

Council Open 25 March 2020

MEETING
25 March 2020 09:30

PUBLISHED
18 March 2020

Meeting of the Council

To be held from 09:30 on Wednesday 25 March 2020
Council Chamber, 23 Portland Place, London, W1B 1PZ

Agenda

Philip Graf
Chair

Fionnuala Gill
Secretary

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|----------|---|-----------|--------------------|
| 1 | Welcome and Chair's opening remarks | NMC/20/15 | 09:30 |
| 2 | Apologies for absence | NMC/20/16 | |
| 3 | Declarations of interest | NMC/20/17 | |
| 4 | Minutes of the previous meeting | NMC/20/18 | |
| | Chair | | |
| 5 | Summary of actions | NMC/20/19 | |
| | Secretary | | |
| 6 | COVID-19 emergency changes to rules, standards and policy – Paper to follow on 23 March 2020 | NMC/20/20 | 09:40-10:45 |
| | Director of Education and Standards / General Counsel | | |
| | Comfort break | | 10:45-11:00 |
| 7 | Executive report | NMC/20/21 | 11:00-11:15 |
| | Chief Executive and Registrar/Executive | | |
| 8 | Our future strategy | | |
| | 8.1 Draft Strategy 2020–2025 | NMC/20/22 | 11:15-12:00 |
| | Chief Executive and Registrar/ Director of Strategy Development | | |
| | 8.2 Our Values and Behaviours Framework | | |
| | Director of People and Organisational Development | | |

Meeting of the Council
Held on 29 January 2020 at 23 Portland Place, London W1B 1PZ

Minutes

Present

Members:

Philip Graf	Chair
Hugh Bayley	Member
Karen Cox	Member
Maura Devlin	Member
Claire Johnston	Member
Robert Parry	Member
Marta Phillips	Member
Stephen Thornton	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
Alice Hilken	Deputy General Counsel
Fausto Felice	Head of Strategic Change (NMC/20/01 to NMC/20/06 only)
Fionnuala Gill	Secretary to the Council
Pernilla White	Senior Governance Manager

Also in attendance

Hazel Carter-Showell	Carter Corson (NMC/20/06)
Dr David Foster	Chair, Post Registration Steering Group (NMC/20/09)

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Minutes

NMC/20/01 Welcome and Chair’s opening remarks

1. The Chair welcomed all attendees to this first Council meeting during the International Year of the Nurse and Midwife. On behalf of the Council, the Chair extended congratulations to all those nurses and midwives recognised in the New Year’s Honours list. He also noted that it was the first anniversary of the regulation of nursing associates in England and of the appointment of the Chief Executive and Registrar.
2. The Chair congratulated Ruth Walker, Derek Pretty, Marta Phillips and Hugh Bayley on their reappointment to the Council for a further term. The Chair also congratulated Candace Imison on her appointment as a Trustee of the Queen’s Nursing Institute.
3. The Chair thanked Mbonisi Dube, Senior Registration and Revalidation Officer who was stepping down as co-Chair of the Cultural Network for all he had done and was continuing to do for the NMC.

NMC/20/02 Apologies for absence

1. Apologies had been received from Council members: Ruth Walker; Derek Pretty; and Lorna Tinsley; and Clare Padley, General Counsel.

NMC/20/03 Declarations of interest

1. In relation to **NMC/20/09 – Review of Post Registration Standard; and NMC/20/11 – Panel Chair and member appointments and reappointments** all registrant members and Geraldine Walters declared an interest.
2. In relation to **NMC/20/12 – Midwifery update** Karen Cox declared an interest as an employer of midwives.
3. None of the interests declared were deemed material as the individuals were not affected any more than other registrants.

NMC/20/04 Minutes of the previous meeting

1. The minutes of the meeting on 27 November 2019 were agreed as an accurate record.

NMC/20/05 Summary of actions

1. The Council noted progress on actions from the previous meetings. In discussion, the following points were noted:

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- a) Arising from **NMC/19/78 – Industrial relations risk**: a statement had been published on the website to clarify the NMC’s position on the matter. This had been welcomed by the professional bodies, unions and other organisations. The Chief Executive and Registrar and the Director of External Affairs as the lead director for Northern Ireland had kept in contact with all relevant parties and provided advice as required.
 - b) Arising from **NMC/19/70 – EDI Research**: The Council welcomed the English language academic report which had been shared in December 2019, and felt reassured about the evidence based decision making.

NMC/20/06 Exploring context: Presentation by Carter Corson

1. The Director of Fitness to Practise introduced this item. The new strategic approach to fitness to practise adopted in 2018 included a principle that the NMC would take account of the context in which nurses, midwives and nursing associates were practising. Whilst context had always been considered, the work underway sought to apply this principle in a systematic and structured way at each stage of the process.
2. Hazel Carter-Showell, Carter Corson and Fausto Felice, Head of Strategic Change, delivered a presentation on insight into context and how it was being introduced into NMC’s fitness to practise processes. The recognition of context could help the NMC be the just, kind and effective regulator it wanted to be. Following an initial pilot, a second pilot was underway which would introduce assessment of context at each stage of the process.
3. The Council welcomed the presentation and noted that this had the potential to be a positive far-reaching and radical change.
4. In discussion, the following points were noted:
 - a) A context tool for use by staff had been developed and was still being refined. The tool aided collection of information in a non-biased way. This would be shared with Council.
 - b) It would be good for the NMC to encourage all relevant parties including NMC staff, police, coroners, politicians and the public to support this approach. A shared approach across regulators would also be beneficial. Taking an open and transparent approach to this work, was helping to stimulate awareness and discussion by others.
 - c) Although not the NMC’s responsibility, the NMC could still be proactive in sharing wider system contextual issues, such as underfunding, shift patterns and bullying with system and quality regulators, including by making referrals, where appropriate.
 - d) It was important to understand that the context tool was for clinical issues and safety incidents and not individual misconduct cases. It was important that people were not frightened of the regulator, but

that did not mean that difficult decisions would not be made, when necessary.

- e) The context of referrers also needed to be taken into account; for example, these were often prompted by life-changing incidents.
- f) The richness of the context work meant that it could provide insights for all the work the NMC did and how it interacted with registrants and the public. The long-term nature of this work meant that it would form part of the future strategy.

The Chair thanked Hazel Carter-Showell and Fausto Felicio for an illuminating presentation. This was a challenging, complex, far-reaching and long-term initiative, which could bring about a hugely important change.

5.

Action: Circulate Context tool and materials to Council
For: Director of Fitness to Practise
By: 25 March 2020

NMC/20/07 7a. Executive Report

1. The Chief Executive and Registrar introduced the Executive report.

Executive update

2. The following points were noted in discussion:

- a) The Chair and Chief Executive and Registrar had a positive meeting with the Secretary of State on 11 February 2020. Topics discussed had included recruitment, retention and preceptorship.
- b) In relation to Brexit, the NMC continued to monitor the situation carefully and updated information for registrants would be put on the website.
- c) There had been data challenges which had slowed progress on the equality, diversity and inclusion research. The report which would include all NMC processes would be published at the end of summer.
- d) The mid-year registration data publication showed that the number of nurses and midwives eligible to practise in the UK, and nursing associates eligible to practise in England, was at the highest level ever.
- e) Learnings from the Gosport Independent Panel's report had been published as an online resource.
- f) Ongoing engagement with the four countries was taking place. All of the country directors at the NMC were thanked for the ongoing work with senior stakeholders, including lead educators, in each of four countries. The Director of Education and Standards had engaged in good conversations with regional Directors of Nursing in England and had started to be invited to regional meetings across the country.
- g) In the spirit of the celebrations of 100 years of nursing regulation, the Chief Executive and Registrar had in December, visited the grave of

Ethel Fenwick.

- h) There had been a lot of social media attention on a recent commencing cardiopulmonary resuscitation (CPR) FTP case. The Chief Executive and Registrar had issued a blog explaining key issues and setting out key learning points which had been positively received. The NMC had also worked with the Royal College of Nursing and was fully supportive of the Resuscitation Council's best practice guidance. The NMC was proposing to convene a roundtable to discuss these issues further. This was a contentious area and the Council welcomed the collaborative approach proposed. There was a need to be mindful of context and encourage registrants to remain engaged in FTP processes.

Performance report

3. The Council discussed the performance report to 31 December 2019. The following points were noted in discussion:
- i) The publication of the new return to practice standards for nurses, midwives and nursing associates was a significant milestone.
 - j) A lot of work had been undertaken on forecasting and planning for the Test of Competence and whilst it was difficult to predict uptake, the NMC was working closely with suppliers in preparation for this and for anticipated increases in the number of overseas applicants.
 - k) A surplus of £6.8m was forecast for the year, compared to budgeted deficit of £3m. The main differences were:
 - a. £2.6m extra income mainly from more nurses and midwives from overseas applying to register.
 - b. £2.7m net directorate underspends, however there was a £0.3m overspend in Education and Standards directorate due to faster than expected programme approvals against the new standards.
 - c. There were fewer FTP hearings than budgeted for, which was a timing difference in the other direction.
 - l) FTP dashboard indicated that caseload was increasing to some extent. This had been anticipated at the start of the year, due to the significant changes introduced by the new FTP strategic direction and the office move. The move to the new offices had gone well and colleagues' happiness with the new environment had contributed to an increase in the engagement score. The decrease in hearings within FTP was due to a slowdown in output from the investigations stage during the last 12–18 months. The right resources were now in place at investigations and the focus was now on the screening and case examiner stages. However, the two KPI targets were being met.
 - m) The significant reduction in turnover to 15 percent was welcome. Sickness was also falling and the engagement score was rising. These were all good indications that people wanted to come here and wanted to stay.

Corporate risk register

4. The Council considered the corporate risk register. The following points were noted in discussion:
- n) There were no changes in the risk ratings. There was an expectation that the infrastructure and people risk would reduce in time.
 - o) The Council suggested that the ICT risk on the corporate risk register should be reviewed to cover delivery of the Modernisation of Technology programme as well as infrastructure issues.

Action: Add Modernisation of Technology programme delivery to the corporate risk register
For: Director of Resources and TBI
By: 25 March 2020

NMC/20/08 7b. Modernisation of Technology Services (MOTS) Programme progress report

1. The Director of Resources and TBI introduced the report and highlighted the following points:
- a) The MOTS Programme was approved by the Council in July 2018.
 - b) It followed a long period of underinvestment in IT systems.
 - c) The NMC's core systems for the register (Wiser) and FTP case management (CMS) were developed more than 10 years ago and customised for the NMC. They were not flexible, expensive to maintain, and dependency on the suppliers created a risk. The MOTS Programme was moving those core systems onto Microsoft Dynamics 365.
 - d) Good progress had been made since the NA register opened a year ago and the NMC was on track to go live with Dynamics 365 register next month. However, the programme had taken longer than originally planned, and costed more.
 - e) Council approved at the confidential meeting, a revised timetable and budget for the MOTS Programme in November 2019. The new budget was £8.93m, however that did not include the cost of completing the FTP case management system, as the detailed planning for that stage was yet to be completed.
 - f) Additional budget would be requested for FTP CMS and other work in 2020–2021, mainly phase 2 of the Education quality assurance IT project, within the budget presented to the Council in March 2020. If approved a tender process would commence and a detailed budget and timeline would be brought back for approval by Council in July 2020. That may needed to take place in the confidential meeting, but if so a summary would be provided in the open meeting.
 - g) The issues relating to the overrun on cost and schedule had been addressed with better programme governance, prioritisation, and more realistic planning; better financial management; and by

improving in house capability.

2. The following points were noted in discussion:
 - a) The Council welcomed the open and transparent nature of the report and was pleased to see the inclusion of a list of lessons learned. There was also learning for the Council and the Audit Committee in terms of oversight and assurance.
 - b) It was good that issues had been identified at a stage where the desired outcomes could still be achieved and that the programme had been put on a stronger footing to move forward. The Audit Committee would look again at how to ensure that it could best give assurance to the Council on the programme going forward

Action	Review approach to assurance and oversight of the Modernisation of Technology programme
For	Director of Resources/TBI and Audit Committee
By	25 March 2020

NMC/20/09 Review of Post Registration Standards

1. The Director of Education and Standards and Dr David Foster, Chair of the post-registration steering group (PRSSG), introduced the paper on the review of Post Registration Standards.

Specialist Community Public Health Nurse (SCPHN) standards

2. In discussion, the following points were noted:
 - a) The Specialist Community Public Health Nurses (SCPHNs) part of the register was only available to those already on the register, holding effective registration as either a nurse or a midwife.
 - b) Legislative change would be needed to affect any significant changes to the SCPHN part of the register. Accordingly, the PRSSG had concluded that the best way forward at present was to develop bespoke standards of proficiency for health visiting, school nursing and occupational health nursing, which would include core standards common across all three areas of practice.
 - c) It was important not to lose sight of the bigger context and be sure that this was the best way to proceed. The Future Nurse and Future Midwife Standards provided a good platform for perhaps considering a more ambitious approach to our responsibilities in this area in relation to 21st century health practitioners, rather than updating existing standards.
 - d) However, the SChPN standards had not been updated since 2004, when the SChPN part of the register was created. In the short term, there was a need to provide a bridge from the outdated standards. This should be seen as a stepping stone rather than a destination and could act as a springboard in future should there be change to the

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structure of the register.

Specialist Practice Qualifications (SPQs)

3. In discussion, the following points were noted:
 - a) The SPQs were annotations against a registrants name on the NMC register and were different from the SCPHN standards. There were community and non-community SPQ standards which were all out of date. It was proposed to withdraw these and replace them with one generic community nursing SPQ.
 - b) The proposed changes would not affect any existing annotations on the register already held by registrants.
 - c) The recognition that more care was provided outside than inside hospitals these days was welcomed.
 - d) To ensure that the diversity of skills needed by community nurses were captured, it was proposed to follow the model of the Future Nurse standards and adopt generic platforms with difference skills annexes and programme requirements. This was not about standards of advanced practice, though some elements of the standards would relate to advanced skills.
 - e) In considering the way forward, it was important to bear in mind the role of the NMC as regulator and that the purpose of the proposed work was to protect the public and inspire public confidence.
 - f) Whilst the approach proposed for SCPHN standards and SPQs were not about advanced practice, there had been a lot of feedback during the consultation on the future strategy, calling on the NMC to tackle this. This would need to be considered further.
4. The Chair thanked Dr Foster and the PRSSG, and the Education and Standards team on all the hard work undertaken to get to this stage.
5. **Decisions – The Council agreed:**
 - **the development of new standards of proficiency for health visiting, school nursing and occupational health nursing fields of Specialist Community Public Health Nursing (SCPHN) practice and associated programme standards.**
 - **to give notice that signals our intention to withdraw the current (SCPHN) qualification standards no later than 2023.**
 - **to an initial phase of work to scope standards of proficiency content of a proposed new Specialist Practice Qualification (SPQ) for community nursing practice, accompanied by associated programme standards.**
 - **to give notice that signals our intention to withdraw the current nine SPQ qualification standards no later than 2023.**

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NMC/20/10 Safeguarding and Protecting People Policy review

1. The Director of Registration and Revalidation introduced the paper on the first annual review of the safeguarding and protecting people policy.
2. In discussion, the following points were noted:
 - a) Whilst a policy and guidelines were in place, there was more work to do to embed awareness of the policy and guidelines with staff. It was important to fully encourage all colleagues and target specific teams to undertake the training. The values and behaviours work would assist in encouraging training for all staff on this and related policies and in embedding policies into processes and practice.
 - b) The fact that only three cases had been identified, may be an additional indicator for the need to strengthen awareness of the policy and guidelines to ensure that issues were captured. However, there was a need to be mindful that the NMC was not a front line organisation and it was anticipated that the number of cases would remain relatively small.
 - c) This area posed a risk to the NMC which may needed to be reflected in the risk register. The Executive was asked to consider this.
 - d) The Council asked to be informed of cases on an ongoing basis for awareness and learning.
3. **Decision - The Council:**
 - **Noted the implementation of the policy so far and approved updates to the policy.**
 - **Noted actions that will be undertaken by 31 March 2020.**

Action: The Executive to consider i. if the risk register is comprehensive enough to encompass safeguarding issues; ii how to best share cases and learning with the Council on an ongoing basis.

For: Director of Registration and Revalidation / Director of Resources and TBI

By: 25 March 2020

NMC/20/11 Panel Chair and member appointments and reappointments

1. The Director of Fitness to Practise introduced the paper outlining the recommendations of the Appointments Board for the appointment and transfer of panel Chairs and panel members.
2. **Decisions - The Council accepted the recommendations of the Appointments Board to:**
 - **Reappoint and transfer the individuals listed at Annexe 1 as panel members of the Fitness to Practise and Investigating Committees.**
 - **Appoint the individual listed at Annexe 1 as a panel member of the Investigating Committee.**

- **Appoint and transfer the individuals listed at Annexe 2 as panel Chairs of the Fitness to Practise and Investigating Committees.**

NMC/20/12 Midwifery update

1. The Director of Education and Standards gave a verbal update and the following points were noted:
 - a) The new future midwife standards had been publicised, printed and translated into Welsh. Two successful celebratory launch events had been held, one in Northern Ireland and one in Wales. Two further events were planned, one in Glasgow on 5 February and one in London on 12 February 2020.
 - b) The NMC was participating in each of the four country implementation boards and had also held meetings with the Lead Midwives for Education about implementation of the new standards.
 - c) The Midwifery Panel was taking place on 20 February 2020 and this would include consideration of draft principles on preceptorship, which had been jointly developed with the aim for this to be ready in March 2020. The Council welcomed the swift progress made on this commitment.

NMC/20/13 Questions from observers

1. The Chair invited questions and comments.
2. A Scottish government representative noted that the NMC had been above the target for overseas registrations since April 2019 and asked if the NMC was considering a more stretching target for next year. The Director of Registration and Revalidation advised that revised targets for 2020–2021 would be put to the Council for consideration in March 2020.
3. In relation to the post-registration standards, a question was raised about the value of revalidation against outdated SCPHN qualification standards. The Directors of Registration and Revalidation and Education and Standards noted that although registrants were not required to revalidate against the SCPHN qualification standards, they did need to revalidate against their scope of practice.
4. A member of the public welcomed the open and transparent progress report on the MOTS programme and asked if more reports could be put in the open meeting, instead of being made confidential and/or if the confidential council agenda could be published on the website. The Chief Executive and Registrar advised that papers were presented in the open unless there was a clear justification for the paper to be considered in private, such as being commercially sensitive or dealing with individual matters. An external review of overall governance arrangements had been undertaken and would be discussed at a future open Council meeting.

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- 5. It was noted that the FTP annual report 2018–2019 had given the number of registrants who took their own life. Behind this was an understanding that going through FTP was stressful for anyone. Specific support had been put in place, including the public support service, an emotional helpline and the care line. The safeguarding work would also help identify impact across the organisation.

NMC/20/14 Chair’s action taken since the last meeting

- 1. None to report.

Chair's closing remarks

The Chair thanked all attendees for coming.

The next meeting of the Council in public will be held on 25 March 2020.

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

SIGNATURE:

DATE:

Council

Summary of actions

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

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

Minute	Action	Action owner	Report back date	Progress to date
NMC/20/06	<p>Exploring context: Presentation by Carter Corson</p> <p>Circulate Context tool and materials to Council</p>	Director of Fitness to Practise	25 March 2020	Context tool and materials were circulated to Council on 3 February 2020.
NMC/20/07	<p>7a. Executive Report</p> <p>Add Modernisation of Technology programme delivery to the corporate risk register</p>	Director of Resources and TBI	25 March 2020	This risk will be reflected in the corporate risk register when it is presented to Council in May 2020.
NMC/20/08	<p>7b. Modernisation of Technology Services (MOTS) Programme progress report</p> <p>Review approach to assurance and oversight of the Modernisation of Technology programme</p>	Director of Resources/TBI and Audit Committee	25 March 2020	<p>The Audit Committee at its meeting in February 2020, discussed an internal audit report on programme and project management, which focussed on the MOTS programme, and will continue to review controls over the programme.</p> <p>See the Committees report elsewhere on the agenda.</p>

Minute	Action	Action owner	Report back date	Progress to date
NMC/20/10	<p>Safeguarding and Protecting People Policy review</p> <p>The Executive to consider i. if the risk register is comprehensive enough to encompass safeguarding issues; ii how to best share cases and learning with the Council on an ongoing basis.</p>	Director of Registration and Revalidation / Director of Resources and TBI	25 March 2020	The corporate risk register is now presented on a quarterly basis and will next be presented to Council in May 2020. The risk register will be presented to the Executive Board on 17 March 2020 and safeguarding risks are reflected in the proposed update.

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

Minute	Action	Action owner	Report back date	Progress to date
NMC/19/70	<p>EDI Research</p> <p>Provide early findings from the EDI research to Council</p>	Director of Registration and Revalidation	29 January 2020 / 25 March 2020	Our timetable has slipped because of issues with the quality of our EDI data that we had not anticipated. An update on the work is provided within the Executive Report.

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

Minute	Action	Action owner	Report back date	Progress to date
NMC/19/36	<p>Public Support Service</p> <p>Share the report on the findings from the work on hearing the voice of people who use services and families in FtP</p>	Director of Fitness to Practise	27 November 2019/ 29 January 2020/ 25 March 2020	The research and its findings were published and also shared with Council members on 13 February 2020.

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

Minute	Action	Action owner	Report back date	Progress to date
NMC/19/21	<p>8a. Financial Strategy and Investment Policy</p> <p>Ensure that the principles around the use of consultants and temporary contractors are captured in operational guidance</p>	Director of Resources and TBI	22 May 2019/ 3 July 2019/ 3 October 2019/ 29 January 2020/ 25 March 2020	The new processes were agreed by Executive Board and have been incorporated into the Operational Guide to Finance.

Council

Executive report

Action: For discussion.

Issue: Reports on key strategic developments.

Core regulatory function: All regulatory functions.

Strategic priority: All.

Decision required: None.

Annexe: The following annexe is attached to this paper:

- Annexe 1 – Corporate Risk Register (containing our response to novel coronavirus [COVID-19]).

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 report is produced by the Executive and contains highlights from the external environment and our strategic engagement work.
- 2 We propose to report corporate performance on a quarterly basis to the Council rather than every other month. The Executive continue to monitor performance every other month.
- 3 Performance will next be reported in May 2020 and will reflect the year end results against our 2019–20 corporate plan and budget.
- 4 This report does not cover topics which are the subject of separate reports on the agenda, such as activity relating to the Strategy or Midwifery.

Discussion:

Coronavirus - Covid 19

- 5 Action arising from the coronavirus (COVID-19) pandemic is the subject of a separate agenda item. As matters have developed we have sought to take action to reassure and support both professionals on our register and our colleagues.
- 6 On 3 March, we and 10 other health and care regulators issued a joint statement on their websites and social media detailing how we will continue to regulate in light of the coronavirus outbreak. The statement included reassuring professionals that our standards provide a flexible framework for decision-making in a wide range of settings, and that context will be considered if concerns were raised during the outbreak.
- 7 On 12 March, we issued a statement jointly with the four Chief Nursing Officers Chief Executives of the Royal Collage of Nursing (RCN), Royal College Midwives (RCM) and Council of Deans for Health, outlining how we will support the nursing and midwifery workforce.
- 8 Internally, the Executive is meeting daily to ensure strategic oversight of the challenges and ensure that we continue to deliver our core regulatory functions and maintain critical services, as well as provide practical support for NMC colleagues. This includes advice on how to limit the spread of the virus, how and when to self isolate, and the support available from the human resources team.
- 9 The Executive has added a new risk to the corporate risk register relating to coronavirus (*Risk that an international pandemic caused by Covid-19 means that we are unable to effectively regulate our professions or protect NMC colleagues*) with a residual risk rating of RED (likelihood 4, impact 4) at **Annexe 1**. The Executive is monitoring this on a daily basis.

Other external developments

Budget

- 10 The Government announced details of the budget on 11 March 2020. Among other key announcements the Chancellor of the Exchequer announced:
 - 10.1 An additional £5 billion emergency response fund for the NHS and public sector in response to the Coronavirus outbreak, and said further measures would be taken if necessary. The Government also confirmed statutory sick pay would be paid to all those advised to self-isolate, and that contributory employment Support Allowance benefit claimants would be able to claim sick pay on day one, rather than waiting one week.
 - 10.2 Additional funding of £6 billion for the NHS, aimed at fulfilling the Conservative manifesto pledge of recruiting 50,000 nurses, creating 50 million more GP surgery appointments, and building 40 new hospitals.
 - 10.3 From September 2020, all new and existing students on nursing, midwifery and allied health courses in England will get additional non-repayable maintenance grants to help with living costs.
 - 10.4 Students will receive at least £5,000 a year, with up to £3,000 further financial support available for eligible students with childcare responsibilities, as well as those studying in regions and specialisms where Trusts find it difficult to recruit nurses.

Engagement with the new UK Parliament

- 11 On 27 January, Philip Graf, Andrea Sutcliffe and Edward Welsh met with the Matt Hancock, Secretary of State and on 11 February, Edward Argar MP, Minister for Health, to discuss the Government's manifesto commitment for 50,000 more nurses in the English workforce.
- 12 Following the cabinet reshuffle, Helen Whately was appointed Minister for Health and Social Care, replacing Caroline Dinenege. The new Minister now is responsible for workforce planning, including the 50,000 nurses' commitment and professional regulation. We have written to her to explain the work of the NMC and seek a meeting.
- 13 Gillian Keegan MP was appointed Minister for Apprenticeships and Skills at the Department for Education. We have written to her to request a meeting to discuss apprenticeship routes into nursing.

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- 14 We have also written to:
- 14.1 The Chairs of the relevant Select Committees (Health and Social Care, Education, Scottish, Welsh and Northern Ireland Affairs and Women and Equalities) to request meetings.
 - 14.2 The Chair of the Health and Social Care Committee, Jeremy Hunt, who has agreed to a meeting in May.
 - 14.3 All of the health and social care frontbench spokespeople in Westminster to seek meetings.
 - 14.4 Backbench MPs following the General Election that we have not had prior contact with to explain the work of the NMC. This is to provide a country specific briefing which has the latest data on our register, and also outlines our upcoming work, engagement we have had in Parliament previously, and how we can support their role as an MP.
- 15 We briefed MPs ahead of a Westminster Hall Debate on nursing workforce shortages in England on 3 March, outlining our latest registration data and our views on what can be done to improve recruitment and retention of the nursing and midwifery workforce. This debate was in response to the Royal College of Nursing's safe staffing petition, and was tabled by Mohammed Yasin, Labour MP for Bedford.

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 We continue to work closely with Department for Health and Social Care (DHSC) officials on regulatory reform.
- 18 On 4 February 2020, we attended a round-table with our fellow health and social care regulators and devolved administration representatives, when DHSC gave us an update as to progress in two areas: fitness to practise and governance and operating framework. We were pleased to see that the DHSC vision for these areas continues to align broadly with our own.
- 19 We understand that DHSC remains committed to an ambitious timetable in respect of these changes and plans to consult by the end of 2020 with a view to laying legislation in early 2021, though this may be impacted by recent developments.

EU exit

- 20 In the lead up to the UK's exit from the EU we contacted stakeholders, those currently on the register from the EU and

those with ongoing applications to join the register, to provide them with information about how the EU exit may affect their registration.

- 21 Following the EU exit a joint letter from all four UK CNOs (Chief Nursing Officers) and Andrea Sutcliffe was sent to all registrants from the EU thanking them for their contribution to health and social care and reassuring them that their registration would not be affected.
- 22 We continue to engage with government officials on the trade negotiations and will continue to monitor these closely as they develop.

