

Open Council 19 May 2021

MEETING
19 May 2021 09:30

PUBLISHED
10 May 2021

Meeting of the Council

To be held by teleconference at 09:30am on Wednesday 19 May 2021

Agenda

Karen Cox
Acting Chair of the Council

Fionnuala Gill
Secretary

- | | | | |
|----------|---|-----------|--------------|
| 1 | Welcome and Acting Chair's opening remarks | NMC/21/30 | 09:30 |
| 2 | Apologies for absence | NMC/21/31 | |
| 3 | Declarations of interest | NMC/21/32 | |
| 4 | Minutes of the previous meeting | NMC/21/33 | |
| | Acting Chair of the Council | | |
| 5 | Summary of actions | NMC/21/34 | |
| | Secretary | | |
| 6 | Executive report | NMC/21/35 | 09:45 |
| | Chief Executive and Registrar/Executive | | |

Comfort break

10:45

Matters for decision

- | | | | |
|----------|--|-----------|--------------|
| 7 | Education Emergency and Recovery Standards | NMC/21/36 | 11:00 |
| | Executive Director, Professional Practice | | |
| 8 | Education Quality Assurance Annual Report 2019-2020 | NMC/21/37 | 11:20 |
| | Executive Director, Professional Practice | | |

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| 9 | Review of Investment Policy | NMC/21/38 | 11:35 |
| | Executive Director, Resources and Technology Services | | |
| 10 | Appointment of Assistant Registrars | NMC/21/39 | 11:55 |
| | Interim Executive Director, Professional Regulation | | |

Comfort break

12:05

Matters for discussion

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|-----------|---|---------------|--------------|
| 11 | NMC Strategy 2020-2025: The midwifery perspective | NMC/21/40 | 12:15 |
| | Executive Director, Professional Practice | | |
| 12 | Professional Standards Authority annual performance review 2019-2020 | NMC/21/41 | 12:45 |
| | Executive Director, People and Organisational Effectiveness | | |
| 13 | Update on our Safeguarding and Protecting People Policy | NMC/21/42 | 13:00 |
| | Executive Director, People and Organisational Effectiveness | | |
| 14 | Questions from observers | NMC/21/43 | 13:20 |
| | Acting Chair | (Oral) | |

Matters for information

- | | | |
|-----------|---|-----------|
| 15 | Audit Committee Report | NMC/21/44 |
| | Chair of the Audit Committee | |
| 16 | Investment Committee Report | NMC/21/45 |
| | Chair of the Investment Committee | |
| 17 | Deputy Chair's action taken since the last meeting | NMC/21/46 |
| | Acting Chair | |

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Meeting of the Council
Held on 24 March 2021 by videoconference.

Minutes

Council:

Karen Cox	Acting Chair
Hugh Bayley	Member
Claire Johnston	Member
Eileen McEaney	Member
Robert Parry	Member
Marta Phillips	Member
Derek Pretty	Member
Anna Walker	Member
Ruth Walker	Member
Dr Lynne Wiggins	Member

In attendance:

Justine Craig	Designate Council member (Scotland)
Tracey MacCormack	Associate
Dr Gloria Rowland	Associate

NMC Officers:

Andrea Sutcliffe	Chief Executive and Registrar
Andy Gillies	Executive Director, Resources and Technology Services
Matthew McClelland	Executive Director, Strategy and Insight
Francesca Okosi	Executive Director, People and Organisational Effectiveness
Tom Scott	Interim Executive Director, Professional Regulation
Geraldine Walters	Executive Director, Professional Practice
Edward Welsh	Executive Director, Communications and Engagement
Alice Hilken	Interim General Counsel
Fionnuala Gill	Secretary to the Council
Pernilla White	Senior Governance Manager

For Item 7

Saima Hirji	Head of Policy and Legislation, Professional Regulation
Lucy Thorne	Policy Manager, Professional Regulation

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

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Minutes

NMC/21/16 Welcome and Acting Chair’s opening remarks

1. The Acting Chair welcomed all attendees to the virtual Council meeting, including external observers. The Council welcomed Tom Scott, Interim Executive Director, Professional Regulation, attending his first formal meeting and Jane Slatter, Chair of the Appointments Board
2. The Acting Chair noted that this week marked the first-year anniversary of the Covid emergency and the opening of our Temporary Register and on behalf of the Council thanked all the professionals on our register and all health and care workers who have done such an incredible job over the last 12 months in the face of unprecedented challenges. The Council also remembered sadly, all those on the frontline who lost their lives.

NMC/21/17 Apologies for absence

1. Apologies had been received from Sue Whelan Tracy.

NMC/21/18 Declarations of interest

1. The following declarations of interest were recorded:
 - a) **NMC/21/22: Emergency Rules – consultation outcomes and decision on continuing use of powers** - All registrant members, Associates and Geraldine Walters declared an interest. The interests were not considered material such as to require the individuals concerned to withdraw from discussion or decisions, as they were no more affected by these changes than other registrants.
 - b) **NMC/21/23 Annual Corporate plan and budget 2021-2022** - All registrant members, Associates and Geraldine Walters declared an interest in the annual review of the registration fee. All staff declared an interest in the pay award. These interests were not considered material such as to require the individuals concerned to withdraw from discussion or decisions, as they were no more affected by these changes than other registrants/staff.

NMC/21/19 Minutes of the previous meeting

1. The minutes of the meeting on 27 January 2021 were agreed as an accurate record.

NMC/21/20 Summary of actions

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

NMC/21/21 Executive Report

1. The Chief Executive and Registrar introduced the report.
2. The Chief Executive echoed the Acting Chair's comments about the invaluable contribution made by all on our register over the past 12 months in the face of Covid-19. The NMC was marking the first anniversary of the launch of the Temporary Register with various communication and engagement activities, including a series of stories from professionals on the website. Rob Parry and Gloria Rowland were amongst those who had provided stories on their contributions during the pandemic.
3. The Chief Executive also highlighted the recent Government White Paper, *'Integration and Innovation: working together to improve health and social care for all'*. Contrary to some of the media and public commentary, the proposals to review the regulation of health care professionals were not expected to have any impact on the regulation of nursing and midwifery.
4. In discussion, the following points were noted:
 - a) The update on the Public Support Service (PSS) pilot was welcome. Those receiving support were in part self-selecting. Although the numbers involved were small, there had been useful learning. It was important to recognise that the intention was that all those involved in fitness to practise cases would be supported sensitively through the process, not just those receiving direct support from the PSS.
 - b) The recently launched Fitness to Practise Employers' Resource was also welcome. The aim was to help employers make appropriate referrals, so that fewer referrals were received that resulted in closure at early stages. The learning from our 'Ambitious for Change' research which had identified disproportionate referrals for black, Asian and minority ethnic professionals had also been incorporated into the resource to help employers ensure decisions to refer were fair and unbiased. So far, there had been positive feedback on the resource. The NMC was committed to working closely with the representative bodies and unions to develop the resource further.
 - c) The first joint meeting of Northern Ireland regulators had been constructive and further meetings were planned with an extended membership. Cross-border regulation had not been discussed but both the NMC and Nursing Board for Ireland were clear that dual registration in both jurisdictions was required for those wishing to work in both jurisdictions, as it had been before the UK Exit from the European Union.

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Proposed consultation on Post-registration Standards

5. The Chief Executive and Registrar noted that the Council had agreed in January to consult on the draft post-registration standards but had left it to the Executive to determine a date for this to begin, given uncertainty around progress in managing the pandemic.

6. The impact of the pandemic had begun to ease but as it could be a considerable time before life returned to more normal circumstances, it would not be good to delay consultation indefinitely. Whilst there was strong support from the Specialist Community Public Health Nursing (SCPHN) community to proceed with the consultation now, there were also strong views from others, including the Queen’s Nursing Institute (QNI) and Royal College of Nurses (RCN) that the consultation should be delayed, including due to concerns over the content of the draft standards. The Post-Registration Steering Group supported proceeding, as did the representatives of the four Chief Nursing Officers. It was now proposed to launch the consultation in early April and that this should run for an extended period of 16 weeks.

7. In discussion, the following points were noted:
 - a) It was important the Council acknowledged, recognised, and listened carefully to the concerns raised by some stakeholders about proceeding with the consultation at this time. The development of the draft standards had been a long and inclusive process, including thorough pre-consultation, and the Council could be assured by the integrity of the processes followed.
 - b) The existing post-registration standards were extremely outdated, going back to 2004. The Council was clear that the development of these updated draft standards was part of a longer journey towards considering advanced practice.
 - c) The purpose of the consultation was to encourage healthy debate and challenge on the content of the standards and the extended period of 16 weeks should enable greater participation. The Council would strongly and proactively encourage and support the widest possible engagement with the consultation to ensure that the final standards were fit for purpose.
 - d) The increasingly critical need for community nursing was an important part of the health policies of all four countries and updating the standards would support this by supporting more complex care to be delivered in the community.

8. The Council expressed its strong support for proceeding with the consultation as proposed by the Executive.

Fitness to Practise Recovery Update

9. The Interim Executive Director, Professional Regulation introduced the Fitness to Practise update.

10. In discussion, the following points were noted:

- a) The planned activities and actions were welcome. It would be helpful to articulate more clearly the outcomes and measurable benefits which these were expected to deliver, over what timescale and how the impact would be evaluated.
- b) The suggestion of seeking to measure the impact on employers, given the new resource discussed earlier, was interesting but in the first instance it was planned to focus on internal impact, since the activities of employers were not within our gift.
- c) The multi-disciplinary team pilot for involving a range of colleagues with different expertise in providing advice and guidance on initial screening assessments was welcome. It was good to see learning from services around 'experts at the front door'.
- d) It was important to recognise the differential challenges faced by smaller employers without the same recourse to organisational resources and infrastructure to help managing concerns about professionals, particularly in the independent sector.

Exception report on employee turnover

11. The Executive Director, People and Organisational Effectiveness introduced the report on employee turnover. The current overall turnover rate of 6.8 per cent represented a significant improvement given that in 2018 turnover had been at 23 percent. There was an error in the report; the figures for staff numbers and turnover in screening and specialist services had been transposed.

12. In discussion, the following points were noted:
- a) The report was clear, thorough, and very welcome, in terms of providing assurance to the Council about staff turnover issues.
 - b) Given the criticality of staff to the organisation's ability to deliver and that over half of resources were expended on staff, a regular annual report on People/workforce issues would be helpful.
 - c) There were a range of reasons for the higher turnover in staff in Fitness to Practise but a revised approach to recruiting based on a 'bank' approach was being considered.
 - d) It was too early to assess any impacts of the organisational restructure implemented in April 2020, as the pandemic had impacted on progress in taking forward aspects of the redesign and remote working had also brought a different dynamic.

NMC/21/22 Emergency Rules – consultation outcomes and decision on continuing use of powers

1. The Council considered the report which proposed continuation of the power granted under emergency legislation, following consultation.

2. In discussion, the following points were noted:
- a) The extensive consultation undertaken, and the thorough consideration of the outcomes was welcome. It was important to both ensure our processes were fair, and seen to be fair, by all involved.

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- b) It was interesting to see that some had welcomed being able to participate in hearings virtually and found this beneficial and less stressful, recognising that it was less welcome to others.
 - c) It would be important to continue to look at what more we could do to support those who may struggle to participate virtually from home, even if they preferred to do so, due to poor connectivity or lack of access to digital resources. This may particularly be the case for unrepresented professionals. Whilst we were looking at the scope to access virtual facilities elsewhere than our offices, for example, through other regulators, establishing remote virtual hearing centres was likely to be prohibitively expensive.
 - d) There was no evidence that people had inappropriately shared video-recordings or screenshots of hearings on social or wider media, either from virtual or physical hearings. However, there was no recourse to 'contempt of court' action within our legislation if this were to happen.
 - e) In the longer term, it would be desirable in accordance with Open Justice principles to give visual public access to virtual hearings, rather than restricting this to audio as currently. However, taking a cautious step by step approach as proposed was prudent.
 - f) It was good to see that we had used the permissive powers granted judiciously and we should continue to do so. In particular, the fact that we had not used the powers to convene panels without registrant members was welcome.
 - g) There were regular meetings with FTP counterparts in other regulators to share approaches, learning and experiences.
 - h) We had made appropriate use of the powers to extend FTP panel members, but had also just launched a campaign to find additional panel members.
 - i) The plans to review the guidance at the end of the emergency were welcome and it may also be appropriate to review the position regarding the way in which the powers were being used on a regular basis.
 - j) The proposals to review requests for extension of revalidation, were a return to the pre-emergency basis of considering such requests on a case-by-case basis in the light of individual circumstances and to ensure that extensions were not granted indefinitely.

3.

Decision: The Council agreed:

- i. **to the continued use of the powers granted under The Nursing and Midwifery Council (Emergency Procedures) (Amendment) Rules 2020 Order of Council 2020, as amended by the Nursing and Midwifery Council (Coronavirus) (Amendment) (No.2) Rules Order of Council 2020:**
 - **beyond 31 March 2021; and**
 - **once the emergency period has ended (paragraph 48.1).**

- ii. that we will not use the power to hold hearings without a nurse, midwife or nursing associate panellist being present, outside of a national emergency. This includes virtual hearings and hearings with some or all parties attending a hearings centre. We will use panels of two members rather than three in rare and exceptional circumstances only (paragraphs 48.2 and 48.3).
- iii. we will continue to grant extensions to revalidation application dates in exceptional circumstances, usually as a reasonable adjustment, in line with our approach prior to the emergency period and as set out in our 'how to revalidate' guidance (paragraph 53)
- iv. our guidance on how we use the powers be amended to reflect the approaches set out in this paper; and that at the end of the emergency period, we review our guidance and clearly explain the continuing use of our emergency powers (paragraph 57).

4. The Acting Chair thanked everyone involved in this important work.

Action: Report back on the review of the guidance post emergency.
For: Interim Executive Director, Professional Regulation
By: 29 September 2021

NMC/21/23 Annual Corporate plan and budget 2021-2022

1. The Executive Director, Resources and Technology Services introduced the proposed corporate plan, key performance indicators (KPIs) and budget for 2021-2022.
2. Given the significant disruption to work in 2020-2021 due to the Covid pandemic, it had not been possible to make as much progress as expected on the 2020-2025 strategy. Accordingly, some of the Corporate plan was about catching up, especially the FTP recovery programme, and some was about continuing significant improvement programmes already in train.
3. There had also been a significant financial impact and there was an underspend in 2020-2021 due to slippage in activity, particularly in progressing FTP cases. A deficit budget was proposed in the first two years with a return to break even by year three, to address these issues. However, due to uncertainty around the costs of the FTP recovery in particular, an updated budget would be brought to the Council for approval in September 2021.

Draft corporate plan and KPIs 2021-2022

4. In discussion, the following points were noted:

- a) It was helpful to see the full range of indicators to be used for measuring and monitoring performance. More clarity about which indicators would be reported to Council and which were for the Executive would be helpful.
- b) Some of the proposed targets were lower than performance achieved in the previous year; it would be helpful to have assurance that the Executive was satisfied that setting lower targets was justified. The Executive advised that it was important that any targets set were realistic and achievable.
- c) In relation to the work on maternity safety, it would be helpful to articulate more fully the expected benefits and impact of this work. The aim was to both develop shared intelligence products and ensure a coherent, co-ordinated approach to support services experiencing difficulties.
- d) In relation to FTP, timeliness was critically important and an element of quality, there would also be qualitative measures encompassing the experiences of those involved in the process and around decision-making.

Reserves policy

5. It was noted that there were no changes proposed to the upper and lower levels of free reserves. Free reserves were commonly used in Charity accounting but not easily understood. It was important the Council was comfortable that the limits provided appropriate protection, given that the indicative future years budget were close to the lower limits. As the NMC had a secure income stream from fees unlike most charities, this meant that holding free reserves based on three months operating costs was not necessary.

6. The approximate net value of the Covid-19 impact of £7.7million had been derived from taking the current year surplus, less the deficits for the following two years.

Fees

7. In 2013, the Council had concluded that the fee needed to be £120. The Council had accepted a grant of £20 million from the Department of Health and Social Care to hold the fee at £100 for two years and the fee had then increased to £120 in 2015. The fee had remained at £120 since 2015, which meant that in real terms it had gone down. If the fee had increased by inflation each year, it would now be at £136.

8. The Council welcomed the aim of keeping the fee at £120 for as long as possible.

Pay award 2021-2022

9. The Executive had proposed a cost-of-living award of one per cent (1%) which had been considered and recommended to the Council by Remuneration Committee, along with implementation of the final stages of the three year pay strategy.

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Draft budget 2021-2022

10. A deficit budget was proposed for 2021-2022 and on the indicative budget for 2022-2023, but it was expected to return to break even or better in 2023-2024. Two key areas of uncertainty and risk were the cost of the FTP recovery programme and register numbers. The Executive proposed to bring an updated budget for 2021-2022 to Council for approval in September 2021, when the extent of those risks would be clearer.
11. On FTP, as discussed earlier, work was underway to review processes and make improvements but it was too soon to be certain what resources would be needed to bring the caseload back down to optimum levels by the end of 2022-2023.
12. On the size of the register, there were reports that more nurses and midwives may be thinking of leaving the NHS, so there was a risk that the number of people on the register may fall. There was no sign of that yet but if it did happen, the financial impact would be severe - a relatively small % drop would have a large impact, for example a five percent (5%) drop would mean a £4.5 million reduction in income.
13. In discussion, the following points were noted:
- a) The Council expressed significant concern that, given the request for significant investment in FTP and other areas such as the technology programme (MOTs), there was a lack of clarity about the benefits to be realised, including in reduced staff costs, and these were not apparent in the indicative budgets. Staff costs were not just increasing in FTP but every area and it would have been helpful to see the comparison with 2019-2020.
 - b) The Executive advised that part of the MOTs programme had been about reducing the risk from reliance on outdated systems and that due to the delays in the MOTs programme, the benefits would not be realised until future years. Further work on the FTP programme was also needed; some of the spend was about recovery but work was also needed on identifying the benefits to be realised from the improvement work. Both should deliver benefits in due course, but further work was needed to identify these. The commitment to keep the fee at £120 as long as possible was also a powerful driver to focus on efficiencies and savings. The Executive was committed to identifying and realising the benefits and articulating these clearly. The wording of the commitments in the draft corporate plan would be amended to reflect this.
14. The Council made clear that it was approving only the budget presented for 2021-2022 and not for any future years and that the 2020-2021 budget was subject to further updating and approval in September 2021.

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15. **Decisions: The Council approved-**
- i. the corporate plan for 2021–2022;
 - ii. the KPIs and targets for 2021–2022;
 - iii. 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;
 - iv. that the annual registration fee for all registrants should remain at the current level of £120;
 - v. that the cost-of-living award should be 1.0 percent for all employees, with additional adjustments made to bring employees towards the middle pay level of their grade. These increases add up to about 1.6 percent of the pay bill and will be paid with effect from 1 April 2021; and
 - vi. the budget for 2021–2022. The Council noted that this would be subject to further approval in September 2021 when an updated budget would be presented to Council.

16. **The Council noted planned contracts and commitments with a lifetime value of over £0.5 million.**

17. The Acting Chair thanked everyone involved in this important work, in particular the Executive Director, Resources and Technology, and the Resources team.

Action: Provide clarity about the benefits to be realised, including staff resources, when bringing the updated budget back for approval in 2021-2022.

For: Chief Executive and Registrar/Executive

By: 29 September 2021

NMC/21/24 Governance: Council Committee membership 2021-2022 and Council meeting dates 2022-2023

1. The Council considered the report which set out Council and Committee membership for 2021-2022 and Council meeting dates for 2022-2023. It was noted that the Council Associates would have the opportunity to attend all the Committees during their tenure.

2. **Decision: The Council confirmed the Council meeting dates for 2022-2023.**

NMC/21/25 Panel member reappointments, transfers, and extension of terms

1. The Interim Executive Director, Professional Regulation introduced this item.

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2. The Interim Executive Director confirmed that considerable work had been done to ensure that there would be sufficient panel member capacity to address the backlog, including the extensions now proposed and the campaign to find new members now underway. The aim was to have greater capacity than needed. It was important to note that panel members were independent of the NMC and were self-employed.
 3. The Appointments Board Chair also noted the values-based approach to be adopted in the appointments process and confirmed that the Board was very focused on the diversity of panel members in the new campaign.
 4. **Decision: The Council accepted the recommendations of the Appointments Board to:**
 - i. reappoint the 48 panel members listed in Annexe 1 for a further four-year term to commence following the completion of their first term of appointment on 14 June 2021;
 - ii. extend the terms of appointment of the 18 Investigating Committee Chairs listed at Annexe 2 for a further 12 months to 31 March 2022; and
 - iii. transfer the panel members listed in Annexe 3 from the Fitness to Practise Committee to the Investigating Committee.

NMC/21/26 Questions from observers

1. The Council noted the written questions submitted by observers and the responses (see Annexe B). These would be published on the website and appended to the minutes for the next meeting.

NMC/21/27 Audit Committee Report

1. The Council noted the report from the Audit Committee.

NMC/21/28 Accommodation Plan

1. The Council noted the Accommodation Plan which has been approved at a confidential meeting on 23 February 2021.

NMC/21/29 Deputy Chair's action taken since the last meeting

1. There had been the following three Deputy Chair's actions since the last Council meeting on 27 January 2021:
 - to approve two new recovery standards to mitigate the impact of reduced practice learning opportunities due to the ongoing pandemic (05/2021);
 - to reappoint partner members to the Investment Committee (06/2021); and
 - to approve a rolling approach to the NMC Temporary Register, to support the national Covid-19 response (07/2021).

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Closing remarks

1. The Acting Chair noted that this was the last Open meeting for Rob Parry, outgoing member for Scotland who joined the Council in May 2015. The Acting Chair reflected on some of the significant challenges and achievements and the invaluable impact Rob had made over the past six years. Thanks to Rob, the Council had been well-informed on all matters relating to Scotland. On behalf of the Council, the professionals we regulate and the public we serve, the Acting Chair thanked Rob for his dedication and contribution to the Council’s work and the way in which he had embodied our values throughout his terms of office.
2. The Acting Chair thanked everyone who had joined the meeting for listening. The Executive, Governance team and other colleagues were also thanked for their ongoing hard work and dedication.

Confirmed by the Council as a correct record; Acting Chair’s permission given to attach electronic signature due to Covid-19 emergency in the UK.

SIGNATURE:

DATE:

Annexe A

Observers

Kate Fawcett	Senior Scrutiny Officer, Professional Standards Authority
Gail Adams	Head of Professional Services, UNISON
Jane Beach	Lead Professional Officer, Unite
Carmel Lloyd	Head of Education & Learning, RCM
Suzanne Miller	Regional Officer, RCM
Yinglen Butt	Associate Director of Nursing, Royal College of Nursing
Cathryn Watters	Nurse, NMCWatch
Abbie Fordham-Barnes	Associate Professor, Birmingham City University
Chloe Scott	Student Adult and Mental Health Nurse, University of Southampton
Crystal Oldman	Chief Executive, QNI
Sue Boran	Director of Nursing Programmes, QNI
Frances Dillon	Recruitment Nurse, Whittington Health NHS Trust
James Penry-Davey	Partner, Capsticks Solicitors LLP
Jenny Wood	Associate, Capsticks Solicitors LLP
Lydia Baker	Student Health Visitor, Central Surrey Health
Richard Williams	Practice Lead, Edge Hill University
Zoe Bonney	Staff Nurse, NHS Northern Care Alliance
Heather Bain	Academic Strategic Lead, Robert Gordon University
Christine Jehorathnam	Nurse Consultant Director, Talent Care Professionals Ltd
Harold Wilson	Writer/Researcher
Jibin Jave	Clinical Support Worker, Norfolk and Suffolk Foundation Trust

Press

Kimberley Hackett	Senior News Reporter, Nursing Standard
Gemma Mitchell	News Editor, Nursing Times
Megan Ford	Reporter, Nursing Times

NMC staff observing

Charlotte Monerville	Listing Officer
Hannah Mulcahy	Senior Planning and Risk Improvement Officer
Julie Dixon	Nurse Education Adviser
Lubna Haq	Head of Equality, Diversity and Inclusion
Natalie Brown	Paralegal
Rebecca Calver	Programme Manager
Roberta Beaton	Head of Corporate Planning, Performance and Risk
Lucy Richardson	Project Manager
Ramona Borto	Senior Finance Business Partner
Ann Brown	Head of Strategic Communications
Mark Finnigan	Governance Administrator
Atif Ahmed	Corporate Performance and Risk Officer
Sonia Waigo	Business Change Manager
Ellie Taylor	Senior Digital Communications Officer
Gurinder Whall	Senior Event Officer
Nathan Parton	Senior Press Officer

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Observer question – Council meeting 24 March 2021

Question 1 - Jibin Jave, Clinical Support Worker, Norfolk and Suffolk Foundation Trust.

Good morning

I am Jibin. I am attending the council meeting on 24th. I would like to ask some questions during this meeting.

1) NMC has introduced a new type of temporary registration in February 5th 2021. This says that, overseas nurses, those who have completed the foreign verification will be eligible for temporary registration if their employer is giving supporting documents such as language, health and character reference. However, when we contact nmc it says a candidate only be eligible for temporary registration if they have completed all above mentioned criteria from candidate side. My question is, if a candidate is completing these requirements why an employer again need to provide all this documents to get a temporary because this candidate is simply eligible for full registration. Could please give more clarity on this matter. Also it would better if you update this part on the temporary registration page as well.

Many thanks

Jibin

Response: Interim Executive Director, Professional Regulation

Dear Jibin

Thank you for your question about the temporary registration of overseas-trained nurses.

To be eligible to join the temporary register, the emergency legislation requires the Registrar to be satisfied that individuals are 'fit, proper and suitably experienced to work in the emergency'. We wrote to employers in January to let them know that we had identified overseas-trained professionals who had reached a certain stage in their permanent registration application as now being eligible to join the temporary register.

Professionals who started their permanent application after October 2019 were eligible to join the temporary register if they had submitted their registration application to us and we had received the relevant supporting declarations. You're quite right in saying that when submitting their registration application to us they will have also provided evidence of their health, character and language. However, until they complete their test of competence we cannot assess their application. As we would have not assessed the applications of those eligible for the temporary register and, while we are confident that the majority of these nurses would be suitable to join the temporary register, the Registrar required employers to certify that they meet the standard we expect to allow them to practise in the emergency.

I hope that this provides some clarity over the additional requirement.

Thank you for your feedback on the website which we will update.

Question 2 - Christine Jehoratnam (RGN,RNMH Leadership Management Level 5) Talent Care Professionals Ltd

Morning,

I am sorry I did not submit it on time. I am listening to the council meeting today. I am registered Nurse. I am the Director of my Own company Talent care Professionals. I am looking after the manpower for the international Nurses, to join the NHS and Private sector. I have followed all the slides of the NEWCBT. TI have nurses in the Asian world who are training now. I have a question which is so frustrating to ask. I have finally found out to access the Resource materials that are out for the adult Nursing CBT. At present I have nurses who want to join the associate Nursing course for New CBT. When can I access them?

1. Resource materials at Persons Vue has only put out one paper. Where else can I find the rest?
2. How is it that Border Immigration has allowed senior careers on an unskilled nurse Visa ? This is to both NHS and Social care. I was told they are sleeping rough on the street as nothing was organised for them as Pastoral service, where does section 51ModernSalavary Act comes in.
3. As am Recruitment Agency here I am following every single Protocol. The Immigration is not.
4. Please include my desperate questions for today's meeting.

Thanks

Christine Jehoratnam (RGN,RNMH Leadership Management Level5) Talent Care Professionals Ltd

Response: Interim Executive Director, Professional Regulation

Following the above questions about the new test of competence and the level of support available we have provided the following information which is currently published on our website. We have also shared information on our current tender for new OSCE delivery partners.

- New OSCE prep Hub - <https://www.nmc.org.uk/registration/joining-the-register/toc/toc-review/>
- O/S registration pages - <https://www.nmc.org.uk/registration/joining-the-register/register-nurse-midwife/trained-outside-the-eueea/new-application/how-to-guide/>

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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 aim 6: Fit for the future organisation.
Decision required:	None.
Annexes:	None.
Further information:	If you require clarification about any point in the paper or would like further information please contact the author below.

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Summary of outstanding actions arising from the Council meeting on 24 March 2021

Minute	Action	Action owner	Report back date	Progress to date
NMC/21/22	<p>Emergency Rules – consultation outcomes and decision on continuing use of powers</p> <p>Report back on the review of the guidance post emergency.</p>	Interim Executive Director, Professional Regulation	29 September 2021	Not yet due.
NMC/21/23	<p>Annual Corporate plan and budget 2021-2022</p> <p>Provide clarity about the benefits to be realised, including staff resources, when bringing the updated budget back for approval in 2021-2022.</p>	Chief Executive and Registrar/Executive	29 September 2021	Not yet due.

Summary of outstanding actions arising from the Council meeting on 27 January 2021

Minute	Action	Action owner	Report back date	Progress to date
NMC/21/11	<p>Learning and thematic review from recent inquiries</p> <p>Schedule a Seminar session to discuss oversight of complaints.</p>	<p>Executive Director, Strategy and Insight / Secretary of the Council</p>	<p>23 March 2021</p>	<p>This has been scheduled for the Seminar on 6 July 2021.</p>

Summary of outstanding actions arising from the Council meeting on 2 December 2020

Minute	Action	Action owner	Report back date	Progress to date
NMC/20/89	<p>Fitness to practise cases</p> <p>Provide an annual update on learning from fitness to practise cases</p>	<p>Executive Director, Professional Regulation</p>	<p>24 November 2021</p>	<p>Not yet due.</p>

Summary of outstanding actions arising from the Council meeting on 20 May 2020

Minute	Action	Action owner	Report back date	Progress to date
NMC/20/37	<p>Employee turnover</p> <p>Provide data and insight on the reasons for staying at the NMC when available</p>	<p>Executive Director, People and Organisational Effectiveness</p>	<p>2 December 2020 / 29 July 2020 / 27 January 2021 / 24 March 2021 / 19 May 2021</p>	<p>Our new cycle for engagement will begin on 28 June 2021. We will be running bi-annual surveys with question banks based on methodology which will enable us to identify key engagement drivers that we will support the business to take meaningful action on. This will include attrition predictions, engagement during probation and what makes people stay and strive within the organisation and their roles.</p>

Council

Executive report

Action: For discussion.

Issue: The Council is invited to consider the Executive's report on key developments during 2020-2021 up to April 2021.

Core regulatory function: All regulatory functions.

Strategic priority: All priorities for the strategic period 2020–2021.

Decision required: None.

Annexes: The following annexes are attached to this paper:

- Annex 1: Corporate performance report.
- Annex 2: Corporate risk exposure report.
- Annex 3: Fitness to Practise guidance updates.

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

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- Context:**
- 1 This paper is produced by the Executive and provides an update from the external environment, progress against our corporate plan and risks facing the organisation.
 - 2 The report consists of four sections:
 - 2.1 This report with highlights from the external environment and our strategic engagement work up to April 2021;
 - 2.2 Our quarter four performance report providing status updates against our corporate plan and budget for 2020–2021 up to 31 March 2021 (**Annexe 1**);
 - 2.3 Our corporate risk position for 2020–2021 up to 31 March 2021 (**Annexe 2**);
 - 2.4 Our annual update on Fitness to Practise guidance updates (**Annexe 3**).
 - 3 We have structured the following discussion using our 5 strategic themes from our 2020–2025 strategy and significant external updates.

Four country factors: 4 Same in all UK countries.

Discussion Innovation and improvement

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

Recognising an unprecedented year

- 5 We marked a year since the first lockdown and the launch of the temporary register to recognise professionals, students and our colleagues who have contributed so much over the last year.
- 6 We shared 11 personal stories from professionals and students, which generated 28,264 page views on our website within that week.
- 7 We wrote to the professionals on our permanent and temporary registers and students who we have contact details for, to acknowledge the challenging year they have faced and to thank them for their contribution.
- 8 Andrea Sutcliffe also spoke about the extraordinary work of nurses, midwives, nursing associates and students on LBC radio.

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Covid-19 pandemic

- 9 As of 30 April 2021, there are 15,199 people on the temporary register. This a decrease from February 2021, which is largely due to temporary registrants from overseas completing the overseas registration process and joining the permanent register.
- 10 Temporary registration has been open to professionals who left the permanent register after February 2015 and up to last December. We have now made those who lapsed between December 2020 and February 2021 eligible.
- 11 The process for extending eligibility continues on a monthly basis. We are currently working on making those who lapsed in March 2021 and April 2021 eligible to join the temporary register from mid-May 2021.
- 12 Conditions of practice continue to be added to those who have been away from the permanent register for more than three years on a quarterly basis.
- 13 On 15 April 2021 the Professional Standards Authority published Learning from Covid-19: a case-study review of the initial crisis response of 10 UK health and social care professional regulators in 2020. It reflects our efforts to adapt rapidly to the challenges posed by the pandemic and the guidance we provided our professionals.

Education Standards: Simulation

- 14 At item 7 we discuss our Emergency Education Standards. Within this item the Council will review the increased use of simulation, and the possibility of extending the standard, in May 2021. The decision will be supported by data provided by higher education institutions (HEIs) across the four nations.

Fitness to practise – getting the right referrals

- 15 We have started our fitness to practise recovery and improvement programme. One of the first improvements was to update the information on our website to make sure that it is simple to understand, up to date, and clarifies how and when to make referrals to us.

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- 16 We collaborated with stakeholders to make sure that any changes we made improved the user experience. The new content is easier to find and defines when we can take forward a concern, or when another organisation would be better placed to do so, to help signpost appropriate referrals. These changes will also help to ensure that we get a more complete and clearer picture of the nature of any concern when people make a referral online, including information regarding context if appropriate.
- 17 We launched our improved approach to taking context into account in our decision making on 29 March 2021. This included updates to our referral forms and a set of commitments that our decision makers consider.
- 18 On 10 May 2021, we published updated screening guidance. It simplifies and clarifies the stages of the screening test, provides information on clinical advice, anonymity and whistleblowing, and sets out examples of the types of enquiries we may conduct.
- 19 We ran a recruitment campaign to appoint new members, from diverse backgrounds, to our fitness to practise panels. The campaign ran 22 March – 9 April 2021, and attracted 1500 applications for 80 posts, which is the most ever received. New panel members will be appointed by July 2021.

Employer resource

- 20 Following feedback from representative bodies on our employer resource - which was published in February 2021 - we have invited further comments from the Royal College of Nursing (RCN), Royal College of Midwives (RCM), Unison and Unite. This follows a miscommunication with the representative bodies which regrettably resulted in the published product being a substantially revised version of what they had previously seen and commented on. We have apologised for our error and this has been accepted by the representative bodies.
- 21 We have already made some edits following their immediate feedback, including an additional paragraph encouraging registrants and employers to liaise with trade unions where appropriate, with any further amends being implemented this summer.

Test of Competence

- 22 On 17 March 2021, we launched our dedicated information hub with everything candidates, recruiters and employers need to know about the new test of competence (ToC). It comes ahead of the launch in August 2021.

- 23 On 28 April 2021, we published more information, including the new computer based test (CBT), fee structure and booking system, and details of the transition process from the old to the new ToC. We also published details of further webinars to help candidates, employers and recruiters prepare for the new ToC.

Proactive support

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

Post registration standards consultation

- 24 The formal consultation on the draft standards launched on 8 April 2021 for 16 weeks (extended to give people more time to respond during the pandemic). It is supported by a substantial portfolio of materials and ongoing promotion to encourage our stakeholders to engage.
- 25 Within the launch we emailed almost 53,000 people, which generated almost 3,000 redirects to the web page for more information. There have also been eight media articles published, including coverage in the Nursing Times.
- 26 There has been a largely positive response on social media, including urging people to submit their responses to “shape the future workforce”. We had supportive quotes from the consultation launch from across the four nations and shares on social media for example, from Minister for Care Helen Whately MP, the Institute of Health Visiting, Royal College of Nursing and NHS groups.
- 27 Before the consultation launched, we responded to an open letter issued by the Royal College of Nursing, the Queen’s Nursing Institute and other organisations, raising concerns about the consultation. To reassure stakeholders, we emphasised our core principles of co-production and that the consultation exists to gather their valued feedback, which will ultimately shape the final proposals.

Education standards and provision

- 28 On 30 March 2021, we launched a survey of professionals, employers, educators, public groups and students to seek their thoughts on whether our education programme standards should be changed following our exit of the European Union. The survey is part of independent research we have commissioned to help us decide whether we should make changes to our standards now that we are independent from EU legislation. The survey closed on 11 May 2021.

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29 As of 30 April 2021 we had nearly 6,000 responses. We monitored how far the responses represented our key stakeholder groups and took steps to encourage further responses before the survey closed. We will share the findings with Council and make final decisions in September 2021.

30 We announced that South Devon College has been approved as the first further education (FE) institution in England to be directly approved to help aspiring professionals achieve a nursing associate qualification (1 April 2021). Other FE colleges have partnered with universities to deliver nursing associate courses, but this is the first one as an approved educational institute in its own right.

Implementing the future nurse and future midwife standards

31 On 11 May 2021, we published two new animations, explaining to the public what to expect from their nurse or midwife. We published these on our website and shared them with maternity and paternity groups, charities and voluntary sector groups.

32 Andrea Sutcliffe, following engagement with Midwifery Panel members, including the Chief Midwifery Officers, will write to Donna Ockenden shortly to explain our thinking on the role the future midwife standards can play in supporting quality improvement in maternity services, alongside wider system measures that are needed.

A more visible and informed regulator

We work in close 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.

Four countries engagement

33 The NMC has joined the recently restarted Northern Ireland joint regulators forum. Its purpose is to improve regulatory collaboration in managing systemic risk. Andrea has a call to discuss our annual data report with Minister for Care Helen Whately on 17 May 2021 and officials from the Department for Health and Social Care on 18 May 2021.

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- 34 We have commissioned stakeholder mapping for each of: Scotland, Wales and Northern Ireland, along with two regions within England. We have focused on East of England and the North West) in England due to their innovation and their well-developed approach to integrated care systems. We will then use this as a blueprint for reviewing other regions in England. These stakeholder maps will be used to inform, broaden and diversify the stakeholders we collaborate with. The mapping should also identify key opportunities for engagement, such as forums, conferences and events to help build engagement in each nation.
- 35 Following the elections in Scotland, Wales and England on 6 May 2021, we will work with our Country Directors to build relationships with new Ministers and committee members in the new Welsh and Scottish Governments, alongside the newly appointed Chief Nursing Officers.

International day of the nurse and midwife

- 36 We recognised our professionals in celebrating the international day of the midwife (5 May) and nurse (12 May).
- 37 Our social media and newsletters thanked and praised professionals for their efforts, especially during the pandemic, and gave us the opportunity to highlight key campaigns we are developing to support them in the future.

Engaging and empowering

We actively engage with and empower the public, our professions and partners. We contribute to an NMC that is trusted and responsive, actively building an understanding of what we and our professionals do for people.

Engagement with UK Parliament

- 38 We continue to provide political stakeholders across the UK with regular briefings on our response to the Covid-19 pandemic, and to engage with interested committees and parliamentarians in England, Scotland and Wales.
- 39 On 22 April 2021, Andrea Sutcliffe met with Baroness Mary Watkins. The meeting centered on the launch of our post-registration standards, the NMC's work on regulatory reform and our work during the Covid-19 pandemic.

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Engagement with UK government

- 40 We have written to Nadine Dorries MP, Minister of State for Mental Health, Suicide Prevention and Patient Safety in response to the Department of Health and Social Care’s consultation on proposed reforms to the Mental Health Act.

