing tailored support to patients, families and parents. And emotional support lines for referrers, witnesses and registrants.</p> <p>a-h. Monthly monitoring of management information such as digital communications, press coverage and sentiment.</p> <p>b Temporary crisis communications checklist</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>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 2020-2025 strategy.</p> <p>e.f. Establishment of Country Directors to help build better engagement with senior partners and stakeholders across the four UK countries.</p> <p>e, f, g. Co produced strategy for 2020-25 with supporting corporate plan and budget finalised in March 2020.</p> <p>e,f. Programme of strategic communications and engagement.</p> <p>g. All new content is produced with audience-need addressed to make sure it gives them the most relevant information. Older content is updated and moved/archived where capacity allows.</p> <p>h. Equality diversity and inclusion framework and action plan including a new reasonable adjustments policy</p>	3	4	12	<p>b. Development of crisis communications response.</p> <p>e, f. A review of capability plans to ensure they remain fit for purpose (summer 2020)</p> <p>e, f. Formal strategy launch of new strategy 2020-25 expected in September 2020 (delayed due to Covid 19).</p> <p>e,f. Establish project teams to understand stakeholder mapping, political and policy analysis and horizon scanning across the devolved countries to support improved engagement.</p> <p>g. Initial scoping for new website underway, business planning includes website rebuild from 2021</p>	3	3	9	<p>Director, Communications and Engagement</p> <p>Date change expected: TBC</p> <p>Comments: Delivery of FiP change programme and completion of lessons learned programme are key mitigations.</p>

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	Risk that ICT failure impedes our ability to deliver effective and robust services for stakeholders or value for money for the organisation  i) Potential Impact: - Service disruption - Negative customer feedback - Wasted resources  ii) Appetite: <b>Open:</b> Willing to consider all potential delivery options	a. Our core systems (e.g. Wifi, TRIM, Wiser, CMS) and servers are on unsupported hardware and are obsolete, risking potential business interruption, data loss or registering people inappropriately.  b. Our network infrastructure has potential cyber vulnerabilities which could result in data and information security breaches. (Also see risk COM18/01).  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.  <b>d. Complexity within our Modernisation of Technology (MOTS) programme results in major ICT dependencies which were not anticipated or understood, leading to slippages in timescales and budget or disruption to other programmes or core business.</b>	5	5	25	a. Disaster recovery testing to test switching between our main systems and our back up systems. Last successful test in May 2019 with actions implemented by Q1 2019-2020.  a. Oversight of ICT stability by Audit Committee with regular reports.  a. Upgraded Wifi across all NMC sites.  a, b, c. Priority actions to improve cyber and other vulnerabilities on an ongoing basis (including monthly security patches).  b. Management plan for systems failures.  b. Regular penetration and vulnerability testing of our IT network.  b-c Network penetration test carried out in Q3 2019-2020.  c. Go live of new overseas applications process from October 2019.  c. Roll out of laptops to support agile working.  <b>d. Reinforced programme governance with dependency mapping and business readiness assessments. Oversight from Council via regular exception reporting.</b>  <b>a-d. Additional investment in digital technology agreed as part of the 2020-21 budget by the Council in March 2020</b>	4	5	20	a-b. MOTS programme will deliver core systems replacement for Wiser (2020-21)  a-b. MOTS programme will deliver CMS (2020-22).  <b>a-d. Planning for next stages of MOTS, ICT infrastructure, and data and analysis technologies (Q2 2020-21)</b>  <b>d. Independent review of the MOTS programme before phase 2 commences (Q2 2020-21)</b>	2	4	8	Director, Resources and Technology Services
STR19/01	Risk that we fail to develop a strategy for 2020-25 which is achievable and underpinned by appropriate implementation plans  i) Potential Impact: - Inability to influence - particularly in the devolved countries - Undermine public trust - Missed opportunities - Wasted resources  ii) Appetite: <b>Open:</b> Willing to consider all potential delivery options	a. The strategy fails to meet the expectations of key stakeholder groups resulting in eroded trust and engagement in our future plans  b. External factors divert our attention away from strategy development (e.g. Brexit, regulatory reform, stability of the UK government, <b>pandemic</b> )  c. We lack the capacity and capability to plan, leading to implementation failure (poor processes, weak capability and decision-making, lack of senior oversight, lack of focus on outcomes)  d. We fail to invest in the change needed for success	5	4	20	a. Outcomes of strategy consultation fed into the new strategy for 2020-25.  <b>a. New strategy for 2020-2025 has been developed with supporting corporate plan and budget</b>  b. Internal steering groups to anticipate risks relating to Brexit, regulatory reform and <b>horizon scanning</b> . Contingency plans in key areas.  <b>c. 6 monthly strategic review points to consider the internal and external context and make adjustments to our plans as necessary. Quarterly check points with the Executive.</b>  <b>d. Strategy investment fund and contingency fund which is aligned with implementation planning and prioritisation enables flexibility within our plans.</b>	3	4	12	a. Strategy communications plan to communicate outcomes of the consultation and the resulting strategy (implemented from April 2020)  <b>c, d.. Detailed implementation planning for strategic programmes and projects as per our standard governance approach (phased throughout the year)</b>  <b>a-c. Group to look at recasting the corporate plan for 2020-21 and 5 year work programme in light of Covid 19.</b>	1	4	4	Director, Strategy and Insight

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	L	I	L X I	L	I	L X I	
EXT20/02	<p>Risk that novel coronavirus (Covid-19) means that we are unable to effectively regulate our professions or protect the public or protect NMC colleagues</p> <p>i) Potential Impact: - Heightened risk of significant harm to the public or NMC colleagues - Disrupted service delivery - Undermine public trust</p> <p>ii) Appetite: <b>Averse:</b> but always some residual risk</p>	<p>a. Risk that we take the wrong action in response to Covid 19. Including: i) Responding at pace to implement the UK Government emergency plans to encourage professionals to apply for Covid 19 temporary registration including pressure to add additional cohorts (professionals returning to practice, overseas applicants, students in the final 6 months of their programme); ii) Responding to registrant concerns about upholding professional standards within a pandemic setting if they are required to depart from standard procedures; iii) Taking account of context in FTP referrals for C-19; iv) Changes to FTP processes and extensions for revalidation.</p> <p>b. Risk of significant disruption to core services including: i) Our available NMC workforce capacity is reduced (worst case scenario that 1 in 5 people could be affected at any one time); ii) New ways of working disrupt service delivery; iii) Substantive hearings are delayed, putting pressure on the FTP workflow which leads to dissatisfaction for referrers and registrants due to delayed outcomes; iii) Reduced face to face support for the most vulnerable and reduced support from the Public Support Service in the short term.</p> <p>c. Risk that we are unable to protect or support NMC colleagues which results in harm: i) Colleagues visiting buildings; ii) Managing absence and providing practical support for those affected by C-19; iii) Wellbeing, health, motivation of NMC colleagues; iv) Communications and managing expectations; v) Supporting those with serious illness or death in service.</p> <p>d. Risk of ineffective or slow recovery from the pandemic: i) Achievability of our strategy, corporate plan and budget; ii) Underspend and underperformance within core business (including timeliness KPIs not being met); iii) Delays and underspend within our major programmes; iv) Disrupted FTP workflow with pressure at adjudication stage and less hearings during 2020-21; v) Disruption to recruitment and selection vi) Managing expectations when we revert back from emergency standards to normal (e.g. supernumerary and supervisor/assessor roles)</p> <p>e. Risk of longer term implications for the sector i) Long term impact on workforce (retention issues, burnout, overseas recruitment) ii) Disruption to student education (not educated against new standards due to delays in programmes, disrupted student practice placements, disrupted course completion dates) iii) Responding to public enquiries and questions raised regarding the response iv) Supporting people to return to practice</p>	<p>5</p> <p>5</p> <p>25</p> <p>The likelihood was increased in March.</p> <p>Although this is an issue we are dealing with right now, Covid will be retained on the corporate risk register in the short to medium as residual risks to the organisation remain after mitigation and to reflect that we are regulating in a higher risk environment.</p>	<p>a (i). Emergency temporary C-19 registration launched in March 20 for nurses and midwives returning to practice (&lt;3 years, 4-5 years) and overseas applicants. Emergency powers to invited student's in the last six months of their programme. <b>Practice conditions for different cohorts applied to manage risk as required.</b></p> <p>a (i) Temporary Register removals policy and process.</p> <p>a (i) Option of clinical placements for students in their final six months of their programme.</p> <p>a (i) Review of equality, diversity and inclusion (EDI) implications of our Covid 19 registrations policy (including equality impact assessment (EQIA)).</p> <p>a (ii). Flexibility within our standards to provide a framework for decision making which can be applied in a wide range of situations.</p> <p>a (ii). Dedicated website hub for registrants and key stakeholders about our emergency response. Including re-admission details, FAQs, regular statements, signposting and practice advice on applying the code.</p> <p>a (iii). Consideration of context if FTP concerns are raised during the pandemic</p> <p>a (iv). Emergency legislation and rule changes agreed with the Department of Health and Social Care (e.g. revalidation and annual retention fee extensions, virtual hearings)</p> <p>a, e (iii). Log of decisions and rationale for policy changes, regulators</p> <p>grid" detaining the C-19 response across all health and social regulators</p> <p>a, b. Business continuity procedures triggered which ensure a clear chain of command to make decisions at pace (Gold and Silver command daily calls and decision log) and activate business continuity procedures.</p> <p>a.b.c.d. Regular communications with the Council and partner members.</p> <p>a, b, c, d. Regular internal and external communications to provide information about the current situation and signpost stakeholders and colleagues to relevant advice. Collaboration with other regulators, CNOs, Royal Colleges and unions.</p> <p>b (i). Directorate prioritisation work to pause no essential activities/ to make sure no essential activities are paused.</p> <p>b (ii) Adapted our Quality Assurance approvals processes to provide more flexibility during this period, including visits being held remotely. Extended the implementation date of the new pre-registration nursing and prescribing standards from September 2020 to September 2021</p> <p>b, d. Agile working to enable colleagues to work from home in line with government advice. Remote recruitment and induction.</p> <p>c. Policy positions for new ways of working as required (e.g. building closures, lone working, paid leave for people who cannot work as a result of Covid – no furloughing, home working equipment allowance).</p> <p>c (i) Building closures and a move to fortnightly post and maintenance checks to protect estates colleagues (including lone working)).</p> <p>c. Internal HR support for affected or concerned colleagues and internal monitoring and regular contact with affected colleagues.</p> <p>d. Planned approach to annual leave during the lockdown</p> <p>e. Horizon scanning group convened to assess the longer term impacts of C-19 on both the NMC and wider sector. Insights are reported to the Executive every month.</p>	<p>4</p> <p>4</p> <p>16</p> <p><b>Risk Response:</b> Treat</p> <p><b>Trend:</b> Stable</p> <p>New risk added in March 2020</p>	<p>d. Senior leaders drawing up plans to exit the emergency (TBC)</p> <p>d, e. Internal group convened to review the implications on our strategy, corporate plan and budget for 2020+. An updated plan to be submitted to the Council in autumn 2020. (From May 20)</p> <p>e. Options being considered for a permanent memorial for registrants that have lost their lives to C-19 (From May 20)</p>	<p>3</p> <p>3</p> <p>9</p> <p><b>Date change expected:</b> TBC</p> <p><b>Comments:</b> A high level of uncertainty regarding the UK situation means that it is difficult to predict the length of time this risk will continue.</p>	Chief Executive										

## NMC corporate risk overview at 31 March 2020

Impact	Likelihood				
	1 (Remote)	2 (Unlikely)	3 (Possible)	4 (Probable)	5 (Highly probable)
5 (Critical)	5	10 <b>REG18/02</b> Fail to take appropriate action to address regulatory concern	15 <b>REG18/01</b> Fail to maintain an accurate register	20 <b>INF18/02</b> ICT failure impedes effective and robust service delivery	25
4 (Major)	4	8 <b>REG19/03</b> Fail to ensure that educational standards are fit for purpose and compliance is being met	<b>INF18/01</b> Fail to recover from infrastructure incidents <b>EXP18/01</b> Fail to meet expectations <b>STR19/01</b> Strategy implementation failure	<b>PEO18/01</b> Fail to recruit and retain adequate <b>EXP20/02</b> Response to coronavirus	20
3 (Moderate)	3	6	<b>COM18/01</b> Fail to prevent data loss or cyber breach <b>COM18/02</b> Legal or compliance failure <b>EXT18/01</b> Fail to respond to external environment	12	15
2 (Minor)	2	4	6	8	10
1 (Insignificant)	1	2	3	4	5

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**NMC 2020-21 budget by new organisational structure**

**2020 - 2021 Budget (£'m)**

<b>INCOME &amp; EXPENDITURE (£'m)</b>	<b>Actual 2019-20</b>	<b>Budget 2020-21</b>	<b>Indicative 2021-22</b>	<b>Indicative 2022-23</b>
<b>Income</b>				
Registration fees	83.8	85.9	86.2	86.6
Other	5.7	4.9	4.9	4.7
Nursing Associates funding	0.2			
<b>Total Income</b>	<b>89.7</b>	<b>90.7</b>	<b>91.0</b>	<b>91.3</b>
<b>Expenditure</b>				
<u>Core Business</u>				
Professional Regulation	40.1	42.5	40.7	39.4
Resources & Technology Services	17.9	17.9	16.9	17.0
People & Organisational Effectiveness	7.4	8.0	8.1	7.9
Professional Practice	3.6	4.8	4.0	3.1
Strategy & Insight	3.3	3.8	4.0	4.0
Communications & Engagement	2.5	3.1	3.2	3.2
Directorate - Core Business	74.8	80.1	76.8	74.5
<u>Corporate</u>				
Depreciation	1.9	2.7	4.4	5.0
PSA Fee	1.9	1.9	2.0	2.0
Annual pay review	0.0	0.0	0.8	1.6
Apprenticeship levy	0.2	0.2	0.2	0.2
Inflationary increase on non-pay cost & other	0.2	0.3	0.0	0.6
Contingency		2.6	2.5	2.4
<b>Total Corporate</b>	<b>4.2</b>	<b>7.7</b>	<b>9.9</b>	<b>11.9</b>
<b>Total Core Business</b>	<b>79.0</b>	<b>87.8</b>	<b>86.7</b>	<b>86.4</b>
<u>Programmes &amp; Projects</u>				
Accommodation Project	4.7	3.5	6.8	12.8
Modernisation of Technology Services	4.9	6.7	3.0	0.5
Education Programme	0.5			
FtP Change Strategy	0.4	0.5	0.3	0.1
People Strategy	0.6	0.4	0.1	0.1
Overseas Programme	0.9			
Digital Workplace	0.2			
Nursing Associates	0.2			
<b>Subtotal projects with allocated funding</b>	<b>12.2</b>	<b>11.1</b>	<b>10.1</b>	<b>13.4</b>
Strategy implementation fund		3.8	5.7	3.7
<b>Sub total including capital costs</b>	<b>12.2</b>	<b>14.9</b>	<b>15.8</b>	<b>17.1</b>
Less: capital costs of programmes and projects	(8.7)	(10.7)	(10.3)	(8.0)
<b>Sub total excluding capital costs</b>	<b>3.5</b>	<b>4.2</b>	<b>5.6</b>	<b>9.1</b>
<b>Total expenditure excluding capital costs</b>	<b>82.6</b>	<b>92.0</b>	<b>92.3</b>	<b>95.5</b>
<b>Overall surplus/(deficit)</b>	<b>7.2</b>	<b>(1.3)</b>	<b>(1.3)</b>	<b>(4.2)</b>
Free Reserves	29.0	19.6	12.4	5.3

Notes:  
 - An interim revaluation of pension liabilities suggests that we may need to make an extra provision of £2.5m at year end but has not been factored into our forecasts

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## Council

### Professional Standards Authority annual performance review 2018-2019

**Action:** For information.

**Issue:** Provides an update on the report of the NMC's performance review for 2018-2019 undertaken by the Professional Standards Authority (PSA).

**Core regulatory function:** All regulatory functions.

**Strategic priority:** Strategic aim 1: Improvement and innovation  
Strategic aim 2: Proactive support for our professions  
Strategic aim 3: More visible and informed  
Strategic aim 4: Engaging and empowering the public, professionals and partners  
Strategic aim 5: Insight and influence  
Strategic aim 6: Fit for the future organisation

**Decision required:** None.

**Annexes:** The following annexe is attached to this paper:

- Annexe 1: NMC Performance Review 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.

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- Context:**
- 1 The Professional Standards Authority (PSA) oversees the 10 health and social professional care regulators in the UK and reviews their performance annually against a set of 24 Standards of Good Regulation (SOGR).
  - 2 The PSA's report at **Annexe 1** covers our performance from 1 April 2018 to 31 March 2019, and was published on 14 April 2020.
  - 3 Following a public consultation, the PSA has produced a revised set of 18 SOGR on which the PSA will judge our performance for 2019-2020 (covering the period from 1 April 2019 to 31 March 2020).
- Four country factors:**
- 4 Not applicable for this paper.
- Discussion and options appraisal:**
- 5 The PSA has judged that for 2018-2019 we met all but two of the 24 SOGR. The two Standards that we did not fully meet relate to customer service and the transparency and proportionality of the Fitness to Practise (FtP) process. This is the same outcome we had in the 2017-2018 performance review.
  - 6 We met once again all the SOGR for Education and training, Standards and guidance and Registration. The PSA has recognised:
    - 6.1 The extensive work we have carried out to review and develop our standards for education and training for nurses, midwives and nursing associates, and that we have engaged effectively with stakeholders and taken account of a diverse range of views and experiences.
    - 6.2 We have been effectively engaging with and responding to any concerns raised in relation to our standards development work to ensure we prioritise safety for people using services and person-centred care.
    - 6.3 We have been actively considering the impact of the possible Brexit outcomes on our registrants.
    - 6.4 We continue to review and make changes to our registration processes to increase fairness and flexibility while maintaining public protection.
    - 6.5 The PSA received positive feedback from stakeholders on changes we have been making to our international registration requirements.
    - 6.6 We have made significant progress in reducing the number of older ("historic") FtP cases.
  - 7 The report also recognises progress we have made in recent years

in relation to the PSA findings in the Lessons Learned (LL) review and previous performance reviews. The findings on the Standards we did not meet are largely based on the PSA's view that some of our work to address the Lessons Learned review and the 2017-2018 performance review was still ongoing at the end of the reporting period, and it was not yet possible to measure the full impact of this work.

- 8 There has been a considerable period of time between the period covered by the review and the publication of this report. We have made a lot of progress during that time. Since 2018-2019:
  - 8.1 We launched the Public Support Service (PSS) in October 2018. The team meets with members of the public at the start of the investigation and at the conclusion of the case. We use this opportunity to listen to their concerns, explain our remit and discuss what other organisations can help or support them. This includes emotional support, specialist support (such as bereavement support), and options for advocacy where we cannot take their complaint forward.
  - 8.2 The feedback we have been collecting from members of the public who engage with us as part of PSS meetings evidences some very positive impact. The data we have collected to date highlights that; 96 percent of people responding rated the meeting as 'good' (10 percent) or 'very good' (86 percent); 93 percent felt that their concerns were understood; and 95 percent felt that the meetings helped them to understand the role of the NMC, how an investigation works, and what action we can take.
  - 8.3 In addition we began piloting support for members of the public from the point of referral in December 2019. If the decision at the screening stage is to take no further action then we will signpost to relevant resolution or support organisations. This will include a supported handover to organisations such as Healthwatch.
  - 8.4 We have also setup an emotional support line for referrers and witnesses. The service is independently provided for us by Victim Support and is available 24 hours a day, 365 days a year. Victim Support have taken over 500 calls and 20 percent of those were outside of normal office hours.
  - 8.5 We have created a signposting guide for colleagues to help signpost members of the public to other organisations where they can raise concerns and access support. This is also linked to the four countries so the person gets country specific support. Our website also provides information about a range of support and advocacy services in the UK.

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- 8.6 We have reviewed our approach to cases relating to PIP assessments and introduced a new quality assurance review group, which audits monthly a sample of cases where decisions were taken not to investigate further.
- 8.7 We have strengthened our QA processes prior to hearings, to ensure we identify and rectify issues with charging prior to the hearing, and to ensure applications to amend charges at the hearing are not necessary. We have delivered additional charge drafting training for our lawyers in October and November 2019.
- 8.8 We also commissioned a law firm to carry out an audit and they found that the charge drafting was generally consistent and done in accordance with the guidance. There were amendments to charges at hearing, but the audit concluded it was right to seek amendment in the circumstances.
- 8.9 We have established a new Quality of Decision Making team which will identify and share learning with the specific aim of further improving the quality of decisions in Professional Regulation.
- 8.10 We have created a new corporate enquiries and complaints team.
- 9 In addition, we have worked across the organisation to embed the new SOGR, on which we will be judged for the 2019-2020 performance review. The new SOGR include five new general standards covering:
- 9.1 The provision of accurate and accessible information about registrants, processes, guidance and decisions.
- 9.2 Clarity of purpose and application of policy and learning.
- 9.3 Equality and diversity.
- 9.4 Reporting on performance.
- 9.5 Working with employers, regulators and other stakeholders.
- 10 We took part in the pilot of the new General Standard 3 relating to equality, diversity and inclusion (EDI). The pilot took place between April and September 2019 and we were successful in our submissions.
- 11 We are now completing work on our self-assessment submission for the five new General Standards as part of our 2019-2020 performance review.

<b>Midwifery implications:</b>	12	None.
<b>Resource implications:</b>	13	None.
<b>Equality and diversity implications:</b>	14	Equality diversity and inclusion is at the core of our regulatory activities and our stakeholder engagement. Our focus on EDI is reflected in the positive outcome of our pilot of Standard 3 of the new General Standards of Good Regulation.
<b>Stakeholder engagement:</b>	15	We are committed to engaging constructively with the PSA and to maximise opportunities to improve from the feedback we receive.
<b>Risk implications:</b>	16	None.
<b>Legal implications:</b>	17	Failure to comply with our statutory requirements leaves us exposed to legal challenges.

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Annual review of performance 2018/19

# Nursing and Midwifery Council



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## About the Professional Standards Authority

The Professional Standards Authority for Health and Social Care promotes the health, safety and wellbeing of patients, service users and the public by raising standards of regulation and voluntary registration of people working in health and care. We are an independent body, accountable to the UK Parliament.

We oversee the work of 10 statutory bodies that regulate health professionals in the UK and social workers in England. We review the regulators' performance and audit and scrutinise their decisions about whether people on their registers are fit to practise.

We also set standards for organisations holding voluntary registers for people in unregulated health and care occupations and accredit those organisations that meet our standards.

To encourage improvement we share good practice and knowledge, conduct research and introduce new ideas including our concept of right-touch regulation.<sup>1</sup> We monitor policy developments in the UK and internationally and provide advice to governments and others on matters relating to people working in health and care. We also undertake some international commissions to extend our understanding of regulation and to promote safety in the mobility of the health and care workforce.

We are committed to being independent, impartial, fair, accessible and consistent. More information about our work and the approach we take is available at [www.professionalstandards.org.uk](http://www.professionalstandards.org.uk).

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<sup>1</sup> *Right-touch regulation revised* (October 2015). Available at [www.professionalstandards.org.uk/policy-and-research/right-touch-regulation](http://www.professionalstandards.org.uk/policy-and-research/right-touch-regulation).

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## About the NMC

The Nursing and Midwifery Council (the NMC) regulates the nursing and midwifery professions in the United Kingdom and nursing associates in England. Its work includes:

- Setting and maintaining standards of practice and conduct
- Maintaining a register of qualified professionals
- Assuring the quality of education and training for nurses, midwives and nursing associates
- Requiring registrants to keep their skills up to date through continuing professional development
- Taking action to restrict or remove from practice registrants who are not considered to be fit to practise.

As at 31 March 2019, the NMC was responsible for a register of 698,237 nurses, midwives and nursing associates. Its annual retention fee for registrants is £120.



# At a glance

Annual review of performance

Regulator reviewed: **Nursing and Midwifery Council**

## Standards of good regulation

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### Core functions

**Met**

Guidance and Standards

**4/4**

Education and Training

**4/4**

Registration

**6/6**

Fitness to Practise

**8/10**

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# 1. The annual performance review

- 1.1 We oversee the 10 health and care professional regulatory organisations in the UK, including the NMC.<sup>2</sup> More information about the range of activities we undertake as part of this oversight, as well as more information about these regulators, can be found on our website.
- 1.2 An important part of our oversight of the regulators is our annual performance review, in which we report on the delivery of their key statutory functions. These reviews are part of our legal responsibility. We review each regulator on a rolling 12-month basis and vary the scope of our review depending on how well we see the regulator is performing. We report the outcome of reviews annually to the UK Parliament and the governments in Scotland, Wales and Northern Ireland.
- 1.3 These performance reviews are our check on how well the regulators have met our Standards of Good Regulation (the Standards) so that they protect the public and promote confidence in health and care professionals and themselves. Our performance review is important because:
- it tells everyone how well the regulators are doing
  - it helps the regulators improve, as we identify strengths and weaknesses and recommend possible changes.

## The Standards of Good Regulation

- 1.4 We assess the regulators' performance against the Standards. They cover the regulators' four core functions:
- Setting and promoting guidance and standards for the profession
  - Setting standards for and quality assuring the provision of education and training
  - Maintaining a register of professionals
  - Taking action where a professional's fitness to practise may be impaired.
- 1.5 The Standards describe the outcomes we expect regulators to achieve in each of the four functions. Over 12 months, we gather evidence for each regulator to help us see if they have been met.
- 1.6 We gather this evidence from the regulator, from other interested parties, and from the information that we collect about them in other work we do. Once a year, we collate all of this information and analyse it to make a recommendation to our internal panel of decision-makers about how we believe the regulator has performed against the Standards in the previous 12 months. We use this to decide the type of performance review we should carry out.

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<sup>2</sup> These are the General Chiropractic Council, the General Dental Council, the General Medical Council, the General Optical Council, the General Osteopathic Council, the General Pharmaceutical Council, the Health and Care Professions Council, the Nursing and Midwifery Council, the Pharmaceutical Society of Northern Ireland, and Social Work England.

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- 1.7 When considering information relating to a regulator’s timeliness, we consider carefully the data we see, and what it tells us about the regulator’s performance over time. In addition to taking a judgement on the data itself, we look at:
- any trends that we can identify suggesting whether performance is improving or deteriorating
  - how the performance compares with other regulators, bearing in mind the different environments and caseloads affecting the work of those regulators
  - the regulator’s own key performance indicators or service standards which they set for themselves.
- 1.8 We will recommend that additional review of their performance is unnecessary if:
- we identify no significant changes to the regulator’s practices, processes or policies during the performance review period; and
  - none of the information available to us indicates any concerns about the regulator’s performance that we wish to explore in more detail.
- 1.9 We will recommend that we ask the regulator for more information if:
- there have been one or more significant changes to a regulator’s practices, processes or policies during the performance review period (but none of the information we have indicates any concerns or raises any queries about the regulator’s performance that we wish to explore in more detail) or;
  - we consider that the information we have indicates a concern about the regulator’s performance in relation to one or more Standards.
- 1.10 This targeted review will allow us to assess the reasons for the change(s) or concern(s) and the expected or actual impact of the change(s) or concern(s) before we finalise our performance review report.
- 1.11 We have written a guide to our performance review process, which can be found on our website [www.professionalstandards.org.uk](http://www.professionalstandards.org.uk).

## 2. What we found – our judgement

2.1 During May and June 2019 we carried out an initial review of the NMC’s performance from 1 April 2018 to 31 March 2019. Our review included an analysis of the following:

- Council papers, including fitness to practise reports, Audit Committee reports and business plan monitoring reports
- Policy and guidance documents
- Statistical performance dataset
- Third party feedback
- Register check
- Information available to us through our review of final fitness to practise decisions under the Section 29 process.<sup>3</sup>

2.2 As a result of this assessment, we carried out a targeted review of:

- Standard 2 of the Standards of Good Regulation for Guidance and Standards;
- Standard 2 of the Standards of Good Regulation for Education and Training;
- Standard 5 of the Standards of Good Regulation for Registration; and
- Standards 3, 5, 7, 8 and 10 of the Standards of Good Regulation for Fitness to Practise.

2.3 We obtained further information from the NMC relating to these Standards. We also carried out an audit of fitness to practise cases. As a result of a detailed consideration of this further information and our audit findings, we decided that the NMC had not met Standards 5 and 7 of the Standards of Good Regulation for Fitness to Practise. The reasons for this are set out in the following sections of the report.

### Summary of the NMC’s performance

2.4 For 2018/19 we have concluded that the NMC:

- Met all of the Standards of Good Regulation for Guidance and Standards
- Met all of the Standards of Good Regulation for Education and Training
- Met all of the Standards of Good Regulation for Registration.
- Met eight of the 10 Standards of Good Regulation for Fitness to Practise. The NMC did not meet Standards 5 and 7.

<sup>3</sup> Each regulator we oversee has a ‘fitness to practise’ process for handling complaints about health and care professionals. The most serious cases are referred to formal hearings in front of fitness to practise panels. We review every final decision made by the regulators’ fitness to practise panels. If we consider that a decision is insufficient to protect the public properly we can refer them to Court to be considered by a judge. Our power to do this comes from Section 29 of the [NHS Reform and Health Care Professions Act 2002 \(as amended\)](#).

2.5 This is the second consecutive year in which the NMC has met all Standards with the exception of Standards 5 and 7 of the Standards of Good Regulation for Fitness to Practise.

2.6 We recognise that the NMC has undertaken extensive work to improve its fitness to practise processes and the way in which it communicates with stakeholders involved in the process. However, much of this work was at an early stage during the period under review. We will monitor the progress of the changes made and report on this in future performance reviews.

### 3. Guidance and Standards

3.1 As we set out in Section 2, we considered that more information was required in relation to the NMC's performance against Standard 2 and carried out a targeted review. The reasons for this, and what we found as a result, are set out under the relevant Standard below. Following the review, we concluded that Standard 2 was met and therefore the NMC has met all of the Standards of Good Regulation for Guidance and Standards in 2018/19.

**Standard 1: Standards of competence and conduct reflect up-to-date practice and legislation. They prioritise patient and service user safety and patient and service user centred care**

#### **Standards of proficiency for registered nurses**

3.2 On 22 May 2018 the NMC published its new standards of proficiency for registered nurses. The standards describe the knowledge and skills that nurses should have at the point of joining the NMC's register. The NMC reported that the standards have been updated to reflect changes in healthcare and to ensure that nurses are equipped with the skills and knowledge they need to deliver good quality and safe care now and in the future. The new standards came into effect from January 2019.

3.3 We received feedback in support of the new standards from one organisation which considered that they raise the bar of what is expected of registered nurses working across a range of practice settings in the modern healthcare system.

#### **Standards of proficiency for registered nursing associates**

3.4 The NMC published its new standards of proficiency for registered nursing associates on 10 October 2018. The NMC reported that the standards are derived from the standards of proficiency for nurses in order to help to show the synergies and the differences between the two roles, and to make clear the additional proficiencies required to progress from being a nursing associate to become a registered nurse via a nursing degree.

3.5 On 10 October 2018 the NMC also published an updated version of the Code, setting out professional standards of practice and behaviour for registrants. The Code now covers nursing associates.

## Standards of proficiency for prescribers and standards for medicines management

3.6 In January 2018, following a period of consultation, the NMC adopted the Royal Pharmaceutical Society's (RPS) prescribing competency framework as its standards of proficiency for prescribing practice. This replaced the NMC's Standards of Proficiency for Nurse and Midwife Prescribers (2006). The NMC advises that prescribers on its register should refer to the RPS's prescribing competency framework and other relevant sources of information and guidance to inform their ongoing prescribing practice.

3.7 We are satisfied that this Standard is met.

### Standard 2: Additional guidance helps registrants apply the regulator's standards of competence and conduct to specialist or specific issues including addressing diverse needs arising from patient and service user centred care

3.8 We carried out a targeted review of this Standard this year.

3.9 The NMC reported to its Council in July 2018 that respondents to its consultation on new standards of proficiency for prescribers and the withdrawal of the NMC's Standards for Medicines Management indicated that there were a range of subject areas suitable for further underpinning prescribing guidance. There was perceived to be a lack of current clear guidance about prescribing, particularly in respect of cosmetic and aesthetic, and sports work.

3.10 We wanted to understand how the NMC had responded to this evidence and its process for determining whether to issue additional guidance.

3.11 The NMC told us about the factors it takes into account when deciding whether to issue guidance. These include:

- the potential number of registrants engaged in the area of practice;
- the number of fitness to practise cases related to the area of practice;
- the number of enquiries the NMC receives related to the area of practice;
- the scope for harm within that area of practice and its media profile; and
- the existence of other relevant guidance.

3.12 Regarding sports prescribing, the NMC told us that it had not received any enquiries on the issue for a number of years and that other sources of evidence did not indicate a high level of risk in this area. It therefore had determined not to issue additional guidance.

3.13 We consider this decision to be proportionate in the circumstances. We note that the RPS prescribing competency framework, which the NMC adopts, does not refer to sports prescribing specifically, but does contain requirements that may be relevant to this area of practice. These include the requirements that prescribers must consider the potential for misuse of medicines and that they must recognise and deal with factors that might unduly influence prescribing.

3.14 The NMC told us that following an assessment of the evidence of the need for additional guidance on remote prescribing, it published on its website *Useful information for prescribers*.<sup>4</sup> We consider that this guidance sets out the broad considerations pertinent to safe remote prescribing. The guidance is clear that registrants must prescribe in line with best available evidence and the requirements of all relevant legislation, policies, standards and guidance. This applies to all forms of prescribing, including remote prescribing, and to all medicinal products, including non-surgical medicinal products being used for cosmetic and aesthetic purposes. The guidance highlights relevant sections of the NMC's Code and the RPS prescribing competency framework to assist registrants to prescribe safely.

3.15 We note also the NMC's involvement in work during this review period to develop inter-regulatory guidance on remote prescribing. The joint guidance, *High level principles for good practice in remote consultations and prescribing*,<sup>5</sup> was published on 8 November 2019.

### Conclusion

3.16 The NMC has what appears to be an appropriate process for determining whether to issue additional guidance to help registrants apply its standards. We note that the NMC is using intelligence gained from its fitness to practise process in considering the need for additional guidance, which we commend, and that the process involves an assessment of the scope for harm within a given area of practice.

3.17 Following its adoption of the RPS prescribing competency framework and withdrawal of its Standards for Medicines Management, the NMC appropriately gave consideration to the need to issue additional guidance and we are satisfied that the decisions it reached were proportionate and evidence-based.

3.18 We therefore concluded that this Standard is met.

**Standard 3: In development and revision of guidance and standards, the regulator takes account of stakeholders' views and experiences, external events, developments in the four UK countries, European and international regulation and learning from other areas of the regulator's work**

### Regulation of nursing associates

3.19 Between April and July 2018, the NMC consulted on the regulation of nursing associates, including the standards of proficiency for them.

3.20 The NMC hosted a series of events across England to provide further opportunities for engagement, and met with specific groups where

<sup>4</sup> [www.nmc.org.uk/standards/standards-for-post-registration/standards-for-prescribers/useful-information-for-prescribers/](http://www.nmc.org.uk/standards/standards-for-post-registration/standards-for-prescribers/useful-information-for-prescribers/)

<sup>5</sup> [www.nmc.org.uk/globalassets/sitedocuments/other-publications/high-level-principles-for-remote-prescribing-.pdf](http://www.nmc.org.uk/globalassets/sitedocuments/other-publications/high-level-principles-for-remote-prescribing-.pdf)

opportunities arose, such as children’s nurses and GP practice nurses. The NMC also sought and received responses to the consultation from stakeholders across the UK and responded to requests for engagement on nursing associates from the devolved administrations. The NMC reported that overall, there was a strong degree of support for its proposals, but it made some changes to the standards following the consultation. For example:

- intramuscular route injections were included, while intradermal route injections and cannulation were excluded
- communication and relationship management skills were amended to ensure that they were not too acute or adult focused.

3.21 As noted above, the final standards were published in October 2018.

### **Standards of proficiency for registered midwives**

3.22 During this review period the NMC progressed its development of the standards of proficiency and education for registered midwives. The NMC reported that from May to July 2018 it engaged with stakeholders and held workshops, focus groups, forums, roundtable discussions and webinars to help inform its draft standards. The NMC’s consultation on the draft standards was held from February to May 2019. The NMC reported that it would use the consultation responses to refine the standards to ensure that they reflect what a midwife should know and be able to do to provide safe and modern care.

3.23 The final standards were approved by the NMC’s Council in October 2019 and published in November 2019.

3.24 We have seen evidence that the NMC has engaged effectively with stakeholders and taken account of a diverse range of views and experiences in development and revision of its guidance and standards. We are satisfied that this Standard is met.

### **Standard 4: The standards and guidance are published in accessible formats. Registrants, potential registrants, employers, patients, service users and members of the public are able to find the standards and guidance published by the regulator and can find out about the action that can be taken if the standards and guidance are not followed**

3.25 The NMC’s website contains information for patients and the public about what to expect from a nurse, midwife or nursing associate and how to raise concerns about registrants. The website has dedicated pages with information for different stakeholders (including employers and the public) about how to raise concerns about registrants and how the NMC deals with concerns.

3.26 The updated version of the Code published in October 2018 is available on the NMC’s website along with supporting guidance. A Welsh version of the Code and ‘easy read’ versions of many of the supporting guidance documents are also available.

- 3.27 The standards of proficiency for registered nurses published in May 2018 are available on the NMC's website along with Welsh and 'easy read' versions. The standards of proficiency for nursing associates published in October 2018 can be accessed via the website, though Welsh and 'easy read' versions do not appear to be available. We note however that the nursing associate role is specific to England and the NMC states on its website that people can get in contact if they need any adjustments to access the NMC's services. We have not received any reports of anyone experiencing difficulty in accessing the standards.
- 3.28 We are satisfied that this Standard is met.