The new Government's legislative priorities

- 23 The NHS Funding Bill was introduced the Government on 5 February. The Bill will enshrine in law an extra £33.9 billion a year by 2024 for the NHS. The bill will place a legal duty on the government to guarantee a minimum level of spending every year, rising to £148.5 billion by 2024. It completed all its remaining stages on 26 February and is awaiting Royal Assent.
- 24 A Private Members Bill on whistleblowers was presented by Dr. Philippa Whitford MP on 5 February and seeks to establish an independent body that would set, monitor and enforce standards on how whistleblower cases are handled. This Bill would replace the Public Interest Disclosure Act. It will have its second reading on 24 April 2020.
- 25 The Immigration and Social Security Co-ordination Bill was introduced by the Government on 3 March and paves the way for a new UK points-based system immigration from 1 January 2021.
- 26 The Medicines and Medical Devices Bill was introduced by the Government and had its second reading on 2 March. The Bill has been tabled by the Government to ensure the UK's regulatory system can keep up with technological developments post Brexit). The Bill now moves to Committee Stage in the Commons.
- 27 The Health Service Safety Investigation Bill is expected to be re-introduced in the near future. We are aware that Government are currently updating the Bill to incorporate some of the recommendations from the Paterson review.

Sector Industrial action

- 28 The University and College Union, which represents staff working in higher and further education institutions in the UK, has held 14 days of strike action in February and March across 74 UK universities. In advance of strike action, we wrote to Approved Education Institutions to remind them of their responsibility to

report to us any risk to student learning and the student environment on nursing and midwifery courses.

- 29 Members of the Royal College of Nursing in Guernsey and Alderney were balloted on taking industrial action over pay levels between 10 and 28 February. 95 percent voted for action short of strike and 86 percent voted to strike, on a 61 percent turnout. However, a date for industrial action will not be set while talks with the States of Guernsey remain constructive. The dispute has been ongoing since summer 2019 and relates to pay disparity between nurses and other public sector workers and staffing levels. A pay offer made by the States of Guernsey in December 2019 was rejected by 89 percent of those balloted on a 51 percent turnout.
- 30 Northern Ireland's health unions have agreed a way forward with the Department of Health over pay parity and staffing following consultation with their members. The Royal College of Nursing, Unite and Unison had staged industrial action, including strike action in 2019, before suspending this in January 2020 following successful talks with the Department of Health pending member consultation. Northern Ireland Public Service Alliance (NIPSA) has now suspended its industrial actions plans following discussion with the Department of Health.

Engagement

Four nation engagement

- 31 We participated in roundtable events across all four countries hosted by the General Medical Council. These roundtables have considered how partners can work together to address the recommendations from a series of reports published in 2019 looking at the pressure facing the medical profession, and the multi-disciplinary teams they work with. We will be nominating a lead to be involved in taking forward the priority actions identified in the meeting with our partners.
- 32 We have continued to build our relationships with stakeholders across the four countries of the UK, with country directors leading this engagement.
- 33 We are building capacity to run project teams to support each Director, particularly for England. We are recruiting a new NMC colleague whose role it will be to support the running of all four teams and to drive forward our engagement in each country.
- 34 We are ensuring across all our corporate stakeholder engagement that our activity is inclusive of all four UK countries. This ensures that all stakeholders receive regular updates about our key programmes of work. Stakeholders in Scotland, Northern Ireland and Wales have reported to us that this is helpful and has enabled

them to feel more informed about and engaged in our work.

Scotland

- 35 Matthew McClelland met with Mary Ross-Davie, Director of the Royal College of Midwives Scotland, as part of our continued close working with the RCM as a key partner.
- 36 We submitted a response to an inquiry by the Scottish Parliament's Health and Sport Committee into social care. Our response stated that in order to support nurses in social care, as well as the wider social care workforce, the following issues must be considered:
- 36.1 Developing and implementing integrated workforce plans at both national and local levels;
 - 36.2 Investing in training and development;
 - 36.3 Attracting nursing graduates to social care employment;
 - 36.4 Improving data and understanding about the social care workforce.
- 37 We are continuing to engage with the Scottish Government as they develop guidance to support the Safe Staffing Act.
- 38 We submitted a response to the Scottish Government's consultation on its draft Gender Recognition Reform Bill. Our response affirmed our commitment to protecting people's dignity and steps being taken to reduce the difficulties faced by trans people when applying for legal recognition.

Northern Ireland

- 39 Andrea Sutcliffe gave a keynote address to the Northern Ireland Practice and Education Council annual conference on 10 March 2020, sharing the emerging detail on the NMC's new strategy. The event was also attended by Edward Welsh, Sue West, and colleagues running an NMC information stand, and attended by almost 200 registrants and other stakeholders.
- 40 Edward Welsh and Emma Broadbent attended a celebration event at the Ulster University competence test centre in Derry on 7 March 2020.
- 41 Edward Welsh met with Jane Kennedy, Head of the GMC's Northern Ireland office to explore opportunities to work together.

Cymru / Wales

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- 42 Philip Graf, Andrea Sutcliffe and Emma Broadbent:
- 42.1 met with Helena Herklots, Older People’s Commissioner for Wales.
 - 42.2 met with Sue Evans, Chief Executive of Social Care Wales.
 - 42.3 visited the emergency department at University Hospital of Wales in Cardiff. They were led on their visit by Ruth Walker, Executive Nurse Director at Cardiff and Vale Health Board and NMC Council Member.
- 43 Emma Broadbent also:
- 43.1 attended a PSA seminar on regulatory developments and the Welsh context.
 - 43.2 attended and spoke at the Wales Nurse Directors forum about our new corporate strategy, our four-country approach to engagement, and other key projects including the review of post-registration standards.

England

- 44 Geraldine Walters has met with a number of the regional Chief Nursing Officers (CNOs) in England and plans to meet with all other English regional CNOs over the coming months.
- 45 Regional Chief Midwives have been appointed across NHS England and NHS Improvement’s seven regions. We have written to those appointed to congratulate them on their new role and intend to engage further with them in spring when they have begun in post.

Fitness to Practise case against Helen Lockett

- 46 Adjudication decisions are taken by independent panels. The panels’ independence is an important means of safeguarding the right to a fair trial under Article 6 of the Human Rights Act 1998. The NMC supports consistent, high quality decision-making by providing guidance and training for panel members. Registrants and the PSA have the power to appeal our panels’ decisions to the High Court (or the Court of Session in Scotland); the NMC does not have the power to appeal panel decisions.
- 47 As a matter of routine, we quality assure decisions taken by our independent panels to identify opportunities for learning and improvement both for the NMC team and for our panels. If we consider it necessary, we will refer a decision to the PSA so that they can decide whether to exercise their right of appeal. During 2019–2020 (to date) our panels have made 386 decisions (2018–

2019: 661) and we have referred 4 to the PSA (2018–2019: 4).

- 48 We recently considered the independent panel’s decision in the fitness to practise case of Helen Lockett, former Director of Nursing at Liverpool Community Health Trust, through our normal QA process. In our assessment, the panel took a rigorous approach to this complex case and was right to find Ms Lockett’s fitness to practise impaired. However, in our view, the panel’s reasons do not adequately explain why a 12 month suspension order was sufficient in light of the panel’s own findings and our guidance on sanctions. We decided to refer the case to the Professional Standards Authority (PSA).

Improving how we regulate

Post-registration standards

- 49 We had planned to undertake a range of pre-engagement activity for our review of post-registration standards to help us co-create the standards with our stakeholders, as well as the ongoing work of our Post-Registration Standards Steering Group (PRSSG) and supporting Standards Delivery Groups. We had also planned a number of public events around the UK to give groups such as registrants, employers and educators the opportunity to help us co-create the new standards and will be considering what can best be achieved in the light of recent developments.

New approach to FtP

- 50 On 13 February, we published research into understanding the value of the voice of the public in our Fitness to Practise processes: *‘The voice of people who use services, families and members of the public in fitness to practise proceedings’ (2019)*. We are seeking stakeholder feedback on the research and future approach.
- 51 We are continuing to work with key stakeholders to further develop new guidance for employers to support them to prioritise taking local action. This work follows a pilot we ran earlier last year with employers. The pilot encouraged employers to prioritise taking action locally to address incidents where patient safety was not put at risk or a registrant did not deliberately set out to cause harm.

Test of competence

- 52 Since 28 January 2020, those returning to practise have been able to use the Test of Competence (ToC) to rejoin our register. We reminded all relevant stakeholders of this on the day, having initially communicated the decision in November 2019.
- 53 We have been working closely with all of our OSCE (objective structured clinical examination) test centres to ensure we are able

to meet current and future demand and that there are no delays to applicants wishing to take this practical test as we see numbers of applicants increasing. Capacity across all of our test centres has increased significantly in recent months and there are plans to expand our provision further in the very near future.

Equality, Diversity and Inclusion research

- 54 We have now completed an initial analysis of NMC internal data. We shared this with our external advisory group, who have suggested further areas for us to explore.
- 55 We are now doing more targeted data analysis in specific areas and have asked the advisory group for their feedback on a set of proposed next steps.
- 56 We will be commissioning some in-depth qualitative work in the next month to better understand the role of those factors that are not captured in our data. This will also help us identify potential actions for us to take.

Improving our approach to communications and engagement

World Health Organisation (WHO) Year of the Nurse and Midwife 2020

- 57 We started the year with a blog from Andrea on our website and internal-facing communications.
- 58 Our communications activity will be broken down in to three key work streams: Collaboration with others; our own dedicated activity; and alignment with NMC milestones.
- 59 Some examples of activities include:
 - 59.1 New look external-facing newsletters will include guest blogs about the year of the nurse and the midwife;
 - 59.2 We will light up 23 Portland Place on 12 May to celebrate International Nurses Day and Florence Nightingale's bicentenary;
 - 59.3 A Twitter card for people to hand on as a thank you to professionals who inspired them;
 - 59.4 We are exploring the possibility of a lecture in the autumn.

A strategic approach to internal communications

- 60 We are partway through an audit to find out what colleagues need from internal communications. When the audit finishes, we will make recommendations to improve internal communications and

hope to be able to deliver those improvements from this spring.

Public Protection	61	Public protection implications are considered when reviewing performance and the factors behind poor or good performance.
Resource implications:	62	No external resources have been used to produce this report.
Equality and diversity implications:	63	Equality and diversity implications are considered in reviewing our performance and risks.
Stakeholder engagement:	64	Not applicable.
Risk implications:	65	The impact of risks is assessed and rated within our corporate risk register.
Legal implications:	66	None.

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Corporate risk register for 2019-20: New risk for COVID-19 virus

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
COM18/01	Risk that we fail to prevent a significant data loss or we experience an information security breach	AMBER	Cautious
COM18/02	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	AMBER	Open
EXT20/02	Risk that an international pandemic caused by Covid-19 means that we are unable to effectively regulate our professions 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	LXI		L	I	LXI		L	I	LXI		
EXT20/02	<p>Risk that an international pandemic caused by Covid-19 (Coronavirus) means that we are unable to effectively regulate our professions 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: Averse: but always some residual risk</p>	<p>a. UK Government emergency contingency plans include encouraging professionals who have left the register to return to practice to support UK response to the emergency</p> <p>b. Registrant concerns about upholding professional standards within a pandemic setting if they are required to depart from standard procedures</p> <p>c. Critical regulatory services are significantly disrupted due to shortages of NMC colleagues resulting in professionals being unable to register, maintain their registration or for FTP concerns to be raised (worse case scenario that 1 in 5 people could be affected at any one time)</p> <p>d. We are unable to protect or support NMC colleagues which results in harm</p>	4	5	20	<p>a. Requirements to enable the emergency registration of previous nursing and midwifery professionals are being devised at pace via a working group</p> <p>b. Joint statement from 11 regulators to provide professionals information about our expectations regarding practise published on our website and social media channels</p> <p>b. Flexibility within our standards to provide a framework for decision making which can be applied in a wide range of situations.</p> <p>b. Consideration of context if FTP concerns are raised during the pandemic</p> <p>c. Regular internal communications to provide information about the current situation and signpost colleagues to government advice (NHS111/ Public Health England)</p> <p>c. Business continuity procedures which ensure a clear chain of command to deal with crisis management and activate business continuity plans</p> <p>c, d. Director led working group who are devising appropriate safety interventions to limit the spread of the virus (such as containment procedures and hand sanitisation stations) and business contingency plans to maintain critical services.</p> <p>c, d. Internal monitoring and regular contact with affected colleagues</p> <p>c, d. Agile working to enable colleagues to work from home in line with government advice</p> <p>d. Internal HR support for affected or concerned colleagues</p>	4	4	16	<p>a. Agree emergency legislation with the Department of Health and Social Care</p> <p>b. FAQs being developed to supplement the statement available on our website</p> <p>b.c, d. Regular internal and external communications as the situation progresses to keep stakeholders informed</p> <p>b, c, d. Implementation of further business continuity interventions as the situation requires (e.g. more wide spread implementation of home working, back up plans for critical services)</p>	3	3	9	<p>Date change expected: TBC</p> <p>Comments: 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>	Director, Educations and Standards

Council

Draft strategy 2020–2025

Action: For decision.

Issue: This paper presents our draft strategy for 2020–2025 for Council’s consideration and approval.

Core regulatory function: All regulatory functions.

Strategic priority: Strategic priority 1: Effective regulation.
Strategic priority 2: Use of intelligence.
Strategic priority 3: Collaboration and communication.
Strategic priority 4: An effective organisation.

Decision required: The Council is recommended to approve our draft strategy for 2020–2025 (paragraph 10).

Annexes: The following annexe is attached to this paper:

- Annexe 1: Draft strategy 2020-2025.

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:

Our strategy development process

- 1 We started work on the development of our new strategy in April 2019, equipped with some work that had already been undertaken about perceptions and understanding of the NMC. The first phase of our work involved a desk-based evidence review, and preliminary discussion with government, regulators and other partners across the UK. We used a simple feedback postcard distributed at events to collect some initial feedback on the next five years in prospect, and we opened a discussion with our standing groups including patient and public fora, midwifery panel and our professional strategic advisory group.
- 2 In early summer 2019, we launched a national consultation based on some emerging themes, gathering online responses and holding a range of events across the UK to hear from stakeholders directly. We monitored engagement and used specific events where we wanted to make sure we did not miss some specific voices – social care nurses, for example, and those with expertise from an equality and diversity perspective.
- 3 Finally, we commissioned some interview and focus group work from an organisation with expertise in facilitating participation, and this enabled us to hear from adults with learning difficulties, and young people with autism.
- 4 On 23 January we held a session with key stakeholders to get critical and constructive feedback on the latest development of our 2020-2025 strategy.
- 5 As a consequence of this programme of work, over 4000 people have engaged with our strategy development and will see their perspectives reflected in what we heard and what we plan to do. We have tried to model what our commitment to co-production will mean for the public, our professions and our partners.

Our draft strategy

- 6 Engaging widely has reminded us that the particular role of professional regulators - distinct from professional bodies, system regulators and others in a crowded sphere – is not always clear. We set out to make sure our strategy helps readers to understand our role as well as our direction of travel. We have found that using the headings ‘regulate, support, influence’ has helped us to be clear that our important statutory functions remain the heart of our work, and provide us with wider opportunities to influence public protection and public confidence. We can support people affected by our work so that we contribute to a more positive culture around speaking up and learning. We can support our registrants by providing materials and opportunities that help them to maintain our standards. And we can enable a diverse range of people to understand and shape what we

do. Finally, by regulating effectively and supportively we maximise opportunities to influence positive environments for professional learning and practice, through collaboration with others, and better use of research and intelligence.

- 7 Subject to Council’s approval, we had planned to launch the new strategy throughout April and May 2020 with, the public, registrants, stakeholders and our employees. However, we are now reviewing our approach in the light of the COVID-19 pandemic and will update Council further at the May meeting.

Delivering the strategy

- 8 Council is also considering the corporate plan and the budget for 2020-2021 at this meeting. Members will have the opportunity to review the alignment between the commitments of the strategy and the planned activity and expenditure.

Four country factors:

- 9 There has been four country engagement at every stage of the development of our strategy. We met with government and CNO team representatives and others in our ‘pre-consultation’ phase, to understand how each part of the UK saw priorities over the next five years. We benefited from the support of the CNOs and their teams in convening early stakeholder discussions on our behalf, and co-hosting UK-wide workshops during the formal consultation phase. Launch activity is planned across the UK.

Decision

- 10 **Recommendation: The Council is recommended to approve our draft strategy for 2020-2025**

Next Steps

- 11 If Council approves our strategy, subject to any amendments requested it will be published in April 2020. In addition to the full document there will be a summary version and an easy read document, as well as a Welsh language version.

Public protection implications:

- 12 The draft strategy maintains public protection at the heart of what we do. Members of the public, our professions and our partners all expect us to prioritise fulfilling our core regulatory functions well, and in a manner that enables us to fulfill our statutory purpose.

Resource implications:

- 13 Council is also considering our budget and corporate plan alongside our strategy. This will allow Members to assure themselves that we have identified the right first steps to be taken towards the delivery of our strategy ambitions, and that we have the resources and capacity required.

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Equality and diversity implications:

- 14 The draft strategy confirms our commitment to promoting equality and diversity in a number of ways:
 - 14.1 in the work we do to support our professions to provide good care for a diverse population;
 - 14.2 making sure our regulatory work is fair in its impact on people with protected characteristics; and
 - 14.3 as an employer and public body, with a responsibility to ensure our staff, panellists and Council Members reflect the communities we serve.

Stakeholder engagement:

- 15 Stakeholder engagement is covered in the body of the paper.

Risk implications:

- 16 Risks to the delivery of the strategy include:
 - 16.1 Planning to do too much/too soon – mitigations in place include critical scrutiny of corporate plan and budget by Executive and Council, with some important work scheduled for years 3-5, in recognition of the importance of phasing.
 - 16.2 Launching the strategy at a time of wider internal changes – mitigations include planned sessions for managers and leaders, materials highlighting the relationship between the strategy, our values and behaviours, and our new organisational design.
 - 16.3 External events – (coronavirus, workforce shortages, regulatory reform) – having a clear strategy is important in times of significant change and challenge, providing a clear framework within which to take any decisions required in response to circumstances.

Legal implications:

- 17 The draft strategy maintains our statutory purpose and functions at the heart of what we do. There is no work envisaged that exceeds our legal powers and responsibilities, or which would require new legislation.
- 18 We are mindful that the regulatory reform proposals currently being explored by the government and regulators would, if taken forward require some reprioritisation of our planned work and/or changes in the emphasis of some work streams.

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NMC STRATEGY 2020–2025

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Draft NMC Strategy 2020–2025

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Message from Philip Graf, Chair of the Nursing and Midwifery Council

We regulate some of the UK’s most trusted and valued professionals: nurses, midwives and nursing associates in England. Many are caring for people in a variety of health and social care settings, and supporting women and their families in pregnancy and childbirth. Others are involved with health promotion, supporting us all in our physical and mental well-being. Some are teaching new entrants to their professions, leading service design and delivery, or advancing knowledge in their fields through research.

We are launching our new strategy in 2020, the International Year of the Nurse and the Midwife. It has also turned out to be the year in which the world faces one of its greatest public health emergencies. Nursing and midwifery have never been more important to the wellbeing of people across the globe.

The NMC has the tremendous privilege and responsibility of regulating nursing and midwifery in the UK. The way we regulate will be critical to us achieving our vision of “safe, effective and kind nursing and midwifery practice, improving everyone’s health and wellbeing”.

Over the last year we have collaborated with thousands of people to create this strategy. I am very grateful to everyone who has been involved, challenged us and encouraged us to be ambitious. I hope you will recognise how you have helped shape our plans for the next five years.

We have worked hard to bring the strategy to fruition, but what really matters is what happens next. As Nelson Mandela famously said:

"Vision without action is just a dream, action without vision just passes the time, and vision with action can change the world."

Philip

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Message from Andrea Sutcliffe, Chief Executive and Registrar of the Nursing and Midwifery Council

I joined the NMC just as we were about to start the final year of our 2015–2020 strategy. What a fortunate position to be in. It has allowed me to work with others and think afresh about our priorities.

In the last year I have criss-crossed the UK with my colleagues learning what people think the NMC does well, what we could do better and what more we could do. We have also researched the health and social care environment and looked to the future to identify looming challenges. Our colleagues within the NMC have added their voice, highlighting how we could improve the organisation to be more effective.

It is clear we have good foundations to build on – the new standards of proficiency, revalidation and changes in our registration process have all been very positively received, for example.

People have welcomed our new approach to fitness to practise, and they want to be sure we are applying the principles of a person-centred approach to dealing with concerns in a consistent way for registrants and members of the public.

We consistently heard people want us to do more – to use our insight and intelligence to influence the rapidly changing and challenging environment in which nurses, midwives and nursing associates work, helping to tackle workforce challenges, inequalities and safety risks.

We have turned all of this rich feedback into a strategy for the next five years and the rest of this document summarises the key points; explains how we got there; sets out our strategic themes; and describes how we will ensure the organisation is fit for the future, even in the face of unprecedented challenges such as the coronavirus.

I particularly want us to provide leadership and be a role model for the inclusive, positive working environments everyone needs to give of their best. We will stand against poor culture and discrimination in nursing and midwifery.

How we will deliver our aspirations is also important and we have developed a new values and behaviours framework. We will be **fair, kind, collaborative** and **ambitious** in all that we do.

It is really important that our organisation is fit for the future too. Our NMC colleagues have helped us to understand the work we need to do internally to support our people to deliver on the ambitions of the strategy. We are also committed to maintaining our registration fee at the current level for as long as possible.

As you can see, there is a lot for us to do – but we know the hard work will be worth it.

I am so grateful to everyone inside and outside the NMC who has contributed to this new strategic direction. I know that working collaboratively within the NMC and with those affected by what we do, we can support and sustain excellence in nursing and midwifery for the benefit of the public.

Andrea

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Draft NMC Strategy 2020–2025

1. Introduction – strategy at a glance

The NMC’s **purpose** is to:

“Promote and uphold the highest professional standards in nursing and midwifery to protect the public and inspire confidence in the professions.”

Our strategy for 2020-25 is based on the simplicity and clarity of three key roles that support our purpose: regulate, support, and influence.

We **regulate** in the public interest, giving people confidence in our professions. We believe that to do this well requires sustained and meaningful public engagement and empowerment.

Our regulatory role is enhanced when we **support** the public, our professions and our partners. Providing emotional and practical support to all those involved in our processes delivers better outcomes for all. Providing useful guidance, in collaboration with employers and educators, helps our professions uphold our high professional standards in practice. It helps rebalance our focus towards good practice from poor practice, preventing – not just responding to – harm.

Sharing intelligence from our work, and collaborating with partners to address mutual concerns, will enable us to positively **influence** the context for learning and care. By 2025 our partners should see us as a valued and expert voice, benefiting from the unique insight we are able to bring.

Our values underpin everything we do. They shape how we think and act.

We are fair

We treat everyone fairly. Fairness is at the heart of our role as a trusted, transparent regulator and employer.

We are kind

We act with kindness and in a way that values people, their insights, situations and experiences.

We are collaborative

We value our relationships (both within and outside of the NMC) and recognise that we’re at our best when we work well with others.

We are ambitious

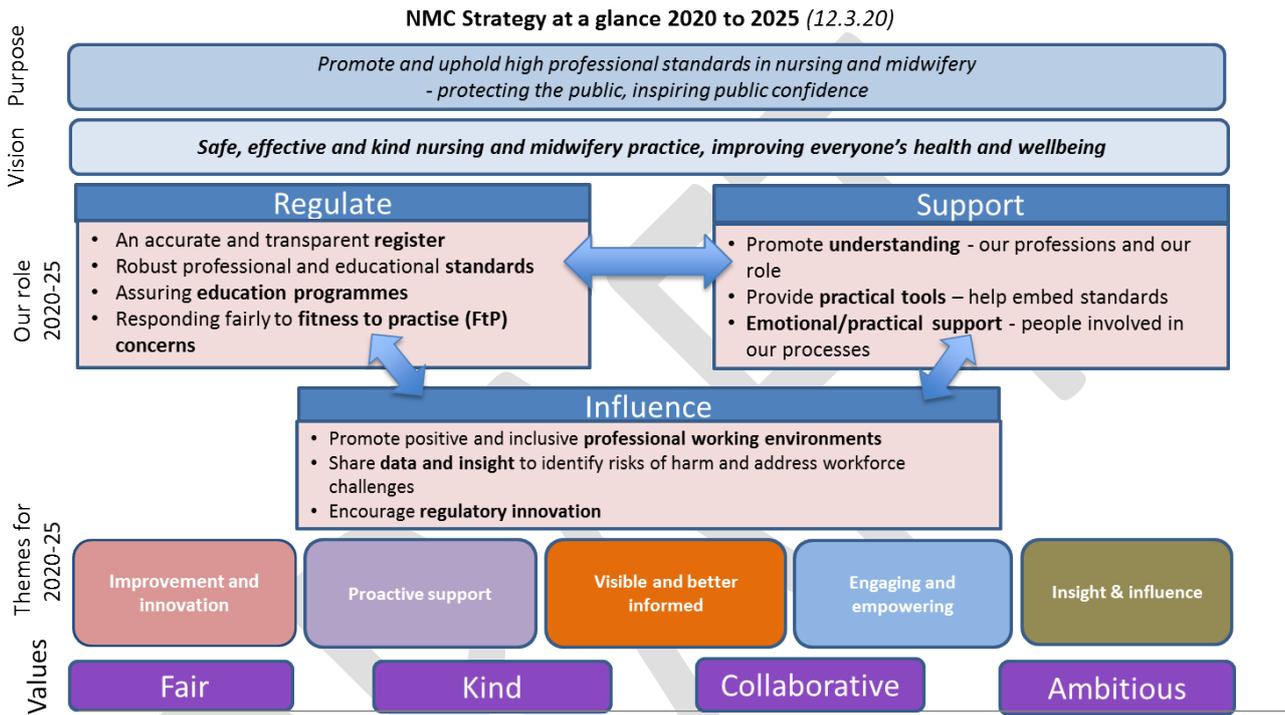
We take pride in our work. We’re open to new ways of working and always aim to do our best for the professionals on our register, the public we serve and each other.

Together this will help us deliver our **vision** of:

“Safe, effective and kind nursing and midwifery practice, improving everyone’s health and wellbeing.”

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2. Who we are and what we do

We are the professional regulator for nurses and midwives in the UK, and nursing associates in England. Our objectives are set out in the Nursing and Midwifery Order 2001 (as amended):

The over-arching objective of the Council in exercising its functions is the *protection of the public*.

The pursuit by the Council of its over-arching objective involves the pursuit of the following objectives –

- (a) *to protect, promote and maintain the health, safety and wellbeing of the public;*
- (b) *to promote and maintain public confidence in the professions regulated under this Order; and*
- (c) *to promote and maintain proper professional standards and conduct for members of those professions*

Our regulatory responsibilities include:

1. We **maintain the register** of nurses and midwives who meet the requirements for registration in the UK, and nursing associates who meet the requirements for registration in England.
2. We set the **requirements of the professional education** that supports people to develop the knowledge, skills and behaviours required for entry to, or annotation on, our register.
3. We shape the practice of the professionals on our register by **developing and promoting standards** including our Code, and we promote lifelong learning through revalidation.
4. Where serious concerns are raised about a nurse, midwife or nursing associate’s fitness to practise, **we can investigate and, if needed, take action.**

Our governing body is our Council, which is made up of lay people and others drawn from the professions we regulate. Our work is overseen by the Professional Standards Authority for health and social care, which reviews the work of regulators of health and care professions. We are also accountable to Parliament.

[Drafting note: Final document will include statistics on the NMC register and activity]

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5. Strategic context

The strategic context we face is challenging.

Changing context of care

The changing needs of people using health and care services, including ageing and multi-morbidity, alongside medical and technological advances, require new ways of ways of working in new settings. Across the four countries of the UK, genomics and digital technologies are becoming an integral part of clinical practice. There is more multi-disciplinary teamwork within and across health, care and other sectors.¹ Practitioners are increasingly working across traditional professional boundaries.

This has significant implications for how we regulate. There is a risk that the regulatory process could stifle innovation, but failure to act could result in a risk to safety. There is a growing need to work collaboratively with other regulators.

“Supporting a profession under pressure and delivering good and safe patient care cannot be done in isolation. We would be keen to work with the NMC on [these] issues... a particularly important endeavour as practice moves towards a model of team care”

General Medical Council

Health inequalities

There are systematic and avoidable differences in health outcomes between different groups of people.² People with disabilities, from lower socioeconomic groups, black and minority ethnic groups, and those living in the most deprived areas of the UK, have poorer health outcomes. Men and women living in the most deprived areas have seen their healthy life expectancy decline.³ Some groups also find it harder to access care, and receive poorer care.⁴⁻⁵ Our professions need to help address these inequalities, and as their regulator our professional standards need to support this.