Public engagement

- 41 We continue to build the key strands of our approach to public engagement. This includes co-production, person-centered regulation, developing policies and principles to support people's involvement and building public engagement into major programmes such as post registration.
- 42 As part of our review of our engagement forums and to support our commitment to co-production, work is underway to develop and establish a new strategic public engagement group over the coming months. This will succeed the Public Support Steering Group (PSSG), which was set up for a two year term to oversee the development of the Public Support Service.
- 43 The PSSG had its final meeting on 18 March 2021. This discussed the outcome of the review and next steps, and shared positive reflections on the impact that the group has had on the NMC. The new group will build on feedback from the PSSG and the review of engagement forums, aiming to bring in a wider range of perspectives from members of the public, and with a broader remit across the NMC’s work.
- 44 We are grateful to all of the people who have been part of the PSSG over the last two and a half years, and Andrea has written to everyone to thank them for their contributions. We are particularly grateful to the individual members of the public who shared their experiences and those of their loved ones to help the NMC to do better. These include Lesley Bennett, who was a founding member of the group and sadly died in 2019.

New Chief Nursing Officers in Scotland and Wales

- 45 Following the retirement of Professor Fiona McQueen and Professor Jean White CBE from their roles as Chief Nursing Officers (CNOs) in Scotland and Wales respectively, we pleased to offer our warmest congratulations to Professor Amanda Croft on her appointment as Chief Nursing Officer in Scotland and to Sue Tranka on her appointment as Chief Nursing Officer in Wales from Summer 2021.

- 46 Close working with the CNOs and their teams has remained a priority. We have held meetings with their permanent and interim successors to maintain relationships between our senior teams. The monthly meeting brings together the NMC and CNO teams across all four countries, and continues to be a constructive forum. Participants have agreed to maintain these meetings in future.

Wider engagement

- 47 We continued to adopt a 'light-touch' approach to engagement where possible in recognition of the high workloads of partner organisations as the pandemic has continued.
- 48 We met with a wide range of partners between March and May 2021, including regulatory partners, the Florence Nightingale Foundation, NMC Watch, NHS Providers, the NHS Confederation and Care Inspectorate in Scotland. Across all these engagements, we have explored opportunities to work collaboratively and have sought feedback on NMC's corporate priority projects.
- 49 We recognised the achievements of our partners via correspondence, writing to those who have been appointed to new roles and congratulating newly appointed RCM Fellows.

Insight and influence

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

Regulatory reform

- 50 On 24 March 2021, the Department for Health and Social Care (DHSC) launched their consultation on regulatory reform '*Regulating Healthcare professionals, protecting the public*'. The deadline for responses is 16 June 2021.
- 51 We will respond to the consultation following engagement on key themes with relevant stakeholders, and discussions with Council in April and June 2021.
- 52 On 25 March 2021, we released a statement in Andrea Sutcliffe's name supporting the proposals and the potential benefits in enabling professional regulators to respond more quickly, reduce bureaucracy, foster a fairer culture and support the delivery of safe, kind and effective care.

- 53 The Secretary of State wrote a blog on 20 April 2021 for DHSC Healthcare leaders, stating the aims of the reforms were to “ensure regulators like the GMC and NMC can adopt a more flexible approach to regulating health professionals.” Support for reform remains strong.
- 54 The Minister of State for Social Care, Helen Whately also wrote for GP on-line on 21 April 2021 that the “proposed changes will provide a consistent regulatory framework for fitness to practise across all the regulators and will allow more cases to be resolved without the need for lengthy hearings.”
- 55 On 23 April 2021, we submitted a response to the Health and Social Care Select Committee’s inquiry into the Department of Health and Social Care’s White Paper *Working together to improve health and social care for all*. We outlined our broad support for the Government’s important commitments to reform professional regulation, along with our views on key wider aspects of the White Paper’s proposals.

External factors

- 56 We responded to the Government’s announcement of a £15 million investment for simulated practice learning, and NHS England’s (NHSEI) investment of almost £100 million for improving the safety of maternity units.
- 57 The Professional Standards Authority (PSA) published their performance review of NMC for the year 2019 – 2020. They found that we had improved our performance compared to the previous year, introducing new processes in registration, consulting on and launching the new Future Midwife standards of proficiency, further developing our person-centred approach in fitness to practise and agreeing a new strategy. It highlighted that more work is required to improve the timeliness of fitness to practise processes. This is covered at item 12 on this agenda.

Midwifery implications

- 58 There are no differences to the application of this report for midwifery.

Public protection implications:

- 59 Public protection implications are considered when reviewing performance and the factors behind poor or good performance.

Resource implications:

- 60 No external resources have been used to produce this report.

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Equality diversity and inclusion implications:

61 Equality and diversity issues are taken account of within the work we do. Separate equality impact assessments (EQIA) are produced for all major areas contributing to our strategic objectives. An EQIA for our work regarding Covid-19 is in place.

Stakeholder engagement:

62 Discussed within this paper.

Risk implications:

63 The impact of risks is assessed and rated within our corporate risk register.

Legal implications:

64 None.

Section 1: Executive Summary

Context

- 1 Annexe 1 contains a number of different data reports providing updates against our corporate plan, budget, and KPIs. Sections are: progress against corporate commitments (section 2), financial monitoring report (section 3), and dashboards reporting against corporate KPIs for 2020–2021 (section 4).
- 2 We provide data reports to the Council and Executive Board with current progress against our strategic key performance indicators (KPI) (level one KPI data report). For Executive Board we provide an additional data report containing operational or directorate breakdowns as supplementary context (level two KPI data report). We escalate level two KPIs to the Council when performance at level one varies beyond our expectation (either negatively or positively). There are no escalations this quarter.
- 3 We previously informed the Council of a number of areas where we have rescheduled activities due to the pandemic. A detailed update is at section two of this annexe.
- 4 Below are our performance highlights from **Annexe 1** up to 31 March 2021.

Performance highlights

- 5 The Executive Board would like to draw the attention of Council to areas of performance, which are notable. These are:

Innovation and Improvement

Professional Regulation KPIs – fitness to practise

- 6 **Fitness to practise case closure:** Conclusion of fitness to practise cases within 15 months has continued to trend downwards throughout the year, ending at 71.2 percent in March 2020 (against a target of 80 percent).
- 7 The downward trend was apparent throughout the year however, it was exacerbated by our decision to pause investigations between late March 2020 and early July 2020 due to the pandemic. We anticipate that performance will continue to trend downwards for the year ahead as we tackle the fitness to practise casework backlog.

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- 8 Despite restarting our investigations work from July 2020, the combination of reduced productivity due to entirely virtual working and colleague carer responsibilities, on-going challenges preventing us from contacting hard-pressed frontline organisations for information, and the growing caseload meant that we were unable to turn this trend around within the year and in the medium term.
- 9 During Q4, we supplemented our increased resourcing with a fitness to practise recovery programme. This programme intends to significantly reduce the caseload over the next 18 months and implement new ways of working to ensure that the caseload remains manageable in the future. Our aim is to achieve a significant reduction in case holding within fitness to practise, however we will not see an impact on this KPI before the end of 2021–2022.
- 10 Details of recent activities within the Fitness to Practise Recovery Programme are presented in **Annexe 1**, section 4.
- 11 **Interim orders:** The issuing of interim orders within 28 days of opening a case remained below target for the majority of the year, ending the year at 77.6 percent in March 2021 (against a target of 80 percent). To mitigate this we have recruited additional team members to support our performance and case progression. We continue to prioritise cases where there is an immediate risk of harm whilst we recover from the impact of Covid-19.

Registration KPIs:

- 12 Two of our six registrations KPIs ended the year below target. These were:
- 13 **Contact centre:** Calls handled dropped below our target of 90 percent for January (70.6 percent), February (75.2 percent) and March (69.2 percent). This represents a five month trend below target. We are also forecasting April 2021 to be behind target.
- 14 The reason for this drop is a combination of increased contact in Q3 and Q4 and resourcing issues, specifically, between January and March 2021 when we redeployed a number of contact centre colleagues to support the Screening team in fitness to practise to help stabilise the caseload. We anticipated a drop and tolerated this risk for the benefit of addressing the greater risks posed by our increasing caseload. There have also been high absence rates and leavers from the team, meaning resources were still low at April 2021. Work on recruitment and training plans should see performance begin to recover in May and June 2021.
- 15 Working remotely has led to technological challenges for the Contact Centre which the Council discussed in January 2021. These are due to delays on the line and call dropping due to home WIFI. These issues are not unique to the NMC, with other call centres reporting the same issues. We have mitigated this with a message for customers.

- 16 Totals calls handled in 2020–2021 was 193,275, which is 17.4 percent less than last year (234,204 in 2019–2020). In the same period, total emails received have increased to 62,274, which is 45.5 percent more than last year (42,788 in 2019–2020). Average call length peaked at just over 6 minutes in February 2021, having trended upwards over the course of 2020–2021.
- 17 **UK registrations requiring additional scrutiny within 60 days:** Registration cases dealt with by Registration Appeals Support Team (RAST) where concerns exist, dipped below target to 82.9 percent (against a target of 90 percent) in February 2021. This was due to a combination of IT system glitches and some complex case management issues. Six cases were outside our 60 day timeframes out of a total of 35 for that month. The low volume of cases for that month means more volatility in the percentage. The KPI ended the year at 97.7 percent.
- 18 **Customer feedback, enquiries, and complaints:** As requested by the Council, we have included the feedback themes in section four along with the customer dashboard. Key themes include customers being unhappy with the way we explain our processes and the poor quality of phone calls since the start of the pandemic.
- 19 *Complaints:* Response times remain within target with 92 percent of complaints responded to within 20 working days. The number of complaints increased by 112 this quarter (382 complaints at Q4 compared to 270 at Q3).
- 20 *Enquiries:* The number of enquires responded to within 20 days increased to 88 percent compared to 75 percent at Q3. Responses to MP enquires increased to 67 percent compared to 60 percent at Q3, with enquiries not responded to within 20 days being due to more complex fitness to practise cases.
- 21 *Information requests:* Response times for information requests decreased marginally with 88 percent of requests responded to within statutory timeframes. This is a reduction of 2 percent compared to Q3. The primary cause of this was subject access requests which involved a higher than normal volume of information to review and redact. This unfortunately had a knock on effect on other case types due to the amount of time officers needed to spend on these. The volume of requests also decreased marginally to 371 compared to 378 requests in Q3.
- 22 *Satisfaction:* 83 percent of customers rated our service as good or very good. This is marginally higher than the 82 percent at Q3. This means that nearly one in five people were not satisfied when surveyed. As requested by the Council, we have provided themes from our satisfaction survey at section four.

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Proactive support for professionals

- 23 **Post registrations standards:** The launch of our consultation on post registration standards is reported in the cover paper at paragraphs 24–27.
- 24 **Research into education standards:** Our survey of professionals' views on post Brexit education standards is reported in the cover paper at paragraphs 28–29.

More visible and better informed

- 25 **Four-country engagement:** See cover paper at paragraphs 33–35.

Empowering and engaging

- 26 See section 2 – update against corporate commitments.

Greater insight and influence

- 27 **Regulatory reform:** See cover paper at paragraphs 50–52.
- 28 **Insight programme:** See section 2 – update against corporate commitments.

Fit for the Future Organisation

Our people

- 29 **Turnover:** Our employee turnover continued to reduce throughout the year and stands at 5.6 percent (against our annual target of 15 percent).
- 30 We anticipate that as lockdown restrictions recede, the job market will recover and we will see an increase in turnover. We expect this to remain within 10 percent but will monitor this closely over the coming months.
- 31 Turnover within 6 months of joining the NMC continues to reduce and currently stands below target at 6.8 percent (against a target of 15 percent). This equates to 5 colleagues leaving during their probationary period.
- 32 **Establishment:** The number of full time equivalent NMC colleagues remains above our planned levels with 1058 NMC colleagues against our target of 989. The reason is primarily due to us recruiting extra people to help us to reduce the fitness to practise caseload.
- 33 **Employee engagement:** we have planned three surveys to engage NMC colleagues across a range of issues. These are:
- 33.1 A survey during May 2021 to understand the experiences of colleagues working for the NMC as part of our commitment to the Workforce Race Equality Standard. This is an NHS initiative aimed at making sure that employees from ethnic minorities have equal access to career progression and receive fair treatment.

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33.2 A survey during May 2021 to understand colleagues' views about our future ways of working post the pandemic. This will help us to finalise our plans for returning our colleagues to our offices following over a year of working from home.

33.3 Our updated employee engagement survey (Peakon) during June 2021.

34 **People strategy (2017 to 2020):** Pensions: We completed our work to enhance our defined contribution pension scheme which went live on 1 April 2021.

35 **Equality, diversity and inclusion (EDI):** We have strengthened our internal resources so that we can deliver our commitments regarding EDI. We have appointed a new Head of EDI who joined us in April 2021, with a single team now focusing on both external and internal actions which we will take forward 2021-2022.

36 We have also completed the first round of our Rising Together mentoring scheme supporting colleagues from black, Asian, and minority ethnic groups. The second round of the scheme will be launched later during Q2.

Replacing core ICT systems

37 We have been preparing for the next phase of our IT improvement programme which will launch in Q1. This will include an upgrade of our Windows operating system for all colleagues and access to Microsoft Teams and Office 365. This will provide a better experience for colleagues and support collaboration. All colleagues are scheduled to be upgraded to Windows 10 by August 2021.

38 We have also been making preparations for the return of the majority of our colleagues to the office later in the year. This includes onsite upgrades to audio visual technology and desk booking capabilities to support hybrid working.

39 Our Modernisation of Technology Services programme (MOTS) programme continues, and we have started the next phase of delivery (phase 2a) to migrate the remaining processes from our legacy registration system WISER onto Microsoft Dynamics 365. The Council will be reviewing a strategic report on MOTS at their confidential session in May 2021.

Returning to the office

40 Detailed planning for the return of all NMC colleagues to the workplace by September 2021 is now underway. Pilots started in mid-April 2021 to test out the hybrid approach to working and overall safety of the workplace.

41 We will also survey our colleagues in May 2021 to find out about how they want to work in the future and incorporate the benefits of working from home into their future working patterns.

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Accommodation

- 42 We vacated our Edinburgh premises in April 2021 as our lease ended on 24 April 2021. Work has commenced on fitting out our new office space and we expect to be in our new Edinburgh office space by September 2021.
- 43 Our revised accommodation plan was approved by the Council in March 2021.

Financial performance

- 44 At end of March 2021, we have a surplus of £10.2 million against our intended budget of £1.3 million deficit. This means that we are £11.5 million above our 2020–2021 budget. This is due to a combination of us delivering less regulatory activities (such as in person hearings and engagement work) and delayed strategic work as a result of the pandemic.
- 45 The income we receive from fees from people on our register is largely on budget and remains stable.
- 46 During the year, we invested £30 million from our bank deposits into a portfolio of equity based investments and we have reported £1.1 million gains from those investments. See financial report at section three for further details.

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Section 2: Progress against our corporate commitments for 2020–2021

Results to 31 March 2021.

Overview

Every year we set out our corporate commitments within our corporate plan. In 2020–2021, our 11 corporate commitments were affected by the COVID-19 pandemic, resulting in a number of areas being delayed, slowed, or refocused.

Despite this, we have achieved a great deal and are proud of so many successes including maintaining the temporary register to increase workforce capacity in the crisis; introducing emergency and recovery education standards to support students and educators; working remotely to continue our services including the contact centre and establishing virtual hearings in fitness to practise.

To do all of this, we have been agile and responsive, working collaboratively with our professionals and partners to agree what needed to be done, find solutions and implement them.

The following update provides our status against each of our commitments at 31 March 2021.

Innovation and Improvement

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

What we committed to:

- maintaining an accurate and transparent register of midwives, nurses and nursing associates and establishing and maintaining a temporary COVID-19 register
- 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

What we delivered:

As reported to the Council throughout the year, responding to the pandemic had a significant impact on our regulatory services. We ended the year with all regulatory services operating, but with a higher than desired fitness to practise caseload. Specifically, we:

- Maintained an accurate and transparent register of midwives, nurses, and nursing associates.
- Maintained the COVID-19 temporary register of nurses and midwives following its launch on 27 March 2020. We expanded the register throughout the year.
- Worked with sector leaders to facilitate nurses and midwives on the temporary register to be placed into health and social care services.
- Established and revised the emergency and recovery education standards to offer flexibility to educators and students (we launched the latest set of standards on 18 February 2021).
- Provided flexibility to nurses and midwives by extending revalidation deadlines so that nursing and midwifery professions could focus on the emergency.
- Provided up to date information on our COVID-19 web hub for professionals.
- Continued to quality assure nursing and midwifery education programmes.
- Extended our deadlines for implementing our new nursing standards to September 2021 and our new midwifery standards to September 2022.
- Delivered new ways of working to support regulating whilst working from home – for example, establishing virtual hearings (where appropriate), running our contact centre virtually, and keeping an up to date set of frequently asked questions about the pandemic.
- Restored objective structured clinical examination (OCSE) testing and physical hearings following the first wave of the pandemic (OCSE in July 2020 and physical hearings in September 2020).
- Agreed our plans to recover the fitness to practise caseload, and made our first improvements to processes when responding to concerns. We started recruitment for additional colleagues to support fitness to practise. Additional details of this work is at **Annexe 1** section 4.

We will carry forward our fitness to practise recovery and improvement programme as a commitment for 2021-2022.

Commitment 2. Continue to implement our new strategic approach to fitness to practise (FtP) and improve the experience and support for these involved.

What we committed to:

- 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 professionals 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

What we delivered:

We continued to progress our new strategic approach to fitness to practise but slowed some of the areas down during the pandemic so that we didn't distract the sector from the emergency. Specifically we:

- Prioritised the highest risk concerns that required immediate management of risk during the first wave of the pandemic.
- Launched our new approach to context which takes account of the context in which incidents occur. We have trained our colleagues in applying our new approach and our guidance was launched on our website in March 2021.
- Published in June 2020 additional guidance on applying remediation during the pandemic to allow for some flexibility for those on our register during the pandemic.
- Published in February 2021 a resource for employers (Managing Concerns, an employers' resource) that outlines best practice principles for employers to consider when investigating and managing concerns about a nurse, midwife, or nursing associate's practise.
- Continued to develop our website resources throughout the year to provide greater clarity about our processes – including videos for each stage of the fitness to practise process, easy read documents explaining the process and updated information about our approach to context.
- Developed a protocol for colleagues to follow if they are concerned that someone may be at risk of suicide and self-harm. The safeguarding protocol sets out how to assess a situation and provides guidance on what action colleagues should take to support and safeguard the person.
- In collaboration with other health and social care regulators, we have agreed a single approach for how we will support the needs of members of the public who require specialist support when making referrals (e.g. people with mental health conditions, disabilities, those experiencing bereavement etc). This approach will provide advocacy and tailored support to help people understand and engage with fitness to practise processes.

We will carry forward outstanding work from this commitment within into our fitness to practise recovery and improvement programme for 2021-2022.

Commitment 3. Deliver the next stage of improvements for registration of overseas applicants.

What we committed to:

- developing our test of competence model in line with our new standards of proficiency.

What we delivered:

- We had intended to launch our new test of competence in 2020 but delayed the revised launch date until 2021 to limit changes we were making that could impact the sector during the pandemic.
- We will now launch the new test of competence in August 2021. We delayed this for a further four months from 1 April 2021 because of subsequent waves of the pandemic.
- To give candidates and employers time to become familiar with the resources and to prepare, we launched a suite of resources on 17 March 2021.

This commitment will continue into 2021-2022.

Commitment 4. Deliver a new set of ambitious post registration standards of proficiency.**What we committed to:**

- co-producing a set of four new standards
- consulting on the proposed post registration standards
- conducting research into the future of our education standards (added during 2020-2021)

What we delivered:

We continued to progress this work throughout the year. National lockdowns meant that we had to adapt our approach to engagement, instead holding a series of pre-consultation virtual events. To manage our impact on the sector we delayed our consultation on the new standards into 2021-2022 to ensure that a wide range of stakeholders can participate. Specifically, we:

- Undertook an extensive pre-consultation engagement period online using different platforms including webinars, stakeholder group meetings and one to one meetings. 2,200 people attended 12 webinars between June and October 2020. We also held 16 virtual round table meetings with specific audiences such as frontline practitioners, educators, employers, and advocacy groups to hear their views.
- Produced draft core proficiencies for specialist community public health nursing and field specific proficiencies for health visiting, occupational health nursing and school nursing.
- Co-produced new standards for post-registration education, including proficiencies for health visiting, occupational health nursing, school nursing, and specialist practice qualification for community nursing.
- Produced consultation materials including a consultation document and questions which we launched on 8 April 2021. The consultation will run to 2 August 2021.
- Published two reports: on our engagement activity and an independent report on the themes that emerged in relation to our new standards from the pre-consultation engagement.
- On 30 March, launched our survey of professionals, employers, educators, public groups and students to seek their views on whether our education programme standards should be changed following our exit of the European Union. This research will help us decide whether we should make changes to our standards now that we are independent from EU legislation.

This commitment will continue into 2021-2022.

Commitment 5. New method for ensuring that we take a dynamic approach to developing professional standards.

What we committed to:

- agreeing our approach for the provision of additional supportive tools to professional practice
- developing a forward programme for updating our standards

What we delivered:

- We diverted resources away from this commitment to work on other priority areas.
- However, we have identified our high level principles for standards development and have proposed the phasing for developing new standards in the future.
- Standards development will include advanced practice, a review of revalidation, and updating the Code.

Our focus for 2021-2022 will be completing our post registration standards consultation.

More visible and better informed

Commitment 6. Develop our presence in local areas across the English regions and in Scotland, Wales and Northern Ireland.

What we committed to:

- co-producing a review of our current employer link service (ELS)
- agreeing a new model and producing an implementation plan for local engagement

What we delivered:

- Key engagement work included:
 - Engaging with employers to provide information and support on our approach to regulating during the pandemic
 - Publishing a resource for employers to support them to respond effectively about a professional's practice
 - Encouraging employers to contact our advice line where necessary
 - Strengthened relationships with regional chief midwives and perinatal safety surveillance groups
- We completed our strategic review of our employer link service (ELS), which took account of our strategic goals and an understanding of the external context. We have decided to reschedule the implementation of the outcomes into 2022-2023. We will begin implementing the changes needed during 2021-2022, ready for 2022-2023.

The ELS will continue to focus on reducing inappropriate referrals and supporting initiatives to reduce the fitness to practise caseload during 2021-2022. This commitment will be carried forward into 2022-2023.

Commitment 7. Formulate and agree an organisation-wide approach that ensures people are at the heart of what we do.

What we committed to:

- establish and adopt principles for co-production across all our work
- agree and implement a person-centred approach in all our regulatory activity

What we delivered:

We rescheduled this work to ensure that our Engagement and Communications teams had capacity to focus on supporting our response to the pandemic. We restarted work in the latter part of 2020-2021, and plan to complete the remaining deliverables in 2021-2022.

In 2020-2021 we:

- Continued to build the key strands of our approach to public engagement, including co-production, person-centred regulation, developing policies and principles to support peoples' involvement and empower them, and building public engagement into major programmes such as reviewing our post-registration standards.
- Defined our vision for co-production and the commitments that will help deliver that vision.
- Reviewed how we can consistently embed co-production with the public and other stakeholders. This helped us to establish our principles for co-production.
- Reviewed our engagement forums and began the process to develop and establish a new strategic public engagement group in early 2021-2022. This will succeed Public Support Service Group (PSSG), and align to our new engagement forum and co-production principles.
- Made preparations for our audience insight research which will take place in 2021-2022. Findings will inform our 'NMC and You' campaigns which will be targeted at registrants, students and the public which will happen in 2021-2022.

We will continue this work within our core business for 2021-2022.

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Commitment 8. Develop a more systematic and targeted approach to stakeholder engagement across the four countries of the UK.

What we committed to:

- 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

What we delivered:

We rescheduled this work to ensure that our Engagement and Communications teams had capacity to focus on supporting our response to the pandemic. We restarted work in the latter part of 2020-2021, and plan to complete the remaining deliverables in 2021-2022.

In 2020-2021 we:

- As per commitment 7, continued to review our engagement forums and co-production principles.
- Established regular virtual engagement sessions with stakeholders within devolved nations and English regions following the challenges presented by the pandemic.
- Continued to provide political stakeholders across the UK with regular briefings on our response to the COVID-19 pandemic. We also engaged with interested committees and parliamentarians in Westminster and the devolved nations.
- In 2021-2022 we will launch our new relationship framework to strengthen stakeholder relationships.

We will continue this work within our core business for 2021-2022.

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Greater insight and influence

Commitment 9. 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.

What we committed to:

- shaping the scope of the policy to be reformed in collaboration with other regulators and the Professional Standards Authority
- working with the DHSC to support the development of the legislation
- engaging with key stakeholders to listen to feedback
- supporting the legislative process
- planning the implementation of the legislation into internal policies, systems and processes.

What we delivered:

We continue to work with the Department of Health and Social Care (DHSC) and other regulators and to carry out public consultations on our education standards programme. Specifically, we:

- Established our programme to support our regulatory reform work.
- Completed a consultation on the use of emergency powers during the pandemic and once it is over. We presented the recommendations from this consultation to the Council on 24 March 2021 who approved our recommendations.
- Engaged with DHSC, regulators, and other partners and public groups to inform the development of DHSC's proposals for regulatory reform.
- Worked collaboratively with other regulators to develop consistent model rules – this will continue in 2021-2022.
- Established an expert advisory group, which includes patient groups and professional partners to inform our approach.
- Updated our processes to ensure that applications from people from the European Union comply with post-Brexit regulations.
- Launched our consultation in March 2021 seeking views on education programme standards now that we have left the EU (as per commitment 4).

This is a multiyear commitment which we will carry forward into 2021-2022.

Commitment 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.

What we committed to:

- concluding and publishing our analysis of equality, diversity and inclusion (EDI) and agree 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

What we delivered:

We intentionally delayed and slowed aspects of this work during the year. Our focus for the year was our equality, diversity, and inclusion research (EDI). However, our insight programme remains at the planning stage.

In 2020-2021 we:

- Published our “Ambitions for Change” research report on 20 October 2020 which researched into people’s experiences of NMC processes and people’s protected characteristics.
- Shared insight about the impact of COVID-19 on different groups, and published our organisation-wide equality impact assessment of key decisions relating to the pandemic.
- Shared our updated EDI priorities, which includes improving our EDI evidence based and extending our insight.
- Continued our policy work by developing a policy on the way we hold and keep information about customers’ gender on our systems. We also identified leads so that we embed the ‘Ask, Listen, Do’ campaign for customers with learning disabilities and/ or autism.
- Published annual and mid-year registration data reports (we published our mid report covering April 2020 to September 2020 on 11 November 2020. Our full year report will be published shortly).
- Started to scope our insight programme which will support our ambitions to use our insight and influence better. The programme set up and capability review will take place in 2021–2022 (which was delayed from 2020-2021).

This is a multi-year commitment which we will carry forward into 2021-2022.

Fit for future organisation

Commitment 11. Make sure that we have the right capabilities, processes, and resources to fulfil our ambitions for the strategic period ahead.

People

What we committed to:

- delivering a new organisational design with a new directorate structure that brings together common activities and capabilities.
- embedding our new values and behaviours through an extensive programme of integration within our people management processes (including recruitment and appraisals) delivering the next phase of our people plan to ensure that the NMC is a great place to work, including: our review of reward; developing plans for progression; an updated learning and development programme; and aligning our equality, diversity and inclusion strategy with the NHS workforce race equality standard.

What we delivered:

Our focus in the first half of the year was to support our colleagues with COVID-19 and working remotely. We provided additional communications, advice and tailored support, undertook risk assessments, and increased our monitoring so that we could understand our capacity pressures. This allowed us to support our colleagues to manage their reasonable adjustments, new ways of working, their wellbeing, and pressures due to school closures and additional caring responsibilities. But diverting our capacity onto COVID-19 has meant that we had to delay some planned work regarding our people during 2020-2021.

We also established a new internal directorate which brought together key people and organisational effectiveness teams. Francesca Okosi joined NMC from October 2020 to provide leadership for this commitment and the new directorate.

In 2020-2021 we:

Delivering on our commitments for equality, diversity and inclusion:

- Submitted NMC data in line with our pledge to sign up to the NHS Workforce Race Equality Standard.
- We completed the first round of our Rising Together mentoring scheme which supports colleagues from ethnic minority groups with progression and development.
- Launched an Associate Council members' scheme to address the lack of people from black, Asian, and minority ethnic backgrounds in senior roles and to help develop potential future Council members.
- Carried out a review of our internal leadership and resourcing for equality, diversity and inclusion (EDI), strengthening this team with additional resources including a newly appointed Head of EDI.
- Appointed a race equality consultant to work alongside our senior leaders to help increase cultural intelligence.

Commitment 11. Make sure that we have the right capabilities, processes, and resources to fulfil our ambitions for the strategic period ahead.

Delivering our people strategy for 2017-2020 and organisational design:

- Completed implementation of our new values and behaviours, including workshops for colleagues, and integration within our strategy, plan, employee appraisals, learning and development, internal communications, and policies and procedures.
- Completed our consultation work to close the defined benefits pension scheme, and implemented enhancements to our defined contribution pension scheme from Q1 2021–2022.
- Completed the first phase of the Duty of Care project.
- Completed the first phase of the organisational design project to implement our new organisational structure with 6 directorates and completed reviews in priority areas. However, further integration was delayed due to COVID. Work will continue into 2021-2022.
- Completed the third year of our pay and reward review.

Technology

What we committed to:

- Deliver our new technological solution to move our register from legacy systems onto Microsoft Dynamics 365.
- Deliver the foundational work for migrating our fitness to practise case management system onto the new platform.
- Improve the user experience of our digital technologies and ensure 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.

What we delivered:

We delivered some significant elements of the planned technology work, but we rescheduled aspects of our modernising our technology services programme (MOTS) into 2021–2022 following an independent review of the programme.

In 2020-2021 we:

- Supported NMC colleagues to work for home by implementing tools such as wide scale video conferencing and soft phones.
- Started to plan for the majority of our colleagues to return to our premises in 2021 by putting in place the technology needed to support hybrid working.
- Moved over 50 per cent of our registration processes from our legacy system “Wiser” onto our new system Microsoft Dynamics 365. We will move the remaining registration processes during 2021–2022.

Commitment 11. Make sure that we have the right capabilities, processes, and resources to fulfil our ambitions for the strategic period ahead.

- Agreed a new vision for the MOTS programme. Our vision is “A big step forward in our digital technology to make it easier for people to connect with us and NMC colleagues to do their jobs. This will create the foundations to transform the experience of those who interact with us and help us deliver safe, effective, and kind nursing and midwifery practice, improving everyone’s health and wellbeing.”
- Strengthened our IT infrastructure.
- Procured a new ICT managed service provider.

Accommodation

What we committed to:

- Developing plans to ensure that we have a modern and dynamic work space starting from 2021 with a focus on 23 Portland Place and Edinburgh.
- Maintaining empty premises during the national lockdowns and returning colleagues safely to COVID secure premises (added during 2020-2021)

What we delivered:

Our focus in the first half of the year was to support our internal work regarding COVID-19. This meant that work regarding our premises move in Edinburgh and our scoping work for the refurbishment of 23 Portland Place were delayed.

In 2020-2021 we:

- Maintained our premises during the COVID-19 pandemic.
- Implemented guidelines to ensure that our premises were COVID secure to meet Government guidelines, which enabled us to restart our physical hearings across the four countries from September 2020.
- Supported the initial phase of colleagues to return to our premises in line with the UK government’s roadmap out of lockdown and equivalent roadmaps in Scotland, Wales and Northern Ireland.
- Updated our longer term accommodation plan to include an expectation of increased working from home over the long term.
- Completed the closure of the Edinburgh office.
- Secured new premises for Edinburgh colleagues from September 2021.
- Continued our planning for the project to refurbish 23 Portland Place in 2023–2024.

Commitment 11 is a multi-year commitment which we will carry forward into 2021-2022.

Section 3: Financial monitoring report

Table A – Income and expenditure to 31 March 2021

(£'m)	March 2021 Year-to-Date				Full Year	
	Actual	Budget	Var.	Var. (%)	Forecast	Budget
Income						
Registration fees	87.0	85.9	1.1	1%	86.8	85.9
Other	5.0	4.9	0.1	2%	3.8	4.9
Total Income	92.0	90.7	1.3	1%	90.6	90.7
Expenditure						
<u>Core Business</u>						
Professional Regulation	39.2	42.2	3.0	7%	38.5	42.2
Resources & Technology Services	17.9	18.1	0.2	1%	17.9	18.1
People & Organisational Effectiveness	7.5	7.8	0.3	4%	7.3	7.8
Professional Practice	4.0	4.8	0.8	17%	4.0	4.8
Strategy & Insight	4.2	4.3	0.1	0%	4.2	4.3
Communications & Engagement	2.6	3.1	0.5	16%	2.6	3.1
Directorate - Core Business	75.4	80.3	4.9	6%	74.5	80.3
<u>Corporate</u>						
Depreciation	3.3	2.7	(0.6)	(21%)	3.3	2.7
PSA Fee	1.9	1.9	0.0	0%	1.9	1.9
Apprenticeship Levy	0.2	0.2	0.0	12%	0.2	0.2
Contingency	0.0	4.9	4.9	100%	0.0	4.9
Other	0.0	0.3	0.3	100%	1.3	0.3
Total Corporate	5.4	10.1	4.6	46%	6.7	10.1
Total Core Business	80.8	90.3	9.5	11%	81.2	90.3
Surplus/(Deficit) excluding Programmes	11.2	0.5	10.7		9.4	0.5
Programmes & Projects						
Accommodation Project	0.0	3.5	3.5	100%	0.4	3.5
Modernisation of Technology Services	4.0	4.5	0.5	11%	3.9	4.5
FtP Change Strategy	0.5	0.6	0.1	16%	0.5	0.6
People Strategy	0.4	0.4	(0.1)	(20%)	0.4	0.4
Insight Plan	0.1	0.3	0.2	83%	0.1	0.3
IT Infrastructure Project	0.4	0.6	0.3	43%	0.3	0.6
Total Programmes/Projects	5.3	9.8	4.5	46%	5.7	9.8
Strategy Implementation Fund	0.0	2.8	0.0	100%	0.0	2.8
Total Expenditure including capex	86.1	102.7	16.6	16%	86.9	102.7
Less: Capital Expenditure	4.5	10.7	6.2	58%	4.2	10.7
Total expenditure excluding capex	81.6	92.0	10.4	11%	82.7	92.0
Net income	10.4	(1.3)	11.7		7.9	(1.3)
Unrealised Gains/(Losses)	1.1	-	1.1		1.4	-
Actuarial Gains/(Losses) on defined benefit pension scheme	0.2	-	0.2		-	
Net movement in funds	11.7	(1.3)	13.0		9.3	
Free Reserves	41.5	19.6	21.9		39.3	19.6

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Table B – Balance sheet at 31 March 2021

(£'m)	Mar-20	Mar-21	Change	Change %
Fixed Assets				
Tangible Assets	26.5	27.7	1.2	4%
Investments	-	31.3	31.3	
Total Fixed Assets	26.5	59.0	32.5	
Current Assets				
Debtors	2.7	4.0	1.3	47%
Fixed term bank deposits	63.9	54.2	(9.7)	(15%)
Cash	33.1	13.7	(19.4)	(59%)
Total Current Assets	99.7	71.9	(27.8)	(28%)
Total Assets	126.3	131.0	4.7	4%
Liabilities				
Creditors	(54.7)	(56.4)	(1.7)	(3%)
Provisions	(2.5)	(2.2)	0.3	12%
Total Liabilities	(57.2)	(58.6)	(1.4)	(2%)
Net Assets (excluding pension liability)	69.1	72.4	3.3	5%
Pension Liability	(11.6)	(3.2)	8.4	73%
Total Net Assets	57.5	69.2	11.7	20%

Table C – Cash flow statement to 31 March 2021

(£'m)	Mar-20	Mar-21
Cashflow from operating activities		
Surplus/(Deficit) (YTD)	8.9	11.7
Adjustment for non-cash transactions	1.9	3.3
(Gains)/Losses on Investments	-	(1.1)
Investment/Dividend income	-	-
(Increase)/Decrease in current assets	1.8	(1.5)
Increase/(Decrease) in liabilities	0.9	1.5
Pension Deficit Payments	(2.6)	(8.5)
Net Cash inflow/(outflow) from operating activities	10.9	5.4
Cashflow from investing activities		
Capital Expenditure (YTD)	(8.7)	(4.5)
Net Cash inflow/(outflow) from investing activities	(8.7)	(4.5)
Cashflow from financing activities		
Capital Market Investments	-	(30.0)
Net Cash inflow/(outflow) from financing activities	-	(30.0)
Cumulative net increase/(decrease) in cash and cash equivalent at month end	2.1	(29.1)
Cash & Cash Equivalent at the beginning of the year	94.8	96.9
Cash & Cash Equivalent at the end of the year	96.9	67.9

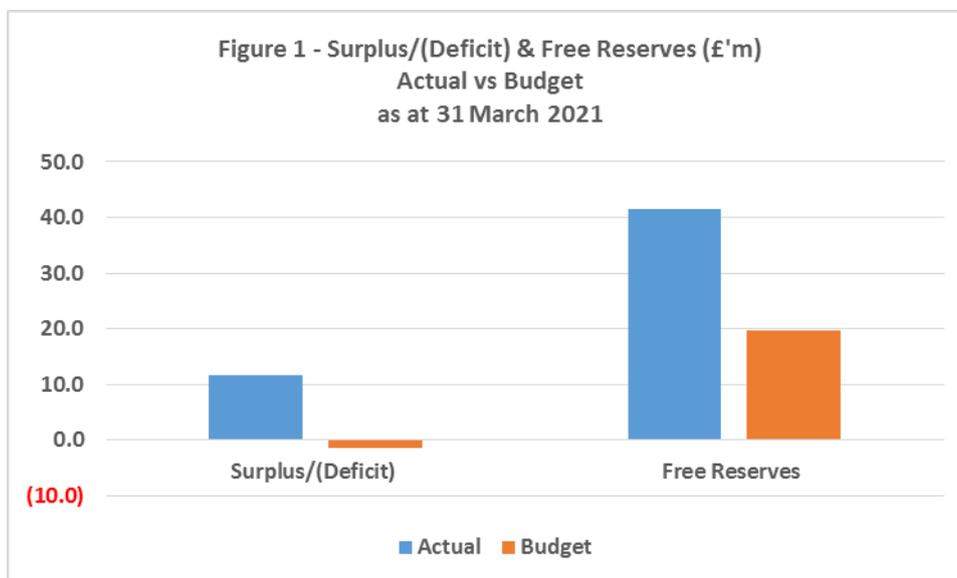
All figures are subject to rounding

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Financial commentary

Summary

For the full year 2020-2021 we have net income of £10.4 million, £11.7 million above budget (Table A and Figure 1). This is primarily driven by a reduction in regulatory activities and slippage in spend – both owing to the Covid-19 pandemic. Income from registrant fees is largely on budget and remains secure.



During the year we invested £30 million from our bank deposits into a portfolio of equity based investments and we have reported £1.1 million gains from those investments. Our investment of funds has no impact on our free reserves since they are readily accessible if needed.

We also made £8.5 million in contributions towards our defined benefit pension scheme, including a one-off additional contribution of £6.3 million, which has significantly reduced the pension liability. We will make further contributions of £1.9 million and £2.0 million in the next two financial years to address the deficit until the results of next triennial review are agreed. While these payments reduce our cash they do not impact on our free reserves.