## 4. Education and Training

- 4.1 As we set out in Section 2, we considered that more information was required in relation to the NMC's performance against Standard 2 and carried out a targeted review. The reasons for this, and what we found as a result, are set out under the relevant Standard below. Following the review we concluded that the Standard was met and therefore the NMC has met all of the Standards of Good Regulation for Education and Training in 2018/19.

**Standard 1: Standards for education and training are linked to standards for registrants. They prioritise patient and service user safety and patient and service user centred care. The process for reviewing or developing standards for education and training should incorporate the views and experiences of key stakeholders, external events and the learning from the quality assurance process**

### Standards of education and training for registered nurses

- 4.2 New standards for pre-registration nursing programmes came into effect in January 2019, following consultation with relevant stakeholders during the 2017/18 review period. All approved education institutions (AEIs) are required to adopt the standards by September 2020.
- 4.3 Under the new standards, the mentor role has been replaced with practice supervisors, practice assessors and academic assessors, each with specific responsibilities in relation to students. Those supporting, supervising and assessing students no longer need to complete a programme that is NMC-approved but should be suitably prepared.
- 4.4 We received feedback from an external stakeholder which raised concern over the quality of training for practice supervisors and practice assessors due to the gap left by the removal of mandatory training for the mentorship role. In response to questions about the new roles replacing the mentor, the NMC has published information on its website including a list of frequently asked questions and links to relevant supporting information.
- 4.5 The NMC told us that it changed the standards to be more proportionate and outcomes focused. AEIs and practice partners will need to evidence how

they are meeting the Standards for Student Supervision and Assessment and the NMC will follow up concerns as part of its quality assurance process.

### **Standards of education and training for registered midwives**

- 4.6 During this review period the NMC concluded the engagement and research gathering phase of its work to develop new standards for pre-registration midwifery programmes. The NMC reported that this involved extensive engagement across the UK to obtain the views of new and experienced midwives, educators, students, women and their families via workshops, focus groups, webinars and meetings. This evidence and engagement activity informed the development of the draft programme requirements which were subject to consultation between February and May 2019. The NMC hosted events, social media chats and webinars to encourage participation in the consultation.
- 4.7 An independent research company was commissioned to analyse the responses received to the consultation. The report was then considered by a team of experts and representatives from the field of midwifery and used to refine the draft standards.
- 4.8 The final standards were approved by the NMC's Council in October 2019, after the end of our review period. The first midwifery programmes based on the new standards will begin in September 2020 and the standards will be fully implemented by September 2021.

### **Standards of education and training for nursing associates**

- 4.9 The NMC consulted on draft standards for pre-registration nursing associate programmes between April and July 2018. The NMC reported that it used the feedback from the consultation to refine its standards and approach to regulating nursing associates. The standards were approved by the NMC's Council in September 2018.

### **Conclusion**

- 4.10 The NMC has carried out extensive work to review and develop its standards for education and training for nurses, midwives and nursing associates. The NMC's standards for education and training are linked to its standards for registrants. In reviewing and developing its standards, the NMC has engaged with a range of stakeholders and all the changes were subject to a public consultation. While some stakeholders have concerns about the new standards, there is evidence that the NMC is engaging with and responding to these concerns to ensure it prioritises patient and service user safety and patient and service user centred care.

**Standard 2: The process for quality assuring education programmes is proportionate and takes account of the views of patients, service users, students and trainees. It is also focused on ensuring the education providers can develop students and trainees so that they meet the regulator's standards for registration**

- 4.11 We carried out a targeted review of this Standard this year.

### Quality assurance of nursing education programmes

- 4.12 We noted that the NMC had largely excluded nursing education programmes from its risk-based monitoring visiting activity during the review period. We noted that this had been done at a time of significant change because of the introduction of new programme standards, when the risk of non-compliance with the standards might be higher. We asked the NMC for further information.
- 4.13 In response to our questions the NMC explained that undertaking monitoring visits to assess nursing programmes which would be undergoing re-approval against its new standards from 2018 would have led to a potential duplication of scrutiny and be disproportionate.
- 4.14 We consider this to be a fair and pragmatic approach, particularly in light of feedback we have received from stakeholders regarding the level of time and work involved for education institutions to complete the newly introduced approval process in its first year.
- 4.15 We note that one nursing programme was included in the sample that was subject to monitoring visits in this period. We also considered that some of the institution-level issues identified during monitoring visits of other education programmes will have had relevance to nursing programmes at the same AEI.
- 4.16 The NMC told us about the risk factors it takes into account when selecting programmes for a monitoring visit, including the time that has elapsed since the last monitoring visit, and any concerns regarding practice learning partners identified as part of monitoring visits or reports by system regulators. We note that monitoring visits are only one mechanism used by the NMC to detect and manage risk in this area, alongside annual self-reporting, exceptional reporting and whistleblowing.

### Action plans

- 4.17 When an AEI subject to a risk-based monitoring visit is found not to be compliant with the NMC's standards, it is required to formulate and complete an action plan. The NMC follows up on any improvements made in the next cycle on annual self-assessment. We wanted to understand whether these action plans are subject to monitoring in the interim.
- 4.18 The NMC confirmed that the action plans are tracked against their stated timeframes and signed off on completion after further scrutiny by the original reviewers involved in the monitoring visit.

### Protected learning time for nursing associate students

- 4.19 The NMC has introduced the new option of 'protected learning time' for nursing associate students, as an alternative to supernumerary status. We wanted to understand how the NMC has prepared itself to understand the potential risks that might arise under this new option and how its quality assurance process will address these.
- 4.20 The NMC described the difficulty of assessing any risks associated with this change in advance, given the absence of a previous example of a regulated

health profession likely to join the register principally through an apprenticeship route. The NMC told us that it is working to increase its understanding of work-based learning in general, and apprenticeship in particular, so that it can assure itself that its approach is appropriate and proportionate to the risks.

4.21 The NMC is clear that education institutions and their practice learning partners must be able to demonstrate how they will ensure that learning time is protected in order to gain NMC programme approval. Beyond programme approval, the NMC confirmed that the sufficiency of protected learning time will be considered as part of its ongoing monitoring process to ensure continued compliance with its standards.

4.22 The NMC has committed to evaluating its approach once there is sufficient evidence available. We will consider the outcomes of that work in future performance reviews.

### Conclusion

4.23 We are satisfied that the NMC's decision to largely exclude nursing education programmes from monitoring visiting activity in this period was proportionate.

4.24 We have seen no evidence that the NMC's approach has resulted in a failure to identify concerns about a nursing programme in the period under review.

4.25 The NMC has explained how it monitors risk both in its selection of programmes for visiting and more widely through the various mechanisms it uses to gain intelligence on AEIs and their programmes throughout the year.

4.26 We were reassured by the NMC's confirmation that action plans formulated in response to failures to meet its standards are monitored throughout the year.

4.27 The NMC has provided an explanation of the difficulty of assessing the risks associated with the introduction of protected learning time given the absence of directly comparable roles. It has set out how it will take this issue into consideration in its approval and quality assurance activity and has committed to a full evaluation in the future.

4.28 We are satisfied that this Standard is met.

### Standard 3: Action is taken if the quality assurance process identifies concerns about education and training establishments

4.29 In its most recent annual report on quality assurance of nursing and midwifery education the NMC reported that in recent years it has been working closely with AEIs to stress the importance of timely exceptional reporting of concerns about approved education programmes. For a third consecutive year the NMC reported an annual increase in the number of exceptional reports made to it. There were 133 reports in the 2017/18 academic year, compared with 89 in 2016/17 and 58 in 2015/16. Most continue to relate to issues in practice environments. Where concerns arise, the NMC requires AEIs to provide evidence of actions taken to control or mitigate any identified risks to their ability to meet the NMC's standards.

4.30 Where the NMC identifies serious adverse incidents and concerns regarding an AEI or practice partner, it may decide to conduct an unscheduled extraordinary review. No extraordinary reviews took place in the 2017/18 academic year.

4.31 The NMC continues to have measures in place to take action where concerns are identified about education and training programmes. We are satisfied that this Standard is met.

#### **Standard 4: Information on approved programmes and the approval process is publicly available**

4.32 Information on approved nursing, midwifery and nursing associate education programmes and the approval process is available on the NMC's website.

4.33 The NMC's website contains specific pages for those applying for programme approval under the NMC's new quality assurance framework, which includes a case study and links to its quality assurance framework, quality assurance handbook and supporting information for the standards for supervision and assessment.

4.34 A search function on the NMC's website enables visitors to search for courses by country, educational institution, and qualification. We are satisfied that this Standard is met.

## **5. Registration**

5.1 As we set out in Section 2, we considered that more information was required in relation to the NMC's performance against Standard 5 and carried out a targeted review. The reasons for this, and what we found as a result, are set out under the relevant Standard below. Following the review we concluded that the Standard was met and therefore the NMC has met all of the Standards of Good Regulation for Registration in 2018/19.

#### **Standard 1: Only those who meet the regulator's requirements are registered**

5.2 We have not seen any information which suggests that the NMC has added anyone to its register who has not met its registration requirements.

#### **Registration and revalidation processes**

5.3 The NMC has in place registration, readmission and revalidation processes to ensure only individuals who meet its requirements join or remain on its register. The NMC has published guidance about how it will consider allegations about incorrect and fraudulent entries to the register.

5.4 As part of its revalidation process, the NMC selects a group of around 1,000 people a year on the basis of risk and 1,000 randomly (this equates to about 1 per cent of the registrants revalidating). Those selected are required to provide additional documentary evidence in support of their application, to allow the NMC to verify that they have met all revalidation requirements. This

includes the NMC contacting the confirmer and reflective discussion partner to verify that discussions took place and were in accordance with NMC guidance, as well as further information about professional indemnity. If the information is not returned within a reasonable time or the information shows the registrant has not met the revalidation requirements, their registration will lapse.

### **Transitional arrangements for the registration of nursing associates**

- 5.5 The NMC became the regulator in law for nursing associates in England in July 2018 and published its standards for nursing associates on 10 October 2018. The NMC's nursing associate part of the register opened on 28 January 2019.
- 5.6 As we reported in our last performance review, the first nursing associate students began their training at pilot sites overseen by Health Education England (HEE) prior to the finalisation of the NMC's standards of proficiency for nursing associates. This meant that the first applicants eligible to join the new nursing associate part of the register did not have a qualification from a programme approved by the NMC.
- 5.7 An early working draft of the proficiencies and a skills annexe were made available on the NMC's website so that those students could work towards readiness to meet the NMC's expectations. Transitional arrangements were then put in place to register nursing associate students who began their training before 26 July 2019 via a HEE approved pilot site and/or a nursing associate apprenticeship programme.
- 5.8 Before students can join the register, the NMC assesses the qualification they have obtained. As part of the assessment, the education institution must confirm that the student has:
- been assessed against and met the NMC's standards of proficiency for nursing associates;
  - achieved the number of learning hours required by HEE's Curriculum Framework; and
  - benefited from a breadth of placement experience in keeping with a generic (non-field specific) role.
- 5.9 If the programme is found to be comparable applicants can apply to the register by the same route as someone who has completed an approved qualification. If the NMC finds that a qualification is not comparable, applicants must complete a test of competence before they can apply for registration.

### **Brexit arrangements**

- 5.10 In March 2019 the NMC published information on its website about what Brexit means for registrants, and for those applying to join the NMC's register before and after the EU exit, taking into account various possible outcomes of the negotiations. There is evidence that the NMC is actively considering the impact of the various possible outcomes on the validity of those on its register.

## Conclusion

- 5.11 The NMC has measures in place to ensure that only those who meet its requirements are registered. This included making appropriate transition arrangements for the first cohort of nursing associate students. We are satisfied that this Standard is met.

### **Standard 2: The registration process, including the management of appeals, is fair, based on the regulator's standards, efficient, transparent, secure, and continuously improving**

#### English language requirements

- 5.12 The NMC requires all applicants trained outside the UK to demonstrate competency in the English language. In November 2018, the NMC's Council approved changes to the minimum level of achievement accepted by the NMC in the writing element for International English Language Testing (IELTS) for overseas applicants. As before, applicants will be required to achieve a minimum overall level of 7 in the test. However, a level 6.5 in writing will be accepted alongside a level 7 in reading, listening and speaking. The change came into effect on 5 December 2018. IELTS results under two years old that meet the new requirements will be considered.
- 5.13 The NMC reported that the decision followed widespread engagement with stakeholders, who told the NMC that, despite being able to communicate to a high level in English, many nurses and midwives taking the IELTS test were missing out on achieving a level 7 by a narrow margin.
- 5.14 The NMC reports that it is monitoring the impact of this change.

#### Review of international registration requirements

- 5.15 As part of its ongoing review of its registration requirements for applicants trained outside the EU/EEA, the NMC made a number of changes. These included:
- The removal of the requirement for those who have failed parts of the objective structured clinical examination (OSCE) test to re-sit the test in full. Applicants now only need to re-sit the parts of the assessment they failed.
  - The introduction of improved preparation materials to help those sitting for OSCE.
  - The removal of the requirement for applicants trained outside the EU/EEA to have undertaken 12 months in practice prior to being eligible to undertake the test of competence.
- 5.16 We received some positive feedback from stakeholder organisations about these changes.

#### Review of return to practice standards

- 5.17 The NMC's legislation specifies the minimum number of hours of practice that nurses, midwives and nursing associates must complete to revalidate or

to re-join the register (if they have not been registered for a period of up to five years).

- 5.18 The NMC's return to practice standards set out the options available to those who wish to rejoin the register or renew their registration but cannot meet the practice hours and registration requirements.
- 5.19 The NMC consulted on new return to practice standards and standards for return to practice programmes from September to November 2018. The final standards were approved by the NMC's Council in March 2019.
- 5.20 Under the new standards, those wanting to re-join the register can choose to take a test of competence to demonstrate that their skills and knowledge are up to date, rather than undertake a course. The NMC no longer has requirements as to the minimum length of return to practice courses and their content. The NMC reported that educators will now be able to consider the skills and experience of the applicants and design the courses accordingly, increasing flexibility.
- 5.21 The NMC reports that it will be introducing a new test of competence assurance panel, consisting of experienced nurses, midwives and other health and care professionals which will be tasked with ensuring the consistency of tests across different test centres.

### Apprenticeships

- 5.22 In our last report we noted the distinction between the completion of the nursing degree, required for NMC registration, and the subsequent end-point assessment (EPA), required for completion of the nursing degree apprenticeship. We could not find any published information about whether NMC registration is dependent on successful completion of the EPA for those individuals doing nursing degree apprenticeships.
- 5.23 The NMC has updated the information available on its website. It explains that the EPA for the nursing degree apprenticeship is currently non-integrated and therefore successful completion of the EPA is not a requirement for entry onto the NMC's register.

### Processing of registration applications

- 5.24 The table below shows the median time taken by the NMC to process complete registration applications each year from 2015/16:

Median time (working days) to process initial registration applications	2015/16	2016/17	2017/18	2018/19
UK graduates	2	1	0	0
EU (non-UK) graduates	10	13	0	0
International (non-EU) graduates	10	2	1	1

5.25 Last year, we noted that the figures for 2017/18 represented a significant reduction in time across all categories of registrants. This year that performance has been maintained.

### Registration appeals

5.26 The table below shows the number of registration applications and registration appeals received, as well as the number of appeals concluded and their outcomes in each year from 2014/15:

	2014/15	2015/16	2016/17	2017/18	2018/19
Registration applications received	28,517	30,157	28,932	25,459	30,623
Registration appeals received	64	109	105	122	75
Registration appeals concluded	53	104	97	94	102
<b>Outcomes in concluded appeals</b>					
Upheld	20 (38%)	63 (61%)	49 (50%)	40 (43%)	43 (42%)
Rejected	13 (25%)	16 (15%)	30 (31%)	42 (45%)	38 (37%)
Withdrawn	20 (38%)	25 (24%)	18 (19%)	12 (13%)	21 (21%)

5.27 The total number of appeals the NMC has received this year has decreased to its lowest level since 2014/15, despite the increase in registration applications received. The number of appeals as a proportion of all applications received remains very low, at less than 0.2 per cent. The proportion of appeals upheld is broadly the same as last year.

### Conclusion

5.28 The NMC continues to review and make changes to its registration processes to increase fairness and flexibility while maintaining public protection and has committed to monitoring the impact of changes made. It has updated information on its website about nursing degree apprenticeships to provide greater clarity.

5.29 The NMC's performance in processing registration applications has been maintained and its performance in processing registration appeals appears to have improved on some measures.

5.30 We are satisfied that this Standard is met.

**Standard 3: Through the regulator’s registers, everyone can easily access information about registrants, except in relation to their health, including whether there are restrictions on their practice**

- 5.31 Each year we conduct a check of a sample of entries on the NMC register for accuracy. The entries checked are randomly selected from registrants who have been subject to a final fitness to practise decision in the relevant period.
- 5.32 In our 2017/18 performance review we identified inconsistencies in the NMC’s register search results when searching by name. This meant that information about registrants was not always easily available unless the user had the registrant’s Personal Identification Number (PIN), which we consider the public is less likely to have. The NMC identified the cause of this issue and modified its systems to rectify it.
- 5.33 This year we checked 120 entries, 30 per quarter. As was the case last year, we identified variations in the search results returned when we searched by registrant name only. The registrants could be found when we searched by their PIN. However, we note that these inconsistencies were found only in the checks conducted in the first two quarters of the review period, prior to the implementation of the NMC’s modifications to its systems. The absence of similar errors identified in the latter quarters of the year indicates that the action the NMC has taken to address the issues has been effective.
- 5.34 We are also aware that the NMC is currently undertaking a substantial work programme to modernise its technology, including a review of the register and its search functionality.
- 5.35 We are satisfied that this Standard continues to be met.

**Standard 4: Employers are aware of the importance of checking a health professional’s registration. Patients, service users and members of the public can find and check a health professional’s registration**

- 5.36 There have been no significant changes to the NMC’s work in this area during the review period.
- 5.37 The registration search function is clearly visible on the front page of the NMC’s website and is available for everyone to use. Employers may search multiple entries at once through the employer confirmations service. The NMC provides guidance for users about how to search the register which includes a glossary of terms it uses to describe the registration status of a nurse, midwife or nursing associate.
- 5.38 The NMC continues to provide guidance for employers on its website which sets out their responsibilities in recruiting, managing and supporting nurses, midwives and nursing associates. The NMC’s Employer Link Service engages with employers on regulatory matters.
- 5.39 We are satisfied that this Standard is met.

**Standard 5: Risk of harm to the public and of damage to public confidence in the profession related to non-registrants using a protected title or undertaking a protected act is managed in a proportionate and risk-based manner**

- 5.40 We carried out a targeted review of this Standard this year.
- 5.41 The Nursing and Midwifery Order 2001 makes the illegal use of the protected titles ‘registered nurse’ and ‘midwife’ an offence. Amendments to the Nursing and Midwifery Order 2001 make illegal use of the now protected title ‘nursing associate’ an offence. These amendments provide that a person commits an offence when falsely claiming to be on the nursing associate part of the register, falsely claiming to hold a nursing associate qualification or using the title ‘nursing associate’ when not entitled to. The offences have been drafted to reflect that nursing associates are regulated in England only.
- 5.42 Concerns were raised with the Authority by two members of the public regarding matters relating to the misuse of a protected title. We noted the absence of published information about how the NMC deals with reports of individuals who misuse a protected title.
- 5.43 We therefore requested further information from the NMC about its current approach to reports of title misuse and wider issues of unregistered practice. The NMC told us that it currently deals with those purporting to be on the NMC register when they are not on a case by case basis. This may involve referral to a third party such as the police or the Advertising Standards Authority.
- 5.44 The NMC told us that it is currently working to develop enforcement policies setting out how it will respond both to:
- those who have previously registered with the NMC and hold the appropriate qualifications but have worked when they have not maintained their registration; and
  - those who have never been registered with the NMC and do not hold appropriate qualifications in nursing and midwifery who purport to be on the NMC register.
- 5.45 The NMC has confirmed that draft policy proposals will be subject to external engagement before the policies are finalised.
- 5.46 We consider the NMC’s intention to formalise its approach to such cases and to develop consistent, documented policies that are available to the public to be a positive development. That work is still ongoing.
- 5.47 In previous years we have not found that the absence of a published, transparent approach to this issue meant that this Standard was not met. We have gained assurance from:
- the NMC’s publication of the legal requirement for all nurses and midwives practising in the UK to be on the NMC’s register;
  - its published approach in respect of those who have previously registered with the NMC but have worked when they have not maintained their

registration, as well to cases of fraudulent and incorrect entry to the register; and

- the NMC’s employer confirmation service, which enables employers to search for multiple PIN numbers simultaneously to check that an individual is registered and able to use a protected title.

5.48 We have seen no evidence that the NMC has failed to deal with a report of misuse of title appropriately.

5.49 We therefore reached the decision that this Standard continues to be met this year. We will report on the outcomes of the NMC’s policy development work in our next performance review.

**Standard 6: Through the regulator’s continuing professional development/revalidation systems, registrants maintain the standards required to stay fit to practise**

5.50 The NMC commissioned an external organisation to carry out a formal independent evaluation of its revalidation process in the first three years of implementation. The third and final annual evaluation report was published by the NMC’s evaluation partner in July 2019. The report outlined the findings from research activities undertaken in the first three years of the delivery of revalidation, covering the period April 2016 to March 2019.

5.51 The report noted that the implementation of revalidation progressed as intended and that as of March 2019, an overall total of 611,462 registrants had successfully revalidated out of a total of 658,100 due to undergo the process in the first three years (93%). The report described no evident adverse impact on renewal rates compared to those under the process that was in place prior to the introduction of revalidation (Post-registration education and practice or ‘Prep’).

5.52 It was reported that registrants across the evaluation were positive about the NMC’s communications regarding revalidation and provided positive feedback about the guidance provided by the NMC on the process.

5.53 The report described positive changes in registrants’ behaviour resulting from undergoing revalidation including an increase in those proactively seeking feedback from patients and service users, undertaking CPD activities and reflecting on their practice. There was also evidence that implied that revalidation led to more registrants viewing the Code as central to their everyday practice and that positive changes in attitudes relating to the Code have some longevity.

5.54 The report provided examples of behavioural change leading to positive outcomes, including evidence that revalidation may go on to contribute to increased embedding of standards among registrants in the future and that an increased culture of sharing, reflection and ongoing improvement will be fostered by engagement with reflection activities.

5.55 Last year we said that we would monitor the work the NMC has carried out to make sure that revalidation is not an obstacle to particular groups of registrants maintaining their registration. The third evaluation report noted

that statistical analysis of findings for the key attitudinal and behavioural outcomes for revalidation did not find any variation across demographic groups. However, some small differences in renewal rates and differences in ease of completing the requirements were identified.

- 5.56 The report noted that the NMC has work planned to review all its processes in terms of the impact on registrants with protected characteristics. It recommended that alongside this the NMC continues to monitor lapsing rates and that work to diagnose the causes of issues or difficulties for particular groups should be continued.

### Conclusion

- 5.57 The information available to us indicates that the NMC's revalidation systems appear to be effectively supporting registrants to maintain the standards required to stay fit to practise. We note that the independent evaluation identified ways in which the NMC's revalidation process promoted positive changes in registrants' behaviour.

- 5.58 While the final evaluation of the first three years of delivery of the scheme has noted some differences in how particular groups of registrants experience revalidation, the available evidence does not suggest significant detriment being caused to any particular group. We note that the NMC continues to publish detailed quarterly and annual reports containing data on revalidation rates among groups with protected characteristics and across different work settings. The NMC also collects data and reports on the reasons given by registrants for their decision to leave the register. We will consider the outcomes of its work to establish the causes of issues or difficulties for some registrants in revalidating in future performance reviews.

- 5.59 We are satisfied that this Standard is met.

## 6. Fitness to Practise

- 6.1 As we set out in Section 2, we considered that more information was required in relation to the NMC's performance against Standards 3, 5, 7, 8 and 10 and carried out a targeted review. The reasons for this, and what we found as a result, are set out under the relevant Standards below. Following the review we concluded that Standards 3, 8, and 10 were met but Standards 5 and 7 were not met and therefore the NMC has met eight of the 10 Standards of Good Regulation for Fitness to Practise in 2018/19.

### Standard 1: Anybody can raise a concern, including the regulator, about the fitness to practise of a registrant

- 6.2 Through its website the NMC continues to offer comprehensive information for registrants and other healthcare workers, employers and members of the public explaining the type of concern that the NMC can handle (and where other concerns might be better directed), how to make a referral, and what action the NMC will take in respect of referrals received.

6.3 The NMC continues to provide referral forms in different formats and invites users who need assistance completing the form to get in touch for help. The NMC also has a publicly available 'Fitness to Practise library' for decision-makers, which sets out information about the fitness to practise process.

6.4 The Employer Liaison Service continues to offer services to employers including support to enable them to make a referral, advice on information to include in referrals, and training on fitness to practise thresholds. The NMC reports that its Regulatory Intelligence Unit helps the Employer Liaison Service prioritise contact with employers by analysing data to understand whether there are any concerns and whether any regulatory action is needed.

6.5 We are satisfied that this Standard is met.

**Standard 2: Information about fitness to practise concerns is shared by the regulator with employers/local arbitrators, system and other professional regulators within the relevant legal frameworks**

6.6 The NMC's fitness to practise information handling guidance<sup>6</sup> sets out how it processes information gathered as part of the fitness to practise process and its legal basis for doing so. The guidance makes it clear that the NMC may be required to disclose fitness to practise information, including personal information, in response to requests from bodies such as the courts, tribunal, regulators, and others and has a general power to disclose information where it would be in the public interest to do so, including for public protection.

6.7 The NMC's website lists memoranda of understanding (MoU), which set out how the NMC will work together with other organisations to protect the public, including how information will be shared.

6.8 On 26 July 2018, the NMC became party to the emerging concerns protocol,<sup>7</sup> a joint agreement which aims to make it easier for regulators to share information about potential risks to patients, families and professionals.

6.9 On 14 October 2018, the NMC signed an MoU with the Joint Council for Cosmetic Practitioners (JCCP). This sets out a framework to support the working relationships between the NMC and the JCCP, to promote patient safety and high-quality services for patients receiving non-surgical aesthetic treatments.

6.10 We received positive feedback from a third-party organisation that its MoU with the NMC is working well in practice.

6.11 We are satisfied that this Standard is met.

**Standard 3: Where necessary, the regulator will determine if there is a case to answer and if so, whether the registrant's fitness to practise is**

<sup>6</sup> [www.nmc.org.uk/globalassets/sitedocuments/ftp\\_information/ftp-information-handling-guidance.pdf](http://www.nmc.org.uk/globalassets/sitedocuments/ftp_information/ftp-information-handling-guidance.pdf)

<sup>7</sup> [www.cgc.org.uk/sites/default/files/20181112\\_emerging-concerns-protocol.pdf](http://www.cgc.org.uk/sites/default/files/20181112_emerging-concerns-protocol.pdf)

### impaired or, where appropriate, direct the person to another relevant organisation

- 6.12 We carried out a targeted review of this Standard this year.
- 6.13 Last year we reported on changes implemented in July 2017 via an Order under Section 60 of the Health Act 1999, including:
- giving the Investigating Committee (IC) and case examiners (CEs) additional powers to make decisions to agree undertakings, issue warnings and give advice to registrants
  - extending the powers under Rule 7A of the NMC's Fitness to Practise Rules 2004 (as amended) to cover these new powers.
- 6.14 We undertook a targeted review of this Standard because these new powers represent a significant change to the NMC's process for determining whether there is case to answer. This was the first full year in which the NMC had been operating its new processes and we considered that there was a need to gain independent assurance that this was being done effectively.
- Our audit findings**
- 6.15 We reviewed a total of 55 cases that were closed during the review period. The sample included 22 cases that were closed at the screening stage. Of the remaining 33 cases which were referred on for further investigation, 25 were closed by CEs, either with no further action being taken, or by issuing advice or a warning. In six of the 33 cases undertakings were agreed. The remaining two cases were referred on to the Fitness to Practise Committee (FTPC).
- 6.16 We identified concerns in some cases in relation to:
- How the NMC identified the need for, and obtained, sufficient relevant information and evidence;
  - its drafting of regulatory concerns;<sup>8</sup>
  - its assessment of the information obtained during the investigation and its consideration of any risks arising from it; and
  - the level of information provided to case examiners at the conclusion of the investigation.
- 6.17 The NMC's omissions meant that in a small number of cases we could not be assured that the outcome was sufficient to protect the public. However, we agreed with the overall outcome in most cases.
- 6.18 The NMC accepted many of our audit findings. While it was satisfied that a reasonable outcome had been reached in most cases, it told us that a small number of cases would be reopened for further consideration or submitted for review under its Rule 7A process. This includes some cases where we

<sup>8</sup> If the NMC's screening decision is to refer an allegation about a registrant's fitness to practise to the CEs, it says it will identify and articulate the issues that concern it as a regulator. It calls these 'regulatory concerns'.

concluded that we could not be assured that the outcome was sufficient to protect the public.

### Identification of registrants at the screening stage

- 6.19 During the audit we noted that the NMC’s screening process does not require staff to identify the registrant involved in cases where concerns do not pass the first stage of its screening test.<sup>9</sup> The screening test asks whether the concerns are serious enough to suggest that the registrant may not be fit to practise.
- 6.20 We had some reservations about this approach in that it might limit the NMC’s ability to consider a registrant’s previous fitness to practise history and/or record low level concerns that do not meet the seriousness threshold but might be relevant in future should similar concerns arise.
- 6.21 In response to our concerns, the NMC explained that the screening guidance does not preclude identification of the registrant as part of the first stage, where the individual’s fitness to practise history may be relevant to the question of seriousness. It told us that in practice the identification of registrants for this purpose does happen, where it is considered that a history of similar matters or repetition of the same matter would affect its assessment of seriousness.

### The NMC’s approach to drink driving offences

- 6.22 Based on our review of a small number of cases in our audit sample, we asked the NMC to clarify its position on the investigation of reports of registrants committing drink-driving offences. The NMC told us that it no longer routinely investigates a registrant’s health in response to a report of this nature and may only make enquiries with the registrant’s employer to determine whether they have any concerns about the registrant’s fitness to practise.
- 6.23 We note that the NMC’s current approach continues to give scope for further investigation into a registrant’s health where this is considered necessary. We have not seen evidence (including in the cases we saw during the audit) to suggest that health concerns about registrants are not being identified and that the public may therefore have been put at risk of harm.

### Signposting to other organisations

- 6.24 Last year we identified serious concerns in our audit of cases involving complaints about personal independence payments (PIP) concerning the NMC’s failure to signpost some complainants to the Department for Work and Pensions. We considered that because our audit sample was limited to complaints about nurses conducting PIP assessments and small as a proportion of the NMC’s caseload, the findings could not be extrapolated to apply to general signposting at the NMC. During the audit this year we identified a small number of cases where we considered that the NMC could

<sup>9</sup> For more information about the NMC’s four stage screening test, see [www.nmc.org.uk/ftp-library/screening/the-four-stages-of-our-screening-decision/](http://www.nmc.org.uk/ftp-library/screening/the-four-stages-of-our-screening-decision/)

have signposted complainants to another organisation but did not do so. However, we did not consider the omission to be serious in any of these cases.

### Conclusion

6.25 On balance, we have concluded that the concerns identified in some cases during our audit regarding the quality of the NMC's investigation and case preparation do not mean that this Standard is not being met. While there are concerns about individual cases we agreed with the outcome in most cases and the NMC will be reopening some matters for further consideration.

6.26 We are, therefore, satisfied that this Standard is met.

### Standard 4: All fitness to practise complaints are reviewed on receipt and serious cases are prioritised and where appropriate referred to an interim orders panel

#### Interim order data

6.27 The median time taken from receipt of a complaint to an interim order (IO) committee decision has slightly increased to 27 days this year, compared to 26 days last year. As we noted last year, in calculating this figure the NMC reports only on new IOs imposed at the screening stage. Cases are generally only held by the screening team for the first weeks from receipt of the concern, meaning that if new IOs imposed at later stages were included in this median measure, the figure would increase.

6.28 Last year, we noted that NMC does not measure the time taken from identification of the need for an IO to the IO decision. This makes it difficult to assess the time it takes the NMC to make an IO decision once its risk assessment has identified a need for action.

6.29 The NMC has previously informed us that it will not be able to provide us with data on both IOs imposed after the screening stage and the time taken from identification of the need for an IO to the IO decision until its new case management system is introduced. We understand that work has been subject to some delay and is not expected to be complete until 2020/21.

6.30 In March 2019 the NMC reported to its Council that 46 referrals from employers were held up in the NMC's new online referral system between 7 December 2018 and 25 January 2019 due to a technical error. The NMC reported that once it discovered the problem all cases were risk assessed within 48 hours. This resulted in some interim orders being imposed outside of the NMC's 28-day target timeframe. It was reported that the NMC contacted all employers affected to explain what had happened and apologise for the error. Additional checks were introduced to ensure no further cases were held up in the system and the NMC reported that it identified learning around its IT requirement scoping and system testing processes.

6.31 The number of interim order extension applications made by the NMC to the relevant court steadily decreased year on year from 619 in 2013/14 to 342 in

2015/16. In 2016/17 the figure increased to 407 but significantly decreased to 285 last year. This year the figure has decreased further to 238.

### Our audit findings

- 6.32 We considered the quality of the NMC's risk assessments in the cases we reviewed as part of our targeted audit. We identified deficiencies in the risk assessments undertaken in a number of cases, though we did not consider most of them to be particularly serious. Examples of the types of concerns identified were: cases where there was limited narrative about the assessment of risk against the three limbs of public protection;<sup>10</sup> failures to document risk consistently throughout the case; and risk assessments recorded in insufficient detail.

### Conclusion

- 6.33 We do not consider the slight increase in the median time taken to an interim order committee decision from receipt of a complaint to be of significant concern, although we will keep this under review. The continued decrease in the number of interim order extension requests by the NMC is a positive development. We recognise the limitations in the data provided by the NMC but note that the NMC is working towards being able to provide us with the data that is currently unavailable.
- 6.34 The delay in reviewing a group of cases in early 2019 had a significant impact on the NMC's ability to prioritise serious cases and refer for an IO. We note however that this issue appears to have arisen in novel circumstances following the introduction of a new online system and that the NMC has sought to learn from the incident.
- 6.35 We do not consider that the concerns around risk assessment identified during our audit are so serious as to affect the achievement of this Standard.
- 6.36 We are satisfied that this Standard is met.

### Standard 5: The fitness to practise process is transparent, fair, and proportionate and focused on public protection

- 6.37 We carried out a targeted review of this Standard this year.
- 6.38 Last year we found that this Standard was not met. We reported on concerns about the NMC's handling of complaints about registrants conducting PIP assessments. We also had concerns around the NMC's approach to evidence gathering, evidence presentation, and offering no evidence, as well as the number of cases we had seen through our Section 29 review where charging amendments were made at final hearings or charges pursued for which there appeared to be little or no evidence.
- 6.39 We reported that the NMC had taken action to address these concerns. We said that we would monitor the effectiveness of this in coming years. We

<sup>10</sup> Protecting the public (safety); upholding professional standards; and maintaining public confidence in the professions.

therefore decided to seek further information this year about the outcomes of the NMC's work to make improvements to its FTP process.

6.40 We also sought information from the NMC in relation to its approach to considering interim orders following unsuccessful registrant appeals of substantive sanctions, in light of a High Court judgment that raised this issue.

### **Approach to complaints about PIP assessments**

6.41 Last year we reported on evidence that the NMC had failed to apply its screening guidance appropriately to complaints about registrants conducting PIP assessments, creating a barrier to vulnerable people raising potentially serious concerns. Our audit and the NMC's own review of those cases identified a lack of independence demonstrated in the screening decisions, and a lack of engagement with the concerns raised by complainants.

6.42 We asked the NMC what work it had undertaken in response to these concerns and what were the outcomes of that work.

6.43 The NMC has established a new Public Support Service (PSS) pathway in screening in which PSS staff are partnered with screening case handlers and decision-makers with the aim of ensuring appropriate and effective engagement with referrers.

6.44 The NMC has also introduced new processes to review and improve the quality of its decision-making. All decisions not to investigate complaints involving PIP assessments further are subject to review by senior managers. The NMC told us that these reviews have identified cases where further enquiries were required or where a full investigation was necessary, and that individual feedback was provided to decision-makers in each case.

6.45 The NMC's new 'hot review' process involves structured review of a sample of cases where a decision has been made not to investigate a matter further, which will include complaints about PIP assessments. The NMC provided outcome data from 'hot reviews' undertaken between March and May 2019 which indicates some improvement in the quality of decision-making over time.

6.46 The NMC has also introduced a monthly quality assurance review group which audits a sample of cases where the decision has been taken not to investigate further, as well as monthly peer review of both decisions to investigate and decisions to take no further action.

6.47 The NMC told us it had carried out staff training and development activity including:

- a briefing and specific training session to address the relevant findings set out in our performance review report;
- unconscious bias training for decision-makers in screening;
- the introduction of a decision-makers forum where specific cases are discussed to facilitate consistency of approach; and
- regular sessions to provide support to decision-makers on effective drafting of decisions.