Workplace culture

We value the diversity of the nurses, midwives and nursing associates on our register as an asset for the health and care sector. Compared to the UK population, our professions have more people from an ethnic minority background and more who identify as lesbian, gay or bisexual.

Data from the NHS in England demonstrates that ethnic minority staff are underrepresented in senior roles, more likely to go through the formal disciplinary process, and more likely to experience harassment, bullying or abuse both from members of the public and colleagues.⁶ They are also less likely than their peers to believe their employer provides equal opportunities for career progression or promotion and are less likely, once shortlisted, to be appointed.⁷

At the same time, we know that black and ethnic minority registrants are more likely to be referred to us for matters that do not, after investigation, require a regulatory sanction. As well as ensuring that the referrals we receive are appropriate and not discriminatory, we are concerned about the links between unacceptable behaviours, poor culture and patient safety.⁸

“Gaining insight into systemic inequalities must also include inequalities in development opportunities for staff from BAME backgrounds”

Professional, England

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Learning from major failures in care

It is imperative that we learn the lessons from major failings in care, to help reduce the risk of future harm. Poor responses from providers and regulators also compounds the distress of those who have suffered.⁹ More sophisticated mechanisms of intelligence gathering and analysis provide opportunities for regulators, working collaboratively, to move from a reactive to a more proactive and preventative approach.

“Official inquiries ... have pointed to a failure to hear the patient voice.... So “better use of intelligence” must apply to patient feedback as much as to clinical evidence”

Patient Experience Library – the national evidence base for patient experience and involvement

Workforce pressures and shortages

Workforce pressures in nursing and midwifery are a major concern. Shortages threaten the quality of care and the learning environment, as well as the wellbeing of staff. Nurses and midwives are at growing risk of work related stress and burnout.¹⁰ Each of the four UK countries has work in progress to address its specific challenges, but as we highlight in the following section, there is a widespread desire for the NMC to use its insight and influence to support these endeavours.

“[Help] address the current workforce crisis – this has a direct impact on care provided and errors made”
Professional, England

Climate emergency and sustainability

Climate change has an impact on human health from infancy to old age, with effects including undernutrition, cardiovascular and respiratory diseases, and deaths from extreme weather conditions such as wildfires and heatwaves.¹¹ Health and care services also have a significant environmental impact.

The NHS alone is responsible for over a third of all public sector emissions.¹² Nearly a fifth of those emissions are linked to patient and staff travel.¹³ Services will need to change and adapt to enable the UK to meet its climate change targets. We need to pay close attention to the environmental impact of our own regulatory work.

Political changes

There have been significant changes in the political landscape in the UK, with a new government since December 2019 and our exit from the European Union on 31 January 2020. Brexit and continuing workforce pressures are likely to place new demands on our registration processes.

Much of healthcare professional regulation is the responsibility of the UK government, while health and care policy and funding are devolved to Northern Ireland, Scotland and Wales. We need strong links across the four countries of the UK and an appreciation of the diverse political, service delivery and workforce planning contexts.

Regulatory reform

We welcome the government’s signalled move toward a more responsive and accountable form of regulation.¹⁴ 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.

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New disease threats

The new coronavirus (COVID-19) demonstrates the vulnerability of health systems when faced with a disease for which there is no immediate available treatment. The growth in antibiotic resistant microorganisms is also a growing concern. Regulators have a particular responsibility in the context of health emergencies. We need to work with our partners across health and care to protect public safety, guided by expert public health advice, while having regard to the health and wellbeing of our professions.

6. Strategy Consultation - who we spoke to and what we heard

At the beginning of 2019 we embarked on an ambitious programme of engagement and consultation. We heard from over 10,000 people across many different forums:

- [independent research](#) involving online surveys and focus groups with the public, registrants, NMC colleagues and seldom heard groups
- a [perceptions audit](#) with key stakeholders across the four countries of the UK
- two online surveys asking what we should focus on in our strategy. [More information about what we heard is on our website](#)
- a series of regional engagement events and meetings with decision and policy makers across the four countries of the UK.

From the public

- Use your influence to highlight where workplace factors are compromising good care and take action where there have been failings.
- Raise your profile to increase our confidence in nursing and midwifery and ensure that we know what we can do if we experience poor care.
- Deliver your core regulatory work in ways that support your professions to engage positively in learning, improvement, and safety.
- Be more inclusive and accessible in who you hear from and engage with – beyond those with the loudest voices.

From nurses, midwives and nursing associates

- Help us to provide the care we all want by raising awareness of factors that compromise good care.
- Build public understanding and appreciation of our work and that of our professions.
- Keep improving your services to resolve concerns quickly and ensure that all those involved – professionals and the public – have access to effective support.
- Be more visible and do more to connect with us outside London and at a wider range of the settings in which we work in.

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From our partners including educators and other professional regulators

- Continue to strengthen your relationships with us, making use of our relevant expertise, so that we can better achieve common goals.
- Maximise the quality and value of your core regulatory processes, including revalidation and the quality assurance of education.
- Improve and share your data, and use what we know to supplement your own insights.

From NMC colleagues

- Ensure we have the right skills, organisational structure, resources and processes in place to deliver our strategy.
- Make better use of the data and insights we have so that we develop a leading voice in the sector and help improve nursing and midwifery practice.
- Make sure people of all backgrounds have equal opportunities to develop and progress within our organisation.
- Promote a rounded view of our wide-ranging work, shifting the focus beyond fitness to practise
- Prioritise rigorously, ensuring that all change is managed and embedded effectively.

Keep improving in your core regulatory work

Our top priority is to deliver our core regulatory work well. There were positive reflections on revalidation, on the publication of our registration data, and on the person-centred direction we are taking with fitness to practise.

There was some negative feedback about people’s experience of being involved in hearings and making enquiries and complaints. Many felt that revalidation should be more rigorous, quality assurance of education more consistent, and training placements offered in a wider variety of settings including social care. Educators and employers encouraged us to see them as a source of expertise that can help us to understand current issues and identify future areas of focus.

Responses to our consultation revealed a lot of misunderstandings and confusion among members of the public and some of the people on our register about what we do. It is important that people know what they can expect from their care, what the NMC can and cannot do, and how to raise concerns if they need to.

“Being transparent, responsive and accountable to the public, who the NMC need to assure that registrants are fit to practise”

Professional, England

Promote a better understanding of the nurses, midwives and nursing associates do

There is no such thing as a typical nurse, midwife or nursing associate. Our registrants are diverse and they take different routes in to our professions. This diversity should be reflected more in our ways of working, communications, imagery, policies and standards. At the same time, we need to promote a better understanding of what the people on our register do. This includes the differences between roles as well as the level of professionalism and specialist training they have.

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“The public need to be more aware that registrants are regulated by a professional body. Many perceive us as ‘only nurses’ and have no idea of our training requirements and CPD needed to remain as practitioners”

Professional, Wales

Support nurses, midwives and nursing associates to deliver good care

Nurses, midwives and nursing associates want us to do more to support them to practise well, particularly when they are raising safety concerns or involved in fitness to practise proceedings. The public also feel our professionals should be well supported in their demanding work. Our reputation as a “policeman” looms large among people on our register, even though it affects less than one percent of registrants each year.

“I emphasise/echo what the public said, ‘Don’t just police standards of care, help improve them”

Professional, England

Be more visible and involve a wider range of people in your work

Many people perceive us as England- or London-centric and they want us to ensure that individuals and organisations from across the whole of the health and social care landscape are involved in our work. This includes those working in the NHS, and in the independent and voluntary sectors. They want us to be inclusive in all of our work and not just rely on the same people or the same routes (e.g. speaking only to those at senior levels or through online engagement).

We need to listen to diverse groups – people identifying with different protected characteristics as well as organisations representing them – and those who traditionally may not be engaged in our work.

“Ensure that engagement is inclusive and engages with those that reflect the mix of the population”

Professional, England

Those from devolved countries were keen to point out system and policy differences, but were also at pains to emphasise the need for regulatory consistency across the UK and its regions.

There was a widespread desire for us to build a closer relationship with the students who will be our future registrants. This will give us insights into students’ experiences of their education and their early career needs. This insight can help protect against people leaving the profession prematurely. It could also help to build a more positive view of regulation and the support it could give them.

“Move [perceptions of what you do] away from the fear of being ‘struck off’. I know you care, but others are fearful! Enlighten and encourage staff and students!”

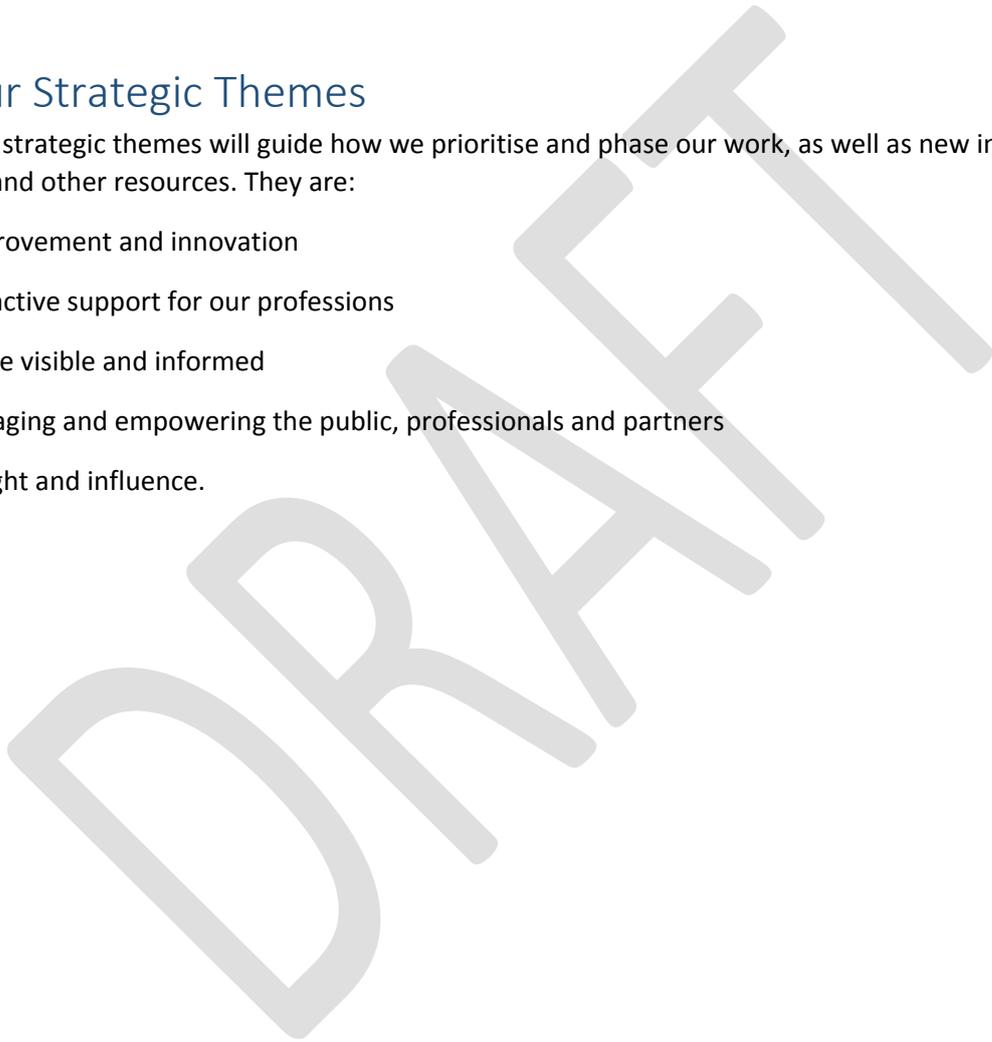
Student nurse, England

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7. Our Strategic Themes

Our five strategic themes will guide how we prioritise and phase our work, as well as new investment in people and other resources. They are:

1. Improvement and innovation
2. Proactive support for our professions
3. More visible and informed
4. Engaging and empowering the public, professionals and partners
5. Insight and influence.



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a. Improvement and innovation

To improve and innovate across all our regulatory functions, providing better customer service, and maximising the public benefit from what we do.

Why this is important

Our statutory regulatory responsibilities are unique to us, and are the bedrock of all that we do. Doing them well was a top priority for those we engaged with.

What we are building on

- We have simplified and automated many of our registration processes, making it much more straightforward for those who meet our standards to join and re-join our register.
- We have streamlined our requirements for overseas applicants to join our register, improved our supporting information and made our process faster and more efficient.
- We are leading innovation in the management of fitness to practise concerns, encouraging early resolution of suitable cases and pursuing an approach that drives insight and remediation wherever possible.

Where we expect to be by 2025

- We will have easily accessible processes, support and advice available for those interacting with us.
- The movement of suitably qualified overseas applicants into the UK nursing and midwifery workforce will be more straightforward, while still ensuring safe and effective practice.
- Learning about the impact of contextual factors will be identified and shared.
- The value of our register to the public, registrants and employers will be enhanced, with more accessible, accurate and useful information.

Our new plans

We will:

- support high quality new routes to registration for people who can meet our standards to facilitate access to the register
- continue to improve the support we provide to our overseas applicants and those supporting them, developing our test of competence model in line with our new standards of proficiency
- systematically investigate the impact of contextual factors in fitness to practise cases, while retaining a focus on individual professional accountability. This will help us achieve fairer outcomes
- improve our approach to fitness to practise investigations, to improve the experience and support for those involved, whether professionals or the public.

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b. Proactive support

Enabling our professions to uphold our standards today and tomorrow, anticipating and shaping future nursing and midwifery practice.

Why this is important

- Our standards need to reflect and respond to the rapidly changing and challenging environment in which our registrants are working.
- People have more complex clinical needs that are increasingly being shaped by who they are and where they live. Our registrants need to be equipped to better meet those needs.
- Complex care pathways and transfers between services require greater levels of clinical decision-making by teams of workers with a mix of skills.

What we are building on

- A refreshed Code – setting out the standards that people can expect from the professionals on our register.
- Our new nursing and midwifery standards are much more ambitious and future focused than previous standards, setting the bar higher and developing more flexible professionals able to practise in an increasingly complex context.
- Four years of successful revalidation, the process that supports professionals to reflect on their practice and how the code applies to their day-to-day work.
- In welcoming nursing associates on to our register, we have worked closely with employers and educators to provide a supportive environment for their professionalism.

Where we expect to be by 2025

- Our regulatory standards, education and process of revalidation support our professionals to better meet and adapt to the changing needs of people using health and social care services.
- Our professionals can access resources and guidance that are useful throughout their career, helping them to deliver our standards in practice and address new challenges, for example from new and emerging technologies.

Our new plans

- A new and more dynamic approach to developing professional standards, in order to respond rapidly to new professional challenges, including reviewing the Code.
- A new set of ambitious post-registration standards of proficiency for community and public health nurses, and a comprehensive review of advanced nurse practice including consideration of whether regulation is needed.
- Publication of a set of shared principles to support better preceptorship for newly-qualified nurses and midwives.
- Strengthening our approach to revalidation, drawing on the evidence from our evaluation.

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c. A more visible and informed regulator

In closer contact with our professions, their employers and their educators so we can regulate with a deeper understanding of the learning and care environment in each country of the UK.

Why this is important

We recognise that to make good, informed decisions, we need to better understand the breadth and diversity of practice – three professions, multiple roles, four countries, and the many settings in which this takes place. Some registrants view us as ‘remote’ and ‘inaccessible’. They feel that we talk at too high a level about our professions and do not always reflect their experiences of practice.

What we are building on

- We have developed our employer link service, which ensures regular contact between health and care providers and the NMC, particularly but not exclusively over the investigation and resolution of concerns.
- There has been positive feedback about the extent and quality of our involvement of different groups in our big programmes of work. People want to see our best practice applied consistently and widely.
- We have identified a lead director for each of the four UK countries with a view to strengthening relationships, visibility and partnership working.

Where we expect to be by 2025

- A valued and constructive contributor to local/regional/national health and care policy and practice development.
- We will be able to evaluate the impact of our regulatory work on different groups of registrants, supported by a greater understanding of the range of environments in which they work.
- Those using our services will receive more timely responses, sensitive to their individual needs.

Our new plans

- We will review and develop our presence in local areas across the English regions and in Scotland, Wales and Northern Ireland, maintaining a focus on providers and further extending our place-based networks.
- We will develop closer relationships with our future registrants – students in the UK and prospective overseas applicants.
- We will strengthen our focus on customer service, make better use of automation, and use comprehensive measurement of customer satisfaction to drive improvement.

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d. Engaging and empowering

Actively engaging with and empowering the public, our professions and partners. An NMC that is trusted and responsive, actively building an understanding of what we and our professionals do for people.

Why this is important

- People told us they want to be involved in our work more regularly and from an earlier stage. They don't want collaboration or engagement for its own sake – we need to empower people to take part meaningfully by ensuring they understand what we do and how they can shape and influence outcomes.
- We must hear from diverse groups – people and organisations working in a range of different roles and settings, as well as those identifying with different protected characteristics. We should strive to hear from those who traditionally may not engage in our work, and collaborate with other organisations where we can to reach these people themselves.

What we are building on

- Learning from successful experiences of sustained engagement and co-production – for example, in the development of new standards of proficiency.
- Regular meetings of a range of standing advisory groups to shape our work.
- Senior leadership in our organisation with specific responsibility for public support and engagement.

Where we expect to be by 2025

- Stronger and more meaningful relationships with our partners across all four countries.
- We have articulated clearly what a person-centred approach means, in a way that the public, our professions, our colleagues and others can use to hold us to account.
- The public, our professions and our partners experience co-production as our habitual approach to the development of standards and policy.
- Better public understanding of our professions and of our role.

Our new plans

- A more systematic and targeted approach to stakeholder engagement across the four countries.
- Agree and embed a person-centred approach in all our regulatory activity, testing our progress through a public engagement programme.
- Deliver a public information campaign to help people understand what we and our professionals do.

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e. Insight and influence

Learning from data and research to improve what we do and working collaboratively to share insights responsibly to help improve the wider health and care system.

Why this is important

- The insights from our work, together with research and evidence from other sources, will help us to improve how we regulate, and highlight issues that are affecting professionals' ability to practise safely and effectively.
- It is important to our partners that we are not only committed to joint working, but also skilled and equipped to play a positive role and add value in collaborative activity.

What we are building on

- Our Regulatory Intelligence Unit, which assesses and analyses data from internal and external sources, to improve insight from fitness to practise cases and highlight risks that may require regulatory action.
- Closer collaboration with other regulators and stakeholders to identify situations that could pose an ongoing risk to the public or professionals, for example through the establishment in England of the [Emerging Concerns Protocol](#).
- Our work with other regulators to develop common ways of collecting and analysing data, for example capturing insight on issues around equality diversity and inclusion.

Where we expect to be by 2025

- Accessible, accurate, useful and more relevant information on our register.
- Our partners see us as a leading voice and benefit from the useful insights and ideas we bring to the table on issues such as career profiles and contextual risk factors.
- We will have a track record of speaking up for a healthy, inclusive and positive working environment for our professions.

Our new plans

- Publish data and statistics in innovative ways that add value to the wider health and care system, including workforce planning.
- Publish an annual 'State of Nursing and Midwifery Education and Practice' report to provide insight to the context in which our professions work and train.
- Work closely with the Department for Health and Social Care (DHSC) and others to shape improvements to our legislative framework.
- Evaluate the impact of our work on people with different protected characteristics and work with others to address inequalities.

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Fit for the future organisation

Our strategic aims have significant implications for how we operate as an organisation. We will align our culture, capabilities and infrastructure, to our new strategic aims.

Our new values and behaviours

Our values and behaviours will influence the work we do and how we do it. They will also have a positive impact on the working lives of NMC colleagues. We will embed our new values and behaviours in our recruitment and people management processes.

Enhanced capabilities

Strategy and analysis

Improved analytical capabilities will be critical for the successful delivery of our strategy. We will routinely collate and evaluate material about the future of health and care delivery, regulation and professional education, to inform decisions by our Council and the NMC team.

We need to improve the quality and usability of our data including the capacity for our partners to analyse our data themselves.

Professional Practice

We have NMC registrants as colleagues, as advisers and playing key role in our regulatory work – as panellists, and education reviewers, for example. Being seen to draw on sound expertise from our professions will improve how we regulate and enhance our professions' confidence in our work. We will look afresh at how we access and use expertise from the professions we regulate at the NMC.

Support for learning and continuous improvement

We need to improve the internal and external customer experience. We will develop the capability of all our colleagues to continuously learn and improve how they work.

People

We want our colleagues to be proud to work for the NMC. We will ensure that all colleagues have equal opportunities to develop their skills and careers. We will use authoritative external benchmarks (such as the Workplace Race Equality Standard, and Stonewall) to track our progress as an employer.

Our new infrastructure

New organisational design and governance

We need to ensure that we work in ways that support our strategic ambitions. We have a new structure designed to enhance our regulatory and wider impact. It will be supported by the appropriate governance structure, to improve the quality and timeliness of decision-making, and ensuring corporate oversight of delivery.

Accommodation

We currently work from three sites in London and one in Edinburgh; we also hold hearings in Cardiff and Belfast. Over the next five years we will develop and implement accommodation plans that will support our strategy, providing modern environments to support new ways of working, and facilitating engagement with partners.

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Technology

We will continue to improve our technology, so that our colleagues have the tools they need to work efficiently. We will modernise the systems that support our regulatory work, to enable us to provide good customer service, and allow us to store and use our data to provide insight.

Corporate social responsibility

We are committed to acting responsibly and operating sustainably in all our activities:

- We conduct ourselves ethically and in line with our values. Our policies outline our commitment to ethical working practices and human rights, such as the Modern Slavery policy¹⁵ and the ethical investment policy.¹⁶
- We champion the values of equality, diversity and inclusion. We value the diversity of the people on our register, those they care for and our NMC staff. We believe that equality of opportunity is essential for people to do their jobs well.
- We are mindful of the mental and physical wellbeing of the people who use our services, our professions we regulate, and our colleagues.
- We recognise the serious impact of the climate and ecological crisis, and its effects on public health in the UK and worldwide. We are committed to acting sustainably, and supporting those working in the health and care sector to do so, particularly in reducing carbon emissions. We recognise that taking meaningful action to protect the environment, and mitigate climate change, will also benefit people's health and wellbeing.

We will develop a sustainability plan with clear objectives, which will incorporate how we work as a regulator. This will cover activities such as investment, procurement, travel, energy and waste. Our plan will be available on our website and we will update people on our progress through our annual report.

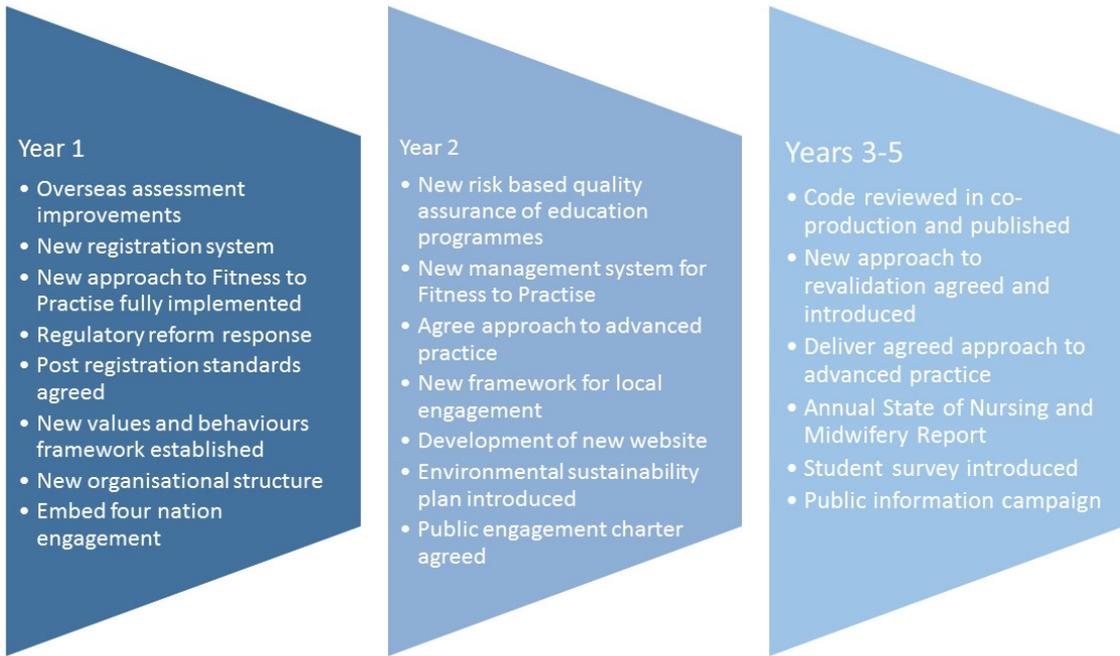
Building a five-year plan

We are clear about much of the work needed to deliver our strategy, but there are some areas that will take more time to scope fully. We are mindful that our plans need to be capable of flexing to take account of external circumstances over the period covered by the strategy. For example, at the time of writing, the Coronavirus is having a significant impact.

We are developing a five-year view of the work ahead. The graphic below provides a high level overview of current plans. Our annual corporate business plan provides fuller detail.

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2. How will we know that we are succeeding?

People will experience us as:

- effective and fair in our core regulatory work, with sound, proportionate and timely decisions reinforcing confidence in our professions
- supporting our professions to uphold high standards of practice, and anticipating their future needs
- evidence-informed, using our own and others' insights to evaluate our work, and contribute effectively to collaborative work toward wider learning and improvement
- approachable, visible and connected – strong relationships at national and local level with the specialisms and sectors that inform our regulatory approach
- providing good customer service, being responsive and kind in our interactions with people who are involved in our work
- a valued collaborator especially with those partners such as educators and employers that we rely on to help us uphold high standards of practice
- actively supporting the public, our professions and partners to understand and shape what we do
- an organisation with the culture, skills, and resources to deliver on its strategic aims.

Our corporate plans will set out further detail on the measurement of our progress in delivering our strategy. We will track a combination of performance metrics, perceptions, longer term evidence, and programme level milestone delivery in order to obtain a rounded picture of our progress.

We welcome the regular review of our work by the Professional Standards Authority (PSA) and we will continue to use the PSA's insights to learn and improve.

Some of the measures we anticipate using include:

- Performance indicators that help us monitor the quality and timeliness of our core regulatory processes.
- Reporting on benefits delivery at the programme level.
- More robust research and evaluation on our impact.
- Customer experience measures and perceptions audit.
- Evidence on stakeholder engagement – who, where, when and how.
- Media sentiment analysis.
- Employee engagement including our staff survey.
- Our performance against recognised equality and diversity benchmarks.

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Draft NMC Strategy 2020–2025

This strategy sets out an ambitious programme of work that will require all of us at the NMC to make changes in how we work and behave. As an organisation we will work hard to support this change in culture and provide everyone with the necessary practical tools and support. The process will not be immediate but over the five years we expect everyone working in and with our organisation to see visible differences.

We are confident that the many people who have given their time and expertise so generously over the last year to help us develop this strategy will continue to engage with us, challenge us, and stimulate our thinking and action over the next five years. We look forward to working together to ensure we support high standards of practice from nurses, midwives and nursing associates – in all of our interest.