Free reserves at the end of March 2021 are £41.5 million – significantly above the upper end of our target range of £25 million. As set out in our budget for 2021-2022, we expect free reserves to fall back to within the target range in future years as deferred expenditure catches up as part of our recovery and restoration plans and we continue to invest in our IT and buildings infrastructure.

Our draft statutory accounts show the same results, but the statutory accounts are subject to audit and the finalisation of the pension valuation and other provisions. The audited statutory accounts will be presented to Council for approval in July 2021.

Income

Full year total income is £92.0 million, £1.3 million (1 percent) above budget.

- UK registration fee** income is £87.0 million, £1.1 million (1 percent) above budget and in line with year-on-year increase in registrant numbers.
- Other income** is £5 million, in line with expectations overall. The Covid-19 travel restrictions meant that fewer overseas trained nurses and midwives were able to join the register this year, and application fees were reduced. This was offset by £0.7 million funding receivable from the Department of Health and Social Care for our costs of setting up the emergency register.

Financial commentary

Expenditure on core business activities

Full year expenditure is £81.6 million, £10.4 million (11 percent) below budget.

Directorate core business expenditure is significantly below budget due to the impact of Covid-19 on our regulatory activities during the year. The main factors in the underspend

- **Professional Regulation:** full year expenditure is £39.2 million, £3.0 million, (7 percent) below budget. In response to the first wave of the Covid-19 pandemic, we paused much of our fitness to practise casework so as to minimise the impact of our investigation processes on the Covid-19 response. Although we began virtual hearings in July and resumed in person hearings from September, we have therefore held significantly fewer hearings than planned during 2020-2021, which is the main cause of the underspend. The underspend is therefore deferred expenditure rather than a saving.
- **Professional Practice:** full year expenditure is £4.0 million, £0.8 million, (17 percent) below budget, mainly driven by the delay of standards evaluation work-streams and the deferral of a large quantity of programme approvals to 2021-2022, also in response to Covid-19. This underspend is also mainly deferred expenditure, rather than a saving.
- **Corporate:** We ended the year with unspent contingency of £4.9 million. The contingency agreed by Council in March 2020 for the budget for 2020-2021 was £2.7 million, but later in the year the contingency was increased by £2.3 million by a net reduction in the budget for the MOTS programme. There were no draws on the contingency because of underspends on departmental budgets as a result of the impact of Covid-19 on our regulatory activities.

Expenditure on programmes and projects

Full year expenditure is £5.4million, which is £4.6 million (46 percent) below budget. The key variance is on the Accommodation project. There was a delay in agreeing the terms of our lease on our new premises in Scotland which has meant that the new lease started later than planned and the costs of fitting out the new offices will now be incurred in 2021-2022.

The MOTS programme was also underspent, by £0.5 million. We cut off phase 1 of the programme in July 2020, and implemented a “plan and analyse” period to prepare for the current phase of development, which started in February 2021. The plan and analyse period was not anticipated within our original budget for the year, and has reduced our overall expenditure for the in response to the recommendations.

Capital Expenditure

Full year expenditure is £4.5 million, which is £6.2 million (58 percent) below budget largely owing to the deferred expenditure on the Accommodation project (as per above) and the reduction in spending on the MOTS programme.

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Annexe 1 - section 4

Data report for the Council

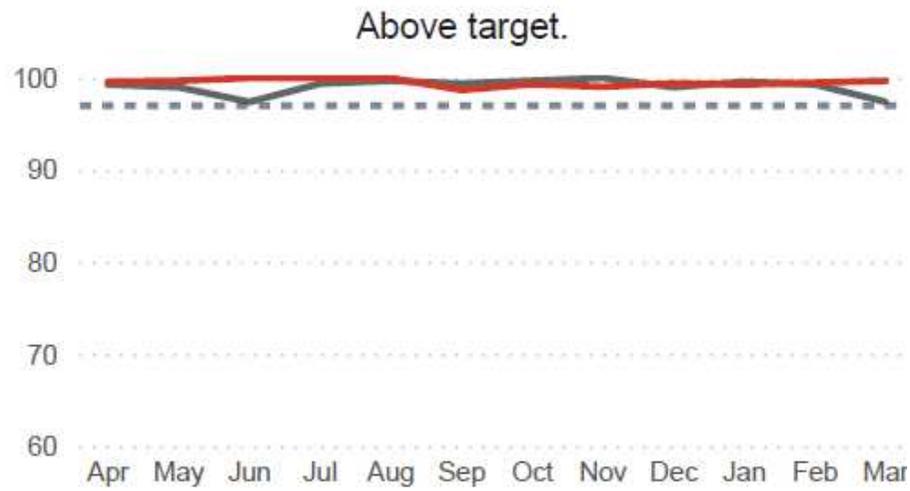
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Part a – Professional Regulation (Registrations).....	2
Part b – Professional Regulation (Fitness to Practise).....	4
Part c – Customer Feedback	10
Part d – Professional Practice	14
Part e – Our People	15

a. Professional Regulation Dashboard (Registrations)

Financial year: ● Current Year (2020-21) ● Previous Year (2019-20) Target: - - - 2020-21

1: UK registration completed with no concern within 1 day (%)

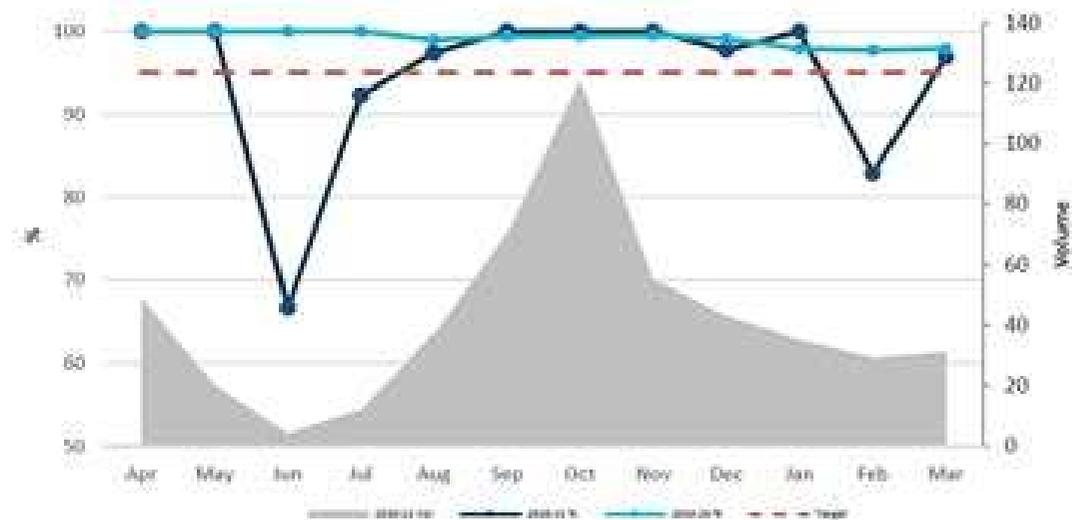


2: UK registrations requiring additional scrutiny within 60 days

2a. Percentage



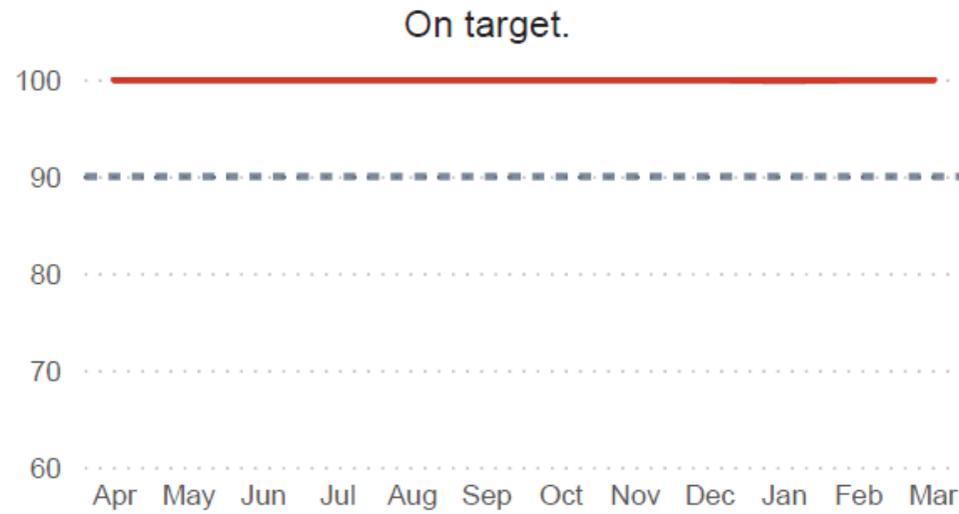
2b. Percentage and volume



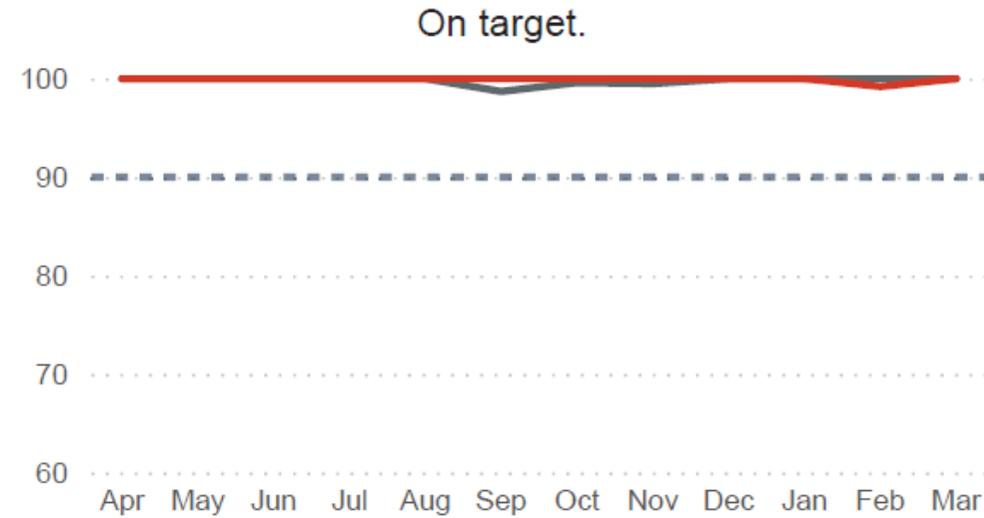
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Financial year: ● Current Year (2020-21) ● Previous Year (2019-20) Target: - - - 2020-21

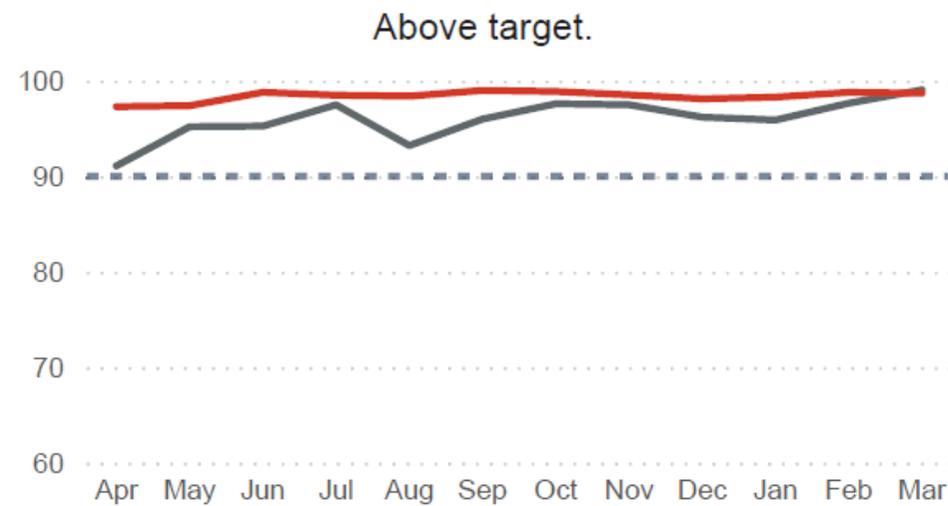
3: Overseas registration assessed within 30 days (%)



4: EU applications assessed within 30 days (%)



5: Readmission applications completed within 21 days (%)



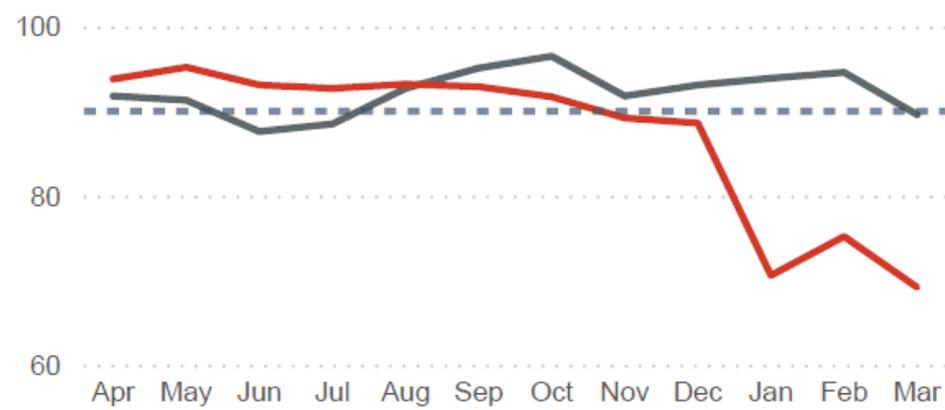
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Financial year: ● Current Year (2020-21) ● Previous Year (2019-20) Target: - - - 2020-21

6: Call attempts handled

6a. Percentage

Fell below target in Q4 due to resourcing pressures. This is likely to continue in April



6b. Percentage and volume

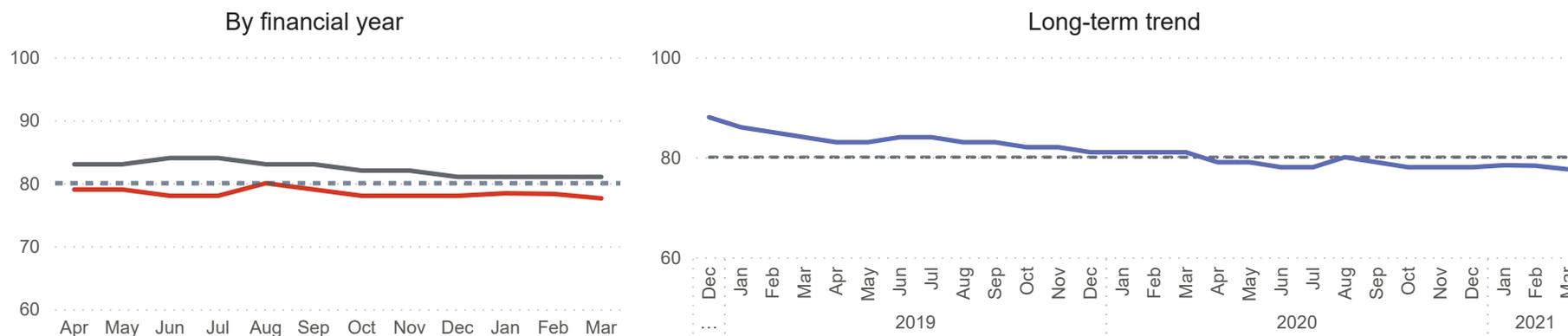


b (i) Professional Regulation Dashboard (Fitness to Practise)

Financial year: ● Current Year (2020-21) ● Previous Year (2019-20) ● Long-term trend Target: - - - 2020-21

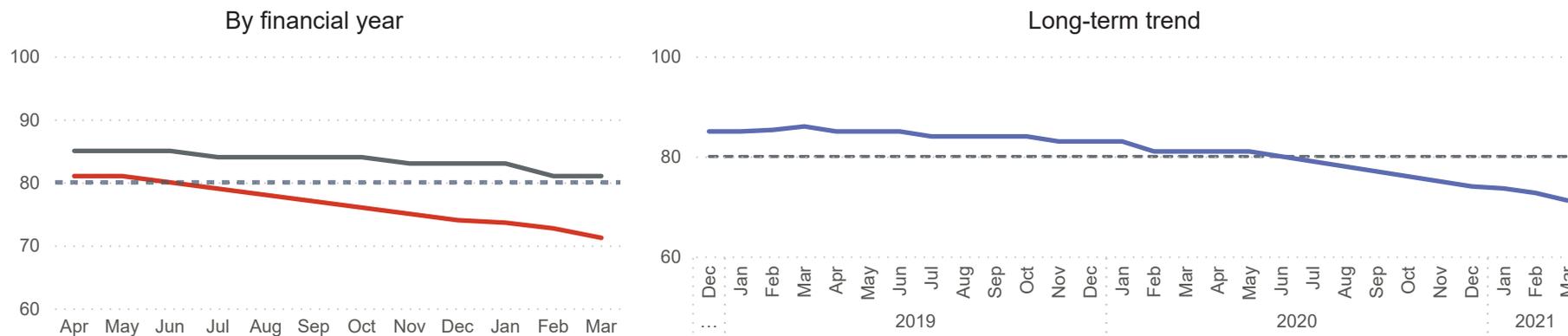
7: Interim Orders issued within 28 days of opening case (12 months rolling average (%))

Average trend remains below target since April 2020.



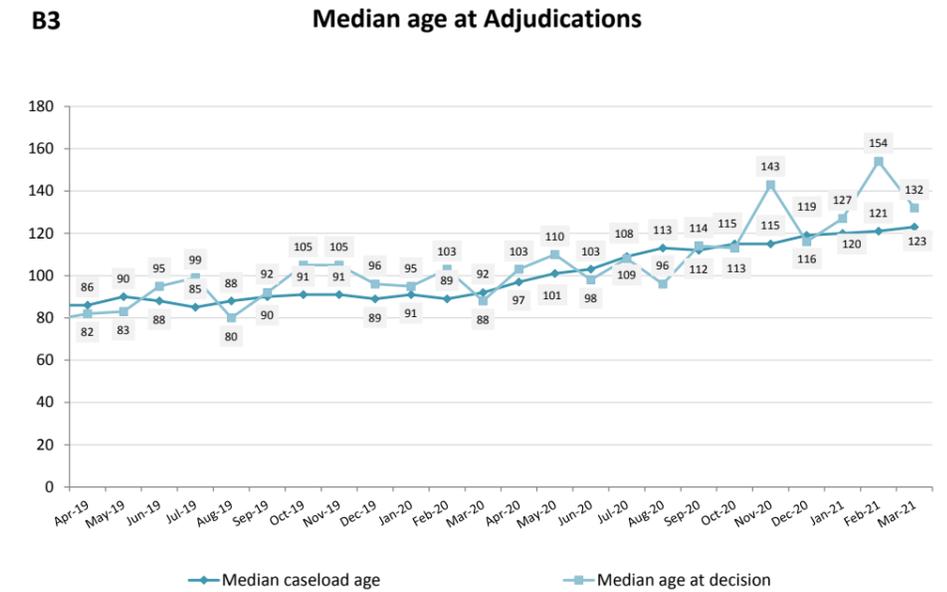
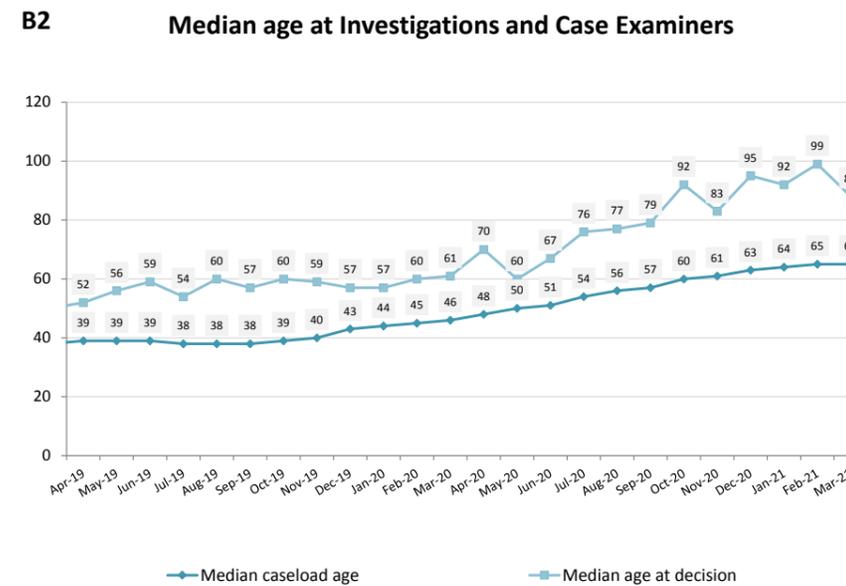
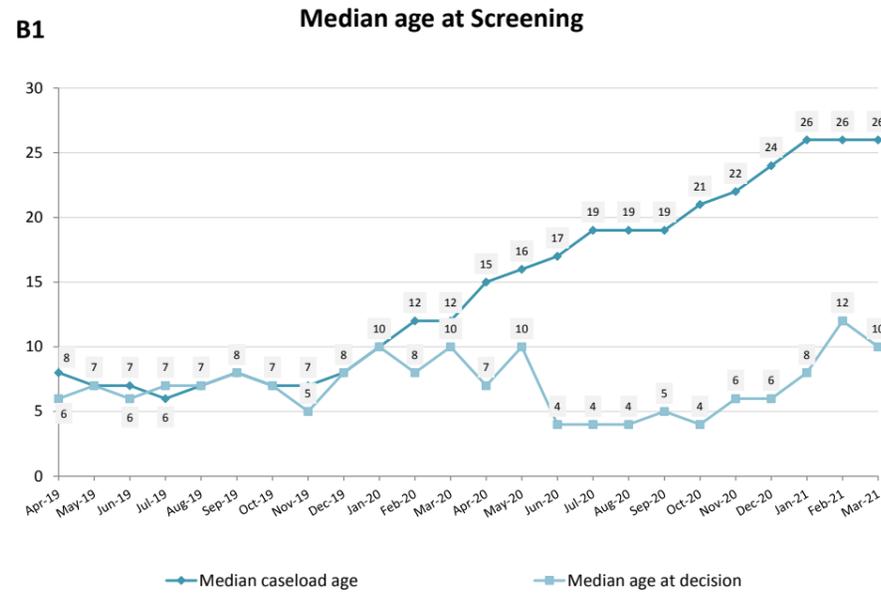
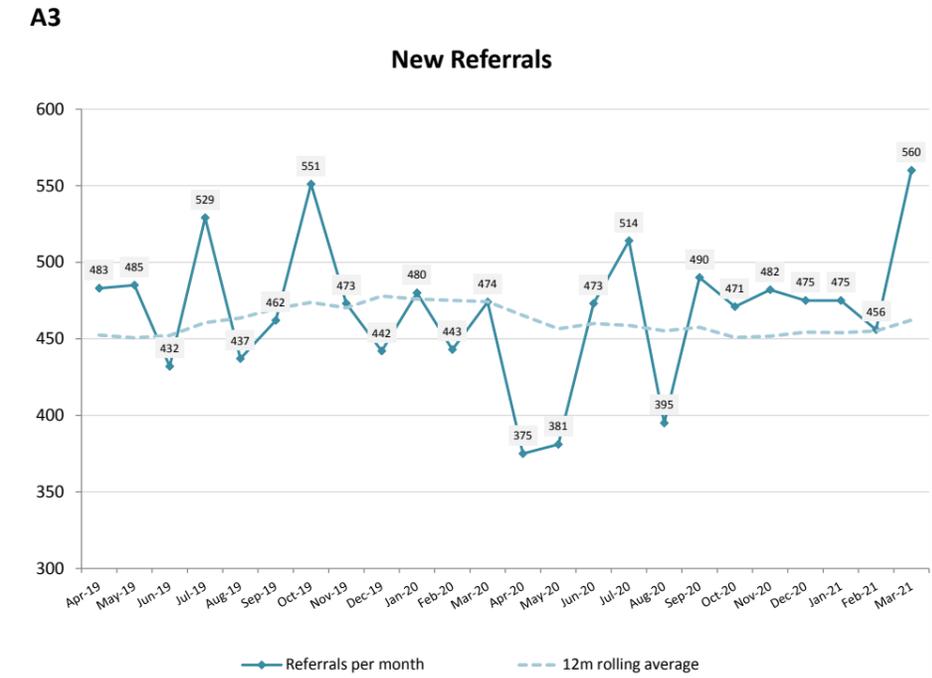
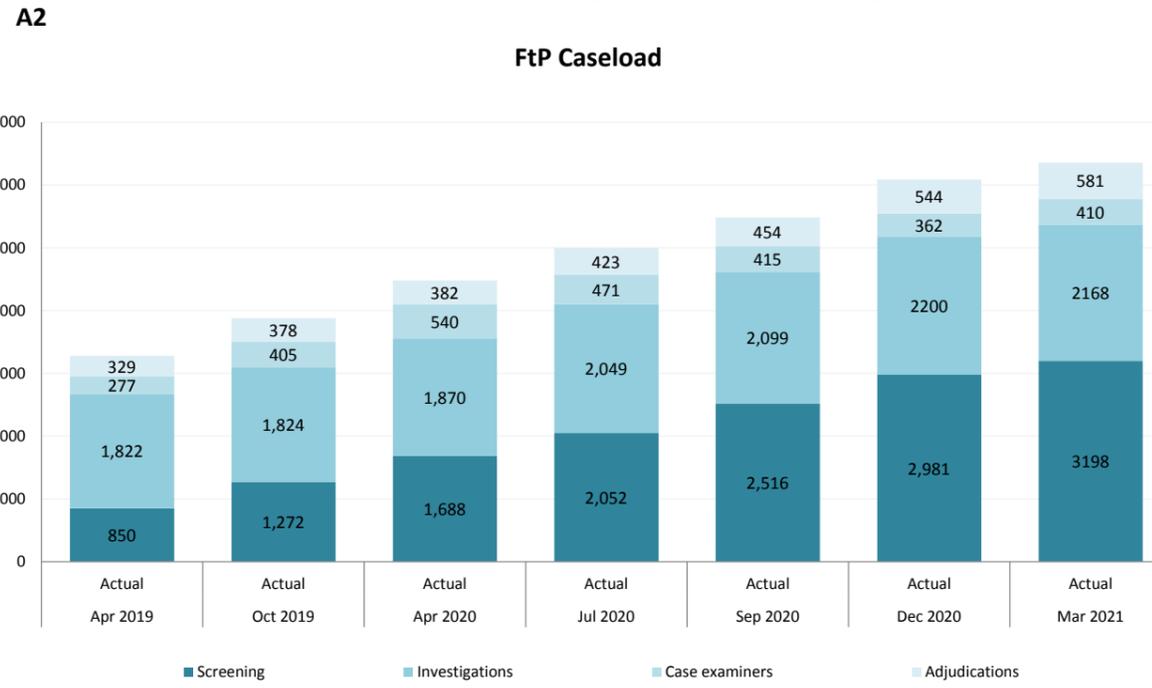
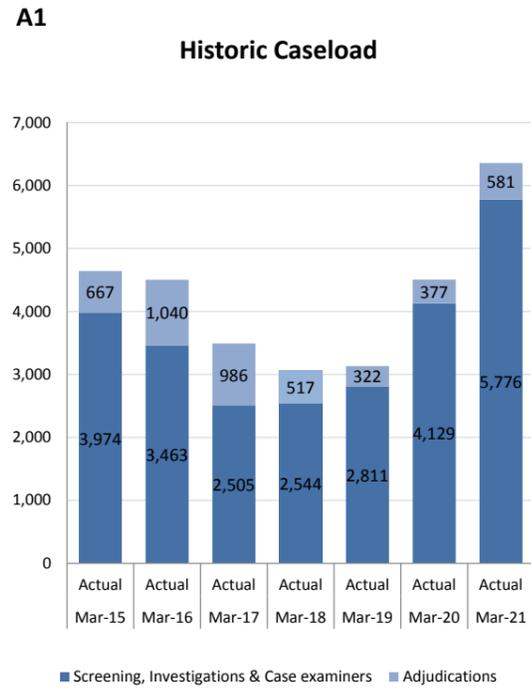
8: Cases concluded within 15 months of opening (12 month rolling average (%))

Below target and trending downwards.



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b (ii) Fitness to practise dashboard (March 2021)



Caseload Movement Summary March 2021

Opening caseload 6,241

560 cases received

446 cases closed

6,357 Closing caseload

Fitness to Practise improvement

Purpose

1. To provide an update on our Fitness to Practise (FtP) improvement (also referred to as recovery) work. The work aims to address several caseload backlogs that have arisen throughout the FtP process, predominately arising from the impact of Covid-19 on our organisation and the professions we regulate.
2. The Council is invited to consider and comment on the update to the improvement programme.
3. The improvement programme is commitment number one in our corporate plan for 2021-2022.

Progress

4. Since our last update to Council we have:
 - 4.1. Commenced our revised approach to recruitment to reduce lead times to appointment and minimise any unfilled positions in conjunction with People and Organisational Effectiveness colleagues.
 - 4.2. Launched our context commitments on 29 March 2021, this means our teams are now able to take context into account consistently and appropriately throughout our FtP process.

We engaged extensively with, amongst others, the representative bodies, our public support steering group, patient experience networks, and Trusts on our approach and will in time also be able to share context information with organisations enabling broader system improvements where we identify issues through our analysis.
 - 4.3. We have revised and refreshed our remediation guidance and delivered training on taking remediation into account. This will support conclusion of cases at the earliest appropriate opportunity.

We intend to update our language in this area and want to move from asking for evidence of remediation, towards asking for evidence of strengthened practice. We believe the language is more person centred and moves away the perceived assumption of wrong-doing from the outset of our process, we believe this should prompt greater engagement at the beginning of the process and we have commenced planning around how we take this change forward.
 - 4.4. Made website updates, with support from Communications and Engagement colleagues, to improve the experience for people looking for information, so that they are directed to our information pages rather than straight to the form for making a referral.

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This is because we recognised that individuals who were looking for information on what to do if they had concerns about the practice of nurses, midwives and nursing associates were being directed straight to our on-line referral form when searching through Google.

- 4.5. Piloted the use of a multi-disciplined team decision making approach at Screening, with support from the Executive Director of Professional Practice and General Counsel.

We ran the first of three pilot meetings on 26 March 2021 and considered a total of 40 cases using the new approach. The pilot enabled us to quickly progress cases but identified a number of useful learning points which have been incorporated into the pilot approach in the future.

- 4.6. Removed the COVID-19 decision check from the Screening process as part of our work to remove unnecessary tasks from team members

We have engaged with team members from our Screening and Investigation and identified a range of tasks which do not add value and have begun the process of removing them from people's day to day activities.

- 4.7. Made a number of tactical enhancements with the support of Resources and Technology Services colleagues at the Adjudication stage of the process to increase efficiency including:

4.7.1. Introducing virtual break out rooms for hearing attendees to minimise wasted time in people joining events.

4.7.2. Planning the trial of a new approach to circulating case papers electronically to mitigate the issues with our secure email solution and the difficulties people currently have working from PDF documents without the ability to edit them.

4.7.3. Trialling the use of two panel secretaries to support panels considering interim orders and substantive order reviews which has enabled panels to consider more cases.

4.7.4. Engaging with panel members and legal assessors about changes to their fee structures for virtual events to fairly manage the increased costs.

- 4.8. Identified straightforward administrative tasks which can be undertaken by colleagues across the organisation to support case throughput and have worked with People and Organisational Effectiveness colleagues to produce simple training materials. We will shortly make the training available for all colleagues who wish to contribute their support.

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4.9. Updated our Screening guidance to simplify the tests being applied, by our decision makers, and to ensure it is aligned with our position that the majority of concerns are best dealt with locally rather than raised with us as the regulator.

We baselined our new guidance with that in place at other regulators and engaged with the representative bodies and the Public Support Steering Group to get a range of external views on our approach, there was support from both of these groups for the guidance supporting local resolution.

We have provided training on the guidance to decision makers, and we expect it to enhance the efficiency of decision making at the Screening stage and also mean less cases will require full investigation and decisions by the Case Examiners.

4.10. Formally approved the FtP improvement programme mandate which, as communicated previously, is targeting the following high level benefits in 2021 – 2022:

- A 35 percent improvement in the efficiency of Screening decision making.
- A 20 percent improvement in the efficiency of Investigations decision making
- A 35 percent improvement in the efficiency of Case Examiner decision making
- A 10-20 percent reduction in the number of cases that close at Case Examiners or Hearings as ‘no case to answer’ or ‘no current impairment’ by the end of 2021 – 2022.

Upcoming improvements

5. By June we expect the changes we have made to date to be realising benefits and seeing increased decision numbers throughout the process, those gains will be further supported by delivering:

5.1. Working with colleagues within the Employer Link Service to refine their messaging and expand their influence, through targeted interventions with employers who are not aligned with our approach and purpose in relation to FtP.

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- 5.2. A pilot approach to our enquiries hub which will decrease the number of cases coming into our Screening teams by providing members of the public with advice on whether they should make a referral through our contact centre. We will support this approach through guidance for internal teams on where to send queries and correspondence, so that referrals are not incorrectly raised with Screening and logged as referrals. The pilot will be live from August.
- 5.3. A revised approach to the provision of information to our Case Examiners from June. We want to streamline the information we provide to the decision makers, ensuring the investigation teams are not providing surplus information. We anticipate this will have a positive impact for the decision makers who will have information presented to them in a more digestible way, but also for those affected by a case, who will be provided with a more succinct summary of what our investigations have found.
- 5.4. Reduced duplication in our quality assurance mechanisms and our standard operating procedures to ensure we are being as effective as possible at each stage of our process and that duplication is not occurring across our current functional siloes.

Engagement with representative bodies

6. Whilst significant amounts of our change activity are internally focussed it's clear that any increases we make in our throughput across the process will impact on the work of the representative bodies.
7. Effective engagement with the representative bodies is key to the success of the improvement programme, if they are unable to respond to our increased volumes then that will be a limiting factor on how quickly we are able to address the backlog.
8. We continue to meet regularly with the representative bodies and in April shared our assumptions on future throughput to support them in resource planning.

c (i). Summary of customer dashboard results for Q1 to Q4 (2020-2021)

Measure	Q1	Q2	Q3	Q4	YE Total
Corporate complaints					
Complaints responded to in 20 days (%)	93%	▼ 90%	▲ 91%	▲ 92%	-
Learning points identified (no.)	186	▼ 106	▼ 91	▼ 31	414
Total corporate complaints (no.)	283	▲ 291	▼ 270	▲ 382	1226
Enquiries					
Enquiries responded to in 20 days (%)	98%	▼ 73%	▲ 75%	▲ 88%	-
Enquiries responded to in 20 days (no.)	20/21	11/15	15/20	14/16	60/72
MP enquiries responded to in 20 days (%)	50%	▲ 76%	▼ 60%	▲ 67%	-
MP enquiries responded to in 20 days (no.)	16/32	29/38	9/15	12/18	66/103
Customer Feedback Surveys					
Rated service as good/ very good (%)	89%	▼ 83%	▼ 82%	▲ 83%	-
Unhappy customers/ issues resolved (no.)	5	3	2	2	12
Total feedback surveys completed (no.)	677	▲ 1330	▲ 1574	▼ 1308	4889
Information requests					
Responded to on time (%)	95%	▼ 94%	▼ 90%	▼ 88%	-
Total information requests (no.)	303	333	378	371	1385

Corporate Complaints

92%

Complaints responded to in 20 days

We have identified 31 learning points which have been shared with teams across the organisation.

We have also identified the following themes:

Timeliness – Some Fitness to Practise case parties were unhappy with the delays, and the lack of progress and updates regarding referrals. We continue to review and discuss the impact of delays with colleagues, and the importance of regular contact with people involved.

Reasonable adjustments – Some people have advised that we have not followed reasonable adjustment requests. We have discussed with colleagues the importance of keeping records updated with any adjustments.

Processes – Some applicants are unhappy that currently they cannot register another qualification. We are developing a process to enable those on the register to register another qualification in the future. We will contact these applicants when this new process is ready.

Registration fee – Some professionals are unhappy that they have to continue to pay the registration fee during the Covid-19 pandemic. Our response to this concern is available on the FAQ pages on our website.

67%*

(12/18)

MP enquiries responded to in 20 days

88%

(14/16)

Enquiries responded to in 20 days

* the cases that were not responded to within 20 working days were complex Fitness to Practise cases

c (ii) Customer Feedback Dashboard 1

January 2021 to 31 March 2021

382 Corporate Complaints

1308 feedback surveys

371 Information requests



Customer feedback surveys

83%

Customers rated our customer service as good or very good.

2

Unhappy customers contacted and resolved their concerns.



A great telephone manner they were very kind and went the extra mile as I needed the support.

I was looked after with respect and courtesy. Exceeded my expectations and fulfilled all the values and more.

I did not feel any reassurance from the other end of the line - no sympathy at all.

Being honest is not enough, you must do something to reassure your customers.

Information requests

88%

responded to on time

Information requests themes

- The volume of requests has remained consistent across Q3 and Q4.
- We have had a number Subject Access requests with a particularly large volume of information to review/redact. This includes 1 case which consisted of 10,000 pages of information.
- We have received a number of Freedom of Information requests asking for referral/outcome information for certain care homes.

Our person centred approach

- We continue to work with our customers to ensure that we are focussing our attention on the information they need.
- We continue to look for alternative ways to assist customers when information is exempt under statutory legislation.

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c (iii). Key insights from our customer feedback surveys during 2020-2021

1. In 2020-2021, we have received a total of 4,889 completed customer survey feedback surveys.
2. 84 percent of the people completing the survey rated our service as good or very good.
3. There were several themes that emerged from customer feedback. These were:
4. **Processes:** Sometimes customers are unhappy with the way we explain our processes (but they were not necessarily unhappy with the actual process itself).
5. We have been working with colleagues to ensure that we positively engage with our customers by appropriately explaining the process or next steps, and to do this in a way which is sensitive to the disappointment of customers and communicates kindness, empathy and transparency.
6. **Poor call quality:** Some customers have commented on the poor quality of the calls since we have been working at home and receiving calls on a soft (internet) phone. To mitigate this, we included a message at the start of our telephone calls which explains how working from home may affect the quality of calls, so that we can manage caller expectations and they understand why. This issue is not limited to the NMC, as other remote contact centres are reporting similar feedback from customers.
7. **Capturing customer information:** Some customers commented that we don't always leave clear notes on our customer database.
8. We have discussed the impact of this with colleagues and provided guidance about ensuring that we take the caller's PIN (if appropriate) and the importance of taking clear and accurate notes after each call. This will ensure good continuation of service and stops the need for customers having to repeat themselves each time they call.
9. **Pace of calls:** Some callers told us they sometimes feel rushed when speaking with us.
10. We have discussed the impact of this with colleagues. We've provided feedback about caller perceptions of rushing calls and to be mindful of not speaking over a customer.
11. **Living our values:** We are not always kind and supportive when callers have told us that they were leaving the register.
12. Our contact centre team managers held discussions with colleagues on being empathetic, especially where registrants were leaving the register, which can be an emotional time for them.

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13. **Explaining the revalidation process:** Some customers told us they were still unclear of the revalidation process following a call with us. We supported colleagues to understand the process and the timeframe for extensions during COVID-19.