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- 6.48 The NMC has reviewed and made changes to its documentation, including amending the investigation record used by case officers to support effective initial assessment of concerns in line with its screening guidance. The NMC reports that it has reviewed templates used to communicate decisions to referrers.
- 6.49 The NMC also reports that it is engaging with stakeholders to improve its response to complaints about PIP assessments, including the Department for Work and Pensions, other regulators which receive similar concerns, PIP assessment providers, and disability organisations.
- 6.50 We welcome these changes and the extensive work the NMC has undertaken to improve decision-making at this early stage of its process. However, we have limited evidence of the impact of these changes and there have not been sufficient cases in the time period to enable us to gain a reliable picture of the quality of decision-making in cases involving PIP complaints since the changes were implemented.

### Charging amendments

- 6.51 Through our Section 29 work during this review period we continued to identify cases where the NMC made charging amendments at final hearings or pursued charges at final hearings for which there appeared to be little or no evidence. Although there was a slight reduction in the prevalence of these issues this year, we believe that they can impact on the fairness and, in serious cases, the outcome of proceedings and are therefore cause for concern.
- 6.52 Last year we reported that the NMC was carrying out a review of the nature and frequency of amendment applications. We asked the NMC to provide further information on that work and any changes it had made to its processes as a result.
- 6.53 From the information we have seen, the NMC is seeking to review charging amendments made in hearings through feedback forms completed by panels. However, the data collected by the NMC was limited because forms were not returned in a high number of hearings and we could not draw conclusions from this.
- 6.54 We consider that more work in this area is required to enable the NMC to understand the causes of the prevalence of late amendments to charges and how this can be reduced. The NMC has told us that further work in this area was undertaken subsequent to the period under review. We will report on this in our next performance review.

### The NMC's approach to evidence gathering and presentation

- 6.55 Last year, through our Section 29 work, we identified multiple instances of the NMC failing to obtain or present important and relevant evidence at final hearings.
- 6.56 This year there was a slight increase in the number of cases in which we identified this issue. We considered the outcome in one of these cases to be insufficient to protect the public and referred the decision to the High Court.

6.57 We also identified a number of concerns about the quality of the NMC's investigation at the early stages of its process during our audit this year, though we considered that these were not sufficient basis upon which to determine that the NMC is not meeting the third Standard of Good Regulation for Fitness to Practise this year.

6.58 We note that the NMC has recruited more clinical advisors to provide advice to decision-makers at the initial stages of the FTP process. While this has the potential to improve, in part, the NMC's approach to evidence gathering, we have yet to see that reflected in the cases we review through the Section 29 process.

### **The NMC's approach to considering interim orders following unsuccessful registrant appeals of substantive sanctions**

6.59 When a registrant appeals against a decision of the NMC, an interim period of suspension is imposed, ending upon the resolution of the appeal or a period of 18 months, whichever is earlier. If the appeal is unsuccessful, the interim suspension is followed by the original sanction. The case of *Burton v NMC* [2018]<sup>11</sup> raised the issue of whether the NMC should deduct the time a registrant has spent subject to an interim suspension order while the appeal is resolved from the duration of the original sanction following unsuccessful appeals to the High Court. On review of the NMC's website we considered that there was limited information about the NMC's approach to this issue. We therefore requested further information.

6.60 The NMC told us that the decision in this case was subject to an immediate risk analysis and impact assessment. The NMC said it had considered whether any of its internal guidance or outcome letter templates needed to be changed.

6.61 The NMC confirmed that it had not changed its policy in light of this case. Time spent subject to an interim order while an appeal against a substantive sanction is considered is not subtracted from the duration of the sanction when it comes into effect following an unsuccessful appeal. The NMC told us it considered its published guidance (*Factors to consider before deciding on sanctions*<sup>12</sup>) explained its position clearly and was adequate to cover the specific issue raised by this case.

6.62 The guidance sets out the factors that the FTPC should take into account when deciding on sanction during a hearing. It refers to interim orders that have been put in place by the FTPC at an earlier stage of the process, to cover the period during which the matter is being investigated. The guidance does not specifically address the issue raised by the case of *Burton* about interim orders imposed to cover appeal periods.

6.63 We also think it unlikely that anyone seeking information on how interim orders are taken into account in the event of an unsuccessful appeal post-sanction would look to the guidance highlighted by the NMC, because it is

<sup>11</sup> *Burton v NMC* [2018] CSIH 77

<sup>12</sup> [www.nmc.org.uk/ftp-library/sanctions/decision-making-factors/](http://www.nmc.org.uk/ftp-library/sanctions/decision-making-factors/)

clearly directed at a different stage in the FTP process, prior to a final decision having been made.

- 6.64 In our view, the NMC's existing published guidance does not cover the specific issue in *Burton*. We consider that information on the NMC's approach to this issue should be made available for greater transparency and to support understanding of the FTP process. The NMC has told us that it plans to update its guidance to make its position clearer.

#### **Failures to provide panels with representations from registrants**

- 6.65 In past years we have highlighted the NMC's failure (as a result of administrative errors) to provide panels at final fitness to practise hearings with representations made by registrants. In 2016/17 we identified four instances and in 2017/18 we identified one. This year we have identified a similar failing in two cases we considered through our Section 29 work. We accept that this failing does not appear to be widespread. However, this issue has significant implications for the fairness of the fitness to practise process and, indeed, usually necessitates a new hearing.

#### **Presentation of a case successfully appealed by the Authority**

- 6.66 The Authority referred a case to the High Court because it considered that the decision was insufficient to protect the public because the panel had failed to consider whether the dishonest conduct involved posed a threat to public protection and, in particular, whether there was a risk of repetition. The case was settled by consent and it was agreed that a review panel would consider the Authority's concerns. In fact, the NMC failed to comply with the consent order and did not provide the panel with details of the Authority's concerns. We regarded this failure as serious, in that the NMC had breached the terms of a court order in a case where it had itself agreed that its panel's original decision had been insufficient to protect the public. We therefore needed to refer the case again to the High Court. We were concerned that the NMC apparently did not have processes which ensured that its undertakings to the court were fulfilled. We took our concerns up formally with the NMC.
- 6.67 The NMC investigated the matter and took action in response, including updating its internal guidance to ensure a legal review is carried out and directions given for any case remitted or returned to any stage of the FTP process following an appeal. The NMC told us that it would update all relevant staff to ensure that they were aware of these changes and would use the case as a case study in training for its lawyers. It apologised for the error.
- 6.68 The NMC's handling of this case and the failure on the part of the committee to discharge its duties raised serious public protection concerns. However, we accept that this was an isolated incident in this review period, and that the NMC appears to have taken appropriate action to prevent its repetition.

## Conclusion

- 6.69 We are not yet in a position to consider the effectiveness of the work that the NMC has undertaken to address our concerns about its approach to complaints about PIP assessments and to improve decision-making at the early stage of its process. We are also concerned that the information provided by the NMC does not provide sufficient assurance that it understands why amendments to charges continue to be made with such frequency. We have continued to identify multiple instances of the NMC failing to obtain or present important and relevant evidence at final hearings. While these concerns represented a small proportion of the NMC cases notified to us, they have significant implications for the fairness, transparency and focus on public protection of the process.
- 6.70 While we recognise that the NMC has undertaken considerable work to improve its process and is making significant changes under its new fitness to practise strategy to address our concerns, that work is at an early stage, and we have not yet seen evidence of the impact of the changes it has made to enable us to say that this Standard is being met. We will continue to review this.
- 6.71 For these reasons we decided that this Standard is not met this year.

**Standard 6: Fitness to practise cases are dealt with as quickly as possible taking into account the complexity and type of case and the conduct of both sides. Delays do not result in harm or potential harm to patients and service users. Where necessary the regulator protects the public by means of interim orders**

- 6.72 We collect a set of annual and quarterly performance data from each regulator. The data for the NMC shows that the median time taken from the NMC receiving a referral to a case to answer decision being reached decreased last year from 51 weeks in 2016/17 to 41 weeks in 2017/18. This year the median has increased to 45 weeks.
- 6.73 This figure is high in comparison to other regulators. However, unlike some of those regulators, the NMC conducts a significant proportion of the full investigation prior to the case to answer decision and so might be expected to take longer than others to reach this stage. We note that the NMC's performance at the adjudication stage (median time from final case to answer decision to final FTPC decision) remained stable at 26 weeks, which is low compared with some other regulators.
- 6.74 The NMC's median time taken from receipt of a referral to a final FTPC decision being reached was 80 weeks this year. This has decreased from 87 weeks 2016/17 and 82 weeks in 2017/18. This remains low by comparison with the larger regulators.
- 6.75 The NMC has continued to significantly reduce its caseload of older cases this year, although the number of cases aged 156 weeks or more has increased slightly. Comparative data for the last four years is set out below:

Open cases over 52 weeks old at year end	2015/16	2016/17	2017/18	2018/19
52-103 weeks	1,437	1,170	798	712
104-155 weeks	281	294	240	164
156 weeks or more	48	71	71	74
Total cases over 52 weeks	1,766	1,535	1,109	950

### Conclusion

- 6.76 While there has been a decline in performance in the median time taken from receipt of a referral to a case to answer decision, other timeliness measures have either been maintained or improved. We do not consider that the decline in one of the measures is of significant concern, particularly taking into account the significant progress that the NMC has made in reducing the number of older cases.
- 6.77 On balance, we are satisfied that this Standard is met.

### Standard 7: All parties to a fitness to practise case are kept updated on the progress of their case and supported to participate effectively in the process

- 6.78 We carried out a targeted review of this Standard this year.

### Supporting complainants

- 6.79 In our *Lessons learned review*<sup>13</sup> (LLR) of the NMC's handling of fitness to practise cases concerning midwives at the Furness General Hospital published in 2018, we identified a number of concerns about the way in which the NMC dealt with the families involved, which we considered were ongoing and applied beyond the relatively small number of cases that we looked at as part of that review. We took the view that, culturally, the NMC did not recognise the value that patient and family evidence provides or that patients and families have an interest in cases. The NMC accepted our findings.
- 6.80 Last year we reported on the work that the NMC had undertaken in response to the lessons we identified in our LLR which are relevant to this Standard. We considered that much of that was still in progress or had only recently been completed and that it would take time for the NMC to consider how to assess the impact of this work. This year we asked the NMC to provide us with an update on the actions it had taken in response to the LLR and to share with us any analysis of the impact of the changes made.
- 6.81 Our LLR highlighted the need for the NMC to ensure that those analysing and investigating complaints had access to appropriate clinical advice. The NMC has recruited six new clinical advisers who offer clinical input on all

<sup>13</sup> [Lessons Learned Review into the Nursing and Midwifery Council's handling of concerns about midwives' fitness to practise at the Furness General Hospital](#) (May 2018).

- referrals from members of the public that involve alleged failings in clinical care.
- 6.82 The NMC's Public Support Service (PSS) went live midway through this review period, in September 2018. The NMC launched a 24-hour independent support line for the public and those involved in the FTP process. The NMC's website features information for the public about the PSS, the witness liaison team, and the FTP process, including short videos. A 'PSS pathway' has been introduced, intended to provide support to those raising concerns, from first contact to conclusion of a case. The pathway pilot commenced in November 2019.
- 6.83 A PSS Steering Group has been established, consisting of NMC staff and stakeholders, including members of the public who have been affected by the FTP process, patient groups, employers and representative bodies. The NMC told us that the group has been focusing on how the NMC can humanise its process and developing a standard framework for a person-centred approach to complaints handling.
- 6.84 The NMC trialled offering meetings to members of the public when a decision is made to investigate their concerns and again following a final decision in their case. Meetings are now routinely offered and information about them is provided in a leaflet available on the NMC's website.
- 6.85 The NMC has taken further action to improve the way in which it communicates with parties to the FTP process including staff training and a review of all its templates for correspondence with the public to ensure that they are clear, easily understood, and set out plainly the reasons for decisions made, with appropriate reference to the NMC's guidance.
- Our audit findings**
- 6.86 In our audit of fitness to practise cases closed during the review period we identified some concerns relevant to this Standard. In most cases we did not consider that the concerns identified were so serious that they demonstrated that the parties involved had been prevented from participating effectively in the fitness to practise process.
- 6.87 We saw delays in updates being sent to parties, failures to acknowledge correspondence and instances where the NMC did not appear to respond to questions from parties to the case. We considered that some of the correspondence we saw was not adequately tailored, did not clearly set out the different stages of the fitness to practise process, or did not adequately communicate the NMC's role in maintaining public confidence in the professions and declaring and upholding professional standards. We also identified some cases where we considered parties could have been better supported to engage in the process or where unnecessary barriers to effective engagement were created, as well as instances where the NMC could have signposted parties to other avenues of support but did not do so.
- 6.88 In response to our findings the NMC told us that its approach to updating and communicating with members of the public has improved since the launch of the PSS, which postdates some of the information in the cases we reviewed.

The NMC highlighted its work to improve the tone and sensitivity of its correspondence.

### Supporting registrants

- 6.89 Last year, we noted a lack of signposting for registrants under investigation to support services. We reported that the NMC would be undertaking further work to better understand what additional support can be provided.
- 6.90 The NMC has reported on its plans to improve the level of support for registrants who go through its fitness to practise process. These include providing better information and signposting to sources of support and launching an emotional support helpline. We understand that the NMC is also scoping demand for a *pro bono* legal service for unrepresented registrants, in partnership with a law school.
- 6.91 We welcome the work that the NMC is doing to better support registrants involved in the fitness to practise process. We will continue to monitor the NMC's progress in this regard.

### Conclusion

- 6.92 The NMC continues to undertake extensive work to address the concerns raised in our LLR and to improve its processes and the way in which it communicates with stakeholders to ensure that all parties to the FTP process are supported to participate effectively. However, much of this work was at an early stage during the period under review.
- 6.93 The NMC has not yet provided us with a detailed analysis of the impact of the changes made to its work in this area. We received mixed feedback from third party organisations, which was insufficient to enable us to make an informed judgement as to the effectiveness of the NMC's new approach.
- 6.94 During our audit we identified some concerns around the way in which the NMC communicated with parties to cases and the support it provided to them, though we accept that some of the evidence that we saw pre-dated the implementation of the NMC's new processes and the launch of the PSS.
- 6.95 In summary, we have not seen enough evidence that the NMC's performance in this area improved during this review period sufficiently that we can be assured that this Standard is being met.
- 6.96 We therefore decided that this Standard is not met this year.

### **Standard 8: All fitness to practise decisions made at the initial and final stages of the process are well reasoned, consistent, protect the public and maintain confidence in the profession**

- 6.97 We carried out a targeted review of this Standard this year.
- 6.98 The changes to the NMC's processes implemented in July 2017 via an Order under Section 60 of the Health Act 1999 which were discussed under the third Standard for Fitness to Practise above are also relevant to this Standard. We undertook a targeted review of this Standard because these new powers represent a significant change to the NMC's processes with

implications for the quality of fitness to practise decisions. As noted previously, this was the first full year in which the NMC had been operating these processes and we considered that there was a need to gain independent assurance of the quality of decisions made under the new powers.

- 6.99 Last year we noted an increase in cases being closed with no case to answer. The NMC told us that this was due to its use of the new powers where cases would previously have progressed to a hearing, and an increase in engagement from registrants at the investigative stage of the process. Through our audit we therefore wanted to understand and gain independent assurance about how the NMC considers registrants' insight and remediation in reaching decisions.

### **Our audit findings**

- 6.100 We identified some concerns with decision-making and the recording of decisions at both the screening and case examiner stages.
- 6.101 However, the majority of the concerns identified with screening decisions related to the clarity with which decisions were recorded against the NMC's four stage test. Most of the concerns related to cases where the decision was to progress the matter to investigation rather than to close it at screening, meaning there was less risk that this lack of clarity had resulted in premature case closure. Of greater concern were two cases where we did not agree with the screening decision, because we were of the view that the NMC had not adequately considered its role in upholding the public interest and declaring and upholding standards.
- 6.102 We noted a lack of clarity in some CE decisions we reviewed and considered that some could have been more comprehensive in setting out the CEs' reasoning. In a small number of cases we noted inaccuracies in the recorded decisions. In one case our concerns about the CEs' decision contributed to our view that we could not be assured that the outcome was sufficient to protect the public.
- 6.103 We identified concerns in a small number of cases where we considered that decision-makers had not adequately explained how they assessed insight and remediation and provided reasons for any departure from the NMC's guidance. We did not consider that this issue was of such prevalence that it was likely to be a significant factor in the increase in no case to answer decisions.
- 6.104 In some cases it was not clear why the circumstances of the case warranted a warning and whether the decisions reached were in line with the NMC's legislation, which allows for warnings to be issued only where there is no case to answer. In a small number of cases the wording of the warning did not appear to cover the full period of the conduct concerned.
- 6.105 The NMC accepted many of our concerns regarding the comprehensiveness, clarity and accuracy of some of the CE decisions we reviewed and agreed that some CE decisions should have better explained how its guidance on insight and remediation had been considered.

6.106 With regard to our concerns about cases where a warning was issued, the NMC confirmed that in each case no case to answer had been found, and therefore it was open to the CEs to issue a warning. The NMC noted that the wording of the decision in one case was incorrect.

6.107 The NMC expressed the view that the lack of clarity we observed in some cases as to why the circumstances warranted a warning, had in part been caused by its guidance which could have been clearer on when warnings should be used. It told us that it was working to update the guidance to make it clear that:

- The purpose of warnings is to maintain professional standards and prevent future breaches of the public's trust in nurses, midwives and nursing associates. They are not there to punish registrants for past mistakes but to warn them that repeating similar conduct in the future could raise fundamental questions about their practice as a registered professional. They also act as a public declaration of the NMC's professional standards.
- To impose a warning, the facts must be agreed and the concerns must be serious enough to be capable of impairing the registrant's fitness to practise but, on the evidence available, there is no realistic prospect of the FTPC making a finding of current impairment. This is likely to occur in cases where the concerns are about issues that call into question the registrant's professionalism or trustworthiness but where the quality of the nurse, midwife or nursing associate's reflection means there is no case to answer on impairment.

6.108 As noted under the third Standard for Fitness to Practise, the NMC told us that a small number of cases would be reopened for further consideration or submitted for review under its Rule 7A process in light of our findings. This includes both cases where we had concerns about the screening decision, because we did not think the NMC had adequately considered its role in upholding the public interest and declaring and upholding standards, as well as the one case where our concerns about the CEs' decision contributed to our view that we could not be assured that the outcome was sufficient to protect the public.

### **Section 29 review of final fitness to practise decisions**

6.109 During this performance review period, 1,693 final decisions were provided to us by the NMC. We appealed six decisions on the basis that we considered they were insufficient to protect the public.

6.110 The most prevalent concerns identified through our Section 29 reviews were about: the NMC's failure to obtain or present relevant evidence at final hearings; inadequate or inappropriate charges and late amendments to charges; the comprehensiveness of the reasons for decisions; and inadequate assessment of insight, remediation and risk of repetition.

## Conclusion

- 6.111 We are satisfied that the prevalence and seriousness of the concerns identified during our audit, taken together with the NMC's response, do not indicate that this Standard is not being met.
- 6.112 We did not observe any pattern of the NMC closing cases with no further action as a result of too great a weight being attached to any insight and remediation demonstrated by the registrant, without sufficient regard to wider public interest considerations.
- 6.113 The NMC has clarified its position regarding when warnings can be issued and we are satisfied that this is in line with its legislation. We note the NMC's intention to provide greater clarity for decision makers in its guidance.
- 6.114 While the issues identified through our section 29 review of final decisions are of concern, those cases represent a small proportion of the NMC's decision-making.
- 6.115 For these reasons we are satisfied that this Standard is met.

### **Standard 9: All fitness to practise decisions, apart from matters relating to the health of a professional, are published and communicated to relevant stakeholders**

- 6.116 The NMC continues to publish its publication guidance<sup>14</sup> and information handling guidance<sup>15</sup> on its website. These documents set out its approach to the routine publication and disclosure of fitness to practise information.
- 6.117 The NMC publishes all fitness to practise decisions, apart from those relating to registrants' health. We have identified no significant concerns about or changes to the way the NMC publishes fitness to practise decisions or how it communicates its decisions to relevant stakeholders in this reporting period.
- 6.118 We are satisfied that this Standard is met.

### **Standard 10: Information about fitness to practise cases is securely retained**

- 6.119 We carried out a targeted review of this Standard this year.
- 6.120 The NMC made us aware of five data breaches it reported to the Information Commissioner's Office (ICO) during this review period. This is an increase from last year, when it notified us of two incidents that had been reported to the ICO. The NMC told us that the implementation of the General Data Protection Regulation (GDPR) had introduced a much lower threshold for reporting incidents to the ICO. We requested further information about the data incidents and the NMC's understanding of the GDPR reporting threshold.

<sup>14</sup> [www.nmc.org.uk/globalassets/sitedocuments/ftp\\_information/ftp-publication-guidance.pdf](http://www.nmc.org.uk/globalassets/sitedocuments/ftp_information/ftp-publication-guidance.pdf)

<sup>15</sup> [www.nmc.org.uk/globalassets/sitedocuments/ftp\\_information/ftp-information-handling-guidance.pdf](http://www.nmc.org.uk/globalassets/sitedocuments/ftp_information/ftp-information-handling-guidance.pdf)

- 6.121 The NMC told us that prior to the introduction of GDPR and mandatory reporting requirements, it would decide on a case by case basis whether to voluntarily report breaches to the ICO. Its approach was to report breaches which involved sensitive data where the NMC was unable to contain the breach, though it might also report other breaches if it considered that the ICO should be aware of them.
- 6.122 The NMC provided information on staff training delivered to ensure awareness of data breach reporting responsibilities. It confirmed that all reported breaches are assessed by a dedicated team to determine whether the threshold for reporting to the ICO is met.
- 6.123 Details were provided of each of the five reported breaches during this period and any action taken in response. One of the incidents was determined by the ICO not to be a reportable breach. No regulatory action was taken by the ICO in response to any of the incidents.
- 6.124 On two occasions, private conditions of practice were published in public determinations, amounting to three separate data breaches. The NMC considered this to be the result of human error caused by one individual in each case and did not make any changes to its processes as a result.
- 6.125 We noted that these two apparently similar incidents happened two months apart and consider that the NMC could reasonably have been expected to review its process for checking determinations prior to publication following one or both incidents. We consider that action could have been taken by the NMC in response to those breaches to ensure that its processes were sufficiently robust.
- 6.126 However, we do not consider these breaches and the NMC's response to them to be indicative that this Standard is not met this year. We note that although the number of breaches reported has risen this year, the total remains low, taking into consideration the overall size of the NMC's fitness to practise caseload.
- 6.127 The NMC implements an annual information security work programme, which is mapped to the international information security standard ISO 27001, and has policies and processes in place to monitor, review and learn from data incidents.
- 6.128 We are satisfied that this Standard is met.

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for Health and Social Care March 2020



## Council

### Governance review and amendments to the Standing Orders and Scheme of Delegation

**Action:** For decision.

**Issue:** Addresses various governance issues including:

- the Council annual effectiveness and governance review 2019-2020;
- amendments to the Standing Orders and Scheme of Delegation in the light of the review and other developments; and
- amendment of the Vice-Chair principles.

**Core regulatory function:** Supporting functions.

**Strategic priority:** Fit for the future organisation.

**Annexes:** The following annexes are attached to this paper:

- Annexe 1: Council effectiveness and governance review
- Annexe 2: Action update on review recommendations
- Annexe 3: Revised Standing Orders and Scheme of Delegation (changes marked in red)
- Annexe 4: Proposed amends to Vice Chair Principles (changes marked in red).

**Decision required:** The Council is asked to approve the following amendments to the Standing Orders and Scheme of Delegation:

- Minor adjustments to the Standing Orders and Scheme of Delegation (paragraph 14 and annexe 3).
- Changes to the Appointments Board Terms of Reference in the Scheme of Delegation (paragraph 20 and annexe 3, appendix 2c).
- Establishment of an Accommodation Committee and its remit (paragraph 24 and annexe 3, appendix 1- paragraph 15.4) and Terms of Reference (annexe 3, appendix 2d).
- Disestablishment of the Budget Scrutiny Group as a Committee of the Council (paragraph 28 and annexe 3, appendix 1- paragraph 15).
- Subject to approval of the amendments proposed to the Financial Regulations in the following agenda item, increases to the authority to

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- make financial commitments (paragraph 33 and annexe 3, appendix 3).
- Amendment of the Vice-Chair principles to give the Chair discretion over the number of Vice-Chairs (paragraph 37 and annexe 4).

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

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**Context: Council annual effectiveness and governance review 2019**

- 1 This paper addresses a number of governance issues:
  - 1.1 Section 1 and annexes 1 and 2 – report formally on the external Council effectiveness and governance review undertaken in 2019-2020.
  - 1.2 Section 2 and annexe 3 – propose amendments to the Council Standing Orders and Scheme of Delegation.
  - 1.3 Section 3 and annexe 4 – propose amendments to the Vice-Chair principles.
- 2 This paper was originally due to be considered at the 25 March 2020 meeting but was deferred due to the need to give precedence to matters relating to the Covid-19 emergency.

**Four country factors:** 3 None relevant to this paper.

**Discussion: Section 1 and annexes 1 and 2: Council annual effectiveness and governance review**

- 4 In accordance with good governance practice, the Council commissioned an external review of its effectiveness and governance in 2019-2020. The final report is at **annexe 1**. In summary, the report found that:
 

*“The NMC’s approach to governance is robust and detailed with a number of aspects of good governance in evidence, alongside opportunities for the NMC to develop further in order to improve the effectiveness and agility of its governance approach”.*
- 5 The report contained some 22 recommendations, grouped into three areas (**annexe 1, appendix 5**):
  - 5.1 Rebalancing the work of Council and the Executive Team
  - 5.2 Implementing a risk assurance framework
  - 5.3 Operational and practical considerations.
- 6 The Council and Executive discussed the report in a private Seminar session in October 2019, including action in place or already in train to address the recommendations.
- 7 Rebalancing the Council/Executive relationship was seen as the most important learning from the review. It was felt that this was

already changing, with evidence of increased trust, confidence, and a more collaborative way of working by the Council and Executive, for example, in the development of the 2020-2025 strategy and new values. It was agreed to build on this, including through taking a more rigorous approach to determining Council and Executive business and the frequency with which matters were considered by the Council. The proposed changes to financial delegations discussed below are part of this rebalancing of responsibilities.

- 8 There is ongoing dialogue between the Council and Executive around the balance of responsibilities and adjusted as necessary to meet exigencies such as the need to make rapid decisions on measures to address the Covid-19 emergency. A Council/Executive Awayday planned for June 2020, would have included assessing progress against this recommendation; this is now being rescheduled for autumn 2020.
- 9 An update on how this and other recommendations have been or are being taken forward is at **annexe 2**. Most have either been addressed or are being integrated into how the Council and Executive work. Activities still in train will be reported when complete.

### **Section 2 and annexe 3: Amendments to Council Standing Orders and Scheme of Delegation**

- 10 The Standing Orders and Scheme of Delegation are a key element of the Council's governance framework and reflect the requirements of the Nursing and Midwifery Order 2001 and associated legislation. The Standing Orders and Scheme of Delegation set out the Council's powers and responsibilities; govern the conduct of Council business; and specify out which matters are reserved to the Council and which are delegated to the Chair of Council, Committees or the Chief Executive and Registrar.
- 11 Various changes are proposed to the Standing Orders and Scheme of Delegation, including to: make minor wording adjustments; implement previous Council decisions; and take account of the annual effectiveness and governance review discussed above, as well as other developments.
- 12 Proposed changes to the Standing Orders and Scheme of Delegation are marked up (red text) at **annexe 3**.
  - a. **Minor adjustments**
- 13 Some minor amends are suggested to the Standing Orders and Scheme of Delegation. These include adding reference to Council demonstrating the Values and Behaviours (annexe 3, new para 3.4.2); to refer to '*people who use services*' (in place of 'patients') to

reflect that NMC registrants care for people in a variety of settings, including those in the community and care homes; and to reflect that Directors are now called 'Executive Directors'.

- 14 Recommendation: The Council is asked to approve the minor adjustments to the Standing Orders and Scheme of Delegation (annexe 3).**

**b. Appointments Board Terms of Reference**

- 15 In accordance with good practice, the Appointments Board undertakes an annual review of its effectiveness. During its 2019-2020 review, the Board suggested some changes to its terms of reference to improve its effectiveness.
- 16 It is also proposed to extend the Appointments Board's oversight to appointment of members to sit on Registration Appeals Panels. Registration Appeals Panels review appeals against decisions of the Registrar (and Assistant Registrars) for example, relating to admission to the Register. Existing Fitness to Practise (FTP) Panel members who are willing and able to do so are allocated to sit on Registration Appeal Panels.
- 17 It is proposed that in future the Appointments Board exercise oversight of the process for appointing FTP Panel members to be Registration Appeals Panel members and provide assurance around this. The Appointments Board is amenable to taking on this role.
- 18 The proposed changes to the Appointments Board's Terms of Reference are shown in mark up in **Annexe 3, appendix 2c**. These cover:
- 18.1 Extension of the Appointments Board's remit to include oversight of arrangements for the appointment of Registration Appeal Panel Members.
  - 18.2 Suggestions made by the Appointments Board in relation to staying informed and connected to the strategic intent and wider work of the Council.
  - 18.3 A clearer description of how the Appointments Board can assist Council, in particular making specific reference to the areas where the Appointments Board is responsible for providing assurance to the Council.
- 19 The Council has previously suggested delegating responsibility to the Appointments Board for deciding appointments / suspension / removals of FTP Panel Chairs and members and Legal Assessors. The Board has confirmed that it would be willing to take on this responsibility. A review of the legal implications has been delayed by

the Covid-19 emergency and will be resumed when time allows. We aim to bring forward proposals, as appropriate, in due course.

- 20 Recommendation: The Council is asked to agree the amendments to the Appointments Board Terms of Reference in the Scheme of Delegation as set out in annexe 3, appendix 2c.**

**c. Accommodation Committee Terms of Reference**

- 21** The Council agreed to establish an Accommodation Committee at its confidential meeting on 26 November 2019 (**NMC/19/81c**).
- 22** The purpose of the Accommodation Committee is to oversee implementation of the Accommodation Strategy on behalf of the Council, including any proposed future refurbishment of 23 Portland Place. The proposed remit of the Committee is shown in mark up in **annexe 3, appendix 1- paragraph 15.4** and the proposed Terms of Reference are shown in mark up at **annexe 3, appendix 2d**.
- 23** In accordance with the Scheme of Delegation (**annexe 3, appendix 1, paragraph 4**), the Chair of Council has determined the membership of the Accommodation Committee, as recorded in the separate agenda item on Committee membership.
- 24 Recommendation: The Council is asked to agree the proposed Accommodation Committee Remit and Terms of Reference as set out in annexe 3, appendix 1- paragraph 15. 4 and appendix 2d.**

**d. Disestablishing the Council Budget Scrutiny Group**

- 25** In November 2015, the Council established a Budget Scrutiny Group as a formal Council Committee to provide oversight and advice to the Executive on development of the annual budget and provide assurance to the Council on the budget's construction.
- 26** The Budget Scrutiny Group met only once in January 2016 and has since been in abeyance.
- 27** In line with the annual effectiveness and governance review, it is now proposed to remove the Group as a formal Committee of the Council. The Executive Board now exercises much greater scrutiny of proposed annual corporate and directorate-level budget and business planning prior to proposals coming to Council for approval, as appropriate.
- 28 Recommendation: The Council is asked to agree to disestablish the Council Budget Scrutiny Group as a Committee of the Council (annexe 3, appendix 1 - paragraph 15 and appendix 2d).**

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#### e. Financial delegations

- 29 The Council's Financial Regulations complement the Standing Orders and Scheme of Delegation by setting out the key principles and controls to maintain proper financial integrity and stewardship of our assets and resources. In line with the Council's effectiveness and governance review, we have reviewed the Scheme of Delegation and Financial Regulations and propose some changes.
- 30 The current Scheme of Delegation refers to a 'Fees Strategy' (**annexe 3, appendix 1- paragraph 3.4**). As the NMC's Financial Strategy includes our position on fees, it is no longer necessary for the Standing Orders to refer to a separate 'fee strategy'. The Financial Strategy was approved by the Council on 25 March 2020.
- 31 We have identified some specific areas which should be explicitly spelt out as matters for decision by the Council in the Scheme of Delegation (**annexe 3, appendix 1 - paragraph 3**). These are:
- 31.1 Council approval of any bank and overdraft facility (3.9).
  - 31.2 Council approval of an acquisition, transfer, or sale of any lease of land or building (3.10).
- 32 It is also proposed to increase the current levels of financial authority to ensure a better balance of responsibilities between the Council and the Executive. The revised levels are set out in an appendix to the Scheme of Delegation (**annexe 3, appendix 3**). These changes are subject to the Council also approving the revised Financial Regulations in the following agenda item.
- 33 Recommendation: Subject to approval of the proposed changes to the Financial Regulations, the Council is asked to agree the increases to financial authority levels in the Scheme of Delegation (annexe 3, appendix 3).**

#### Section 3 and annexe 4: Council Vice-Chair principles

- 34 The Nursing and Midwifery Order 2001 makes no provision for a statutory Deputy or Vice-Chair of Council. If the Chair is absent, the Council members present must choose a member to preside at the meeting.
- 35 In November 2015, the Council agreed a set of principles which would apply, including for two Vice-Chairs and that one of the Vice-Chairs would normally preside should the Chair be absent (NMC/15/61c). The principles are subject to review at the Council's discretion.
- 36 It is proposed to amend the principles so that it is a matter for the

		Chair of the Council to determine the number of Vice-Chairs in the future.	1.
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	<b>37</b>	<b>Recommendation: The Council is asked to agree to change the principles of appointment to enable the Chair to determine the number of Vice-Chairs (annexe 4).</b>	3.
<b>Midwifery implications:</b>	38	Not applicable to this paper.	4.
<b>Public protection implications:</b>	39	The Council's overarching statutory duty to protect the public is reflected in the Standing Orders and Scheme of Delegation.	5.
<b>Resource implications:</b>	40	The costs of the external Council effectiveness and governance review were met from within the Governance Budget.	6.
	41	There are no specific resource implications arising from addressing the external review recommendations or from any other aspects of this report.	7.
<b>Equality and diversity implications:</b>	42	None.	8.
<b>Stakeholder engagement:</b>	43	Not applicable.	9.
<b>Risk implications:</b>	44	The Standing Orders and Scheme of Delegation are a fundamental element of the Council's governance framework and should be kept up-to-date.	10
<b>Legal implications:</b>	45	Article 12, Schedule 1 of the Nursing and Midwifery Order 2001 gives the Council power to determine its Standing Orders and Scheme of Delegation. The Standing Orders are compliant with the Councils' powers and responsibilities in the Order.	11.
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# Nursing & Midwifery Council

## Council Effectiveness and Governance Review

### Final Report

20 September 2019

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## Important notice: about this report

This report, a review of the Council effectiveness and governance, has been prepared by KPMG LLP (“KPMG”) solely for the Nursing and Midwifery Council (“the Client”) in accordance with terms of engagement agreed by the Client with KPMG.

This report should not therefore be regarded as suitable to be used or relied on by any other person for any purpose. This report is issued on the basis that it is for information purposes only. Should anyone choose to rely on this report, they do so at their own risk. Without prejudice to KPMG’s liability to the Client subject to and in accordance with the terms of engagement agreed between them, KPMG will accordingly accept no responsibility or liability in respect of this report to any person. This report does not give rise to a client relationship between KPMG and any person (other than the Client).

KPMG’s work for the Client, on which this report is based, was conducted between May 2019 and September 2019, and the work comprised understanding stakeholder perspectives, desk-based analysis of publically available information as well as information supplied to KPMG by the Client.

KPMG does not provide any assurance as to the appropriateness or accuracy of sources of information relied upon unless specifically noted in the report, and KPMG does not accept any responsibility for the underlying data used in this report. For this report the Client has not engaged KPMG to perform an assurance engagement conducted in accordance with any generally accepted assurance standards and consequently no assurance opinion is expressed.

The opinions and conclusions expressed in this report are (subject to the foregoing) those of KPMG and do not necessarily align with those of the Nursing and Midwifery Council.

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# 1 Executive summary

## 1.1 Introduction

The Nursing and Midwifery Council (NMC) is the regulator of nurses and midwives in the UK, and nursing associates in England. It plays a key role in supporting the healthcare professionals on its register to deliver high standards of care.

The NMC is governed by a Council which set its strategic direction, takes key decisions, holds the Executive to account and makes sure the NMC fulfils its duty to protect the public.

The NMC has routinely undertaken internal, annual reviews of its governance effectiveness and in May 2019 commissioned KPMG to undertake an independent review of Council effectiveness and governance.

Recent internal developments, such as the appointment of a new NMC Chair and Chief Executive and Registrar, as well as developing the NMC Strategy for 2020-2025 and an organisational development and culture programme, make this a relevant time to conduct the review. In addition, there are external developments to consider, such as the publication of the Government’s response to the ‘Promoting professionalism, reforming regulation’ consultation.

We used KPMG’s ‘Good Governance Framework’ to assess the NMC’s governance arrangements. The framework covers all the key elements of governance including structure, composition, behaviours and leadership. Within the scope of our work, we populated the framework through interviews, desk-based research, workshops and direct observation of meetings, assessing the extent of good governance arrangements from a range of perspectives.

## 1.2 Findings and recommendations

We provide the findings and recommendations from our review under each of the headings of KPMG’s Good Governance Framework.

### 1.2.1 Governance structure and tools

The Council is supported by an Audit Committee, a Remuneration Committee, an Appointments Board and an Investment Committee. The members of Council meet in seminars, providing opportunity for extended discussion and debate, in confidential sessions to deal with matters that must remain confidential, and then in Council itself which is open to the public. The Executive Board reports to the Council through the Chief Executive and Registrar.