¹ <https://www.kingsfund.org.uk/sites/default/files/2019-06/closing-the-gap-full-report-2019.pdf>

² King's Fund (2020) [What are health inequalities?](#)

³ Marmot et al (2020) Health Equity in England: The Marmot Review 10 Years On, Health Foundation <https://www.health.org.uk/funding-and-partnerships/our-partnerships/health-equity-in-england-the-marmot-review-10-years-on>

⁴ [Health4LGBTI](#) EU funded project - [TASK 1: State-of-the-art study focusing on the health inequalities faced by LGBTI people](#) D1.1 State-of-the-Art Synthesis Report (SSR)

⁵ Public Health England (2018) [Improving the health and wellbeing of lesbian and bisexual women and other women who have sex with women](#)

⁶ NHS (2019) [NHS staff survey 2019 results](#)

⁷ NHS (2020) [NHS Workforce Race Equality Standard](#)

⁸ Johnson J, Cameron L, Mitchinson L, Parmar M, Opio-te G, Louch G & Grange A (2019) [An investigation into the relationships between bullying, discrimination, burnout and patient safety in nurses and midwives: is burnout a mediator?](#) Journal of Research in Nursing 24(8): 60-619 <https://doi.org/10.1177/1744987119880329>; NHS England (2018) [Links between NHS staff experience and patient satisfaction: Analysis of surveys from 2014 and 2015](#); Viken B, Solum E & Lyberg A (2018) [Foreign educated nurses' work experiences and patient safety – A systematic review of qualitative studies](#). Nursing Open 5(4) <https://doi.org/10.1002/nop2.146>; Maben J, Peccei R, Adams M, Robert G, Richardson A, Murrells T & Morrow E (2012) [Exploring the relationship between patients' experiences of care and the influence of staff motivation, affect and wellbeing](#). NIHR Service Delivery and Organisation Programme; Dawson J (2009) [Does the experience of staff working in the NHS link to the patient experience of care?](#) Aston Business School;

⁹ [https://www.journalofnursingregulation.com/article/S2155-8256\(17\)30127-8/pdf](https://www.journalofnursingregulation.com/article/S2155-8256(17)30127-8/pdf)

¹⁰ Kinman G, Teoh K, Harriss A (2020) The Mental Health and Wellbeing of Nurses and Midwives in the United Kingdom, Society of Occupational Medicine (forthcoming)

¹¹ Watts N et al (2019) [The 2019 report of The Lancet Countdown on health and climate change: ensuring that the health of a child born today is not defined by a changing climate](#). The Lancet 394(10211): 1836-1878

¹² <https://digital.nhs.uk/data-and-information/national-indicator-library/carbon-dioxide-equivalent-emissions-for-nhs-trusts>

¹³ <https://www.kingsfund.org.uk/projects/environmental-sustainability-health-and-social-care>

¹⁴ <https://www.gov.uk/government/consultations/promoting-professionalism-reforming-regulation>

¹⁵ <https://www.nmc.org.uk/modern-slavery-statement/>

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Draft NMC Strategy 2020–2025

¹⁶ Investment Policy, item NMC/19/39 in Council papers 22 May 2019

<https://www.nmc.org.uk/globalassets/sitedocuments/councilpapersanddocuments/council-2019/open-council-22-may-2019.pdf>

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Council

Our Values and Behaviours Framework

Action: For decision.

Issue: To agree a new set of values and behaviours that complements and supports the corporate strategy and its implementation from April 2020. The new values and behaviours framework will guide the behaviour of all NMC colleagues and will be an important signal to the public, the professionals on our register and our partners of what is important to us and how they can expect us to work.

Core regulatory function: Supporting functions.

Strategic priority: Strategic priority 4: An effective organisation.

Decision required: The Council is asked to approve the NMC's new values and behaviours framework (paragraph 10).

Annexes: The following annexe is attached to this paper:

- Annexe 1: Values and Behaviours framework

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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Resource implications: 12 The development cost of the new framework and working with our external partner is covered within the People Strategy budget.

Equality and diversity implications: 13 None.

Stakeholder engagement: 14 Some external engagement has taken place including sharing the developing framework as part of the Corporate Strategy development.

Risk implications: 15 None.

Legal implications: 16 None

Our values and behaviours

Our values are important to us. They guide the way we behave, individually and together, and give us a firm foundation to promote excellence in nursing and midwifery for the benefit of the public. Each value is crucial, but their real strength comes from how they work together.

We're fair

We treat everyone fairly. Fairness is at the heart of our role as a trusted, transparent regulator and employer.

- 1 We make sure our decisions are fair and based on evidence.
- 2 We act with integrity. We're honest and transparent in our communication and we actively share information, balancing the rights of all the people involved.
- 3 We're accountable. We do the right thing, even in difficult circumstances.

We're kind

We act with kindness and in a way that values people, their insights, situations and experiences.

- 1 We act considerately. We are aware of the effect of our behaviours and the influence of our work.
- 2 We treat people with respect and dignity, especially when the decisions we take are difficult.
- 3 We understand what others are dealing with and are clear and respectful in all our communications. We show compassion, both in our role as a regulator and to each other.

We're ambitious

We take pride in our work. We're open to new ways of working and always aim to do our best for the professionals on our register, the public we serve and each other.

- 1 We're always aiming to do better and be better, and support colleagues and professionals on our register to achieve their potential.
- 2 We value feedback. We're open to exploring new ways of thinking and working to make us more efficient and effective.
- 3 We're motivated by our purpose and promote learning to continuously improve.

We're collaborative

We value our relationships (both within and outside of the NMC) and recognise that we're at our best when we work well with others.

- 1 We involve others. We work together to identify issues, reach solutions and achieve excellence.
- 2 We support and motivate each other to achieve our shared purpose and inspire public confidence.
- 3 We trust each other. We share ideas and thinking to achieve our goals and celebrate diversity by supporting equality and inclusivity in all areas of our work.

We are all responsible for upholding these values in our own and our colleagues' behaviour. Everyone we work with – whether they're a colleague, a professional on our register, a member of the public or someone else – will see these values through the way we behave.

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Council

Financial strategy

Action: For decision.

Issue: Agreeing our financial strategy and our investment policy.

Core regulatory function: Supporting functions.

Strategic priority: Strategic priority 4: An effective organisation.

Decision required: The Council is recommended to approve:

- the financial strategy, including the reserves policy (paragraph 8.1).
- that the values for the lower and upper limits of the target range of free reserves remain at £0 and £25 million respectively, and value for the minimum cash and investments balance remains at £20 million (paragraph 8.2).

Annexes: The following annexes are attached to this paper:

- Annexe 1: financial strategy, including the reserves policy.
- Annexe 2: proposals for target lower and upper limits of free reserves, and minimum cash and investments balance.

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 financial strategy was approved by Council in March 2019 with the proviso that it would be reviewed at this time to ensure consistency with the new organisational strategy for 2020–2025.

Four country factors: 2 Not applicable for this paper.

Discussion 3 The financial strategy has been reviewed alongside the draft organisational strategy for 2020–2025.

4 Some minor changes to the financial strategy are proposed and summarised in the table below. Overall the financial strategy remains appropriate, and will help to deliver the organisational strategy.

Para ref	Change
1.1, 1.2 and 1.7	Amended introduction to link to the organisational strategy for 2020–2025
2.1.1	Reference to a separate fee strategy has been removed as the approach to fees is now covered within the financial strategy. A similar change is proposed to the Scheme of Delegation
3.1	Clarifying that sustainability in the financial strategy refers to financial sustainability
4.2	Adding reference to nursing associates
4.3	Change of terminology: we now use “core business” instead of “business as usual”
4.5 and 4.6	Noting that the investments to deliver the organisational strategy for 2020–2025 will be partly funded from reserves
4.11	Reflecting a proposed uplift of the threshold in the procurement policy for formal tenders from £75k estimated lifetime value to £100k. This change will be included in a proposed update of the procurement policy, to be presented to the Audit Committee in the coming months
4.16	Making explicit connection to our value “We are kind”
5.2.2	Reflecting change to the frequency of the performance and risk sections of the Executive Report to Council
7.2	Changes of tense reflecting the past approval of the investment policy

8.3 and footnote to 8.6	Removing date-specific information in relation to the defined benefit pension scheme. Note that the triennial valuation as at 31 March 2019 is still in progress, but is likely to result in a significant increase in the scheme deficit. The additional contributions payable under the Recovery Plan are therefore likely to increase, since the Pensions Regulator does not permit the timeframe to be extended
9	Change in heading because the fees policy is now part of the financial strategy, rather than a strategy in its own right
9.4	The March 2019 financial strategy referred to an expected investment portfolio of £50m. That included the long term pot and the medium term pot. Having brought forward our capital investment plans including the decision on 23 Portland Place, we are only now planning to invest the long term pot of £30m
9.6	Removing date-specific information in relation to the fee

- 5 The financial strategy includes the reserves policy (**Annexe 1**, section 6) and the fees policy (**Annexe 1**, section 9) and links to the investment policy.

Reserves policy

- 6 The reserves policy has a target range of free reserves, based on an assessment of the potential financial impact of the risks facing the organisation. It also includes a minimum level for the forecast cash and investments balance, to ensure liquidity without the need for borrowing facilities. These limits will be reviewed each year.
- 7 We propose that the values for the lower and upper limits of the target range of free reserves remain at £0 and £25 million respectively, and the value for the minimum cash and investments balance remains at £20 million. The rationale for these levels is set out in **Annexe 2**.
- 8 **Recommendation: The Council is recommended to approve**
- 8.1 **the financial strategy, including the reserves policy.**
- 8.2 **that the values for the lower and upper limits of the target range of free reserves remain at £0 and £25 million respectively, and value for the minimum cash and investments balance remains at £20 million.**

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Public protection implications:	9	None directly.
Resource implications:	10	Covered in the body of the paper.
Equality and diversity implications:	11	None.
Stakeholder engagement:	12	Not applicable.
Risk implications:	13	None directly.
Legal implications:	14	Covered in the body of the paper.

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Draft financial strategy

1. Summary

- 1.1. This financial strategy was first approved by Council in March 2019 and [updated in March 2020]. It is consistent with our organisational strategy for 2020–2025 and is intended to guide our financial management for the period to 2025.
- 1.2. Our new organisational strategy includes an ambitious programme of work across the five years, building on our core business, to ensure that we regulate well, support our professions, and influence the context for learning and care. Underpinning that work, we also need to ensure that our organisation is fit for the future, with the right infrastructure and capabilities to fulfil our ambitions.
- 1.3. We are financed by the fees paid by nurses, midwives and nursing associates. We are very conscious of the impact that increases in our fees can have on our registrants. We do face significant financial risks, which could mean that we have to increase our fees: particularly, the risk of increasing inflation combined with static fee income.
- 1.4. But overall, we are fortunate to be in a strong and privileged financial position. Nurses, midwives and nursing associates are required by law to pay their registration fees in order to practise their professions, and this makes for a highly secure source of income. We also have strong reserves, built up through careful financial management since we last increased our fee in 2015.
- 1.5. We have both a responsibility and an opportunity to use these funds well. This financial strategy seeks to more actively use our strong financial position to invest in modernising our systems, improving services and efficiency, to make financial investments that will protect us from inflation, and to manage financial risks.
- 1.6. The strategy also emphasises the importance of medium and long term¹ planning, and an enabling and collaborative internal approach to the use of resources, alongside appropriate financial controls.
- 1.7. The goals of the financial strategy are to enable the investment we need to deliver our new organisational strategy, while also achieving financial sustainability² and value for money³, for the benefit of registrants and the public, keeping registration fees affordable and stable over time. We will

¹ In this strategy, short term means within one to two years, medium term means from the third to fifth years, and long term means after more than five years.

² Sustainability in our context means the registration fee should be affordable by registrants, and stable over time. With the income provided by registrant fees, our budgets must be balanced over the medium and long term. We must also have access to sufficient working capital and longer term financing.

³ Value for money is defined as the optimal use of resources to achieve the intended outcomes.

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promote trust and confidence in our finances and the value for money we provide through transparency and integrity in our financial conduct.

2. Framework of authorities

Financial governance

- 2.1. Our Council is the NMC's governing body. Council's responsibilities are set out in the Nursing and Midwifery Order 2001, and the Scheme of Delegation. Council's financial responsibilities include:
 - 2.1.1. approving the financial strategy, reserves policy, and investment policy
 - 2.1.2. approving the budget
 - 2.1.3. reviewing financial performance during the year
 - 2.1.4. agreeing the top level system of internal control, including the Financial Regulations
 - 2.1.5. approving the annual report and accounts.
- 2.2. The Chief Executive and Registrar is appointed as Accounting Officer by the Privy Council. The responsibilities of an Accounting Officer are set out in HM Treasury's rules, Managing Public Money⁴, Chapter 3.

Our status as a public body

- 2.3. We are a public body, established by statute. Although our closest relationship within government is with the Department of Health and Social Care (DHSC) and our accounts are consolidated into the DHSC's group accounts, we are independent and not controlled by DHSC or any other government department. We are accountable to Parliament through the Privy Council. We take into account the principles in Managing Public Money.
- 2.4. We are subject to the Public Contracts Regulations and our policies and processes comply with those Regulations in full. We follow the Treasury's Financial Reporting Manual in the preparation of our statutory accounts, to the extent that it clarifies or builds on the financial reporting requirements in the Charities Statement of Recommended Practice (SORP)⁵.

Our charitable status

- 2.5. Our objectives are charitable and we are registered as a charity with the Charity Commission in England and Wales and the Office of the Scottish Charity Regulator⁶. Council members are the trustees of the NMC with

⁴ <https://www.gov.uk/government/publications/managing-public-money>

⁵ Statement of Recommended Practice: Accounting by Charities
http://charitiessorp.org/media/619101/frs102_complete.pdf

⁶ We will also be registered with the Charity Commission for Northern Ireland when it begins to register non-Northern Ireland bodies

responsibilities under charity law, very similar to their responsibilities under the Scheme of Delegation⁷.

- 2.6. As a registered charity we benefit from business rates relief worth over £1m a year and exemption from corporation tax on our charitable income, investment income and capital gains.

3. Sustainability

- 3.1. Sustainability in the context of our finances means the registration fee should be affordable and stable over time. It requires budgets that are balanced over the medium and long term, and access to working capital and longer term financing, including an appropriate level of reserves or other source of financing.

4. Effective financial management and value for money

- 4.1. Our objective is to ensure through good financial management that registrants' money is well spent.

Planning and budgeting

- 4.2. We will maintain a rolling three year business plan and budget, linking resources to outputs and outcomes. Planning and budgeting over a three year period enables more effective delivery and value for money. It also enables us to see the financial impact of medium term capital projects, and to model the possible impacts of financial risks such as changes in the number of nurses, midwives and nursing associates on the register, or changes in the rate of inflation.
- 4.3. For our finances to be sustainable, our budget for recurrent, core business expenditure⁸ must not exceed our recurrent operating income.
- 4.4. Our overall budget, including non-recurrent or project costs, must be balanced over the medium and long term⁹. However, our overall budget does not need to balance every year.
- 4.5. To deliver our organisational strategy for 2020–2025, we need a significant programme of investment in new services, our people and our systems. As set out below, we want to maintain the registration fee at £120 for as long as possible. Therefore we propose to fund our investments partly from reserves.
- 4.6. In order to fund non-recurrent or project costs, we can reasonably set deficit budgets and accept negative cash flows over the short term, provided that we have sufficient cash and reserves to fund the deficits, provided that the budget deficit is the result of those non-recurrent or project costs, and that we

⁷ See Charity Commission guidance “The essential trustee (CC3)”
<https://www.gov.uk/government/publications/the-essential-trustee-what-you-need-to-know-cc3>

⁸ Including depreciation

⁹ In this strategy, short term means within one to two years, medium term means from the third to fifth years, and long term means after more than five years

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have plans for the overall budget to return to balance in the medium and long term.

- 4.7. If our planning and budgeting shows that our operating income cannot cover our recurrent, operating, core business costs over the short term, or our total costs over the long term, then we will need to take steps to correct the position. In the first instance, we would look for further options to reduce costs, including the possibility of reducing the scope of our services. If those options were not viable or were not sufficient, we would need to consider a fee increase.

Efficiency programmes in business plans and budgets

- 4.8. To promote value for money, we will target and track efficiencies through the business planning, budgeting and financial reporting processes, both from change programmes and from continuous improvement activities.

Business cases for major projects and significant investments

- 4.9. When we invest significant amounts of registrants' money in a project, we need to ensure we are making the right choice from the available options, which we expect to provide the best value for money. We do this through business cases that are proportionate to the scale of the investment, based on the Treasury's Green Book¹⁰.
- 4.10. Projects relating to our regulatory functions will often not have a positive *financial* return, for example if their purpose is to improve services to registrants or the public, but we need to test and be able to demonstrate that our chosen option is better value for money than the alternatives, including doing nothing. We also need, as part of the impact assessment, to consider their financial and economic impacts on the wider healthcare system. Projects relating to our corporate support functions should normally have a positive financial return. For all significant projects, we will identify the expected benefits at the outset and track the realisation of those benefits.

Approach to procurement

- 4.11. Value for money is also assured by our procurement policy and processes. We are subject to the Public Contracts Regulations, and our own processes go further, requiring competition for all contracts over £10k in value, and formal tenders for all contracts over £100k in value. However, value for money is not just about getting the lowest price: it is more important to buy the right product or service to meet our needs. Our procurement department supports budget holders in drawing up the specification for tenders, evaluating proposals, and managing contracts, all of which are key to achieving value for money.

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/685903/The_Green_Book.pdf

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- 4.12. Our procurement policy also aims to ensure that our purchasing and our supplier relations reflect our values, so that our environmental impact is minimised, and our suppliers treat their own employees fairly.

Approach to financial control

- 4.13. Financial controls are the rules and processes that help to ensure that we collect our income, protect our assets, and that our spending is effective.

Income controls

- 4.14. One of our main points of contact with nurses, midwives and nursing associates is when they pay our fees. The process is normally quick and simple, but if registrants' payments fail for any reason, they are at risk of being removed from the register and prevented from practising. This has a potentially severe impact on the individual and runs contrary to our aim to support nurses, midwives and nursing associates to work.
- 4.15. Like every organisation, we need processes and controls to ensure that we receive the income we are due. But paying the registration fee is a precondition for legally practising as a nurse, midwife or nursing associate, which means that we are at much less risk than most organisations of our customers failing to pay us.
- 4.16. One of our values is that we are kind, and we will show compassion and understanding for registrants who may be in financial difficulty. Within the limitations of the Fees Rules¹¹ and our systems, we will provide flexibility to support registrants and avoid as far as possible them being removed from the register for non-payment. We will seek reform of our Fees Rules in due course to enable greater flexibility.

Expenditure controls

- 4.17. Controls over expenditure are essential to ensure that our spending is effective for our regulatory and charitable purposes. Effective financial controls prevent improper use of funds and ensure financial information is accurate, relevant and reliable. They support management in making good planning and financial decisions, and ensure value for money, accountability and transparency.
- 4.18. The risk of improper use of funds and errors cannot be absolutely eliminated, and excessive controls are inefficient and tend to drive the wrong behaviours in terms of customer service, innovation and risk management. Therefore financial controls must be appropriate and proportionate. Controls must reach the appropriate threshold level, to reduce the risk of loss to an acceptable level, but beyond that threshold level, further increases in controls reduce value for money and employee satisfaction. Determining the appropriate level of control is a matter of judgement reflecting the organisation's risk appetite.

¹¹ Our Fees Rules are set via secondary legislation

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4.19. We want to trust and empower employees to be responsive and innovative in delivering excellent services to nurses, midwives and nursing associates and the public. We will keep processes and controls under review to ensure they are appropriate and proportionate, and we will promote a culture of customer focus, collaboration and business partnering in Finance and Procurement's support for the rest of the organisation.

Collaboration

4.20. We will maintain a collaborative approach to financial management where budget holders are trained in financial management and encouraged to work in partnership with each other and Finance to ensure the best allocation of resources across the organisation. While providing constructive challenge, Finance will work with a premise of trust in good faith and competence of budget holders, and with the objective of enabling budget holders to spend funds well.

4.21. Similarly, in our work with suppliers, we aim to build partnerships with a fair allocation of risk and benefit, which deliver value for money in the long term.

4.22. We will also look for opportunities to work with other organisations, and other health and social care regulators in particular. We will share expertise and good practice and improve value for money through joint activities such as joint procurement where practical.

Approach to outsourcing

4.23. In deciding whether to provide services in house or to outsource them, our overall objective is to achieve the optimum value for money. This includes consideration of:

4.23.1. The technical complexity and level of specialism of the service. Generally, the more technically complex and specialist a service is, the more difficult it is to maintain a cost effective in house capability to deliver it.

4.23.2. The external market for the provision of the service. Services with more developed external markets, for example catering services, will normally provide better value for money from outsourcing. Conversely, some services may be so technically complex or specialist that the external market for them is limited.

4.23.3. Economies of scale. Organisations often contract out services because their own demand for them is not enough to support an efficient in house service, or the service can be provided more efficiently by a large specialist contractor.

4.23.4. The period over which the services will be needed, and the variability of demand/workload over that period. A short term, one off service, or a service with uneven demand will be more difficult and less cost effective to provide in house.

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- 4.23.5. The degree of independence required. Services where a high level of independence from management and objectivity are required are usually better outsourced, since an external firm is more able to provide independent advice, and more likely to be seen as independent.
 - 4.23.6. The sensitivity of the service will be relevant, including data security considerations, although whether those factors make it more or less appropriate to contract out may vary from one service to another.
 - 4.23.7. Risks and benefits relating to a change from in house to contracted out or vice versa. Risks of moving to outsourced provision may include loss of corporate memory, loss of accountability, or a drop in service levels arising from the change and consequential loss of trust in the organisation.
- 4.24. We will evaluate services using these criteria and others that are relevant to the particular service. If we conclude that contracting out is likely to provide better value for money overall, we will procure the service in compliance with the Public Contracts Regulations and the guidance on outsourcing in Managing Public Money¹². As each significant contracted out service comes up for renewal, we will re-evaluate it to assess whether contracting out remains appropriate, or whether it should be brought back in house.

5. Transparency and integrity

- 5.1. All our financial conduct and decision making must be informed by the fact that we are funded by the registrants' fees. We need to ask ourselves if the financial decisions we take can be positively and confidently presented to nurses, midwives and nursing associates as a good use of their money¹³.
- 5.2. Our Council's Code of Conduct commits members to the seven principles of public life (the Nolan principles): selflessness, integrity, objectivity, accountability, openness, honesty and leadership¹⁴. We apply these principles in our financial management. In particular:
 - 5.2.1. We will publish our expenditure transactions and our key financial policies under our Freedom of Information publication scheme. Council and Executive members' remuneration and expenses will be published annually in the Annual report and accounts.
 - 5.2.2. Council receives a quarterly report from the Executive, which is published on our website, and includes financial and operational management information, key performance indicators, and the corporate risk register.

¹² Managing Public Money chapter 7.12

¹³ 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

¹⁴ <https://www.nmc.org.uk/about-us/governance/the-council/council-governance/>

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5.2.3. The Code of Conduct for Council members includes conflict of interest and gifts and hospitality policies, and similar policies apply to our employees.

6. Reserves policy

Charity Commission guidance on reserves

- 6.1. The Charity Commission¹⁵ expects charities to develop and publish their reserves policies. The purpose of a reserves policy is to demonstrate sustainability, good stewardship and active financial management by the trustees, including showing that the charity will be able to meet its commitments in the event of a shortfall in income. Charities' reserves policies are often expressed in terms of a target range of free reserves. The term "free reserves" means reserves that are not tied up in fixed assets or restricted for specific purposes.
- 6.2. A target minimum level of free reserves is a source of assurance that the charity's services are sustainable. Conversely, a target maximum level of free reserves acts to ensure that the charity's resources are applied and not simply accumulated to no purpose. By maintaining free reserves within the target range, the charity trustees are more likely to be balancing the interests of their current and future beneficiaries and supporters and exercising good stewardship.
- 6.3. Free reserves are particularly important in the charity sector because they are often the main or the only available source of long term financing and financial security. Charities do not have share capital and often do not have access to borrowing. Charities' income streams are often inherently insecure, for example if they are dependent on a small number of large grants.

Our need for free reserves

- 6.4. We have a highly secure income stream and cash flow. Nurses, midwives and nursing associates are required by law to pay our registration fees in order to practise. They are also required to pay either annually or quarterly in advance, so we hold large cash balances, over and above our free reserves. Provided that our budget is balanced over the medium and long term (see paragraph 4.3 above), these large cash balances and the security of our income stream ensure our financial sustainability. Therefore our need for free reserves is much lower than many other charities.

Target range for free reserves, and lower limit for cash and investments

- 6.5. We will maintain free reserves within a target range. The target minimum level of free reserves will be set so as to ensure our sustainability, taking account of the security of our income stream, our cash and investment balances, and an assessment of the potential financial impact of risks faced by the NMC. The target maximum level of free reserves will be set so as to ensure our

¹⁵ See Charity Commission guidance "Charity reserves: building resilience (CC19)" https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/589406/CC19.pdf

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resources are applied effectively, balancing the interests of registrants who finance us through the fees that they pay, and the public who benefit from our work.

- 6.6. The extent to which our cash and investment balances exceed our free reserve balances is dependent on the proportion of registrants paying by quarterly direct debit and the level of the pension deficit. There is a risk that over time, these factors could change.
- 6.7. Therefore, in addition to the target range of free reserves, we will set a minimum level for the aggregate forecast cash and investments balance in the course of the coming financial year. The purpose of this additional limit is to ensure liquidity¹⁶ without the need for borrowing facilities.
- 6.8. Our reserves policy fully complies with the Charity Commission's guidance on reserves as set out in paragraph 6.1. We will continue to publish the policy within our Annual Report and Accounts.
- 6.9. There are no specific requirements that would determine our reserves policy in the Order, or the Scheme of Delegation, or Managing Public Money.

7. Investment policy

- 7.1. The large cash balances that we hold as a product of receiving fees in advance and our free reserves gives us the opportunity to invest funds that are surplus to immediate requirements. We are able to take a long term view and accept some risk.
- 7.2. Our investment policy has been developed consistent with this financial strategy, reviewed by the Investment Committee and approved by Council, and sets out the classes of asset we may invest in and the level of risk we are prepared to take, and ethical investment parameters. Appropriate classes of investment include equities, funds and bonds. While the value of non-cash investments may be volatile and may fall in the short term, over the long term, equities and funds have proven to be the best performing form of investment assets.
- 7.3. We expect that by investing in equities, funds and bonds, we will obtain an above-inflation return over the long term, and thereby avoid or mitigate the need to increase our fees. Therefore we expect that applying part of our cash and reserves in investments will benefit nurses, midwives and nursing associates in the long term.

8. Defined benefit pension scheme

- 8.1. Our main pension scheme, which has been offered to new starters since November 2013, is a defined contribution or "money purchase" scheme. Employer contributions to the scheme are within a fixed range so there is very

¹⁶ Our investments will be equities, funds and bonds capable of being liquidated within 14 days, so can be treated as a liquid asset and combined with cash for this purpose

little financial risk to the NMC. Pensions are one of the most effective ways for individuals to save for their retirement so we will continue to promote the scheme and encourage maximum uptake by employees.

- 8.2. We also have a defined benefit scheme, where pension is based on employees' final salary and number of years of service. This scheme closed to new starters in November 2013. The defined benefit scheme carries significant financial risks: changes in life expectancy, interest rates or investment performance of the scheme assets could all have significant impacts on our net pension deficit.
- 8.3. The NMC makes additional contributions to the scheme, over and above our normal employer contributions, under a Recovery Plan with the intention of eliminating the deficit by 2026.
- 8.4. The high level of financial risk inherent in a defined benefit pension scheme was a primary reason why we closed the scheme to new entrants in 2013. There are other options to reduce the financial risk further. We could make further payments into the scheme, or we could sell the scheme to an insurer.
- 8.5. The first of those options, making further payments, would only reduce financial risk if the new funds were invested in order to hedge the risk on the liability side. For example, the scheme trustees could invest in long term bonds, which would hedge against the risk of an increase in the liability resulting from a fall in bond yields. However, by making further payments into the scheme we would be limiting our own opportunity to make positive returns on those funds through our own investments.
- 8.6. The second option, selling the scheme, would completely eliminate our risk, but it would only become an option if the scheme were to be closed to new accrual of benefits, and it would be extremely expensive.
- 8.7. Therefore we propose to continue with the present approach of making additional employer contributions. The potential impact of the financial risk within the scheme is manageable within our reserves, and the risk will diminish gradually over time.

9. Fees policy

- 9.1. Our fees are set by secondary legislation. Any change in fees requires the Council's approval to start the process, a public consultation on our proposed changes, approval by the Privy Council, and a statutory instrument approved by the Westminster Parliament via the negative procedure. The process takes a minimum of six months from the point of Council approval to the new fees taking effect. Nurses, midwives and nursing associates would pay the new fee from the point of their next annual renewal of registration following the change, so there is a lag before the full effect of any change is felt in our income.