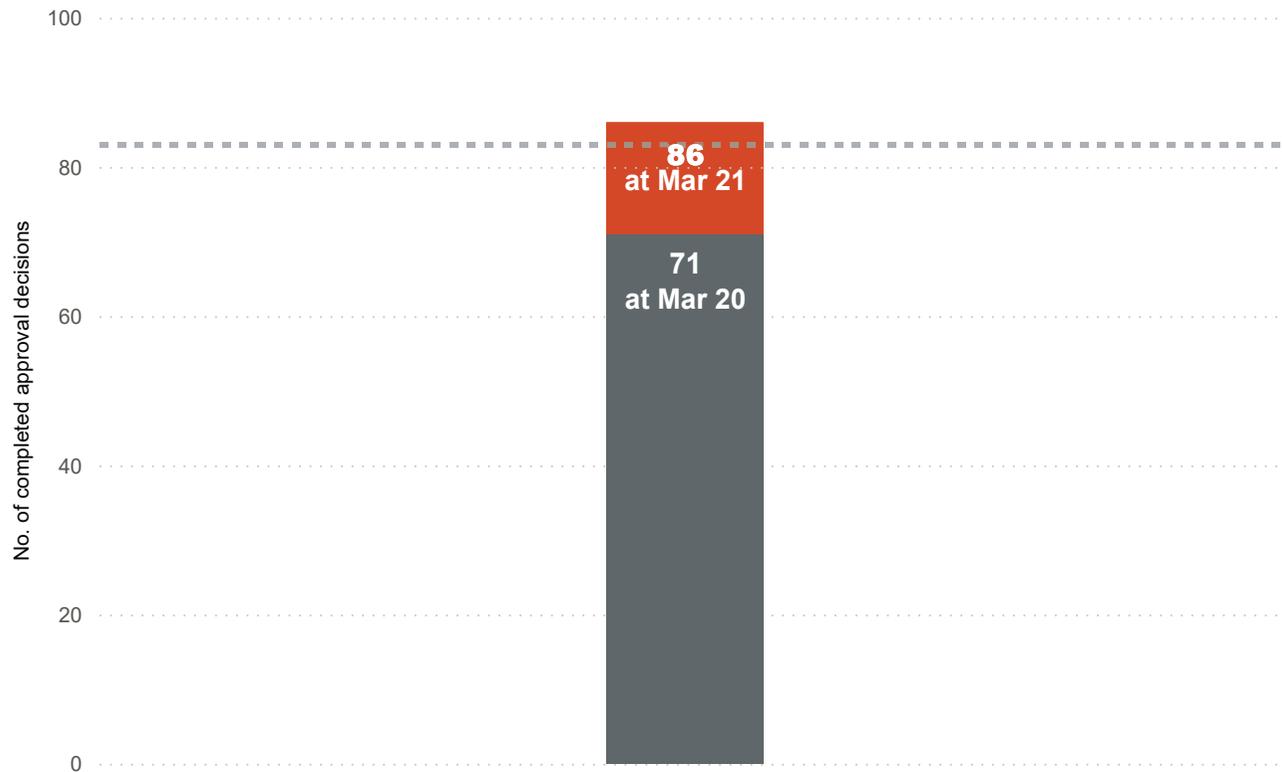
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d. Professional Practice Dashboard

Financial year: ● Current Year (2020-21) ● Previous Year (2019-20) Target: - - - 2020-21

9: Approval decisions against new standards of current AEIs since April 2019

Ends the year above target at 86



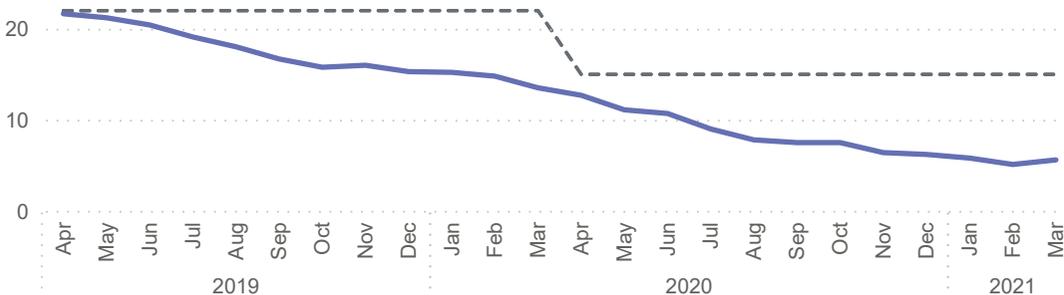
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e. Our People Dashboard

Financial year: ● Current Year (2020-21) ● Previous Year (2019-20) ● Long term trend Target: - - - 2019-20 - - - 2020-21

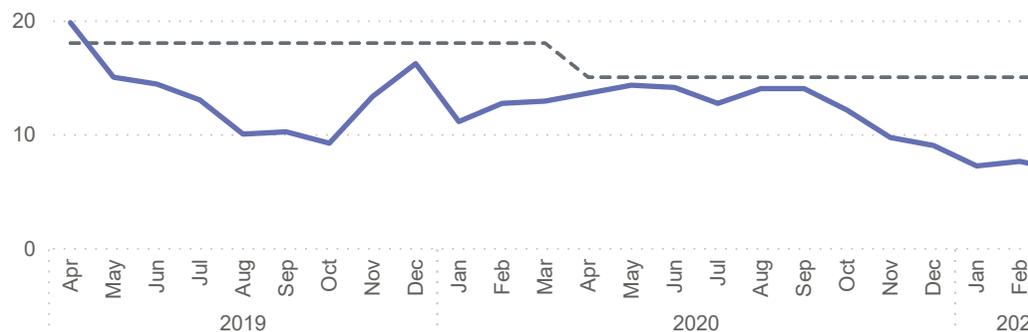
10: Total turnover %

Continues to trend downwards.



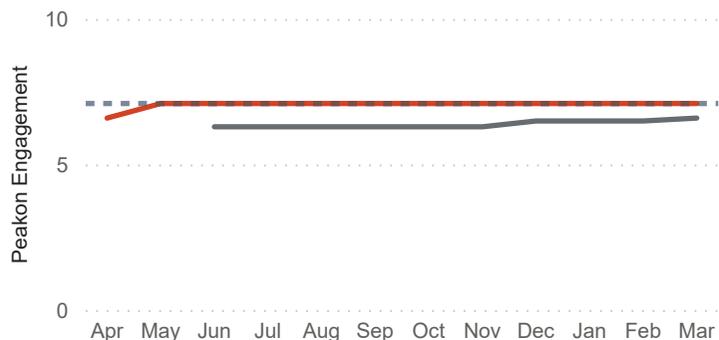
11: Turnover of new starters within 6 months of joining %

Remains below target and trending downwards.



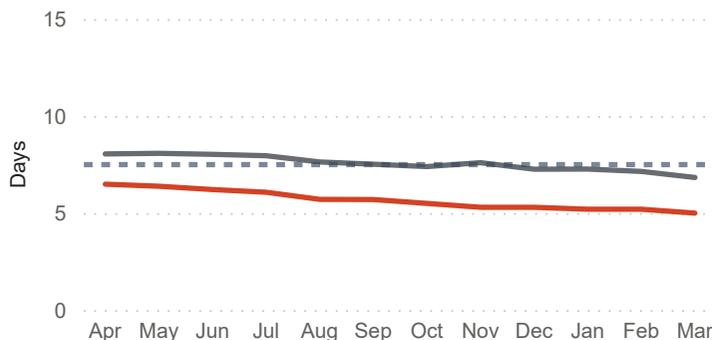
12: Employee engagement score

On target (last survey was in Dec 2020).



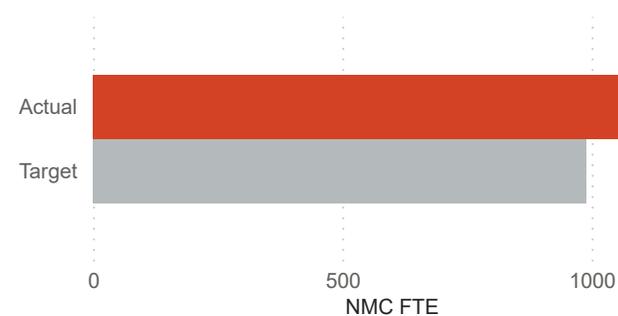
13: Sickness absence average days

Continues to trend downwards.



14: Total FTE

Above establishment primarily due to increased recruitment to support fitness to practise.



Corporate risk exposure

- Context:**
- 1 The Executive Board are responsible for ensuring that corporate risks are identified and evaluated, that appropriate measures are put in place to mitigate risk, and that progress is monitored and reported on.
 - 2 The corporate risk register is our main assurance document which captures our corporate risks, and their mitigations and controls.
 - 3 The Executive Board last reviewed the detailed corporate risk register and the risk exposure report on 4 May 2021. The risk exposure report highlights the key issues impacting each corporate risk right now.

Discussion: Corporate risk exposure

- 4 There are four red risks that we continue to monitor on our corporate risk register. These are:
 - Replacing legacy ICT (INF18/02)
 - People (PEO18/01)Two risks related to reducing fitness to practise caseload:
 - Failure to take appropriate action to address a regulatory concern (REG18/02)
 - Failure to meet external expectations affecting stakeholders' trust in our ability to regulate (EXP18/01).
- 5 The Executive Board downgraded our corporate risk regarding the Covid-19 (EXT20/02). This risk moves from red to amber, which is a reduction in likelihood from four to three.
- 6 A detailed discussion for each corporate risk is provided below:

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Corporate risk exposure report up to 27 April 2021 (Council 19 May 2021)

The Executive Board would like to draw to the attention of the Council the following considerations regarding corporate risk exposure:

Corporate risk (2020-2021)	Current Risk Assessment Score			Risk exposure considerations at March 2021	Discussion points / actions
	L	I	I X L		
<p>REG18/02</p> <p>Risk that we fail to take appropriate action to address a regulatory concern</p>	4	5	<p>20</p> <p>↔</p>	<p>Status: Stable. It's premature to reduce our risk assessment scores until we begin to realise the benefits from our fitness to practise recovery and improvement work.</p> <p>Key issues are:</p> <ul style="list-style-type: none"> The backlog in the fitness to practise (ftp) cases will remain a risk until we begin to see the caseload reduce over the next 18 months. Delays could have a negative impact on those affected. Will continue to mitigate this through our programmatic work and provide visibility to the Council via our corporate performance report (Executive Report). There is no evidence to suggest that there is an increased risk of the NMC taking incorrect decisions when concerns are raised. We will track this through our new key performance indicator (KPI). There is pressure on operational capacity which will remain whilst we implement our recovery programme. Recruitment started in Q4, and we are removing non-essential activities from ftp workload. 	<p>Actions</p> <ul style="list-style-type: none"> We began ftp recruitment during Q4 to increase capacity. We will review our needs on a quarterly basis to ensure that capacity remains appropriate and affordable. We began implementing the ftp recovery and improvement programme during Q4. We have developed new KPIs to track our progress from Q1 2021-22.
<p>INF18/02</p> <p>Risk that ICT failure impedes our ability to deliver effective and robust services for stakeholders or value for money</p>	4	5	<p>20</p> <p>↔</p>	<p>Status: Stable. This risk will begin to reduce once we've realised the benefits from implementing our IT improvement programme in 2021-2022 and our modernising our technology services (MOTS) programme in the latter part of our 2020-2025 strategy.</p> <p>Key issues:</p> <ul style="list-style-type: none"> We have agreed additional investment in technology services as part of our corporate business plan for 2021-2022. Our focus for the first quarter will be implementing the next phase of our IT improvement programme and effective hybrid working once colleagues return to the workplace. MOTS phase 2a has now begun. 	<p>Actions</p> <ul style="list-style-type: none"> The Council agreed the business case for the next phase of the MOTS in Q4, and work has begun to implement this. A pilot for return to the workplace will run between April and June.

Corporate risk (2020-2021)	Current Risk Assessment Score			Risk exposure considerations at March 2021	Discussion points / actions
	L	I	I X L		
EXT20/02 Risk that novel coronavirus (Covid-19) means that we are unable to effectively regulate our professions or protect the public or protect NMC colleagues	3	4	12 ↓	Status: we reduced the likelihood of this risk (from four to three) to reflect the improving picture across the UK - restrictions easing, the vaccination programme, and access to twice weekly testing for everyone. This risk moves from RED to AMBER. Remaining issues: <ul style="list-style-type: none"> Closing the temporary register and reverting back to our non-emergency standards when the time is correct. Returning our remaining colleagues to our premises in some capacity by autumn. Continuing to build on the opportunities the pandemic has provided (such as home working and virtual hearings). 	Actions <ul style="list-style-type: none"> We've expended the temporary register since the last report to include applications from lapsers between November 2020 and March 2021. We will continue to expand lapsers on a rolling basis. We continue to engage closely with Chief Nursing Officers and sector stakeholders about workforce capacity, residual issues and recovery of the sector. We introduced a further education recovery standard to support nursing students in February 2021. The Covid working group has drawn together plans to return colleagues to our offices. We have removed some of the detail from the corporate risk register. We marked the date that the UK first went into lockdown (23 March 2020) and the date we launched our temporary register (27 March 2020) to recognise the unprecedented challenges that nursing and midwifery professionals and students have faced during the past year and to show our thanks.

Corporate risk (2020-2021)	Current Risk Assessment Score			Risk exposure considerations at March 2021	Discussion points / actions
	L	I	I X L		
EXP18/01 Risk that we fail to meet external expectations affecting stakeholders' trust in our ability to regulate	4	4	16 	Status: Stable, but closely monitored. Key issues: <ul style="list-style-type: none"> • There is potential for increased dissatisfaction and complaints due to delays in fitness to practice outcomes because of the high caseload. (see REG18/02). • We are monitoring the situation regarding concerns that nurses may take industrial action or quit the profession following the government's announcement of 1 percent pay increases. • There is a risk of diverging views of stakeholder during co-production of new standards (e.g. post registration standards development). We manage this through working groups and consultations. • There is a risk of competing demands on stakeholders to engage, consult with, and co-produce with us. We will mitigate this through planning to manage prioritise competing demands. • Possible concerns about our independence if we receive financial support from the Department of Health and Social Care. We will keep this under close review. 	Actions: <ul style="list-style-type: none"> • Lead directors continue engagement work with leaders from across the four nations. • We continue regular engagement key stakeholders such as Chief Nursing Officers, other regulators and sector leaders.

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Corporate risk (2020-2021)	Current Risk Assessment Score			Risk exposure considerations at March 2021	Discussion points / actions
	L	I	I X L		
PEO18/01 Risk that we fail to recruit and retain an adequately skilled and engaged workforce	4	4	16 ↔	Status: Stable. It would be premature to reduce our risk assessment until we start to return colleagues to the office. Key issues are: <ul style="list-style-type: none"> • Our priority is to the return our colleagues to the office. As discussed at EXT20/02, preparations are in place to return the next phase of colleagues as part of a pilot between April and June. We will survey all employees about returning in May 2021. The intention is to return everyone in some capacity by September. • We have experienced some turnover in senior posts. We are mitigating this through interim arrangements and recruitment. • Recruitment for a new NMC chair is progressing. • Our internal audit of people will begin in Q1. The focus will be on boarding and equality, diversity and inclusion (EDI). • Our focus continues to be on progression for people from ethnic minority groups. Our first cohort of our rising together mentoring programme graduated in March 2021. We are planning for cohort 2. Our new Head of EDI joined us from 22 March 2021 to lead our strengthen EDI team on internal and external EDI priorities. • We held our all employee conference on the 4 February 2021. Feedback has been positive, especially regarding our EDI sessions and on allyship. • Our next employee engagement survey is planned for June 2021. 	Actions <ul style="list-style-type: none"> • The Covid working group has drawn together plans to return colleagues to the office. We agreed our plans at Executive Board on 10 March 2021. • The EDI leadership group have been reviewing our EDI plans for the year ahead. • We are planning the next phase of our people plan.

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Corporate risk (2020-2021)	Current Risk Assessment Score			Risk exposure considerations at March 2021	Discussion points / actions
	L	I	I X L		
REG18/01 Risk that we fail to maintain an accurate register of people who meet our standards	3	5	15 ↔	Status: Overall, the picture is stable. Key issues are: <ul style="list-style-type: none"> We are cautious about assuming that number of people on our register will grow in the future as there are some early indications that some nurses, midwives, or nursing associates may leave the sector following the pandemic. There are also indications that more people are joining nursing and midwifery education programmes. We have rescheduled the launch of our new test of competence from April to August 2021 to mitigate against any additional pressure on the sector during the current wave of Covid-19. There are some indications that demand for objective structural clinical examination (OSCE) from overseas applicants may increase. We continue to work closely and in corroboration with Department for Health and Social Care (DHSC) and NHS England / NHS improvement (NHSE/I) to increase OSCE capacity. OSCE test centres have started work to increase resourcing levels across all three sites, offering circa 1,000 additional OSCE's per month. 	Actions <ul style="list-style-type: none"> We have expended the temporary register since the last report to include applications from lapsers between November 2020 and March 2021. We will continue to expand lapsers on a rolling basis. We continue to work with Department of Health and Social Care and NHSE/I to reduce the barriers to international recruitment while maintaining a rigorous approach to safety and protecting the public.
STR20/02 Risk that we fail to deliver our strategic ambitions for 2020-2025 due to unforeseen emerging priorities (such as COVID or FTP restoration) or external factors.	3	4	12 ↔	Status: Stable. Key issues are: <ul style="list-style-type: none"> We completed our business planning for 2021-2022. Our main pressure is ensuring that the additional resources allocated to our ftp recovery programme deliver significant reductions in our backlog of cases and efficiency improvements in the future. Regulatory reform remains a significant opportunity. The DHSC launched their consultation on regulatory reform at the end of March 2021. We are monitoring the potential impact of a changing political environment across the four countries. 	Actions: <ul style="list-style-type: none"> The Executive Board undertook detailed discussions to consider our 5 year work programme, clarifying the phasing of key developmental areas. We continue our collaboration on regulatory reform, in particular with the General Medical Council, to ensure our approaches are aligned.
FIN20/01 Risk of short term capital loss in stock market investments due to volatility within the market or that we invest in companies that don't align with our values	3	3	9 ↔	Status: Stable. No substantive issues since the last report. Key issues are: <ul style="list-style-type: none"> We have now invested £30m to date. 	Actions We monitored investment activity on a monthly basis through our fund management company Sarasin's. We are confident that we have adequate triggers if there is variability in our investments, which we would escalate to the chair of our Investment Committee as required.

Corporate risk (2020-2021)	Current Risk Assessment Score			Risk exposure considerations at March 2021	Discussion points / actions
	L	I	I X L		
EXT18/01 Risk that we may lack the right capacity and capability to influence and respond to changes in the external environment	3	3	9 ↔	Status: Stable. Key issues are: <ul style="list-style-type: none"> • See REG19/03 regarding work to consider post registration standards and research into international best practice on nursing and midwifery education now that the EU directive no longer applies. • We continue to respond to investigations into the safety of a number of maternity units. 	Actions <ul style="list-style-type: none"> • Continue collaborative work with the General Medical Council and Care Quality Commission on maternity safety in England. • Lead directors continue engagement work with leaders from across the four nations. • We continue regular engagement key stakeholders such as Chief nursing Officers, other regulators and sector leaders so that we can remain responsive within the sector.
COM18/02 Risk that do not act in a legal manner or fail to meet our public obligations or comply with legal or compliance requirements.	3	3	9 ↔	Status: Stable. No substantive issues since the last report.	Actions <ul style="list-style-type: none"> • We have reviewed this entry on the corporate risk register to update the risk
REG19/03 Failure to ensure that educational standards are fit for purpose (including processes to ensure compliance with standards are being met)	2	4	8 ↔	Status: Stable. Key issues are: <ul style="list-style-type: none"> • Our research to consider international best practice on nursing and midwifery education continues. The second phase of the research is a survey of professionals which we launched in April. • We have launched our consultation on post registration standards. Some concerns were raised about the content of the standards and timing of the consultation. We have publically addressed these concerns. 	Actions <ul style="list-style-type: none"> • The survey of professionals, employers, educators, public groups and students has been launched. • We launched our consult on post registrations standards for 16 weeks in April. • On 11 May we published two new animations explaining to patients, people who use services, women and families what to expect from their nurse or midwife.

Risk Escalations from directorates, Corporate Change and PMO, Corporate risk and performance team	None
Proposed new corporate risks	None

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Annual update on Fitness to Practise guidance updates: April 2020 – April 2021

- 1 The purpose of this document is to provide transparency about the pieces of fitness to practise guidance that we have updated over the past 12 months and to provide assurance that this meets our strategy, values, and wider legal obligations.

The approach to the creation and revision of fitness to practise guidance

- 2 The Policy and Legislation team in the Professional Regulation directorate has developed and updated a number of pieces of fitness to practise guidance in the past year. These are summarised below.
- 3 The guidance has been developed in line with the NMC Strategy, values and our wider legal obligations. We have also followed the NMC's *Policy on fitness to practise guidance, including guidance for panel members*, which sets out the importance of engaging with relevant stakeholders before creating or revising guidance relating to the NMC's fitness to practise function.¹

New guidance

- 4 [NMC Guidance during the Covid-19 emergency](#). In response to the Covid-19 emergency, the NMC worked with the Department of Health and Social Care to obtain new powers to help us operate during the crisis (the 'emergency rules'²). On 31 March 2020, following consultation and engagement with the representative bodies and unions, we published guidance on how we would use our new powers in relation to our registrations and fitness to practise processes.
- 5 Over the past year we have kept the guidance under review in light of the changing nature of the emergency situation. On 2 September 2020 we updated the guidance in response to some further changes made to the emergency rules³ and to reflect our approach to listing substantive hearings during the pandemic. We will be making further changes to reflect the outcome of the Council meeting on 24 March 2021, which considered the responses to the consultation on the continued use of the emergency rules after the emergency period ends.

¹ The policy was approved in 2014 and needs to be reviewed and updated in light of the NMC Strategy, our values and wider legal obligations. A review is planned this year.

² The Nursing and Midwifery Council (Emergency Procedures) (Amendment) Rules 2020 Order of Council 2020).

³ The Nursing and Midwifery Council (Coronavirus) (Amendment) (No. 2) Rules Order of Council 2020.

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- 6 Guidance on [taking account of context](#). On 29 March 2021, following extensive engagement with stakeholders, we published new guidance setting out how investigators and decision-makers should take account of context in fitness to practise cases. This guidance follows on from the work completed as part of the Fitness to Practise strategy in 2018 and will support investigators and decision-makers to take account of the context in which the nurse, midwife or nursing associate was practising when deciding whether there is a risk to patient safety that requires us to take regulatory action. The team also updated a number of pages in the Fitness to Practise library to reflect our new approach to context. These updates were published on 14 April 2021.

Updates

- 7 [Fitness to practise information handling guidance](#). In June 2020 we published updated guidance on how we handle people's personal information as part of the fitness to practise process. As well as making sure the guidance was accurate and up-to-date, we changed our approach to sharing information with people affected by our investigations in light of feedback we had received and organisational learning. The guidance takes a more person-centred and kinder approach to sharing case information with people affected by our fitness to practise work, such as patients or the families of patients affected by incidents we are investigating.
- 8 [Hearings and meetings](#) guidance. In August 2020 we published updates to our guidance to panel members on when a case should be considered at a hearing or a meeting. The guidance emphasises that hearings best protect patients and members of the public by resolving central aspects of a case that we and the nurse, midwife or nursing associate do not agree on in line with our [aims and principles for fitness to practise](#). The changes will support the NMC to make the best use of hearings, which is particularly important given the circumstances of the Covid-19 pandemic.
- 9 We have made a number of other updates to our Fitness to Practise guidance library over the past year which are more minor or technical in nature. These changes have been made in response to feedback from internal and external stakeholders and organisational learning. In summary:
- 9.1 [Charge drafting](#) guidance. This guidance for case presenters was updated in August 2020 to set out how we will charge cases where there has been an alleged failure to exercise professional judgement. A failure to perform cardiopulmonary resuscitation (CPR) is provided as an example.
- 9.2 The [evidence](#) page in the Fitness to Practise library was updated in December 2020 to set out the approach to be taken in cases where a witness is to give their evidence virtually.
- 9.3 [Early review of a substantive order](#). This guidance for panel members was updated in February 2021 to clarify some technical details around substantive order review hearings. We also clarified how interim orders should be taken into account at a substantive order review.

- 9.4 We made a minor amendment to the [NMC guidance on publication of fitness to practise and registration appeal outcomes](#) to clarify our approach to publishing striking-off orders on our register.
- 9.5 We amended various pages in the Fitness to Practise library to clarify that a post-sanction interim order can only last for 18 months unless extended by the Court and can be reviewed during that time.
- 9.6 We reviewed and updated our Fitness to Practise library to include references to nursing associates. This involved updating 122 sections in the Fitness to Practise library.

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Council

Education Emergency and Recovery Standards

Action: For decision.

Issue: The Council is invited to agree the arrangements for removing the emergency and recovery standards which have allowed us to respond appropriately and proportionately to the unprecedented challenges in the UK health and care system due to the Covid-19 emergency.

Core regulatory function: Professional Practice.

Strategic priority: Strategic aim 2: Proactive support for our professions
Strategic aim 4: Engaging and empowering the public, professionals and partners

Decision required: The Council is recommended to approve:

- withdrawal of standards enabling final year nursing students to undertake extended placements (EN1, EN1.1 and EN1.2) from 19 May 2021 (paragraph 14);
- withdrawal of standards enabling first year students to complete their first year in theoretical learning where necessary; and exceptionally, allowing academic supervisors and assessors to be the same person (E3 and E5.1) from 30 September 2021 (paragraph 17);
- that standards requiring AEs to adhere to public health guidance, and move to teaching online to comply with social distancing arrangements and to adopt Standards for Student Supervision and Assessment more quickly (R1, R2 and R3) be withdrawn when the Secretary of State for Health and Social Care declares the Covid-19 pandemic ended (paragraph 20);
- removal of the original 12 week requirement under the standards for pre-registration nursing education and standards for pre-registration midwifery education that students must complete any outstanding assessment within 12 weeks of entering the next part of their programme as outlined in Annex 1 (paragraph 23);
- that the recovery standards enabling AEs to replace up to 300 hours of practice learning with alternative methods of simulated practice learning across the programme (RN5 and RN5.1) remain unchanged and are reviewed in 6 months' time (paragraph 31).

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Annexes: The following annexes are attached to this paper:

- Annexe 1: Emergency and Recovery Standards: proposed removal dates and action
- Annexe 2: Adoption of the Recovery Standards allowing further use of simulation

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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Director: Prof Geraldine Walters CBE
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Context:

- 1 Throughout the Covid-19 pandemic we have worked closely with senior stakeholders across the UK to enable students to support the workforce while striving to support the progression of students' education and training.
- 2 In March 2020 in consultation with the Chief Nursing Officers (CNOs), Chief Midwifery Officers, Council of Deans of Health, Royal Colleges and Representative Bodies we published a set of Emergency Education Standards in response to the Covid-19 pandemic based on the demand on the health and care sectors. These standards enabled:
 - 2.1 Students in the final six months of their final year to complete their programmes in clinical placements.
 - 2.2 Students in their second year or first six months of their final year to spend up to 80 percent of that period in clinical placements.
 - 2.3 First year students to complete their first year through theoretical learning.
- 3 These standards also removed the requirement for supernumerary status of students, however included a requirement for protected learning time and the governments of each of the four countries agreed to remunerate those students who opted to undertake these placements. As a result, by September 2020 over 35,000 students had spent some time in clinical practice under these arrangements across the four countries.
- 4 On 30 September 2020, these emergency standards were removed and replaced with a set of recovery standards designed to try and normalise student education.
- 5 In January 2021, following a request from the Secretary of State for Health and Social Care, the Council agreed to re-introduce a set of emergency standards which allowed student nurses in their final year to undertake extended clinical placements, and for these students supernumerary status would be removed. Council also re-introduced emergency standards allowing first year students to complete their first year through theoretical learning; and further flexibility to student supervision and assessment.
- 6 The last student is expected to shortly finish their extended placement under the emergency standards introduced in January 2021.

7 On 16 February 2021, the Council agreed two further recovery standards for nursing programmes which provided further flexibility in the use of simulation. It was agreed to provide an update to the Council three months after the introduction of these additional standards.

8 This paper presents recommendations to the Council regarding the timing of the removal of the emergency and recovery standards. **Annexe 1** provides a summary of the recommendations. This paper also provides an update on the two additional recovery standards introduced in February 2021.

Four country factors:

9 The emergency standards enabling final year nursing students to undertake extended placements (EN1, EN1.1 and EN1.2) were only adopted in England. Therefore, the removal of these standards will only be relevant in England.

10 The approach to the retention or removal of the remaining emergency and recovery standards applies to all four countries.

Discussion:

Emergency standards – extended placements

11 Emergency standards EN1, EN1.1 and EN1.2 were introduced in January 2021 enabling final year nursing students to undertake extended placements. These standards also removed the requirement for these students to be supernumerary, but added a requirement that they have protected learning time.

12 These emergency standards were facilitative and optional, and were only adopted in England where Health Education England (HEE) worked to facilitate remunerated placements.

13 HEE has informed us that the last student undertaking an extended placement under these emergency standards will finish their placement on 16 May 2021. Given the progression of the Covid-19 pandemic and the reduction in workforce impact, we have had no indication from any of our stakeholders that the provision for extended placements needs to continue beyond that date. It is therefore recommended to withdraw the emergency standards which enabled final year nursing students to undertake extended placements.

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- 14 **Recommendation: The Council is recommended to approve withdrawal of standards enabling final year nursing students to undertake extended placements (EN1, EN1.1 and EN1.2) from 19 May 2021.**

Emergency standards – first year students and flexibility of student supervision and assessment

- 15 Alongside these emergency standards, the Council agreed to re-introduce E3 and E5.1 which enabled first year students to complete their first year in theoretical learning where necessary, and exceptionally, allowed academic supervisors and assessors to be the same person. These standards were again optional, and wherever possible it was expected that normal education should continue.
- 16 As these standards were designed to reduce the pressure on services that were stretched due to the Covid-19 pandemic it is proposed to withdraw these standards on 30 September 2021 to coincide with the start of the new academic year. This would then give the Approved Education Institutions (AEIs) enough notice to plan to transfer back to the normal standards in time for the new academic year.

- 17 **Recommendation: The Council is recommended to approve withdrawal of standards enabling first year students to complete their first year in theoretical learning where necessary; and exceptionally, allowing academic supervisors and assessors to be the same person (E3 and E5.1) from 30 September 2021.**

Recovery standards – public health guidance, blended learning and student supervision and assessment

- 18 When the initial emergency standards were removed, a set of recovery standards were introduced which required AEIs to adhere to public health guidance, as well as enabling them to move their face to face teaching online to comply with social distancing and lockdown arrangements. The recovery standards also enabled AEIs to adopt the Standards for Student Supervision and Assessment more quickly where they had not yet transferred across.
- 19 As these recovery standards align to national arrangements and are designed to normalise education coming out of the Covid-19 pandemic it is proposed that they remain in place until the Secretary of State for Health and Social Care declares the emergency over. This would coincide with the closure of our temporary register.

- 20 **Recommendation: The Council is recommended to approve that standards requiring AEs to adhere to public health guidance, and move to teaching online to comply with social distancing arrangements and to adopt Standards for Student Supervision and Assessment more quickly (R1, R2 and R3) be withdrawn when the Secretary of State for Health and Social Care declares the Covid-19 pandemic ended.**

Recovery standards – 12 week rule

- 21 One of the initial emergency and then recovery standards was R4 which removed a requirement under the standards for pre-registration nursing education (SPNE) and standards for pre-registration midwifery education (SPME) that students must complete any outstanding assessment within 12 weeks of the student entering the next part of their programme. By removing this standard this enabled students who were disrupted by the Covid-19 pandemic to continue their programmes, enabling AEs to have flexibility in students meeting their learning outcomes across the programme.
- 22 This 12 week requirement is not included in the new Future Nurse and Future Midwife standards, instead allowing AEs to make local decisions on student progression.
- 23 **Recommendation: The Council is recommended to approve removal of the original 12 week requirement under the standards for pre-registration nursing education and standards for pre-registration midwifery education that students must complete any outstanding assessment within 12 weeks of entering the next part of their programme as outlined in Annexe 1.**

Recovery standards – use of simulation

- 24 On 16 February 2021, the Council approved by Chair's action two new recovery standards that enabled AEs to replace up to 300 hours of practice learning with alternative methods of simulated practice learning across the programme. This was due to the impact the Covid-19 pandemic has had on placement capacity and breadth of experience to enable student nurses to meet the required standards of proficiency for safe and effective practice.
- 25 We agreed to report back to the Council how this was being adopted and implemented after three months, to inform future decision making.

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- 26 **Annexe 2** provides the data received from a survey of 87 AEs. We received responses from 69 (79 percent).
- 27 Table 1 indicates that between 71-78 percent of AEs across all four UK countries have adopted the recovery standards across all fields of practice.
- 28 Table 2 shows that AEs are mixed in the number of hours of simulation that are being utilised in each year of the programme, but few at this point are using the maximum hours that the standards allow.
- 29 We do not yet have detailed information on the type of simulation that is being adopted. We have agreed to seek this information later in the year in line with our routine reporting.
- 30 Given the evidence of uptake from our brief survey, and favourable reaction to the standards, and as AEs are not yet using the maximum number of simulation hours the standard allows, we recommend that these recovery standards remain unchanged and in place and are reviewed again in 6 months' time.
- 31 **Recommendation: The Council is recommended to approve that the recovery standards enabling AEs to replace up to 300 hours of practice learning with alternative methods of simulated practice learning across the programme (RN5 and RN5.1) remain unchanged and are reviewed in 6 months' time.**

Next Steps

- 32 Following the Council's decision we will communicate with AEs and key sector stakeholders.

Midwifery implications:

- 33 The proposed removal of the emergency and recovery standards which apply to both nursing and midwifery would be removed at the same time for both professions.

Public protection implications:

- 34 Although we are making changes to our standards to allow for more flexibility, the changes that we propose will still ensure all learning outcomes are met in a safe and effective way, provided that effective quality assurance (QA) is in order to identify and mitigate any risks to learning.

Resource implications:

- 35 None.

Equality diversity and inclusion implications:

- 36 We have previously reported to the Council on the disproportionate impact of Covid-19 on black, Asian and minority ethnic populations. It is the responsibility of individual AElS to manage risks to students at this time in both academic and practice learning environments. We will continue to monitor this area in line with our QA framework.
- 37 To gain further insight into how Equality Diversity and Inclusion (EDI) is being appropriately addressed in the implementation of our emergency and recovery standards specific questions on EDI were included in our Annual Self-Reporting template that all AElS must complete. These will be reviewed to ensure our standards continue to be met, and good practice is shared with the sector.
- 38 The NMC will continue to support the UK REACH study investigating if, how, and why ethnicity affects Covid-19 clinical outcomes for those working in health and social care.
- 39 HEE who have been overseeing the deployment of students under these emergency standards have been working to review the impact on students including the number of hours students may need to make up where they have needed to self-isolate or shield. We will continue to work with them as they analyse these findings.

Stakeholder engagement:

- 40 Article 3(14) of the Nursing and Midwifery Order 2001 (“the Order”) requires us to consult with representatives of any group we consider appropriate before establishing new standards. Given the difficult and pressurised circumstances of the current situation, we have not been able to consult widely, however we have regularly engaged with key stakeholders and representative bodies including the four CNOs, the Council of Deans of Health, Royal Colleges and representative bodies and will communicate more widely once the Council have made their decision.

Risk implications:

- 41 Any change in standards creates a theoretical risk that students may enter the NMC register without the required knowledge and skills for safe and effective practice. It is the AElS’ responsibility to provide assurance that students are fit for registration, and this remains the case. AElS must continue to provide assurance that students have progressed and met all standards of proficiency necessary for safe and effective practice to be able to join our register.
- 42 The removal of the emergency standards returns students to our normal standards, and therefore reduces this risk. The recovery standards are designed to normalise education as much as possible within the Covid-19 restrictions.

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Emergency and Recovery Standards: proposed removal dates and action

Emergency/Recovery standards	Proposed standards removal date/action	Comments
<p>EN1. Students in the final year of their undergraduate preregistration nursing programmes may undertake up to 100 percent of their programmes in clinical placements whilst this emergency standard is in effect. All learning outcomes must be met to complete the programme.</p> <p>Note: This will not apply for those in their final year of a two year post graduate diploma programme.</p>	<p>19 May 2021</p>	<p>This standard was brought in at the request from the Secretary of State for Health and Social Care. Across the four countries only England adopted this standard, with HEE overseeing a 12 week paid placement arrangements.</p> <p>HEE have notified us that the last student to go onto a 12 week paid placement started 15 March 2021 and are therefore due to finish 16 May 2021.</p>
<p>EN1.1 Students must not have spent more than two thirds of the 4600 programme hours on practice placement.</p>	<p>19 May 2021</p>	<p>This standard remains a requirement under our normal standards.</p>
<p>EN1.2 Students in placements under standard EN1 will be provided with protected learning time.</p>	<p>19 May 2021</p>	<p>This standard is a requirement under EN1.</p>

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Emergency/Recovery standards	Proposed standards removal date/action	Comments
E3. Students in the first year of pre-registration undergraduate programmes who continue with their nursing and midwifery programme may spend 100 percent of their year in theory / academic learning.	30 September 2021	It is proposed to withdraw this standard in line with start of the new academic year.
E5.1. Exceptionally, the same person may fulfil the role of practice supervisor and practice assessor during this emergency period. The assessment is to be conducted by a registered nurse, midwife or nursing associate with suitable equivalent qualifications for the programme the student is undertaking, and who is not on a temporary register.	30 September 2021	It is proposed to withdraw this standard in line with start of the new academic year.
R1. Ensure placement allocations take account of current, relevant public health guidelines with due regard to the health and wellbeing of individual students.	Align to closure of the temporary register.	As these standards relate to normalising student education arising from the pandemic it is proposed that they remain in place until the Secretary of State for Health and Social Care states the emergency is over, which will signal the closure of the temporary register.
R2. All students will receive support, supervision and assessments in line with the Standards for student supervision and assessment (SSSA, 2018).	Align to closure of the temporary register.	

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Emergency/Recovery standards	Proposed standards removal date/action	Comments
R3. Theoretical instruction can be replaced with blended learning, where appropriate to support student learning, which meets the required theoretical hours and learning outcomes.	Align to closure of the temporary register.	
R4. Where students currently have 12 weeks to meet any outstanding outcomes, under these exceptional circumstances there will be an unlimited period for these to be met.	<p>The Council is recommended to remove the original 12 weeks requirement from the original standards. This would therefore remove the need for recovery standard R4.</p> <p>The Council is therefore recommended to:</p> <ul style="list-style-type: none"> • Remove standards R3.10.2 and R3.10.3 from the standards for pre-registration nursing education; and • Remove standard 15 from the standards for pre-registration midwifery education. 	The 12 week requirement for student to complete any outstanding work was a requirement in the standards for pre-registration nursing and midwifery education (SPNE and SPME). This requirement was not included in the future nurse and future midwife standards. To remove the need to have recovery standard R4 which supersedes these original standards, the Council is asked to remove the original standards entirely.