#### 1.2.1.1 Meetings

The number of Council meetings that the NMC currently hosts is similar to other healthcare regulators, but the NMC meetings tend to be longer. The NMC has a substantial quantity of business that needs to be transacted at Council and cannot be delegated, and the transparency provided by Council meetings engenders trust with the public.

We recommend that the number of publically attended Council meetings should continue at the current frequency of at least six per year and be kept under annual review. The length of meetings should also be reviewed once the relevant recommendations in this report have been considered.

The meeting pattern of seminar, then confidential meeting, followed by the formal Council (held in public) works well. We recommend that the objectives and purpose of seminars should be clearly defined to allow their value and performance to be evaluated. In addition, the discussions in the formal Council meetings should always provide sufficient context and information for the public when referring to discussions held in private. The Chairs of Council and Committees should also confirm during meetings whether discussions result in actions and what those actions are.

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### 1.2.1.2 Executive Board

The terms of reference for the Executive Board focus on making recommendations and providing assurance to Council. As a result, most of Executive Board's time is spent on preparations for the Council and Committee meetings. We would expect that the Executive Board would wish to focus on the management and leadership of the NMC, through increased decision making at the Executive Board level, with the Council seeking assurance and holding the Executive Board to account for these matters. We observed that, with the agreement of the Council, the Executive Board had started to focus on leadership and management during the period of our review.

We recommend that the:

- Executive Board and the Council should meet together to discuss the revised role of the Executive Board, to agree the Council's role in assuring the Executive Board's work, and to ensure there is minimal duplication between the two bodies.
- Executive Board terms of reference should be revised to describe responsibilities regarding leadership and management of the organisation as well as increased decision making at that level.
- Executive Board should consider what papers are required for Council and in particular, whether a Council agenda item is required or whether the information could be incorporated in the Executive report instead.
- NMC should review the level of governance support provided to the Executive Board and Executive Directors to ensure it is consistent and sufficient.

### 1.2.1.3 Committees

The roles and responsibilities of the members and Chairs of Council and the Committees are clear and well enacted. Communication has been strengthened through detailed written reports from Committees to Council. We understand that there have been meetings between the Chairs of Committees and the Chair of the Council.

We observed a small number of occasions on which work had been unintentionally duplicated between the Committees and Council. This had happened either because of incomplete communication about which group would do what and who "owns" the work, or through the discussions that had been held at Committees being re-discussed during the Council meeting.

We therefore recommend that Council should be clearer on the scope and objectives of specific pieces of work delegated to its Committees. When Committees report back to Council they should focus on the outputs and impact from the Committees' work and avoid re-discussing matters that have already been agreed at Committee.

## 1.2.2 Members

There are good relationships and a sense of trust between the Council and the members of the Executive Board. We observed that Council members are supportive and inclusive of each other and to the Executive.

Executive Directors, and more recently Assistant Directors, have been invited to attend and contribute to the Council discussions affecting their work areas. This is a positive development, improving inclusivity, assurance, mutual understanding and talent development, and could be developed further, for example by inviting the primary authors of papers to attend the Council discussions.

Participation in meetings from attendees could be further improved by addressing the physical environment and by providing a broader range of insight and challenge in the Council and Committee meetings.

## 1.2.3 Inputs

The quality of papers submitted to the Council and Committees is good, but they are too long. While the detail has provided a degree of reassurance to the Council and the public about what is going on, it adds very substantially to the workload of the primary authors, the Directors and others that edit and approve the papers, the Governance team and the Council members themselves.

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Papers could be made shorter by focusing more incisively on the key considerations, providing clearer recommendations and relevant rather than comprehensive data. Some Council members and Executive Directors suggested that this was partly due to a skills gap in drafting papers which could be addressed through training. Greater use of annexes could be made, in combination with electronic papers, to accelerate understanding of the issues being covered in the papers.

### 1.2.4 Assurance

We observed that there is no single risk assurance framework describing the NMC’s key risks, controls, mitigations, who is accountable and how they will be monitored. As a result there is considerable effort and discussion to coordinate the roles of the Council, the Audit Committee, other Committees and the Executive Board to deliver assurance.

A single risk assurance framework would clarify roles and accountabilities, reduce rework and provide stronger evidence that there are no gaps in the assurance of the NMC’s work. We understand that a risk assurance framework of this type is already under development within the NMC and recommend that the terms of reference of the Council, the Audit Committee and the Executive Board should be aligned to the risk assurance framework once it is agreed.

## 1.3 Conclusions

We have concluded that the NMC has a robust and detailed approach to governance overall. We have identified particular strengths and some key areas for improvement to develop governance further so that it is agile and fit for the future. Our recommendations reflect the need for:

### 1.3.1 Rebalancing the work of Council and the Executive Board

There is a need for the Executive Board to increase focus on leading the delivery of work at the NMC, whilst continuing to provide assurance to its Council. The recommendations we have made are intended to enable increased decision-making on leading and managing the day to day work of the NMC by the Executive Team.

### 1.3.2 Implementing a risk assurance framework

By implementing a risk assurance framework, the NMC should achieve clarity and rigour in how risks are identified, mitigated, managed and monitored. Discussion and agreement between the Council and Committee members and with the Executive team on how best to implement the risk assurance framework will be beneficial to support the work of the NMC.

### 1.3.3 Operational and practical considerations

We have identified several operational and practical improvements to support the NMC’s current and future governance processes. These cover a range of activities including the preparation of shorter, more incisive papers at Council, more instructive chairing in all governance meetings, as well as improving the physical environment for the Council’s meetings. Taken together, these are important steps to help the NMC to deliver its work effectively and efficiently.

### 1.3.4 Keeping good governance under regular review

The cumulative impact of implementing the recommendations made in this review should help to ensure that the NMC’s governance is effective. This will support the NMC as it implements its new Strategy, undertakes organisational development, welcomes new Council members and delivers its statutory responsibilities as the regulator of nurses, midwives and nursing associates.

The NMC should continue to routinely review its governance structures and processes so that they support and underpin its work, helping to ensure that it is able to operate as an effective regulator.

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## 2 Introduction

The NMC is the regulator of nurses and midwives in the UK, and nursing associates in England. It plays a key role in supporting the healthcare professionals on its register to deliver high standards of care.

The NMC promotes patient safety and public trust in the professions it regulates by setting standards of education and conduct, maintaining a register of qualified professionals and investigating concerns. Earlier this year the NMC started its work on developing its next five year Strategy and aims to publish this in 2020.

The NMC is governed by a Council, which set its strategic direction, takes key decisions, holds the Executive to account and makes sure the NMC fulfils its duty to protect the public.

The NMC has routinely undertaken internal, annual reviews of its governance effectiveness and in May 2019 commissioned an independent review of Council effectiveness and governance.

Recent internal and external developments make this a relevant time for an independent review to be undertaken:

- There have been changes to key personnel, with a new NMC Chair being appointed in May 2018 and a new Chief Executive and Registrar in January 2019. A third of the Council members will also be changing during 2020.
- Initiatives such as the new NMC Strategy 2020 to 2025 and the NMC organisational development and culture programme are underway.
- The Professional Standards Authority (PSA) Lessons Learned Review<sup>1</sup> was published in May 2018.
- The publication in early July 2019 of the Government's response to the 'Promoting professionalism, reforming regulation'<sup>2</sup> consultation by the Department of Health and Social Care, which sets out aims for the Councils of the regulatory bodies in health and social care (including the NMC). These include the expectation that the Councils will become boards which comprise Executive and non-Executive Directors, appointed on the basis that they have the skills, knowledge and expertise to ensure the regulator discharges its function effectively. It is also expected that non-Executive Directors will form the majority of the board and that registrants will not form the majority of the board.

Taking these developments into account, we have reviewed the effectiveness of current governance arrangements in allowing the NMC to fulfil its role effectively. We have identified strengths and areas for improvement to develop governance that is agile and fit for the future.

<sup>1</sup> PSA, Lessons Learned Review, The Nursing and Midwifery Council's handling of concerns about midwives' fitness to practice at the Furness General Hospital, 2018

[https://www.professionalstandards.org.uk/docs/default-source/publications/nmc-lessons-learned-review-may-2018b2851bf761926971a151ff000072e7a6.pdf?svrsn=34177220\\_0](https://www.professionalstandards.org.uk/docs/default-source/publications/nmc-lessons-learned-review-may-2018b2851bf761926971a151ff000072e7a6.pdf?svrsn=34177220_0)

<sup>2</sup> Department of Health & Social Care, Promoting professionalism, reforming regulation, Government response to the consultation, 2019

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/820566/Promoting\\_professionalism\\_reforming\\_regulation\\_consultation\\_reponse.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/820566/Promoting_professionalism_reforming_regulation_consultation_reponse.pdf)

## 3 Approach

### 3.1 Scope of this review

The NMC commissioned KPMG to carry out a Council Effectiveness and Governance Review. This was to consider the leadership of the organisation and relationships between the Council and the Executive team, how the Council, the Committees and the Executive Board work and the secretariat support provided. A full list of the scope of the work is in Appendix 1.

### 3.2 Out of scope

The NMC confirmed that the following were out of scope of the review:

- Constitutional matters including current legislative framework/charitable status
- Council composition and member recruitment
- Individual Council/partner member performance
- Council/partner members allowances/remuneration
- Executive governance and delegation below Executive level
- Executive Director performance/remuneration
- Executive advisory groups (e.g. Midwifery Panel, Professional Strategic Advisory Group).

### 3.3 Methodology

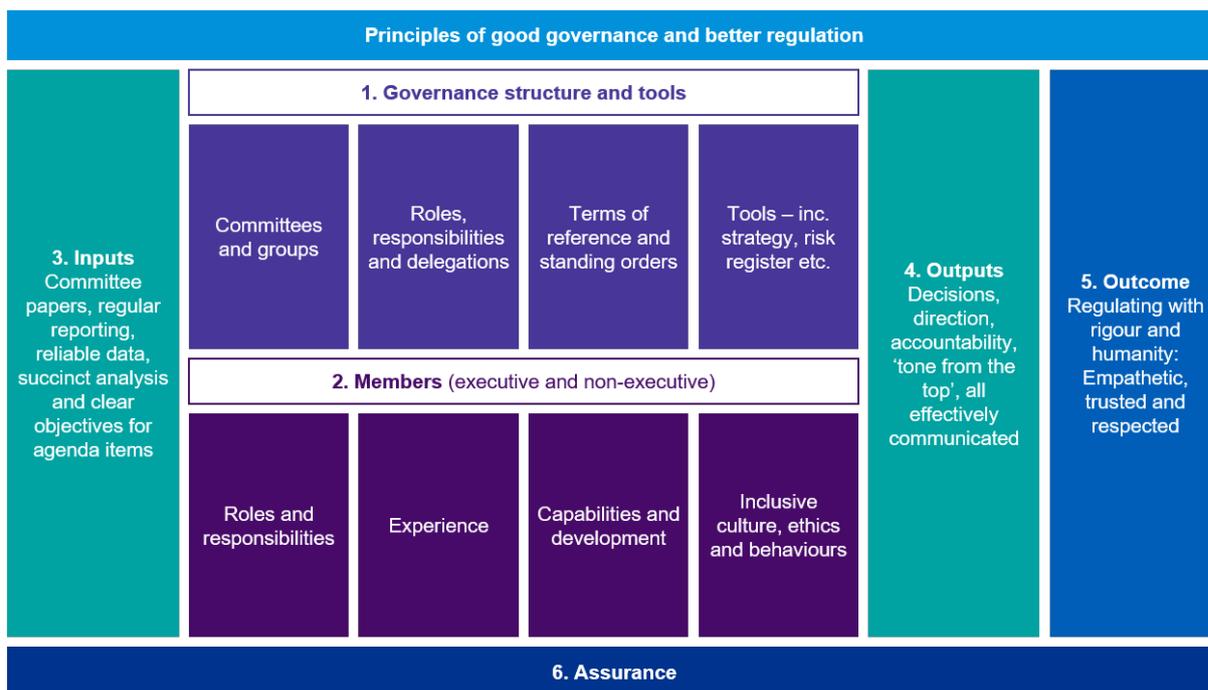
#### 3.3.1 Our framework

We used KPMG’s ‘Good Governance Framework’ (Figure 1 below and explained in Appendix 2) to assess the NMC’s governance arrangements. Our Framework draws from sources including the, National Audit Office (NAO), the Good Governance Standard for Public Services, the PSA and the Financial Reporting Council, and is designed to be suitable for assessing governance effectiveness in a regulator.

Our Framework covers all the key elements of governance including structure, composition, behaviours and leadership. We populated the framework through interviews, desk research, workshops and direct observation of governance meetings, assessing the extent of good governance arrangements from a range of perspectives.

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Figure 1: Framework to assess good organisational governance – Source: KPMG



### 3.3.2 Our review

The review has involved the following activities:

- Interviews with the Chair, all Council members, the Chief Executive and Registrar, all Executive Directors of the NMC, the Chair of the Appointments Board, the General Counsel, the Head of Internal Audit and the Assistant Director to the Chair and Chief Executive’s Office. A full list of those we engaged with is in Appendix 3;
- Interviews and a workshop with the NMC Governance Team and Secretary to the Council;
- Observing the NMC Council seminar, Council meetings (Open and Confidential), Executive Board, Audit Committee, Investment Committee and Appointments Board;
- Desk-based research on the NMC’s governance framework materials, such as Standing Orders, terms of reference, Council papers and Governance structures. A full list of the documents we reviewed is in Appendix 4;
- Review of the recent ‘NMC Perceptions Audit: Exploring stakeholder views’<sup>3</sup>, a perceptions audit conducted by IFF Research to understand stakeholder opinions of the NMC and the NMC’s relationship with the external environment. This provided the external stakeholder perspective for the review;
- Benchmarking against a selection of publically available materials (where available) from similar organisations, as requested by the NMC to provide potential for comparison of specific elements of governance: the General Medical Council (GMC), the Health & Care Professions Council (HCPC), the General Dental Council (GDC), General Pharmaceutical Council (GPhC) and the General Optical Council (GOC).

<sup>3</sup> IFF Research, NMC Perceptions Audit: Exploring stakeholder views, 2019  
<https://www.nmc.org.uk/globalassets/sitedocuments/shaping-the-future/exploring-stakeholder-views-nmc.pdf>

## 4 Findings and recommendations

In this section we present the findings and recommendations from our review under each of the headings of KPMG's Good Governance Framework shown at Figure 1. Appendix 5 includes a summary of the recommendations.

The NMC's approach to governance is robust and detailed with a number of aspects of good governance in evidence, alongside opportunities for the NMC to develop further in order to improve the effectiveness and agility of its governance approach.

In this findings section, we cover the areas of good governance which we identified and the areas where improvements could be made, setting out recommendations on each of these.

### 4.1 Governance structure and tools

#### 4.1.1 Committees and groups

The NMC is an independent statutory body and is also a registered charity. The Council is the governing body of the NMC and its members are the charity trustees. The current Council ordinarily meets no less than six times per year and constitutes 12 members (six registrant and six lay members), which must include at least one member from each of England, Scotland, Wales and Northern Ireland. The remit of the Council is set out in the NMC Scheme of Delegation.

The Council is supported by an Audit Committee, a Remuneration Committee, an Appointments Board and an Investment Committee.

The Executive Board reports to the Council through the Chief Executive and Registrar.

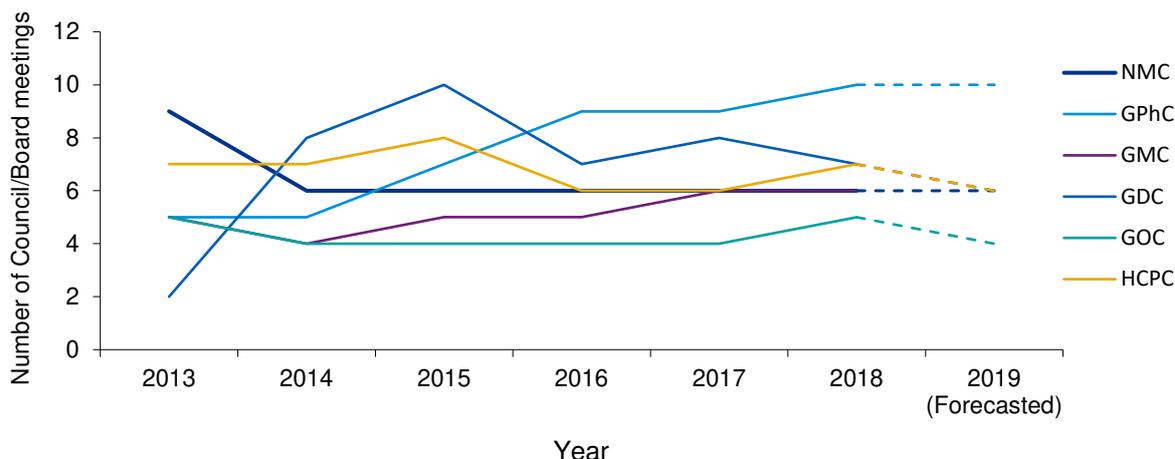
Members of the Council meet in seminars, providing opportunity for extended discussion and debate, in confidential sessions to deal with matters that must remain confidential, and then in Council itself which is open to the public.

##### 4.1.1.1 Number of meetings

The number of meetings that the NMC currently hosts is similar to other healthcare regulators (Figure 2). Some Council members and Executive Directors suggested there could be a reduction in the number of meetings. However, our review shows that there is a substantial quantity of business that needs to be transacted at the Council and which cannot be delegated. Furthermore, the transparency provided by the Council meetings engenders trust with the public in the NMC's work.

**Recommendation 1: The number of publically attended Council meetings should continue at the current frequency of at least six per year and be kept under annual review.**

**Figure 2: Number of meetings per year**

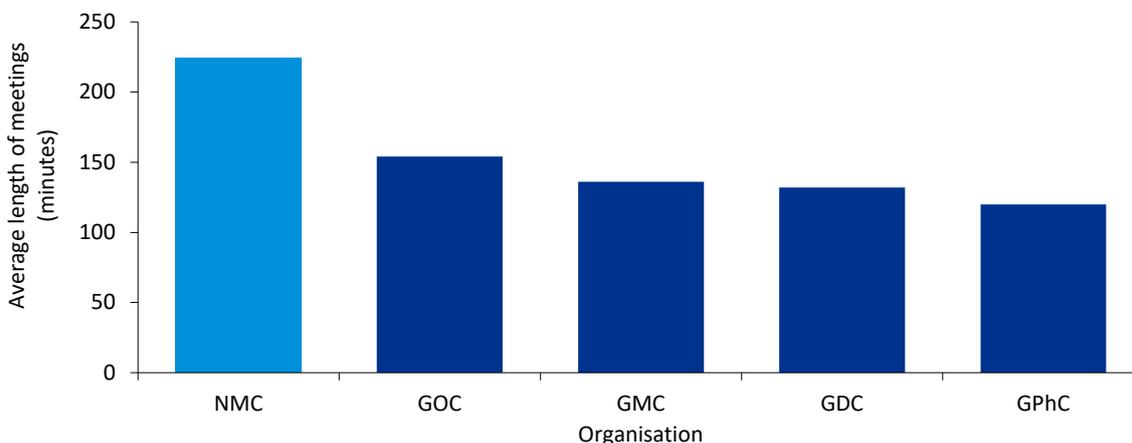


The meeting pattern of seminar, then confidential meeting, followed by the formal Council (held in public) works well. We observed that topics for discussion were directed towards the right meeting, and that the NMC took great care in putting as much discussion as possible into the public Council meeting. Council members recognise the risks arising from discussing the development of policy in public, and manage these risks appropriately.

**4.1.1.2 Duration of meetings**

In comparing the average length of recent meetings at benchmarked organisations, where the types of agenda items are broadly similar, the NMC’s Council meetings are substantially longer than those of other healthcare regulators (Figure 3). Comparative analysis can be helpful as an indicator but it does not take into account the strategic, operational or transformational context of the different organisations.

**Figure 3: Average length of meetings**



The NMC’s Council plays an important role in holding the Executive to account, and it is of course critical that Council takes sufficient time to carry out its role. Nonetheless we have identified a number of reasons why meetings may be longer than ideal:

- The work delegated by the Council to its Committees is sometimes duplicated at Council (see section 4.1.2).
- The Executive Board seems to be focused on preparing for the Council and Committee meetings, rather than on decision making (see section 4.1.1.7).
- The meeting papers contain a lot of information and detail (see section 4.3.2) and the agenda item is often introduced by repeating the information already provided in the paper.

- Chairs of meetings could be more instructive in managing the discussions of items and confirming the actions arising from the meetings.
- Given the respectful environment which we observed in all meetings, points raised during meeting discussions could be made more directly and with less repetition.

**Recommendation 2: The NMC should review the length of meetings once the relevant recommendations in this report have been considered.**

#### 4.1.1.3 Council seminars

There are 10 seminars a year which provide an effective forum for extended discussion and debate. Recent work to clarify the purpose of seminars has improved their effectiveness. Defining the objectives and purpose of these meetings more formally would allow their value and performance to be evaluated more thoroughly. It may also allow for greater flexibility in the topics covered and the style of discussion. For example, topics which do not require papers, but still allow Council members and Executive Directors to share ideas and perspectives in a more free-flowing discussion.

**Recommendation 3: The objectives and purpose of seminars should be clearly defined to allow their value and performance to be evaluated.**

#### 4.1.1.4 Council confidential meetings

Other regulators tend to have confidential discussions as part of their Council meetings, whereas the NMC has a separate confidential meeting. We observed that there was sufficient business to justify a confidential meeting, and that this had been the case for some time. The NMC may wish to keep under review the need for a separate confidential meeting every time there is a Council public meeting.

#### 4.1.1.5 Council meetings

Overall, the Council is effective at fulfilling its role of taking key decisions on the current and future work of the NMC. These decisions are made at the Council meeting and this is in line with the Scheme of Delegation.

The Council meetings are well attended by members of the public and they have an opportunity to ask questions at certain points of the meeting and to interact with the Council. The NMC receives good feedback from those attending the public meetings with comments such as: “you have a highly effective and knowledgeable board”; “it has greatly improved my perception of the organisation and increased my overall understanding and knowledge of its processes, structure and strategies”; and “I really appreciate the opportunity to view proceedings and to see the Exec committee (sic) held to account in front of registrants”.

We observed that Council members in the Council meeting occasionally refer to discussions that have taken place during the seminar. Where this occurs, it is important to explain to public observers why the discussion had taken place there, and to share enough detail of the seminar discussion to inform those observing the meeting.

**Recommendation 4: The discussions in the formal Council meetings should always provide sufficient context and information for the public when referring to discussions held in private.**

#### 4.1.1.6 Committees

The Council is supported by an Audit Committee, a Remuneration Committee, an Appointments Board and an Investment Committee.

The purpose and role of the Audit Committee is clear. We have commented on the role of the Audit Committee in section 4.6 on assurance.

We were unable to attend the Remuneration Committee during the course of this review, and therefore have not commented on its role or effectiveness.

The purpose and role of the Appointments Board is clear.

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The Investment Committee is a new Committee. It has clear terms of reference and we observed that the Committee is effective in discussing its ways of working to allow it to attain the same governance discipline as the other Committees.

A Budget Scrutiny Group may be established from time to time by the Council. The Budget Scrutiny Group did not meet during the course of this review and therefore we have not commented on its role or effectiveness.

#### 4.1.1.7 Executive Board

The NMC's Executive Board is chaired by the Chief Executive and Registrar.

The terms of reference for the Executive Board focus on making recommendations and providing assurance to the Council, for example by considering and endorsing executive proposals for recommendations to the Council on corporate strategies and regulatory policy positions and proposals. As a result, most of the Executive Board's time is currently spent on preparations for the Council and Committee meetings, such as reviewing all the papers.

We would expect that the Executive Board would wish to focus on the leadership and management of the NMC, through increased decision making at the Executive Board level, with the Council seeking assurance and holding the Executive Board to account for these matters.

This would require discussion and agreement between the Council and Executive Board about the delegation of work to the Executive Board, such that the Council is seeking assurance on the work being done by the Executive Board and the rest of the NMC.

We observed that, with the agreement of the Council, the Executive Board was more focused on leadership and management during the period of our review. We have identified the following examples of areas of business that could be managed at Executive Board rather than decided on by Council:

- The management and ownership of the risk register, in particular assigning specific scores for risks, should be done at Executive Board level, with the Council still retaining its important role (as set out in the Scheme of Delegation) to “approve the risk management framework and set the risk appetite,” and continuing to be sighted on the risk register. In section 4.6 we explain more about the risk assurance framework at the NMC.
- It may be appropriate for the Executive Board to decide on some of the operational plans and for Council to be aware of them rather than deciding on them. For example, we observed the overall plan and timetable for updating regulatory standards being decided on by Council.
- Some reports that go to Council for agreement could be agreed at Executive Board level instead. For example, the gender pay gap report which contains factual information is decided on by the Council, whereas it may be more appropriate for the Executive Board to agree the report and for the Council to be made aware of the findings of the report and related ongoing work to address any issues identified.
- In addition, it may be appropriate that updates on programmes of work could be incorporated in the Executive report to the Council rather than require a separate paper and agenda item for specific discussion. This would help to reduce workload and length of meetings, whilst still allowing Council to be sighted on all key elements of Executive Board activity.

The terms of reference for the Executive Board state that it will meet at least four times a year. In order to accommodate both preparations for the Council and the leadership and management of the organisation, the Executive Board has been meeting monthly and recently decided to meet twice a month. This has created a risk of duplicated discussions between the Executive Board and the Council, and the two groups need to address this quickly.

**Recommendation 5: The Executive Board and the Council should meet together to discuss the revised role of the Executive Board, to agree the Council's role in assuring the Executive Board's work, and to ensure there is minimal duplication between the two bodies.**

**Recommendation 6:** The Executive Board terms of reference should be revised to describe responsibilities regarding leadership and management of the organisation as well as increased decision making at that level.

**Recommendation 7:** With a revised role, the Executive Board should consider what papers are required for Council and in particular, whether a Council agenda item is required or whether the information could be incorporated in the Executive report instead.

#### 4.1.2 Roles, responsibilities and delegations

The roles and responsibilities of the members and Chairs of Council and the Committees are clearly explained in governance documentation.

The relationships between the Council and its Committees are important. Communication has been strengthened through detailed written reports from Committees to Council as well as meetings between the Chairs of Committees and the Chair of the Council. We also noted that the Committee Chairs who are not already members of Council have been invited to attend Council for relevant agenda items.

We observed a small number of occasions where work had been unintentionally duplicated between the Committees and Council. This had happened either because of incomplete communication about which group would do what and who “owns” the work, or through the discussions that had been held at Committees being re-discussed during the Council meeting.

**Recommendation 8:** The Council should be clearer on the scope and objectives of specific pieces of work delegated to its Committees.

**Recommendation 9:** When Committees report back to Council they should focus on the outputs and impact from the Committees’ work and avoid re-discussing matters that have already been agreed at Committee.

#### 4.1.3 Terms of reference and Standing Orders

The Standing Orders and terms of reference for the Council and Committees are clear and comprehensive.

#### 4.1.4 Tools and support

Support to the Council, its Committees and the Executive Board is provided by the Governance team. There is an excellent level of service provided by the Governance team to Council members. Several Council members gave examples of how the quality of support enabled them to provide a stronger contribution to the NMC than might otherwise be the case. Furthermore, the focus on high quality customer service in all of the NMC’s activities is a clear objective.

We did not review the level of support provided to the Executive Directors as this was noted as out of scope for our work. However, should the role of the Executive Board be revised as we recommend at 4.1.1.7 above, then it would be sensible to ensure that governance support within directorates to support the work of the Executive Directors is sufficient and consistent.

**Recommendation 10:** If there is a revised role for the Executive Board then the NMC should review the level of governance support provided to the Executive Board and Executive Directors to ensure it is consistent and sufficient.

##### 4.1.4.1 Costs of governance

We note that the Council has recently discussed the costs of governance and determined that these were appropriate given the objectives and activities of the NMC. It is appropriate for the Council to consider the cost of governance periodically and to be aware of the comparative costs of similar organisations. That said, organisational governance costs depend very much on the work of the regulator itself and how the regulator apportions governance spend.

While we have not undertaken a value for money assessment of the NMC’s governance, we did consider these costs as a proportion of the NMC’s overall spend. We found that these costs are

comparable to other regulators. In 2017/18, 4.6% of the NMC’s overall spend was classified by the NMC as governance expenditure and a report by the PSA in 2012<sup>4</sup> found that governance costs accounted for around 7% of healthcare regulators’ expenditure.

There are also opportunity costs to be considered with the existing governance approach, in particular the time of NMC staff spent on preparing and attending governance meetings. In 4.3.2 we refer to the large volume of information and papers that are generated as a part of the NMC’s governance approach. This adds very substantially to the workload of the primary authors, the Directors and others, which reduces the time they have for their day to day role at the NMC.

#### 4.1.4.2 Electronic papers

All the NMC’s governance groups work primarily from physical papers. There are plans to introduce electronic papers. Electronic papers would improve the environmental impact of the NMC’s governance, ease logistical challenges and give more time for the preparation and consideration of governance papers.

**Recommendation 11: The Governance team should implement the use of electronic papers as soon as possible.**

#### 4.1.4.3 Physical meeting environment

The Council usually meets in the NMC Council Chamber at its main offices at 23 Portland Place in London.

The Council Chamber is a large, wood panelled room. Council members typically sit at rectangular conference tables arranged in a horseshoe or rectangle. In many meetings, desk microphones, which need to be switched on and off by individuals, are used to improve audibility. There is also variability in room temperature and poor lighting.

As a result of these physical factors, Council members have difficulty seeing all members of Council and there are breaks in the flow due to the use of the microphones, leading to sometimes stilted conversations and a tendency to direct the discussion to the Chair rather than other meeting participants.

These factors do not occur in the smaller Committee meetings that we observed and the Council seminars have made use of smaller break-out groups to address these limitations.

In addition, creating a welcoming and inclusive meeting environment may also facilitate better access for the public to interact with the work of the NMC.

**Recommendation 12: The NMC should, for its formal meetings, investigate options for brighter lighting, self-muting microphones and alternative meeting layouts, whilst also ensuring an inclusive and accessible experience for observers of these meetings.**

## 4.2 Members

### 4.2.1 Roles and responsibilities

There are good working relationships between the Council and the members of the Executive Board. This has been developed through collaborative discussions that take place at Council seminar and increased opportunities for Council members and Executive Directors to interact informally outside of meetings. Given the level of trust that we observed in place between Council and Executive Board, it may be timely to revise the remit of the Executive Board (see section 4.1.1.7). This should enable a greater focus of the Executive Board on delivering the work of the NMC rather than the current emphasis on preparing for Council. Any revised remit would still need to be within the Scheme of Delegation and importantly enable Council to maintain its confidence and assurance in the work of the NMC.

<sup>4</sup> PSA, Review of the cost effectiveness and efficiency of the health professional regulators, 2012 - [https://www.professionalstandards.org.uk/docs/default-source/publications/special-review-report/cost-effectiveness-and-efficiency-review-health-professional-regulators-2012.pdf?sfvrsn=c1cb7f20\\_6](https://www.professionalstandards.org.uk/docs/default-source/publications/special-review-report/cost-effectiveness-and-efficiency-review-health-professional-regulators-2012.pdf?sfvrsn=c1cb7f20_6)

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All Council members told us they were fully able to challenge. Challenges are usually delivered as formal questions to an Executive team member, especially in the Council meetings and larger Committees. Smaller Committees and the seminar are more discursive, and these discussions improve collective understanding and generate insight.

In order that the NMC can more consistently benefit from the insights of the Council members, especially in large meetings, Council members should provide a mix of insight, challenge and build on each other's ideas as well as what is presented to them. Examples of areas that could benefit from this include strategic discussions (such as the future of the health and care workforce) or early policy development (such as initial discussions on changes to regulatory approach). The Chair could indicate to Council members when this is required, so they can prepare and contribute appropriately.

**Recommendation 13: The Chairs of Council and Committees and the Executive Board members should identify agenda items requiring a broader range of insight and challenge in the Council and Committee meetings and should advise members and attendees accordingly.**

## 4.2.2 Experience

We did not assess the level of experience of Council members or Executive Directors in NMC's governance as this was out of scope.

## 4.2.3 Capabilities and development

We did not assess the capabilities of participants in NMC's governance as this was out of scope.

Council members told us there were good opportunities for induction, training and learning available to them from the NMC.

## 4.2.4 Inclusive culture, ethics and behaviours

We observed that Council members are supportive and inclusive to each other and to the Executive team.

Participation in meetings from attendees could be further improved by addressing concerns with the physical environment (4.1.4.3) and by providing a mix of insight and challenge where appropriate (4.2.1).

Executive Directors, and more recently Assistant Directors, have been invited to attend and contribute to the Council discussions affecting their work areas. This is a positive development, improving inclusivity, assurance, mutual understanding and talent development, and could be developed further, for example by inviting the primary authors of papers to attend the Council discussions.

**Recommendation 14: The Chairs of Council and Committees should identify further opportunities to invite NMC employees to attend discussions on their policy areas.**

## 4.3 Inputs

### 4.3.1 Agendas

Council agendas are an accurate and clear representation of the Council's business and clearly show if an agenda item is for decision, discussion or information. The number of agenda items is similar to other healthcare regulators.

The process for setting meeting agendas is set out in the NMC's Standing Orders. The Governance team develop a forward look planner of agenda items for the next three meetings. For specific areas of work, the Council is presented with a timeline of when Council will discuss or decide on items.

### 4.3.2 Papers

The quality of papers submitted to the Council and Committees is good, but they are too long.

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A large volume of information is provided to the Council in their papers. During the review, 253 pages of briefing were provided for the four hour Council meeting and 95 pages were provided for the confidential session the day before. While the detail has provided a degree of reassurance to the Council and the public about what is going on, it adds very substantially to the workload of the primary authors, the Directors and others that edit and approve the papers, the Governance team and the Council members themselves.

Papers could be made shorter by focusing more incisively on the key considerations, providing clearer recommendations and relevant rather than comprehensive data. Some Council members and Executive Directors suggested that this could be due to a skills gap in concise drafting which could be addressed through training. Greater use of annexes could be made, in combination with electronic papers (section 4.1.4.2) to accelerate understanding of the issues being covered in the papers.

The long lead times required for approval and preparation of papers mean that, in some cases, papers are being prepared for an upcoming Council meeting and in parallel for the Council meeting after that. There are substantial risks of out of date information, rework, duplication and confusion arising from this parallel working.

Papers for the Council are published seven calendar days ahead of the meeting, which is the same as other healthcare regulators who publish five working days or seven calendar days ahead.

It is right that the Council papers are written to a high standard. The Council, Committees and the Executive Board should consider whether papers could be less comprehensive, include more up-to-date data and could be improved through developing the drafting skills of NMC employees. It should also be considered whether it is feasible to have a quicker paper production timeline with less review time.

There is a risk that the task of preparing papers can displace the need to focus on the management of the NMC's work.

**Recommendation 15: The Council and the Executive Board should move to shorter, more incisive Council papers.**

**Recommendation 16: The Council, Committees and the Executive Board should consider whether quicker production timelines for papers, with less review time, would be of benefit.**

### 4.3.3 Data and reporting

We did not assess the accuracy or completeness of data and reporting as this was out of scope.

## 4.4 Outputs

The Council's discussions and decisions are communicated through public attendance and social media. This has allowed the public and registrants to understand better the role of the NMC, its work and performance. The NMC may wish to consider creating further visibility and opportunity for public and service user input, for example live streaming of the Council meetings.

**Recommendation 17: The NMC should consider how it can provide further visibility and opportunity for public and service user input to its work, for example live streaming of the public Council meetings.**

We undertook a sample check of minutes and action logs, and found these to be accurate.

The process for managing and following up actions from meetings is robust and thorough. However, it is not always clear during the meeting whether a discussion during Council should result in an action or not. The Chairs of the meetings (Council and Committees) should clearly summarise any agreed actions during the discussion as well as outlining, in conjunction with the owner of the agenda item, the next steps and any actions to be taken, so these can be accurately recorded.

**Recommendation 18: The Chairs of Council and Committees should confirm during meetings whether discussions result in actions and what those actions are.**

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## 4.5 Outcomes

We did not assess governance outcomes as this was out of scope.

## 4.6 Assurance

The Council and the Committees are thorough and thoughtful in undertaking their assurance role.

We observed that there is no single assurance framework describing the NMC's key risks, controls, mitigations, who is accountable and how they will be monitored. As a result there is considerable effort and discussion, and some duplication, to coordinate the roles of the Council, the Audit Committee, other Committees and the Executive Board to deliver assurance. A single risk assurance framework will clarify roles and accountabilities, reduce duplication and rework and provide stronger evidence that there are no gaps in the assurance of the NMC's work. We understand that a risk assurance framework of this type is already under development within the NMC. During our review, we noted that the NMC Quality Assurance function does not report on its work to the Audit Committee.

**Recommendation 19: The NMC should adopt a risk assurance framework describing key risks, controls, mitigations, who is accountable and how they will be monitored.**

**Recommendation 20: The terms of reference of the Council, the Audit Committee and the Executive Board should be aligned to the risk assurance framework once it is agreed.**

**Recommendation 21: The NMC's Quality Assurance function should report on a regular basis on its programme of work to the Audit Committee.**

**Recommendation 22: The NMC should continue to routinely review its governance structures and processes so that they support and underpin its work, giving assurance to the NMC's stakeholders that it operates as an effective regulator.**

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## 5 Conclusions

In reviewing the NMC’s Council Effectiveness and Governance arrangements we have concluded that the NMC has a robust and detailed approach to governance overall. We have identified particular strengths and some key areas for improvement to develop governance further so that is agile and fit for the future.