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- 9.2. Our renewal fee has been £120 per year since February 2015¹⁷. It had been £76 until February 2013, and £100 from February 2013 to February 2015. The last two increases, which represented nearly 60 percent in the space of two years, were very unpopular with nurses and midwives. The government has stated that fee rises should be kept to a minimum¹⁸.
- 9.3. We intend that the fee should be affordable by nurses, midwives and nursing associates. We should avoid large, sudden increases in the fee: registrants are more likely to be able to manage small, more regular increases, than infrequent but large increases. Council will continue to review the need for fee changes each year, using our rolling three year budget to identify when fee increases are necessary and plan for them so as to minimise the impact on registrants.
- 9.4. In the medium and longer term, we expect that investment in new systems and continuous improvement of our processes will produce cost savings, offsetting the impact of inflation. Also, through our new investment policy (see section 7 above), we expect to earn an above-inflation rate of return on a portfolio of surplus funds, initially around £30m.
- 9.5. The Order enables us to generate other sources of income “in connection with the exercise of its functions”. We will take advantage of opportunities to generate other income that are consistent with our values and our role as a professional health regulator, so as to supplement registrants’ fees and help keep them at the current level.
- 9.6. Provided registrant numbers remain stable and inflation remains low, we aspire to use the cost savings and investment income referred to above to keep our budget balanced over the medium to long term, and maintain the registration fee at the current £120 level for as long as possible.
- 9.7. However, because the risks to our budget related to inflation and registrant numbers are significant, we will continue to review the registration fee annually, as part of the budget setting process.

¹⁷ Note that while the registration fee remains fixed at £120, it is falling in real terms.

¹⁸ *Promoting professionalism, reforming regulation* consultation paper, paragraph 4.25

https://consultations.dh.gov.uk/professional-regulation/regulatory-reform/supporting_documents/Promoting%20professionalism%20reforming%20regulation.pdf

Reserves policy: annual review of target lower and upper limits of free reserves, and minimum cash and investments balance

1. Our reserves policy, contained within the financial strategy approved by Council in [March] 2020, is to maintain free reserves within a target range, and to set a minimum level for the aggregate forecast cash and investments balance in the course of the coming financial year. The target range of free reserves and the minimum cash and investments balance will be reviewed at least annually by the Council.
2. The target minimum level of free reserves will be set so as to ensure our sustainability, taking account of the security of our income stream, our cash and investment balances, and an assessment of the potential financial impact of risks faced by the NMC. The target maximum level of free reserves will be set so as to ensure our resources are applied effectively, balancing the interests of registrants who finance us through the fees that they pay, and the public who benefit from our work.
3. The purpose of the minimum level for the aggregate forecast cash and investments balance is to ensure liquidity¹ without the need for borrowing facilities.
4. This paper proposes the target range of free reserves and the minimum cash and investments balances for the financial year 2020–2021.
5. Because our registrants are required by law to pay our registration fees in order to practise, and they are required to pay their fees in advance, we have a highly secure income stream and we hold large cash balances, over and above our free reserves. Therefore our need for free reserves is much lower than many other charities.

Current reserves position

6. At 31 March 2019, our free reserves were £28.6 million, and our aggregate balance of cash and investments was £94.8 million. Subject to the revaluation of our defined benefit pension scheme (see also paragraph 18 below), we forecast that our free reserves at 31 March 2020 will be approximately £29 million. Our forecast aggregate balance of cash and investments at 31 March 2020 is £101 million.
7. In addition to the free reserves, our cash and investments balance at 31 March 2019 included fees paid in advance of £42.5 million. Our forecast balance of fees paid in advance at 31 March 2020 is £42 million. Fees paid in advance is our largest single source of cash. The balance of fees paid in advance is declining as more nurses and midwives switch from annual payment to quarterly direct debit. Over time, this will reduce our cash balances, but the rate at which registrants are switching to quarterly direct debit is relatively slow, around 5 percent each year.

¹ Our investments will be equities, funds and bonds capable of being liquidated within 14 days, so can be treated as a liquid asset and combined with cash for this purpose

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8. Our pension deficit, £14.2 million at 31 March 2019, is a form of long term financing, which also has the effect of increasing our cash and investment balances relative to our free reserves (see also paragraph 18 below).
9. This means that zero free reserves, which is the lower end of our target range, implies a cash and investments balance of around £55 million.
10. Apart from a peak in September 2019, registrants pay their fees relatively evenly through the year, so there are no major troughs in our monthly cash flow.
11. The following table shows how our free reserves at 31 March 2019 reconciles to our cash balance at 31 March 2019, and what our expected cash balance would be if free reserves fell to zero, the lower limit in our reserves policy.

	At 31 March 2019	If free reserves were £0
	£m	£m
Total reserves	48.3	~ 45
Accumulated net total of all surpluses and deficits since NMC began		
Less: fixed assets	19.7	~ 45
Total reserves less fixed assets = available free reserves	28.6	0
Calculation of free reserves is total reserves less the value that is tied up in buildings, equipment etc and so is not held in net liquid assets		
Add: registrants' fees received in advance (valued conservatively in the illustration of the cash balance when free reserves are zero)	42.5	~ 35
Add: pension deficit	14.2	~ 15
Add: other net working capital balances This is the net value of trade creditors, accruals and provisions, less debtors. Working capital balances are a form of financing. For a given level of reserves, the more net creditors we have, the more cash we will have	9.5	~ 5
Cash + investments	94.8	55

Proposed target range of free reserves for 2020-2021

12. The target range of free reserves was set at zero to £25 million in March 2019. We have reviewed the target range and do not propose any change for 2020–2021.
13. Subject to the triennial revaluation of the defined benefit pension scheme, we will be above the upper limit of the target range at 31 March 2020. But we are planning a

major programme of investment to deliver the new organisational strategy, which we expect will reduce free reserves to around £5 million over the next three years.

14. As the table shows, because of the financing effect of registrants paying in advance and the defined benefit pension scheme deficit, zero free reserves will still normally represent a cash and investments balance of around £55 million. Taken together with the security of our income stream, that gives assurance that for us, a zero lower limit of the target range of free reserves is compatible with financial security and sustainability.

Proposed minimum level for cash plus investments for 2020–2021

15. Because our zero lower limit of the target range of free reserves is premised upon the financing effect of registrants paying in advance and the defined benefit pension scheme deficit, we also set a minimum level of forecast cash plus investments, to provide further assurance of liquidity over the longer term. The minimum level of forecast cash plus investments was set at £20 million in March 2019.
16. The extent to which our cash and investment balances exceed our free reserves balance is dependent on the proportion of registrants paying by quarterly direct debit and the level of the pension deficit.
17. As at December 2020, 20 percent of registrants pay quarterly, and that percentage is rising by about 5 percent each year. Over time this trend will reduce our cash balances. If 75 percent of registrants paid quarterly in advance, we would have between £20m and £25m of fees paid in advance throughout the year.
18. The pension deficit is a form of long term financing for the NMC. We have a Recovery Plan in place under which we currently pay an additional £1m a year into the pension scheme, which is intended to clear the deficit by 2026. The triennial revaluation of our defined benefit pension scheme as at 31 March 2019 is currently underway. We expect the outcome will be a significant increase in the deficit, with a corresponding reduction in our free reserves. There will be no immediate impact on our cash balances, but we expect that our future Recovery Plan payments to the scheme will increase, so that the Recovery Plan still meets the objective of clearing the scheme deficit by 2026. In the short term, therefore, the pension deficit will still have a financing effect, but in the longer term, as the pension deficit is cleared, whether by actuarial gains and/or by the NMC making additional cash contributions, our cash balance relative to our free reserve balance will fall.
19. We propose to keep the minimum level of aggregate forecast cash and investments at £20 million for 2020–2021. In the short to medium term, that limit would not bite until long after the lower limit of the target range of free reserves had been breached. Our outline budgets for 2021–2022 and 2022–2023 indicate cash and investments balances of at least £60 million throughout the period. In the longer term, the £20 million minimum level of aggregate forecast cash and investments is consistent with zero free reserves combined with 75 percent of registrants paying by quarterly direct debit, and the clearing of the pension deficit. It is sufficient to ensure liquidity without the need for borrowing facilities.

Council

Accommodation strategy

Action: For decision.

Issue: Approving our accommodation strategy.

Core regulatory function: Supporting functions.

Strategic priority: Strategic priority 4: An effective organisation.

Decision required: The Council is recommended to approve the accommodation strategy (paragraph 9).

Annexes: The following annexe is attached to this paper:

- Annexe 1: Draft accommodation strategy.

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 In parallel with the development of our organisational strategy for 2020–2025, the Executive has developed our accommodation strategy.

2 The accommodation strategy is a key part of our plans to build a fit for the future organisation and make the NMC a great place to work. Our office spaces, meeting rooms and hearings rooms need to be appropriately located for our work with the public, educators, the professions and our partner organisations, and create a welcoming and hospitable environment for all our visitors and our colleagues.

3 The accommodation strategy also outlines the future of 23 Portland Place, and our other buildings: 2 Stratford, One Westfield Avenue and Edinburgh; and our serviced office space in Cardiff and Belfast.

4 An outline of the accommodation strategy was presented to the confidential Council meeting in November 2019. This draft reflects the feedback received on the outline strategy.

Four country factors:

5 The accommodation strategy addresses:

5.1 The requirement in our legislation to hold a hearing in the UK country in which a registrant lives, at the option of the registrant. For that reason we maintain hearings rooms in Belfast, Cardiff and Edinburgh.

5.2 Our need to maintain strong links with health and care policy makers in the four countries as well as the main hearing centre in England.

Discussion

6 Managing an Estate and associated facilities requires the development of a strategy that can accommodate change without losing sight of the organisation’s objectives and other strategically important considerations.

7 The accommodation strategy (**Annexe 1**) describes our approach and recognises the factors that will shape the Estate in association with the NMC Strategy 2020–2025.

8 The accommodation strategy needs to look beyond five years given the length of leases for office space to provide a flexible estate that offers value to the organisation.

9 **Recommendation: The Council is recommended to approve the accommodation strategy.**

Public protection implications:

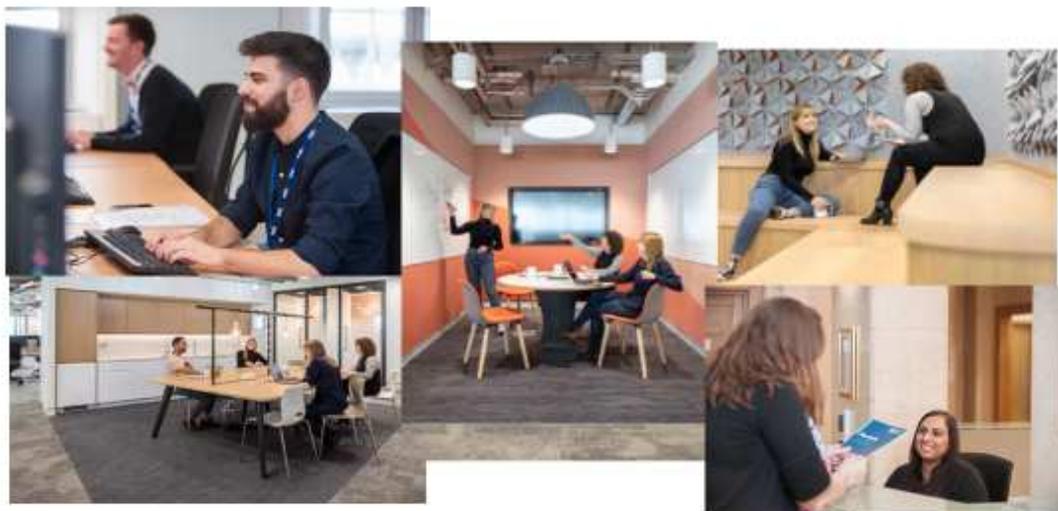
10 None directly.

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Resource implications:	11	None directly.
Equality and diversity implications:	12	None directly.
Stakeholder engagement:	13	The accommodation strategy aligns with the overall organisational strategy and reflects the feedback received in stakeholder engagement for the overall strategy.
Risk implications:	14	None directly.
Legal implications:	15	We have a duty to provide a healthy, safe and secure environment for our employees and visitors.

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Nursing & Midwifery Council Accommodation Strategy 2020 and beyond



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Revision	Comment	Date	Revised by
v.2.1	EB approval		David Power

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Introduction

This document sets out our strategy for managing our accommodation. It supports our new overall strategy for the period 2020-2025, though the accommodation strategy must also look beyond that period to give value to the organisation and our stakeholders over the very long term.

The accommodation strategy is a key part of our plans to build a fit for the future organisation and make the NMC a great place to work. We want to be an employer of choice, providing attractive, healthy, safe and secure office spaces where our colleagues can work productively and collaboratively, as well as enabling colleagues to work from home and on the move.

Our office spaces, meeting rooms and hearings rooms need to be appropriately located for our work with the public, educators, the professions and our partner organisations, and create a welcoming and hospitable environment for all our visitors and our colleagues.

It also outlines the future of 23 Portland Place, and our other buildings: 2 Stratford, One Westfield Avenue and Edinburgh; and our serviced office space in Cardiff and Belfast.

This strategy can be used as a basis to engage, support, advise and respond to the needs of internal and external stakeholders of the organisation. It also recognises that the organisation is going through a period of change which will affect the future footprint and its use of space.

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Our accommodation and our strategic themes

The [draft] NMC *Strategy 2020-2025* sets out five strategic themes to guide the NMC in our purpose of promoting and upholding high professional standards in nursing and midwifery – protecting the public and inspiring public confidence. They are:

- **Improvement and innovation** - doing our day job well, providing better customer service, taking every opportunity to increase the public benefit from what we do.
- **Proactive support** - for our professions to uphold our standards today and tomorrow, anticipating and shaping future nursing and midwifery practice
- **Visible and better informed** - in closer contact with our professions, their employers and their educators so that we regulate with a deeper understanding of the learning and care environment in each country of the UK
- **Engaging and empowering** public, professionals and partners - able to understand and shape our work - promoting a person centred approach in what we do and deepening the wider understanding of our and our professions' roles.
- **Insight and influence** - driving improvement in what we do and how we influence the wider sector, acting responsibly and collaboratively as part of the wider health and care system

To deliver on these themes, we need accommodation that provides colleagues with a healthy, safe and secure environment where they can work efficiently and productively. We need hearings rooms in all four countries of the UK that help to support the public, registrants and witnesses through the fitness to practise process. We need spaces where we can welcome the public and collaborate with the professions and our partners. Our accommodation needs to be adaptable to future changes in demand for our services and the way in which they are delivered, and changes in technology and working patterns. It needs to be affordable within our financial strategy, cost effective, environmentally sustainable and appropriate to our role as a public body funded by the fees of nurses, midwives and nursing associates.

Our existing accommodation

We are a UK-wide regulator with a presence in each of the four countries – England, Scotland, Wales and Northern Ireland. Our existing accommodation is described below.

Our accommodation occupies a total of approximately 71,000 square feet (net), excluding serviced office space. (This is a reduction of approximately 20% of floor space following the lease end events of two buildings that we occupied until the end of 2019).

Building	Desks	Capacity (7:10 ratio)	Hearing Rooms	Lease end
23 Portland Place, London W1B 1PZ	336	480	-	11 October 2933
17 th floor, One Westfield Avenue, London E20 1HZ	250	358	-	6 February 2029
2 Stratford Place, London E20 1EJ	54	77	14	21 July 2024
Clarendon House, 114-116 George Street, Edinburgh EH2 4LH	36	52	4	24 April 2021
Temple Court, 13A Cathedral Road, Cardiff CF11 9HA	No perm staff		1	31 October 2020
Forsyth House, Cromac Square, Belfast BT2 8LA	No perm staff		1	31 July 2021
Totals	676	967		

23 Portland Place (23PP) has been the home of the NMC and its predecessor bodies since 1934. It is held on a 999 year lease at a peppercorn rent of £250 a year. It is used as office space and is also the base for the Executive Board and Council. (23,223 sqft)

One Westfield Avenue (OWA) is a new purpose built office block in the International Quarter in Stratford, East London. We took a 10 year lease of the 17th floor in 2019, replacing our previous central London offices in Holborn, where the leases were ending. OWA has been fitted out as modern, flexible space to promote agile and collaborative working. (21,744 sqft)

2 Stratford Place (2SP) is our main venue for fitness to practise hearings in England and consists of 14 hearing rooms and 54 desk spaces for the teams that support the associated adjudication process. Our lease expires in July 2024. (17,352 sqft)

Clarendon House in Edinburgh is held on a lease expiring in April 2021 and is used for our fitness to practise hearings in Scotland. It has four hearing rooms and 36 desk spaces over two floors. (8,879sqft)

For our fitness to practise hearings in Wales and Northern Ireland, we have serviced office accommodation in Cardiff and Belfast. We have no colleagues permanently based at either hearing venue.

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Agile working

In 2017 we introduced an agile working policy, which encourages colleagues to work from home for part of their week, where appropriate and compatible with the needs of service delivery. During 2019-2020 we have provided most colleagues with laptops to further enable agile working, and to free colleagues from their desks.

Agile working benefits our colleagues by supporting healthy work-life balance, and benefits the organisation by enabling flexible and efficient use of our office space, and promoting collaboration among teams and across the organisation. Colleagues no longer need a 'desk' to work from, especially with the introduction of laptops. Our new offices at One Westfield Avenue were designed in close consultation with our colleagues about how they wanted to use their space, and the types of workstations, and meeting and collaboration spaces that would make for a great working environment. The new space and agile working has been welcomed by colleagues at One Westfield Avenue, and we want to achieve the same benefits in all our locations.

In the table above, the capacity of our estate with 676 desks to house a headcount of 967 colleagues is based on a 7:10 person:desk ratio, which is typical for a successful implementation of agile working. Agile working enabled us to reduce our space requirement when we relocated from central London to One Westfield Avenue, contributing to an annual saving on rent and service charges of £1m.

The future

How many people do we need to accommodate?

At March 2020, our headcount was 850. In the short term, our new strategy will see us grow to around 950, though many of those new posts will be fixed term, to deliver change projects. In the longer term, we also expect to reduce the number of people we need as a benefit of systems and process efficiencies. In the short term, we are therefore approaching our capacity – and colleagues already report a consistent shortage of meeting space in 23 Portland Place. But taking on new office space to cover that short term peak would be disproportionately expensive, so we need to manage within our existing estate in the short term.

Where do we need to be?

We are a UK-wide regulator, and we need to have strong links with all four countries of the UK, and to understand the national and regional health frameworks. We have an office in Edinburgh, and we have considered whether we should also open offices in Wales and Northern Ireland, and the English regions.

But a wider network of national and regional offices would add to our costs, and would not in itself ensure that we are genuinely accessible. In 2019, we designated

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a director to lead on engagement with senior stakeholders in each of the four countries, supported by a project team. We are developing and expanding our employer link service, widening its focus beyond fitness to practice. Many of our employer link service colleagues are home based, in the regions. We will continue with this approach to ensuring that we are accessible, and we do not intend to open new regional offices.

London is the largest market for the professional and technical employees we need to attract. It is where many of our partner organisations are based and together with the surrounding regions are where many of our registrants live and work. It has good public transport links to the rest of the UK. The downside of being located in London is the high cost of property. But we have already mitigated that by moving nearly half of our colleagues to Stratford, and our headquarters building in central London is held on a 999 year lease at rent of just £250 a year. Therefore our main offices will continue to be in London.

What sort of office space do we need?

To recruit and retain committed people, we need to provide an attractive, modern office environment, which supports a culture of openness and collaboration – similar to the space we have co-created with our colleagues at One Westfield Avenue. We need meeting space for colleagues to engage and collaborate, internally and with our partners and the public. We need IT and audio visual facilities to support remote working and video conferencing.

The space needs to be flexible, to cater for different uses now and in the future. For example, we need to be able to convert hearings space to office space or vice versa, to cater for possible changes in demand for hearings. Our leases for our premises other than 23 Portland Place need to give us flexibility to scale our operations and costs if needed.

How many hearings rooms will we need?

Our strategic direction for fitness to practise, launched in 2018, should lead over time to a reduction in the number of hearings we hold. We are encouraging issues to be dealt with by employers where appropriate, rather than referred to us. In cases of poor practice or a clinical error, we take account of the context, and whether the registrant poses an ongoing risk to public safety. Those cases and others can sometimes be resolved without the need for a public hearing, for example where the facts are agreed on all sides.

We will continue to hold hearings for registrants living in Scotland, Wales and Northern Ireland in our Edinburgh, Cardiff and Belfast premises respectively, and we use our Edinburgh and Cardiff hearings rooms for registrants in the north and west of England where possible and where the registrant agrees.

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Standards and compliance

We will continue to engage with all parts of the organisation with regards to the design and layout of any new or changes to the existing accommodation, taking into account the corporate style to ensure a consistency across the Estate. The accommodation will comply with the Building Regulations which includes disability access as well as planning and other approvals, where required. We will also engage with the Equality, Diversity and Inclusion team and produce an Equality Impact Assessment (EQIA) for any significant changes.

Environmental impact and corporate social responsibility

Our strategy for 2020-2025 includes a commitment to corporate social responsibility, and the sustainability of our estate and how we operate within the wider environment is a vital part of that. We minimise our environmental impact and support sustainability in a number of practical ways including:

- any new building is assessed for sustainability, which may include environmental, social and economic sustainability performance and the use of a grading system, for example 'BREAAAM Very Good' or above.
- the waste that we produce is 'zero to landfill'
- electricity that we use is from renewable sources
- the provision of cycling and shower facilities
- supporting local residents and companies by attending police ward and tenant meeting panels
- removing plastic bottles from our vending machines
- using plant based take away and other containers in our food provision, instead of plastic or waxed cardboard
- where we replace lighting, using LED and energy efficient fittings.

Immediate Future

The most immediate and future Estate requirement relate to our office in Edinburgh and at 23 Portland Place, London.

Edinburgh

The leases on our office and hearing rooms in Edinburgh end on 24 April 2021. Although not indicated yet, there is the possibility that the Landlord may wish to redevelop the whole building, so may not offer a new lease. We have started engagement and local property searches within the current property market.

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The new accommodation will need to be flexible, not only for NMC needs, but with an eye on possible changes in our regulatory responsibilities, whether as a result of regulatory reform or further political change.

We will seek flexibility within the lease provision including a review of the term, lease breaks and/or clauses to allow us to sub-let part of the space and novate the lease to another health or other regulatory body, whether we stay in our existing premises or move to a new building.

23 Portland Place

23 Portland Place is our headquarters building, and is the only building that the NMC occupies in its entirety. It is held on a 999 year lease, which started in October 1934, with a fixed peppercorn rent of £250 per annum.

The lease contains a number of restrictions, including that it is used solely by the NMC. The Landlord has indicated that they may allow us to sub-let part of the building to another medical or regulatory body, subject to local planning laws, but that any form of letting or sub-letting would result in the requirement for us to pay full market rent. While the building is not listed, it is within a conservation area surrounded by listed buildings.

Therefore 23 Portland Place has some, but not all of the characteristics of a freehold:

- It is effectively rent free forever
- We are responsible for all repairs and maintenance
- We have the ability to redevelop the interior

However:

- We cannot generate any income from it - we are unable to sublet without triggering full market rent payable to the Landlord
- We cannot sell the leasehold. The Landlord may be willing to offer us an amount to buy us out of the lease, but that would not be an open market transaction, so it may be more difficult for us to achieve full value

A business case will be presented to Council in 2020-2021 with a number of options with regards to the full refurbishment of the building, as well as other options including relocation.

The business case follows a survey of the mechanical and electrical (M&E) infrastructure and plant that supports the building. The survey showed that a significant amount of machinery and associated services had or would soon reach the end of its working life. The air conditioning and fresh air mix system is the most pressing area for replacement, as some parts of it are over 30 years old.

A full refurbishment would not only cover the replacement of the main plant and M&E services but also include creating a more modern space and working environment.

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This would typically include break out areas, 'pod' meeting rooms and collaboration space, with lessons learnt from the recent successful engagement and fit-out of One Westfield Avenue.

As noted in the survey, the provision of good, planned preventative maintenance and the enhanced maintenance programme we have undertaken in the past three years has extended the life of the building systems. However, there is always the possibility of failure when systems are beyond their normal lifecycle, and this needs to be addressed.

Flexibility

2 Stratford Place

As our Fitness to Practise strategy is implemented, there may be an opportunity to convert hearing rooms at 2 Stratford Place into office space. This could also align with the proposed major refurbishment of 23 Portland Place and the possible need to relocate colleagues for a period of time.

The lease is due to end in July 2024 and in conjunction with colleagues in the Fitness to Practise teams, a full review of the use and operation of the building will take place nearer that time, but no later than 2022-2023.

Cardiff & Belfast (serviced office spaces)

The purpose of these locations is for fitness to practise hearings only. There are no colleagues permanently based there.

We plan to maintain use of these spaces, due to our function as a UK regulator and the requirement that we provide hearings space across the four countries.

The use of serviced office space for hearings in Cardiff and Belfast provides us with flexibility. This saves paying lease costs including rent, service and business rate charges with a long term liability. The cost and use of these facilities will be regularly reviewed.

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Summary of next steps

Property	Status	Next steps
23 Portland Place, London W1B 1PZ	Requires replacement of M&E infrastructure and plant, and refurbishment	Executive will present business case reviewing high level options to Council in the first half of 2020-2021
Clarendon House, George Street, Edinburgh EH2 4LH	Lease ends April 2021	Executive reviewing options in conjunction with Edinburgh colleagues. Business case to Council in the first half of 2020-2021
2 Stratford Place, London E20 1EJ	Lease ends July 2024	Executive will review options in 2022-2023
One Westfield Avenue, Stratford E20 1HZ	Held on lease until 2029. No planned change during period of this strategy	N/A
Cardiff	Serviced office accommodation held under short term service agreements. Good market exists for suitable replacement or expansion, if needed	Maintain presence; Executive keeping required scale under review
Belfast		

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Council

Corporate plan and budget

Action: For decision.

Issue: Seeks Council's approval for the corporate plan and corporate key performance indicators (KPIs) for 2020–2021, and for the budget for 2020–2021. This is in the context of the new five year strategy and indicative budgets to 2023.

Core regulatory function: All regulatory functions.

Strategic priority: All strategic priorities for 2020–2025.

Decision required: The Council is recommended to approve:

- the corporate plan for 2020–2021 (paragraph 14.1)
- the KPIs and targets for 2020–2021 (paragraph 14.2)
- that the annual registration fee for all registrants should remain at the current level of £120 (paragraph 35)
- 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; (paragraph 41)
- the budget for 2020–2021 (paragraph 58)

Annexes: The following annexes are attached to this paper:

- Annexe 1: draft corporate plan for 2020–2021
- Annexe 2: draft KPIs for 2020–2021
- Annexe 3: draft budget for 2020–2021, including indicative budgets for 2021–2022 and 2022–2023

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 We prepare our corporate plan each year in the context of our longer term strategy and the developing external environment. The corporate plan sets out our key priorities for the year, including our key performance indicators (KPIs).
 - 2 The budget allocates the resources required to deliver the corporate plan. The financial context in which we are operating includes:
 - 2.1 The NMC remains in a stable and healthy financial position with significant reserves and strong financial controls.
 - 2.2 Subject to the annual audit and the revaluation of our pension scheme (see paragraphs 49 to 53 below), at the end of March 2020 we expect to have total reserves of around £55 million, free reserves of £29 million and cash of £99 million.
 - 2.3 Our reserves policy is contained within the financial strategy. The current financial strategy was approved by Council in March 2019, and a proposed update is being considered by Council at the March 2020 meeting.
 - 2.4 2020–2021 is the first year of our new five year strategy. The new strategy is also proposed for approval by Council at its March 2020 meeting.
 - 3 At the time of issuing these papers the likely impact of COVID-19 on the NMC is only just emerging. Our priorities in the short term have of course changed – as set out earlier on the agenda) we are working closely with the government on proposed emergency legislation to re-register professionals who had previously left the register and students in their final year of study, and we are urgently building the systems and processes to make that happen. Therefore our other plans for 2020-2021 set out in these documents are likely to be delayed. Our budgets do not specifically include any costs of our response to COVID-19 but we will fund all necessary activities from our contingency or from reserves, pending reimbursement from the government in due course. The nurses and midwives that are re-registered as part of the emergency response will not pay a registration fee, so there will be no extra fee income.
 - 4 We have set out indicative budgets for years 2 and 3 of the strategy period.
 - 5 Planning to implement the strategy is underway with many implementation activities at the scoping stage. Some elements of the strategy will be met from existing projects or core business, other elements from new projects and activities.
 - 6 The “Programmes and projects” line in table 1 below includes the cost of existing and new programmes and projects that the Executive Board has already approved.
 - 7 The “Strategy implementation fund” line in table 1 represents the balance of funding available for projects and programmes where proposals have

been identified but where significant further work is needed before the Executive Board approves them. We expect the value of the strategy implementation fund to be enough to cover the further projects and programmes we think will be necessary to deliver the strategy.