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Emergency/Recovery standards	Proposed standards removal date/action	Comments
		<p><u>SPNE (2010)</u></p> <p><i>Standard 3: Selection, admission, progression and completion</i></p> <p>R3.10.2 AElS must ensure that, where exceptional circumstances prevent all outcomes being achieved within the assessed period for that part of the programme, any outstanding outcomes are met and confirmed within 12 weeks of the student entering the next part of the programme. The 12-week period includes holidays and any absences. Reasonable adjustments may be applied for students with a disability.</p> <p>R3.10.3 AElS must ensure that students who fail to achieve the outstanding outcomes within the 12-week period must, depending on local assessment policy, either return to the previous part of the programme to meet the shortfall, or be discontinued.</p>

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Emergency/Recovery standards	Proposed standards removal date/action	Comments
		<p><u>SPME (2009)</u></p> <p><i>Standard 15: Assessment strategy</i></p> <p>Clinical practice must be graded and be counted as part of the academic award. All outcomes within a progression point period (for example an academic year) have to be achieved and confirmed within 12 weeks of entering the next academic level. All assessments must be completed and have been passed prior to successful completion of the programme. This is designed to confirm that the student has the theoretical knowledge, practical skills and attitude to achieve the standards required for entry to the midwives' part of the register.</p>
<p>RN5 AElS and their practice learning partners must ensure virtual and simulation-based learning opportunities are used effectively and proportionately to support learning and assessment in practice to meet specifically identified standards of proficiency, associated skills and nursing procedures, and pre-registration nursing programme outcomes for the intended year of study.</p>	<p>Continue this recovery standard for a further 6 months and review.</p>	<p>This recovery standard will be adopted for the current academic year. The decision to retain or remove this standard in 6 months' time, will need to take account of any impact on the total number of hours in any programmes to which it has been applied.</p>

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Emergency/Recovery standards	Proposed standards removal date/action	Comments
<p>Where there is insufficient direct contact with healthy or ill people and communities in audited practice learning placements available for students to meet learning outcomes, alternative learning opportunities that use simulation, virtual and digital learning and other contemporary approaches can be used. These approaches may replace direct contact in practice for up to a maximum of 300 hours (8 weeks) of the overall 2300 practice learning hours. The final practice learning assessment necessary for award and eligibility to register should take place in an audited practice placement setting and meet the standards for student supervision and assessment (2018).</p>		

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Emergency/Recovery standards	Proposed standards removal date/action	Comments
<p>RN5.1 Appropriate student supervision of the use of simulation, virtual and digital learning and other contemporary approaches to practice learning (for example, peer learning, actors; high and low fidelity including manikins; and virtual and online practice learning training programmes involving authentic case studies, reflection and interaction with people) and appropriate student assessment of learning outcomes achieved during simulated or digital learning must be in place in order to meet the standards for student supervision and assessment (2018).</p>	<p>Continue this recovery standard for a further 6 months and review.</p>	<p>This standard will need to remain as long as RN5 is being adopted.</p>

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Adoption of the Recovery Standards allowing further use of simulation

Table 1

Number and percentage of AEs across the four countries that have adopted the recovery standards RN5 and RN5.1. Where we did not receive information this is marked as N/A

	Number of AEs adopted	Number of AEs not adopted	% of AEs adopted
Pre-reg nursing (adult)	45	13	78
England	38	8	83
Wales	3	2	60
Scotland	3	3	50
Northern Ireland	1	0	100
Pre-reg nursing (child)	32	13	71
England	30	8	79
Wales	1	3	25
Scotland	1	2	33
Northern Ireland	N/A	N/A	N/A
Pre-reg nursing (mental health)	38	13	75
England	33	8	80
Wales	2	2	50
Scotland	2	3	40
Northern Ireland	1	1	100
Pre-reg nursing (learning disability)	11	10	52
England	11	6	65
Wales	0	2	0
Scotland	0	2	0
Northern Ireland	N/A	N/A	N/A

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Table 2

Number and percentage of AEs where RN5 and RN5.1 have been adopted which have made use of different number of hours of additional simulated learning by programme year.

		Adult		Child		Mental Health		Learning Disability	
		Number	%	Number	%	Number	%	Number	%
Year 1	0 hours	11	24	7	20	7	18	4	36
	1-50 hours	8	18	5	14	6	16	3	27
	51-100 hours	13	29	8	23	11	29	1	9
	101-150 hours	7	16	4	11	6	16	2	18
	151-200 hours	1	2	3	9	2	5	0	0
	201-250 hours	1	2	1	3	2	5	0	0
	251-300 hours	4	9	4	11	4	11	1	9
Year 2	0 hours	17	38	17	49	15	39	5	45
	1-50 hours	10	22	5	14	5	13	3	27
	51-100 hours	8	18	6	17	10	26	1	9
	101-150 hours	2	4	1	3	1	3	1	9
	151-200 hours	3	7	3	9	3	8	0	0
	201-250 hours	1	2	0	0	0	0	0	0
	251-300 hours	4	9	3	9	4	11	1	9
Year 3	0 hours	21	49	17	50	20	53	6	55
	1-50 hours	7	16	4	12	3	8	2	18
	51-100 hours	6	14	6	18	7	18	1	9
	101-150 hours	3	7	3	9	3	8	1	9
	151-200 hours	1	2	0	0	1	3	0	0
	201-250 hours	1	2	0	0	0	0	0	0
	251-300 hours	4	9	4	12	4	11	1	9
Year 4	0 hours	5	83	0	0	0	0	0	0
	1-50 hours	0	0	0	0	0	0	0	0
	51-100 hours	0	0	0	0	0	0	0	0
	101-150 hours	0	0	0	0	0	0	0	0
	151-200 hours	0	0	0	0	0	0	0	0
	201-250 hours	0	0	0	0	0	0	0	0
	251-300 hours	1	17	0	0	0	0	0	0

Council

Education Quality Assurance Annual Report 2019-2020

Action: For discussion.

Issue: To update Council on the education quality assurance (QA) activity for the 2019–2020 academic year.

Core regulatory function: Professional Practice.

Strategic priority: Strategic aim 1: Improvement and innovation
Strategic aim 2: Proactive support for our professions
Strategic aim 5: Insight and influence

Decision required: None.

Annexes: The following annexe is attached to this paper:

- Annexe 1: QA Activity Data.

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 Our legislation defines our role in the education and training of nurses, midwives and nursing associates. This includes approving education institutions (AEIs) and programmes, and then continuing to monitor them against our standards going forward through annual self-reporting, exceptional reporting (where AEIs notify us of any event which may have impacted on our standards and the mitigations they have taken), and our education concerns process.
 - 2 We set out our strategic approach to the QA of nursing, midwifery and nursing associate education in our QA Framework which was updated in 2020. An external contractor, Mott MacDonald, delivers the operational function of our QA activity, with final approval decisions resting with the NMC.
 - 3 The Executive Board receives routine reports on QA activity, and reporting is provided quarterly to the Council in the Executive's performance report. In addition to the regular routine reporting, we also produce an annual update to the Council on the key themes that have emerged from our QA activity of education for the previous academic year which includes analysis of approvals, annual self-reporting and concerns.
- Four country factors:**
- 4 The annual update includes the findings of our QA activity across all four countries of the UK over the last year.
- Discussion:**
- 5 This paper covers the period 1 September 2019 to 31 August 2020.
- Programme approval**
- 6 Following the introduction of the new pre-registration nursing and pre-registration midwifery standards alongside new return to practice and prescribing standards, the focus of our education QA activity has been on re-approving AEIs to run programmes in line with the new standards.
 - 7 Our approval activity is undertaken by an external registrant visitor and lay visitor who review programme documentation through our gateways process. The final gateway is a visit to the AEI to meet with senior leaders, the programme team, practice learning partners, students, and patients/users of services to ensure our standards are being met. This work is undertaken through our QA service provider Mott MacDonald. We therefore receive an independent report on which to make an approval or refusal decision.
 - 8 During this period the number of AEIs delivering our programmes increased by two to 88.

- 9 We approved 641 programmes in this period. In Table one (**Annexe 1**), we have summarised the total number of approved programmes which is currently 2,074.

Conditions

- 10 Where visitors identify that our standards are not met, they can either set conditions, or where significant concerns are raised recommend refusal of the programme. The institution must meet these conditions, which are approved by the visitor before we will approve the programme.

- 11 Conditions are categorised against five key risk themes. In order of the most frequently occurring conditions the risk themes were:

11.1 Selection, admission and progression

For example – the AEI must provide a clear programme admissions process, including processes for recognising prior learning.

11.2 Effective partnership working: collaboration, culture, communication and resources

For example - the programme team must provide assurance that communication and collaboration between practice assessors and academic assessors is scheduled for relevant points in the programme.

11.3 Practice learning

For example - The programme team must provide an action plan to provide assurance that new practice learning staff will be adequately prepared for the standards for student supervision and assessment.

11.4 Assessment, fitness for practice and award

For example - The AEI must provide a revised programme structure and programme documents to demonstrate there is an equal balance of theory and practice.

11.5 Education governance: management and quality assurance

For example – the AEI must provide clarity and transparency of the theory and practice programme hours across the programme documentation.

- 12 In Table two (**Annexe 1**), we have summarised all conditions assigned to AEIs following approval events within the 2019-2020 academic year.

Refusals

- 13 Visitors recommended two programmes for refusal – one prescribing, and one nursing programme. Where we receive a recommendation to refuse a programme, the institution can make observations on the report before we receive it. The QA Board then reviews the evidence to make a decision. Where we are minded to refuse the programme, the institution then has a further calendar month to make any additional observations before we make a final decision. In both of these cases, the above processes were followed and the programmes were subsequently refused by the QA Board.
- 14 Should concerns be raised at an approval visit that may have implications for current students, we would liaise closely with the AEI to ensure appropriate measures have been put in place to address concerns and manage risks.

Monitoring

Annual self-reporting

- 15 AEIs are required to undertake and submit an annual self-assessment, including a self-declaration that their current NMC approved programme(s) meet our standards that all programme modifications have been notified to the NMC; and that all key risks are controlled. The self-assessment also provides an opportunity for AEIs and their practice learning partners to give examples or case studies of notable or innovative practice, and enables them to indicate any areas of provision that they are aiming to enhance.
- 16 The AEI annual self-reports are reviewed and we may require AEIs to resubmit their report and provide further detailed evaluative information if the evidence provided cannot assure us that all criteria have been met.
- 17 All 87 AEIs approved at the time and were required to undertake annual self-reporting submitted their self-assessment reports for the 2019-2020 reporting year. In this reporting period 66 out of 87 (76 percent) of AEIs provide assurance that all key risks are controlled or are mitigated against with actions plans in place. This shows an increase of two percent compared to 2018-2019 reporting year. The principle reasons were the failure to report details on action(s) taken to address the recommendation(s) from programme approval/modification events, and not providing updates on open concerns.
- 18 The 21 AEIs resubmitted their self-assessment reports, which have been reviewed and assurance is now provided that NMC key risks are controlled or mitigated in 2019-2020.

New programme monitoring

- 19 As we move towards a data driven approach to QA we have introduced a period of new programme monitoring for all new AElS, or existing AElS running a new pre-registration programme for the first time. New programme monitoring lasts until the first students from the programme join our register. This gives us the opportunity to work more closely with new programmes and institutions who we have not worked with before, and therefore have less information on to inform our data driven approach. As part of new programme monitoring, programmes must submit self-reports to us twice a year for those programmes, both of which are followed up by a telephone call by a member of the QA team. In 2019-2020, 38 institutions were placed under new programme monitoring covering 32 nursing associate programmes, three nursing programmes, two new AElS running a pre-registration programme and one AEl running a nursing associate programme.

Concerns

- 20 We continue to monitor AElS and their practice learning partners to ensure compliance with our standards. When risks emerge AElS and their practice learning partners must respond swiftly to manage and control risks appropriately. AElS should email exceptional reports to us and we take action when these risks are not being effectively managed and controlled locally. We also gather intelligence directly from system regulators, media scanning and whistleblowing, as well as through our Regulatory Intelligence Unit (RIU).
- 21 Once we receive a concern through any of those methods they are then graded as either minor, moderate, major or critical concerns depending on the impact and risk to our standards being met.
- 22 During 2019-2020 we received a total of 122 concerns, with 83 being categorised as minor, 31 as moderate, three as major and five as critical. Of the five critical concerns, four relate to maternity services. A full summary of concerns can be found in Table three (**Annexe 1**). In the table we note where the concern has first been raised with us, and whilst a large proportion are initially from our RIU, we routinely subsequently also receive an exceptional report from the AEl to highlight the same concerns and their actions as we would expect. Where we do not hear from the AElS involved we follow this up with them and remind them of our expectations. In the future, institutions failing to exceptionally report areas of identified concern will be monitored as part of our data driven approach to QA, and could be placed under enhanced scrutiny. Enhanced scrutiny involves submitting two additional reports on progress each year in addition to the normal annual self-reporting process. These reports are then followed up by a call by a QA Officer to the programme team and their practice learning partners.

- 23 Similarly to previous years, most of the exceptional reports continue to relate to issues in practice environments, including adverse system regulator reports and their impact on student learning, supervision and assessment and escalation of student concerns, and what actions have been undertaken locally to manage those concerns.
- 24 Once a concern has been categorised there are a number of different regulatory interventions we can take to ensure the programmes continue to meet our standards ranging from no further action where we have sufficient assurance from the institution, through to carrying out an extraordinary review, which can lead to us withdrawing approval of a programme. A summary of regulatory interventions can be found in Table three.
- 25 Where we identify serious adverse incidents and concerns regarding an AEI or practice placement and local risk measures are limited, we may decide to conduct an unscheduled extraordinary review. This measure may be necessary if there are concerns that present a risk to public protection, and if it is deemed that the AEI is either unaware or unable to put adequate measure in place to control the risk. We carried out one extraordinary review during the 2019–2020 academic year at the University of Staffordshire in relation to the ongoing concerns at Shrewsbury and Telford NHS Trust. The review identified that our standards were not being met. Subsequently an action plan has been implemented by the University, and we continue to closely monitor their updates against the plan.
- 26 For the other critical items currently open, all have had regular calls from the senior team including with other regulators and government bodies to secure ongoing assurance. This ongoing assurance has also involved requesting appropriate action plans, and contingency plans for removing students, as well as identifying additional steps the AEI and their practice learning are taking to support students. We have further developed additional guidance and templates for AEIs where we have critical concerns, outlining our expectations in their reporting and liaising with them where this has not been received. The critical items were reviewed monthly at our internal QA Board.
- 27 We proactively share our intelligence internally with our Regulatory Intelligence Unit and Professional Regulation colleagues as well as externally where appropriate with other professional and system regulators.

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Covid-19

- 28 Inevitably the Covid-19 pandemic has had implications on our QA activity. With lockdown measures and social distancing as of March 2020 all of our approval 'visits' were done remotely. This has enabled approval activity to continue whilst working to robustly ensure our standards are met. Remote visits have been well received and our QA Board will review how these might be incorporated more systematically, where appropriate, into our routine QA activity.
- 29 Due to the need to focus on the pandemic a number of AEIs in partnership with their practice learning partners deferred their approval visits. The Council agreed to extend the implementation deadline of the Future Nurse and Future Midwife standards by one year.

Emergency standards

- 30 In response to the pandemic and working closely with the four Chief Nursing Officers, Chief Midwifery Officers, Council of Deans of Health, Royal Colleges and representative bodies we introduced a set of emergency standards. These standards enabled second and final year students to undertake extended clinical placement to support the workforce, as well as enabled first years to complete their year in theoretical study.
- 31 These standards provided flexibility to AEIs and their practice learning partners, and enabled them to make changes at pace to adapt to the emergency situation without having to go through a major modification. However, AEIs were required to submit a dedicated form outlining the changes they had made, and how our standards continued to be met.
- 32 Of the 87 AEIs, 65 (75 percent) who implemented one or more of the emergency standards provided assurance of appropriate student support, supervision and assessment during this period. The primary reason for not providing sufficient assurance from the other 22 AEIs related to insufficient information in how they had robustly implemented the standard which exceptionally, allowed the practice supervisor and assessor to be the same person. These AEIs were therefore required to resubmit additional evidence as to how they were meeting this standard. The re-submissions were then re-reviewed to ensure appropriate assurance was provided.

Midwifery implications:

- 33 The QA of midwifery programmes is reported separately in this paper.

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Public protection implications:	34	There are no public protection implications arising directly from the production of this report. The report sets out the contribution our QA activity makes towards protecting the public in ensuring that newly qualified nurses, midwives and nursing associates meet our proficiency standards and are safe and competent to join our register.	3.
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Resource implications:	35	None. Resources to carry out our education QA activity form part of the normal operational budget of the Professional Practice directorate.	5.
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Equality diversity and inclusion implications:	36	We are committed to ensuring that our approved nursing and midwifery programmes comply with all equality and diversity legislation. Our standards outline the commitment to Equality, Diversity and Inclusion (EDI) which we expect from AEIs. In accordance with our QA framework, AEIs must provide evidence of an equality and diversity policy, recruitment, selection and admissions policy, and evidence of providing support to students that promotes equality and diversity, alongside the individual EDI requirements in the programme standards.	7.
			8.
	37	To gain further insight into how EDI is being appropriately addressed within learning and teaching our Annual-Self Reporting template for the 2020-2021 academic year asks specific focused questions. These will be reviewed to ensure our standards continue to be met, and that good practice is shared within the sector. Our new data driven approach to QA will also look at EDI factors as part of the ongoing assessment we make about AEIs and their programmes.	9.
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	38	We continue to work closely with Mott MacDonald to continue to improve the diversity of their visitor pool. This is an area we actively continue to monitor to ensure that our registrant and lay visitors reflect the wider characteristics of the population.	11.
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Stakeholder engagement:	39	As part of our ongoing QA activity we work closely with AEIs and respond to their feedback. We also work closely with other health and care bodies to ensure key information, in particular related to concerns is shared where appropriate.	13
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	40	With the Covid-19 pandemic we worked closely with the four Chief Nursing Officers, Chief Midwifery Officers, Council of Deans of Health, Royal Colleges and representative bodies to identify appropriate changes which would still allow for safe and effective care and learning.	15
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Risk implications:

- 41 Failure by AEs to comply with our education standards could impact upon public protection, by newly qualified nurses, midwives and nursing associates not meeting our proficiency standards.
- 42 In our new QA Framework we have developed a robust programme approval process, as well as developing our data driven approach to QA. We have also implemented a period of new programme monitoring for new providers or providers running pre-registration programmes for the first time to reduce the risks, in particular, during transition to new standards.

Legal implications:

- 43 None.

QA Activity Data

Table 1: Summary of total number of programmes in approval

The programme numbers include multiple programme routes which include different degree awards and forms of study (such as apprenticeship). For example an AEI may run a pre-registration nursing (adult) programme as a BSc, MSc and PGDip. The BSc could also be run as both a 'traditional' taught programme, or through an apprenticeship. In this example four programmes would be recorded. Post-2018 standards outline where the programmes have been approved against the new nursing, midwifery, return to practice and prescribing standards.

Programme name	Pre-2018 standards	Post-2018 standards	Total
Pre-registration nursing	229	606	835
Pre-registration midwifery	110	13	123
Prescribing	153	150	303
Return to practice	66	28	94
Pre-registration nursing associate	N/A	77	77
SPQ	192	N/A	192
SCPHN	256	N/A	256
Aptitude Test - Nursing	3	N/A	3
Aptitude Test - Midwifery	1	N/A	1
EU Nurse Adaptation	8	N/A	8
EU Midwives Adaptation	1	N/A	1
Mentorship	102	N/A	102
Practice Teacher	38	N/A	38
Teacher Programme	41	N/A	41
Total	1,223	874	2,074

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Table 2:

(A) – Summary of programme approvals and major modifications with conditions

	Total	NA	RN	Prescribing	RM	RtP	SCPHN	SPQ
Programmes recommended for approval without conditions	65	7	21	10	10	6	3	8
Programmes recommended for approval after conditions were met	140	31	50	28	14	10	3	4
Programme recommended for refusal	2	0	1	1	0	0	0	0

(B) – Total number of conditions at approval events against key risk themes

	Total
1. Effective partnership working: collaboration, culture, communication & resources	67
2. Selection, admission and progression	81
3. Practice learning	70
4. Assessment, fitness for practice and award	50
5. Education governance: management and quality assurance	67

Table 3:

(A) – Total number of concerns opened by source of concern and grading

	Exceptional Reporting	System Regulator	Media scanning	Whistleblowing	Regulatory Intelligence Unit	Total
Minor	28	2	14	11	28	83
Moderate	14	3	7	0	7	31
Major	0	0	3	0	0	3
Critical	0	0	3	0	2	5
						122

(B) – Regulatory interventions taken for concerns by grading

	Closed with no further action	Email for clarification	Call from QA officer	Action plan requested	Call from Senior Team	Face to face meeting	Extraordinary Review	Total
Minor	38	45	0	0	0	0	0	83
Moderate	0	30	1	0	0	0	0	31
Major	0	2	0	0	1	0	0	3
Critical	0	0	0	4	0	0	1	5
								122

Council

Review of Investment Policy

Action: For decision.

Issue: Review of our Investment Policy.

Core regulatory function: Supporting functions.

Strategic priority: Strategic aim 6: Fit for the future organisation.

Decision required: The Council is asked to confirm that it is content to adopt the amended Investment Policy at Annexe 1 (paragraph 28).

Annexes: The following annexe is attached to this paper:

- Annexe 1 – Draft revised Investment Policy.

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 began investing in stock markets in July 2020, following the appointment of Sarasin & Partners as investment managers. We have so far invested £30 million in stock markets.
- 2 The thinking behind such investments is to improve the return on our funds as compared to simply placing money in bank deposits where available interest rates are very low. We have significant available cash to invest both as a result of fees from our registrants being paid in advance, and prior year surpluses.
- 3 Improving the returns on our funds is one way in which we can continue to keep our annual registration fee at its current level, set in 2015, for as long as possible.
- 4 Our current Investment Policy was approved by the Council in May 2019. The Investment Policy itself requires that the Council reviews it every two years.
- 5 The Investment Committee, which meets quarterly with our investment managers to review performance, is required by its terms of reference to keep the Investment Policy under review “taking into consideration factors such as legislative, financial and economic changes, and ethical considerations.” It then makes recommendations to the Council as to any changes.
- 6 The Investment Committee has reviewed the policy agreed in May 2019. This paper, and the proposed revised policy attached at **Annexe 1**, reflect the Committee’s recommendations to the Council as to how the policy should be amended. The views of the Executive Board were also factored into the revised policy and the Executive Board is content with it.
- 7 The Charity Commission has recently issued a consultation (dated 8 April 2021) on draft revised guidance for “responsible investment” for charities. This has not been specifically factored into consideration of our revised policy, but on initial review, the Investment Committee’s view is that it does not appear to contradict the approach we are taking. With the consultation due to close on 20 May 2021, it is possible that the final guidance may be available for when the Committee is next due to review the policy in January 2022. The consultation is available at:

<https://www.gov.uk/government/news/charity-commission-seeks-views-on-updated-responsible-investments-guidance>

Four country factors:

- 8 Not applicable for this paper.

- Discussion:**
- 9 The Investment Committee has reviewed the Investment Policy in detail, in particular recognising that the Corporate Social Responsibility (CSR) statement that forms part of our five year strategy 2020-2025 could be better reflected within the policy. This particularly with respect to the impact of fossil fuels on climate change and our commitment in the CSR statement to the values of equality, diversity and inclusion (EDI).
 - 10 This review built on our existing Investment Policy, which already prohibits direct investment in companies that produce tobacco or pornography since they are seen as clearly conflicting with our objectives, role or values. It also excludes direct investment in companies that derive significant turnover from products that are at increased risk of the same conflict. This means we do not invest in companies that derive more than five percent of their turnover from gambling, alcohol, armaments, or infant formula milk.
 - 11 The review also carefully considered:
 - 11.1 the legal framework, including Charity Commission guidance, applicable to our Investment Policy. We took legal advice internally and from external Counsel. This is discussed below;
 - 11.2 the potential impact on financial returns of any changes to our policy; and
 - 11.3 whether other aspects of the policy would benefit from being updated.

Climate change

- 12 Several options were considered in this area, with a particular focus on whether we should invest in companies that derive most or all of their revenue from fossil fuels and which, therefore, have a significant adverse impact on climate change.
- 13 In this context it was noted that, while certain companies can clearly be seen to profit from fossil fuel production, we and the healthcare sector, are all currently heavily reliant on products derived from fossil fuels.
- 14 The Investment Committee considered four options. These were:
 - 14.1 Option 1: no change to the policy, simply relying on the existing commitment to the United Nations Principles of Responsible Investment (UNPRI) to bring pressure on fossil fuel companies;

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- 14.2 Option 2: excluding direct investment in companies that derive more than five percent of their turnover from thermal coal or tar sands. Thermal coal and tar sands are the most carbon intensive fuels;
- 14.3 Option 3: excluding direct investment in companies that derive more than five percent of their turnover from thermal coal or tar sands, as per option 2, plus also excluding direct investment in companies that derive more than five percent of their turnover from oil and gas production and extraction;
- 14.4 Option 4: excluding direct investment in any company classified in the Energy sector under the Global Industry Classification Standard methodology. The Energy sector as defined under this classification includes all companies largely orientated to production and sale of fossil fuels. Companies largely orientated towards renewable energy are classified in the Utilities sector.
- 15 The Committee noted that currently we have no direct investments in any company that would be excluded under any of these options. This is because, in the judgement of our investment managers, companies in the Energy sector do not provide attractive or sustainable long term returns. It also stems from their own public pledge to align with the UN's 2015 Paris Agreement on climate change and to ensure that the businesses they invest in align or are working to align, with the Paris Agreement. Therefore a policy of not directly investing in the Energy sector will not impact on our current investment holdings or returns.
- 16 The Committee concluded that:
- 16.1 in the interests of clarity and of demonstrating our clear commitment to action in this area, we should adopt option 4, excluding direct investment in companies in the Energy sector;
- 16.2 it would keep our Investment Policy in relation to fossil fuel and climate change under review. If the investment managers identified that an Energy sector company or companies were moving towards net zero carbon and recommended that we should invest in them, the Committee will consider the advice; and
- 16.3 it will continue to review the Investment Policy as a whole at least annually.

EDI and tidying amendments to Investment Policy

- 17 With respect to our EDI stance the Committee concluded that the most effective approach was to commit to seeking progressive improvement from investee companies and funds rather than specific exclusions for investee bodies that are or are seen to be underperforming on EDI. Performance in this area is difficult to assess with clarity and it is likely to be more beneficial for our investment managers to continue to operate in line with the United Nations Principles of Responsible Investment (UNPRI). These specifically include assessment of environmental, social and governance (ESG) performance that incorporate EDI.
- 18 As well as using ESG indicators to inform investment decisions, this means investors acting collectively to bring pressure to change and to increase transparency.
- 19 Reflecting this approach, we have proposed some changes to the policy that integrate it more explicitly with our five year strategy and our Corporate Social Responsibility (CSR) statement within. In particular, paragraph 5.17 (see **Annexe 1**) is strengthened, including the addition: “We want to use our influence as investors to promote ethical working practices, respect for human rights, and equality, diversity and inclusion within the companies in which we invest”.
- 20 There are also some minor tidying amendments to adjust language and to explain our approach to having medium term investments.
- 21 All the proposed amendments are shown as track changes in the full policy attached at **Annexe 1**.

Additional external legal advice

- 22 The Investment Committee sought external legal opinion with respect to our Investment Policy, particularly in the context of the exclusion of investment in energy companies contained in the proposed revised policy.
- 23 The opinion provided, by Counsel with particular expertise in charity law, was reviewed in detail by the Committee. It explains that we have a wide discretion when deciding how or whether to circumscribe our investments so as to align our approach with our overall functions and objectives as a charity and public body.
- 24 The opinion points out that decisions of this kind will always be a balancing act – i.e. balancing the financial returns from our investments with the need to align our investment approach with our functions and objectives. A fixed, inflexible approach would not be in line with trustees’ obligations, which are simultaneously to keep an eye on the financial health of our funds and on fulfilling our charitable objects.

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- 25 It has also answered questions about how far we need to go in obtaining evidence to support our position, and has said that we can largely rely on our investment managers to help with this.
- 26 We have also received confirmation that the advice is consistent with the guidance issued by both the Charity Commission and the Office of the Scottish Charity Regulator.
- 27 The legal opinion confirms that the approach being proposed by the Investment Committee is lawful and aligns with the Council's obligations as trustees of the NMC as a registered charity.
- 28 **Recommendation: Council is asked to confirm that it is content to adopt the amended Investment Policy at Annexe 1.**

Next steps

- 29 Subject to the Council's conclusions, the revised policy at **Annexe 1** will be provided to our investment managers for implementation.

Midwifery implications:

- 30 There are no direct implications for midwifery although our Investment Policy does take particular note of midwives' potential concerns with respect to companies that derive more than five percent of turnover from infant formula milk.

Public protection implications:

- 31 Only to the extent that our public protection obligations may influence our Investment Policy and in particular its ethical dimensions.

Resource implications:

- 32 None directly from this paper. We need to be aware that changes to our Investment Policy could potentially impact on the fees we are charged by our investment managers or the financial returns we achieve on our investments, but these are not anticipated from the changes proposed. All discussions by the Investment Committee on this subject have been in the presence of our investment managers who are content to implement the changes proposed.

Equality diversity and inclusion implications:

- 33 None directly from this paper although our Investment Policy continues to seek to promote diversity and inclusion through our investment managers following the United Nations Principles of Responsible Investment. These include promoting ESG considerations in investment decisions and operating as active owners with respect to ESG issues.

Stakeholder engagement:

- 34 Our investment managers, Sarasin & Partners, have been involved in all the discussions on the policy by the Investment Committee.

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Risk implications:

35 We need to balance risks around maintaining the trust in us of our stakeholders in the context of which companies we invest in, the financial returns we achieve and any risk of being legally challenged or challenged by the Charity Commission for exceeding our remit as a charity. This is discussed in the paper.

Legal implications:

36 None. The Investment Committee considered the legal advice provided on the proposed changes and is clear that we have the powers to make the changes.

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[Draft] Investment policy

1. Statement of investment principles

Financial aims and objectives

- 1.1. Our investment policy follows from our financial strategy and our organisational strategy for 2020-2025. The goals of our financial strategy are to enable the investment we need to deliver our organisational strategy, while also achieving financial sustainability and value for money, for the benefit of registrants and the public, keeping registration fees affordable and stable over time. We will promote trust and confidence in our finances and the value for money we provide through transparency and integrity in our financial conduct.
- 1.2. Our investment policy supports the aim of financial sustainability. 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.
- 1.3. The overarching objectives for our investments are set out below.

Primary

- 1.4. **Increase real value:** We aim to achieve long term financial sustainability so that our charitable objects can be delivered indefinitely. The primary objective of our investment policy is, therefore, to generate a total return (i.e. a combination of income and growth, net of fees) of 1% above the rate of inflation on a 5 year rolling basis.
- 1.5. **Liquidity and flexibility:** Being a large organisation with substantial operating costs, it is vital that our investment assets provide diversification, flexibility and liquidity to cater for possible changes in our situation and funding requirements.

Secondary

- 1.6. **Income generation:** Investment income represents a small proportion of our overall income, and while we would expect to generate some income from our investments, this should not be at the expense of our primary objectives.

Investment policy and liquidity management

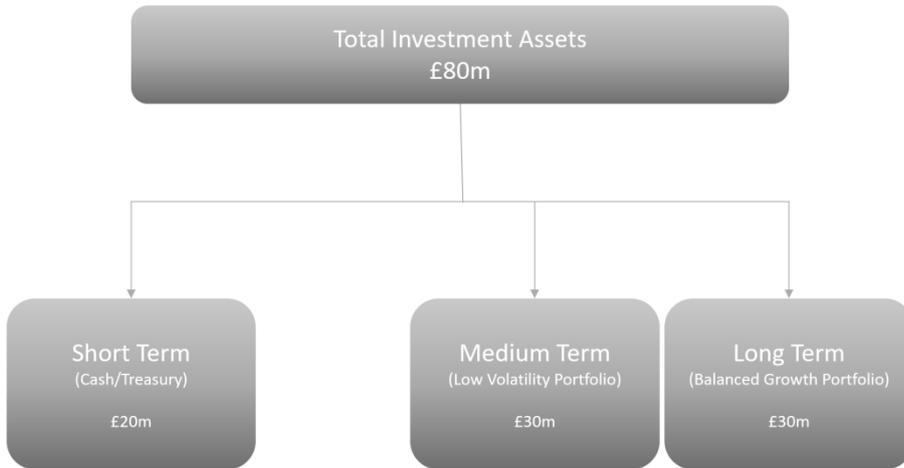
- 1.7. For the purpose of our reserves policy, all investment portfolios will be treated as liquid and therefore part of free reserves.

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Investment asset overview

1.8. Our investment assets will be broken down into three portfolios, as shown below¹²:



Short-term investment policy

1.9. The short-term investment policy is to hold for working capital purposes a portfolio of very low-risk, cash based investments in a target range of one to three months operating costs, the exact amount being decided on a tactical basis. In addition, the funds held in the short term portfolio need to be sufficient to cover planned capital expenditure within three years that will not be covered by fee income.

1.10. Further details can be found in section 2.

Medium-term investment policy

1.11. This portfolio has been put in place to fund planned expenditure in three or more years that will not be covered by fee income (such as future building renovation projects).

1.12. Further details can be found in section 3.

Long-term investment policy

1.13. Any capital not required for ongoing operational purposes or planned future projects is to be invested in the long-term portfolio. It is expected that this part of the portfolio will provide the greatest long-term protection against inflation.

1.14. It is accepted that these investments will rise and fall during the short term due to investment market volatility.

¹ The value (as at December 2018) and allocation between the three portfolios are indicative only and will change over time, in line with our requirements.

² Note that for the purpose of the investment policy, short term means up to three years, medium term means three to five years, and long term means over five years.

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Investment risk

- 1.15. Our overall appetite for investment risk is “**Cautious to Balanced**”, as described below:

“A Cautious to Balanced investor is looking for an investment which, while giving some potential for real returns, aims to produce returns that are at least as good as those from a high street deposit account. A high level of security of their capital is a priority. While recognising that investment values will change, they would feel uncomfortable if their investments rose and fell in value very quickly.”

- 1.16. It is accepted that certain elements of the investment portfolio will differ in risk level when viewed in isolation; however, we aim to ensure that the overall *blended* portfolio remains within this tolerance.
- 1.17. We understand that all investments carry some form of risk. While we prefer not to make any loss on investments we accept that there is always a possibility that losses may occur.
- 1.18. We have discussed our tolerance / capacity for loss and agreed that we want to avoid a drop of more than 10% in the nominal value of the overall portfolio over any 12-month period. We understand that there is always a possibility that this amount of loss could be exceeded, which must be considered when deciding on the allocation between the three portfolios.

Ethical and responsible investment

- 1.19. We seek a constructive and positive engagement with the corporate world. We require that our funds in the medium and long term portfolios are managed in line with our ethical investment policy set out in detail in section 5.

Monitoring and reviewing

- 1.20. It is important that we continue to monitor our investments to ensure they remain within our policy guidelines.
- 1.21. There will also be an ongoing requirement to review the valuations of the three portfolios so that (if appropriate) funds can be re-allocated in line with our investment policy. For example, if the value of our short-term cash investments exceeds the required amount, a discussion will take place to determine when this excess should be placed into the medium-term or the long-term portfolio, depending on our projected cash flow needs.

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1.22. The following monitoring policy will be adopted to ensure this is carried out:

What	Who	Frequency	Output
Review suitability of overall investment policy and portfolio allocation	Investment committee	Half yearly (quarterly at least initially)	Report to the Council summarising findings and any proposed action
High level investment performance, policy compliance and suitability review	Investment committee		
Detailed investment performance and suitability review		Annually	
Investment portfolio ethical policy audit			
Investment policy, including ethical policy	Council	Every two years	Revised or confirmed policy
Significant deterioration in the value of any of the investment portfolios will be reported to the Chair of the Investment Committee in line with the Markets in Financial Instruments Directive (MiFID). In summary, this requires investment managers to inform us where the overall value of the portfolio depreciates by 10% compared to the previously reported value no later than the end of the business day in which the threshold is exceeded.			

Charges

1.23. Complete transparency is required for all charges associated with the investment portfolio. This includes, but is not limited to, fund and investment manager fees, transaction costs, investment adviser fees, commissions. A clear statement of all charges applied to the portfolio is required as part of the annual report as well as interim reports.

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2. Short term investment policy

Financial aims and objectives

Primary

- 2.1. **Liquidity:** to maintain sufficient immediately available cash holdings to provide working capital with which to operate on a day to day basis with sufficient contingency to be able to absorb a reasonable level of unexpected cash calls, and to meet planned capital expenditure in less than three years. The maximum term for any fixed term deposits is 24 months.
- 2.2. **Manage risk:** investments in the form of cash deposits are maintained only in appropriately credit rated banks or building societies regulated by the Prudential Regulation Authority. The total placed with any individual bank or building society shall not exceed 40% of the funds within the short term portfolio.

Secondary

- 2.3. **Minimise the impact of inflation on real terms value:** within the restrictions of the primary aims, maximise the income from deposits reflecting market conditions.

Investment risk

- 2.4. Our risk appetite for the short term portfolio is Averse. The short term portfolio will be managed in house, using bank and building society deposits, so as to reduce the risk of capital loss to the lowest level practically possible. There will be zero volatility.
- 2.5. We would expect the level of the short term portfolio to be between one and three months operating costs, so as to cover changes over the year in working capital caused by monthly variations in registrant fee receipts, plus any amounts for additional planned spend (such as major improvement or capital investment projects) falling within three years.

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3. Medium term investment policy

Financial aims and objectives

Primary

- 3.1. **Increase real value:** The targeted total return (income plus capital growth) for this portfolio is CPI + 1% per annum (net of all fees).
- 3.2. **Manage risk / absolute return:** This portfolio will be managed within a low volatility / absolute return framework. This is to reduce the risk of crystallising losses in the event of an unforeseen liquidity requirement.
- 3.3. **Liquidity:** It is important that the underlying investments, although designed to be invested for three or more years, are readily available. We expect to be able make withdrawals from the portfolio at any time and receive the proceeds within 14 days³.

Secondary

- 3.4. **Low correlation to traditional (predominantly stock market based) portfolio:** We aim for the correlation of this portfolio to our long-term portfolio to be as low as it can be without jeopardising our primary objectives.
- 3.5. **Income:** We expect the medium term portfolio to generate dividend and interest income, but income should not be targeted at the expense of our primary objectives.

Investment risk

- 3.6. Our risk appetite for the medium term portfolio is Cautious. The medium term portfolio will be managed with the objective of avoiding a drop of more than 10% in its value on any given anniversary. We understand that all investments carry some form of risk, and we accept that there is always a possibility that losses may occur.
- 3.7. The portfolio will be managed with the objective of achieving low volatility, between 4% and 6%. Volatility is a measure of short term variation of a portfolio's value from its longer term trend. The lower the volatility, the lower the risk.
- 3.8. For clarity, a **Cautious** Investor is looking for an investment where the long-term priority is capital preservation, although acknowledging that the investment could still fall in value. The investment should aim to produce returns that are comparable with those from a high street deposit account, but have the potential for some long-term growth. A Cautious investor would feel very uncomfortable if their investment rose and fell in value very quickly.

³ When the investment policy was first approved in March 2019, the medium term investment portfolio was intended to hold funds set aside for capital projects planned for three or more years in the future. Subsequently, we brought forward our plans for investment in our systems and accommodation to start within three years, so we have not established a separate medium term portfolio, and instead we have held a larger short term portfolio. Once the current cycle of investment in systems and accommodation is completed, we may establish a separate medium term portfolio.

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4. Long term investment policy

Financial aims and objectives

Primary

- 4.1. **Increase real value:** The targeted total return (income plus capital growth) for this portfolio is CPI plus up to 3%⁴ per annum (net of all management fees).
- 4.2. **Manage risk:** To pursue a balanced overall long-term risk.

Secondary

- 4.3. **Income:** We expect the long term portfolio to generate dividend and interest income, but income should not be targeted at the expense of our primary objectives.
- 4.4. **Liquidity:** It is important that the underlying investments are relatively liquid. We would expect to be able make withdrawals from the portfolio and receive the proceeds within 30 days.