Our recommendations reflect the need for:

- A greater focus on rebalancing the work of the Executive Board and the Council
- The implementation of a clearer approach to risk assurance
- A number of operational and practical improvements which cumulatively would help to improve agility in the NMC’s governance.
- A regular review of governance processes to ensure they support and underpin the work of the NMC, particularly in line with the new Strategy 2020-25.

Appendix 5 includes a summary of the recommendations, grouped under these themes.

### 5.1 Rebalancing the work of Council and the Executive Board

There is a need for the Executive Board to increase focus on leading the delivery of work at the NMC, whilst continuing to provide assurance to its Council. The recommendations we have made are intended to enable increased decision-making on leading and managing the day to day work of the NMC by the Executive Team.

Given that one of the strengths of the NMC’s current governance is the good working relationship between Council members and the Executive team, it will be important that they discuss together the implementation of these recommendations to agree the change of approach and to keep this under review as it takes place. The revised Terms of Reference will need to clearly articulate the role of the Executive Board and any delegated matters from Council. It would also be prudent to consider the potential increased support required to the Executive Board in carrying out its role in a consistent way.

### 5.2 Implementing a risk assurance framework

By implementing a risk assurance framework, the NMC should achieve clarity and rigour in how risks are identified, mitigated, managed and monitored.

The risk assurance framework should provide clarity on the role of Council and its Committees and on the scope and objectives of specific pieces of work delegated to Committees. In turn, the terms of reference of the Council, the Audit Committee and the Executive Board should be aligned to the risk assurance framework once it is agreed, as well as being clear on the role of the NMC’s Quality Assurance function.

Again, discussion and agreement between the Council and Committee members and with the Executive team on how best to implement the risk assurance framework will be beneficial to support the work of the NMC.

### 5.3 Operational and practical considerations

We have identified several operational and practical improvements to support the NMC’s current and future governance processes. These cover a range of activities including the preparation of shorter, more incisive papers at Council, more instructive chairing in all governance meetings, as well as improving the physical environment for the Council’s meetings. Taken together, these are important steps to help the NMC to deliver its work effectively and efficiently.

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## 5.4 Keeping good governance under regular review

The cumulative impact of implementing the recommendations made in this review should help to ensure that the NMC's governance is effective. This will support the NMC as it implements its new Strategy 2020-2025, undertakes organisational development, welcomes new Council members and delivers its statutory responsibilities as the regulator of nurses, midwives and nursing associates.

The NMC should continue to routinely review its governance structures and processes so that they support and underpin its work, helping to ensure that it is able to operate as an effective regulator.

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## Appendix 1 Detailed scope

We considered the following elements during our review:

Leadership and relationships including:

- Leadership and the tone set by the Council and the Executive
- Council influence on organisational culture, values and behaviours
- Adherence to Principles of Public Life (Nolan principles)
- Quality of Council/Executive relationships
- Council wider relationships – how the Council communicates with, listens and responds to members of the public/patients/service users, registrants, employees and stakeholders.

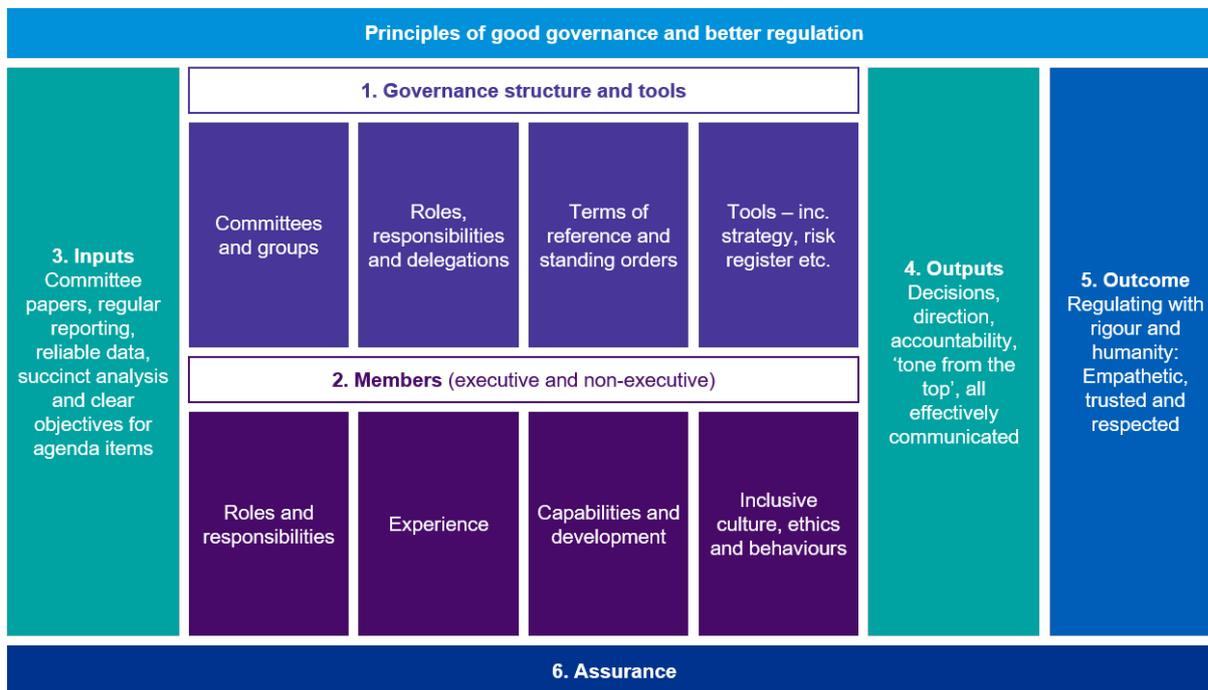
How the Council works and how it can work better:

- Frequency and configuration and frequency of Council/Committee formal meetings/seminars
- Transparency and balance of public/confidential business
- Balance of responsibilities and delegation between Council and Committees including ownership and approach to risk management
- Balance of delegation between Council/Committees and Executive including extent to which Council focuses on strategic direction and leaves operational decision-making to Executive
- Balance of Council oversight/monitoring/holding the Executive to account vs provision of support to Chief Executive and Directors
- Quality of contributions/input from Council members, Executive, advisers etc.
- Quality of decision-making and quality of the information provided to support decision-making
- Quality and timeliness of information flows generally to the Council from the Executive including:
  - Reports/presentations to Council/Committees
  - Timely escalation of urgent issues and approach to major/contentious decisions/issues
  - Charity Commission and Scottish Charity Regulator requirements, codes and guidance
  - Capability for learning lessons and continuous improvement.

Secretariat support:

- Effectiveness of advice/support provided by the Secretary/governance team to the Chair, Council, Committees, Chief Executive and Executive Board.

## Appendix 2 Framework to assess good organisational governance



The framework includes the following areas:

### 1. Governance structure and tools

In reviewing a governance approach we examine how it is formally structured: the Council or Board, the Committees and Advisory Groups that support it and the tools and documentation used to set these up.

We ask whether they are clearly articulated, regularly reviewed, meet good practice and whether they are meeting the needs of the organisation. This is best achieved through reviewing the Standing Orders, terms of reference, agendas, papers and minutes, and through observing meetings. We also consider the supporting tools such as strategy documentation, risk registers and budgets.

### 2. Members (executive and non-executive)

Two organisations set up with similar structures and tools can result in very different outcomes: this is very often due to the difference in the people and culture of an organisation. Codes and standards emphasise the importance of:

- Setting out clear roles and responsibilities and that they are enacted in practice;
- Appointing the right skills, capabilities and experience;
- Regularly reviewing Council/non-executive performance and maintaining a programme of continuing development; and
- Encouraging a supportive, open, enabling and high performing culture.

### 3. Inputs

The quality of a governance framework depends on its inputs. We ask whether the right agenda items are being addressed in the right place with the right level of paper, report or dashboard to support it. We review the quality and quantity of papers to understand whether they provide appropriate information to help enable Councils and Boards to make decisions effectively. And we consider the minutes to understand how clearly decisions are recorded, actions escalated and reviewed and how well information flows through the governance framework.

#### 4. Outputs

In order that governance can ensure that an organisation achieves its overall purpose, it needs to produce outputs including strategic direction, policy statements and regular, accurate and transparent reporting on finance and performance. The way in which those outputs are developed and delivered also sets the tone for how people within the organisation operate and how it engages with other parties. All governance codes and standards emphasise the role of governance in setting clear high ethical and behavioural standards and holding the organisation to account for performance against these.

#### 5. Outcome

As the Good Governance Standard for Public Services states “The function of governance is to ensure that an organisation or partnership fulfils its overall purpose, achieves its intended outcomes for citizens and service users, and operates in an effective, efficient and ethical manner.” In assessing whether a regulator’s governance is fit for purpose, clarity is needed about the purpose of the organisation and that its governance can build the trust and respect of the public and key stakeholders.

#### 6. Assurance

While the governance of an organisation is itself intended to provide a level of assurance to key stakeholders and the public that the regulator is being run well, Councils and Boards need checks and controls to give assurance that standards are being met for financial control, quality and probity.

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## Appendix 3 Stakeholders

We held interviews with each of these stakeholders:

Name	Role
Philip Graf CBE	Chair of the Council
Anne Wright CBE	Council Member and Deputy Chair
Maura Devlin	Council Member and Deputy Chair
Marta Phillips OBE	Council Member, Chair of Audit Committee
Derek Pretty	Council Member, Chair of Investment Committee
Professor Karen Cox	Council Member, Chair of the Remuneration Committee
Stephen Thornton CBE	Council Member
Robert Parry	Council Member
Ruth Walker MBE	Council Member
Claire Johnston	Council Member
Lorna Tinsley	Council Member
Sir Hugh Bayley	Council Member
Jane Slatter	Chair of the Appointments Board
Andrea Sutcliffe CBE	Chief Executive and Registrar
Candace Imison	Director of Strategy Development
Sarah Daniels	Director of People and Organisational Development
Emma Broadbent	Director of Registration and Revalidation
Matthew McClelland	Director of Fitness to Practise
Professor Geraldine Walters CBE	Director of Education & Standards
Edward Welsh	Director of External Affairs
Richard Sheldon	Interim Director of Technology and Business Innovation
Andrew Gillies	Interim Director of Resources
Clare Padley	General Counsel
Nick Atkinson	Engagement Lead and Head of Internal Audit, RSM
Fionnuala Gill	Secretary to the Council and Assistant Director, Governance
Mary Anne Poxton	Head of Governance
Jennifer Turner	Senior Governance Manager
Pernilla White	Senior Governance Manager
Julie Glass	Senior Governance Manager
Mark Finnigan	Governance Administrator
Hannah Cole	Governance Assistant
Peter Pinto De Sa	Assistant Director to the Chair and Chief Executive's Office

## Appendix 4 Documents reviewed

### NMC documentation

#### Council & Committee Documents:

- A1 Council Standing Orders & Scheme of Delegation
- A2 Financial Regulations (approved Jan 2017)
- A3 Governance structure diagram
- A4 Chair’s Action Form
- A5 Council member biographies (About our Council) and terms of office
- A6 Council and Committee Meeting Dates 2019 – 2020 and 2020 –2021
- A7 Council and Partner members terms of office
- A8 Council member appointments and reappointments policy
- A9 Example of Council member appointment letter & attachments
- A10 Principles for appointment of Council Vice-Chairs
- A11 Principles for Committee appointments
- A12 Council & Committee appointments
- A13 Code of Conduct for Council members
- A14 Code of Conduct for Partner members
- A15 Managing interest policy for Council members
- A16 Managing interest policy for Partner members
- A17 Gifts and Hospitality Policy (Council/Partner members)
- A18 Travel, accommodation and subsistence policy
- A19 Council member charity trustee role
- A20 Vice Chair Rota 2019–2020
- A21 Charity trustees welcome pack from the Charity Commission
- A22 Council business preview 2019-2020
- A23 Role specification for Chair of Council
- A24 Role specification for Council member
- A25 Council member appraisal process
- A25a 2018-2019 Council member appraisal including self-assessment
- A26 Committee member appraisal process

#### Internal Governance Documents:

- B1 Agenda for Induction Discussion
- B2 Overview of Governance at the NMC
- B3 The Governance team: who we are and what we do
- B4 Governance Process (for Directors only)
- B5 Guidance for writing Council, Committees and Board papers
- B6 Sample Council/Committee/Board template
- B7 Sample Council briefing template
- B8 Dates and deadlines for 2019-2020 (for Council, Committees & Boards)
- B9 Council and Committee dates and deadlines principles
- B10 Agenda commissioning form
- B11 Meetings Checklist (for Governance team members)

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**Executive & Staff Documents:**

- C1 Executive Structure
- C2 Executive team biographies
- C3 Executive Board Terms of Reference
- C4 Executive Board Ways of Working
- C5 Gifts and Hospitality Policy (Staff)
- C6 Managing interest policy for members of the Executive (for Directors only)
- C7 Whistleblowing Policy
- C8 Whistleblowing Guidance for managers
- C9 Midwifery Panel Terms of Reference
- C10 Information Governance and Security Board

**Statutory & Charity Obligation Documents:**

- D1 Appointment of Accounting Officer
- D2 Assurance handover index

**Meeting Papers:**

- NMC Council Seminar (21st May) – Papers
- NMC Open Council (22nd May) – Papers
- NMC Confidential Meeting (21st May) – Papers
- NMC Executive Board (28th May) – Pack 1 & 2
- Council Seminar Arrangements (11th June)
- Council Seminar Agenda & Papers (11th June)
- Note on Council events and meetings (July 2019)
- Audit Committee 12 June 2019 – Main Pack
- Audit Committee 12 June 2019 – Supplementary Pack
- Appointments Board 17 June 2019 Final Papers
- Investment Committee 20190612 Papers
- Seminar Paper – April 2018
- Seminar Paper – June 2018
- Seminar Paper – July 2018
- Seminar Paper – September 2018
- Seminar Paper – October 2018
- Seminar Paper – November 2018
- Seminar Paper – January 2019
- Seminar Paper – February 2019
- Seminar Paper – March 2019
- Seminar Paper – April 2019
- Confidential Council Meeting (06/06/18)
- Confidential Council Meeting (24/07/18)
- Confidential Council Meeting (25/09/18)
- Confidential Council Meeting (28/11/18)
- Confidential Council Meeting (29/01/19)
- Confidential Council Meeting (26/03/19)
- Council arrangements 1 to 3 July 2019 Manchester

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- Pack 1 Open Council meeting 3 July 2019
- Pack 2 Open Council – Annual Reports 3 July 2019

**Council/Committee Effectiveness Papers:**

- Annexe 1 Appointments Board effectiveness self-assessment question set (for Survey Monkey)
- Annexe 2a Board annual effectiveness review – cover paper
- Annexe 2b Survey Monkey report (20190605 7 responses)
- Annexe 3 Notes on member discussion of annual Appointments Board effectiveness review - 19th June 2019
- Note on Appointments Board effectiveness reviews
- Audit Committee 12 June 2019 – Briefing for assurance discussion
- Annexe 1 – Audit Committee – NAO ARAC Effectiveness Checklist
- Annexe 2 – Audit Committee Results of NAO Audit Committee Effectiveness Checklist 2019
- Annexe 3 – AC 1 May 2019 private session (Committee effectiveness) minutes
- Annexe 4 – Results of NAO ARAC Committee Effectiveness Checklists 2018
- Annexe 5 – AC1838 Item 18 Annual review of AC effectiveness 2018
- Annexe 6 – Extract from the minutes of the Audit Committee meeting held on 25 April 2018
- Annexe 7 – Audit Committee effectiveness review 2018
- Annexe 8 – Audit Committee review of effectiveness and training needs 2017
- Audit Committee effectiveness reviews 2016 – 2019
- 1a Council seminar briefing – effectiveness reviews 2014 – 2015
- 1b Council seminar effectiveness slides 2014 – 2015
- 2a Council Committee Review 2015 outcomes and proposals
- 2b Council Committee Questionnaire 2015 analysis
- 2c Governance Committee review outcomes
- 2d Governance Committee review outcomes Annexe 1
- 2e Governance Committee review outcomes Annexe 2
- 3a Council effectiveness review outcomes 20170124
- 3b Council effectiveness review outcomes Annexe 1 20170124
- 3c Council effectiveness review outcomes Annexe 2 Council Away-day notes – All session 20161208 (approved by the Chair)
- 3d January 2017 minutes
- 4a Away day information pack December 2017 including Council effectiveness items
- 4b Council effectiveness review 2017-2018 20180131
- 4c January 2018 minutes extract
- Council effectiveness reviews 2014 to 2018

**Publicly available information**

- IFF Research - NMC Perceptions Audit: Exploring stakeholder views
- Stonehaven Research: Building Trust in Professional Regulation
- General research on webpage and available documentation on governance
- Comparator organisation websites

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## Appendix 5 List of recommendations

The 22 recommendations are set out below in line with the four conclusions reached in this review.

### Rebalancing the work of Council and the Executive Team

5. The Executive Board and the Council should meet together to discuss the revised role of the Executive Board, to agree the Council's role in assuring the Executive Board's work, and to ensure there is minimal duplication between the two bodies.
6. The Executive Board terms of reference should be revised to describe responsibilities regarding leadership and management of the organisation as well as increased decision making at that level.
7. With a revised role, the Executive Board should consider what papers are required for Council and in particular, whether a Council agenda item is required or whether the information could be incorporated in the Executive report instead.
10. If there is a revised role for the Executive Board then the NMC should review the level of governance support provided to the Executive Board and Executive Directors to ensure it is consistent and sufficient.

### Implementing a risk assurance framework

8. The Council should be clearer on the scope and objectives of specific pieces of work delegated to its Committees.
9. When Committees report back to Council they should focus on the outputs and impact from the Committees' work and avoid re-discussing matters that have already been agreed at Committee.
19. The NMC should adopt a risk assurance framework describing key risks, controls, mitigations, who is accountable and how they will be monitored.
20. The terms of reference of the Council, the Audit Committee and the Executive Board should be aligned to the risk assurance framework once it is agreed.
21. The NMC's Quality Assurance function should report on a regular basis on its programme of work to the Audit Committee.

### Operational and practical considerations

1. The number of publically attended Council meetings should continue at the current frequency of at least six per year and be kept under annual review.
2. The NMC should review the length of meetings once the relevant recommendations in this report have been considered.
3. The objectives and purpose of seminars should be clearly defined to allow their value and performance to be evaluated.
4. The discussions in the formal Council meetings should always provide sufficient context and information for the public when referring to discussions held in private.
11. The Governance team should implement the use of electronic papers as soon as possible.
12. The NMC should, for its formal meetings, investigate options for brighter lighting, self-muting microphones and alternative meeting layouts, whilst also ensuring an inclusive and accessible experience for observers of these meetings.
13. The Chairs of Council and Committees and the Executive Board members should identify agenda items requiring a broader range of insight and challenge in the Council and Committee meetings and should advise members and attendees accordingly.
14. The Chairs of Council and Committees should identify further opportunities to invite NMC employees to attend discussions on their policy areas.
15. The Council and the Executive Board should move to shorter, more incisive Council papers.

- 16. The Council, Committees and the Executive Board should consider whether quicker production timelines for papers, with less review time, would be of benefit.
- 17. The NMC should consider how it can provide further visibility and opportunity for public and service user input to its work, for example live streaming of the public Council meetings.
- 18. The Chairs of Council and Committees should confirm during meetings whether discussions result in actions and what those actions are.

**Keeping good governance under regular review**

- 22. The NMC should continue to routinely review its governance structures and processes so that they support and underpin its work, giving assurance to the NMC’s stakeholders that it operates as an effective regulator.

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## Recommendations from KPMG report

### Rebalancing the work of Council and the Executive

No	Recommendations	Action taken or in progress
5	<p>The Executive Board and the Council should meet together to discuss the revised role of the Executive Board, to agree the Council’s role in assuring the Executive Board’s work, and to ensure there is minimal duplication between the two bodies. <b>(Report para 4.1.1.7)</b></p>	<p>Council and Executive discussed in private Seminar in October 2019. Key points being taken forward include:</p> <ul style="list-style-type: none"> <li>• Better prioritisation of the really important issues to be addressed by the Council, both regulatory and enabling (eg IT improvements) and ensuring that the opportunity to do this was taken through the new Strategy.</li> <li>• Items being brought less frequently to Council, for example at the beginning to give a steer and at the conclusion of the work (or if a long running programme, with an update in between).</li> <li>• Ensuring papers remain of high quality but reducing the length and volume.</li> </ul> <p>More recently, the Covid-19 emergency has demonstrated the ability of the Council and Executive to conduct business swiftly and effectively, adjusting approaches where needed, whilst maintaining openness, transparency and accountability.</p> <p>The Council and Executive had planned to discuss further the balance of responsibilities and how to continuously improve how the Council and Executive work together at an Awayday in June 2020. Due to the current emergency situation, this is now being rescheduled for autumn 2020.</p>

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6	The Executive Board terms of reference should be revised to describe responsibilities regarding leadership and management of the organisation as well as increased decision making at that level. <b>(Report para 4.1.1.7)</b>	This was deferred pending the organisational restructure. Revised Executive Board Terms of Reference will be discussed by the Board when time allows.
7	With a revised role, the Executive Board should consider what papers are required for Council and in particular, whether a Council agenda item is required or whether the information could be incorporated in the Executive report instead. <b>(Report para 4.1.1.7)</b>	This approach has already been adopted: <ul style="list-style-type: none"> <li>• the Executive Board as a standing item, reviews forthcoming Council and Committee business.</li> <li>• where appropriate material is included in the Executive report produced for each Council Open meeting, except when a separate agenda item is needed.</li> <li>• the corporate performance and risk report is now brought to Council on a quarterly basis rather than at every meeting.</li> </ul>
10	If there is a revised role for the Executive Board then the NMC should review the level of governance support within directorates provided to the Executive Board and Executive Directors to ensure it is consistent and sufficient. <b>(Report para 4.1.4)</b>	Secretariat support for the Executive Board is provided by the Secretary and Governance team.  Following the organisational restructure, a review of the support provided to individual Executive Directors to enable them to fulfil their corporate responsibilities, including input to the Executive Board is underway led by the Chief Executive's office.

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## Implementing a risk assurance framework

No	Recommendations	Current position
8	<p>The Council should be clearer on the scope and objectives of specific pieces of work delegated to its Committees. <b>(Report para 4.1.2)</b></p> <p>The report notes that this recommendation is based on a <i>small number of occasions where work had been unintentionally duplicated</i> between the Committees and Council, although not explicit in giving examples.</p>	<p>The Terms of Reference for each Committee are set out in the <b>Scheme of Delegation (annexe 3, paragraph 15 &amp; appendices 2a-e)</b>.</p>
9	<p>When Committees report back to Council they should focus on the outputs and impact from the Committees' work and avoid re-discussing matters that have already been agreed at Committee. <b>(Report para 4.1.2)</b></p>	<p>In accordance with <b>Standing Orders</b> each Committee produces a report for the next Council meeting. This is a standing item on each Committee's agenda, so that the content of the Council report is discussed by members and approved by the Committee Chair.</p> <p>Such reports are normally either taken as items for note (ie without discussion) or subject to brief discussion at the Council.</p>

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19	<p>The NMC should adopt a risk assurance framework describing key risks, controls, mitigations, who is accountable and how they will be monitored. <b>(Report para 4.6)</b></p>	<p>Under the <b>Standing Orders</b>, the Council is responsible for setting the risk management framework and risk appetite and ultimately owns the Corporate risk register.</p> <p>Following an internal audit review, a <i>Risk Management Improvement Plan</i> is underway which includes development of:</p> <ul style="list-style-type: none"> <li>• An updated risk management framework and process</li> <li>• An assurance framework.</li> </ul> <p>Progress has been delayed due to work on future strategy development: proposals will now be considered by the Audit Committee in June 2020.</p> <p>The Internal Audit Opinion for 2019-2020, commends the increased attention by the Executive Board to scrutiny of risk.</p>
20	<p>The terms of reference of the Council, the Audit Committee and the Executive Board should be aligned to the risk assurance framework once it is agreed. <b>(Report para 4.6)</b></p>	<p>The Council does not have terms of reference: its role is set out in the legislation; the Standing Orders and Scheme of Delegation.</p> <p>The <i>Risk Improvement Plan</i> in development (see above) will provide an opportunity to consider whether any adjustments are needed to the Audit Committee or Executive Board in relation to risk assurance.</p>

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21	<p>The NMC’s Quality Assurance function should report on a regular basis on its programme of work to the Audit Committee. <b>(Report para 4.6)</b></p>	<p>The internal quality assurance team undertakes reviews at the request of Executive Directors of individual functions/areas focused mainly at a granular level to provide assurance about operational effectiveness and areas where improvements could be made.</p> <p>QA reviews complement other sources of assurance across the NMC. The recent organisational restructure offers opportunities to bring greater alignment and oversight across our various sources of assurances. The <i>Risk Improvement Plan</i> (see above) will take a holistic view of corporate assurance and make proposals regarding maximising these opportunities.</p> <p>The Executive Board maintains oversight of the team’s work programme. The Audit Committee reviewed a report on the work of the quality assurance team in October 2019 and noted that assurances provide as part of the team’s work would be considered as part of the <i>Risk Improvement Plan</i>.</p>
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## Operational and practical considerations

No	Recommendations	Current position
1	The number of publically attended Council meetings should continue at the current frequency of at least six per year and be kept under annual review. <b>(Report para 4.1.1.1)</b>	The approved Council forward meeting schedules for 2020-2021 and 2021-2022 are based on continuing to hold six meetings in public. The future frequency and schedule of meetings is reviewed annually.
2	The NMC should review the length of meetings once the relevant recommendations in this report have been considered. <b>(Report para 4.1.1.2)</b>	The length of meetings is kept under regular review and kept as short as possible commensurate with the volume of business that needs to be transacted.
3	The objectives and purpose of seminars should be clearly defined to allow their value and performance to be evaluated. <b>(Report para 4.1.1.3)</b>	<p>The Council and Executive are satisfied that Seminars provide a valuable opportunity for informal discussions and serve a variety of purposes including:</p> <ul style="list-style-type: none"> <li>• to provide informal updates on external/internal matters;</li> <li>• to provide opportunities for informal early discussions or seek a steer on major projects/work items;</li> <li>• to provide refresher/development training for members.</li> </ul> <p>Seminars are informal and so not minuted, although specific actions arising are noted and progressed by the Secretariat/Executive.</p>
4	The discussions in the formal Council meetings should always provide sufficient context and information for the public when referring to discussions held in private. <b>(Report para 4.1.1.5)</b>	<p>The report recognised that great care is taken to ensure as much discussion as possible in Open meetings.</p> <p>Greater clarity is now provided in papers about any previous informal or confidential discussions which have been undertaken before an issue comes to an Open meeting.</p>

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11	The Governance team should implement the use of electronic papers as soon as possible. <b>(Report para 4.1.4.2)</b>	This was implemented in October 2019.
12	The NMC should, for its formal meetings, investigate options for brighter lighting, self-muting microphones and alternative meeting layouts, whilst also ensuring an inclusive and accessible experience for observers of these meetings. <b>(Report para 4.1.4.3)</b>	<p>There are limitations to the available meeting accommodation and in the longer term, improving the experience and accessibility for observers will be taken into account in any future refurbishment of 23 Portland Place.</p> <p>A new microphone system was installed in early 2019 and allows for improved controls. A further investment in another new system would not be value for money at this time.</p>
13	The Chairs of Council and Committees and the Executive Board members should identify agenda items requiring a broader range of insight and challenge in the Council and Committee meetings and should advise members and attendees accordingly. <b>(Report para 4.2.1)</b>	As appropriate particularly significant issues are flagged by the Secretariat in advance in the covering email/memo when papers are issued.
14	The Chairs of Council and Committees should identify further opportunities to invite NMC employees to attend discussions on their policy areas. <b>(Report para 4.2.4)</b>	This has increased during 2019-2020.
15	The Council and the Executive Board should move to shorter, more incisive Council papers. <b>(Report para 4.3.2)</b>	Current guidance for those writing papers is that these should ideally be no more than 4 pages. Colleagues will continue to be encouraged to provide crisper, more concise and incisive papers. The Council is clear, however, that it is the quality not the length of the papers that is key.

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16	The Council, Committees and the Executive Board should consider whether quicker production timelines for papers, with less review time, would be of benefit. <b>(Report para 4.3.2)</b>	Paper production timelines are regularly reviewed. Deadlines for preparation of Council and Committee papers are no more than two weeks before the meeting date, except where the Executive Board wishes to review papers in advance. Deadlines for Executive papers are less than a week in advance of meetings.
17	The NMC should consider how it can provide further visibility and opportunity for public and service user input to its work, for example live streaming of the public Council meetings. <b>(Report para 4.4)</b>	<p>Council open papers are published a week before the meeting and press releases issued when significant issues of public interest are being discussed. Proceedings are tweeted live on the NMC website.</p> <p>Consideration will be given to the value and benefits of live streaming when resources and capacity allow.</p> <p>The current emergency has demonstrated the Council's commitment to openness and transparency by providing for members of the public to join virtual meetings. We will review this experience and consider how we can incorporate our findings in the arrangements for future meetings to make them more accessible.</p>
18	The Chairs of Council and Committees should confirm during meetings whether discussions result in actions and what those actions are. <b>(Report para 4.4)</b>	The report notes <b>(para 4.4)</b> that minutes and action logs are accurate and that the process for managing and following up actions from meetings is robust and thorough.

### Keeping good governance under regular review

No	Recommendation	Current position
22	The NMC should continue to routinely review its governance structures and processes so that they support and underpin its work, giving assurance to the NMC's stakeholders that it operates as an effective regulator. <b>(Report para 4.6)</b>	Annual reviews of the effectiveness of the Council and each Committee are undertaken each year in accordance with good governance, the Charity Governance Code and the Cabinet Office Code and good practice guidance on Corporate Governance.

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# Standing Orders

Made by the Council under Article  
12, Schedule 1 of the Nursing and  
Midwifery Order 2001

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## **NMC Standing Orders**

Made by the Council under Article 12, Schedule 1 of the Nursing and Midwifery Order 2001

*Agreed July 2013 (NMC/13/126)*

*Amended 25 March 2015 (NMC/15/28)*

*Amended 8 October 2015 (NMC/15/81)*

*Amended 25 November 2015 (NMC/15/98)*

*Amended 24 May 2017 (NMC/17/49)*

*Amended 28 March 2018 (NMC/18/28)*

*Amended 26 September 2018 (NMC/18/86)*

*Amended 8 January 2019 (NMC/19/13)*

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# Standing Orders

## 1 Application

- 1.1 The Nursing and Midwifery Council (“NMC”) is the professional regulator for nurses and midwives in the UK and nursing associates in England. Its core purpose is to protect ~~patients~~ **people who use services** and the public through effective and proportionate regulation of nurses, midwives and nursing associates. The NMC is established by the Nursing and Midwifery Order 2001 (the “Order”).
- 1.2 These Standing Orders are made by the Council under Article 12, Schedule 1 of the Order and have effect from 25 March 2015 unless and until revoked or amended by resolution of the Council. Together with the provisions of the Order, and any subsidiary regulations, they establish the fundamental procedures by which the Council and its committees conduct their business.
- 1.3 With the exception of Standing Orders 4.1 and 6.1 these Standing Orders do not apply to the Practice Committees.
- 1.4 The Council may by resolution suspend any Standing Order, other than one prescribed by the Order or any other legislation.

## 2 Interpretation

2.1 Unless otherwise indicated, in these Standing Orders,

2.1.1 the terms used have the same meaning as in the Order;

2.1.2 the following definitions apply:

Chair	As the context requires, the Chair of the Council, the Chair of a committee, or any other person presiding at a meeting of the Council or of a committee.
Chief Executive and Registrar	The person appointed by the Council under Standing Order 6.3.
Constitution Order	The Nursing and Midwifery Council (Constitution) Order 2008 (as amended).
Days	Any reference to days is a reference to calendar days.
Director	A person appointed by the Chief Executive and Registrar under Standing Order 6.4.

Discretionary Committee A committee established by the Council under Article 3 (12) of the Order.

Panel Member A person, who is not disqualified under Standing Order 4.1.4, appointed as a member or Chair of a Practice Committee in accordance with the Statutory Committees Constitution Rules.

Partner Member A person, who is not a member of the Council, appointed to a Discretionary Committee of the Council in accordance with these Standing Orders.

Statutory Committees Constitution Rules The Nursing and Midwifery Council (Midwifery and Practice Committees) (Constitution) Rules 2008 (as amended).

Secretary The person appointed by the Chief Executive and Registrar under Standing Order 6.5, or their nominee.

2.1.3 references to any statute or statutory provision include a reference to that statute or statutory provision as from time to time amended, modified, or re-enacted;

2.1.4 words in the singular include the plural and words in the plural include the singular;

2.1.5 words importing the masculine gender include the feminine and words importing the feminine gender include the masculine.

2.2 The Chair of the Council is the final authority on the interpretation of the Standing Orders (on which she / he shall be advised by the Secretary).

### 3 The Council

#### 3.1 Objectives and Powers of the Council and scheme of delegation

3.1.1 The objectives and powers of the Council are set out in the Order.

3.1.2 The matters reserved to the Council, and the responsibilities delegated to the Chair and to the Chief Executive and Registrar, are set out in the scheme of delegation adopted by the Council from time to time (Annexe 1). The responsibilities delegated to committees are set out in the terms of reference (Annexe 2) adopted by the Council from time to time.

#### 3.2 The Chair and members of the Council

3.2.1 In accordance with the Order and the Constitution Order,

- (a) the Council consists of six registrant and six lay members. The Council must include at least one member from each of England, Northern Ireland, Scotland and Wales who lives or works wholly or mainly in that country;
- (b) the Chair and members of the Council are appointed, and their terms of office determined, by the Privy Council.

### 3.3 Nomination of a Deputy Chair

3.3.1 If the Chair is absent for one meeting, Standing Order 5.4 applies. If, in accordance with Article 9 (2) of the Constitution Order,

- (a) the Council is on notice that the Chair of the Council is likely
  - (i) to be absent for more than one meeting of the Council, or
  - (ii) to be unavailable to perform the duties of a Chair for more than one month; or
- (b) the office of Chair is vacant

the Council will meet as soon as possible to nominate a member (“Deputy Chair”) to serve as Chair during the absence of or unavailability of the chair or the vacancy.

3.3.2 The nomination will be determined by election as follows:

- (a) the members present will nominate one of their number who does not intend to seek nomination as Deputy Chair to preside at the meeting until the nomination is determined;
- (b) any member of the Council may nominate her / himself;
- (c) if no more than one member is nominated, that person will serve as Deputy Chair;
- (d) if more than one member is nominated, the members present will elect by vote one of the nominees to serve as Deputy Chair.

3.3.3 A Deputy Chair nominated in accordance with Standing Order 3.3 will cease to hold office in accordance with Article 9 (3) of the Constitution Order.

### 3.4 Conduct

3.4.1 Members of the Council are required to observe the Code of Conduct adopted by the Council from time to time.

**3.4.2 Members of the Council are expected to demonstrate the values and behaviours adopted by the Council.**

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### 3.5 Education and training

3.5.1 Members of the Council are required to observe the policies governing the induction, development and appraisal of members adopted by the Council from time to time.

### 3.6 Provisional suspension of members of the Council

3.6.1 Article 7 of the Constitution Order sets out the circumstances in which the Privy Council may suspend or remove a member from office.

3.6.2 The Council may by resolution provisionally suspend a member of the Council from office until the Privy Council has reached a decision on whether or not to suspend or remove the member under the Constitution Order.

3.6.3 Any motion proposing the provisional suspension of a member of the Council must be circulated to all members by the Secretary, acting on the instruction of the Chair, and decided in accordance with the Standing Orders.

3.6.4 On receipt of a written request from at least four members of the Council, the Secretary will circulate to all members any motion proposing the provisional suspension of the Chair of the Council. The motion will be decided in accordance with the Standing Orders.

3.6.5 Any decision of the Council to suspend provisionally a member will have effect immediately. Any member who is provisionally suspended is not entitled to attend meetings of the Council or its committees, exercise any of the functions of a member, or otherwise participate in Council business.

3.6.6 If a member has been provisionally suspended, the Council is required by the Constitution Order to notify the Privy Council in writing of the provisional suspension as soon as is reasonably practicable.

3.6.7 If the Privy Council decides not to suspend or remove the member from office, the Constitution Order requires the Council to terminate the provisional suspension.

## 4 Committees of the Council

### 4.1 Practice Committees

4.1.1 The appointment, removal, and suspension of Panel Members are regulated by the Statutory Committees Constitution Rules.

4.1.2 The proceedings of the Practice Committees are regulated by the Nursing and Midwifery Council (Fitness to Practise) Rules 2004 (as amended).

4.1.3 The Council (or a person or body authorised by the Council) may issue from time to time:

- (a) standard directions for Practice Committees;
- (b) a code of conduct for Panel Members;
- (c) policies governing the recruitment and selection, induction and development, appraisal, and performance management of Panel Members;
- (d) policies for the reimbursement of expenses and the payment of allowances to Panel Members.

4.1.4 A person is disqualified from appointment as a Panel Member if that person has served at any time in the previous five years as a member of the Council or of a Discretionary Committee of the Council or, prior to 31 March 2017, as a Partner Member of the Midwifery Committee, as previously established.

## 4.2 Discretionary Committees

4.2.1 Under Article 3 (12) of the Order, the Council may establish Discretionary Committees in connection with the discharge of its functions and delegate any of its functions to them, other than the power to make rules.

4.2.2 The responsibilities of the Discretionary Committees are set out in terms of reference issued by the Council from time to time [Annexe 2].

4.2.3 Except as provided for in Standing Order 5.7.8, a Discretionary Committee may not delegate any of its functions without the prior authorisation of the Council.