- 8 The Executive Board and Council, where appropriate according to the size of spend, will need to approve specific business cases and decisions to release funding to budget holders.
- 9 Internal directorate structures follow the existing position. We will map budgets to new directorates in the first quarter of 2020–2021.
- 10 Not applicable for this paper.

Four country factors:

Discussion Corporate plan and KPIs for 2020–2021

- 11 A draft of the corporate plan is enclosed at **annexe 1**. The plan summarises what we aim to achieve in 2020–2021, and is consistent with our strategy for 2020–2025. Once approved by the Council the plan will be published on our website.
- 12 The Council monitors the organisation’s performance against our priorities using KPIs. The proposed KPIs for 2020–2021 are at **annexe 2**.
- 13 The KPIs proposed for 2020–2021 are currently largely unchanged from those used in 2019–2020, reflecting certain process elements of our core business. We will review and revise our KPIs following the approval of the strategy and as the strategy implementation plans become better developed to focus more on outcomes. This will be a key focus in the first part of 2020–2021.
- 14 **Recommendation: The Council is recommended to approve:**
 - 14.1 **the corporate plan for 2020–2021**
 - 14.2 **the KPIs and targets for 2020–2021.**

Budget for 2020–2021 and indicative budgets for 2021–2023

Budget overview

- 15 The proposed budget for 2020–2021 is set out at table 1 below and in more detail at **annexe 3**. The budget is designed to deliver the corporate plan and the KPIs.
- 16 We have included indicative budgets for the two following years to March 2023. We will review, revise and roll these forward into later years at least annually to ensure they reflect our new strategy and annual priorities as

we develop more detailed plans during 2020–2021 for strategy implementation over the rest of the five year period.

Core business, programmes and projects and the strategy implementation fund

- 17 The budget tables distinguish between core business costs, programmes and projects costs, and the strategy implementation fund. While all of our organisation and all of our expenditure will be aligned with our new strategy, for budgeting purposes, costs behave differently so it is helpful to distinguish between ongoing and new or non-recurrent costs.
- 18 Core business costs are our core regulatory functions and support costs, which are relatively stable from year to year.
- 19 Programmes and projects costs are non recurrent change projects including projects that will transform the way we regulate and projects that will make us a fit for the future organisation. Programmes and projects that are already underway, including the Modernisation of Technology Services (MOTS) programme, the FTP change strategy and the people strategy are included in this section.
- 20 The highest value programmes in the budget for 2020-2021 are the Accommodation Programme and the MOTS Programme. The Accommodation Programme will manage the end of the lease of our offices and hearings rooms in Edinburgh, and generate plans for the future of our offices in 23 Portland Place.
- 21 The MOTS programme started in 2018-2019 and is approaching the completion of phase 1, the replacement of our legacy registration system with a new system built on Microsoft Dynamics 365. The budget for 2020-2021 includes the completion of phase 1, on which we have an estimated £1.1m overspend, and an indicative allocation of £4m for the first year of phase 2, which is primarily the replacement of our FTP case management system. An exception report on the overspend will be brought to Audit Committee and then to Council. The new systems are essential to improving our core regulatory functions, including our services to registrants, and improving our data and analytical capability.
- 22 The strategy implementation fund will fund new projects and activities specifically arising from the new strategy for 2020-2025, for example the development of our Employer Link Service, and the review of Post Registration Standards.

Surpluses, deficits and reserves

- 23 During 2020–2023 our income will exceed our core business costs each year, generating surpluses of £2.5 / £4.1 / £4.7m available to fund projects and programmes. Including capital costs and including the strategic implementation fund, we expect to spend £14.6 / £15.6 / £16.9m across the three years.

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- 24 This will result in an expected overall deficit for the next three years of £1.3/1.3/4.2 million.
- 25 In addition, capital investment of some £10.7 / 10.3 / 8.0 million over the same period will largely be funded by our free reserves bringing these to a forecast £5.2 million at the end of 2023 from the expected £29 million at the end of March 2020.
- 26 Our financial strategy, which includes our reserves policy, sets a target range of free reserves with a lower limit of zero free reserves. The financial strategy acknowledges that it may be appropriate to budget for deficits in given years, provided that our income exceeds our core business costs, and that we expect the overall budget to return to balance in the medium and long term.
- 27 The indicative deficit of £4.2m in 2022-2023 is the product of expected exceptional operating costs in that year for rented accommodation while 23 Portland Place is refurbished. In the following two years our projections indicate a return to small surpluses. So although our indicative budgets show deficits in each of the three future years, our finances are sustainable.
- 28 The £5.2 million of free reserves at the end of 2023 would be available to support additional costs of implementing the strategy or to absorb any adverse impact arising from a likely increase in the pension deficit following the triennial review and the year end pension valuation. The contingency of about £2.5 million in each year is also potentially available.

Annual registration fee

- 29 In accordance with our financial strategy, the Council reviews the registration fee each year as part of the budget setting process, using the future year indicative budgets to identify when fee increases are necessary and plan for them so as to minimise the impact on registrants. The financial strategy commits the NMC to retaining the fee at its current level for as long as possible.
- 30 Our fees were last increased in February 2015. Since then, the Consumer Prices Index (CPI) has increased by 9.25% meaning that if our fee had increased by inflation, it would now be £131.
- 31 The financial strategy aims to ensure that the fee is affordable by nurses, midwives and nursing associates while at the same time providing sufficient funding to enable us to operate effectively as their regulator. Provided registrant numbers remain stable and inflation remains low, we aim to maintain the registration fee at the current £120 level for as long as possible. We aim to do this by generating cost savings through investment in new systems and continuous improvement of our processes, and through our investment policy, which aims to earn an above-inflation rate of return on our investable cash balances.
- 32 The programme of investment to deliver the new organisational strategy for 2020-2025 will result in deficits, cash outflows and a reduction in our

free reserves. However we expect that it can be delivered while remaining within our target range of free reserves – that is, not falling below zero free reserves. Subject to the key risks of inflation and low or negative growth in registrant numbers, we expect that the costs of our core business will continue to be covered by our income, and that our budget will return to break even or better before the end of the strategy period in 2025. Therefore we recommend that the fee remains at £120 for 2020-2021.

- 33 Because the risks to our budget related to inflation and registrant numbers are significant, we will continue to review the registration fee annually, as part of the budget setting process.
- 34 **Recommendation: Council is recommended to approve that the annual registration fee for all registrants should remain at the current level of £120.**

Employee pay award

- 35 Detailed consideration of the annual pay review has been carried out by the Executive Board and reviewed by the Remuneration Committee. This took into account the current rate of inflation, with CPI at 1.8 percent to January 2020, expectations around the future rate of inflation, as well as benchmarking against current market conditions in both the private and not-for-profit sectors where current settlements are generally ahead of inflation due to a tight labour market.
- 36 Within the regulatory sector, survey evidence suggests a median pay rise of 2 percent in the year ahead compared to lower quartile expectations of 1.3 percent and upper quartile expectations of 2.5 percent.
- 37 As a result we propose a 2 percent cost of living pay award for 2020–2021.
- 38 The Remuneration Committee also considered the Executive’s recommendations for the second phase of our grading and pay changes. In 2019 we reviewed our grading and pay structure and made the first of a two year investment to catch up with the external market. The second phase pay changes, proposed with effect from 1 April 2020, will move more of our colleagues towards the mid point of the new grade pay ranges. These pay awards will apply to colleagues in all grades currently paid below the mid points of their ranges, but will be weighted towards those in the lower paid grades.
- 39 The total cost of the proposed pay awards, net of the assumed savings from the anticipated closure to future accrual of the defined benefit pension scheme, is £1.2m.
- 40 **Recommendation: The Council is recommended to approve 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.**

Income

- 41 Total income in 2020–2021 is budgeted at £90.7 million, a £1.5 million increase compared to our forecast income of £89.2 million in 2019–2020.
- 42 For financial planning purposes, this reflects increases in numbers of nurses, midwives and nursing associates on the register in line with that of the past year as well as an increase in overseas applications.
- 43 The budget for 2020–2021 and the indicative budgets for the following two years assume the annual registration fee remains at £120.

Non-pay inflation

- 44 Pay and pay related costs account for about half of our overall budget. For non-pay costs, contractual price increases have been built in where needed. Elsewhere an inflation assumption of 2.0 percent has been used on 75 percent of our non-pay expenditure. This is in line with the current level of inflation but provides, overall, an incentive to procure at lower than inflation where possible.

Contingency

- 45 We have maintained a central contingency of 3.3 percent of Directorate Core Business expenditure in line with the budget for 2019–2020. The contingency (£2.6 million in 2020–2021) will be used to enable us to respond to significant unforeseen and unplanned events, for example extra work that might arise from Brexit, the impact of Coronavirus or the introduction of regulatory reform. Where appropriate, we will seek funds from Department of Health and Social Care if we are commissioned to additional, novel work regarding Brexit or other matters. Any new expenditure will be subject to a business case and signed off by the Executive Board before funds are released.

Efficiency

- 46 We have a responsibility to the nurses, midwives and nursing associates who fund us to make the best possible use of their money.
- 47 We have built significant levels of cash releasing efficiency savings into budgets, building on those already achieved in earlier years. These include, for instance, savings on estates costs due to fewer hearing rooms and reduced office space, fewer hearings due to changes to FtP processes, and reduced costs due to changes to make registration processes more paperless.
- 48 Our plans for the future include the potential for further savings with a range of drivers. In particular, our investment in technology has the scope to drive savings through more efficient processes in all areas both regulatory and back office. While some estimates have been built into budgets, we will be doing further work to build efficiency capture into project and programme plans.

Pension costs and liabilities

- 49 Pension costs and liabilities are currently an area of significant uncertainty. This is due to the planned consultation on the future of the Defined Benefit (DB) pension scheme, the current discussions on the triennial review of the DB scheme, and the wider review of benefits including the Defined Contribution (DC) pension scheme.
- 50 In line with the Executive's proposal to close the scheme to future accrual, we have assumed savings in DB pension costs from late 2020–2021. But the consultation has not yet started, so those savings are subject to the outcome of the consultation, and a risk in the budget.
- 51 The valuation of the DB scheme deficit is subject to the outcome of the triennial review as at 31 March 2019. However, based on the draft valuation that the trustees have shared with us, the deficit is virtually certain to increase, and may increase by more than £3m. Any increase in the DB scheme deficit will reduce our free reserves.
- 52 When we know the outcome of the triennial review and the impact on our free reserves, we will reassess our investment plans for 2020-2023 and report back to Council. The triennial review should be completed by 30 June 2020 in order to meet the deadline set by the Pensions Regulator, so we should be able to report back to Council in July 2020.
- 53 The outcome of the triennial valuation will also include the NMC and the DB scheme trustees agreeing a new Recovery Plan, which will aim to eliminate the scheme deficit by 2026. We have included assumed increased Recovery Plan contributions to the DB scheme in our cash flow for 2020-2023. The actual amount of future Recovery Plan payments is subject to agreement with the DB scheme trustees, but in any event, Recovery Plan payments on their own have no impact on free reserves.
- 54 We have assumed employer contribution rates to our defined contribution pension scheme remain unchanged.

Investment income

- 55 We have forecast investment income on the basis of interest paid on cash deposits earning up to about 1 percent a year. We have not assumed any dividend income or capital growth from the £30 million we plan to invest in stock markets from early in 2020–2021, once we conclude contract discussions with an investment manager. This investment will be funded from our current cash holdings of around £100 million. The investment in stock markets is to protect and enhance the real terms value of that element of our cash over the medium to long term, but it does introduce an element of risk since the capital value of the investments will fluctuate from year to year.

Budget summary

56 Our overall budget summary, reflecting these key assumptions, is shown in table 1 below. More detail is at **annexe 3**, including a high level cash flow forecast.

57 **Recommendation: Council is recommended to approve the budget for 2020–2021 as set out in table 1.**

Table 1: 2020–2025 budget summary

INCOME & EXPENDITURE (£'m)	Forecast 2019-20	Budget 2020-21	Budget 2021-22	Budget 2022-23
Income				
Registration fees	83.6	85.8	86.2	86.6
Other	5.5	4.9	4.8	4.7
Total income	89.2	90.7	91.0	91.3
Expenditure				
Directorate core business	74.5	78.9	75.4	73.1
Depreciation, pay award budgets and contingency	4.0	9.3	11.5	13.5
Total core business costs	78.5	88.2	86.9	86.6
Surplus after core business costs	10.7	2.5	4.1	4.7
Programmes & projects including capital costs	12.3	11.1	10.1	13.4
Strategy implementation fund	0.0	3.5	5.5	3.5
Sub total including capital costs	12.3	14.6	15.6	16.9
Less: capital costs of programmes and projects	(8.9)	(10.7)	(10.3)	(8.0)
Sub total excluding capital costs	3.4	3.9	5.4	8.9
Total expenditure excluding capital costs	81.8	92.0	92.3	95.5
Overall surplus/(deficit)	7.3	(1.3)	(1.3)	(4.2)
Free reserves	29.0	19.6	12.4	5.2

Public protection implications:

58 The corporate plan and budget underpin all our work to protect the public.

Resource implications:	59	Covered in the body of the paper.	1.
Equality and diversity implications:	60	None.	2.
Stakeholder engagement:	61	None.	3.
Risk implications:	62	Risk has been considered as part of the business planning, budgeting and strategy development process both at individual directorate and corporate level. The Executive considers that the plans set out do not increase our levels of risk overall, and reflect key steps to reduce risk as set out in the risk register included as part of the Executive Report. Examples include:	4.
	62.1	Implementation of the Fitness to Practise strategy, investment in IT through the MOTS programme to help address the risk that we fail to take appropriate action to address a regulatory concern;	5.
	62.2	Our investment in the MOTS programme and implementation of our new registration platform will help address the risk that we fail to maintain an accurate register of people who meet our standards and the risk that we fail to prevent a significant data loss or we experience a major information security breach;	6.
	62.3	Our investment in the People Strategy, in a cost of living pay rise and the continuing changes to grading and pay, help address the risk that we fail to recruit and retain an adequately skilled and engaged workforce.	7.
	63	Areas where risk increases come from our ambition to improve reflected in our new strategy. In particular:	8.
	63.1	we risk trying to deliver too much too quickly and failing to deliver effectively as a result and/or underspending significantly. To counter this, we have prioritised our plans so that the corporate plan for 2020–2021 focuses on delivering what is already in train, and on scoping work for later years;	9.
	63.2	the changes being made to organisational structure could distract from delivery of core business and reduce financial control. We are countering this through limiting the degree of change and managing it carefully, for instance working to amend reporting and ensuring financial accountability remains clear;	10
	63.3	We are planning significant investment in technology and our estate, both of which will provide major benefits for our registrants and other stakeholders for many years beyond 2025. We have in place robust programme and project management arrangements	11.
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to manage the delivery and financial risks around these.

Legal 64 None.
implications:

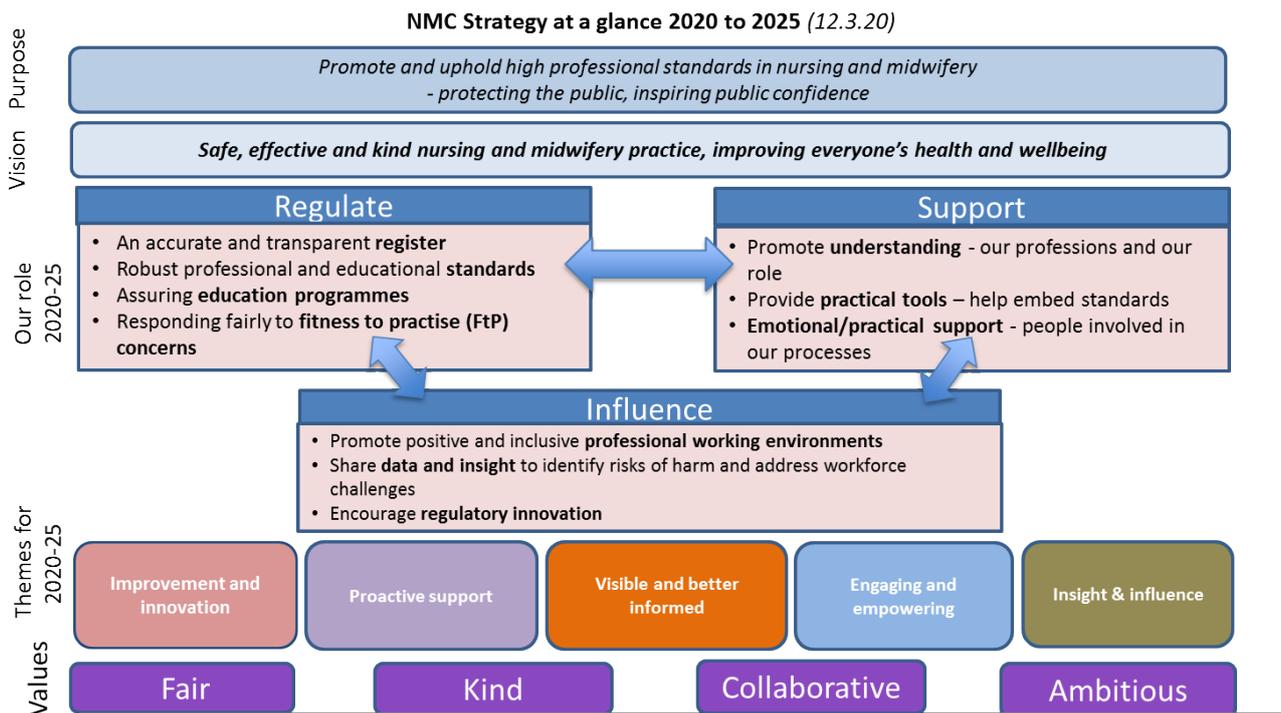
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NMC corporate plan 2020-2021

2020–21 marks the first year of our brand new strategy for 2020–2025. This plan is designed to be read alongside the outline of our strategy.

You can read our full strategy at [insert link following launch].

Figure 1 provides an overview of vision, purpose, role, strategic themes and values for the next 5 years.



As we enter year 1 of our new strategic period, we begin our strategic journey from strong foundations. Our plans are built on successes such as our new standards of proficiency, career led learning through revalidation, changes to our registrations and fitness to practise processes, and a knowledge base gained through engagement with registrants and key stakeholders to help us shape the future.

Our focus for the coming year has four main strands:

Finishing what we've started

We will continue to deliver major programmes of work we've already begun. This includes taking a person centred approach to fitness to practise, delivering fundamental technological improvements to replace legacy systems for our register, continuing to improve processes for registering overseas applicants and establishing standards for post registration.

Producing plans about how we will deliver new areas of work which will support how we regulate in the future

We will use the first year of our new strategy to put in place the building blocks for future success. We will devise new approaches for engaging stakeholders including

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prospective registrants, develop our model for how we will engage at local, regional and national level, and define the capabilities we'll need to make better use of data and insights. We will also produce a long term plan for how will we update our standards in the future.

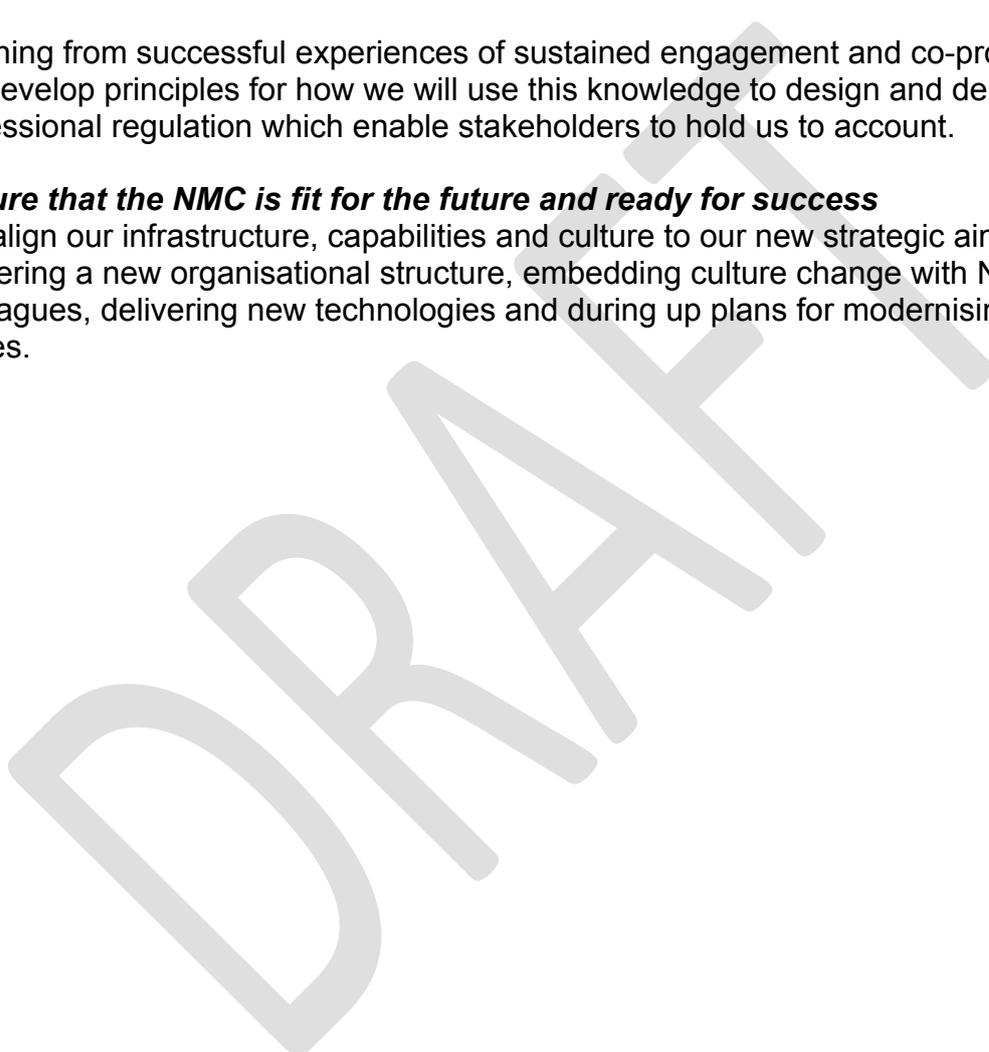
Deliver our first strategic priorities

Working with the government, we will use regulatory reform to modernise the legislative framework for professional regulation in health and social care. This will shape our processes for regulation in the future.

Learning from successful experiences of sustained engagement and co-production, we will develop principles for how we will use this knowledge to design and deliver professional regulation which enable stakeholders to hold us to account.

Ensure that the NMC is fit for the future and ready for success

Will align our infrastructure, capabilities and culture to our new strategic aims by delivering a new organisational structure, embedding culture change with NMC colleagues, delivering new technologies and during up plans for modernising our offices.



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Our priorities for 2020–21

The following plan sets out our priorities for 2020–2021. Each priority is presented under our strategic themes for 2020–2025.

Improvement and innovation

To improve and innovate across all our regulatory functions, providing better customer service, and maximising the public benefit from what we do.

1. We will continue to provide effective regulation of nurses and midwives across the UK and nursing associates in England.

- Maintaining an accurate and transparent register of midwives, nurses and nursing associates;
- Setting robust standards of conduct, behaviour and proficiency and helping to maintain standards through revalidation;
- Quality assuring nursing and midwifery education;
- Responding fairly to concerns about midwives, nurses and nursing associates.

Our focus for 2020–2021 will be:

- To monitor our effectiveness through corporate KPIs which are published quarterly on our website. We will review our KPIs and metrics to ensure they are aligned to our new strategy.

2. We will continue to implement our new strategic approach to Fitness to Practice to improve our approach to fitness to practise investigations and to improve the experience and support for those involved, whether professionals or the public.

Our focus for 2020–2021 will be:

- Concluding and evaluating the pilot of our new approach to taking account of the context in which incidents occur, while retaining a focus on individual professional accountability;
- Improving the support for witnesses who are vulnerable and members of the public involved in our proceedings;
- Providing better signposting and support for nursing and midwifery professional to engage in our proceedings;
- Embedding our new approaches to:
 - improved guidance and support for employers on how to make referrals to the NMC;
 - enabling nursing and midwifery professionals to put things right as part of our proceedings;
 - making best use of hearings by focussing on resolving issues of material dispute.

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3. We will deliver the next stage of improvements for registration of overseas applicants.

Our focus for 2020–2021 will be:

- Continuing to improve the support we provide to our overseas applicants and those supporting them, developing our test of competence model in line with our new standards of proficiency.

Proactive support for professionals

Enabling our professions to uphold our standards today and tomorrow, anticipating and shaping future nursing and midwifery practice.

4. We deliver a new set of ambitious post registration standards of proficiency which focus on community practice (health visiting, occupational health nursing, school nursing and specialist practitioner qualification: community nursing).

Our focus during 2020–2021 will be:

- Co-producing a set of four new standards;
- Consulting on and user testing of these standards.

New standards are expected to be published in autumn 2021.

5. We will explore a new method for ensuring that we take a dynamic approach to developing professional standards, in order to respond rapidly to new professional challenges.

Our focus during 2021-2021 will be:

- Agreeing our approach for the provision of additional supportive tools to professional practice;
- Developing a forward programme for updating of our standards.

More visible and better informed

In closer contact with our professions, their employers and their educators so we can regulate with a deeper understanding of the learning and care environment in each country of the UK

6. We will review and develop our presence in local areas across the English regions and in Scotland, Wales and Northern Ireland, maintaining a focus on providers and further extending our place-based networks.

Our focus for 2020–2021 will be:

- Co-producing a review of our current employer link service model;
- Agreeing a new model and producing an implementation plan for local engagement.

Empowering and Engaging

Actively engaging with and empowering the public, our professions and partners. An NMC that is trusted and responsive, actively building an understanding of what we and our professionals do for people

7. We will formulate and agree an organisation wide approach that ensures people are at the heart of what we do, and principles for co-production of our services and educational standards.

Our focus for 2020–2021 will be:

- Establish and adopt principles for co-production across all our work;
- Agree and implement a person-centred approach in all our regulatory activity.

8. We will develop a more systematic and targeted approach to stakeholder engagement across the four countries of the UK.

Our focus for 2020–2021 will be:

- Undertaking a review of stakeholder relations across the organisation to inform a relationship framework for managing stakeholder engagement through to 2025.
- Delivering a programme of targeted stakeholder engagement across all four countries, including UK Government and devolved assemblies.

Greater insight and influence

Learning from data and research to improve what we do and working collaboratively to share insights responsibly to help improve the wider health and care system

9. We will work with the Department of Health and Social Care (DHSC) and others on a substantial programme of reform to shape improvements to our legislative framework across the UK. Although there is still uncertainty regarding the timing and focus of this work, reform will include:

- Shaping the scope of the policy to be reformed in collaboration with other regulators and the Professional Standards Authority;
- Working with DHSC to support the development of the legislation;
- Engaging with key stakeholders to listen to feedback;
- Supporting the legislative process;

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- Planning the implementation of the legislation into internal policies, systems and processes.

10. We will start to improve the way we use and publish data and insight to add value for our stakeholders and help shape the sector.

Our focus for 2020–2021 will be:

- Concluding and publishing our analysis of equality, diversity, and inclusion data and agreeing plans for addressing the findings;
- Working with our partners across the UK to support future workforce planning in health and social care.
- Planning improvements to the information we publish about the state of nursing and midwifery education and practice in the UK,
- Reviewing our internal intelligence, data, and analytic capabilities.