Investment risk

- 4.5. Given the long-term nature of this portfolio and the lower risk investments held by the charity in the short and medium term portfolios, we are content to take a balanced approach to risk with the regard to the long term portfolio.
- 4.6. However, the long term portfolio will be managed with the objective of avoiding a drop of more than 20% in its value on any given anniversary.
- 4.7. We want to maximise diversification, while ensuring that the primary and secondary aims are achieved. The purpose of this diversification is to maximise opportunities for income and growth, while managing risk and both preserving and developing the capital value of the portfolio.
- 4.8. We will not set a volatility objective for the long term portfolio, but we expect volatility to be typically between 7% to 12%.
- 4.9. For clarity, a **Balanced** Investor is looking for a balance of risk and reward, and while seeking higher returns than might be obtained from cash deposits, recognises that this brings with it a higher level of risk and that the value of their investment may fluctuate in the short term. They would feel uncomfortable if the overall value of their investments were to fall significantly over a short period or if their capital was eroded.

⁴ The target return will be set by the Investment Committee and communicated to the investment managers. The Investment Committee may set a target lower than 3% in order to achieve the appropriate level of risk.

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5. Ethical investment policy

5.1. Our charitable objectives are aligned with our vision which is safe, effective and kind nursing and midwifery, improving everyone’s health and wellbeing. Our charitable objectives include promoting public health and well-being through better, safer care.

5.2. Our strategy for 2020-2025 includes the following corporate social responsibility statement:

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 policy and the ethical investment policy.*
- 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 colleagues. 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.

5.1-5.3. Our investments must be consistent with those objectives, with our role as a regulator of health and social care professionals in the United Kingdom, and with our organisational values. At the same time, we must have particular regard to the fact that, while investment returns should help us reduce upward pressure on registrants’ fees, our cash reserves have built up as a result of fees paid in the past by our registrants and must be protected. And we must comply with the law and the Charity Commission’s guidance on charities’ investments, which requires trustees to invest in the best interests of the charity, including the expectation of a financial return.

5.2-5.4. Therefore we will select investment managers who are skilled not only in generating good investment returns but are also committed to and expert in ethical investment. We will set an ethical investment mandate that reflects our objectives, our role and our values, and we will monitor the managers’ performance against that mandate.

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5.3-5.5. Our investment mandate identifies two categories of excluded direct investment: those that are subject to absolute exclusion from our portfolio and those subject to a turnover-based exclusion.

Category one: absolute exclusion

5.6 We exclude all direct investment in companies whose products have an inherent, fundamental conflict with our objectives, role or values. For example, smoking is inherently damaging to health; therefore our investment mandate totally excludes direct investment in companies that produce tobacco or tobacco related products.

5.7 There is increasing evidence of the threat that pollution and climate change pose to health, and the impact of fossil fuels on both pollution and climate change. Whilst we recognise that hydrocarbon products will remain essential to the delivery of health and other services for many years to come, we exclude direct investment in companies in the Energy Sector, in order to avoid direct investment in companies that generate revenues from fossil fuels.

- 5.8 The absolute exclusions are:
- Direct investment in any company that produces tobacco or tobacco related products
 - Direct investment in any company that produces pornography; and
 - Direct investment in any company in the Energy⁵ Sector.

Category two: turnover-based exclusion – direct investments

5.9 The second category limits our direct investment in companies which are at increased risk of being incompatible with our objectives, role or values. For example gambling is not *inherently and unavoidably* damaging to health, so it is not included in our first category of absolute exclusions. But gambling is likely to be damaging to health if done to excess. Therefore we do not actively *want* to invest in gambling to any significant extent.

5.10 On the other hand, reducing our investment risk while maximising our long term returns depends on maintaining a sufficient diversification of our investments. Many companies operate through multiple subsidiaries in a wide range of sectors and markets. Therefore we need to be careful that our ethical investment policy does not exclude companies whose involvement in the given activity, and therefore the risk of conflict with our objectives, role or values, is acceptably small. To achieve an appropriate balance between our financial objectives and our ethical objectives, we apply a turnover-based exclusion: that is, we will not invest in companies who derive more than five percent of their turnover from the products or services which are at increased risk of being incompatible with our objectives, role or values.

⁵ This will be implemented by using Global Industry Classification Standard (GICS), excluding those companies in the Energy Equipment and Services as well as the Oil, Gas and Consumable fuels sectors. These are the two industry groups that make up the Energy Sector

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- 5.11 The turnover-based exclusions are direct investment in any company that derives more than five percent of its turnover from:
- gambling;
 - alcohol;
 - armaments;
 - infant formula milk.

Category three: turnover-based exclusion - indirect investment

- 5.12 When we invest indirectly, for example through a fund or unit trust, the indirect investment vehicle must not hold direct investments in companies that derive more than ten percent of their turnover from producing:
- tobacco;
 - pornography;
 - gambling;
 - alcohol; or
 - armaments.

We do not apply turnover-based exclusions on indirect investment in companies producing infant formula milk, or companies in the Energy Sector, because it would be impractical. Indirect investment vehicles that exclude those sectors are not available.

Review of the ethical investment policy

- 5.13 Our investment policy and performance is reviewed by the Investment Committee, who report back to Council. The investment mandate will be reviewed at least annually by the Investment Committee, who will consider whether there should be changes to the companies or sectors in either of the two categories, or changes in the exclusions for indirect investment. With respect to the policy on the energy sector in particular, as well as exclusions being reviewed at least annually, the exclusions will be reconsidered if the investment manager, between annual reviews, presents a strong case to invest. The case to accept such investment would need to show, in relation to the proposed investment, evidence of compliance with the Paris Agreement, and a share price which was low enough to warrant investment.

UNPRI

- 5.14 In addition to this there is an expectation that each manager can demonstrate due regard to the Principles of Responsible Investment supported by the United Nations (www.unpri.org) and preferably be signatories.
- 5.15 The initiative consists of an international network of investors working together to put the six principles for responsible investments into practice. Its goal is to understand the implications of sustainability issues for investors and support signatories to incorporate these into their investment decision-making and ownership practices. By implementing the principles, signatories contribute to the development of a more sustainable financial system.

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5.16 The six principles state:

- We will incorporate environmental, social and corporate governance (ESG) issues into investment analysis and decision-making process.
- We will be active owners and incorporate ESG issues into our ownership policies and practices.
- We will seek appropriate disclosure on ESG issues by the entities in which we invest.
- We will promote acceptance and implementation of the Principles within the investment industry.
- We will work together to enhance our effectiveness in implementing the Principles.
- We will each report on our activities and progress towards implementing the Principles.

5.17 In accordance with our corporate social responsibility statement, we expect our investment managers to actively apply the UNPRI. We want to use our influence as investors to promote ethical working practices, respect for human rights, and equality, diversity and inclusion within the companies in which we invest. We seek to invest in companies that have environmental strategies that are consistent with the Paris Agreement’s central aim of keeping the 21st century global temperature rise well below two degrees Celsius. Where these strategies do not exist we will use active ownership through our investment managers to drive change. We will review the ESG performance of our portfolio alongside the financial performance of the portfolio. For further information, visit – www.unpri.org.



Council

Appointment of Assistant Registrars

Action: For decision.

Issue: Appointment of additional Assistant Registrars to act on the Registrar's behalf.

Core regulatory function: Professional Regulation.

Strategic priority: Strategic aim 4: Engaging and empowering the public, professionals and partners
Strategic aim 6: Fit for the future organisation

Decision required: The Council is recommended to appoint as Assistant Registrars, the members of staff named in paragraph 9 of this paper to act on behalf of the Registrar in relation to the matters set out in paragraph 3 and 7, in accordance with Article 4 of the Nursing and Midwifery Order 2001 and the Standing Orders (paragraph 11).

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 Executive Director named below.

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Context:

1 The appointment of Deputy and Assistant Registrars is governed by Article 4(5) of the Nursing and Midwifery Order 2001 ('the Order'), which states:

If the Council appoints a deputy or assistant Registrar and that Deputy or Assistant Registrar is authorised by the Registrar to act for him in any matter, any reference in this Order to "the Registrar" shall include a reference to that Deputy or Assistant Registrar.

2 Standing Order 6.6 describes the process for the appointment of Deputy and Assistant Registrars by the Council:

"6.6 Deputy and Assistant Registrars

6.6.1 The Council may, upon the nomination of the Registrar, appoint a member of staff as a Deputy or Assistant Registrar.

6.6.2 The Registrar may authorise in writing any person appointed by the Council under Standing Order 6.6.1 to act on her / his behalf in any matter.

6.6.3 In determining whether to authorise a person under Standing Order 6.6.2, the Registrar shall ensure that (a) appropriate training, guidance, and procedures are available to enable the proper discharge of the delegated functions; (b) due consideration is given to (i) the segregation of duties, where appropriate; (ii) potential conflicts of interest."

3 This paper asks the Council to appoint Assistant Registrars in the Quality of Decision Making (QDM) team to:

3.1 Review or reconsider initial decisions not to investigate fitness to practise cases further, following an "initial consideration of an allegation of impaired fitness to practise" under Rule 2A of the Order.

3.2 Pursuant to Rule 7A of the Order, carry out reviews of decisions in fitness to practise cases which:

3.2.1 Find there is no case to answer in a fitness to practise case.

3.2.2 Recommend that undertakings should be agreed with the registrant or that undertakings should no longer apply.

3.2.3 Direct that fitness to practise allegations should not be considered further.

3.3 Make decisions on Voluntary Removal Applications.

Four country factors:

4 This applies to our regulatory work in all four countries.

Discussion:

5 In December 2019, the QDM team was formed. The purpose of the team is to promote and enable high quality, consistent and fair decision making at each point of the fitness to practise process. The team includes seven decision-makers ('Case Assessors'), four of which are appointed as Assistant Registrars. Their responsibilities include carrying out the decision-making functions of the Registrar set out in paragraph 3 above.

6 This paper asks the Council to appoint the remaining three decision-makers as Assistant Registrars, so they can carry out all of the decision-making functions set out in paragraph 3 to enable the team to continue to carry out its work effectively. All three decision-makers are experienced members of staff and their previous roles before recently joining the QDM team were within our other fitness to practise teams.

7 We also ask the Council to appoint one Assistant Director as an Assistant Registrar. This appointment is needed for the provision of additional cover for the Executive Director of Professional Regulation and it is proposed that they would be authorised to make decisions on behalf of the Registrar in relation to complex or non-standard registration and revalidation decisions.

8 The Registrar is satisfied that: (a) appropriate training, guidance, and procedures are available to the decision-makers to enable the proper discharge of their functions as Assistant Registrars and; (b) due consideration has been given to (i) the segregation of duties, where appropriate and (ii) potential conflicts of interest.

9 The Council is accordingly asked to appoint the following three members of the QDM Team and one Assistant Director as Assistant Registrars:

9.1 Madeena Qadri, Case Assessor

9.2 Ximena Hayes, Case Assessor

9.3 Nasreen Anderson, Case Assessor

9.4 Edina Ojeifo, Interim Assistant Director, Professional Regulation

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10 All of the above have undertaken the relevant training to equip them to carry out their decision-making functions as Assistant Registrars. Guidance and procedures are also available to enable them to carry out their functions, and we have appropriate measures in place to guard against possible conflicts of interest.

11 **Recommendation: The Council is recommended to appoint as Assistant Registrars, the members of staff named in paragraph 9 of this paper to act on behalf of the Registrar in relation to the matters set out in paragraph 3 and 7, in accordance with Article 4 of the Nursing and Midwifery Order 2001 and the Standing Orders.**

Midwifery implications:

12 These proposals apply equally to decisions relating to midwifery.

Public protection implications:

13 Review of screening decisions: Where we have made a screening decision not to investigate one or more Fitness to Practise concerns further, we will review the decision if: someone is unhappy with the decision, there is reason to believe the decision or our decision making process may be flawed; or new information comes to light relevant to our decision that was not available to us at the time the decision was made. If we have missed something in our decision making process, it is important that we act quickly to address it.

14 Review of Case Examiner decisions: Assistant Registrars review Case Examiner decisions of Fitness to Practise cases at the request of anyone (including the NMC) who is unhappy with the decision. In order to review the decision, the Assistant Registrar must be satisfied that it is in the public interest or is necessary to prevent unfairness to the nurse, midwife or nursing associate.

15 Making Voluntary Removal decisions: Voluntary removal is a way for nurses, midwives and nursing associates who have been investigated to apply to be removed from the register without the need for a full public hearing. Where voluntary removal is approved, it provides immediate public protection and supports our aim to 'reach the outcome that best protects the public at the earliest opportunity'.

Resource implications:

16 None. The training of the new Assistant Registrars has been managed within existing the budget for the QDM team.

Equality diversity and inclusion implications:

17 The creation of the QDM Team, and the appointment of Assistant Registrars, will bring improved consistency to our approach to reviewing fitness to practise decisions. This will improve our ability to identify trends in decision-making which have implications for our commitment to equality, diversity and inclusion in our fitness to practise processes.

Stakeholder engagement:

18 The Council's powers to appoint Assistant Registrars to carry out Registrar functions are well established, and are set out in our Order and the Standing Orders. This paper aims to explain the purposes for which these Assistant Registrars are to be appointed and the functions which they will be expected to perform. These are reflected in our published guidance and on our website.

Risk implications:

19 To ensure consistency of decision-making in the expanded pool of Assistant Registrars we will (i) continue to provide them with relevant training; (ii) quality assure their decisions, and (iii) provide them with feedback themes and learning to ensure continuous improvement in the decision-making process.

Legal implications:

20 Set out above in this paper.

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Council

NMC Strategy 2020-2025: The midwifery perspective

Action: For discussion.

Issue: To demonstrate how Midwifery is considered as a separate unique profession within the NMC, and how midwifery initiatives align with the NMC 2020-2025 Strategy.

Core regulatory function: Strategy.

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

Decision required: None.

Annexes: The following annexe is attached to this paper:

- Annexe 1: Midwifery at the NMC (external document).

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 Over recent years, the relationship between midwives and the Nursing and Midwifery Council (NMC) has been adversely affected by the impact of concerns about some maternity services, subsequent high-profile reviews and fitness to practice cases coupled with the legislative changes that led to the ending of midwifery supervision and the demise of the statutory Midwifery Committee.
- 2 The collaborative development of the Future Midwife standards and their launch lead to a much improved relationship and greater confidence in the NMC from midwives. This has been reinforced by the role of the Midwifery Panel, bringing key partners from the world of midwifery together to help shape and influence our work, for example in the development of the 2020-2025 Strategy.
- 3 The NMC recognises how important it is to have a positive and supportive relationship with the midwifery profession so that midwives can have confidence in their regulator and reassurance that their particular needs are understood throughout the organisation.
- 4 Informed by engagement with external stakeholders, The “Midwifery at the NMC” document (**Annexe 1**) interprets the NMC 2020-2025 strategy from a midwifery perspective. It demonstrates the commitment to ongoing engagement with midwives through collaboration and co-production to ensure the midwifery voice is visible and reflected in our work.

Four country factors:

- 5 All the four UK countries have been involved in the co-production of these proposals.

Discussion

- 6 We invite Council to consider the following question:
 - 6.1 Does this work demonstrate the commitment of the NMC to recognise the distinct characteristics of midwifery as a separate profession?

Next Steps

- 7 The NMC Senior Midwifery Advisors will continue to work collaboratively with all directorates to ensure the midwifery perspective is considered in relation to their work.
- 8 The ‘Midwifery at the NMC’ document will be published as an output from this work.

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Midwifery implications:	9	This work intends to reinforce the importance of a bespoke approach toward midwifery within the NMC.
Public protection implications:	10	None.
Resource implications:	11	Costs associated with this work has been met by the directorate budget and no additional resources are required.
Equality diversity and inclusion implications:	12	This work aligns with the NMC Strategy and reflects Equality, Diversity and Inclusion (EDI) principles in all related activities.
Stakeholder engagement:	13	A task and finish group with senior external midwifery stakeholders was formed to develop this work.
	14	Five external focus groups (two in England, one in Wales, one in Scotland, one in Northern Ireland) were held and they were made up of midwives from a range of grades and roles and student midwives. There were also public representatives at some of the focus groups.
	15	Midwifery Panel has also contributed to the work.
	16	Annual focus groups with midwives and student midwives will be held, to ensure the work continues to reflect the views of the midwifery profession.
Risk implications:	17	None.
Legal implications:	18	None for this work. Legal advice will be sought throughout our midwifery work across the NMC as required.

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Midwifery at the NMC

Safe, effective and kind midwifery care improves the health and wellbeing of women, newborn babies and their families. As the professional regulator of around 42,000 midwives, we have an important role to play in making this a reality.

Regulating the midwives of today and of the future

Midwives work in different settings, from clinical practice to management, education, policy and research. Wherever they work, they have the potential to make a vital impact on the quality and safety of maternity care.

There are bespoke standards of education and proficiency that apply to midwives: the future midwife standards. These standards are the foundation for safe and effective maternity care now and in the years ahead. They help make sure women have positive experiences throughout their pregnancy and childbirth.

The standards sit alongside our Code, which promotes lifelong learning as part of a midwife's revalidation process. Revalidation helps make sure midwives keep developing their knowledge and expertise, to maintain excellent standards of practice throughout their careers.

Supporting maternity safety

As the professional regulator of midwives, we support safe and effective midwifery care through our regulatory tools; The Code, our future midwife standards of proficiency, our education and training standards, and our standards for revalidation. The role of the midwife as a collaborative leader is at the heart of all of our standards, emphasising the key role of the midwife in ensuring positive and supportive workplace cultures.

We are also committed to collaborating with the public and the professions in our regulatory work, doing all we can to share information and work together.

Embedding a just culture in our fitness to practise work is another way we support maternity safety. That means avoiding blame when looking into concerns about midwives. We believe in giving professionals the chance to address concerns, but we will always take action when needed.

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Influencing the system midwives work in

Regulating midwifery effectively and supporting midwives well allows us to influence the development of the health and social care system they work in.

We work with other regulators and partners across the system to share intelligence and embed lessons learned into our processes. This intelligence comes from our register and other regulatory activities, like education, revalidation and fitness to practise. We share this insight to provide objective information to inform better decision making.

Building our relationship with the profession

We know that the profession of midwifery faces unique challenges. In recent years, there have been high-profile concerns and reviews of some maternity services. Consequently, there were legislative changes which brought to an end the NMC's involvement in midwifery supervision, and our statutory Midwifery Committee. Our relationship with midwives suffered as a result of these changes.

This is confirmed by our own research, which shows that most midwives feel were doing our job well, but that trust in us is slightly lower amongst midwives than nurses. We're now building a more positive relationship with midwives, to build their confidence and trust in us as their professional regulator. We are here to support midwives to deliver the safe, kind and effective care that all women have a right to expect.

Our plan for midwifery at the NMC

This plan complements our 2020-2025 strategy. It sets out how we will make sure the voice of this unique profession is heard in every part of the NMC, supporting midwives to deliver safe, kind and effective care that improves the health and wellbeing of mothers and babies.

Our vision

Safe, effective and kind midwifery practice that improves the health and wellbeing of mothers, babies and their families

Building on strong foundations

To deliver our vision, we need to be a responsive, proactive, strategic regulator of midwives ensuring the specific needs of the midwifery profession are embedded in all our work.

We are building on:

- ongoing engagement following extensive communication across the UK undertaken during development of our Future Midwife Standards.
- engagement with midwives and our wider stakeholders
- data, research and intelligence to inform our work

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Our values

As the regulator of midwives

- We are **fair**
- We are **kind**
- We **collaborate**
- We are **ambitious**

We want to reflect these values in all of our work with and for midwives.

Foundations of our midwifery work

We have established a framework of structures within the NMC which are focussed on strengthening and reinforcing a bespoke to midwifery across all of our activities.

Midwifery presence on the NMC Council: Our members and associate members

The NMC Council is made up of twelve members: six lay people and six current nursing or midwifery professionals. We have two associate members who contribute to the Council's business in a similar way to appointed Council members. We currently have a Registered Midwife as a member of Council, and both of our associate members are midwives.

The Midwifery Panel

Our Midwifery Panel plays a hugely important role in giving us the straight-talking, high level advice we need to make decisions that affect midwives and women, their partners and families across the UK. The Panel's discussion, debates and decisions inform our Council. All of this work means that the voice of midwifery has a direct impact of the decisions we make.

The NMC Midwifery Unit

We now have two full time Senior Midwifery Advisers at the NMC who work to ensure that the midwifery voice is considered in all our work.

The "Practising as a midwife in the UK" document

This publication describes our approach to the regulation of midwives, bringing together in one place all of the information for midwives, women and families, and anyone else with an interest in midwifery in the UK.

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Stakeholder and public engagement

We meet regularly and consult with the Chief Midwifery Officers in the four UK countries, the relevant professional bodies and trade unions, advocacy groups, users of maternity services and other health care professionals. We have also established two midwifery specific stakeholder groups.

The Lead Midwife for Education Strategic Reference group (LMESRG)

Lead midwives for education (LMEs) are employed by our Approved Education Institutions (AEIs) that provide pre-registration midwifery programmes. They are responsible for midwifery education in the AEI and are suitably qualified and experienced to lead and advise on midwifery education matters.

[We hold two meetings a year with the LMESRG to explore and discuss topics around midwifery education. The group informs our work on midwifery education](#)

Our newsletters

We have quarterly newsletters for registrants, students, educators, employers and members of the public. They feature guest articles about developments in health and social care. Our dedicated midwifery newsletter is for midwives on our register who strive to deliver the best care possible to women, their partners and newborn infants and their families, plus anyone interested in developments in midwifery.

Council

Professional Standards Authority annual performance review 2019-2020

Action: For information.

Issue: To consider the report of the NMC's performance review for 2019-2020 undertaken by the Professional Standards Authority (PSA).

Core regulatory function: All regulatory functions.

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

Decision required: None.

Annexes: The following annexe is attached to this paper:

- Annexe 1: NMC Performance Review report 2019-2020.

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

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Context:

- 1 The Professional Standards Authority (PSA) oversees 10 health and social professional care regulators in the UK and reviews their performance annually against a set of Standards of Good Regulation (SOGR).
- 2 Following a public consultation, the PSA produced a revised set of 18 SOGR, which were introduced for the 2019-2020 performance review cycle. Our performance for 2019-2020 has been judged against the new 18 SOGR.
- 3 The PSA's report at **Annexe 1** covers our performance from 1 April 2019 to 31 March 2020, and was published on 29 March 2021.

Four country factors:

- 4 Not applicable for this paper.

Discussion and options appraisal:

- 5 The PSA judged that for 2019-2020 we have met all but one of the SOGR. We did not fully meet Standard 15, of the SOGR for Fitness to Practise, relating to case progression.
- 6 The PSA's explanation for why we did not meet Standard 15 relates to a decline in the timeliness of some Fitness to Practise cases, and to some decisions we took on adjudication cases to hold a meeting rather than a public hearing.
- 7 This outcome represents an improvement on the 2018-2019 performance review, when we did not fully meet two of the Fitness to Practise SOGR. However, we must not be complacent and we must address all of the learning and feedback from the report and use this to improve how we carry out our work. The value of the performance review process to us is the learning which we receive from the PSA.
- 8 The 2019-2020 performance review was the first where we were assessed against the revised SOGR, including the newly introduced five General Standards. We are pleased the PSA has judged we fully met all the new General Standards. The PSA have also recognised improvements we have made in the handling of Personal Independence Payment (PIP) cases.
- 9 The report also contains some positive reflections on the development of the temporary register and on the speed with which we set it up in response to the Covid-19 emergency.

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- 10 Additionally the PSA has recognised:
 - 10.1 The extensive work we have carried out to engage effectively with stakeholders on proposed changes to standards and guidance. The PSA highlighted receiving very positive feedback from third party organisations on how we value and act upon external feedback and opinions.
 - 10.2 The extensive work we carried out to develop and implement our new Public Support Service. The PSA highlighted that we received very positive feedback from members of the public on the meetings provided by the Public Support Service at the start of the investigation and at the conclusion of the case. It was also stressed that the meetings improved communication with members of the public from the outset of the investigation, and meant they were kept better informed of progress and had a greater understanding of the process.
 - 10.3 The significant amount of work we have undertaken to ensure that our processes do not impose inappropriate barriers, or otherwise disadvantage people with protected characteristics.
 - 10.4 Positive feedback received on our engagement with stakeholders on proposed changes and our work to remove barriers to overseas registration.
 - 10.5 The significant work we have undertaken to implement a cultural change and embed our new values and behaviors, including steps we have taken towards embedding greater transparency in our processes and improving our communication to, and support for, parties involved in Fitness to Practise proceedings.
- 11 We have developed an action plan to address the learning and feedback from the report. This includes all of the areas that the PSA has indicated that they will explore during the 2020-2021 performance review. The action plan will be considered in detail by the Executive Board shortly and our progress in implementing the necessary changes will be monitored closely.
- 12 As you are aware, we already have a programme of work to address the backlog of cases in the Fitness to Practise process. The action plan in response to the PSA report, includes matters such as the guidance for Assistant Registrars on dealing with registration appeal cases; publishing more information on registration appeals on the website and further work on developing our corporate complaints process. We will provide updates on progress on the action plan to the Council throughout the year.

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	13	The process for the 2021-2022 performance review cycle has started. The PSA's internal meeting on the level of review the PSA will undertake this year is set for 21 June 2020.
Midwifery implications:	14	None.
Resource implications:	15	None.
Equality and diversity implications:	16	Equality diversity and inclusion (EDI) is at the core of our regulatory activities and our stakeholder engagement. Our focus on EDI is reflected in the positive outcome of us fully meeting Standard 3 of the new General Standards of Good Regulation.
Stakeholder engagement:	17	We are committed to engaging constructively with the PSA and to maximise opportunities to improve from the feedback we receive.
Risk implications:	18	None.
Legal implications:	19	Failure to comply with our statutory requirements leaves us exposed to legal challenges.

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performance review 2019/20

NURSING AND MIDWIFERY COUNCIL



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ABOUT THE PERFORMANCE REVIEW PROCESS

We aim to protect the public by improving the regulation of people who work in health and care. This includes our oversight of 10 organisations that regulate health and care professionals in the UK. As described in our legislation, we have a statutory duty to report annually to Parliament on the performance of each of these 10 regulators.

Our performance reviews look at the regulators' performance against our [Standards of Good Regulation](#), which describe the outcomes we expect regulators to achieve. They cover the key areas of the regulators' work, together with the more general expectations about the way in which we would expect the regulators to act.

In carrying out our reviews, we aim to take a proportionate approach based on the information that is available about the regulator. In doing so, we look at concerns and information available to us from other stakeholders and members of the public. The process is overseen by a panel of the Authority's senior staff. We initially assess the information that we have and which is publicly available about the regulator. We then identify matters on which we might require further information in order to determine whether a Standard is met. This further review might involve an audit of cases considered by the regulator or its processes for carrying out any of its activities. Once we have gathered this further information, we decide whether the individual Standards are met and set out any concerns or areas for improvement. [These decisions are published in a report on our website.](#)

Further information about our review process can be found in a [short guide, available on our website](#). We also have a [glossary of terms and abbreviations](#) we use as part of our performance review process available on our website.

The regulators we oversee are:

General Chiropractic Council • General Dental Council • General Medical Council • General Optical Council • General Osteopathic Council • General Pharmaceutical Council • Health and Care Professions Council • Nursing and Midwifery Council • Pharmaceutical Society of Northern Ireland • Social Work England



Find out more about our work
www.professionalstandards.org.uk

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Nursing and Midwifery Council

performance review report 2019/20

At the heart
of everything
we do is
one simple
purpose:
protection
of the public
from harm

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37	Useful information and links

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The Nursing and Midwifery Council

key facts & stats

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

As at 30 September 2020, the NMC was responsible for a register of:

724,516 professionals

Annual registration fee is: £120

The NMC's work includes:

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

Standards of Good Regulation met for 2019/20 performance review

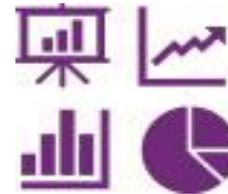
	General Standards	5/5
	Guidance and Standards	2/2
	Education and Training	2/2
	Registration	4/4
	Fitness to Practise	4/5

Meeting, or not meeting, a Standard is not the full story about how a regulator is performing. You can find out more in the full report.

The Nursing and Midwifery Council

Executive summary

How the NMC is protecting the public and meeting the Standards of Good Regulation



This report arises from our annual performance review of the Nursing and Midwifery Council (NMC), which is one of 10 health and care professional regulatory organisations in the UK which we oversee. We assessed the NMC's performance against the [Standards of Good Regulation](#) which describe the outcomes we expect regulators to achieve in each of their four core functions. We revised our Standards in 2019; this is the first performance review of the NMC under the new Standards.

To carry out this review, we collated and analysed evidence from the NMC and other interested parties, including Council papers, performance reports and updates, committee reports and meeting minutes, policy, guidance and consultation documents, our statistical performance dataset and third-party feedback. We also utilised information available through our review of final fitness to practise decisions under the Section 29 process¹ and conducted a check of the accuracy of the NMC's register. We used this information to decide the type of performance review we should undertake. Further information about our review process can be found in our [Performance Review Process guide](#), which is available on our website.

General Standards

When we revised the Standards, we introduced a new set of General Standards. There are five Standards covering a range of areas including: providing accurate, accessible information; clarity of purpose; equality, diversity and inclusion; reporting on performance and addressing organisational concerns; and consultation and engagement with stakeholders to manage risk.

We found that the NMC understands the diversity of its registrants and we saw evidence that it analyses the equality, diversity and inclusion data that it collects and uses the data to develop its understanding of the impact of its policies upon individuals with protected characteristics.

We have seen that the NMC monitors external events, considers the implications of relevant reports and regulatory issues, and takes appropriate action in response. The NMC's response to the Gosport Independent Panel Report involved looking at learning not

¹ Each regulator we oversee has a 'fitness to practise' process for handling complaints about health and care professionals. The most serious cases are referred to formal hearings in front of fitness to practise panels. We review every final decision made by the regulators' fitness to practise panels. If we consider that a decision is insufficient to protect the public properly we can refer them to Court to be considered by a judge. Our power to do this comes from Section 29 of the [NHS Reform and Health Care Professions Act 2002 \(as amended\)](#).

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just for the NMC but also for the professionals that it regulates, resulting in additional guidance and a learning tool for registrants.

The NMC provides information on its performance and on concerns it has received and how it has dealt with them in a range of public reports. In April 2019 the NMC changed its corporate complaints procedures as part of its wider establishment of a new Enquiries and Complaints function. The NMC plans to review satisfaction levels with the new process and we will report on the outcome of that work.

We have found that the NMC communicates with a variety of stakeholders across the four countries of the UK. The NMC consults with stakeholders about proposed changes to its standards and guidance. We have seen that it values and acts upon external feedback and opinion. We have received very positive feedback about this aspect of the NMC’s work from third party organisations.

Other key developments and findings

Standards of proficiency for midwives

The NMC published new standards of proficiency for midwives in November 2019 following an extensive period of consultation. It took into account the views of stakeholders and made changes in response to the feedback received to ensure that the new standards prioritise patient centred care and safety. We consider that there is an explicit link in the standards between the skills required of midwives and outcomes for women and babies. The NMC has committed to a programme of evaluation to establish how the standards are being implemented and what improvements may be needed in the future.

The NMC’s response to the review of maternity services at the former Cwm Taf University Health Board

An external review of care provided by the maternity services at the former Cwm Taf Health Board identified a number of serious concerns. The NMC engaged closely with the education provider which placed students at the Health Board to mitigate risks to standards of education and training. Consideration was given to the need to ensure that students could receive the support and learning experiences they need, while allowing time and space for the Health Board to address the very serious concerns identified about the safety of its maternity services.

Changes to the NMC’s registration processes and requirements

During this review period the NMC made a number of changes to its registration processes and requirements to increase fairness and flexibility while maintaining public protection. It published new return to practice standards in May 2019 following a public consultation. It launched a new, more streamlined process for overseas registration in October 2019. In November 2019 the NMC made changes to its English language requirements for registration and to the evidence requirements for readmission to the register. In January 2020 the NMC made further changes to its readmission requirements to allow applicants to take the test of competence as an alternative to a return to practice programme.

In making these changes the NMC has been transparent about the rationale behind its approach and the evidence relied upon. We have seen evidence that the NMC has

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considered the impact of past alterations to its requirements and whether these led to any increase in fitness to practise referrals when determining whether further changes are proportionate and appropriate for enabling safe practice.

Fitness to practise case progression

Ensuring cases are dealt with as quickly as is consistent with a fair resolution is a key element of Standard 15 of the Standards of Good Regulation. During this review period there was a decline in the NMC's performance on a number of measures of timeliness. This included: increases in the number of older cases across every category that we measure; an increase of 13 weeks in the median time taken from the NMC receiving a complaint to the case examiners reaching a case to answer decision (from 45 weeks in 2018/19 to 58 weeks in 2019/20); and an increase of 10 weeks in the median time from receipt of a complaint to final disposal (from 80 weeks in 2018/19 to 90 weeks in 2019/20). This timeliness data is particularly concerning in light of the further delays that have been caused by the NMC's need to respond to the Covid-19 pandemic, which will also have impacted on the final two weeks of this review period.

The decline in the NMC's performance in this area contributed to our decision that Standard 15 was not met this year.

Supporting parties to the fitness to practise process to participate effectively

During this review period the NMC has continued its work to address the concerns we identified in our Lessons Learned Review² in 2018 and to better support parties to the fitness to practise process.

The NMC has put in place resources of support for complainants, witnesses and registrants under investigation and the evidence available indicates that these have been well received. The NMC received very positive feedback from members of the public on the meetings provided by the Public Support Service at the start of the investigation and at the conclusion of the case. The meetings improved communication with members of the public from the outset of the investigation and meant they were kept better informed of progress and had a greater understanding of the process.

While we note that there is more work to do to review the impact of some of the significant changes the NMC has made in this area of its work, we are satisfied that the available evidence demonstrates the effectiveness of the NMC's approach.

² Lessons Learned Review. The Nursing and Midwifery Council's handling of concerns about midwives' fitness to practise at the Furness General Hospital https://www.professionalstandards.org.uk/docs/default-source/publications/nmc-lessons-learned-review-may-2018.pdf?sfvrsn=ff177220_0

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How the Nursing and Midwifery Council has performed against the Standards of Good Regulation

General Standards

Standard 1: The regulator provides accurate, fully accessible information about its registrants, regulatory requirements, guidance, processes and decisions.

- 1.1 The NMC clearly sets out information about its statutory objectives and core functions on its website. Detailed information on the work which the NMC carries out to support its core functions and deliver on its objectives is available through links on its homepage. The website includes an ‘Accessibility’ link which sets out accessibility features and provides information on how to navigate the website.
- 1.2 The NMC’s Code, which sets out the professional standards that nurses, midwives and nursing associates must uphold in order to be registered to practise in the UK, is available to read online or download in English or Welsh. It includes links to additional information to support registrants to apply the Code. Standards of proficiency and of education and training are available in sections dedicated to each profession.
- 1.3 The ‘Education’ section of the website sets out clearly the NMC’s remit in nursing and midwifery education and training. There is comprehensive guidance for those wishing to train in a profession regulated by the NMC, including links to registration requirements, information on different routes to qualification, where to find training programmes and how students can raise concerns about registrants or Approved Education Institutions (AEIs). The website provides detailed information about the NMC’s work in quality assurance of education and training, including an annual education quality assurance report.
- 1.4 A register search function features prominently on the NMC’s homepage. A registration checking service specifically for known employers is also available. The ‘Registration’ section of the website contains information for applicants seeking to join the register, including the NMC’s evidence requirements for registration and how these differ depending on where and when an applicant trained.
- 1.5 The NMC’s website has a dedicated page with information on registration appeals. However, this is limited to a link to the relevant section of the NMC’s legislation,³ the fact that when an appeal panel dismisses a registration appeal the decision and reasons will be published on the website for a period of four months, and a brief description of what happens at an appeal. We consider that the NMC could publish more information on the registration appeals process to assist applicants and to increase the transparency of the process.

³ Article 37 of The Nursing and Midwifery Order 2001, which sets out the type of decisions that can be appealed

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- 1.6 The NMC has a revalidation microsite with information about its revalidation scheme, including guidance and information sheets, case studies, and short films. The NMC publishes an annual revalidation report which includes summary data on the scheme.
- 1.7 The website includes extensive information about the NMC’s work in fitness to practise including how the process works at each stage, the distinction between the responsibilities of the NMC and those of employers in managing concerns about registrants, and details of recent hearings and outcomes. The NMC publishes an annual Fitness to Practise report providing a summary of developments in this aspect of its work and a range of data on concerns raised and how these were managed.
- 1.8 We consider that the NMC has clear policies and processes in place to ensure that it handles and discloses information appropriately across each of its functions.
- 1.9 On 21 October 2019 the NMC made some changes to the information it publishes about registration and fitness to practise decisions.⁴ These included reducing the amount of time it will publish a striking-off order from 60 years to five,⁵ publishing restoration decisions for a period of four months instead of indefinitely, and publishing all voluntary removal decisions for a period of one year, whereas previously only those made at a hearing were published. We do not have any concerns about these changes. We note that a number of the other professional regulators have set a five-year limit for the publication of striking-off orders. While some of the regulators publish restoration decisions for longer periods, we do not consider that a publication period of four months is unreasonable or insufficiently transparent.
- 1.10 In the final weeks of this review period the NMC established a ‘Coronavirus Hub’ on its website to provide up to date information about its response to the pandemic, how it would continue to regulate, and specific pages for different audiences with frequently asked questions and answers. There are clearly displayed links to the hub on pages across the NMC’s website, including the homepage.
- 1.11 The NMC provides information about its registrants, regulatory requirements, guidance, processes and decisions in a manner which appears to be accurate and accessible. Information about registration appeals is not as comprehensive and accessible as it could be. However, in the context of the other information we have seen, we do not consider that this issue in isolation indicates that the Standard may not be met. We are therefore satisfied that this Standard is met.

⁴ See the NMC’s [Guidance on publication of fitness to practise and registration appeal outcomes](#)

⁵ After five years the NMC will continue to display the fact that someone has been struck-off on its register, but will only disclose the reasons for the order upon request where it had a lawful basis under data protection legislation.

Standard 2: The regulator is clear about its purpose and ensures that its policies are applied appropriately across all its functions and that relevant learning from one area is applied to others.

- 2.1 The Nursing and Midwifery Order 2001 sets out the NMC’s objectives and principal functions. Its over-arching objective in exercising its functions is the protection of the public, which involves pursuit of the following objectives:
- To protect, promote and maintain the health, safety and well-being of the public
 - To promote, maintain public confidence in the professions regulated under this Order
 - To promote and maintain proper professional standards and conduct for members of those professions.
- 2.2 Under the Order, the NMC is required to have a system for the declaration and registration of private interests of its members, and to publish these interests. The NMC publishes policies setting out its approach these matters. Individual registers of interests for Council members and the Executive Team can be accessed on the NMC’s website. Council members and staff are also required to declare any personal or material interest that they may have in any business being discussed at Council and Committee meetings. We have seen examples of the NMC following this process.
- 2.3 The NMC published its Strategy 2020-25 on 29 April 2020 following a public consultation which was held from July to October 2019. The Strategy 2020-25 sets out the NMC’s purpose to promote and uphold the highest professional standards in nursing and midwifery to protect the public and inspire confidence in the professions. It publishes annual corporate plans alongside the strategy, setting out the NMC’s focus for the year ahead.
- 2.4 The Strategy 2020-25 sets out the NMC’s commitment to proactively support the professions it regulates. The NMC has undertaken work in recent years to improve its relationship with the professions, including its drive under the new fitness to practise strategy to take greater account of context in investigations and to resolve fitness to practise concerns at an earlier stage through a new approach to enabling remediation. We have also seen a number of examples of the NMC commenting publicly on workforce pressures within the professions it regulates. The NMC has reported that various stakeholder groups have expressed a desire for the NMC to have a greater involvement on wider system issues and specifically to contribute to addressing workforce challenges. We note that the strategy for 2020-25 includes a commitment to look at the issue of advanced practice in nursing.
- 2.5 We considered whether work undertaken to support or develop the professions could be in conflict with the NMC’s statutory objectives. The NMC told us that it has been very mindful of this when developing both its new corporate strategy and the fitness to practise strategy.
- 2.6 The NMC told us that a number of changes introduced under its fitness to practise strategy were driven by its view that registrants’ negative perceptions of the process may have the perverse consequence of inhibiting candour – and thereby, learning – when things go wrong. These measures are therefore aimed at making sure the

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fitness to practise process does not undermine the creation of a just culture, which the NMC believes will ultimately protect the public. The NMC said that in this instance it has continued to fulfil its statutory duty to investigate and manage concerns, but has amended how it does so in a way that is more supportive of professionals as well as protecting the public more effectively.