4.2.4 The Chair and the members of Discretionary Committees are appointed by the Chair of the Council from amongst the members of the Council.

4.2.5 Any decision to supplement the membership of a Discretionary Committee by appointing a Partner Member is a matter for the Council on the advice of that committee.

4.2.6 Partner Members will be selected on the basis of relevant skills and experience by a selection panel appointed by the Chair of the Council and which may include the Chair of the Council.

4.2.7 The duration of the term of office of each Chair and member of a committee is determined by the Chair of the Council and,

- (a) in the case of a member of the Council, may not exceed the period from the date of appointment as a member of the committee to the date on which that person's current term of office on the Council is due to expire;

- (b) in the case of a Partner Member, may not exceed three years from the date of appointment, renewable once.

4.2.8 A Partner Member may be suspended or removed from office by the Chair of the Council on the same conditions as a member of a Statutory Committee may be suspended or removed under the Statutory Committees Constitution Rules.

## 5 Meetings and proceedings of the Council and committees

### 5.1 Meetings

5.1.1 The Council will ordinarily meet no less than six times a year, in accordance with a schedule drawn up by the Secretary and approved by the Council.

5.1.2 The Secretary will call a special meeting of the Council as soon as practicable following receipt of a written request, specifying the nature of the business to be transacted, from:

- (a) the Chair of the Council;
- (b) seven or more members of the Council; or
- (c) the Chief Executive and Registrar.

5.1.3 Subject to any general direction from the Council regarding the frequency of meetings, committees will ordinarily meet at such intervals as the members may determine. The Secretary will draw up a schedule of meetings for the approval of each committee.

5.1.4 The Secretary will call a special meeting of a committee as soon as practicable following receipt of a written request, specifying the nature of the business to be transacted, from the Chair of the committee.

### 5.2 Public access to meetings

5.2.1 The Council is committed to open and transparent governance and operates on the presumption that its business should be conducted in public, unless there is an overriding reason for it to be conducted in private.

5.2.2 Members of the public are permitted to attend public meetings of the Council. The agenda and supporting papers for public meetings will be published online before the meeting.

5.2.3 The Chair may, at her or his discretion, allow time during public meetings for statements or questions to be made by members of the public. Members of the public are not otherwise permitted to participate in meetings.

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- 5.2.4 The Chair may, at her or his discretion, instruct members of the public to withdraw from a public meeting, or part of a public meeting, if:
- (a) a confidential matter arises in discussion; or
  - (b) it otherwise appears to the Chair to be necessary to do so in the interest of good conduct of the meeting.
- 5.2.5 The Chair will determine which business is to be transacted in private. Items of business that will usually be considered in private include, without limitation:
- (a) information constituting or comprising personal data;
  - (b) information provided to the NMC in confidence;
  - (c) preparation of documents with future publication dates (unless it is in the public interest for draft documents to be discussed in public);
  - (d) matters relating to relations between the NMC and its employees;
  - (e) the terms of, or expenditure under, a tender or contract for the purchase or supply of goods or services or the acquisition or disposal of property;
  - (f) any matter relating to legal proceedings that are being contemplated or instituted by or against the NMC;
  - (g) any matter which, if publicly disclosed, would, or would be likely to, prejudice the effective conduct of the NMC's affairs.
- 5.2.6 Members of the public are not permitted to photograph, transmit, audio-record, or video-record proceedings of the Council without the prior authorisation of the Chair. Any breach of this Standing Order may result in action by the Chair under Standing Order 5.2.4.
- 5.2.7 Meetings of committees are not normally open to the public.

### 5.3 Agenda and supporting papers

- 5.3.1 Any member wishing an item of business to be added to the agenda for a meeting should notify the Chair at least fourteen days before the meeting.
- 5.3.2 Each item of business will normally be accompanied by a supporting paper.
- 5.3.3 The agenda and supporting papers for ordinary meetings will normally be sent to members not less than seven days before the meeting.
- 5.3.4 The agenda and supporting papers for special meetings will normally be sent to members not less than three days before the meeting.

- 5.3.5 Papers may only be tabled at a meeting with the permission of the Chair.
- 5.3.6 The non-receipt of the agenda and / or supporting papers for a meeting by any member will not invalidate the meeting or any business transacted at the meeting.

#### 5.4 Chairing of meetings

- 5.4.1 Subject to Standing Orders 5.4.2 and 5.4.3, the Chair will, if present, preside at all meetings.
- 5.4.2 If the Chair is absent from a meeting, the members present will nominate one of their number to preside at that meeting.
- 5.4.3 If the Chair is unable to preside because she or he has a material conflict of interest in an item of business under discussion, the other members present will nominate one of their number to preside for the duration of the discussion of that item of business.

#### 5.5 Quorum

- 5.5.1 As defined in the Constitution Order, the quorum of the Council is seven members.
- 5.5.2 The quorum of a Discretionary Committee is a majority of the members of that committee.
- 5.5.3 Business transacted before a meeting becomes inquorate will not be invalidated by the later lack of a quorum.
- 5.5.4 If a meeting
  - (a) is not quorate within half an hour of the time appointed for the meeting, or
  - (b) becomes inquorate during the course of the meeting,
 the Chair will declare the meeting closed and the remaining business will be carried over to the next meeting.

#### 5.6 Attendance at meetings

- 5.6.1 At the discretion of the Chair, a meeting may be conducted wholly or partly by teleconference or videoconference. All participating members will be deemed to be present and counted in the quorum.
- 5.6.2 If a member
  - (a) participates in less than 75% of the meetings which they are expected to attend in any financial year; or

- (b) is regarded as having made an insufficient contribution to the work of the Council,

this will be taken into account as part of the appraisal process and may constitute grounds for removal from office.

5.6.3 In exceptional circumstances, the Chair of the Council may grant a leave of absence to a member for a defined period.

5.6.4 Subject to Standing Order 5.8,

- (a) the Chief Executive and Registrar is entitled to attend and to speak at any meeting;
- (b) each Director is entitled to attend and, with the consent of the Chair, to speak at any meeting of the Council and at any meeting of a committee whose business relates to that Director's executive remit;
- (c) the Secretary is entitled to attend and, with the consent of the Chair, to speak at any meeting.

5.6.5 The Chair may invite any person to attend a meeting in whole or in part to speak or to present a report.

## 5.7 Procedure at meetings

5.7.1 The order of business at meetings will follow the agenda, unless otherwise directed by the Chair, at whose discretion the order may be altered at any stage.

5.7.2 No business other than that which has been included in the agenda will be discussed at a meeting, with the exception of urgent business, which may be discussed at the discretion of the Chair.

5.7.3 The Chair will:

- (a) maintain order and ensure that all members have sufficient opportunity to express their views on the matters under discussion;
- (b) determine all matters of order, procedure, and relevancy;
- (c) determine in which order those present should speak;
- (d) determine whether or not a vote is required and how it is to be carried out.

5.7.4 Items of business for information only will normally be taken without discussion, unless otherwise directed by the Chair. Such items will be clearly marked on the agenda. Any member who wishes an item for information to be open for discussion should notify the Chair or the Secretary not less than two days before the meeting.

5.7.5 Decisions will normally be reached by consensus rather than by a vote. Decisions will be reached by means of a vote if:

- (a) the Chair feels that no clear consensus has been reached and that there is significant disagreement with, or reservations about, a proposal;
- (b) a member requests that a vote be taken;
- (c) the Chair concludes, for any other reason, that a vote should be taken.

5.7.6 Any proposal put to a vote will be decided by a simple majority of the members present and voting. The Chair will declare whether or not a resolution has been carried. In the event of a tie, the Chair will have an additional casting vote.

5.7.7 The minutes of the meeting will normally record only the numerical results of a vote, showing the numbers for and against the proposal and any abstentions. Any member may require that their particular vote be recorded in the minutes provided they ask the Secretary immediately after the result of the vote is declared.

5.7.8 The Council or a committee may resolve to delegate decisions on agenda items to the Chair. Any such resolution will be recorded in the minutes.

5.7.9 The Council or a committee may resolve to defer a decision on an agenda item. Any resolution to defer a decision, together with the reasons for doing so, will be recorded in the minutes.

## 5.8 Conflicts of interest

5.8.1 Any member who has a personal, financial, or other interest in any item of business in the agenda must declare fully to the meeting the nature and extent of the interest.

5.8.2 If a member declares an interest in accordance with Standing Order 5.8.1, the Chair will determine whether there is a material conflict of interest and, if so, whether and to what extent (if at all) that person should participate in discussion and decision of the matter.

5.8.3 If the Chair declares an interest in accordance with paragraph 5.8.1, the remaining members will determine whether there is a material conflict of interest and, if so, whether and to what extent (if at all) the Chair should participate in discussion and decision of the matter.

5.8.4 Notwithstanding the provisions of Standing Order 5.5.4, where there is no longer a quorum as a result of a decision under Standing Order 5.8.2 or 5.8.3, discussion of that item of business will be adjourned and the meeting will proceed to the next item for which a quorum exists.

5.8.5 Any NMC employee who is in attendance at a meeting must declare any interests in the same way as members. The Chair will determine whether there is a material conflict of interest and, if so, whether and to what extent (if at all) that person should participate in discussion of the matter. An employee will normally be required to withdraw from a meeting where her or his position is under discussion.

## 5.9 Minutes of meetings

5.9.1 The Secretary will record the minutes of every meeting.

5.9.2 The minutes will record:

- (a) the names of:
  - (i) the members present;
  - (ii) the officers in attendance;
  - (iii) any members whose apologies have been received.
- (b) any declarations of interest;
- (c) the withdrawal of any member from the meeting on account of a material conflict of interest.

5.9.3 The minutes will record the key points of discussion and decisions in the order in which business was transacted at the meeting. The minutes will not attribute comments to particular members unless specifically requested by the member concerned or by the Chair.

5.9.4 The draft minutes, once reviewed by the Chair, will be circulated to all members and included in the agenda for the next meeting for confirmation as a correct record.

5.9.5 Once confirmed as a correct record, the minutes will be signed by the Chair and retained by the Secretary in the minute book.

5.9.6 The confirmed minutes of public meetings of the Council will be published on the NMC website.

5.9.7 Each committee will report to the Council fully and promptly following every meeting. The full minutes of committee meetings are ordinarily available to any Council member on request to the Secretary.

## 5.10 Decisions by correspondence

5.10.1 Any matter capable of being decided at a meeting may instead be decided by correspondence by a simple majority of the members entitled to vote upon it.

5.10.2 Where, in the opinion of the Chair, a significant matter requires a decision between meetings, and it is not practical to convene a special meeting, a document explaining the matter, together with instructions for responding, will be circulated by the Secretary for decision by correspondence.

5.10.3 The Secretary will notify all members of the outcome of any decision by correspondence and will record it in the minute book.

## 5.11 Action by Chairs of committees

5.11.1 The Chair of a committee has the power to authorise action on minor, non-contentious, or urgent matters falling within the committee's responsibilities which arise between meetings. The Chair will take reasonable steps to consult with other committee members before doing so. The Secretary will be consulted in advance and will keep a record of any decisions for report to the next meeting.

## 6 General provisions

### 6.1 Register of interests

6.1.1 'Interests' in this context means all interests, whether of a financial or non-financial nature, which might influence, or might be perceived as influencing, the person concerned in their conduct of NMC business. If the person is in doubt as to whether an interest is sufficiently relevant to be declared, the interest should be declared.

6.1.2 The following are required to enter their interests annually in the register of interests and to maintain the accuracy of their entry in the register by notifying the Secretary or a person nominated by the Secretary of changes in a timely manner:

- (a) members of the Council;
- (b) Panel Members;
- (c) Partner Members;
- (d) the Chief Executive and Registrar;
- (e) the **Executive** Directors and assistant directors;
- (f) any inspectors, reviewers, and assessors acting on behalf of the NMC.

6.1.3 Entries in the register of interests will be published as required by the Order.

### 6.2 Allowances and expenses

6.2.1 The Council will determine the arrangements for the reimbursement of expenses and the payment of allowance to Council and partner members.

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### 6.3 Chief Executive and Registrar

- 6.3.1 The Council will appoint a Chief Executive and Registrar to direct the affairs and manage the resources of the Nursing and Midwifery Council.
- 6.3.2 The Council (or a body authorised by the Council) is responsible for determining the remuneration of the Chief Executive and Registrar.
- 6.3.3 In order to carry out her / his responsibilities effectively, the Chief Executive and Registrar may delegate such matters as she / he thinks appropriate.

### 6.4 Directors

- 6.4.1 The Chief Executive may appoint **Executive** Directors to carry out such responsibilities as she / he may specify.
- 6.4.2 The Council (or a body authorised by the Council) is responsible for determining the remuneration of the **Executive** Directors.

### 6.5 Secretary

- 6.5.1 The Chief Executive and Registrar will appoint a member of staff to act as Secretary to the Council and its committees.

### 6.6 Deputy and Assistant Registrars

- 6.6.1 The Council may, upon the nomination of the Registrar, appoint a member of staff as a Deputy or Assistant Registrar.
- 6.6.2 The Registrar may authorise in writing any person appointed by the Council under Standing Order 6.6.1 to act on her / his behalf in any matter.
- 6.6.3 In determining whether to authorise a person under Standing Order 6.6.2, the Registrar shall ensure that (a) appropriate training, guidance, and procedures are available to enable the proper discharge of the delegated functions; (b) due consideration is given to (i) the segregation of duties, where appropriate; (ii) potential conflicts of interest.

### 6.7 Common Seal

- 6.7.1 The Chief Executive and Registrar (or a member of staff appointed by the Chief Executive and Registrar) is responsible for the safe custody of the Common Seal.
- 6.7.2 The affixing of the Common Seal will be attested,
  - (a) in the case of statements under seal, and any other classes of documents specified by the Council, by the signatures of the Chief Executive and another member of staff with due authorisation;

- (b) in the case of all other documents required to be executed under seal, by the signatures of a member of the Council and the Chief Executive and Registrar (or another member of staff authorised specially or generally by the Chief Executive and Registrar).

**6.8 Electronic communication**

- 6.8.1 Any notice or document required to be made in writing and/or sent under these Standing Orders may be recorded and/or sent by electronic means.

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## Annexe 1: Scheme of Delegation

### The Council

- 1 The NMC is the professional regulator for nurses and midwives in the UK and nursing associates in England. Its core purpose is to protect ~~patients~~ **people who use services** and the public through effective and proportionate regulation of nurses, midwives and nursing associates. The NMC is established by, and governed in accordance with, the Nursing and Midwifery Order 2001 (“Order”) which sets out the Council’s statutory objectives and duties.
- 2 The Council is the governing body of the NMC and its members are the charity trustees. The remit of the Council is to (a) set the NMC’s strategic direction and corporate objectives, in line with its core purpose; (b) ensure effective systems are in place for managing performance and risk; (c) maintain probity in, and public accountability for, the exercise of the NMC’s functions and the use of funds.
- 3 In order to discharge its remit effectively, the Council may delegate such matters as it considers appropriate. If it determines that it is necessary to do so, the Council may exercise any function that is normally delegated. The following matters are reserved to the Council:

#### Regulatory functions

- 3.1 Approving the NMC’s regulatory legislation, and any changes to it, subject to the Privy Council’s consent.

#### Strategy, planning, and performance

- 3.2 Approving strategy.
- 3.3 Approving regulatory policy.
- 3.4 Approving the financial strategy, reserves policy **and investment ~~policy~~ strategy and fee strategy.**
- 3.5 Approving the annual corporate plan and budget.
- 3.6 Reviewing the corporate performance of the NMC and holding the Chief Executive and Registrar to account.
- 3.7 Taking the final decision on any matter of fundamental strategic significance to the NMC, or which poses a substantial risk to the organisation.

#### Internal control, assurance, and accountability

- 3.8 Agreeing the top level system of internal control, including the Financial Regulations and authorisation to commit expenditure. Authority to commit expenditure is set out at Appendix 1.

- 3.9 Approving any bank and overdraft facility.
- 3.10 Approving an acquisition, transfer or sale of any lease of land or building.
- 3.11 Approving the risk management framework and setting the risk appetite.
- 3.12 Appointing the external auditors.
- 3.13 Approving the annual report and accounts, the annual fitness to practise report, and any other report to be laid before Parliament.

### Governance

- 3.14 Deciding all matters relating to the Council's governance framework, including delegating powers, making Standing Orders, and constituting committees.
- 3.15 Appointing the Chief Executive and Registrar.

### The Chair

- 4 The remit of the Chair is (a) to chair meetings of the Council and (b) to manage the affairs of the Council as the governing body of the NMC, within the governance framework established by the Council. In exercising her / his remit, the Chair has delegated authority for:
  - 4.1 Determining the general nature and timing of the Council's business.
  - 4.2 Appointing the members and Chairs of the committees of the Council.
  - 4.3 Conducting the annual appraisal of Council members.
  - 4.4 Conducting the process for the appointment of the Chief Executive and Registrar.
  - 4.5 Conducting the process for the setting of objectives for and performance appraisal of the Chief Executive and Registrar.
  - 4.6 Taking decisions on minor, non-contentious, or urgent matters falling within the remit of the Council, on reference from the Chief Executive and Registrar.
- 5 The Chair is accountable to the Council for her / his decisions and must report to the Council (or the appropriate committee) on each occasion when she / he has exercised delegated authority.

### The Chief Executive and Registrar

- 6 The remit of the Chief Executive and Registrar is to direct the affairs and manage the resources of the NMC within the strategic framework established by the Council. In exercising her / his remit, the Chief Executive and Registrar has

delegated authority to act in any matter that is not expressly reserved to the Council and does not properly fall within the remit of the Chair.

- 7 The Chief Executive and Registrar is accountable to the Council for her / his decisions and must provide such reports as the Council may require in order to carry out its role effectively.
- 8 The Chief Executive and Registrar has a responsibility to inform the Council at the earliest opportunity of any matters which may represent a significant regulatory, strategic, legal, financial or reputational risk or issue for the Council.
- 9 In addition, the responsibilities of the Chief Executive and Registrar include:

### Regulatory functions

- 9.1 Ensuring the NMC's regulatory functions are discharged in accordance with the legislation and the core purpose to protect patients **people who use services** and the public.
- 9.2 Making proposals to Council regarding the development of, or changes to, regulatory legislation, and seeking the Privy Council's consent to the Council's decisions.
- 9.3 As Registrar, in accordance with the regulatory legislation, (i) admitting, removing, and restoring registrants; (ii) maintaining the integrity of the register; (iii) publishing the register; (iv) ensuring that allegations concerning the fitness to practise of registrants are fairly, effectively, and efficiently investigated and adjudicated.

### Strategy, planning, and performance

- 9.4 Formulating and making proposals to the Council regarding strategy and regulatory policy, and implementing the Council's decisions.
- 9.5 Formulating and making proposals to the Council regarding financial strategy, reserves policy, investment policy, ~~and fee strategy~~, and implementing the Council's decisions.
- 9.6 Formulating and making proposals to the Council regarding the annual corporate plan and budget, and implementing the Council's decisions.
- 9.7 Approving the annual directorate business plans and allocating the budget required for delivery, and holding **Executive** Directors to account for their implementation.
- 9.8 Implementing an effective system for the management, monitoring, and reporting of performance.
- 9.9 Deciding all matters relating to organisational structure and the management of staff, within the framework and budget agreed by the Council.

## Internal control, assurance, and accountability

- 9.10 Implementing an effective system of internal control, within the framework agreed by the Council, and ensuring that significant matters are reported to the Council.
- 9.11 Implementing the risk management framework agreed by the Council, ensuring that risks are identified and evaluated, that appropriate measures are put in place to mitigate risks, and that progress is monitored and reported.
- 9.12 Securing the effective, efficient, and economic use of resources, ensuring financial propriety, keeping proper records of account, and fulfilling role of Accounting Officer for the NMC (as appointed by the Privy Council).
- 10 In order to carry out her / his responsibilities effectively, the Chief Executive and Registrar may delegate such matters as she / he considers appropriate.
- 11 The Chief Executive and Registrar will constitute one or more boards, as appropriate, to assist her / him in the performance of her / his duties through (a) developing and implementing strategies, policies, business plans, and budgets; (b) monitoring operating and financial performance; (c) evaluating and managing risk; (d) prioritising and allocating resources.

## Committees

### Statutory Committees

#### The Practice Committees

- 12 The NMC is required to have practice committees.
- 13 The functions of the practice committees are stipulated in the Order and are not subject to this scheme of delegation.

### Discretionary Committees

- 14 Under Article 3 (12) of the Order, the Council may establish such other committees as it considers appropriate in connection with the discharge of its functions and delegate any of its functions to them, other than the power to make rules.
- 15 The Council has established committees with the following remits. The responsibilities of each committee are detailed in terms of reference approved by the Council.

#### The Audit Committee

- 15.1 The remit of the Audit Committee is to support the Council and management 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.

### The Remuneration Committee

- 15.2 The remit of the Remuneration Committee is to ensure that there are appropriate systems in place for remuneration and succession planning at the NMC.

### The Appointments Board

- 15.3 The remit of the Appointments Board is to assist the Council with the exercise of any function or process relating to the appointment of Panel Members and Legal Assessors.

### The Accommodation Committee

- 15.4 The remit of the Accommodation Committee is to oversee implementation of the Accommodation Strategy, including any proposed refurbishment of 23 Portland Place, within the financial and other parameters set by the Council.

### ~~The Council Budget Scrutiny Group~~

~~The Council Budget Scrutiny Group is a short term group which may operate during the budget setting process to provide scrutiny in relation to budget development, advise the Executive and provide assurance or make recommendations to the Council.~~

### The Investment Committee

- 15.5 The Investment Committee's remit is to advise the Council on its investment strategy and to oversee and monitor implementation of the strategy, reporting progress regularly to the Council. The Committee has delegated authority from the Council to appoint such investment managers and/or advisers, as required and to take such decisions as are appropriate to ensure implementation of the Council's investment strategy.

The scheme of delegation was adopted by the Council on 18 July 2013 (amended 8 October 2015; 25 November 2015, 24 May 2017, 26 September 2018 and 8 January 2019).

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## Annexe 2a: Terms of reference of the Audit Committee

- 1 The Audit Committee is established by the Council under Article 3 (12) of the Nursing and Midwifery Order 2001.

### Remit

- 2 The remit of the Audit Committee is to support the Council and management 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.

### Responsibilities

#### Integrity of financial statements

- 3 Review the annual report and accounts before they are submitted to the Council for approval, focussing in particular on:
  - 3.1 Consistency of, and compliance with, accounting policies.
  - 3.2 Compliance with appropriate accounting standards.
  - 3.3 Significant adjustments arising from audit and any unadjusted mis-statements.
  - 3.4 Major accounting judgements.
  - 3.5 Clarity of the annual governance statement and other disclosures in the annual report relating to internal control, risk management, audit, and other matters falling within the Committee’s remit.
- 4 Ensure that the systems for financial reporting to the Council are reviewed to ensure clarity, completeness, and accuracy.

#### Internal controls and risk management

- 5 Review the adequacy of internal controls and monitor sources of assurance relating to them.
- 6 Review the risk management system, including the scope and effectiveness of the processes employed by management to identify, evaluate, manage, and monitor significant risks.
- 7 Review the financial regulations, including the scheme of financial delegations and the anti-fraud, anti-bribery and corruption policy.
- 8 Review the NMC’s public interest disclosure (whistleblowing) procedure and the serious event review policy.

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## Internal audit

- 9 Advise the Chief Executive on the appointment of the internal auditors.
- 10 Consider and approve the internal audit charter, ensuring that the internal auditors have sufficient standing in the NMC, have appropriate access to information, and are free from management or other restrictions, in order to allow them to perform their function effectively and in accordance with the relevant standards.
- 11 Consider and approve the high level annual internal audit programme.
- 12 Receive reports on the internal audit programme, reviewing and monitoring management's responsiveness to the findings and recommendations of the internal auditors.
- 13 Meet with the internal auditors at least once a year, without NMC management being present, to discuss their remit and any issues arising from the internal audits carried out.

## External audit

- 14 Consider and make recommendations to the Council regarding the appointment, re-appointment and removal of the external auditors.
- 15 Oversee the relationship with the external auditors, including:
  - 15.1 Approving their remuneration, terms of engagement, and the audit scope.
  - 15.2 Assessing their independence and objectivity in accordance with relevant audit standards.
  - 15.3 Agreeing proposals for them to undertake non-audit services.
- 16 Consider and approve the annual external audit plan.
- 17 Review the letter of representation requested by the external auditor before it is signed by the Trustees.
- 18 Review the findings of external audit work, including:
  - 18.1 Reviewing the external audit management letter and the management responses.
  - 18.2 Discussing any significant issues that arose during the audit.
  - 18.3 Any accounting and audit judgements.
  - 18.4 Levels of errors identified during the audit.

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**National Audit Office (NAO)**

- 19    Oversee the relationship with the NAO.
- 20    Consider and approve the annual NAO audit plan.
- 21    Review the findings of the NAO’s work, including:
  - 21.1    Reviewing the NAO audit completion report and the management responses.
  - 21.2    Discussing any significant issues that arose during the audit.
  - 21.3    Any accounting and audit judgements.
  - 21.4    Levels of errors identified during the audit.

The terms of reference of the Audit Committee were adopted by the Council on 18 July 2013 (amended 24 May 2017).

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## Annexe 2b: Terms of reference of the Remuneration Committee

- 1 The Remuneration Committee is established by the Council under Article 3 (12) of the Nursing and Midwifery Order 2001.

### Remit

- 2 The remit of the Remuneration Committee is to ensure that there are appropriate systems in place for remuneration and succession planning at the NMC.

### Responsibilities

#### Chief Executive and Registrar, Executive Directors, and other employees

- 3 Approve and oversee the process for the recruitment and selection of the Chief Executive and Registrar.
- 4 Consider and recommend to the Council an appropriate reward strategy for the Chief Executive and Registrar and the Executive Directors.
- 5 Approve annually the reward package, including any performance related element, of the Chief Executive and Registrar and the Directors in line with the reward strategy set by the Council.
- 6 Approve the process for the setting of objectives for and performance appraisal of the Chief Executive and Registrar.
- 7 Review reports from the Chief Executive and Registrar regarding the setting of objectives for and performance appraisal of the Executive Directors.
- 8 Approve the arrangements for succession planning for the Chief Executive and Registrar and review those for the Executive Directors.
- 9 Decide and, if approved, report to the Council any request by the Chief Executive, as Accounting Officer, to make a non-contractual payment to Executive Directors or other employees or, in the case of the Chief Executive and Registrar, any request made by the Chair of the Council. Review any non-contractual payments authorised by the Chief Executive and Registrar as delegated by the Committee.
- 10 Review, as necessary, any significant changes to the People Strategy, the employee pay and grading structure, or the pension schemes.

#### The Chair and the Council

- 11 Recommend to the Council any changes to the remuneration and terms of service of the Chair and Council members, seeking independent advice as appropriate.
- 12 Approve the expenses policy for the Chair, Council and Partner members.
- 13 Recommend to the Council the arrangements for the induction, appraisal and development of the Chair and Council members.

- 14 Approve and oversee the process for the recruitment or reappointment of the Chair and Council members, in accordance with PSA guidance and the requirements of the Privy Council.

Approved by the Council  
18 July 2013 (amended 25 November 2015, 24 May 2017 and 28 March 2018).

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## Annexe 2c: Terms of reference for the Appointments Board

1. The Appointments Board is established by the Council under Article 3 (12) of the Nursing and Midwifery Order 2001.

### Remit

2. The remit of the Appointments Board 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 (the Investigating Committee and the Fitness to Practise Committee) and the appointment of Registration Appeal Panellists to the Registration Appeals Panel.<sup>1</sup>

### Responsibilities

3. Approve the code of conduct for Panel Members and Registration Appeal Panellists.
4. Approve policies governing the recruitment and selection, and appointment, induction and development, appraisal, performance management, remuneration and contractual arrangements of Panel Members, Registration Appeal Panellists and Legal Assessors.
5. Approve policies for travel arrangements, reimbursement of expenses and the payment of allowances to Panel Members, Registration Appeal Panellists and Legal Assessors.
6. Scrutinise and review forward plans to ensure that timely and sufficient appointments and reappointments can be made to meet the NMC's caseload.
7. Scrutinise and review the implementation of recruitment and selection and appointment arrangements and make recommendations to the Council regarding the appointment of Panel Members, Registration Appeal Panellists and Legal Assessors.
8. Scrutinise and review the implementation of induction, training and development, appraisal and performance management arrangements, (including but not restricted to participation rates, sitting arrangements, feedback from Panel Members, Registration Appeal Panellists and Legal Assessors) and criteria for reappointments, and make recommendations to the Council regarding a) the reappointment of Panel Members, Registration Appeal Panellists and Legal Assessors and b) the early termination of appointment of Panel Members, Registration Appeal Panellists and Legal Assessors where appropriate.
9. While retaining its independent remit and focussed brief, ensure that the Appointments Board is connected to and informed about the strategic direction and activities of the NMC Council and Committees to ensure that the Appointments Board's own direction, decisions and activities are in alignment

<sup>1</sup> Panel members and legal assessors are independent contractors and are not employees of the NMC

with and supportive of the Council's wider strategic objectives, values and behaviours.

10. Report annually to the Council on the Appointments Board's activities, including an assessment of compliance with, and effectiveness of the policies in place.
11. Undertake any other responsibilities requested by the Council consistent with the remit of the Appointments Board.

## Membership

12. The Appointments Board will consist of up to five Partner Members, one of whom will be the Chair of the Board, selected and appointed in accordance with the Standing Orders.

The terms of reference of the Appointments Board were adopted by the Council on 26 March 2014 (amended 24 May 2017).

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## Annexe 2d: Terms of reference of the Accommodation Committee

1. The Accommodation Committee is established by the Council under Article 3 (12) of the Nursing and Midwifery Order 2001, as agreed by the Council on 26 November 2019 (NMC/19/81c).

### Remit

2. The Committee has delegated authority from the Council to oversee implementation of the Accommodation Strategy, within the financial and other parameters set by the Council.

### Responsibilities

3. The Committee’s responsibilities include:
  - 3.1. Reviewing the business cases for the future of the Edinburgh office, 23 Portland Place and 2 Stratford Place prior to submission to the Council for decision;
  - 3.2. Reviewing proposed heads of terms of any new leases, or any proposed variation or surrender of the lease of 23 Portland Place, or any lease required for the temporary relocation of staff and due diligence outcomes;
  - 3.3. Reviewing, and recommending to the Council, final agreement of any new leases or any proposed variation or surrender of the lease of 23 Portland Place or any lease required for the temporary relocation of staff;
  - 3.4. Reviewing, and recommending to the Council, the final overall budget for fit out of leased premises;
  - 3.5. Reviewing and recommending to the Council any plans for refurbishment of 23 Portland Place, including giving assurance on how the wellbeing of employees is being addressed.
  - 3.6. Reviewing and, within the budget and other parameters set by the Council, awarding any contracts for fit out of leased premises; and
  - 3.7. Reviewing proposals for implementation of other aspects of the Accommodation Strategy for consideration by the Council.
4. The Committee will refer any financial or other matters within its remit, which may have significant implications or risks for the organisation, to the Council, as required.

The terms of reference of the Accommodation Committee were adopted by the Council on [insert date].

## ~~Annexe 2d: Budget Scrutiny Group: Terms of Reference~~

### ~~Remit and membership~~

- ~~1. The Budget Scrutiny Group is a short term group established from time to time by the Council. It will operate only during the budget setting process.~~
- ~~2. The Group shall be appointed by the Chair of the Council and additionally comprise at least the Chairs or members of the Audit and Remuneration Committees.~~
- ~~3. The Group's purpose is to:
  - ~~3.1. provide scrutiny in relation to budget development and advice to the Executive; and~~
  - ~~3.2. provide assurance to the Council that appropriate analysis and consideration has been undertaken in the construction of the financial plans and budgets.~~~~

### ~~Terms of reference~~

- ~~4. The terms of reference of the Group are to:
  - ~~4.1. Review the financial plans during development and prior to submission of budget proposals to Council including:
    - ~~4.1.1. Any underpinning volume and budgetary assumptions being made~~
    - ~~4.1.2. Any capital investment proposals.~~
    - ~~4.1.3. The identification of efficiencies / savings.~~~~
  - ~~4.2. Provide assurance to Council that detailed analyses of financial options, sensitivities and risk have been considered by the Executive in relation to financial plans.~~
  - ~~4.3. Review the budget in the context of the Corporate Plan to provide assurance to Council that the budget allocation process has taken into account core regulatory core business and any desired improvement.~~
  - ~~4.4. Review the above in the context of the NMC financial strategy.~~~~
- ~~5. Recommend to the Council any high level budgetary assumptions to be used for budget planning purposes including any funding provision to be made in relation to the paybill.~~
- ~~6. The Chair of the Council will report on the Group's work to the Council, in seminar, confidential or open session as considered appropriate.~~
- ~~7. The Council will review the need for the Budget Scrutiny Group from time to time.~~

~~The terms of reference of the Budget Scrutiny Group were adopted by the Council on 25 November 2015 and amended 24 May 2017.~~

**DRAFTING NOTE: Does not yet include any proposed amendments**

**Annexe 2e: Terms of reference of the Investment Committee**

- 1. The Investment Committee is established by the Council under Article 3 (12) of the Nursing and Midwifery Order 2001.

**Remit**

- 2. The Council is responsible for determining the investment strategy, risk appetite and target returns on the advice of the Committee.
- 3. The remit of the Committee is to oversee implementation of the Council’s investment strategy; determine the allocation and movement of funds in accordance with the investment strategy; and monitor the Council’s investment portfolio. Decision-making and implementation of the investment strategy is delegated to the Investment Committee.

**Responsibilities**

- 4. Keep the investment strategy under review, taking into consideration factors such as legislative, financial and economic changes, and ethical considerations; and make recommendations to the Council for changes, as necessary.
- 5. Oversee implementation of the investment strategy and monitor risks.
- 6. Appoint external investment fund managers, including deciding the number of fund managers to be used, the proportion of assets managed by each manager, their mandates and associated fees.
- 7. Set asset allocation parameters, based on advice from fund managers and/or external advisers, and monitor the actual asset allocations chosen by the fund manager, to ensure consistency with the policy. Where more than one fund manager is appointed, the Committee will also monitor the aggregate asset allocation to ensure it provides sufficient diversification to reduce the risk of capital and/or revenue loss.
- 8. Meet regularly with investment fund managers and monitor the performance of each against agreed objectives by means of regular review of the investment results and other information, including corporate governance activities, policies and exercising of voting rights of the investment fund managers.
- 9. Appoint independent investment advisers, as necessary, and approve associated fees.
- 10. Report to the Council on the Committee’s work, escalating issues or risks as required. Provide an annual report to the Council which includes investment performance in comparison to relevant benchmarks (either directly or via investment experts); and risks within the investment strategy and the appropriateness of mitigations put in place to address those risks. A summary of investment performance will be reported to the Council as part of the normal reporting of financial performance by the Director of Resources.

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## Membership and operation

11. The Committee will operate in accordance with the Standing Orders (made by the Council under Article 12 Schedule 1 of the Nursing and Midwifery Order 2001), except where the operations below are different.
12. The Chair of the Council will determine the membership of the Committee. Membership will comprise at least three Council members and include at least one lay and one registrant member The Chair of the Council will appoint a Chair of the Committee from amongst the Council members. The membership will be reviewed from time to time.
13. The Committee, with the consent of the Chair of the Council, may co-opt or appoint suitably qualified independent members with extensive investment expertise. Independent members will be expected to act as full members of the Committee, whilst recognising that that they are not Council members or trustees and that in the event of a vote, only Council members of the Committee would be entitled to vote.
14. The Committee shall meet at least twice a year, or when directed by the Council, or determined by the Committee Chair.

The terms of reference of the Investment Committee were adopted by the Council on 26 September 2018 (amended 8 January 2019).

**Appendix 1: Authority for financial commitment [To be replaced by new version in the Financial Regulations papers]**

Item	Council	Chief Executive and Registrar
	Aggregate Value (aggregate value means the cost over the life of the item or contract including any VAT)	
<ul style="list-style-type: none"> <li>contract award recommendation</li> <li>contract variation or extension</li> <li>form of agreement that would bind the NMC to a financial commitment</li> <li>purchase requisition approval (a requisition is a request to order goods or services)</li> </ul>	<b>≥500,000</b>	<b>&lt;500,000</b>

The values indicate thresholds below which the post holders' authorisation is sufficient to commit the NMC to expenditure.

The Council must give prior approval for any commitment of sums of an aggregate value over £500,000 at a meeting. Exceptionally, approval of expenditure of sums of an aggregate value over £500,000 but less than £1million may be given by the Chief Executive and Registrar together with two Council members one of whom must be the Chair. Any such commitments must be reported to the next meeting of the Council.

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

Where the Council has made the decision, the Chair will sign on behalf of the Council.