Fit for Future Organisation

Our strategic aims have significant implications for how we operate as an organisation. We need to make sure we have the right capabilities, processes and resources to fulfil our ambitions for the strategic period ahead.

11. We will make sure that we have the right capabilities, process and resources to fulfil our ambitions for the strategic period ahead.

Our focus for 2020–2021 will be:

- Delivering a new organisational design with a new directorate structure and brings together common activities and capabilities;
- Embedding our new values and behaviours through an extensive internal engagement programme and integration within our people management processes (including recruitment and appraisals);
- Delivering the next phase of our people plan to ensure that NMC is a great place to work, including our review of reward; developing plans for progression, a updated learning and development programme, and aligning our equality, diversity and inclusion strategy with the NHS workforce race equality standard;
- Delivering our new technological solution to move our register from legacy systems onto Microsoft Dynamics 365;
- Delivering the foundational work for migrating our fitness to practise case management system onto the new platform;
- Improving the user experience of our digital technologies and ensuring that our infrastructure is ready to embrace future opportunities we are developing. We will review and develop plans to update our core ICT infrastructure and continue to put in place data and analytical solutions which support new ways of working;

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- Developing plans to ensure that we have modern and dynamic work space starting from 2021 with a focus on 23 Portland Place and Edinburgh.

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Key Performance Indicators (KPIs) and Metrics

1. Summary

This document summarises the draft Key Performance Measures (KPIs) for 2020–2021 which will be reported to the NMC Council from May 2020.

We are only proposing minor changes to KPIs at this time pending a review to ensure that measures remain strategic and aligned to our new strategy for 2020–2025 (changes have been provided in red below). The review will be completed by September 2020 (quarter 2), which provides time for our organisational design work to take effect and lead directors to complete reviews across their individual portfolios and new areas of delivery. Proposed changes will be submitted to the Council for approval in autumn 2020.

In the interim we will continue to report against the following KPIs at quarterly intervals to the Council alongside progress updates against key milestones within our 2020–2021 corporate plan.

Measure	2019-20 target	Result at Q3	2020-21 target
Registration and revalidation			
UK initial registration applications with no concern raised completed within 1 day	97%	99.2%	97%
UK initial registration applications with concerns raised completed within 60 days	95%	98.9%	95%
Overseas registration applications assessed within 35 days	90% within 60 days	N/a	90% within 35 days
EU applications assessed within 30 days	90%	99.8%	90%
Readmission applications completed within 21 days	90%	95.5%	90%
Call attempts handled (% of calls answered)	90%	92%	90%
Fitness to practise			
Interim orders imposed within 28 days of opening the case	80%	81%	80%
FtP cases concluded within 15 months of being opened	80%	83%	80%
Education			
Approval decisions against the new standards of all 83 current AElS and their programmes by 2020-2021	63 by March 20	58	83

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Measure	2019-20 target	Result at Q3	2020-21 target
Customer Feedback and Enquiries			
% of customers highly satisfied/satisfied with the service received (quarter actual)	Delivery a new survey	72% (Q2)	TBA post pilot
Complaints responded to in 20 working days (quarter actual)	N/a	96% (Q2)	90%
Information requests responded to within their statutory timeframes (quarter actual)	N/a	82% (Q2)	90%
People			
Total turnover	20%	15.3%	15%
Turnover of new starters within 6 months of joining	15%	16.2%	15%
Employee engagement score (out of 10)	6.4	6.5	6.5
Sickness absence average days	7.5 days	7.3 days	7.5 days
Stakeholder Engagement			
Annual perceptions audit	Benchmark	N/a	Benchmark
Positive sentiment from media converge (quarterly sampling of media coverage)	65%	69%	65%
Mass emails to registrants: unique open rate (UOR) and average click per email open rate (CTOR)	UOR: 55% CTOR: 30%	UOR: 59.6% CTOR: 37.4%	UOR: 55% CTOR: 30%
Social media: Twitter engagement rate and LinkedIn engagement rate	Twitter: 1.5% LinkedIn: 4%	Twitter: 1.9% LinkedIn: 4.1%	Twitter: 1.5% LinkedIn: 4%
Internal communications score (regular employee survey – score out of 10)	7	6.9	7

This document was last updated 12 March 2020.

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Draft budget for 2020–2021, including indicative budgets for 2021–2022 and 2022–2023

Table 1: Income & expenditure (£m)	Forecast 2019-20	Budget 2020-21	Indicative budget 2021-22	Indicative budget 2022-23
Income				
Registration fees	83.6	85.8	86.2	86.6
Other	5.3	4.9	4.8	4.7
Nursing Associates funding	0.2			
Total income	89.2	90.7	91.0	91.3
Expenditure				
<u>Core business</u>				
Fitness to Practise	37.4	38.6	37.6	36.5
Resources & TBI	17.6	17.7	16.6	16.8
Registration and Revalidation	7.0	8.1	7.5	7.2
Education and Standards	3.6	4.7	4.0	3.2
People & Organisational Development	2.9	3.2	3.1	2.8
Office of the Chair & Chief Executive	3.3	3.5	3.6	3.6
External Affairs	2.6	3.0	3.1	3.1
Directorate core business	74.5	78.9	75.4	73.1
<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	1.2	1.3	2.1
Apprenticeship levy	0.2	0.2	0.2	0.2
Inflationary increase on non-pay cost		0.6	1.1	1.7
Contingency		2.6	2.5	2.4
Total corporate costs	4.0	9.3	11.5	13.5
Total core business costs	78.5	88.2	86.9	86.6
Programmes & projects including capital costs (see table 2)	12.3	11.3	10.1	13.4
Strategy implementation fund		3.5	5.5	3.5
Sub total including capital costs	12.3	14.6	15.6	16.9
Less: capital costs of programmes and projects	(8.9)	(10.7)	(10.3)	(8.0)
Sub total excluding capital costs	3.4	3.9	5.4	8.9
Total expenditure excluding capital costs	81.8	92.0	92.3	95.5
Overall surplus/(deficit)	7.3	(1.3)	(1.3)	(4.2)
Free reserves	29.0	19.6	12.4	5.2

Table 2: Programmes & projects (£m)	Forecast 2019-20	Budget 2020-21	Indicative budget 2021-22	Indicative budget 2022-23
Accommodation Programme	4.7	3.5	6.8	12.8
Modernisation of Technology Services	4.9	6.7	3.0	0.5
Education Programme	0.6			
FtP Change Strategy	0.4	0.5	0.3	0.1
People Strategy	0.3	0.3	0.1	0.1
Overseas Programme	0.9			
Digital Workplace	0.3			
Nursing Associates	0.2			
Programmes & projects including capital costs	12.3	11.1	10.1	13.4

Table 3: Forecast balance sheets (£m)	31 March 2020	31 March 2021	31 March 2022	31 March 2023
Non-current assets				
Tangible assets	26.7	34.7	40.6	43.6
Long term investments	0.0	30.0	30.0	30.0
Total non-current assets	26.7	64.7	70.6	73.6
Current assets				
Cash & cash equivalents	99.0	55.7	42.9	32.1
Debtors	1.2	1.4	1.1	0.8
Total current assets	100.2	57.1	44.0	32.9
Total assets	126.9	121.9	114.6	106.5
Liabilities				
Deferred income	(42.3)	(41.1)	(39.9)	(38.7)
Other creditors, accruals and provisions	(15.9)	(15.9)	(13.7)	(13.7)
Total liabilities	(58.2)	(57.0)	(53.6)	(52.4)
Net assets excl pension liability	68.7	64.9	60.9	54.2
Pension liability	(13.0)	(10.5)	(7.9)	(5.3)
Net assets	55.7	54.4	53.0	48.8
Reserves	55.7	54.4	53.0	48.8
Free reserves	29.0	19.6	12.4	5.2

Table 4: Forecast cashflows (£m)	31 March 2020	31 March 2021	31 March 2022	31 March 2023
Cashflow from operating activities				
Surplus/(deficit)	7.3	(1.3)	(1.3)	(4.2)
Adjustment for non-cash transactions	1.9	2.7	4.4	5.0
(Increase)/decrease in current assets	3.1	(0.2)	0.3	0.3
Increase/(decrease) in liabilities	2.0	(1.2)	(3.4)	(1.3)
Pension deficit payments	(1.2)	(2.5)	(2.6)	(2.6)
Net cash inflow/(outflow) from operating activities	13.1	(2.5)	(2.6)	(2.7)
Cashflow from investing activities				
Capital expenditure	(8.9)	(10.7)	(10.3)	(8.0)
Net cash inflow/(outflow) from investing activities	(8.9)	(10.7)	(10.3)	(8.0)
Cashflow from financing activities				
Investments	0.0	(30.0)	0.0	0.0
Net cash inflow/(outflow) from financing activities	0.0	(30.0)	0.0	0.0
Net increase/(decrease) in cash & cash equivalent for the year	4.2	(43.2)	(12.9)	(10.7)
Cash & cash equivalent at the beginning of the year	94.8	99.0	55.7	42.9
Cash & cash equivalent at the end of the year	99.0	55.7	42.9	32.1

Council

Gender Pay Gap Report 2019

Action: For decision.

Issue: To approve the publication of the NMC's Gender Pay Report 2019.

Core regulatory function: Supporting functions.

Strategic priority: Strategic priority 4: An effective organisation.

Decision required: The Council is recommended to approve the draft Gender Pay Gap Report 2019 for publication (paragraph 11).

Annexes: The following annexe is attached to this paper:

- Annexe 1: The Gender Pay Gap Report.

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 NMC is legally required to produce and publish details about our Gender Pay Gap.
- 2 The report requires the following analysis to be undertaken, using a snapshot date of 5 April each year, and a publication date of 5 April the following year:
 - 2.1 The difference between the pay of all male and female employees using the mean (numerical) average.
 - 2.2 The difference in pay between the man and the woman who are paid at the median (midpoint of a group of numbers) point of all males or females.
 - 2.3 The proportion of men and women within the quartiles of their pay bands.
 - 2.4 Eligibility for bonuses, and the actual distribution of bonus awards (the NMC does not offer bonuses, and therefore we do not need to report on this section).

Four country factors:

- 3 The legislation that underpins the production of the annual Gender Pay Report does not apply in Northern Ireland. However, NMC has chosen to apply it across all four countries, as the intent of the Gender Pay Report aligns with our overall aims around Equality, Diversity and Inclusion (EDI), reward and career progression.

Discussion and options appraisal

- 4 Our 2019 results show that:
 - 4.1 Our Mean Gender Pay Gap has increased; from 1.6% in 2018 to 3.9% in 2019.
 - 4.2 Our Median Gender Pay Gap has increased; from 4.8% in 2018 to 12.6% in 2019.
- 5 Although it is disappointing that, when we compare our 2018 and 2019 results, there has been a change in our position, NMC is still among the best employers in terms of the size of our Gender Pay Gap.
- 6 Compared to the 2018 publication of all companies Gender Pay Gap results, the NMC would have finished in the top 10% for mean gap and the top 31% for median gap.
- 7 Additionally, it is worth remembering that the Grading and Pay related investment helped to reduce our Equal Pay gap from an average of 0.7% to 0.3%.
- 8 As we invested £2M with effect from April 2019, as part of the implementation of our new Grading and Pay structure, we have

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reduced our results. Without this investment the results would have been as followed:

8.1 Our Mean Gender Pay Gap has decreased from: 4.2%

8.2 Our Median Gender Pay Gap has decreased from: 12.9%

9 Analysis into the reasons why the Mean and Median Pay Gap has worsened has highlighted the following:

9.1 We backdated our reward increases in October 2019, this means that some employees had left the NMC and therefore did not receive their increases. If these employees had not left before the pay investment was made the results would have been:

9.1.1 Mean Gender Pay Gap of 3.8%

9.1.2 Median Gender Pay Gap of 9.1%

9.2 Fewer men are employed in our lower grades, and this influences both the Mean and particularly the Median Gender Pay Gap figures.

9.3 We need to increase our training with recruiting managers to ensure that we remove any unconscious bias issue when we make job offers that enables men, on average, to secure a higher starting salary.

10 NMC must continue to review the reasons that reducing our Gender Pay Gap is a challenge. We recommend the following actions to address the issues that we have identified:

10.1 Commissioning a review of what the barriers are, and how they can be removed, to enable more females to progress into higher grade roles within NMC.

10.2 Measuring the progress made by our recently implemented EDI Action Plan.

10.3 Empowering our HR Business Partners to continue to review, and if necessary, challenge reward decisions for any indirect discrimination or bias, including pro-actively reducing pay differences, both internally and when compared to the external "going rate".

10.4 Working with all directors to explore career progression options within all roles within their directorates that will:

10.4.1 Enable people to build their skills and confidence.

10.4.2 Reduce the perceived "jump" that might be putting

people off applying for internal job opportunities.

10.5 Continuing to progress our work to support agile working and explore the opportunities to offer even more flexibility for people who have dependents or caring responsibilities.

10.6 Ensure that our existing “Unconscious Bias” training:

10.6.1 Is mandatory for all managers.

10.6.2 Includes an element around job offers and career progression.

10.7 Guidance has been written that sets out how our resourcing departments can work with recruiting managers to ensure that salary negotiations are kept within acceptable ranges.

11 **Recommendation: The Council is recommended to approve the draft Gender Pay Gap Report 2019 for publication.**

Public protection implications:

12 None.

Resource implications:

13 None.

Equality and diversity implications:

14 This report is just one of a variety of indicators used by the NMC to assess our progress in meeting our EDI objectives. There are actions arising from this report that will be contained within the overall EDI plan, which we will implement and monitor to help ensure that pay decisions remain fair and equal.

Stakeholder engagement:

15 None.

Risk implications:

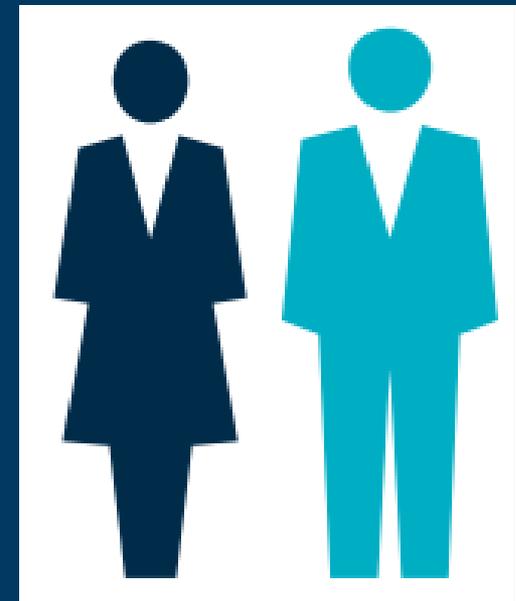
16 As mentioned we have improved our equal pay gap. However, this disappointing result in our Gender Pay Gap could damage the trust in the pay improvements we have made in 2019.

Legal implications:

17 All organisations need to comply with the legal requirements around Gender Pay Gap reporting (the data analysis, the over-arching report, and the publication date).

NMC Gender pay Gap report 2019

Sarah Daniels
Director of People and
Organisational Development



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Our results

In 2019 we began work on reviewing the way we pay our people. Through this work we have improved the way men and women are paid equally for the same job. This is called our average equal pay and we have reduced this to almost zero (actual result is 0.3 percent a decrease of 0.4 percentage points on our 2018 result).

The full outcome of this work will not be seen until our 2020 report. This is because the changes to people's pay was approved in October and back paid to April, so if colleagues left before October their new rate of pay wouldn't show in these results.

The median pay gap takes all salaries, lines them up in order from lowest to highest, and picks the middle salary. Ours has gone up to 12.6 (4.8 in 2018).

The mean gender pay gap is the difference between the earnings of men and women and ours is 3.9 (1.6 in 2018).



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The main reason for both of these gaps is that we have more men than women in our senior, more well-paid roles and more females have joined us in the past year in lower paid roles. We are committed to improving our gender pay gap by continuing to look at how we increase females in our higher salary roles.

It is frustrating that there has been an increase in both the median and mean pay gap. However, when we compare ourselves to other employers, NMC is statistically one of the best in the country. There is some reassurance in the comparison to others but we are not complacent.

Below is a comparison of our 2019 results to the average gap for all employers in the 2018 gender pay gap submission (10,814 employers):

Mean Gender Pay Gap (2018 average)	15.2%	NMC -11.3% ↓ Percentage points
Median Gender Pay Gap (2018 average)	14.3%	NMC -1.7% ↓ Percentage points

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We want our people to thrive and have the best experience working with us. We are committed to being an inclusive employer and we encourage flexible and agile working arrangements that support everyone to build a career and achieve balance with what is important in their personal life.

We are committed to equal employment opportunity regardless of race, colour, religion, sex, national origin, sexual orientation, age, marital status, pregnancy, maternity, disability, or gender identity.



We believe that a healthy work-life balance is important for all our colleagues and in 2020 we will continue to invest in practices and technology that increases the opportunity for agile working and increase opportunities for flexible working hours. We are also reviewing our process around recruitment and career progression, to ensure the equality of opportunity and continuing our work on removing unconscious bias from the recruitment process.

I confirm that the figures contained in this report have been verified and checked thoroughly to ensure complete accuracy.

Sarah Daniels
Director Of People and Organisational Development

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Why do we publish?

All employers with 250 or more employees are required to publish their gender pay gap data every year under new legislation that came into force in April 2017. The data must be provided for the snapshot date of 5 April 2019.

This is the third year the NMC has been required to publish its results.

What does the NMC have to do?

To comply with regulation we have to provide:

- 1) the mean gender pay gap
- 2) the median gender pay gap
- 3) the mean bonus gender pay gap
- 4) the median bonus gender pay gap
- 5) proportion of males receiving bonus
- 6) proportion of females receiving bonus
- 7) the proportion of males and females in quartile bands.

We must also:

- publish our gender pay gap data and a written statement on our public-facing website
- report our data to government online – using the gender pay gap reporting service



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How does 2019 compare to 2018

NMC	2018	2019	Difference (Percentage Points)
Mean Gender pay gap	1.6%	3.9%	▲ +2.3%
Median Gender pay gap	4.8%	12.6%	▲ +7.8%
*Mean Gender bonus gap	0%	0%	0%
*Median Gender bonus gap	0%	0%	0%
*Males receiving bonus	0%	0%	0%
*Females receiving bonus	0%	0%	0%

*The NMC doesn't pay bonuses to any employees

In summary

- Mean pay gap **3.9%** increased by **2.3%** vs 2018
- Median pay gap **12.6%** increased by **7.8%** vs 2018

The NMC does not run a bonus scheme (and did not do so in 2018 or 2017).



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2019 results

Mean pay gap 3.9% ↑ Up 2.3% vs 2018

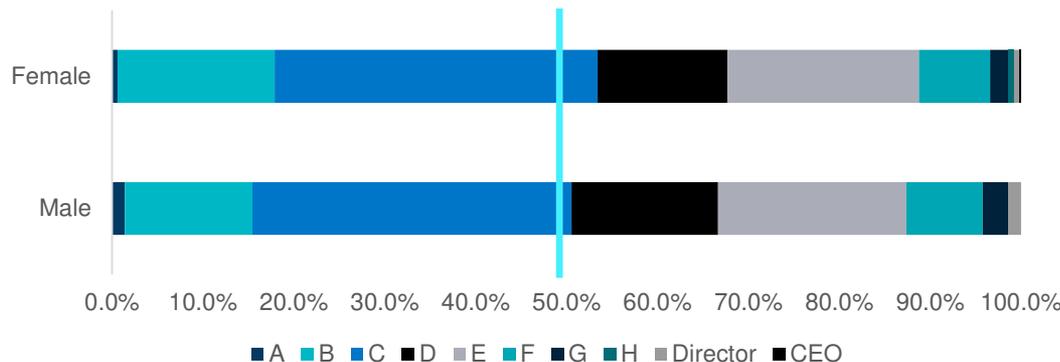
This increase has been driven by the 2% increase in the distribution of male employees in the top 6 pay grades (8 male employees) at the NMC and only a 1% increase in the number of females in the top 6 pay grades.

There has also been a 4% increase in the number of female employees in the lower quartile of pay.

Median pay gap 12.6% ↑ Up 7.8% vs 2018

As with the median this is driven by the increase in female employees in the lower quartile of pay. For the third year in a row the median male and female employee were in the same grade. The increase has occurred due to the male and female employees having different roles within the same band. The male employee is being paid at the top of the pay range and the female employee being paid slightly above the middle of the pay range.

Grade by Gender Distribution

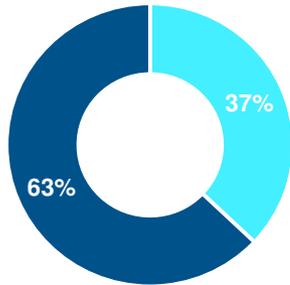


Pay Level	Male	Female
CEO	0	1
Director	4	3
H	0	3
G	8	10
F	24	39
E	59	105
D	46	71
C	100	177
B	40	86
A	4	3

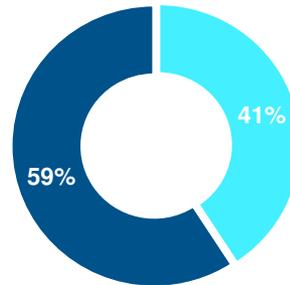
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2019 results - pay quartiles

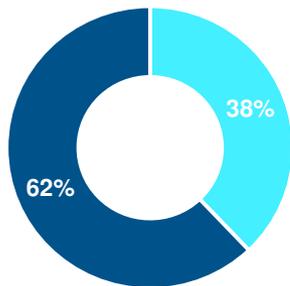
Upper Quartile



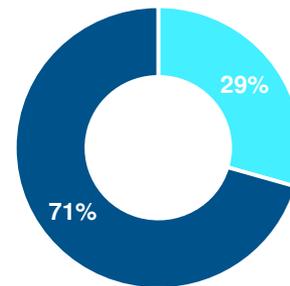
Upper Middle Quartile



Lower Middle Quartile



Lower Quartile



■ Male ■ Female

Overall the proportion of genders has remained the same as 2018:

64% Female
36% Male

However there were small changes in the quartiles compared to 2018:

- UQ- 2% Increase in Males
- UMQ- 2% Increase in Females
- LMQ- 8% Increase in Males
- LQ- 4% Increase in Females



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Council

Nursing Associates – One year on

Action: For information.

Issue: The purpose of this report is to review the regulatory activity in relation to Nursing Associates one year after the opening of the Nursing Associate part of the register, and summarise the business as usual activity that is now underway across the organisation relating to Nursing Associates.

Core regulatory function: All regulatory functions.

Strategic priority: Strategic priority 1: Effective regulation.

Decision required: None.

Annexes: None.

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

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Context:

- 1 The Nursing Associate (NA) programme was established to implement the legislative, policy, system and process changes necessary to allow the Nursing and Midwifery Council to operate a register and all aspects of regulation for the NA professional role by January 2019.
- 2 The programme scope was based on the principle that the full suite of regulation would apply to NAs. NAs would be regulated in the same way as nurses and midwives, therefore regulatory policy and processes in registration/revalidation, Fitness to Practise (FtP), education and standards needed to be updated to include NAs where appropriate.
- 3 The NMC commenced work on the programme in the winter of 2016 and formally closed the programme at the end of March 2019, after which all activity relating to nursing associates was deemed “business as usual”.
- 4 The objectives and funding of the programme were confirmed in a Memorandum of Understanding signed with the Department of Health (DH) in May 2017. The MoU set out a budget of £7.1m. The objectives of the programme as set out in the MoU were delivered and the programme outturn amount was £6.1m. The final invoice was submitted to the DH at the end of Q2 2019.
- 5 The purpose of this report is to review the regulatory activity relating to NAs that has taken place since the closure of the programme, and summarise the business as usual activity that is now underway across the organisation.

Four country factors:

- 6 NAs are regulated in England only.

Discussion: Registration and Revalidation

- 7 As of February 2020, there were 1610 Nursing Associates on the register.
- 8 All routes to the register are now open to NAs. At the closure of the NA programme, outstanding tasks were to deliver an appropriate computer based test (CBT) and test of competence to allow access to candidates from outside England to the NA register. These products became live in April 2019 and the first test of an overseas candidate occurred in June. Since then we have received 700 overseas applications, four applications from devolved administrations, and seven applications from the EU. Ninety applications from overseas, and one from the devolved administrations have been recommended to go forward to OSCE. So far, two overseas candidates have progressed to registration.

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- 9 We had a number of applications by nurses to access the NA register, where applicants were under the misapprehension that the language requirements would be lower than those required to access the RN register. We actively managed these applications, steering them towards nursing applications as appropriate. During the first six months, where an applicant chose not to pursue a nursing application we refunded their evaluation fee (which is not ordinarily refundable) in the spirit of fairness.
- 10 Where an overseas applicant's training does not clearly meet the requirements, the Registration and Revalidation directorate has sought expert advice from the Education and Standards team. This has helped to build a picture of what is and what is not comparable.

Educational Quality Assurance

- 11 National targets to drive numbers of NAs have been in place since the opening of the register. These targets are owned by Health Education England (HEE). These numbers are dependent upon the number of NA educational programmes that are approved by us to educate students. We were therefore very conscious of the need to manage a robust and efficient QA process. The speed of approvals was initially jeopardised by the NA apprenticeship standard not being finalised until April 2019, which resulted in Approved Education Institutions (AEIs) delaying their requests for programme approval. We have therefore closely monitored the situation and have been sharing our programme approval information with HEE and the Department of Health and Social Care as required. We have been able to demonstrate the timeliness of our approval process once a request for approval has been made, and we have worked closely with HEE, responding to feedback about our process and adapting it where necessary. We have remained in regular communication with AEIs throughout.
- 12 There are currently 45 Education Institutions who have full approval to run a nursing associate programme. The majority have developed an apprenticeship route. Twenty four have also gained approval of a traditional UCAS entry (fee paying) student route. There are a further two education institutions who have undergone the approval process and are awaiting the outcome. Six have not yet had their approval event.
- 13 There have been refusals at each of the Gateways of the approval process, but with feedback and resubmission, the majority are ultimately successful. To date, only one institution has been refused following the final approval visit. As this organisation was currently running an HEE legacy NA programme, we requested assurance from HEE in relation to current NA trainees who are hoping to complete their programme and register during the next 12 months. HEE were

very helpful and responsive and carried out an additional audit with an associated action plan, which was submitted to us and reviewed by the QA Board. As a result we were content that current NA students who successfully complete their programme should be allowed access to the NA register.

- 14 The NA education standards incorporate an additional option to demonstrate that students have protected learning time in clinical practice which does not require supernumerary status. An explanation of the arrangements to demonstrate how learning is protected is required as a part of the QA process. We committed to evaluating models of protecting learning as an alternative to supernumerary status in the future when sufficient numbers of programmes were running. This work has not yet started but it is our intention to do so at an appropriate point in time.

Education and standards queries

- 15 During the course of 2019, the NMC's Education and Standards Team have received 73 enquiries relating to NAs. This included ten enquiries requesting general information on working as an NA as a career choice; nine requests for details of NA programmes, including topics such as the different routes of entry into the profession as an NA, the length of NA programmes and details of which NMC approved AEs are running NA programmes; 19 requests for information about entry criteria and funding for NA programmes, including some from potential overseas applicants; five enquiries about protected learning time for NA students; 20 enquiries about what NAs can and cannot do within their scope of practice, many of which focussed on what they can do in terms of administering medicines (particularly IV medicines); four relating to supervising and delegating tasks to NAs; two relating to the role qualified and registered NAs might play in supervising students; and four on miscellaneous other subjects, including an enquiry as to whether NA was a protected title, an enquiry about preceptorship for NAs, an enquiry about whether NAs will be extended to Scotland, and an enquiry about the status of NA students working in practice placements for tax purposes.

Fitness to Practice

- 16 We have received seven fitness to practice concerns regarding NAs. Two have been closed with no action. The remainder are still in the process.

External Affairs activity

- 17 In February 2019, we supported the introduction of the new NA role with proactive media activity, securing a range of trade press

coverage and an exclusive interview with Radio 4's *You and Yours* programme. In June 2019, we also celebrated the 1000th NA joining our register, securing press coverage in a number of trade publications.