- 2.7 The NMC told us that its commitment to consider the issue of advanced practice in nursing has arisen because there has been a proliferation of advanced nursing roles, and in some other countries advanced practice in nursing is subject to regulation. This has led to calls for the NMC to regulate advanced practice in the UK. The NMC told us that it will consider what the risks of advanced practice might be and apply the principles of *Right touch regulation*⁶ in its consideration of this issue. It recognises that there may be interventions other than regulation which will protect the public.
- 2.8 We have not seen any evidence to indicate that the NMC's new strategic approach undermines the delivery of its overarching objective. The NMC has been transparent about the thinking behind its strategy and has sought contributions from stakeholders to inform it. We will continue to monitor the impact of the changes made as the NMC embeds its new fitness to practise strategy as well as the NMC's planned review of advanced nurse practice.
- 2.9 The NMC has logical and thorough processes in place to ensure that policies are successfully embedded and applied appropriately across all its functions, including internal review mechanisms to ensure their continued effectiveness. There are processes in place to share learning across the organisation and the NMC gave us examples of this being done effectively. For instance, an analysis of the common types of fitness to practise referrals made about registrants in their first three years of practice was used to inform the development of new education standards. The NMC also updated its standards of proficiency for registered nurses to clarify the knowledge and skills required relating to the medicines management and administration in response to a consistent level of referrals relating to errors of this nature.
- 2.10 We have also seen evidence that the NMC reviews and acts upon on the learning arising from the Authority's review of its work. We are satisfied that this Standard is met.

Standard 3: The regulator understands the diversity of its registrants and their patients and service users and of others who interact with the regulator and ensures that its processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics.

- 3.1 The NMC sets out its approach to Equality, Diversity and Inclusion (EDI) and how it complies with equalities legislation in a published framework document.⁷
- 3.2 The NMC collects diversity data about its registrants and the processes that affect them, which it publishes and analyses in a number of quarterly and annual reports.

⁶ <https://www.professionalstandards.org.uk/publications/right-touch-regulation>

⁷ <https://www.nmc.org.uk/globalassets/sitedocuments/eandd/nmc-edi-framework-2017.pdf>

It also publishes information about the diversity of its key decision makers such as Council members and fitness to practise panel members.

- 3.3 In 2017 the NMC commissioned research⁸ which identified disproportionality in fitness to practise referrals, progression through the fitness to practise process and outcomes among black and minority ethnic registrants. In October 2019 the NMC reported that it was undertaking its own research to look at how different groups of people (on the basis of protected characteristic) experience its processes. It originally planned to publish a report of initial findings in Spring 2020, but concerns about the quality of the EDI data meant that this was not achievable. It published the report in October 2020, following a further delay as a result of the Covid-19 pandemic. We will consider this report as part of our next performance review.
- 3.4 The NMC has a governance structure to monitor and report on EDI and it uses tools such as Equality Impact Assessments (EQIAs) to meet its strategic aims, ensure compliance with legislation, and ensure its processes are free from bias.
- 3.5 The NMC has a reasonable adjustments policy. It told us that it has worked for some time to improve its approach to reasonable adjustments, increasing awareness of its policy among customers, increasing its understanding about how to remove barriers, introducing guidelines to ensure consistency, and sharing best practice.
- 3.6 The NMC has told us about actions it has taken to address concerns about its processes, including updating its *Guidance on health and character*⁹ in January 2019 to provide greater clarity for registrants with long term health conditions or a disability.¹⁰ Its EQIA for the new meetings that are offered to members of the public raising fitness to practise concerns identified potential barriers to certain groups attending (those living in supported living accommodation, pregnant women and carers). The NMC therefore offers these groups meetings at the person's location, subject to risk assessments. The NMC offers an advocate to support people with mental health or learning difficulties accessing the public support service. It also offers translation/interpreter services for people who may have difficulties speaking English.
- 3.7 Under Standard 11 we discuss actions planned by the NMC to amend its process for conceding registration appeals in order to improve the consistency of decision-making and reduce any potential for conscious or unconscious bias.
- 3.8 The NMC told us that in 2018, as part of the annual self-assessment process undertaken by AEIs, it included a set of thematic questions around EDI. These identified some gaps in EDI compliance and good practice by education providers. The NMC continues to work with institutions to ensure they meet its requirements on EDI, including approving every institution and programme against its new standards for education and training, which include a stronger focus on EDI.

⁸ The Progress and Outcomes of Black and Minority Ethnic (BME) Nurses and Midwives through the Nursing and Midwifery Council's Fitness to Practise Process, University of Greenwich:

<https://www.nmc.org.uk/globalassets/sitedocuments/other-publications/bme-nurses--midwives-ftp-research-report.pdf>

⁹ <https://www.nmc.org.uk/registration/joining-the-register/health-and-character/>

¹⁰ The guidance is discussed further under Standard 11 below

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- 3.9 We are satisfied that the NMC considers carefully the EDI data it holds when reviewing and updating its processes. It has undertaken a significant amount of work to ensure that its processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics. The NMC anticipates that more data will be available in the future to demonstrate the impact of this work with improvements made to its IT systems and embedding of recent changes made to increase the fairness of its processes.
- 3.10 We are satisfied that this Standard is met and will continue to monitor and report on evidence of the impact of the NMC’s work in this area.

Standard 4: The regulator reports on its performance and addresses concerns identified about it and considers the implications for it of findings of public inquiries and other relevant reports about healthcare regulatory issues.

Corporate complaints process and learning from complaints

- 4.1 In April 2019 the NMC changed its corporate complaints procedures as part of its wider establishment of a new Enquiries and Complaints function. The NMC told us that its former multi-stage complaints process was confusing for some customers and could take many months to conclude. It therefore moved to a process involving a single resolution stage.
- 4.2 We wanted to learn more about how the NMC handles cases where a complainant is unhappy with the NMC’s response to their concerns under its new process. The NMC told us that it will only reopen a complaint if a customer provides it with new evidence to consider, which is in line with its published complaints process. Where a complainant is unhappy with the NMC’s response to their concerns, it may arrange a telephone call or face to face meeting to attempt to resolve their concerns. The NMC noted that its Public Support Service may assist in resolving complex complaints.
- 4.3 We have seen that the NMC is willing to engage with dissatisfied complainants and to address their concerns. It told us that in 2019/20 it met with eight customers with complex and longstanding complaints and agreed an action plan and a way forward to resolve the issues they raised.
- 4.4 The number of complainants who contacted the NMC in 2019/20 to pursue their corporate complaints following an initial response was low. We note that the NMC plans to survey customers to determine their level of satisfaction with the corporate complaints process.
- 4.5 The NMC told us that it shares learning from complaints with relevant managers involved in the case, who then share the information with their teams. Information is also provided to each directorate and to the NMC’s continuous improvement team, which uses this information to identify service improvements. The NMC provided examples of improvements it had made to its processes in response to learning from complaints.
- 4.6 The NMC also escalates concerns based on how serious it assesses them to be. The most serious complaints are responded to directly by the NMC’s Chief

Executive and Registrar and updates are shared with the Council. This appears appropriate and we have not seen any evidence that serious complaints have not been escalated.

Performance reporting

- 4.7 The NMC produces annual reports with information about its performance, and data on concerns it has received and how it has dealt with them. It presents regular reports about its performance to its Council which appear to be accurate and of an appropriate quality.
- 4.8 Since March 2020, the NMC has provided performance information to its Council on a quarterly basis. Although this is less frequently than was previously the case and therefore this has implications for the speed at which the Council can identify and scrutinise issues arising, we do not consider this to be an unreasonable timeframe. We will monitor how this change works in practice.

Action taken in response to external events

- 4.9 The NMC monitors external events, considers the implications of relevant reports and regulatory issues, and appears to take appropriate action in response. During this review period, the NMC responded to the Gosport Independent Panel Report¹¹ into concerns raised by families over a number of years about the initial care of their relatives in Gosport War Memorial Hospital and the subsequent investigations into their deaths. The NMC told us that it looked at the learning not just for the NMC but also for the professionals that it regulates. It convened an internal working group and developed an action plan. The NMC's Public Support Service provided advice as to how the NMC could support the families affected, and developed a stakeholder engagement plan to make sure that all key stakeholders were kept aware of the NMC's responses. In December 2019 the NMC published additional guidance and a learning tool for registrants arising from its assessment of the report.

Conclusion

- 4.10 The impact of the NMC's move to a corporate complaints process with a single resolution stage is not yet known. We will monitor and report on the outcomes of the NMC's planned work to review satisfaction levels with its new corporate complaints process and take into account any relevant feedback provided in concerns raised directly with the Authority in future reviews.
- 4.11 There are appropriate processes in place to share information and learning from complaints with staff and decision makers at all levels of the organisation, and we have seen evidence that the NMC acts upon feedback provided in complaints and make changes to its processes where required.
- 4.12 We are satisfied that this Standard is met.

¹¹ <https://www.gosportpanel.independent.gov.uk/panel-report/>

Standard 5: The regulator consults and works with all relevant stakeholders across all its functions to identify and manage risks to the public in respect of its registrants.

- 5.1 The NMC held two public consultations during this review period. The future midwife consultation, held from February to May 2019, sought views on the NMC’s draft standards of proficiency for midwives and draft standards for pre-registration midwifery education. The NMC hosted a series of consultation events across the UK to help people learn about the draft standards, including roundtable discussions, webinars and workshops. The NMC also created a small number of consultation assimilation teams made up of subject matter experts from a range of midwifery and other healthcare backgrounds to consider some of the key issues that had arisen from the consultation and help to inform the NMC’s response. The NMC made changes to the final standards where consultation responses showed that some areas needed strengthening or clarification.
- 5.2 The ‘shaping the future’ consultation ran from July to October 2019. The consultation sought views on what should be the NMC’s priorities over the next five years. The NMC used the information obtained to inform its Strategy 2020-25 which was published in March 2020.
- 5.3 The NMC engages with patients and service users and has held patient and public roundtables with a range of people who have personal experience of using health and care services, their carers and families, and organisations that advocate on their behalf. Members of the public also participated in research commissioned by the NMC into the level of trust in professional regulation.¹²
- 5.4 The NMC’s Education Quality Assurance Framework requires teams at approval events for all pre-registration programmes to include a lay visitor alongside registrant visitors. During approval events the team also meet with a group of service users/patients to discuss how they have been actively engaged in curriculum design.
- 5.5 The NMC established a public support steering group to provide guidance and direction in the development and implementation of its person-centred approach. The group consists of a mixed group of patients, families and service users, NMC staff and external partners. The NMC told us that the group has provided advice and direction on a number of projects, including the design of the public support service pilots, and had helped the NMC to develop a customer charter that reflects the needs and expectations of those who the NMC comes into contact with throughout the fitness to practise process.
- 5.6 The NMC established its Employer Link Service (ELS) to work in partnership with healthcare providers to improve patient safety and ensure higher standards of care through providing advice on NMC thresholds and revalidation recommendations, improving the quality of fitness to practise referrals, and encouraging robust local investigation, performance management and clinical governance.

¹² Building trust and confidence. What our audiences say about the key to better, safer care
<https://www.nmc.org.uk/globalassets/sitedocuments/shaping-the-future/building-trust-and-confidence-research.pdf>

- 5.7 The NMC told us that over the last four years, the ELS has developed relationships with a range of employers and other stakeholders including strategic oversight bodies, across the four countries. To date the main focus of the service has been work with targeted NHS trusts, Health & Social Care Trusts, Health Boards and Scottish Trusts, but the NMC is now planning how it will engage with harder to reach employers and registrants such as adult social care and independent health employers and the high risk environments associated with mental health and learning disability providers.
- 5.8 During this review period the NMC appointed members of its Executive team to lead its engagement in each country of the UK, with project teams established to support each director in their role. Country directors hold meetings with senior stakeholders in each nation, including Chief Nursing Officers and devolved administrations, to ensure that the voice of each country is heard at the highest level within the NMC and also to ensure that the different contexts of each country are fully understood within the organisation.
- 5.9 The NMC has memoranda of understanding with a range of organisations to set out how they will work together and share information where there are concerns about healthcare professionals and providers. The NMC told us that it also shares information with organisations with which it does not hold a memorandum of understanding where it considers this to be in the public interest. The NMC provides guidance and training for its staff to ensure that information is shared appropriately.
- 5.10 The NMC is a signatory to the emerging concerns protocol for England, a joint agreement which aims to make it easier for English regulators to share information about potential risks to patients, families and professionals. It is also a member of the Joint National Strategic Oversight Group, a forum to consider and share escalated, emerging and ongoing risks at Trusts.
- 5.11 The NMC told us that it refers customers to a range of organisations that can provide them support, including Mind, the Samaritans, and charities offering support to those in financial difficulty. Where customers have particular communication difficulties, the NMC engages advocates through its contractual relationship with Re-think. The NMC has created a signposting guide for staff to help signpost members of the public to other organisations where they can raise concerns and access support. The NMC's website also provides information about a range of support and advocacy services in the UK.
- 5.12 It is evident that the NMC communicates with a variety of stakeholders across the four countries of the UK, using a number of different methods. The NMC consults with or seeks the opinion of its stakeholders in regard to proposed changes to its standards and guidance. It recognises the value of external feedback and opinion and it is evident that feedback is considered and fed into subsequent discussions and amendments. We have received very positive feedback about this aspect of the NMC's work from third party organisations.
- 5.13 The evidence we have seen demonstrates that the NMC has robust, documented processes for sharing information about its registrants in order to manage risks to the public. We are satisfied that this Standard is met.

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Guidance and Standards

Standard 6: The regulator maintains up-to-date standards for registrants which are kept under review and prioritise patient and service user centred care and safety.

Standards of proficiency for midwives

- 6.1 As noted above under Standard 5, the NMC ran a consultation on new standards of proficiency for midwives between February and May 2019. It made changes to the draft standards in response to the view of respondents to the consultation that they needed strengthening or clarification, including:
- The role and scope of the midwife and whether there was appropriate prominence on optimising normal physiological processes
 - Whether there was too much emphasis on meeting the additional care needs of women and newborn infants with complications
 - Providing clarity on what the systematic physical examination of the newborn infant entailed.
- 6.2 Other reported refinements to the draft in response to the consultation included:
- Clarification of the role of the midwife in promoting continuity of care across all settings rather than being responsible for decisions about maternity service delivery
 - Greater emphasis added to the midwife’s role in working in partnership with women rather than providing care to women
 - Addition of a proficiency that promotes the future midwife’s knowledge and understanding of the principles of sustainable healthcare.
- 6.3 The standards outline requirements across six domains, the sixth of which (‘The midwife as skilled practitioner’) sets out a range of clinical and other skills linked to requirements across the other five domains, including, for example, in relation to monitoring and assessing vital signs, responding to possible complications, and working in partnership with women and with other professionals. There is an explicit link in the standards between the skills required and outcomes for women and babies.
- 6.4 The NMC’s Council approved the new standards and related transitional arrangements at its meeting in October 2019. The new standards were published in November 2019. The NMC has committed to a programme of evaluation to establish how all its future standards are being implemented and what improvements may be needed in the future. An advisory group of relevant stakeholders will oversee the outcomes and report into the NMC’s Midwifery Panel and Council.

Post-registration standards

- 6.5 In our 2017/18 performance review we noted feedback that the standards of proficiency for Specialist Community Public Health Nurses (SCPHNs), created in

2004, were out of date and required review. The NMC subsequently commissioned an independent evaluation of both the post-registration standards of proficiency for SCPHNs and Specialist Practice Qualifications (SPQs), which are additional post-registration qualifications which may be recorded as annotations on the NMC register. The key findings of that review were reported to the NMC's Council at its meeting in May 2019.

6.6 The NMC then established a post-registration standards steering group (PRSSG) to help develop its approach, with members recruited from across the UK, including representatives from the four Chief Nursing Officer offices, professional bodies, specialist post-registration forums and groups, and social care and advocacy groups.

6.7 The NMC set out plans for its ongoing work in this area in January 2020. These included:

- the development of new standards of proficiency for health visiting, school nursing and occupational health nursing fields of SCPHN practice, together with associated education programme standards
- an initial phase of work to scope standards of proficiency content of a proposed new SPQ for community nursing practice, accompanied by associated education programme standards
- giving formal notice that signals the NMC's intention to withdraw the current the current SCPHN qualification standards and the nine SPQ standards no later than 2023.

6.8 This work was delayed by the Covid-19 pandemic. In December 2020 the NMC reported that it was making changes to its proposals in relation to SPQs in response to feedback from stakeholders. This work is continuing and we will consider its outcome in future reviews.

Conclusion on this Standard

6.9 During this review period the NMC has continued its work to update its standards for registrants. The NMC has made changes in response to feedback received from stakeholders to ensure that the new standards prioritise patient and service user centred care and safety. The NMC has committed to evaluate how all its new standards are being implemented and what improvements may be needed in the future.

6.10 The NMC has recognised the need to update its post-registration standards and has sought relevant expertise to determine how this should be done. We will report on the progress of that work in future reviews.

6.11 We are satisfied that this Standard is met.

Standard 7: The regulator provides guidance to help registrants apply the standards and ensures this guidance is up to date, addresses emerging areas of risk, and prioritises patient and service user centred care and safety.

7.1 We have seen a number of examples of the NMC updating guidance for registrants in response to external events and emerging areas of risk.

- 7.2 In October 2019 the NMC updated its guidance on conscientious objection to reflect changes in the law on abortion in Northern Ireland.
- 7.3 In December 2019 the NMC published additional guidance and a learning tool for registrants arising from its assessment of the Gosport Independent Panel Report.¹³ The tool sets out information on the themes of:
- Communication and the importance of listening to those in care and their families
 - Speaking up when things go wrong or they have concerns
 - Accountability for care given and any consequences
 - Clear and consistent record-keeping.
- 7.4 The tool includes activities for registrants in relation to each theme, and the information provided is clearly linked to the NMC's Code and standards of proficiency.
- 7.5 In February 2020 the NMC published a response to the CQC report on promoting sexual safety in adult social care, confirming that nurses supporting people to safely explore and express their sexuality is entirely consistent with the NMC Code and standards which require nurses to show both clinical excellence and a commitment to kindness, compassion and respect, and to provide person-centred care that respects people's diversity.
- 7.6 In March 2020 the NMC published a joint statement with the Royal College of Nursing regarding decisions relating to cardiopulmonary resuscitation (CPR) in light of concerns about a fitness to practise case. The statement made it clear that in particular situations, where a decision is taken not to start CPR in the absence of a prior decision not to attempt resuscitation, the NMC agrees that registrants should use their professional judgement to decide what action should be taken in the best interests of the person in their care. It also refers registrants to the standards in the NMC's Code, which are useful to support decision making.
- 7.7 In March 2020 the NMC also published considerable guidance on the implications for registrants of the Covid-19 pandemic and how the NMC would respond to it. This included a joint statement from statutory regulators of health and care professionals on how they will continue to regulate in light of the pandemic¹⁴ and joint statements with nursing and midwifery leaders on expanding the workforce in the Covid-19 outbreak.¹⁵ We consider that this was a necessary, speedy and helpful response to the extraordinary circumstances of the pandemic.
- 7.8 We are satisfied that this Standard is met.

¹³ <https://www.gosportpanel.independent.gov.uk/panel-report/>

¹⁴ <https://www.nmc.org.uk/news/news-and-updates/how-we-will-continue-to-regulate-in-light-of-novel-coronavirus/>

¹⁵ <https://www.nmc.org.uk/news/news-and-updates/joint-statement-on-expanding-the-midwifery-workforce/>
<https://www.nmc.org.uk/news/news-and-updates/joint-statement-on-expanding-the-nursing-workforce/>

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Education and Training

Standard 8: The regulator maintains up-to-date standards for education and training which are kept under review, and prioritise patient and service user centred care and safety.

Standards of education and training for midwives

- 8.1 As discussed under Standard 5, the NMC consulted on draft standards for pre-registration midwifery education from February to May 2019. It made changes to the standards following consultation, including the addition of a standard on the need for AElS to appoint a Lead Midwife for Education who will be responsible for midwifery education in the AEl and accountable for signing the supporting declarations of health and character for applicants applying for admission to the register on completion of a programme.
- 8.2 We received positive feedback from a third party organisation about the NMC’s responsiveness to stakeholders’ views in developing the standards. The organisation expressed the view that the final standards are founded on a strong international evidence base and place women, babies, and families at their heart.
- 8.3 The NMC published the standards on 18 November 2019. In July 2020, it extended the implementation date of the standards from September 2021 to September 2022 in light of the Covid-19 pandemic and to allow appropriate time for AElS and their practice learning partners to develop new curricula and seek approval.

Post-registration programme standards

- 8.4 Standards for SPQ programmes were developed in 1994 and last published in 2001. As outlined above under Standard 6, the NMC commissioned an independent evaluation of post-registration standards for SCPHN and SPQs and established a steering group to help inform its thinking in this area. It had to delay its planned work around the development of new post-registration programme standards in light of the Covid-19 pandemic. We will report on how this work has progressed in future reviews.

Changes to the NMC’s standards for education and training during the Covid-19 pandemic

- 8.5 The NMC agreed in March 2020 to implement Covid-19 Emergency Education Programme Standards. The standards were designed to enable AElS and their practice learning partners to support all of their nursing and midwifery students in an appropriate way during the emergency period. The NMC engaged with higher education and student representatives to draft the standards.

Conclusion on this Standard

- 8.6 The NMC progressed its work to update its standards for pre-registration education during this review period. It consulted appropriately on the content of the standards and made changes in response to the feedback received. In considering the feedback, it had regard to the need to prioritise patient safety. The NMC has

committed to a programme of evaluation to establish how all its new standards are being implemented and what improvements may be needed in the future. While some of this work has been delayed because of the pandemic, we consider this to be entirely understandable and do not consider that this has led to any gaps in public protection.

- 8.7 We have seen evidence that the NMC has sought relevant expertise to inform its ongoing work to update its post-registration education programme standards. We will report on the progress of that work in future reviews.
- 8.8 We are satisfied that this Standard is met

Standard 9: The regulator has a proportionate and transparent mechanism for assuring itself that the educational providers and programmes it oversees are delivering students and trainees that meet the regulator’s requirements for registration, and takes action where its assurance activities identify concerns either about training or wider patient safety concerns.

Approval and quality assurance of nursing, midwifery, and nursing associate education programmes

- 9.1 Each year the NMC publishes a report on its quality assurance activity in education and training. The report includes information on its programme approval and monitoring processes and outcomes, as well as details of the concerns it has received about education programmes and how it has responded to them. The most recent report covered the 2018/19 academic year (from 1 September 2018 to 31 August 2019). This was a period during which the NMC began the process of approving education institutions and programmes against its new standards through the new gateways-based approach to approval.¹⁶
- 9.2 Where it identified themes for rejections at the different stages of the process (or ‘gateways’), the NMC shared lessons learned with the sector through webinars and presentations, as well as developing supporting information which was published on its website.
- 9.3 Where the NMC’s quality assurance processes identify that its standards are not met it can set conditions which must be met before a programme is approved; where significant concerns are raised, it may refuse approval. The number of programmes refused in the 2018/19 academic year was very low, but over 60% of programmes had to meet conditions before approval was granted.
- 9.4 While the proportion of programmes requiring conditions remains high, we note that there has been a reduction since 2017/18, when conditions were issued in respect of 71% of programmes. Some of the areas where conditions were provided appear to be of low risk, such as programmes being required to ensure consistent programme documentation or to provide explicit information on how programmes are run. We have seen no evidence that risks are not being managed.

¹⁶Education providers no longer have to first obtain ‘Approved Education Institution’ status before seeking approval of their programmes. This process has now been streamlined into one gateway process, where approval of the institution is granted at the same time as approval of a programme.

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- 9.5 We will continue to monitor this issue in future performance reviews to assess whether the NMC’s new, more outcome-focussed quality assurance model leads to a further reduction in conditions being issued, and whether there is any evidence that the NMC should be doing more to ensure programmes are in a position to meet its standards before embarking on the approval process.
- 9.6 We have seen that the NMC takes action where its assurance activities identify concerns, including by undertaking extraordinary reviews where the concerns are particularly serious.

Review of maternity services at the former Cwm Taf University Health Board

- 9.7 An external review of care provided by the maternity services at the former Cwm Taf Health Board was carried out in January 2019. The review identified a number of serious concerns which had implications for the safety and quality of services. We sought further information about how the NMC has responded to this issue and ensured that standards of education and training provided by the University of South Wales, which placed midwifery students at the Health Board, were upheld.
- 9.8 It is clear the NMC engaged closely with the University to mitigate risks. The actions taken by the University from which the NMC gained assurance appear proportionate to the risks identified, including removal of students from placement settings where necessary. Consideration was given to the need to ensure that students could receive the support and learning experiences they need, while allowing time and space for the Health Board to address the very serious concerns identified about the safety of its maternity services.
- 9.9 The NMC also sought to gain independent assurance of improvements to the services subject to review through its engagement with government and partner organisations in regulation and education.

Protected learning time for nursing associate students

- 9.10 Last year we noted the NMC’s commitment to evaluate its approach to protected time for nursing associate students once there was sufficient evidence available. We sought further information from the NMC on this issue this year.
- 9.11 Since the first cohort of students to experience protected learning time on NMC-approved programmes were half-way through their studies at the time of the NMC’s response, it was not in a position to undertake a formal evaluation of the impact of the change. However, the NMC has taken action taken through the programme approval process to address individual concerns about the way in which protected learning time was being managed.
- 9.12 The information provided indicates that the NMC’s programme approval process is identifying and appropriately addressing risks related to the way in which protected learning time is being managed. The proportion of programmes where the NMC found concerns this year was low¹⁷ but it was notable that in some cases reviewers identified a lack of a consistent understanding of the concept of protected learning time among both students and staff at placement settings. The NMC told us that it

¹⁷ Conditions were issued in four of the 42 nursing associate programmes approved, modified or endorsed in the academic year 2019/20. One programme was refused approval as nine conditions were set during the approval process, while the NMC allows a maximum of five conditions for a programme to be approved.

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has issued additional guidance to education providers on implementing protected learning time, which may assist them to ensure improved understanding of the concept among these groups.

- 9.13 The NMC intends to undertake a formal evaluation of the impact of the introduction of protected learning time later in 2021. It plans to seek information from education providers on the use of protected learning time as part of the annual self-assessment process between December 2020 and January 2021. We are satisfied that this Standard is met.

Registration

Standard 10: The regulator maintains and publishes an accurate register of those who meet its requirements including any restrictions on their practice.

- 10.1 The NMC has in place registration, readmission and revalidation processes to ensure only individuals who meet its requirements join or remain on its register. The NMC has published guidance about how it will consider allegations about incorrect and fraudulent entries to the register. We have not seen any information which suggests that the NMC has added anyone to its register who has not met its registration requirements.
- 10.2 On 21 October 2019 the NMC made some changes to its publication and voluntary removal guidance which changed the information that is displayed on the register, including publishing the reasons for a striking off order for five years instead of 60 and publishing all voluntary removal decisions for a period of one year, whereas previously only those made at a hearing were published. As noted under Standard 1, we do not have any concerns about these changes.
- 10.3 We conducted a check of a sample of entries on the NMC register for accuracy. We checked a sample of 50 register entries on 1 April 2020. The registrant entries checked were randomly selected, but all related to registrants who had been subject to a final fitness to practise decision in the relevant period. All entries checked were accurate.
- 10.4 The NMC launched its temporary register on 27 March 2020, following the passing of relevant emergency legislation. The temporary register enabled former registrants and overseas applicants who had completed all parts of the NMC registration process except their final clinical examination to register temporarily to enable them to assist during the Covid-19 pandemic. The temporary register is published on the NMC's website and entries can be searched by name or by NMC reference number. Entries display the temporary registrant's name, whether they are a nurse, midwife or dually registered, their country of residence, and the date on which their temporary registration became active. The NMC's website clearly sets out the conditions of practice which have been imposed on some groups of temporary registrants, and the fact that conditions are in place for a temporary registrant will be displayed on their temporary register entry for the duration of their inclusion on it. We will discuss further the NMC's work on the temporary register as part of next year's review but we note that the work was undertaken very swiftly and

demonstrates that the NMC has taken an agile and flexible approach in the light of the pandemic.

10.5 We are satisfied that this Standard is met.

Standard 11: The process for registration, including appeals, operates proportionately, fairly and efficiently, with decisions clearly explained.

Changes to the NMC's registration processes and requirements

- 11.1 Following a consultation undertaken in the 2018/19 review period, the NMC's new return to practice standards were published in May 2019. Under the new standards, those wanting to re-join the register can choose to take a test of competence to demonstrate that their skills and knowledge are up to date, rather than undertake a course.
- 11.2 The NMC launched its new process for overseas registration on 7 October 2019. Changes include:
- Moving from a paper to an online application system that provides applicants with a personal account to track their progress instantly
 - Streamlined requirements to confirm a candidate's competence – for example, instead of asking for training transcripts, the NMC will confirm applicants hold the qualification that would lead to registration in their home country¹⁸
 - A redesigned guidance page on the NMC website, including a new pre-application checklist tool that can be shared with employers and recruiters
 - A further reduction in the cost of the computer-based test that overseas applicants must take to work in the UK.
- 11.3 We received positive feedback from a third party organisation about the NMC's engagement with it around these changes and its work to remove barriers to overseas registration.
- 11.4 In November 2019 the NMC made changes to its English language requirements for registration. First, it reduced the required score in the writing element of the Occupational English Test (OET) to bring requirements into line with those of the alternative language test accepted by the NMC, the International English Language Testing System (IELTS). The NMC reported that there had been no evidence of an increase in language issues in fitness to practise cases and no evidence from stakeholders that there had been a negative impact on patient care since the reduction of the minimum required score for the writing element of the IELTS in December 2018. The NMC's decision was supported by independent evidence.¹⁹

¹⁸ Applicants provide the NMC with the contact details of their education institution and the NMC contacts the institution to check the information provided by the applicant about their qualification.

¹⁹ A benchmarking study (Occupational English Test and IELTS: A Benchmarking report. Gad S Lim May 2016 updated October 2017) had shown that a score range of 350–440 in OET was equivalent to the required score of 7 in the IELTS, and that a score range of 300–340 in the OET was equivalent to a score of 6.5 in the IELTS. The OET also conducted its own standard setting exercise with a group of senior nurse practitioners and clinical educators which concluded that the required score to enter the register should move

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- 11.5 Secondly, the NMC removed the requirement that a pre-registration nursing and/or midwifery qualification that was taught and examined in English must have been gained in the last five years to be accepted as evidence of English language competence. The NMC commissioned independent research which indicated that once English speakers reach a critical level of language competence (for example degree level) their language skills stabilise such that they should not deteriorate below that critical threshold over time. This applied to those whose first language is English as well as those who have learnt English as a second language.
- 11.6 In November 2019, the NMC also made changes to its evidence requirements for readmission to the register. The NMC will now accept a relevant pre-registration nursing and/or midwifery qualification gained in the last five years as evidence of clinical competence for readmission to the register. Under the previous process the NMC had different requirements for admission and readmission. The NMC considered it to be fairer and more consistent to align the two standards, so that people who completed their pre-registration qualification within the last five years could use this as evidence of clinical competence for both admission and readmission.
- 11.7 In January 2020 the NMC made further changes to its readmission requirements to allow applicants to take the test of competence as an alternative to a return to practice programme. This change was made in response to feedback from applicants about the accessibility of return to practice programmes.

Health and character guidance

- 11.8 In January 2019 the NMC published additional guidance on health and character to explain:
- when registrants or applicants need to tell the NMC about any relevant health conditions and character issues (such as police charges, cautions, convictions or conditional discharges)
 - how the NMC assesses and considers health and character declarations.
- 11.9 The guidance also contains advice for students and education providers about how to manage these issues.
- 11.10 We received feedback from a third party organisation that the guidance sets out a common-sense approach to health declarations and makes clear that registrants can declare that they are of good health even when they have a temporary health condition without worrying that they are misleading their regulator, thereby reducing anxiety around the declaration.

Processing of registration applications

- 11.11 The NMC continues to process completed registration applications promptly across all categories of registrants. This year the median time taken for UK and EU/EEA applications was zero days and that for overseas applications was one day.

from a range of 350–440 to a range of 300–340. The NMC commissioned the University of Bedfordshire Centre for English Language Research and Assessment to advise on the robustness and validity of OET's standard setting exercise.

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11.12 The NMC’s performance in processing registration appeals dipped in the final quarter of this review period, but this appears to be linked to the postponement of all appeal hearings due to the Covid-19 pandemic, and we note that the annual median was lower than that for 2018/19.

Concern about potential discrimination in registration appeal decisions

11.13 We received a concern in confidence from an individual who considered that the recommendations and decisions made by the Assistant Registrar in respect of registration appeals²⁰ concerning English language competence may be prejudicial to black and minority ethnic applicants. We advised them to report the matter to the NMC directly. We also sought information from the NMC about these issues and the wider registration appeals process.²¹

11.14 The NMC investigated the concern. It shared with us detailed information about its internal investigation, which showed that it took the matter seriously, escalated it appropriately, and investigated it thoroughly. The NMC shared learning from the investigation with staff.

11.15 Our review of the information did not identify any concerns that would undermine the NMC investigator’s finding that there was no evidence of subjective decision making or differential treatment which could indicate conscious or unconscious bias.

11.16 One of the key recommendations from the NMC’s investigation was to amend its standard operating procedure for conceding appeals to include specific criteria for when a language appeal should be conceded. This would improve the consistency of decision-making and reduce any potential for conscious or unconscious bias. We agree that this process requires further refinement and that the introduction of specific criteria for conceding language appeals is necessary and will also assist the NMC to review and quality assure such decisions.

11.17 We did not have any concerns about the information we received from the NMC in relation to the wider registration appeals process and the role of the Assistant Registrar in it. However, we consider that the relevant guidance could set this out more clearly. The NMC has confirmed that it is reviewing the guidance and we will monitor the outcome of this work.

11.18 The NMC told us that there is not currently a process in place for review and quality assurance of Assistant Registrar decisions in respect of registration appeals. Given the significance of the matters for which Assistant Registrars have decision making responsibility, it would be appropriate to have processes to assure their quality and consistency. The NMC plans to develop its work in this area as part of a wider decision-making improvement plan. We will consider the outcome of that work in future performance reviews.

²⁰ Appeals are determined by a Registration Appeal Panel which is comprised of three independent panel members, including at least one lay and one registrant member. The Assistant Registrar will make a decision as to whether the appeal should be conceded or resisted, and the panel will be aware of that decision, but the final decision as to whether to allow the appeal rests with the panel.

²¹ As noted under Standard 1, we have found that public information on the NMC’s registration appeals process is currently limited. We consider that this should be increased to assist applicants and to increase the transparency of the process.

Conclusion on this Standard

- 11.19 The NMC continues to review and make changes to its registration processes to increase fairness and flexibility while maintaining public protection. It has been transparent about the rationale behind its approach and about the evidence relied upon. We have seen that the NMC has considered the impact of past changes and whether these led to any increase in fitness to practise referrals when determining whether further changes are proportionate. The NMC has confirmed that it will continue to monitor the impact of the changes to its registration requirements to ensure that they are appropriate for enabling safe practice.
- 11.20 The NMC has maintained its performance in processing registration applications and appeals.
- 11.21 We consider that there are some matters in relation to the NMC's registration appeals processes which should be monitored and considered as part of future performance reviews. However, we are satisfied that this Standard is met.

Standard 12: Risk of harm to the public and of damage to public confidence in the profession related to non-registrants using a protected title or undertaking a protected act is managed in a proportionate and risk-based manner.

- 12.1 The protected titles for the professions regulated by the NMC are 'Registered nurse', 'Midwife', 'Nursing associate' and 'Specialist community public health nurse'. 'Nurse' is not a title protected in law.
- 12.2 Last year we reported that the NMC was taking action in respect of those purporting to be on the NMC register when they are not on a case by case basis and working to develop relevant enforcement policies. That work is continuing.
- 12.3 Moreover, in one case where the NMC's Regulatory Intelligence Unit became aware of the unlawful use of the protected title 'Registered Nurse' by the owners of a care home, it referred this to the police.
- 12.4 We have not seen any evidence suggesting concerns about this aspect of the NMC's work. The NMC is working towards formalising its approach and developing consistent, documented policies that are available to the public. We will report on the outcome of that work. We are satisfied that this Standard is met this year.

Standard 13: The regulator has proportionate requirements to satisfy itself that registrants continue to be fit to practise.

Evaluation of the revalidation scheme

- 13.1 In June 2019 the NMC published its third annual revalidation report, providing summary data on the scheme for April 2018 to March 2019. The report confirmed continued high rates of revalidation across the four countries of the UK (94%) and provided information about those revalidating by country, registration type, protected characteristic and work setting.

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- 13.2 The report considered the reasons for registrants choosing not to revalidate. Most people leaving the register cited retirement as their reason for doing so. However, a small proportion stated that they were not meeting revalidation requirements relating to hours of practice, obtaining practice related feedback, and completing written reflective accounts.
- 13.3 A higher proportion of those working or living outside the UK choose not to revalidate. However, the NMC’s view is that its register is for nurses, midwives and nursing associates practising in the UK and that revalidation has highlighted the fact that under the previous scheme it was easier to stay on the register without being able to meet the requirements for continuing safe and effective practice. The independent evaluation of revalidation found that no group is at a significant disadvantage as a result of the introduction of the scheme.
- 13.4 Some potential areas of improvement or development for the scheme were highlighted in the report, including:
- Providing more guidance on how to collect constructive feedback (including feedback from patients, people who use services and their families)
 - Improving understanding of the verification process and how it differs from the confirmation process
 - Consideration of whether a reduction of fitness to practise referrals should continue to be pursued as an objective of revalidation (as had been hoped prior to its introduction), given the lack of evidence that this has been achieved so far.

Applicants requiring additional support to revalidate

- 13.5 The transitional arrangement (‘exceptional circumstances’) whereby, for the first three years of the revalidation scheme, those who would not have had sufficient time to gather enough evidence to meet the revalidation requirements were allowed to continue to meet the previous renewal requirements, has now ceased.
- 13.6 The NMC’s year three report on revalidation notes that over the last three years the number of people taking advantage of this arrangement reduced from 1% of those revalidating in year 1 to 0.3% in year 3. The largest proportion of people revalidating through the exceptional circumstances process were between the ages of 31 to 40, and 97% were women. The report notes that this is what was expected, as a frequent reason for not having sufficient time in practice is being on maternity leave. Those who used the arrangements were also more likely to declare a disability than those who went through the standard revalidation process. The report noted that reasonable adjustments for those who are experiencing barriers to revalidating will continue to be offered, including additional time or alternatives to submitting online applications.