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## Appendix 1: Authority for financial commitments

Item	Council	Chief Executive and Registrar
Contract or commitment, where the proposed contract, variation or extension, or commitment has been notified to Council as part of the annual budget setting process: <ul style="list-style-type: none"> <li>• contract award recommendation</li> <li>• contract variation or extension</li> <li>• form of agreement that would bind the NMC to a financial commitment</li> </ul>	Lifetime value inc VAT ≥£2 million	Lifetime value inc VAT <£2 million
Contract or commitment, where the proposed contract, variation or extension, or commitment has <b>not</b> been notified to Council as part of the annual budget setting process: <ul style="list-style-type: none"> <li>• contract award recommendation</li> <li>• contract variation or extension</li> <li>• form of agreement that would bind the NMC to a financial commitment</li> </ul>	Lifetime value inc VAT ≥£500k	Lifetime value inc VAT <£500k
Full business case for a major project or programme	Lifetime gross cost inc VAT ≥£5 million; or Substantial impact on registrants or the public	Lifetime gross cost inc VAT <£5 million No substantial impact

Item	Council	Chief Executive and Registrar
<p>Outline business case for a major project or programme</p> <p>Council, having reviewed the outline business case, may also ask for the full business case to be presented</p>	<p>Lifetime gross cost inc VAT <math>\geq</math>£2 million</p> <p>Or</p> <p>Significant impact on registrants or the public</p>	<p>Lifetime gross cost inc VAT &lt;£2 million</p> <p>No significant impact</p>

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

In relation to items included on that schedule, the Council must give prior approval for any commitment of sums of an aggregate value over £2 million at a meeting. Exceptionally, approval of expenditure of sums of an aggregate value over £2 million but less than £5 million may be given by the Chief Executive and Registrar together with two Council members one of whom must be the Chair. Any such commitments must be reported to the next meeting of the Council.

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

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

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

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## Principles for appointment of Council Vice-Chair(s)

- 1 The following principles will be applied by the Chair of the Council when appointing Vice-Chair(s) of the Council.

### Principles of appointment

1.1 The Chair of the Council is responsible for appointing the Vice-Chair(s).

1.2 The Chair of the Council is responsible for determining whether there should be one or more ~~re will be two~~ Vice-Chair(s). ~~to the Council.~~

~~1.3 There should be one registrant and one lay Vice-Chair.~~

~~1.4~~ 1.3 Factors to be taken into account in making appointment (s) should include skills and expertise, diversity, representation across the four countries and distribution of workload across members.

- 2 In the event of the Chair of the Council needing to withdraw for one or more items during a meeting or being absent from a meeting, the Council will normally nominate ~~one of the~~ Vice-Chair to preside for the relevant items or s to preside for the duration of the meeting. ~~If more than one Vice-Chair is in place, a rota established for the purpose, will identify which Vice-Chair is available to be nominated to preside for the items or meetings. A rota for covering the Chair's absence will be developed for meetings going forward.~~

- 3 The above principles do not apply in circumstances where there is a vacancy or where the Council is on notice that the Chair is unlikely to be available for more than one meeting or more than a month. ~~the above principle do not apply. In such circumstances,~~ the Nursing and Midwifery Constitution Order (2008) and the Council's Standing Orders provide for the Council to nominate a deputy to serve as Chair during the vacancy or prolonged period of absence.

- 4 These principles were agreed by the Council on 25 November 2015 (NMC/15/61c), amended on [insert date], and are subject to review at the Council's discretion.

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## Council

### Council Committee membership 2020 and Council meeting dates 2021-2022

**Action:** For decision.

**Issue:** Confirms Council Committee membership to September 2020 and other appointments; proposes Council meeting dates for 2021-2022; and gives an update on Council and partner members' allowances.

**Core regulatory function:** All regulatory functions.

**Strategic priority:** Fit for the future organisation.

**Decision required:** The Council is asked to confirm the Council meeting dates for 2021-2022 as set out at Annexe 2 (paragraph 21).

**Annexe:** The following annexes are attached to this paper:

- Annexe 1: Council/Committee appointments 2020–2021.
- Annexe 2: Council and Committee dates for 2021-2022.

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

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**Context:**

- 1 Under Article 3(12) of the Nursing and Midwifery Order 2002 (as amended), the Council may establish discretionary committees in connection with the discharge of its functions and delegate any of its functions to them.
- 2 The Council's Standing Orders (paragraph 4.3.4) authorise the Chair of the Council to make appointments to Council Committees. The Chair also determines Vice-Chair and other Council appointments.
- 3 After discussions with Council members, the Chair has confirmed appointments for the period to 30 September 2020 in relation to:
  - 3.1 Vice-Chairs.
  - 3.2 Committee membership.
- 4 In addition, for completeness and transparency, we have included:
  - 4.1 Appointments Board membership – this is composed entirely of non-Council (partner) members.
  - 4.2 Midwifery Panel.
  - 4.3 NMC and associated employers Defined Benefit Pension Scheme: NMC Employer nominated Trustees.
  - 4.4 General Nursing Council for England and Wales Trust: NMC Trustee.
- 5 All Committee memberships and Council appointments are set out at **Annexe 1**.

**Proposed Council meeting dates 2021-2022**

- 6 Proposed dates for the Council's seminars and meetings are at **Annexe 2**.

**Light touch review of Council and partner member allowances 2019-2020**

- 7 The Council will wish to note that, as discussed informally at the April 2020 seminar, consideration of the report by the Independent Panel has been deferred (see paragraphs 22-23 below).

**Four country factors:**

- 8 Four country considerations are one of the factors taken into account in balancing roles across the Council (see paragraph 13.5 below).

**Discussion: Vice Chair appointments**

- 9 The Council currently has two Vice Chairs, Anne Wright (lay member) and Maura Devlin (registrant member). The Vice Chairs are responsible amongst other things for conducting the annual appraisal of the Chair and presiding as acting Chair should the Chair need to withdraw from a meeting or be unexpectedly absent.
- 10 The Chair has asked the two current Vice Chairs to continue until 30 September 2020, when they demit office.

**Remuneration, Audit, Investment and Accommodation Committees**

- 11 In November 2015 (NMC/15/61c), the Council agreed the following principles to inform Council Committee appointments:
  - 11.1 Committee appointments should be informed by an agreed skills matrix and aim to optimise individual member skills, experience, interests and expertise.
  - 11.2 Committee members should be appointed for a specified term of office, usually two to three years.
  - 11.3 Committee membership should be reviewed annually and refreshed regularly, whilst also maintaining appropriate continuity and avoiding unnecessary disruption.
  - 11.4 Where possible Committee appointments should aim to distribute responsibilities evenly amongst members, in any given year and over terms of office, and to spread the opportunities to chair Committees.
  - 11.5 Committee appointments should seek to balance factors including diversity, registrant and lay members and four country representation, where possible.
- 12 The Remuneration, Audit and Investment Committees are discretionary Committees of the Council. Taking account of the above factors and discussions with the Committee Chairs, the Chair of the Council has confirmed continued membership of the Remuneration, Audit and Investment Committees until 30 of September 2020 when Committee membership will be reviewed again as shown in in **Annexe 1**.
- 13 The prior agenda item proposes the establishment of an Accommodation Committee as a further discretionary Committee of the Council. Subject to the Council's approval, the proposed membership of the Accommodation Committee until 30 September 2020 is set out at **Annexe 1**.

### Midwifery Panel

- 14 Whilst the Midwifery Panel is not a Council Committee, its current membership includes two Council members, Anne Wright and Lorna Tinsley. Both have agreed to continue to be members of the Midwifery Panel until 30 September 2020 when they demit office.

### Appointments Board

- 15 The Appointments Board is a discretionary Committee established by the Council to ensure appropriate separation of responsibilities between the Council and the appointments and oversight of Fitness to Practise panel Chairs and members and Legal Assessors. For this reason, it is comprised entirely of non Council members, recruited through an open and competitive recruitment and selection process.
- 16 The Board's membership is set out at **Annexe 1** for completeness and transparency.

### Nursing and Midwifery Council and Associated Employers: Defined Benefit Pension Scheme NMC Employer nominated Trustees

- 17 The NMC, as one of the two scheme employers, has two nominated trustees on the Defined Benefit Pension Scheme Trustee Board.

### General Nursing Council for England and Wales Trust: NMC Trustee

- 18 Robert Parry was appointed by the Chair as the NMC Trustee on the General Nursing Council for England and Wales Trust from 1 May 2018.

### Proposed Council and Committee dates 2021–2022

- 19 Proposed Council and Committee dates for **2021–2022** are at **Annexe 2**.
- 20 Council is asked to note the following:
- 20.1 The dates at **Annexe 2** follow Council's usual pattern of seminars scheduled on a Tuesday, followed by a Confidential meeting and an Open meeting on the next day (Wednesday) of every other month (May, July, September and November January and March).
- 20.2 In addition to the usual seminar and meetings pattern, an additional date is proposed at the end of July which can be used for a seminar, confidential and/or open meeting, as required, to reduce the gap between the early July seminar and meetings and the September meetings.
- 20.3 It is envisaged that the September 2021 Council meeting be

held in Wales but this will be confirmed in due course.

20.4 Proposed Audit Committee dates are included. Remuneration Committee and Investment Committee dates will be agreed with the Chairs of the Committees.

20.5 Subject to Council's approval of agenda item 9.1 to set up an Accommodation Committee, dates for future Accommodation Committee meetings will be identified in due course.

**21 Recommendation: The Council is asked to confirm the Council and Committee dates for 2021-2022 as set out at Annexe 2.**

**Light touch review of Council and partner member allowances 2019-2020**

22 The Council agreed in January 2018 (**NMC/18/11**) that a full review of Council and partner member allowances be conducted every three years with a light touch review in each intervening year. These reviews are undertaken by an Independent Panel constituted for this purpose to minimise conflicts of interest. The Independent Panel has conducted a light touch review for 2019-2020 and submitted a report.

23 Given the Covid-19 emergency, including the changed economic and other conditions since the Panel produced its report, the Council has chosen to defer consideration of the report for the present and take stock late 2020 and to defer the full review due in 2020-2021 to 2021-2022.

**Midwifery implications**

24 The Midwifery Panel provides a forum for engaging with the midwifery community and those who use and provide midwifery and maternity services.

**Public protection implications:**

25 None.

**Resource implications:**

26 There are no resource implications arising from this paper.

**Equality and diversity implications:**

27 Equality and diversity impacts and the NMC's obligations under the Equality Act 2010 are taken into account in Council appointments.

**Stakeholder engagement:**

28 None.

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**Risk implications:**

29 Regular review of Council roles and Committee appointments are consistent with good governance and mitigate against any governance risks.

**Legal Implications**

30 The proposals in this paper are compliant with the Nursing and Midwifery Order 2001 and the Council's Standing Orders and Scheme of Delegation.

## Committee membership and Council appointments 2020

### Vice Chairs

Vice Chair (Two Council members)	Term
Anne Wright (lay member)	Vice Chair to 30 September 2020
Maura Devlin (registrant member)	Vice Chair to 30 September 2020

### Council Committees

Remuneration Committee (Three Council members)	Term
The remit of the Remuneration Committee is to ensure that there are appropriate systems in place for remuneration and succession planning at the NMC.	
Karen Cox (Chair) (registrant member)	1 April 2020 to 30 September 2020 <i>Committee member since 1 January 2016, Chair from 1 April 2018</i>
Maura Devlin (registrant member)	1 April 2020 to 30 September 2020 <i>Committee member since 1 January 2016</i>
Sir Hugh Bayley (lay member)	1 April 2020 to 30 September 2020 <i>Committee member since April 2018</i>
Ruth Walker (registrant member)	1 April 2020 to 30 September 2020

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<b>Audit Committee (Three Council members)</b>	<b>Term</b>
The remit of the Audit Committee is to support the Council and management 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.	
Marta Phillips (Chair) (lay member)	1 April 2020 to 30 September 2020 <i>Independent Chair 1 June 2016 to 30 April 2017</i> <i>Council member Chair from 1 May 2017</i>
Robert Parry (registrant member)	1 April 2020 to 30 September 2020 <i>Committee member since 1 January 2016</i>
Derek Pretty (lay member)	1 April 2020 to 30 September 2020 <i>Committee member since 1 January 2017</i>

<b>Investment Committee</b>	<b>Term</b>
The remit of the Committee is to oversee implementation of the Council's investment strategy; determine the allocation and movement of funds in accordance with the investment strategy; and monitor the Council's investment portfolio. Decision-making and implementation of the investment strategy is delegated to the Investment Committee.	
Derek Pretty (Chair) (lay member)	1 April 2020 to 30 September 2020 <i>Chair since 10 October 2018</i>
Stephen Thornton (lay member)	1 April 2020 to 30 September 2020 <i>Committee member since 10 October 2018</i>
Claire Johnston (registrant member)	1 April 2020 to 30 September 2020 <i>Committee member since 10 October 2018</i>
Nicholas McLeod-Clarke (independent member)	15 April 2019 to 14 April 2021 <i>Two year term</i>
Thomasina Findlay (independent member)	15 April 2019 to 14 April 2021 <i>Two year term</i>

### Due to be established in May 2020

Accommodation Committee (Three Council members)	Term
Philip Graf (Chair)	1 May to 30 September 2020
Derek Pretty (lay member)	1 May to 30 September 2020
Robert Parry (registrant member)	1 May to 30 September 2020

### Appointments Board

Appointments Board (Five non Council members)	Term
The remit of the Appointments Board 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.	
Jane Slatter (Chair)	6 August 2018 to 5 August 2021
Frederick Psyk	1 September 2019 to 31 August 2022 (second term) Board member since 1 September 2016
Angie Loveless	1 March 2018 to 28 February 2021
Clare Salters	1 March 2018 to 28 February 2021
Robert Allan	1 October 2018 to 30 September 2021

### Midwifery Panel

Midwifery Panel	Term
Anna van der Gaag (Independent Chair)	October 2018 to October 2021 <i>Three year term</i>
Anne Wright (lay member)	Member to 30 September 2020
Lorna Tinsley (registrant member)	Member to 30 September 2020

<b>NMC and associated employers: Defined Benefit Pension Scheme Employer nominated Trustees, Two non-Council members</b>	<b>Term</b>
John Halladay (Chair of the Trustee Board)	From 18 July 2013
Phil Hall	From 11 April 2019
There are five other Trustees: DHSC Employer Nominated Trustee (appointed) Two Pensioner Nominated Trustees (elected) Two NMC Employee Nominated Trustees (elected): Fionnuala Gill and Paul Johnson	

<b>NMC Trustee, General Nursing Council for England and Wales Trust</b>	<b>Term</b>
Robert Parry (registrant member)	From 1 May 2018

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## Proposed Council and Committee Meeting Dates

### April 2021 to March 2022

#### Bank Holidays 2021:

2 April (UK wide); 5 April (England, Wales & Northern Ireland); 3 May (UK wide); 31 May (UK wide); 12 July (Northern Ireland); 2 August (Scotland); 30 August (England, Wales & Northern Ireland); 30 November (Scotland); 27 & 28 December (UK wide)

#### Bank Holidays 2022:

3 January (UK wide) 4 January (Scotland); 17 March (Northern Ireland)

*Please note: Council Seminar start times & Open meeting finish times may vary*

Month	Date	Meeting/Event	Time
April 2021	Tuesday 27 April	Council Seminar	10:30 – 17:30
	Wednesday 28 April	Audit Committee	10:00 – 13:30 TBC
May 2021	<b>TBC May</b>	Remuneration Committee	
	Tuesday 18 May	Council Seminar & Confidential meeting	10:30 – 17:30
	Wednesday 19 May	Council Open Meeting	09:30 – 15:00
June 2021	Tuesday 8 June	Council Seminar/or Awayday	10:30 – 17:30
	Wednesday 9 June	Audit Committee	10:00 – 13:30 TBC
July 2021	Tuesday 6 July	Council Seminar & Confidential meeting	10:30 – 17:30
	Wednesday 7 July	Council Open Meeting	09:30 – 15:00
	Wednesday 28 July	Council Seminar and/or Confidential and /or Open meeting	09:30 – 16:00
September 2021 Provisional Wales	<b>TBC September</b>	Remuneration Committee	
	Tuesday 28 September	Council engagement activities	10:30 – 17:30
	Wednesday 29 September	Council Open & Confidential Meeting	09:30 – 16:00

Month	Date	Meeting/Event	Time
October 2021	Tuesday 19 October	Council Seminar	10:30 – 17:30
	Wednesday 20 October	Audit Committee	10:00 – 13:30 TBC
November 2021	Tuesday 23 November	Council Seminar & Confidential meeting	10:30 – 17:30
	Wednesday 24 November	Council Open Meeting	09:30 – 15:00
January 2022	Tuesday 25 January	Council Seminar & Confidential meeting	10:30 – 17:30
	Wednesday 26 January	Council Open Meeting	09:30 – 15:00
February 2022	<b>TBC February</b>	Remuneration Committee	
	Tuesday 22 February	Council Seminar	10:30 – 17:30
	Wednesday 23 February	Audit Committee	10:00 – 13:30 TBC
March 2022	Tuesday 29 March	Council Seminar & Confidential meeting	10:30 – 17:30
	Wednesday 30 March	Council Open Meeting	09:30 – 15:00

**Note:**

- ***Investment Committee, Remuneration Committee and Accommodation Committee dates to be determined.***
- ***Dates for Council in Wales expected to be September but to be confirmed.***

## Council

### Proposed amendments to the financial regulations

**Action:** For decision.

**Issue:** Proposes amendments to the Financial Regulations to reflect a better balance of responsibilities for financial control between Council and the Executive in line with the Council effectiveness and governance review.

**Core regulatory function:** Supporting functions.

**Strategic priority:** All regulatory functions.

**Decision required:** The Council is asked to approve the revised Financial Regulations (paragraph 9 and Annexe 1).

**Annexes:** The following annexe is attached to this paper:

- Annexe 1: Draft amended Financial Regulations.

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

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[Richard.wilkinson@nmc-uk.org](mailto:Richard.wilkinson@nmc-uk.org)

<b>Context:</b>	1	The Financial Regulations are approved by Council and reviewed at least every 3 years. The last review and update of the Financial Regulations was in January 2017, so a review is now due.	1.
	2	We have reviewed the Financial Regulations with the aim of improving the balance of responsibilities for financial control between Council and the Executive taking account of the Council's effectiveness and governance review.	2.
	3	The Financial Regulations sit beneath the Council's Scheme of Delegation and the Financial Strategy.	3.
	4	An Operational Guide to Finance provides more detailed guidance and procedures for staff, which are updated periodically. Significant changes in the Operational Guide to Finance are approved by the Executive Board, but are not subject to approval by Council.	4.
	5	The Audit Committee reviewed the proposed changes in February 2020, and is content to recommend them to Council.	5.
<b>Four country factors:</b>	6	Not applicable for this paper.	6.
<b>Discussion</b>	7	The key proposed changes are:	7.
	7.1	Clarifying the Executive's authority to vire within the budget approved by Council (paragraphs 23 to 25 of the proposed new regulations).	8.
	7.2	Making explicit the requirement for Council to approve business cases and exception reports for major projects, with two proposed levels of business cases, according to value and impact of projects (paragraphs 26 to 29).	9.
	7.3	Including explicit requirements for income, including a requirement to consider charging for other services, and a regulation on writing off of debts (paragraphs 33 to 36).	10
	7.4	Setting out high level responsibilities of budget holders in relation to expenditure (paragraphs 37 to 46).	11.
	7.5	Reserving to Council (a corresponding change is proposed to the Scheme of Delegation) the power to borrow and buy/sell/lease land and buildings (paragraphs 52 to 53)	12
	7.6	Raising the thresholds for Council approval of contracts, with a requirement for a list of anticipated contracts to be presented to Council at the start of the financial year, and a higher threshold for contracts that were anticipated than for	13
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those that are unanticipated (Appendix 3 of the Regulations).

- 8 The proposed new Financial Regulations are at Annexe 1. They are not shown in track changes because the reordering of paragraphs makes tracking unhelpful. The full list of changes is set out in the following table, comparing paragraph references in the new document to the 2017 regulations. The 2017 regulations are included in the Document Library in Board Intelligence.

2020 version para ref	2017 version para ref	Change
3.2 et seq	3.2 et seq	Change of terminology: “colleagues” now used to collectively describe Council members, employees etc
9	9	Including reference to our new values and behaviours, alongside the Nolan principles, and explanation of how the values relate to the financial regulations and the financial strategy.  This change has been introduced since the Audit Committee’s review in February, following Council’s approval of the new values and behaviours in March
10	26	Paragraph moved forward for more logical placement
11		The diagram now includes the Investment Committee and the proposed Accommodation Committee
15 and 16	N/A	New paragraphs setting out general responsibilities of budget holders
19	18	Reworded but no substantive change in meaning
21 to 25	20 to 22	Section on budgeting includes new paragraphs 23 to 25 setting out budget holders’ performance objective in relation to their budgets, the Chief Executive’s authority to vire, and the circumstances in which Council’s explicit authorisation is required for an overspend against the budget
26 to 29	N/A	New paragraphs setting out the circumstances in which Council’s approval is required for business cases for major projects

30 to 32	23	Setting out requirements and responsibilities for management accounts and forecasts
33 to 36	N/A	New paragraphs setting out high levels controls over income
37 to 46	15, 17, 25, 46 to 54	New paragraphs setting out high level controls over expenditure
51 to 57	14, 55	New paragraphs on controls over banking and financing, payments and receipts. Notes that approval of loans and property leases must be approved by the Council. These are now reserved powers of Council in the proposed update of the Scheme of Delegation. Includes the requirements set out in paragraphs 55
58	N/A	Setting out budget holders' responsibilities for risk management
60 to 67	29 to 36	Paragraphs moved rearwards in the document for more logical placement
68 to 69	44 to 45	Paragraphs moved rearwards in the document for more logical placement

**9 Recommendation: The Council is asked to approve the revised Financial Regulations (Annexe 1).**

**Public protection implications:**

10 None directly.

**Resource implications:**

11 The Financial Regulations aim to ensure effective use of resources.

**Equality and diversity implications:**

12 None.

**Stakeholder engagement:**

13 Not applicable.

**Risk implications:**

14 None directly.

**Legal implications:**

15 None directly.

Item 10 **Annexe 1**  
NMC/20/41  
20 May 2020

## Financial regulations

Approved by the Council [insert date]

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## A. Introduction

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

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

<sup>2</sup> TRIM reference [TBC]. Also available on Workplace at [location/hyperlink]

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

**Codes of behaviour**

9. In addition to the financial regulations, the Nolan principles of public life apply to all of us in the way in which we conduct our financial management.

9.1. The seven Nolan principles of public life are ethical standards that are expected of all those working in public services, such as the NMC, and are as follows:

9.1.1. Selflessness - to act solely in terms of the public interest.

9.1.2. Integrity – to avoid placing ourselves under any obligation to people or organisations that might try inappropriately to influence us in our work. Not to act or take decisions in order to gain financial or other material benefits for ourselves, our family, or our friends. To declare and resolve any interests and relationships.

9.1.3. Objectivity – to act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

9.1.4. Accountability – to be accountable to the public for our decisions and actions and to submit ourselves to the scrutiny necessary to ensure this.

9.1.5. Openness - to act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

9.1.6. Honesty - to be truthful.

9.1.7. Leadership - to exhibit these principles in our own behaviour. To actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

9.2. We must also conduct our financial management in accordance with our values and behaviours: we're fair; we're kind; we're ambitious; we're collaborative. The Nolan principles map to our value of fairness, and the nature of the financial regulations, as a set of high level rules and processes, means that the value that is most relevant to them is fairness. The financial strategy is about objectives and outcomes and our other values – particularly kindness and collaboration – are reflected in the financial strategy.

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## Operational Guide to Finance

10. The Operational Guide to Finance provides detailed guidance on financial processes and controls, including the responsibilities of executive team members<sup>3</sup>, the Director of Resources and budget holders with respect to budget setting and budget monitoring and control.

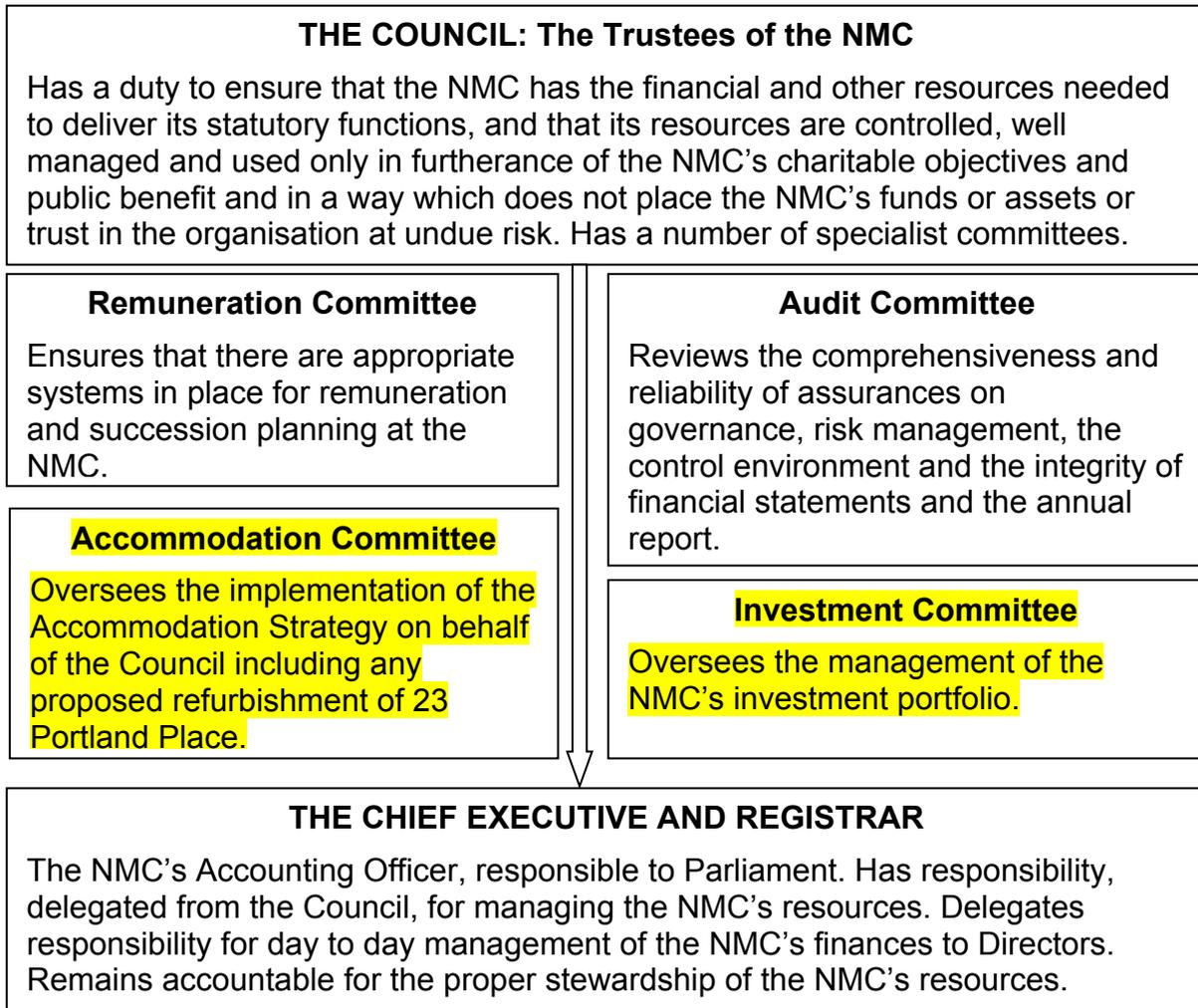
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<sup>3</sup> Executive team members are the Chief Executive and Registrar and Directors

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## B. Financial management and delegations

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



12. The Order, Standing Orders and scheme of delegation that set out the powers and functions of the Council and the terms of reference of committees are available on the website and from Governance.
13. Colleagues throughout the organisation have responsibilities that contribute to sound financial management and day to day operational effectiveness and efficiency. The Operational Guide to Finance includes a matrix of financial responsibilities that sets out the roles and responsibilities delegated down from the levels represented in the diagram above.
14. Delegated authority to commit the NMC to expenditure operates within set financial limits. Annexe 1 sets out the authority of the Council and Chief Executive and Registrar to commit the NMC to expenditure. The Operational Guide to Finance includes a framework of financial limits within which authority is delegated subsequently. No purchase order must be placed nor any other contractual or financial commitment made between the NMC and a supplier without the prior approval of those with appropriate delegated authority.

15. Budget holders must use their budgets for appropriate purposes. That means that spending must further departmental and organisational objectives, and must comply with these regulations, the Operational Guide to Finance, and the [Procurement Policy](#)<sup>4</sup>. More broadly, budget holders must use their budgets in a way that they could positively and confidently present to nurses, midwives and nursing associates as a good use of their money<sup>5</sup>.

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

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

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

### C. Financial planning

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

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

#### Budgeting

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

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

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

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

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

<sup>5</sup> This relates to the concept of regularity and propriety. See [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/212460/Regularity\\_Propriety\\_and\\_Value\\_for\\_Money.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/212460/Regularity_Propriety_and_Value_for_Money.pdf)

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

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

24.3. Council may seek an explanation for any line item in the budget or the management accounts.

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

### **Business cases for major projects and programmes**

26. We manage significant organisational change through a project management methodology developed and supported by our Corporate Change and PMO team. Projects and programmes require a business case to assess the options for achieving a given objective, the costs, benefits and risks for the different options, and determine which option represents the best value for money<sup>6</sup>.

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

27.1. Gross lifetime cost of the programme or project is £2m or more

27.2. The change introduced by the project will have a significant impact on registrants or the public

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

28.1. Gross lifetime cost of the programme or project is £5m or more

28.2. The change introduced by the project will have a substantial impact on registrants or the public

28.3. If Council, having reviewed the outline business case for a smaller project, ask for the full business case to be presented

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

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<sup>6</sup> Our project management methodology is consistent with the HM Treasury Green Book <https://www.gov.uk/government/publications/the-green-book-appraisal-and-evaluation-in-central-government>

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## D. Management accounts and forecasts

- 30. Monthly management accounts are prepared for all areas of activity, with forecasts updated quarterly. Management accounts will compare actual costs to budgeted costs on a department by department and line by line basis.
- 31. Quarterly, summarised management accounts will be presented to Council, including comparison of actual income and expenditure to budget and forecast and explanation for significant variances. The Council may request additional reports as required.
- 32. Budget holders are responsible for reviewing management accounts and understanding the causes of variances to budget, and being able to explain those variances to their manager or Council as appropriate.

## E. Income and expenditure controls

### Income

- 33. The fees we charge to nurses, midwives and nursing associates are set out in the Nursing and Midwifery Order 2001 (“the Order”) and the Nursing and Midwifery Council (Fees) Rules 2004 (“the Rules”). All fees to nurses, midwives and nursing associates must be charged in accordance with the Order and the Rules, and accounted for within the Registration system.
- 34. We do not normally charge for other services, but we need to be careful to ensure that we do not use registrants’ money to subsidise work that does not directly further our charitable objectives.
- 35. If colleagues are asked to provide a service to another organisation, they should consider whether we should charge a fee, and consult Finance if in doubt. If we do charge a fee, note that we are currently registered for VAT so we must charge 20 percent VAT on top of any fee for services. (Our fees to registrants are statutory fees and are therefore outside the scope of VAT, and no VAT is charged).
- 36. Debts may only be written off on the authority of the Chief Executive and Registrar, if over £10,000, or the Director of Resources, if under £10,000.

### Expenditure

- 37. Payroll costs are controlled through the budget setting process and through procedures governing the appointment and remuneration of individual employees and temporary workers. Those procedures are set out [ref/link].
- 38. Colleagues must not commit the NMC to expenditure for goods or services without the prior authorisation of an appropriate budget holder.
- 39. Goods, works and services must be procured and/or purchased in accordance with our [Procurement Policy](#) and Operational Guide to Finance. The Procurement Policy requires competition for all contracts with an expected value above £10,000

including VAT. Exceptions to the policy (Single Tender Actions) are reported to the Audit Committee.

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

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

41.1. The expenditure is necessary and good value for money

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

41.3. The Procurement Policy has been complied with.

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

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

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

45. Colleagues must comply with the Travel Policy when incurring travel and accommodation costs.

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

### **Capital expenditure, fixed assets and disposal of assets**

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

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

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49. The Director of Resources is responsible for maintaining the fixed asset register.

50. The disposal of obsolete or surplus equipment or furniture requires the prior approval of the Assistant Director of Finance and Audit if the net book value is less than £10,000 (collective value of items) and the prior approval of the Director of Resources or Chief Executive and Registrar if the net book value exceeds £10,000.

**F. Banking and financing, payments and receipts**

51. The Director of Resources is responsible for overseeing the banking arrangements of the NMC in accordance with the Investment Policy.

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

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

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

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

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

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

**G. Other requirements**

**Risk management**

58. The Council has a risk management policy and framework. Budget holders must manage financial risks in accordance with the framework.

**Audit requirements**

59. Access to the NMC's premises and to all assets, records, documents and correspondence relating to financial and other transactions must be provided and explanations given when required, to external auditors for the purpose of examining the NMC's accounts and to the internal auditor concerning any matter under examination.

**Disclosure of interests and gifts**

60. We are committed to transparency and openness in the conduct of our affairs.

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61. Disclosure requirements for Council and non-Council committee members are specified in the NMC’s code of conduct for members. The Assistant Director of Governance maintains the register of interests of Council and Committee members and the Executive team.

62. Colleagues must declare any interests they may have in matters they are dealing with in the course of their work at the NMC to their Assistant Director or Director and, where appropriate, must not be involved in matters in which they have an interest.

63. Colleagues taking part in tendering are required to make a conflict of interest declaration to the Head of Procurement.

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

**Fraud, bribery, corruption and whistleblowing**

65. Colleagues must report any suspicions they might have of fraudulent or corrupt behaviour to the Assistant Director of Governance, Director of Resources, Chief Executive and Registrar or senior manager as appropriate.

66. The anti-fraud, bribery and corruption policy and the whistleblowing policy (public interest disclosure policy) are available on Trim and the intranet.

**Insurance**

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

**Training and supervision**

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

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

## Authority for financial commitments

Item	Council	Chief Executive and Registrar
Contract or commitment, where the proposed contract, variation or extension, or commitment has been notified to Council as part of the annual budget setting process: <ul style="list-style-type: none"> <li>• contract award recommendation</li> <li>• contract variation or extension</li> <li>• form of agreement that would bind the NMC to a financial commitment</li> </ul>	Lifetime value inc VAT ≥£2 million	Lifetime value inc VAT <£2 million
Contract or commitment, where the proposed contract, variation or extension, or commitment has <b>not</b> been notified to Council as part of the annual budget setting process: <ul style="list-style-type: none"> <li>• contract award recommendation</li> <li>• contract variation or extension</li> <li>• form of agreement that would bind the NMC to a financial commitment</li> </ul>	Lifetime value inc VAT ≥£500k	Lifetime value inc VAT <£500k
Full business case for a major project or programme	Lifetime gross cost inc VAT ≥£5 million; or Substantial impact on registrants or the public	Lifetime gross cost inc VAT <£5 million No substantial impact

Item	Council	Chief Executive and Registrar
<p>Outline business case for a major project or programme</p> <p>Council, having reviewed the outline business case, may also ask for the full business case to be presented</p>	<p>Lifetime gross cost inc VAT <math>\geq</math>£2 million</p> <p>Or</p> <p>Significant impact on registrants or the public</p>	<p>Lifetime gross cost inc VAT <math>&lt;</math>£2 million</p> <p>No significant impact</p>

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

In relation to items included on that schedule, the Council must give prior approval for any commitment of sums of an aggregate value over £2 million at a meeting. Exceptionally, approval of expenditure of sums of an aggregate value over £2 million but less than £5 million may be given by the Chief Executive and Registrar together with two Council members one of whom must be the Chair. Any such commitments must be reported to the next meeting of the Council.

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

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

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

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## Council

### Expected high value contracts in 2020-2021

**Action:** For discussion.

**Issue:** To inform Council of high value contracts expected to be procured during 2020-2021. This is subject to the Council's approval of the revised Financial Regulations under agenda Item 10.

**Core regulatory function:** All regulatory functions.

**Strategic priority:** Strategic aim 1: Improvement and innovation  
Strategic aim 2: Proactive support for our professions  
Strategic aim 3: More visible and informed  
Strategic aim 4: Engaging and empowering the public, professionals and partners  
Strategic aim 5: Insight and influence  
Strategic aim 6: Fit for the future organisation

**Decision required:** None.

**Annexes:** The following annexe is attached to this paper:

- Annexe 1: High value contracts for Council 2020-2021.

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

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**Context: Planned contracts and financial commitments over £0.5 million**

- 1 The proposed revisions to the Financial Regulations in the previous item on this agenda (NMC/20/41) include proposals to increase the authority delegated to the Chief Executive and Registrar to make financial commitments. This is subject to the Council being provided with details of all expected new or renewed contracts, contract variations, extensions or financial commitments with an expected lifetime value of greater than £0.5 million including VAT, that are expected to be entered into during 2020-2021.
- 2 Subject to the Council approving the revisions to the Financial Regulations, a list of the expected contracts within this delegated financial commitment is attached at **Annexe 1**.
- 3 As set out in the proposed Financial Regulations, contracts that are included on this list that have an expected lifetime value of less than £2 million including VAT may be approved by the Chief Executive and Registrar. Contracts that have an expected lifetime value £2 million or more including VAT, and any contract with an expected value greater than £0.5 million including VAT that was not included on the list at **Annexe 1**, will require separate and specific approval of the Council.

**Four country factors:**

- 4 The contracts we put in place support all our work across the four countries.

**Discussion:**

- 5 All identified contracts and commitments expected to be entered in 2020-2021 that exceed £0.5 million including VAT are listed at **Annexe 1**.
- 6 These contracts and commitments are across all areas of the business and will support a mixture of 'core business' activities and priority programmes, such as MOTS. There are also innovative projects where we are working with other regulators to jointly tender framework agreements, notably the Lay Advocacy Framework.
- 7 The Procurement team works closely with lead stakeholders throughout the organisation, in order to design and deliver high quality tenders. These tenders will be compliantly procured in line with Public Contracts Regulations 2015 and our own Procurement Policy.
- 8 Council is asked to note the planned contracts and commitments with a lifetime value of over £0.5 million including VAT as set out at **Annexe 1**.