- 18 We marked the first NAs joining our register at an event in Parliament, sponsored by Lord Willis. Over 200 people attended the event, including NAs from 35 pilot sites and 18 Parliamentarians from all four UK countries. We were joined by Stephen Hammond MP, Minister of State for Health, Dr Sarah Wollaston MP, Chair of the Health and Social Care Committee, and the Speaker of the House of Commons, John Bercow MP. The highlight of the event was two NAs Lia Wooster, from the East Midlands Collaborative and Jed Bates, from the Cambridge and Peterborough Partnership Collaborative, speaking to attendees about their journeys to qualifying.
- 19 Over the past 12 months we have explicitly mentioned NAs in 35 social media posts, marking key milestones. This generated over 11,500 engagements (website click-throughs, comments, shares and likes). We also promoted two NA specific NMC blogs, with combined views of over 13,000 and a number of case studies with combined views of over 18,000. In addition this activity, we have issued seven trainee NA newsletters to over 2300 subscribers as well including regular NA articles in our nurses, midwives and NAs newsletter that is sent to almost 125,000 people. Both NHS Improvement and the Care Quality Commission produced resources for providers of care to support them with the safe deployment of nursing associates.

Public protection implications:

20 None.

Resource implications:

21 None.

Equality and diversity implications:

22 None.

Stakeholder engagement:

23 There is ongoing engagement with HEE, DHSC and NHSE/I as required.

Risk implications:

24 Addressed in the body of the paper.

Legal implications:

25 None.

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Council

Midwifery update

Action: For information.

Issue: Midwifery update for Council.

Core regulatory function: Education and Standards.

Strategic priority: Strategic priority 1: Effective regulation.

Decision required: None.

Annexes: The following annexe is attached to this paper:

- Annexe 1: Principles for preceptorship.

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

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Context: 1 This report updates the Council on recent midwifery-related activity, including implementation of the new Future Midwife standards.

Four country factors: 2 Each of the four countries in the UK has its own approach to midwifery and maternity services. We continue to engage across the UK to ensure we understand the current issues across the four countries. This reflects our position as a UK-wide regulator.

Discussion: Future midwife

- 3 The standards were published on the NMC website on 18 November 2019 in both English and Welsh languages.
 - 3.1 The final documents were designed to ensure they were clear and unambiguous. This includes a navigation tool within the Standards of proficiency for midwives to demonstrate how Domain Six; the midwife as skilled practitioner, aligns across the other domains.
 - 3.2 A supporting leaflet has been produced for members of the public, including women and families, to have easy access to information about the standards. An easy read version will also be available soon.

My future, my midwife: new midwifery standards

- 4 We have now launched our future midwife standards at four successful events in each UK country. The celebration events brought together a wide range of stakeholders to mark this important moment for the midwifery profession and the women and families who depend on it.
- 5 Guests had the chance to hear from midwives and women who they have cared for, as well as from student midwives and educators. Each explained what the new standards mean to them, in particular in relation to continuity of care and the importance of the relationship between women and their midwives.
- 6 We will now be supporting the implementation of the future midwife standards with a series of webinars, a revamp of the standards section of our website and close engagement with midwifery educators and their practice learning partners.

Future Midwife - implementation

- 7 We are updating our webpages with new supporting information and continue to engage with our stakeholders. This includes webinars, ongoing engagement with the Lead Midwives for Education and conference speaking events. Additionally other

professional regulators and the medical Royal colleges have been updated to highlight our new standards and their role in supporting effective multi-disciplinary working.

- 8 There are different approaches to implementation across each of the four countries. We are conducting tailored engagement in each country to ensure our stakeholders and partners can consider the resources and focus required to successfully adopt the future midwife standards. We continue to support the four country CNO led oversight boards that have been set up in each country to support preparation for programme approval, transition and implementation.
- 9 Approximately half of our approved education institutions intend to seek approval for new midwifery programmes against the Future midwife standards in this academic year for commencement in September 2020. Scotland, Wales, Northern Ireland and the remaining institutions in England will seek approval for commencement in September 2021.
- 10 Countrywide midwifery practice assessment documents are being developed collaboratively between practice and education providers. These initiatives should drive consistency of how our standards are assessed in practice.
- 11 We will monitor the progress of the approval, adoption and implementation of the standards across the four countries throughout 2020 and 2021 as part of our quality assurance and engagement activity.

Future midwife standards evaluation

- 12 At its meeting in October 2019, the Council agreed our request to continue to explore the scope of the work and timelines for commissioning an independent evaluation of our new standards. As recommended to Council, we will further consider programme length and level of award, and will confirm the evidence base and rationale prior to any subsequent public consultation. We are scoping out our overall approach to commissioning an independent evaluation of all our new standards and will ensure we include these specific midwifery standards requirements in the final specification.

Principles for preceptorship

- 13 At the same time Council agreed that we should work with the four country Chief Nursing Officers (CNOs) and Chief Midwifery Officers (CMOs) to refine the position and expectations on preceptorship to support newly qualified midwives in their first year as a registrant as they transition to being an accountable, autonomous

professional.

- 14 Our current position on preceptorship was last published in October 2006 where we strongly recommend that all new registrants have a period of preceptorship on commencing employment. This applies to those newly admitted to the NMC register who have completed a pre-registration programme in the UK for the first time, or have subsequently entered a new part of the register. New registrants also include those admitted to the register from other European Economic States and other countries.
- 15 New principles for preceptorship have been developed in collaboration with representatives of the four CNOs and CMOs and we also approached UK system regulators for comment with a view to seeking their endorsement for these principles for preceptorship.
- 16 The principles were discussed with Midwifery Panel in February 2020 and the small number of suggested edits have been incorporated into the document (please see Annexe 1). Inclusion of a final reference list and links to four country initiatives are being incorporated into the final draft in preparation for publication. Once we receive confirmation of the outstanding endorsements we will publish these co-produced principles on our website.

Year of the Nurse and Midwife

- 17 We are supporting the England Partnership Advisory Group, Year of the Nurse and Midwife, and have contributed to the midwifery part of the exhibition launched on 19 March in the Ulster Museum in Belfast. The Florence Nightingale Foundation (NI) Committee in partnership with the Department of Health, the Trusts, Universities and other professional nursing and midwifery organisations are holding the exhibition to celebrate the bicentenary of the birth of Florence Nightingale and the International Year of the Nurse and Midwife.

Wider Midwifery and maternity items

- 18 We are monitoring the progress of several maternity care reviews that are currently underway. These include Maternity services at Cwm Taf Morgannwg University Health Board and the independent maternity review at Shrewsbury and Telford NHS Foundation Trust. We conducted an extraordinary review of midwifery and nursing education at Staffordshire University in February 2020 and the reporting of the outcome of the review is scheduled for May 2020. Additionally the Secretary of State at DHSC has recently taken the decision to commission an independent inquiry into maternity care at East Kent University NHS Trust and we will closely monitor the commencement and progress of this inquiry.

Public protection implications:	19	None directly arising from this report.
Resource implications:	20	The resource implications for the implementation of the future midwife standards have been accounted for within the corporate plan and budget.
Equality and diversity implications:	21	None directly arising from this report.
Stakeholder engagement:	22	This is covered in the body of the report.
Risk implications:	23	No specific risk implications arising from this report.
Legal implications:	24	None directly arising from this report.

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Principles for preceptorship

Introduction

This document sets out a series of principles which can be applied in preceptorship programmes for newly registered nurses, midwives and nursing associates¹ joining the NMC register. It reflects our shared position on preceptorship that the NMC has developed in collaboration with the four Chief Nursing Officers of England, Wales, Scotland and Northern Ireland.

It sets out the purpose of preceptorship, who it is for and the principles which support its implementation in practice at employer and/or region or country wide levels.

In this document, professionals engaged on preceptorship programmes are referred to as 'preceptees.' Those who support preceptees are referred to as 'preceptors' and the period of preceptorship is called the 'preceptorship programme'.

These principles will help preceptees, preceptors, employers and organisations, students, practitioners, professional regulators, system regulators, educators and others to think about how they can best support newly registered nurses, midwives and nursing associates.

The objectives of preceptorship are to welcome and integrate the newly registered nurse, midwife and nursing associate into the team and place of work help them grow in confidence, and begin their lifelong journey as an independent, knowledgeable and skilled accountable practitioner¹².

Preceptorship may vary in length to meet the needs of the preceptee and individual countries, regions or organisations may set minimum and /or maximum durations for the preceptorship period. It is important to recognise that preceptorship is not intended to repeat or re-test any applied knowledge and skills required for NMC registration at pre or post-registration level³. Preceptorship provides a structured and useful adjunct to individual performance appraisal processes, and formal employer and organisational induction and mandatory training.

This document sets out a common set of principles for organisations and employers that can be used to develop an effective model of preceptorship. They will help organisations and employers think about what they need to do to achieve consistently high quality and effective preceptorship for every newly registered nurse, midwife and nursing associate in the UK.

While this document is framed in the context of newly registered nurses, midwives and nursing associates, the principles can also usefully be applied to those joining a new part of the NMC register, people returning to practice after re-joining the register and nurses,

¹ Nursing Associates are registered in England only

midwives and nursing associates coming to work in the UK from within or outside the EEA/EU.

Nurses, midwives and nursing associates who are self-employed or intending to practice infrequently should arrange to receive support that meets these principles.

Preceptorship is relevant to the setting in which the individual is working and providing care⁴. Preceptorship will reflect the health and social care landscape in each of the four countries of the UK including the NHS, the social care sector, and the independent and charitable sectors.

The journey from pre-qualification to regulated professional

It is important to recognise that the experience a newly registered nurse, midwife or nursing associate has in the period directly after initial registration is significantly important and can positively influence their journey to becoming a confident professional.

At the point of registration, newly registered nurses, midwives and nursing associates have the knowledge, skills and behaviours required to join the professional register. Preceptorship then offers the structured support needed for new nurses, midwives and nursing associates to successfully convert this knowledge into everyday practice, and gain confidence in their ability to use their knowledge and skills and consistently apply the [Code](#) on a day to day basis.

The preceptorship period provides the basis for the beginning of a lifelong journey of reflection, and the ability to self-identify continuing professional development needs, as the nurse, midwife and nursing associate embarks on their career and prepares for [revalidation](#).

The benefits of preceptorship

Within the UK it is recognised that a supported, structured period of preceptorship has a variety of benefits for employers, preceptees, and people who use services⁵.

The newly registered nurse, midwife and nursing associate are conscious of the need for support at this time of new employment and the availability of good quality preceptorship will influence their employment choices and selection.

A positive preceptorship experience is reported to result in newly registered nurses, midwives and nursing associates having increased confidence and sense of belonging, feeling valued by their employer, and having greater professional and team identity. Effective preceptorship outcomes are linked to improved recruitment and retention⁶. Attracting and retaining skilled nurses, midwives and nursing associates is important for delivering better, safe and effective care.

Principles of preceptorship

1. Organisational culture and preceptorship

A period of preceptorship immerses the newly registered nurse, midwife and nursing associate into their professional role and into the ways of working and culture of their new workplace. A good organisational culture that supports preceptorship will have the following characteristics:

- 1.1 It is kind, fair, impartial, transparent, collaborative and fosters good interprofessional and multi-agency relationships
- 1.2 There is an understanding of the importance of having systems and processes in place to support and build confidence of newly registered nurses, midwives and nursing associates
- 1.3 There is an approach to preceptorship that prioritises individual mental and physical health and wellbeing, and promotes accountability, self-reflection and safe practice in accordance with the [Code](#).

2. Quality and oversight of preceptorship

Being committed to the Principles of Preceptorship and having preceptorship programmes available/running are seen as key activities within the organisation. There is evidence of management of the process, and evaluation of its efficacy and outcome.

To ensure effective preceptorship:

- 2.1 There are processes in place to identify a newly registered nurse, midwife and nursing associate requiring preceptorship
- 2.2 There is sufficient preceptor capacity to support a newly registered nurse, midwife and nursing associate
- 2.3 The employer, preceptees and preceptors understand and comply with national and local policies, and the relevant governance requirements required by the four countries of the UK
- 2.4 The process should complement the preceptees' induction and orientation into the local workplace
- 2.5 Processes are in place to monitor, evaluate and review preceptorship programmes
- 2.6 There is a governance framework around preceptorship which allows the process to be audited and reported.

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3. Preceptee empowerment

Preceptorship is tailored to the individual nurse, midwife and nursing associate preceptee’s new role and the health or care setting. It seeks to recognise and support the needs of the preceptee to promote their confidence in their professional healthcare role.

In effective preceptorship models, preceptees:

- 3.1 Are provided with the appropriate resources to enable them to develop confidence as newly registered nurses, midwives and nursing associates
- 3.2 Are supported according to their individual learning needs
- 3.3 Are supported by a nominated preceptor
- 3.4 Have opportunities for reflection and feedback to support their approach to preparing for [revalidation](#)
- 3.5 Are empowered to work in partnership with preceptors and are able to influence the content and length of their preceptorship programme to meet both individual and organisational needs.

4. Preparing preceptors for their supporting role

Preceptors should receive appropriate preparation to understand and undertake their role.

In effective preceptorship models, preceptors:

- 4.1 Act as professional role models
- 4.2 Receive ongoing support and actively engage in professional development
- 4.3 Are supportive and constructive in their approach to the preceptee
- 4.4 Share effective practice and learn from others
- 4.5 Seek and are given feedback on the quality of all aspects of their preceptorship role.

5. The preceptorship programme

Preceptorship will be relevant to the setting in which the individual nurse, midwife and nursing associate is working and providing care. Preceptorship will reflect the health and social care landscape in each of the four countries of the UK, the NHS, the social care sector, and the independent and charitable sectors.

Preceptorship programmes will:

- 5.1 Be timely and align with the start of a new employment role
- 5.2 Recognise the knowledge, skills, attributes and competence nurses, midwives and nursing associates have at the point of registration
- 5.3 Agree activities within the programme with the individual preceptee
- 5.4 Vary in length and content according to the needs of the individual nurse, midwife and nursing associate and the organisation. Individual countries, regions or organisations may set minimum or maximum lengths for preceptorship
- 5.5 Include activities designed to welcome and integrate the preceptee into the team and place of work
- 5.6 Be designed to ensure that it is possible for the preceptee to meet the aims and outcomes of the preceptorship programme within the agreed timeframe.

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UK wide information

England

NHS Health Education England, Preceptorship

www.hee.nhs.uk/our-work/capitalnurse/workstreams/preceptorship

Northern Ireland

NIPEC, Preceptorship Framework

nipec.hscni.net/resource-section/preceptorship/

Scotland

NHS Education for Scotland, Flying Start NHS

www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/workforce-development/flying-start-nhs.aspx

Wales

Welsh Government, Core principles for preceptorship

www.nwssp.wales.nhs.uk/sitesplus/documents/1178/Final%20Report%20for%20Preceptorship.pdf

References

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2. Feltham, Christina (2014) The value of preceptorship for newly qualified midwives. *British Journal of Midwifery*, 22 (6). pp. 427-431
3. Power, A., Ewing, K (2016) Midwifery preceptorship: The next chapter. *British Journal of Midwifery*, Volume 24, Issue 8
4. Allan, H., Magnussin, C., Evans, K., Horton, K., Curtis, K., Ball, E., Johnson, M., (2018) Putting knowledge to work in clinical practice: Understanding experiences of preceptorship as outcomes of interconnected domains of learning. *Journal of Clinical Nursing*, Volume 27, Issue 1-2
5. Odelius, A., Traynor, M., Mehigan, S. et al (2017) Implementing and assessing the value of nursing preceptorship. *Nursing Management*, Volume 23, Issue 9
6. Health Education England (2018) RePAIR: Reducing Pre-registration Attrition and Improving Retention: <https://www.hee.nhs.uk/our-work/reducing-pre-registration-attrition-improving-retention> (Last accessed: 10 March 2020)

Council

Audit Committee Report

Action: For information.

Issue: Reports on the work of the Audit Committee.

Core regulatory function: Supporting functions.

Strategic priority: Strategic priority 4: An effective organisation.

Decision required: None.

Annexes: The following annexe is attached:

- Modern Slavery Statement 2019-2020

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 26 February 2020

Four country factors: 2 None directly arising from this report.

Discussion: Internal audit work plan

3 The Committee reviewed progress against the Internal Audit work programme 2019-2020 and was pleased to note that this was on track.

4 The Committee considered Internal Audit reports on Cyber security (“reasonable assurance”) and Procurement and Contract Management (“reasonable assurance”). The Committee welcomed the significant progress made on procurement, given past challenges and thanked staff for the considerable efforts made.

5 The Committee also considered a report on Programme and Project Management, which had been assessed as “partial assurance”. The review had paid particular attention to the issues relating to the Modernisation of Technology (MOTs) programme to see what could be learnt. The Committee was assured that the Executive had already recognised and begun to address these issues. The Committee noted that whilst there had been achievements, there was also important learning for all concerned to reflect on.

6 The Committee continues to monitor progress on clearing Internal Audit recommendations. The Committee noted that most management actions from internal audit reports had been implemented. It was satisfied that those outstanding were being addressed, and where appropriate mitigating actions were in place for those that were overdue.

7 The Committee reviewed the proposed internal audit work plan for 2020-2021 and was satisfied that the plan provided appropriate coverage to provide assurance, taking into account organisational priorities and key risk areas such as technology and people. The Committee approved the plan and the carry forward of unused contingency provision from 2019-2020.

IT infrastructure and MOTs programme assurance report

8 The Committee continues to receive regular updates on the IT infrastructure and the Modernisation of Technology (MOTs) programme.

9 The Committee welcomed the assurance from the Executive that in relation to MOTs, programme and project governance was operating as it should be and that work was proceeding according to plan.

10 The Committee was updated on a number of challenges relating to the next phase of the programme and the need to extend implementation

timelines as a result. The Committee welcomed the transparency of the Executive in sharing the issues being encountered and encouraged the Executive to consider how forecasting and planning could be improved to ensure future timescales were realistic and achievable.

- 11 The Committee noted plans to invest in additional server provision to augment the performance of the network which should in turn improve user experience for staff and productivity.

Risk management

- 12 The Committee considered the regular update on risk management and noted the view of the Executive that the corporate risk position remained largely stable.
- 13 The Committee reviewed progress on the risk management improvement project and noted the slippage in a number of areas due to prioritisation of work on the development of the organisational strategy for 2020-2025. The Executive confirmed that this slippage was being managed, to ensure that key elements of the project would be completed for the April 2020 Audit Committee meeting.

Anti-fraud, bribery and corruption

- 14 The Committee was pleased to note that no instances of fraud, bribery or corruption had been detected so far in 2019-2020.
- 15 The Committee reviewed the updated Modern Slavery Statement for 2019–2020 (**Annexe 1**). The Committee welcomed the progress made during the year and the planned further steps to ensure that slavery and human trafficking are not taking place in any of our supply chains. The Statement will be published on the website and communicated to staff.

Whistleblowing

- 16 The Committee reviewed the standing report on the use of the NMC's internal whistleblowing policy and was advised that a whistleblowing concern had been raised just prior to the meeting. The Committee was updated on the action being taken by the Executive to investigate the concerns and was satisfied with the approach proposed.

Serious event / incident reporting

- 17 The Committee considered a report on serious event reviews (SERs) and data breaches for the period since the last meeting and welcomed the establishment of a working group to identify ways to address recurring issues, including scope to remove human error through automation.

Review of Financial Regulations

- 18 The Committee considered the proposed revisions to the Financial Regulations which sought to achieve a better balance between the responsibilities of the Council and the Executive as suggested by the governance and effectiveness review. The revised regulations also provided greater clarity about the scope for the Executive to vary between budget heads once the Council had approved the overall budget.
- 19 The Committee agreed to recommend that Council approve the proposed changes, as presented elsewhere on this agenda.

External Audit and NAO plans for the audit of accounts for the year ending 31 March 2020

- 20 The Committee approved the arrangements proposed by the External Auditors and the NAO for the external audit and certification of the NMC's annual accounts for the year ending 31 March 2020. The Committee noted that following a recent government commissioned independent review of audit and the audit profession, external auditors were likely to take a more rigorous and challenging approach to key judgements made in the annual report and accounts. This is likely to result in increased costs in the future.

Appointment of internal and external auditors

- 21 The Committee approved proposals for the extension of the contract of the existing internal auditors.
- 22 The Committee also considered proposals for the procurement of new external auditors and asked the Executive to develop a clear specification for the external audit services required for the future.

Public protection implications:

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

Resource implications:

- 24 No resource implications arising directly from this report.

Equality and diversity implications:

- 25 No direct equality and diversity implications resulting from this report.

Stakeholder engagement:

- 26 None.

Risk implications:

- 27 No risk implications arising directly from this report.

Legal implications:

28 None identified.

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NMC Modern Slavery Statement

For the financial year 1 April 2019 to 31 March 2020

Our purpose

As the professional regulator of nurses and midwives in the UK, and nursing associates in England, we work to ensure these professionals have the knowledge and skills to deliver consistent, quality care that keeps people safe.

We set the standards that professionals must achieve to practise in the United Kingdom. When they have shown both clinical excellence and a commitment to kindness, compassion and respect, we welcome them onto our register of more than 700,000 professionals.

Once registered, nurses, midwives and nursing associates must uphold the standards and behaviours set out in our Code so that people can have confidence that they will consistently receive quality, safe care wherever they're treated.

We promote lifelong learning through revalidation, encouraging professionals to reflect on their practice and how the Code applies in their day-to-day work.

On the rare occasions that care goes wrong, or falls short of people's expectations, we can step in to investigate, and take action when needed. But we want to prevent something going wrong in the first place. So, we promote a culture that encourages professionals to be open and learn from mistakes, give the public an equal voice and where everyone involved is treated with kindness and compassion.

Our supply chains

In order to run our organisation and deliver our objectives, we engage a number of external suppliers. The goods, works and services they provide include hosting services for our IT systems and data, software licencing and support, office cleaning, and legal support with case preparation, among many others.

Our position on modern slavery

We believe modern slavery has no place in society and we are committed to ensuring that there are no modern slavery offences existing within our supply chain.

We require our suppliers to comply with all law and regulation, and expect them to maintain the highest ethical standards in all areas of their business operations.

If we discover one of our suppliers is allowing modern slavery offences in either their own business or their wider supply chain, we will terminate the contract and notify the relevant authorities.

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Our due diligence processes, including training

We aim to buy most of our services through well-established public sector framework agreements. The suppliers on framework agreements have been subject to rigorous due diligence by organisations such as Crown Commercial Services.

We have taken action to ensure our improvements from last year have been embedded into our own business practices and processes:

- All our employees are made aware of our whistleblowing policy and how to raise concerns. Our managers are trained how to handle concerns raised with them
- We have in place procurement processes and templates that prompt us to consider modern slavery at different points in our tenders
- Our standard contract terms and conditions include modern slavery requirements
- We monitor key suppliers as part of contract management to ensure they comply with our contractual requirements, particularly those contracts we believe may at greater risk of modern slavery or human trafficking offences occurring
- Our supplier assurance process assesses risks relating to Modern Slavery Act compliance
- All our employees have access to e-learning on modern slavery awareness.

We monitor our main suppliers to determine whether they have modern slavery statements in place. We checked our suppliers with whom we spend 90% of our total annual expenditure, which equates to around 20% of our supplier base. As of January 2020, we had reviewed our top 104 suppliers by spend. 63 of those suppliers have modern slavery statements in place. Of the remaining 41 suppliers, we believe all have turnover below the £36m threshold set in the Modern Slavery Act 2015 and so are not required to publish a modern slavery statement.

In the coming year we will:

- promote the modern slavery awareness e-learning available to all employees
- identify whether any key employees should participate in further modern slavery training
- survey the business practices of the NMC's most used hotels via our travel services provider to better understand risks in the hotel supply chain
- continue to monitor our suppliers to confirm whether or not they have published statements and where appropriate, encourage those who do not to publish a statement and support the agenda of tackling modern slavery and human trafficking.

Risk areas

Due to the nature of our business and the services we require, we believe the risk of modern slavery or human trafficking occurring within our supply chains is generally low. The services we use that we consider may be at relatively greater risk of modern slavery offences include hotels and cleaning. We mitigate against the risk by working closely with our suppliers to ensure they understand our position and that they have adequate processes in place.

Measuring effectiveness

In the past year we have had no reported instances of any offences as defined by the Modern Slavery Act 2015.

This statement was approved by our Executive Board on 18 February 2020.



Andrea Sutcliffe
Chief Executive and Registrar
6 Mar 2020

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Council

Appointments Board report

Action:	For information.
Issue:	Report to the Council on the work of the Appointments Board.
Core regulatory function:	Supporting functions.
Strategic priority:	Strategic priority 4 – An effective organisation.
Decision required:	None.
Annexes:	None.
Further information:	If you require clarification about any point in the paper or would like further information please contact the author below.

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Context: 1 Reports on the last meeting of the Appointments Board held on 4 March 2020.

Four country factors: 2 Same in all four countries.

Discussion: The Boards Terms of reference

3 The Board reviewed the proposed amendments to its terms of reference for consideration by Council, elsewhere on this agenda.

4 These changes included amendments proposed by the Board itself to improve its effectiveness as well as amendments to extend its remit to include oversight of arrangements for the appointment of Registration Appeals Panel Members. The Board welcomed the proposed amendments to the terms of reference, and supports Council in making the changes.

5 The Board also confirmed that it would be willing to take on responsibility for deciding appointments/suspension/removal of FtP Panel Chairs and Members and Legal Assessors. The Board noted that the legal implications of this were still under review.

Legal Assessor disqualification period

6 The Board approved the five year disqualification period for former NMC employees to be appointed as legal assessors.

7 At its June 2019 meeting, the Board approved the introduction of a five year disqualification period for former NMC employees being appointed as panel members. The Board considered that the approach to the disqualification period of legal assessors should be consistent in order to maintain public confidence in the hearings process. Legal assessors are independent advisors to the panel and it is essential to maintain their independence and prevent any perception of bias.

8 The Board noted that the equality impact assessment identified potential for the disqualification period to disproportionately impact women and those between the ages of 30-39. The disproportionate impact on women was as a direct result of the higher proportion of women employed by the NMC.

9 The Board was satisfied that the risk of a perception of bias and the need to maintain public confidence in the hearing process outweighed any potential impact on a small proportion of employees.

Approval of training programme 2020–2021

- 10 The Board approved the proposed panel member training programme for 2020–2021. The Board was satisfied that the training programme reflected the organisation’s values and behaviours and was assured that this training programme provides panel members with the skills and knowledge to make robust, consistent, and proportionate decisions.

Chair and Panel member role specifications

- 11 The Board reviewed a proposed combined panel member and chair role specification. The Board supported the approach of simplifying and amalgamating the role specifications. The Board felt that there was scope to improve this further and will consider a revised role specification at its June 2020 meeting.

Strategy for delivering high quality panel members: proposed success measures

- 12 The Board approved the strategy for delivering high quality panel members in December 2019 and asked that a set of success measures be developed to provide assurance that the aims of the strategy are being met. The Board reviewed proposed success measures and suggested some further work. Revised success measures will be brought back for the Board’s consideration in June 2020.

NMC Strategy

- 13 The Board continues to receive regular updates on the NMC strategy to ensure its work is aligned with the wider strategic intent of the organisation, and consider any possible implications for the Board’s remit.

Public protection implications:

- 14 It is important that panel members have the necessary training to maintain the skills and knowledge to make proportionate and appropriate decisions.

Resource implications:

- 15 No resource implications arising directly from this report.

Equality and diversity implications:

- 16 Legal assessor disqualification: The equality impact assessment identified the potential for the disqualification period to disproportionality impact women and those between the ages of 30-39. The disproportionate impact on women was as a result of the higher proportion of women than men employed by the NMC.

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Stakeholder engagement: 17 No stakeholder engagement implications arising directly from this report.

Risk implications: 18 The approval of the five year disqualification period for former NMC employees being appointed as legal assessors addresses the risk of public confidence in the hearing process being undermined.

Legal implications: 19 A policy of disqualifying former NMC employees from applying for a role could be legally challenged. In order to defend such challenge cogent reasons are needed for any period of disqualification.

20 The proposed changes to the terms of reference have been reviewed by the corporate legal team.