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**Next Steps**

9 The Procurement team will continue to work with stakeholders to deliver the tenders.

**Midwifery implications:** 10 None of the contracts listed in **Annexe 1** are exclusively related to midwifery.

**Public protection implications:** 11 Procurement activities underpin all our work to protect the public.

**Resource implications:** 12 The costs of contracts listed in **Annexe 1** are covered within the budget approved by the Council on 25 March 2020 (NMC/20/22). No additional people resources are required to deliver the tenders.

**Equality diversity and inclusion implications:** 13 Our normal procurement approach requires bidders to demonstrate how they apply equality, diversity and inclusion into their work and business operations. Bidders are also required to formally confirm acceptance of our policies.

**Stakeholder engagement:** 14 None – this paper relates to our internal approval process for higher value contracts.

**Risk implications:** 15 None directly.

**Legal implications:** 16 We seek to ensure that all contracts comply with our legal obligations such as the public procurement regulations.

Spend Category	Retender / new requirement	Lead directorate	Description	Incumbent supplier?	Contract duration	Estimated contract signing date
Information Technology Category	Retender	Resources & Technology Services	Outsourced and cloud based datacentre services, and other related services	Cancom	1 year	May 2020
	Retender	Resources & Technology Services	CRM implementation services – ongoing work	Bramblehub (Cloudsource)	1 year	May 2020
	Retender	Resources & Technology Services	Outsourced and cloud based datacentre services, and other related services	Cancom	4 years TBC	December 2020
	Retender	Resources & Technology Services	CRM implementation services including Case Management System for FtP	Bramblehub (Cloudsource)	4 years TBC	January 2021
	Retender	Resources & Technology Services	Communications network links between NMC buildings	Virgin British Telecom	4 years TBC	March 2021

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Spend Category	Retender / new requirement	Lead directorate	Description	Incumbent supplier?	Contract duration	Estimated contract signing date
Professional Services and Human Resources Category	New	Resources	Investment management	n/a	5 years (initial term)	May 2020
	Retender	GC	Legal services	Field Fisher Waterhouse LLP	3 years	June 2020
	New	FtP	Lay Advocacy Framework	Rethink	4 years	August 2020
	Retender	FtP	Transcription services	4 x existing providers	4 years	September 2020
	Retender	POD	Pension scheme (DC)	The People's Pension	TBC	February 2021
	Retender	FtP	Toxicology testing services	DNA Worldwide	4 years	May 2020
	Retender	FtP	Medical examiners	UKIM Somek	4 years	March 2021
	Retender	POD	Training providers	Numerous	2 years TBC	March 2021
	Retender	GC	Legal services	Blake Morgan LLP	3 years	March 2021

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Spend Category	Retender / new requirement	Lead directorate	Description	Incumbent supplier?	Contract duration	Estimated contract signing date	Comments
Property and Estates Category	New	Resources & TS	Various contracts required to deliver full refurbishment of 23 Portland Place	N/A	Various	Throughout 2020-21	<p>Subject to Council's approval of the business case scheduled for September 2020, the refurbishment of 23 Portland place would require at least 12 new contracts to be tendered – these will vary in value.</p> <p>These include:</p> <ol style="list-style-type: none"> <li>1. Architect and design services</li> <li>2. M&amp;E design consultant</li> <li>3. Project management &amp; associated services</li> <li>4. Structural engineering services</li> <li>5. Acoustic specialist services</li> <li>6. Public health design services</li> <li>7. Building works contractor</li> <li>8. Building contractor inspector</li> <li>9. Specialist property legal advice services</li> <li>10. Service office space (temp relocation before start of fit out)</li> <li>11. Office furniture supplies</li> <li>12. AV/IT supplies</li> </ol>
	New	Resources & TS	Various contracts required to deliver the possible relocation of Edinburgh office	N/A	Various	Throughout 2020-21	<p>Subject to Council's approval of the business case scheduled for September 2020, the relocation of Edinburgh office (due to expiration of the current lease) will require various contracts to be tendered - these will vary in value.</p>

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## Council

### Audit Committee Report

**Action:** For decision.

**Issue:** Reports on the work of the Audit Committee.

**Core regulatory function:** Supporting functions.

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

**Decision required:** The Council is asked to approve a 12-month extension of the contract with external auditors, haysmacintyre, as provided for within the current contract (paragraph 7).

**Annexes:** None.

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

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Chair: Marta Phillips

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- Context:**
- 1 Reports on the last meeting of the Audit Committee held on 29 April 2020. Key Issues considered by the Committee included:
    - 1.1 The proposed extension of the contract for external auditors which the Committee is recommending to Council for approval.
    - 1.2 The update on the Internal audit work programme and annual Internal Audit Opinion for 2019-2020. The Committee welcomed the Opinion from the Head of Internal Audit which concludes that the NMC has an adequate and effective framework for risk management, governance and internal controls.
    - 1.3 The draft Annual Governance Statement for the statutory annual report and accounts, which it believed was very well written and provided a fair and accurate assessment of our control environment.
    - 1.4 An update on our current IT infrastructure and the Modernising our Technology (MOTs) programme.

**Four country factors:** 2 None directly arising from this report.

**Discussion: Extension of external auditors**

- 3 The appointment of external auditors is a matter reserved to the Council. The Committee's report to the Council in March advised that it was proposed to tender for new external auditors, given that the current auditors had been in place for 17 years, although most recently reappointed following a competitive process in 2016.
- 4 The Committee noted that in response to the Covid-19 pandemic, the Executive had refocused on highest priority activities and that running a tender process at this time would divert resources. As a further 12 month extension was permissible within the existing contract, it was proposed to defer the retender for 12 months. The Committee was assured that the external auditors had sufficient partner and staff rotations such that they remain able to scrutinise effectively. The Committee also noted that it is important that the external auditors are engaged throughout the year and attend Committee meetings.
- 5 The Committee was satisfied that an extension was appropriate given the current circumstances and the re-prioritisation of work as a result of the Covid-19 pandemic.
- 6 As haysmacintyre were notified of the intention to retender the Committee requested assurance that haysmacintyre would, in

principle, accept an extension. This assurance has now been obtained.

- 7 **Recommendation: the Council is asked to approve a 12 month extension of the appointment of haysmacintyre as external auditors within the current contract.**

#### **Internal Audit Work Plan 2019-2020**

- 8 The Committee was pleased to note all that all programmed Internal Audit assignments in the 2019-2020 work plan had been completed. The Committee considered two internal audit assignments:

8.1 **Quality Assurance of Education & Standards** (opinion of “reasonable assurance” providing a largely positive view of controls).

8.2 **Risk Management Maturity:** this had been assessed as ‘developing’ – the same as the previous year’s audit. The Committee encouraged the Executive to work towards achieving a ‘mature’ assessment for risk management.

- 9 The Committee continues to monitor progress on clearing Internal Audit recommendations. The Committee noted that the internal audit programme for 2020-2021 was on track.

#### **Annual review of risk management effectiveness**

- 10 The Committee considered the annual review of risk management effectiveness. This included an assessment of the risk management and internal control environment in each directorates and a summary of risk improvements during 2019 – 2020.

- 11 The Committee noted the Executive assessment that, overall, it could take reasonable assurance that the NMC was adequately managing risk and that the internal control environment remained strong.

- 12 The Committee noted that the organisation had been able to respond effectively to the Covid-19 pandemic, and minimise disruption, by building on the business continuity arrangements which had already been in place. Despite the known IT infrastructure challenges, it had been possible to move the organisation to home working rapidly. The planning work for Brexit had also helped the organisation respond so well to the emergency.

- 13 The Committee considered that the integrity and values of the NMC were evident in the way the organisation had responded to the Covid-19 pandemic.

- 14 The Committee noted that progress on the Risk Management Improvement Plan had been affected by resources being diverted to support development of the Strategy and encouraged the Executive

to ensure this was now taken forward. The Committee will receive a report on this at its next meeting.

### **Anti-fraud, bribery and corruption annual report 2019-2020**

- 15 The Committee was pleased to note that no instances of fraud, bribery or corruption had been detected so far in 2019-2020 and that there had been no reported incidents of offences under the Modern Slavery Act 2015 in the NMC's supply chain.

### **Whistleblowing annual report 2019-2020**

- 16 The Committee reviewed the standing report on the use of the NMC's internal whistleblowing policy and was advised that two whistleblowing concerns had been raised since the last meeting. The Committee was updated on the action being taken by the Executive to investigate the concerns and was satisfied with the approach proposed.
- 17 The Committee was impressed by the way concerns raised under the process during the year had been handled and the care with which individuals were treated. The fact that individuals felt able to use the process was positive.
- 18 The Committee noted that, whilst the whistleblowing policy had been invoked five times during the year, the majority were not whistleblowing within the strict definition of the Public Interest Disclosure Act, rather many were HR or workplace related issues. However, all issues raised were looked into and addressed appropriately.
- 19 The Committee received assurance from the Executive that there were a wide range of ways for colleagues to raise concerns, other than through the Whistleblowing policy.

### **Draft internal Audit opinion and draft Annual Governance Statement 2019-2020**

- 20 The Committee discussed a draft of the annual Internal Audit Opinion 2019-2020, which concluded that the NMC had "an adequate and effective framework for risk management, governance and internal controls". The draft Opinion identified further enhancements to the framework of risk management, governance and internal controls which could be made to ensure that it remained adequate and effective, but there were no significant control issues. This is the same overall opinion as for 2018-2019.
- 21 The Committee was satisfied that the Opinion was a fair assessment and whilst this was a good outcome, encouraged the Executive to aim to improve on this for the future.
- 22 The Committee also considered a draft of the Annual Governance statement for inclusion in the statutory Annual Report and Accounts

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2019-2020. The Head of Internal Audit was satisfied that the draft Annual Governance Statement was reflective of the internal audit draft Opinion. The Committee was satisfied that the draft reflected the outcomes of the Annual review of risk management effectiveness, the Anti-fraud, bribery and corruption annual report and the Whistleblowing annual report.

- 23 The Committee commended the Secretariat on a well written and comprehensive draft which left little room for improvement and provided a fair and accurate assessment of governance, risk management and internal controls.

### **IT infrastructure and MOTs programme assurance report**

- 24 The Committee continues to receive regular updates on the IT infrastructure and the Modernisation of Technology (MOTs) programme. The Committee is monitoring developments in this area until it is satisfied that the level of risk has been mitigated to an acceptable level.

- 25 The Committee welcomed the appointment of Avanade to undertake an external review of the MOTS programme and was satisfied that the scope was tailored to the NMC's needs. The Committee was updated on delays relating to the next phase of the programme:

25.1 The payments release target go live date had been delayed further from 25 April 2020 to 31 May 2020. This was due to the Covid-19 pandemic, as well as some technical issues with the system itself.

25.2 Although the Council had been advised in March that a report on the independent external review of the programme, would be brought back in May, this would now come to the June Audit Committee meeting and then to Council in July 2020.

- 26 In relation to non-MOTs activity the Committee noted that the investment in additional server provision to augment the performance of the network and improve user experience for staff was progressing. The Committee also noted that there would be a need to extend the datacentre provider contract for 12 months, rather than nine as originally envisaged due to the Covid-19 pandemic.

- 27 The Committee thanked the Executive and staff for the excellent work that had been done to enable all NMC staff to work from home. The rapid response represented a significant achievement.

### **Single tender actions cumulative register**

- 28 The Committee considered a report on single tender actions (STAs) and the STAs actions log for the period April 2019 to March 2020. The Committee welcomed the significant reduction in the number of

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STAs during the year, which suggested that the procurement policy and controls were being applied more effectively.

<b>Midwifery implications:</b>	29	No midwifery implications arising directly from this report.
<b>Public protection implications:</b>	30	No public protection issues arising directly from this report.
<b>Resource implications:</b>	31	No resource implications arising directly from this report.
<b>Equality and diversity implications:</b>	32	No direct equality and diversity implications resulting from this report.
<b>Stakeholder engagement:</b>	33	None.
<b>Risk implications:</b>	34	No risk implications arising directly from this report.
<b>Legal implications:</b>	35	None identified.

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## Council

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

**Action:** For information.

**Issue:** Reports action taken by the Chair of the Council since 25 March 2020 under delegated powers in accordance with Standing Orders.

There have been three Chair's actions:

1. Review of the Covid-19 Temporary Register removal guidance for approval by the Chief Executive and Registrar.
2. To agree Conditions of practice to be applied to specific groups on the Covid-19 Temporary Register.
3. To authorise the retrospective extension of the second terms of appointment for the 19 Investigating Committee panel members.

**Core regulatory function:** Supporting functions.

**Strategic priority:** Fit for the future organisation.

**Decision required:** None.

**Annexe:** The following annexes are attached to this report:

- Annexe 1: Chair's action 03/2020 – Covid-19 Temporary Register removal guidance for approval by the Chief Executive and Registrar in consultation with the Chair.
- Annexe 2: Chair's action 04/2020 – Conditions of practice to be applied to specific groups on the Covid-19 Temporary Register
- Annexe 3: Chair's action 06/2020 – Investigating Committee panel member second term extensions.

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

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03/2020

## Chair's Action

Under NMC Standing Orders, the Chair of the Council has power to authorise action on minor, non-contentious or urgent matters falling under the authority of the Council (Scheme of Delegation, paragraph 4.6). Such actions shall be recorded in writing and passed to the Secretary who maintains a record of all authorisations made under this paragraph. The Chair is required to report in writing, for information, to each Council meeting the authorisations which have been made since the preceding Council meeting.

Each Chair's action must set out full details of the action that the Chair is requested to authorise on behalf of the Council.

<b>Requested by:</b> Council Secretary	<b>Date:</b> 01 April 2020
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### **Covid-19 Temporary Register removal guidance for approval by the Chief Executive and Registrar in consultation with the Chair**

On 25 March 2020, the Council agreed that Covid-19 Temporary Register removal guidance would be considered by the Executive Board and then approved by the Chief Executive and Registrar, in consultation with the Chair of the Council (NMC/20/20).

The Covid-19 Temporary Register removal guidance is **attached**. This was approved by the Executive Board on 1 April 2020. The Chair is now asked to confirm that he has reviewed the guidance and has been consulted on the content by the Chief Executive and Registrar so that this can be approved.

### ***Chair's permission given to attach electronic signature due to Covid-19 emergency in the UK***

Signed: Philip Graf, Chair of Council



Date: 01 April 2020

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# Covid-19 Temporary Registration Removal Guidance

## Introduction

1. The Coronavirus Act 2020 gives the Registrar a new emergency power to temporarily register a person or group of persons as registered nurses, midwives or nursing associates if the Secretary of State advises that an emergency has occurred, is occurring or is about to occur<sup>1</sup>. The Registrar can register people that she considers to be fit, proper, and suitably experienced to be registered as a nurse, midwife or nursing associate, with regard to the emergency.
2. The Registrar has also been given the power to remove people from the temporary register. Under the emergency legislation, our normal registration requirements and fitness to practise processes do not apply to individuals on the temporary register<sup>2</sup>.
3. The legislation sets out that the Registrar can remove people from the temporary register where:
  - The Secretary of State advises the Registrar that the circumstances that led to them declaring an emergency no longer exist<sup>3</sup>; and
  - For any other reason, including where the Registrar suspects that a person’s fitness to practise may be impaired<sup>4</sup>.
4. The Registrar has also been given a power to make someone’s temporary registration subject to conditions, which can be added, removed, or varied at any time.<sup>5</sup>
5. The guidance below sets out the approach that the Registrar<sup>6</sup> will take in deciding whether to remove someone from the temporary register.

## Removal when the emergency no longer exists

6. As soon as the Secretary of State advises the NMC’s Registrar that the circumstances which led to temporary registration no longer exist, the Registrar **must** revoke the registration of everyone on the temporary register. This means that

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<sup>1</sup> Schedule 1 of the Coronavirus Act 2020 adds a new Article 9A to the Nursing and Midwifery Order 2001 (‘the Order’), providing powers for temporary registration in an emergency. “Emergency” means an emergency of the kind described in section 19(1)(a) of the Civil Contingencies Act 2004, read with subsection (2)(a) and (b) of that section i.e. one that involves, causes or may cause loss of human life, or human illness or injury.

<sup>2</sup> Article 9A(10) of the Order

<sup>3</sup> Article 9A(7)(a) of the Order

<sup>4</sup> Article 9A(7)(b) of the Order

<sup>5</sup> Article 9A(4) and (5) of the Order

<sup>6</sup> For the purposes of this guidance, any references to the Registrar include any Assistant Registrar authorised to make these decisions by the Registrar under Article 4(5) of the Order..

as soon as the emergency is over, individuals who have been temporarily registered and whose registration has now been revoked will no longer be entitled to practise as registered nurses, midwives and nursing associates. If they wish to join the permanent register they will need to go through the normal registration application process.

## Removal “for any other reason”

7. The Registrar may decide to remove someone from the temporary register for any other reason, including where they suspect a person’s fitness to practise may be impaired.
8. Our over-arching objective is to protect the public, and any decision which the Registrar takes will need to balance the need to support the health and care workforce to manage the increased risks of an emergency situation with the importance of minimising any risks to safety for people using services and patients.
9. We recognise the valuable contribution that people make by joining the temporary register at a time of emergency, and any decision to remove someone from the temporary register will be taken on a risk-based approach during the emergency period.

## Fitness to practise concerns

10. Where a concern is raised with us<sup>7</sup> about a nurse, midwife or nursing associate on our temporary register, we will consider whether that concern is about something which may impair that person’s fitness to practise during the Covid-19 emergency.
11. The type of concerns which may be sufficiently serious to affect an individual’s fitness to practise on the Covid-19 temporary register include<sup>8</sup>:
  - Health concerns which are not properly managed;
  - Criminal convictions and cautions;
  - Misconduct or a lack of clinical competence;
  - Not having the necessary knowledge of English;
  - Determinations by other health or social care organisations.

## Other reasons

12. In addition to concerns about fitness to practise, there may be other reasons for the Registrar to remove someone from the temporary register. These will need to be assessed on a case by case basis, but will include:

<sup>7</sup> This includes where we identify concerns about an individual ourselves, through intelligence we have received.

<sup>8</sup> <https://www.nmc.org.uk/ftp-library/understanding-fitness-to-practise/fitness-to-practise-allegations/>

- Where an individual asks to be removed from the register;
- Mistakes of fact relating to the original decision to allow registration, for example where it appears that the individual registered did not meet the eligibility criteria of the group in which they were registered;
- Breach of any conditions of practice on their registration<sup>9</sup>
- Where an individual misuses their temporary registration, for example, by practising in a way which is not linked – directly or indirectly – to Covid-19<sup>10</sup>;
- Any other matters about the individual which were not previously considered, and mean the individual would not have been considered fit, proper, and suitably experienced at the point of registration.

## Assessing any concerns raised

13. We may be able to reach a decision on the basis of the information provided to us by the person raising the concern. In some cases it may be necessary to carry out enquiries to gather information for the Registrar to make their decision. We won't in any cases carry out a full fitness to practise investigation<sup>11</sup>.
14. In most cases the Registrar's decision will be based on information provided by the employer of the temporarily registered nurse, midwife or nursing associate about whom the concern is raised. We will ensure that wherever possible this information factors in any relevant contextual issues, equality and diversity issues, and patient concerns<sup>12</sup>.
15. We will make reasonable enquiries into the facts of any case which may result in removal, although where the individual wishes to be removed from the temporary register it will be sufficient that they have requested this in writing or by phone.
16. Once we've been notified of a concern about an individual on our temporary register we'll notify them of this and will indicate the date we expect the Registrar to make their decision. We'll normally provide the temporary nurse, midwife, or nursing associate with the opportunity to respond to the concern raised by email or telephone whilst we conduct our enquiries and before the decision is made.

<sup>9</sup> Temporary registration can be granted subject to conditions under Article 9A(5) of the Order. These conditions may be varied or revoked, or new conditions added, at any time by the Registrar.

<sup>10</sup> Registrants may be working in front-line health or social care roles in the Covid-19 emergency or working in other nursing or midwifery roles which support or backfill other registered professionals. We will only be usually be concerned where there is no connection to the emergency situation, for example using temporary registration for commercial purposes.

<sup>11</sup> For example, we will not take formal witness statements.

<sup>12</sup> Including any information provided by the employer or the temporary registrant about concerns they have raised previously including whistleblowing concerns.

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## Making a decision

17. After making any additional enquiries to obtain any further information needed, the Registrar will be asked to make their decision.
18. In some cases we may be able to make a decision immediately on the information we receive because it is clear there are no concerns about that person's temporary registration, and we do not need to take action.
19. There may also be rare cases where the concerns raised are so serious that the Registrar needs to take immediate action to remove someone from the temporary register without allowing them an opportunity to make representations<sup>13</sup>.
20. As the Registrar is acting in an emergency, there is no formal process for removal from the temporary register. Individuals on the temporary register will not have the opportunity to attend a hearing or make formal representations. If they do provide us with any relevant information before the Registrar makes their decision this will be taken into account.
21. Where the temporary nurse, midwife or nursing associate has indicated they wish to be removed from the temporary register for any reason, we will confirm this with them and the Registrar will direct that their temporary registration is revoked.

### *Fitness to practise concerns*

22. The Registrar will consider all relevant factors, and on the information available decide whether to remove someone from the temporary register because the Registrar *suspects* that their fitness to practise *may* be impaired. This is a low threshold, and in making this decision the Registrar will consider:
  - a) Whether the concern is serious enough to suggest that the nurse, midwife or nursing associate may not be fit to practise during the Covid-19 emergency;
  - b) Whether we would be able to obtain credible evidence to support the concern<sup>14</sup>;
  - c) Whether the concern has already been addressed and we are confident there is no longer any serious risk of harm to members of the public, or to public trust and confidence in the professions.
23. If the Registrar suspects someone's fitness to practise *may* be impaired, they will go on to consider what action to take, if any. Even where a potential concern has been identified, it will not necessarily lead to removal.

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<sup>13</sup> This will usually only be where we have evidence of an immediate risk of serious harm or damage to public trust, for example a criminal conviction.

<sup>14</sup> As we will not be conducting a full investigation we will not always obtain all relevant evidence, but it will be sufficient for us to be satisfied that it would be available to us.

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*Possible outcomes*

24. The Registrar has the power to:

- Remove someone from the temporary register;
- Add, vary, or remove conditions on someone’s temporary registration; or
- Take no action.

25. When deciding whether removal is the appropriate outcome, the Registrar will take into account the risk identified, as well as having regard to the Covid-19 emergency situation and whether that risk can be managed safely. At all times the Registrar will have regard to our overarching objective of protecting the public from risk of harm.

26. The Registrar has the power to take no action and allow continued temporary registration, and may choose to do so where they are satisfied that any risk can be appropriately managed and the temporary nurse, midwife or nursing associate can continue to work safely during the Covid-19 emergency.

27. Alternatively, the Registrar may add, vary, or remove conditions on a temporary nurse, midwife or nursing associate’s registration. This will only be done in limited circumstances, for example to require the temporary nurse, midwife or nursing associate to work under the direction of a more senior permanently registered professional.

28. Where the Registrar is not satisfied that the temporary nurse, midwife or nursing associate can remain temporarily registered and practise safely with regard to the Covid-19 emergency, they will revoke temporary registration and the individual’s name will be removed from the public temporary register.

**Notification of the decision**

29. Once the Registrar has made a decision, we will notify the individual on our temporary register and their employer. If a decision was made to remove someone from the temporary register, reasons will be given for this. A decision to add, vary, or remove conditions of registration will be communicated in the same way. The outcome of the Registrar’s decision will also be communicated to the person who raised the concern, if this is not the temporary nurse, midwife or nursing associate’s employer.

30. If the temporary nurse, midwife or nursing associate joined the temporary register as a student, we will inform the approved educational institution (AEI) supervising their course of study. The AEI may then take this information into consideration in assessing any impact on the continuation of their course and suitability to join the permanent register at the end of their course.

31. We will not publish our decisions publicly, however we will share information about temporary registration, including a decision to revoke registration, with the health and social care providers across the UK with whom we have previously provided details of the people on the Covid-19 temporary register.

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## After the Registrar’s decision

32. There is no right to appeal or review the Registrar’s decision to remove someone from the temporary register<sup>15</sup>. However, there may be circumstances where someone can re-join the temporary register once removed. This will usually only be where:

- The individual was removed from the temporary register at their own request, and no concerns were raised about their practice or the original decision to register them. In these circumstances the individual will be allowed to return to the temporary register if they wish to at a later date provided they are still fit, proper, and suitably experienced; or
- It is identified there was a mistake of fact relevant to the Registrar’s decision to remove someone from the temporary register, meaning the decision should be revoked, for example where there was a mistake of identity; or
- There has been a material change in circumstances which mean the individual can now be considered by the Registrar as fit, proper and suitably experienced, and can be readmitted to the temporary register<sup>16</sup>. An example may be where someone was removed due to unmanaged health concerns, but their health has since improved.

## Applications for permanent registration

33. If people who have been removed from our temporary register wish to join or re-join the permanent register in future they will need to satisfy our full registration requirements<sup>17</sup>. When considering an application for registration, the Registrar will consider whether an applicant meets our health and character requirements<sup>18</sup>, and whether the applicant is capable of safe and effective practice.

34. It is important that the Registrar is able to take into account any information relevant to an application for registration, and this may include concerns raised about someone whilst on the temporary register, so we will keep a record of these. However, we recognise that any concerns which arise during the emergency period are likely to have occurred in exceptionally challenging circumstances, and all relevant context will be taken into account by the Registrar, including the unprecedented nature of this Covid-19 emergency.

35. We may also share any information we hold about any students who joined the temporary register and were then removed from it with their AElS so that they can

<sup>15</sup> Article 37(2C) of the Order, as amended by the Coronavirus Act 2020.

<sup>16</sup> Article 9A(2)(a) of the Order allows the Registrar to consider whether an individual is fit, proper and suitably experienced to be registered as a nurse, midwife or nursing associate with regard to the emergency.

<sup>17</sup> <https://www.nmc.org.uk/registration/>

<sup>18</sup> <https://www.nmc.org.uk/globalassets/sitedocuments/registration/guidance-on-health-and-character.pdf>

take it into account in relation to their normal health and character declaration processes for the purposes of any future application for full registration.

**Review and monitoring**

36. As with all of our processes, this guidance and process will be kept under review to assess its impact, and revised where appropriate. In line with our Public Sector Equality Duties we will also seek to monitor equality, diversity and inclusion (EDI) data in respect of our temporary registrants where possible, to assess the impact of this policy on people with protected characteristics.

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04/2020

## Chair's Action

Under NMC Standing Orders, the Chair of the Council has power to authorise action on minor, non-contentious or urgent matters falling under the authority of the Council (Scheme of Delegation, paragraph 4.6). Such actions shall be recorded in writing and passed to the Secretary who maintains a record of all authorisations made under this paragraph. The Chair is required to report in writing, for information, to each Council meeting the authorisations which have been made since the preceding Council meeting.

Each Chair's action must set out full details of the action that the Chair is requested to authorise on behalf of the Council.

<b>Requested by:</b> Council Secretary	<b>Date:</b> 06 April 2020
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### **Conditions of practice to be applied to specific groups on the Covid-19 Temporary Register**

- 1) On 25 March 2020, the Council agreed to authorise the Chief Executive and Registrar, with the agreement of the Chair, to add any groups of suitable people to the Temporary Register in line with the principles set out in the Covid-19 emergency temporary registration policy and to take any other action necessary to implement these emergency decisions and principles. Whenever time allows the Chair should consult Council members before signalling agreement to a proposal from the Chief Executive and Registrar, and in all circumstances the Chief Executive and Registrar shall inform Council members of all emergency decisions and policies within 24 hours of being made. (NMC/20/20).
- 2) The Council was advised on 25 March 2020 that consideration was being given to adding a number of groups to the Temporary Register, including the two groups detailed in paragraph 3 below. The Council was advised that the conditions of practice which may need to apply to such registration were still under review at that stage.
- 3) The Chief Executive and Registrar now proposes that the following two groups of people be added to the Temporary Register in line with the Covid-19 emergency temporary registration policy and subject to conditions of practice as set out in paragraph 4 below:
  - a) Overseas applicants, including both nurses and midwives, who have completed all parts of their NMC registration process except the final clinical examination (OSCE).
  - b) Nurses and midwives who have left the register within the last four and five years, including those who left the register up to five years ago who have started but not completed Return to Practice programmes.

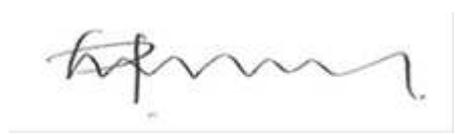
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- 4) The proposed conditions of practice to apply to all in the above two groups are:
  - a) the need to work as registered nurse or midwife in an employed capacity for a health or social care employer.
  - b) the need to always work under the direction of an NMC registered nurse, midwife or other registered healthcare professional who is not on a temporary register.
- 5) The Council was consulted by email on 3 April 2020 about the proposed conditions of practice set out at paragraph 4) above: no Council members raised concerns about the proposed conditions by the given deadline of 10am on 6 April 2020.
- 6) The Chair is asked to agree to the conditions of practice at paragraph 4) above being applied to all individuals admitted to the Temporary Register in the two groups set out at paragraph 3) above.

***Chair's permission given to attach electronic signature due to Covid-19 emergency in the UK***

Signed: Philip Graf, Chair of Council



Date: 6 April 2020

06/2020

## Chair's Action

Under NMC Standing Orders, the Chair of the Council has power to authorise action on minor, non-contentious or urgent matters falling under the authority of the Council (Scheme of Delegation, paragraph 4.6). Such actions shall be recorded in writing and passed to the Secretary who maintains a record of all authorisations made under this paragraph. The Chair is required to report in writing, for information, to each Council meeting the authorisations which have been made since the preceding Council meeting.

Each Chair's action must set out full details of the action that the Chair is requested to authorise on behalf of the Council.

<b>Requested by:</b> Emma Broadbent, Director of Professional Regulation	<b>Date:</b> 21 April 2020
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### **Investigating Committee panel member second term extensions**

On 26 March 2020 the Council made the Nursing and Midwifery Council (Emergency Procedures) (Amendment) Rules 2020. These were approved by the Privy Council and came into effect on 31 March 2020.

One of the amendments enables the Council to extend the appointment of any panel member whose second term was due to expire as of 3 March 2020.

The Appointments Board took the decision by correspondence, on 16 April 2020, to recommend to the Council the extension of the second term of appointment of 19 Investigating Committee panel members for a 12 month period.

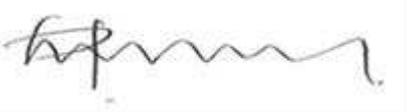
The Appointments Board is satisfied that there is a business need for the extensions and that those recommended for extension meet the required criteria.

The **attached** Appointments Board paper sets out the basis on which the Appointments Board agreed to make the recommendation to Council, and the names of the Investigating Committee panel members whose terms of appointment expired on 23 March 2020 and are to be retrospectively extended until 22 March 2021.

The Chair is requested to authorise, on behalf of Council, the retrospective extension of the second terms of appointment for the 19 Investigating Committee panel members set out in the **annexe** of the **attached** Appointments Board paper.

### ***Chair's permission given to attach electronic signature due to Covid-19 emergency in the UK***

Signed: Philip Graf, Chair of Council



Date: 23 April 2020

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## Appointments Board

### Extension of panel member second terms

<b>Action:</b>	For decision by 5.00 pm on 21 April 2020.	
<b>Issue:</b>	To consider the retrospective extension of 19 panel members' second terms of appointment which ended on 23 March 2020.	
<b>Core regulatory function:</b>	Professional Regulation.	
<b>Strategic priority:</b>	Strategic priority 1: Effective regulation.	
<b>Decision required:</b>	The Board is asked to recommend that Council retrospectively extend the second term of appointment for the 19 Investigating Committee panel members listed in Annexe 1 for a 12 month period.	
<b>Annexes:</b>	The following annexe is attached to this paper: <ul style="list-style-type: none"><li>Annexe 1: List of panel members to have their second term of appointment extended.</li></ul>	
<b>Further information:</b>	If you require clarification about any point in the paper or would like further information please contact the author or director named below.	
	Author: Paul Johnson Phone: 020 7681 5680 paul.johnson@nmc-uk.org	Director: Emma Broadbent Phone: 020 7681 5903 emma.broadbent@nmc-uk.org

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<b>Context:</b>	1	On 26 March 2020 the Council made the Nursing and Midwifery Council (Emergency Procedures) (Amendment) Rules 2020. These were approved by the Privy Council and came into effect on 31 March 2020.
	2	The amended rules were developed to allow us to respond appropriately and proportionately to the unprecedented challenges in the UK health and care system due to the Covid-19 emergency.
	3	One of the amendments enabled the Council to extend the appointment of any panel member whose second term was due to expire as of 3 March 2020.
	4	Annexe 1 sets out 19 Investigating Committee panel members who we recommend should be considered for an extended second term.
<b>Four country factors:</b>	5	Not applicable for this paper.
<b>Discussion:</b>	6	Our response in fitness to practise casework to the Covid-19 emergency has been to concentrate on the delivery of our essential services that protect the public, these are: <ul style="list-style-type: none"> <li>• Receipt and risk assessment of new referrals</li> <li>• New interim order and interim order review applications</li> <li>• Review of substantive orders before their expiry</li> <li>• Requests to the High Court for extension of interim orders</li> </ul>
	7	Two of our four essential services require us to put information before panels, these are the consideration of new interim order and interim order review applications and the review of substantive orders before expiry. In order to continue providing these services, and operate in accordance with UK government guidelines, we have moved our essential hearings activity online through the use of videoconferencing technology and cancelled all new substantive hearings until 1 July 2020.
	8	The move to operating online has had to happen quickly and as a result we are still learning how to best use the technology and having to build confidence in the system with all hearing participants.
	9	This means proceedings are slower and we need to run more panels each day to deliver the same number of hearing outcomes that we usually achieve at face to face events. From a resourcing perspective this is not an issue for the review of substantive orders as panel members are drawn from the Fitness to Practise Committee and we have excess capacity as a result of the
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cancellation of substantive hearings. However, there is pressure on our ability to provide panel members to consider new interim order and interim order review applications as these members are drawn from the Investigating Committee.

- 10 Whilst we expect that pressure to ease over time, as people become used to our new way of operating, we are acutely aware of the risk that our panel members may start to fall ill or be otherwise unavailable as the Covid-19 emergency progresses.
- 11 Again that risk would put pressure on our ability to provide panels for our Investigating Committee events. Failure to run those events might mean the public are not sufficiently protected from registrants whose practice requires restriction.
- 12 In order to mitigate the short and medium term risks identified we are asking for the extension of 19 Investigating Committee members whose second terms of appointment expired on 23 March 2020.
- 13 We have reviewed the performance framework data for each member and all members are meeting or exceeding our requirements. The Board should be aware that six members have not completed peer reviews, this is one element of the framework but is not a concern here as we did not ask individuals to complete them when they were coming to the end of their second terms.
- 14 We are recommending an extension of 12 months as the emergency may go on for some time and a shorter period may lead to the Board having to consider further recommendations of extensions.
- 15 **Recommendation: The Board is asked to recommend that Council retrospectively extend the second term of appointment for the 19 Investigating Committee panel members listed in Annexe 1 for a 12 month period.**

**Public protection implications:**

16 Panel members are required to make decisions at practice committee events that protect the public.

**Resource implications:**

17 None identified. Costs associated with panel members are included in existing budgets.

**Equality and diversity implications:**

18 Extending the second term of appointment for members will leave the current diversity of the Investigating Committee unchanged.

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**Stakeholder engagement:**

19 None.

**Risk implications:**

20 There is a risk that failure to extend the second term of appointment for these Investigating Committee panel members will mean we do not have sufficient capacity during the period of this emergency to run our interim order events.

21 There is no immediate risk of having insufficient Fitness to Practise Committee panel members however we will keep that position under review and update the Board if there are any changes.

**Legal implications:**

22 We would not ordinarily have the power to extend panel member second terms of appointment.

23 The power for Council to make these extensions comes from the Nursing and Midwifery Council (Emergency Procedures) (Amendment) Rules Order of Council 2020 which came into effect on 31 March 2020.

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## List of panel members to have their second term of appointment extended

Full name	Panel	Lay or Registrant	Chair (Yes/No)	New end of term date
Andrew Skelton	Investigating Committee	Registrant	Yes	22 March 2021
Caroline Corby	Investigating Committee	Lay	Yes	22 March 2021
Cindy Leslie	Investigating Committee	Lay	Yes	22 March 2021
Eileen Carr	Investigating Committee	Lay	Yes	22 March 2021
Gillian Fleming	Investigating Committee	Lay	Yes	22 March 2021
Howard Freeman	Investigating Committee	Lay	Yes	22 March 2021
Ian Comfort	Investigating Committee	Lay	Yes	22 March 2021
Joan Tiplady	Investigating Committee	Registrant	Yes	22 March 2021
Libhin Bromley	Investigating Committee	Lay	Yes	22 March 2021
Mandy Renton	Investigating Committee	Registrant	Yes	22 March 2021
Maria Elizabeth Delauney	Investigating Committee	Registrant	Yes	22 March 2021
Miriam Karp	Investigating Committee	Lay	Yes	22 March 2021
Moriam Bartlett	Investigating Committee	Lay	Yes	22 March 2021
Nigel Bremner	Investigating Committee	Lay	Yes	22 March 2021
Peter Cadman	Investigating Committee	Lay	Yes	22 March 2021
Robert Collinson	Investigating Committee	Lay	Yes	22 March 2021
Stuart Turnock	Investigating Committee	Lay	Yes	22 March 2021
Tom Hayhoe	Investigating Committee	Lay	Yes	22 March 2021
Valerie Paterson	Investigating Committee	Lay	Yes	22 March 2021

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