Changes to revalidation requirements during the Covid-19 pandemic

- 13.7 In response to the Covid-19 pandemic the NMC made some changes to its revalidation requirements. Those registrants due to revalidate between March and June 2020 were given an automatic 12-week extension to the deadline. Those due to revalidate from July 2020 onwards could request a 12-week extension if they needed more time to complete their revalidation application. The NMC also

produced guidance for registrants and others involved in the process such as employers and confirmers on how to revalidate during the pandemic.

Conclusion on this Standard

- 13.8 The NMC continues to work to understand how revalidation is working in practice. It has undertaken work to better understand the reasons why people choose not to revalidate and has set out clearly its position that the register is for nurses, midwives and nursing associates practising in the UK who are fit to do so. The NMC has identified potential improvements it could make to the revalidation scheme. We will monitor and report on any changes made.
- 13.9 We consider that the NMC's removal of the option of renewal under the exceptional circumstances process is proportionate at this stage in the implementation of the scheme. Any potential disadvantage caused to particular groups of registrants can be mitigated by the NMC's ongoing use of reasonable adjustments. We are satisfied that this Standard is met.

Fitness to Practise

Standard 14: The regulator enables anyone to raise a concern about a registrant.

- 14.1 Through its website the NMC continues to offer comprehensive information for those wishing to raise a concern about a registrant. There is a clear statement on the website that anyone can raise a concern if they feel the safety of patients or the public is at risk. There is advice on how to make a referral, tailored to different groups who may wish to raise a concern. Referral forms are available in different formats and those who need assistance completing the form are invited to contact the NMC to get help.
- 14.2 The NMC's Employer Liaison Service continues to offer services to employers including support to enable them to make a referral, advice on information to include in referrals, and training on FTP thresholds. The NMC is also developing improved guidance for employers on managing concerns about employees.
- 14.3 We are satisfied that this Standard is met

Standard 15: The regulator's process for examining and investigating cases is fair, proportionate, deals with cases as quickly as is consistent with a fair resolution of the case and ensures that appropriate evidence is available to support decision-makers to reach a fair decision that protects the public at each stage of the process.

Timeliness of case progression

- 15.1 During this review period the number of older cases increased across every category that we measure. Comparative data for the last four years is set out below:

Open older cases at year end	2016/17	2017/18	2018/19	2019/20
52-103 weeks	1,170	798	712	1,125
104-155 weeks	294	240	164	318
156 weeks or more	71	71	74	113
Total	1,535	1,109	950	1,556

15.2 The table below sets out the median timeframes for each stage of the FTP process from 2016/17 to 2019/20. There have been significant increases in the median time taken from the NMC receiving a case to the IC or case examiners reaching a case to answer decision and the median time from receipt to final disposal. Other measures remained stable, within one week of the median last year.

Dataset measure	2016/17	2017/18	2018/19	2019/20
Median time from receipt of referral to a decision whether to progress to IC/CE (weeks) ²²	N/A	N/A	4	5
Median time from receipt of referral to IC/CE decision (weeks)	51	41	45	58
Median time from IC/CE decision to final disposal (weeks)	26	26	26	25
Median time from receipt of referral to final disposal (weeks)	87	82	80	90

15.3 We sought further information from the NMC about the reasons for this decline in performance and how it intends to manage the backlog of cases that has developed in the context of the additional pressure on resources caused by the pandemic.

15.4 The NMC explained that staffing issues were a factor in the worsening performance over the review period. In particular, high turnover in the screening team led to a backlog in decisions and increased caseloads. The NMC also identified a need to increase the size of the team handling investigations.

15.5 The NMC told us that its work to improve the quality of decision-making, and the wider move to a more person-centred approach in fitness to practise, meant that cases were taking longer to progress. It is not clear from the evidence available how significant a factor these changes were to the delays we have seen, particularly in the context of the understaffing that the NMC has described. We note that some delays we have observed, such as that between a screening decision and allocation to investigators, have no clear relation to the improvement measures highlighted in the NMC's response.

²² This data was not requested prior to 2017/18.

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- 15.6 We consider that the NMC’s response raises the question of whether it introduced improvement measures without allocating sufficient resource to avoid their resulting in delays to case progression. We have seen from the NMC’s own performance reporting that its projections for 2019/20 significantly underestimated the increases to its fitness to practise caseload.
- 15.7 We have also seen an increase in the number of case examiner decisions that are adjourned for further investigation. In 2018/19, 23 cases were adjourned out of a total 1,661 decisions (1%). This year 82 cases were adjourned out of a total 1,510 decisions (5%). We consider that the increased rate of adjournments will also have impacted on timeliness at this stage of the process.
- 15.8 The NMC has told us about the measures it has taken to address its worsening performance. These include increasing the size of relevant teams, creating new roles and reallocating responsibilities to make better use of legal expertise, and allocating more cases to external law firms. The NMC is seeking to learn from the increase in adjournments of case examiner decisions by developing a reporting mechanism to identify themes from each case to enable case examiners and investigators to take away learning points that can be applied in future cases.
- 15.9 We will monitor the impact of these measures, recognising that future performance in this area is likely to be significantly affected by the further delays caused by the NMC’s need to respond to the Covid-19 pandemic, which will also have impacted on the final two weeks of this review period.

Concerns identified through our review of final decisions

- 15.10 Last year we reported on our ongoing concerns around the NMC’s approach to evidence gathering and presentation, as well as the number of cases we had seen through our Section 29 review where charging amendments were made at final hearings. We continued to observe concerns about the NMC’s investigation and management of complaints through our review of final decisions this year. We wanted to understand the NMC’s perspective on these issues and how it has worked to address concerns and improve its processes.
- 15.11 We have seen fewer cases this year where there were late amendments to charges. This may indicate that the measures taken by the NMC to improve charge drafting have had some impact. However, we still saw cases where charges did not fully reflect the registrant’s alleged misconduct. Although the number of cases affected was small, the matters not charged were potentially serious in some cases and formed part of our grounds for successful appeals of the final decision reached. In our view, the information provided by the NMC does not provide sufficient assurance that action has been taken since the conclusion of these cases that would prevent similar issues arising in the future.
- 15.12 The NMC provided evidence of the training and guidance to staff on its approach to investigations and the evidence required. It set out the various points in its process at which cases are reviewed to ensure that all relevant evidence is obtained and presented. While we do not have any concerns about the guidance and processes described, they have not prevented the failures to investigate or to obtain and present important evidence that we have observed in a small number of cases. The increase in adjournments of case examiner decisions as a result of requests for

additional information further demonstrates ongoing issues with the quality of investigations.

- 15.13 We also identified concerns in a small number of cases in relation to the NMC's decision to hold a meeting rather than a hearing or about the information provided to a panel at a meeting. The NMC's position is that there are no grounds to hold a substantive hearing outside of a request by the registrant or a material dispute. We consider that in certain cases a hearing may be necessary to maintain public confidence, for example where there is a strong public interest element, and that for certain cases it may be more difficult to assess insight outside of a hearing.

Complaints about Personal Independence Payment assessments

- 15.14 We have commented in previous reviews on the NMC's handling of complaints about registrants conducting Personal Independence Payment (PIP) assessments. This year, the NMC told us about the further work it has undertaken to improve decision making at the early stage of its process, including the launch of its screening quality standards, training for staff delivered by an organisation responsible for carrying out PIP assessments, and improved guidance and resources for staff on the PIP assessment process and how investigators should manage these cases.
- 15.15 The new screening quality standards set out clear expectations for how concerns should be managed which, if consistently met, should address the concerns we identified in our audit of cases involving PIP assessments in 2017/18. The standards emphasise the need to fully explore and understand concerns raised by members of the public, and to explain decisions to relevant parties clearly and at the earliest opportunity.
- 15.16 The NMC has engaged with stakeholders to improve its response to complaints about PIP assessments, including the Department for Work and Pensions (DWP), other regulators which receive similar concerns, PIP assessment providers, and disability organisations. This collaboration is a sensible way to ensure that NMC decision makers are appropriately informed.
- 15.17 While we have not reviewed individual cases, partly because of the Covid-19 pandemic, the data we have seen indicates that the NMC is progressing concerns of this nature for further investigation where this is considered necessary. The NMC has in place processes to review and quality assure all decisions to close cases involving PIP assessments and it has told us that learning arising from its review of these cases is shared with relevant staff.

Implementation of the NMC's new strategic direction for fitness to practise

- 15.18 The NMC has made some significant changes to its approach and processes under its new fitness to practise strategy. We sought more information from the NMC about how some of these changes were being implemented.
- 15.19 One aspect of the strategy is the NMC's work to enable registrants to remediate concerns at the earliest opportunity in order to avoid a more lengthy investigation. We consider that, where remediation is possible and is sufficient to protect the public, this may well be a proportionate outcome. However, it is essential that the NMC should assess whether remediation of itself is sufficient to maintain public

confidence and declare and uphold professional standards, as well as address the risk presented by the individual.

- 15.20 The NMC's guidance makes clear that there are some concerns that may be more difficult to remediate, giving the example of conduct relating to attitudes and behaviours which affect the trust people have in the professions. It appears appropriate and we received feedback from a third party organisation that the guidance provides clarity for registrants and enables them to take the steps that they need to take to satisfy the NMC of their fitness to practise.
- 15.21 We have not seen grounds for significant concern about the NMC's current approach to remediation. Key to our assessment of this issue will be how the NMC uses evidence of remediation in practice. The NMC has made clear that no additional weight is given to remediation that is undertaken independent of or prior to its tailored remediation guidance being shared with the registrant. However, its guidance asks decision makers to take into consideration the registrant's openness in raising or responding to concerns about their practice, both at a local level and during the NMC's investigation. The NMC also told us that the timing of remediation might go to decision makers' overall assessment of insight. We will consider evidence of how the NMC takes remediation into account in its investigations and decisions in future performance reviews.
- 15.22 The NMC provided a summary of the outcomes of its second pilot on taking greater account of context in its investigations. From this it is difficult to draw any firm conclusions on the effectiveness of its current approach. There remains a lack of clarity around how any conclusions on context reached by investigators will be used in wider case management decisions and how any assessment of context will be balanced against the need to maintain confidence in the profession and to uphold professional standards. This work is ongoing and the NMC is continuing to review whether further changes are required to its processes and the guidance provided to staff. We will continue to monitor the NMC's implementation of its new approach and report on it in future performance reviews.
- 15.23 In implementing the strategy, the NMC introduced statements of case and evidence matrices which explain its position on the allegations and the evidence relied upon. This appears to have been beneficial in increasing clarity in the way in which the NMC presents its position on the facts of a case and that registrants under investigation are more likely to respond to allegations in advance of a final hearing or meeting.

Conclusion on this Standard

- 15.24 This year has seen a decline in performance on a number of measures of timeliness of case progression through the fitness to practise process. This timeliness data is particularly concerning in light of the further delays that have been caused by the NMC's need to respond to the Covid-19 pandemic. The pandemic will have affected the final two weeks of this review period, but we do not think it contributed significantly to the overall decline in performance during the year.
- 15.25 The NMC has attributed some of the decline in performance on timeliness to its work to improve the quality of decision-making and its engagement with parties to the process. It is not clear from the evidence available how significant a factor these changes were to the delays we have seen, particularly in the context of the

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understaffing that the NMC has described. While we welcome many of the changes the NMC has made to improve its approach and processes, the information it has provided raises the question of whether it introduced changes without allocating sufficient resource to avoid their resulting in delays to case progression.

- 15.26 We have also seen evidence to support our continuing concerns about the NMC's drafting of charges and failures to investigate or obtain and present relevant evidence. In some cases we considered that the decision reached was insufficient to protect the public. We have also seen some cases where we considered that the NMC's decision to hold a meeting, rather than a hearing, was inappropriate. While we found these issues in a small number of cases in the context of the NMC's caseload, they have significant implications for the fairness of the process, and some have been highlighted to the NMC over a number of years.
- 15.27 We have seen some positive developments relevant to this Standard, including evidence of improvements to the NMC's handling of complaints relating to PIP assessments and clearer presentation of its case prior to a final meeting or hearing.
- 15.28 However, given the concerns we have identified in relation to the timeliness of case progression, and through our review of final decisions, these positive changes are not sufficient to enable us to say that the Standard is being met. We have determined that this Standard is not met this year.
- 15.29 We have seen that the NMC plans to allocate additional resources to address the backlog of fitness to practise cases that developed during this review period and which was exacerbated by the additional delays caused by the Covid-19 emergency. We will monitor the impact of this work. We are mindful that improving timeliness is likely to be particularly challenging in the context of the ongoing pandemic and we will take this into account in our next performance review.

Standard 16: The regulator ensures that all decisions are made in accordance with its processes, are proportionate, consistent and fair, take account of the statutory objectives, the regulator's standards and the relevant case law and prioritise patient and service user safety.

Concerns identified through our review of final decisions

- 16.1 During this performance review period, the NMC notified us of 1,357 final decisions. We appealed 10 decisions on the basis that we considered they were insufficient to protect the public.
- 16.2 We discussed concerns identified through our reviews about the NMC's investigation and case presentation under Standard 15 above. The most common issues identified about decisions reached by the Fitness to Practise Committee were:
- The reasons did not fully explain departure from NMC sanctions guidance
 - The panel's assessment of the seriousness of misconduct was inadequate
 - The panel's consideration of the public interest was inadequate
 - The panel's consideration of aggravating/mitigating factors was inadequate
 - There was a lack of clarity in the panel's reasoning.

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16.3 We identified concerns about the quality of advice issued by legal assessors in a small number of cases, including some decisions that we appealed. The nature of our concerns varied from case to case, but included inaccurate advice to the panel, a lack of guidance to the panel about the weight to attach to the public interest, and a case where we considered that the legal assessor appeared to act as an advocate for the registrant and to sum up evidence with a favourable leaning towards the registrant, which may have influenced the panel’s decision.

Decisions at the initial stages of the fitness to practise process

16.4 In our audit of closed cases last year we identified some concerns about the quality of decisions reached at the initial stages of the fitness to practise process. In responding to our findings the NMC told us about the work it had undertaken during this review period which it considered will address the concerns identified in the cases we reviewed. This included:

- Amending the documentation used during investigations to ensure that the initial assessment of referrals in screening is completed with reference to the NMC’s screening guidance
- Introducing a monthly quality assurance review group which audits a sample of cases where it has been decided not to investigate further against the screening decision making guidance. The NMC told us that this helps it to identify cases that require further action and capture learning to help improve the quality of decisions
- Updating the quality assurance framework in screening so it now includes peer review and sessions on drafting screening decisions for decision makers
- Introducing a decision-makers’ forum to enable decision makers to discuss specific cases so as to facilitate a consistent approach to certain issues
- Introducing a case closure checklist to strengthen the end of case process in screening.

16.5 This year the NMC provided further information on its processes to review the quality of decisions, including mechanisms to sample and review outcomes for learning from each stage of the process. Where necessary, the NMC will provide feedback to teams or decision makers. It will escalate outcomes to senior management where it identifies a significant risk.

Guidance on warnings

16.6 In our audit last year we found that in some cases it was not clear why the circumstances of the case warranted a warning, or whether the decisions reached were in line with the NMC’s legislation, which allows for warnings to be issued only where there is no case to answer. The NMC acknowledged that its guidance could have been clearer on when warnings should be used. It told us that it was working to update the guidance to make it clear that:

- The purpose of warnings is to maintain professional standards and prevent future breaches of the public’s trust in nurses, midwives and nursing associates. They are not there to punish registrants for past mistakes but to warn them that repeating similar conduct in the future could raise fundamental questions about

their practice as a registered professional. They also act as a public declaration of the NMC's professional standards

- To impose a warning, the facts must be agreed and the concerns must be serious enough to be capable of impairing the registrant's fitness to practise but, on the evidence available, there is no realistic prospect of the Fitness to Practise Committee making a finding of current impairment. This is likely to occur in cases where the concerns are about issues that call into question the registrant's professionalism or trustworthiness but where the quality of the nurse, midwife or nursing associate's reflection means there is no case to answer on impairment.

16.7 The NMC revised the guidance in January 2020. We consider that it now adequately reflects the points above and will assess its impact in a future review.

Data on fitness to practise decisions

16.8 This year there was a significant reduction in the number of warnings issued, from 102 in 2018/19 to just six in 2019/20. However, there has been no increase in the proportion of no case to answer decisions, and therefore no indication that the NMC has not taken action in respect of matters which are sufficiently serious to be marked with a warning.

Conclusion on this Standard

16.9 Through our review of final decisions this year we have identified some failings in the findings and reasoning of the Fitness to Practise Committee, including some decisions we considered to be insufficient to protect the public. We have appealed a small number of decisions. In other cases we have issued learning points, and we have seen that the NMC reviews these and feeds back learning to decision-makers. We will continue to monitor the Committee's decision-making for any patterns of concern.

16.10 This year we have identified concerns about the advice issued by legal assessors in a small number of cases. We consider that the quality and accuracy of the advice provided by legal assessors is essential to effective decision-making by the Fitness to Practise Committee. We have raised our concerns through learning points and will monitor this issue closely over the next review period.

16.11 The NMC has told us about the measures it has taken to improve decision-making at the early stages of its process. While we have not had an opportunity to see the impact of those changes in practice, they appear to be a reasonable response to the concerns highlighted about some cases in our audit findings last year

16.12 We are pleased to note that the NMC has updated its guidance on warnings to clarify its approach. There has been a significant reduction in the number of warnings issued during this review period, but as noted above, we have not seen any evidence that no action was being taken in respect of matters which are sufficiently serious to be marked with a warning.

16.13 For these reasons, we are satisfied that this Standard is met.

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Standard 17: The regulator identifies and prioritises all cases which suggest a serious risk to the safety of patients or service users and seeks interim orders where appropriate.

Performance data

- 17.1 Last year we noted that the median time taken for an interim order committee decision to be made from receipt of a complaint, rose from 26 days in 2017/18 to 27 days. This year it rose to 28 days. At present the median measure reported by the NMC includes only new interim orders imposed at the screening stage, whereas if new interim orders imposed at later stages were included, the figure would increase. Furthermore, NMC does not yet measure the time taken from identification of the need for an interim order to the decision on whether to impose an order. This makes it difficult to assess the time it takes the NMC to make an interim order decision once it has identified a need for action.
- 17.2 As noted in previous years, the NMC expects improvements to the data available on interim orders when it moves to a new case management system for fitness to practise information, but this work has been subject to significant delay.
- 17.3 One of the NMC’s corporate key performance indicators (KPIs) is that 80% of interim orders are imposed within 28 days of opening a case. During 2019/20 performance against this KPI dipped from quarter 2, though it remained above the target of 80%, with a year average of 81% (2018/19: 84%).
- 17.4 In October 2019 the NMC reported to its Council that a total of 47 interim orders were imposed in August 2019, of which 13 were imposed outside of the 28 day KPI. Of the 13 cases where additional time was taken to impose an interim order, the shortest additional period was 11 days; the median was 67 days; and the longest was 161 days. The NMC’s review of the reasons why interim orders were imposed outside the KPI identified opportunities to improve initial risk assessment, identification and targeting of initial lines of inquiry, and case management. The NMC reported that it was providing feedback and additional training in these areas.
- 17.5 The number of interim order extension applications made by the NMC to the relevant court was 407 in 2016/17 and decreased to 285 in 2017/18. Last year there was a further decrease to 238. During this review period the figure increased to 289.

Conclusion on this Standard

- 17.6 The median time taken by the NMC to reach an interim order decision from receipt of a complaint has increased slightly this year. There has also been an increase in the number of interim order extension applications made by the NMC to the relevant court, but not to the level of previous years when we have expressed concern about this issue.
- 17.7 We have seen evidence that the NMC monitors closely the time taken to impose interim orders and reports on this to its Council. We note that the NMC has considered the reasons for failures to meet its internal KPI for interim orders and that it has provided feedback and additional training to staff on the issues identified.
- 17.8 On balance, we consider that the slight worsening of performance data in this area does not mean that this Standard is not met. We will monitor the quarterly dataset and the NMC’s own performance reporting on the time taken to impose interim

orders where there is evidence of serious concern. We are satisfied that this Standard is met.

Standard 18: All parties to a complaint are supported to participate effectively in the process.

- 18.1 In previous years we have reported on the significant work undertaken by the NMC to address the concerns we identified in our 2018 Lessons Learned Review²³ and to better support parties to the fitness to practise process. Last year we found that much of this work was at an early stage. This year, we sought information about the impact of these changes and to gain assurance that the NMC has addressed the concerns about this aspect of its work.
- 18.2 During this review period the NMC has embedded its new approach, reviewing and refining its processes and policies. This has included consideration of the impact of the changes made, though some of the work planned to review the effectiveness of new processes has been delayed as a result of the Covid-19 pandemic.
- 18.3 Our Lessons Learned Review found a number of cases where the NMC did not fully understand or address the evidence of members of the public, and did not keep them updated about the progress of investigations. The NMC's analysis of the impact of the changes it has made indicates that it is addressing these issues. This included collecting feedback from members of the public on the meetings provided by the Public Support Service (PSS) at the start of the investigation and at the conclusion of the case. The feedback was very positive, with all respondents rating the meetings highly and almost all reporting that they felt that their concerns were understood and that the meetings helped them to understand the role of the NMC, how an investigation works, and what action it can take.
- 18.4 The NMC also undertook an interim review of public support meetings in May 2019 which identified some positive impacts of the approach, supporting the findings of the survey. It found that the meetings improved communication with members of the public from the outset of the investigation and that throughout investigations members of the public were kept better informed of progress and had a greater understanding of the process, resulting in fewer enquiries to NMC staff. The NMC also found that the meetings enabled it to provide signposting to other organisations, which members of the public found helpful.
- 18.5 The NMC told us that the interim review also identified areas requiring improvement and explained how it addressed these. We think the NMC has taken appropriate action in response to these findings, including sharing learning with staff, following this up with checks to ensure that standards for communication were being met, and updating its guidance on fitness to practise information handling.
- 18.6 We have also seen that the NMC has introduced new screening quality standards which set out clear expectations for how to manage concerns. The standards emphasise the need to fully explore and understand concerns raised by members of

²³ https://www.professionalstandards.org.uk/docs/default-source/publications/nmc-lessons-learned-review-may-2018.pdf?sfvrsn=ff177220_0

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the public, and to explain decisions to relevant parties clearly and at the earliest opportunity.

- 18.7 The NMC has put in place resources of support for complainants, witnesses and registrants under investigation. There is evidence that these have been well received. For example, the independent emotional support helpline for parties to the fitness to practise process set up in February 2019 received 880 calls in 2019/20 with a large number of calls made outside of office hours, indicating that those users of the service were able to obtain support at a time when they would not previously have had access to it.
- 18.8 Following a successful pilot, the NMC now provides an independent support helpline for registrants under investigation (the FTP Careline). Counsellors operating the line can also be contacted by text, Live Chat, email or Skype. The NMC told us that it had received positive feedback from its staff indicating that the service was of benefit to registrants in need of additional support.
- 18.9 Our Lessons Learned Review also found a lack of transparency in the NMC’s communication with parties to the process who were not satisfied with their experience. The NMC has sought to improve its approach through its creation of a new enquiries and complaints function. While it remains to be seen how effective this is, we consider that the NMC’s improved processes for communication with, and support for, parties to fitness to practise complaints should result in fewer complaints about this aspect of its work. We have seen that the NMC is willing to engage with complainants whose concerns are complex and longstanding to resolve the issues they raise. We also received positive feedback from a third party about the NMC’s approach in actively seeking to improve the experience of those involved in the process.
- 18.10 In a further move towards greater transparency, the NMC is now sharing registrants’ responses with complainants, where appropriate. We welcome this change and note that the NMC’s guidance includes relevant safeguards. It makes clear that care will be taken when sharing information with anyone who may need to be a witness at a hearing, and that information of a personal or confidential nature that is not relevant to the case, such as health information, will not be shared.
- 18.11 The measures described above are part of the NMC’s wider cultural change programme and its work to embed new values and behaviours. It is clear that as part of this work the NMC has considered the need to demonstrate empathy and understanding for parties to the fitness to practise process.
- 18.12 In conclusion, while we note that there is more work to do to review the impact of some of the significant changes the NMC has made to its processes, we are satisfied that the available evidence demonstrates the effectiveness of its approach. We will continue to monitor and report on the NMC’s ongoing work to review and refine its policies as it embeds its fitness to practise strategy and its wider cultural change programme. We are satisfied that this Standard is met.

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Useful information

The nature of our work means that we often use acronyms and abbreviations. We also use technical language and terminology related to legislation or regulatory processes. We have compiled a glossary, spelling out abbreviations, but also adding some explanations. [You can find it on our website.](#)

You will also find some helpful links below where you can find out more about our work with the 10 health and care regulators.

Useful links

Find out more about:

- [the 10 regulators we oversee](#)
- [the evidence framework we use as part of our performance review process](#)
- [the most recent performance review reports published](#)
- [our scrutiny of the regulators' fitness to practise processes, including latest appeals](#)

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for Health and Social Care March 2021



Council

Update on our Safeguarding and Protecting People Policy

Action:	For discussion.
Issue:	An update on the use of our Safeguarding and Protecting People policy.
Core regulatory function:	All regulatory functions.
Strategic priority:	Strategic aim 3: More visible and informed Strategic aim 6: Fit for future organisation
Decision required:	None.
Annexes:	The following annexe is attached to this paper: <ul style="list-style-type: none">• Annexe 1: Safeguarding and Protecting People Policy
Further information:	If you require clarification about any point in the paper or would like further information please contact the author or the director named below. Author: Janice Cheong Phone: 020 7681 5765 janice.cheong@nmc-uk.org Director: Francesca Okosi Phone: 020 7681 5448 Francesca.okosi@nmc-uk.org

Context:

- 1 As a healthcare regulator and registered charity, we take our safeguarding responsibilities very seriously. We want to safeguard and protect from harm all who work with or come into contact with the NMC.
- 2 It is important that we have an effective policy in place that sets our responsibilities out clearly and the actions we will take if a safeguarding issue is raised. NMC colleagues, contractors, partners, professionals on our register and members of the public should be able to easily access guidance on how to promptly respond to, refer or report safeguarding concerns. Our Safeguarding and Protecting People Policy is published on our website.
- 3 As a healthcare regulator, we are not exposed to the same number of safeguarding concerns as a health or care provider may be. Nevertheless, many of our colleagues have regular contact with people about whom we may have safeguarding concerns. For example, a person who has raised a concern about the fitness to practise (FtP) of a nurse, midwife or nursing associate following the loss or abuse of a family member; a witness giving evidence about such an event; or a nurse, midwife or nursing associate whose own FtP is in question. We need to recognise and where necessary, act on any safeguarding concerns that may arise during the course of our FtP proceedings. This includes identifying issues in healthcare settings which may not originally have been drawn to our attention. We also need to ensure that our staff and the services provided by our suppliers (including our helplines) have appropriate safeguarding arrangements in place which includes Disclosure and Barring Service (DBS) checks and training.
- 4 We review the use of our policy every year and provide an update to the Council.
- 5 The Council's responsibilities as set out in the policy are:
 - 5.1 Ensuring that there is a clear and up-to-date policy in place governing the NMC's approach to protecting people from harm and for assuring itself that effective operational processes are in place.
 - 5.2 Ensuring a safe environment and culture for all.
 - 5.3 Regularly reviewing the policy and monitoring its impact.
- 6 In the previous update to the Council in January 2020, we said we would address these actions:
 - 6.1 Agreeing our approach to concerns involving NMC colleagues.

- 6.2 Ensuring reviews of existing policies around people, such as our social media policy, take account of our safeguarding commitment.
- 6.3 Ensuring contractual documents set out our safeguarding requirements for contractors.
- 6.4 Completing an Equality Impact Assessment.
- 6.5 Updating and sharing our internal guidance.
- 6.6 Launching a fresh round of corporate communications to increase awareness and uptake of training.
- 6.7 Ensuring all of our mental health first aiders are aware of the policy and undertake safeguarding training.

Four country factors: 7 The policy reflects our UK-wide remit by taking into account charity guidance from England and Scotland and the different legislative and policy frameworks relating to safeguarding across the UK.

Discussion: Developments in 2020 – 2021

- 8 Making further improvements to our safeguarding processes requires significant collaboration between different teams across the NMC and also a time commitment from the colleagues coordinating this, given that we do not have dedicated safeguarding resourcing. Our capacity to deliver the improvements in our action plan was impacted by the Covid-19 pandemic. As a result of these capacity issues, unfortunately we did not make the progress we had aimed for during the year.
- 9 Since the previous update to the Council in January 2020, we have:
 - 9.1 created a new standard operating procedure (SOP) to provide colleagues with detailed steps to take if faced with a safeguarding concern. We updated our guidance too, clarifying what to do with different risk categories of concern. No updates were made to the policy, which is at **Annexe 1** for reference.
 - 9.2 rolled out corporate communications to raise further awareness of the policy, updated guidance and the new SOP, with a particular round of communications in November 2020. We also asked colleagues to complete e-learning. New panel members have undertaken this e-learning as part of their induction.

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- 9.3 undertaken a review of the policy in quarter four to check legal compliance and that it is up to date and relevant. This review is usually carried out annually, with policy changes brought to the Council for approval. On this occasion, we have not yet implemented the recommendations from the legal review.
 - 9.4 undertaken an internal quality assurance (QA) review in quarter four on use of the policy. More detail is in the section below.
 - 9.5 created a new specific protocol for colleagues in Professional Regulation, guiding them on what to do if faced with a situation where someone is very distressed and at risk of suicide or self-harm. This was launched in September 2020 and to promote usage, managers in the directorate were asked to familiarise themselves with it and discuss this with their teams. Feedback from colleagues who have used it has been positive. In quarter one we will undertake a review of its use, continue to improve it and also extend its use around the rest of the organisation.
 - 9.6 created new duty of care guidance for colleagues, which was widely circulated and communicated in March 2021. This work overlaps with safeguarding in that the new policies and guidance set out how we can prevent or minimise harm to our employees. For example, guidance on how to address unreasonable customer behaviour towards our employees.
 - 9.7 improved our recording of safeguarding concerns and started a new process of monthly reporting to our NMC Safeguarding Lead. The monthly report is produced by our Regulatory Intelligence Unit.
 - 9.8 updated our procurement policy, which now sets out the expectation that our suppliers have robust safeguarding processes where relevant to their contract with us, and that suppliers understand our Safeguarding and Protecting People Policy. Suppliers are required to sign a declaration that they have read and understood our Safeguarding and Protecting People Policy.
 - 10 But we still need to address some actions previously reported to Council:
 - 10.1 Clarify roles and responsibilities for addressing concerns involving NMC employees.
 - 10.2 Review relevant policies around people, so that these take into account our safeguarding commitment.

10.3 Complete an equality impact assessment to ensure the Safeguarding and Protecting People Policy is inclusive.

10.4 Ensure all of our mental health first aiders have completed our safeguarding training, for consistent application of the policy.

Number of concerns

11 There was a notably higher number of safeguarding concerns identified in 2020–2021. We recorded 52, compared to 14 in 2019–2020. Around 71 percent of the 52 concerns were around people involved in our FtP process. This process creates a lot of interaction between our employees and registrants, members of the public and employers which in turn presents many situations where we might identify safeguarding concerns.

12 The reasons behind the year on year increase have not been identified but improved internal reporting to our Regulatory Intelligence Unit is believed to be one factor.

13 Some of our responses to the 52 concerns included the involvement of our FtP Careline who helped to provide the person with appropriate support, whilst in other cases we were satisfied that the person already had support in place and we signposted them to an appropriate charity or decided no further action was required by us. For 20 concerns we made a referral to an external body such as the police or a local safeguarding authority, so they could make a more appropriate intervention to help the person.

Charity Commission

14 As a charity, we must report the most serious incidents, including those of a safeguarding nature, to the Charity Commission and the Office of the Scottish Charity Regulator. The Secretary to the Council facilitates this and ensures the Council is informed first.

15 In 2020–2021 we deemed one incident serious enough to report to the Charity Commission, in line with our obligations as a registered charity. It did not request any further action from us and had confidence that we were handling the matters appropriately.

16 We undertook an internal lessons learned review of this safeguarding incident. The learning identified from it includes us establishing greater training and guidance to support case teams in making decisions about safeguarding, contacting the police and in sharing safeguarding information sensitively.

Training

- 17 As at 31 March 2021, 615 employees had completed our safeguarding e-learning (299 as at March 2020). We did not run any additional training in 2020-2021 as our focus had been diverted onto responding to the pandemic. 615 is 59 percent of our workforce.

Annual Report

- 18 We are providing an annual update on safeguarding within our statutory Annual Report and Accounts 2020-2021.

Further improvement

- 19 A key recommendation from our internal legal policy review was that the policy needs more emphasis on responsibilities for employees and those of the NMC safeguarding lead. The underpinning guidance for employees should be streamlined, so that key messages are amplified and responsibilities are clearer. The guidance should emphasise how colleagues should handle concerns and where they can seek advice and support. We aim to update the policy and bring changes to the Council for approval.
- 20 In quarter four, our internal QA team undertook a review into our organisational safeguarding arrangements. This included a staff survey, which 10 percent of NMC employees completed. The QA review brought together the various strands of work including our action plan, the legal policy review and lessons learned review on the incident reported to the Charity Commission. The review has found that there is still insufficient awareness of safeguarding responsibilities across the organisation and colleagues are not consistently clear about the threshold for escalating matters externally or the process for doing so. Colleagues require more advice and support on this. Roles and responsibilities should be clarified further and there needs to be stronger governance around the process to strengthen escalation and reporting.
- 21 The initial recommendations arising from this review were discussed by the Executive Board in April 2021. The QA team, working with the safeguarding working group, are now undertaking further work which will be presented back to the Executive Board in June 2021 for it to agree the next significant steps.
- 22 In April 2021, we set up a corporate working group to coordinate and drive the safeguarding work and at pace. The Executive Director for People and Organisational Effectiveness has taken over the role of NMC Safeguarding Lead and will oversee this work, ensuring we make notable improvements over the 2021-2022 year. The group will bring together the various learning and outstanding actions and implement a new action plan.

Conclusion and next steps

23 In conclusion, there is more to do to embed a safeguarding ethos within the NMC. We are at the point of knowing how our safeguarding processes have worked over the last year, but have not yet determined our next priorities. The QA review will conclude and bring together the outstanding actions together with recommendations from the other reviews already mentioned. The Executive Board will then discuss and agree priorities in June 2021.

24 One priority needs to be an update of the policy, which will be brought to the Council for approval.

25 We now have a working group which will plan timings for the work, progress these actions at pace and ensure that our organisation is meeting its safeguarding responsibilities.

26 Note that by 30 June 2021, we will have concluded the QA review, decided upon our priorities for improvement and started to implement these through the working group. An updated policy will be brought to the Council for approval in September 2021.

Public protection implications:

27 The Council's overarching statutory duty to protect the public is reflected in the policy.

Resource implications:

28 None.

Equality and diversity implications:

29 We are signed up to the Ask Listen Do campaign led by NHS England, to make giving feedback, concerns and complaints about education, health and social care easier for children, young people and adults with a learning disability, autism or both, their families and carers. We have an action plan and one of our commitments is about safeguarding. Our employees need to know how to recognise a safeguarding concern and how to act.

30 An Equality Impact Assessment will be completed. In our policy we state that we give equal priority to keeping all children and adults at risk safe from harm.

Stakeholder engagement:

31 None.

Risk implications:

32 Failing to fulfill safeguarding responsibilities may run the risk of harm to someone.

Legal implications:

- 33 Failure to protect people and to manage safeguarding responsibilities effectively runs the serious risk that the NMC could be perceived to be acting improperly, rendering its actions and decisions vulnerable to legal challenge. A failure by the NMC to take reasonable steps to safeguard people would amount to a governance issue and could result in the Charity Commission taking enforcement action against the NMC.

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Nursing and Midwifery Council
Policy on Safeguarding and Protecting People

Title	Safeguarding and Protecting People Policy
Summary	This policy applies to all who work for or with the NMC, including Council, Committee and Panel members, staff and contractors.
Approval	November 2018 – approved by the Council <u>January 2020</u> – updated version approved by the Council
Policy Owner	NMC Safeguarding Lead – Director of Registration and Revalidation
Next review date	November 2020

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Introduction

- 1 The NMC is the independent regulator for nurses and midwives in the UK and nursing associates in England. It is established and governed by the Nursing and Midwifery Order 2001 (as amended) (the Order). The NMC is also a registered charity.
- 2 The NMC’s overarching statutory duty is to protect the public and, as part of that, to promote and maintain:
 - 2.1 the health, safety and wellbeing of the public;
 - 2.2 public confidence in the professions we regulate; and
 - 2.3 proper professional standards and conduct for nurses, nursing associates and midwives.
- 3 The NMC’s three core values are:
 - 3.1 People – we believe they matter.
 - 3.2 Fairness – we are consistent and act with integrity.
 - 3.3 Transparency – we are open and honest.

Purpose of this policy

- 4 As a regulator and a registered charity we recognise the fundamental importance of having an effective policy in place that safeguards and takes reasonable steps to protect from harm all who come into contact with us. Safeguarding responsibilities are also our duty as a registered charity and we have developed this policy in line with guidance provided by the Charity Commission (CC) and the Office of the Scottish Charity Regulator (OSCR). This policy seeks to reflect other good practice guidance including, for example, the Charity Governance Code and the Charity Ethical Principles (by the National Council for Voluntary Organisations’ (NCVO)). In particular, the fourth principle ‘Right to be safe’ is reflected in this policy.
- 5 This policy covers safeguarding children and adults at risk and also protecting from harm all those who may come into contact with us, in a way which is proportionate to our statutory responsibilities and charitable objectives. This includes staff, contractors, partners, professionals on our register , people and members of the public.
- 6 We will give equal priority to keeping all children and adults at risk safe regardless of their age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation and we recognise that some children and adults at risk are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues.

- 7 This policy sets out:
 - 7.1 the responsibilities of Council members, as trustees of the charity, for taking reasonable steps in protecting people from harm.
 - 7.2 the key principles that all who work for, or with us, must comply with.
- 8 This policy is underpinned by operational guidance on safeguarding for staff (including contractors, such as panel members or others who might work with us in a paid or unpaid capacity) who may become aware of a safeguarding issue that needs to be reported. This includes staff who carry out investigations into fitness to practise or registration issues and all staff who have direct contact with professionals on our register or members of the public, by phone or in person.
- 9 It is also underpinned by our Human Resources (HR), digital, and health and safety policies and processes and reflected in our policies governing how we engage with those who come into contact with us.

Our approach to safeguarding and protecting people

- 10 Although we do not provide direct health or care services, we exist to protect the public by enabling better and safer care.
- 11 The Council is committed to taking reasonable and proportionate steps to protect people who come into contact with the NMC from harm. This includes all who benefit from the work of the NMC, our staff and those who work for and with us.
- 12 The Council is also committed to fulfilling its specific responsibilities to have in place appropriate measures to safeguard children and adults at risk.

The Council is responsible for:

- 12.1 Ensuring that there is a clear and up-to-date policy in place based on statutory and good practice guidance, governing our approach to protecting people from harm, and for assuring itself that effective operational processes are in place.
- 12.2 Ensuring a safe environment for all and a culture where protecting people from harm is central.
- 12.3 Regularly reviewing the policy and practice and monitoring the impact.
- 12.4 Taking responsibility for putting things right and dealing with an incident responsibly should something happen or go wrong.
- 12.5 Acting with reasonable skill and care, and in the best interest of the NMC, exercising sound judgement and avoiding exposing the NMC or the public to undue risk.

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The Executive is responsible for:

- 12.6 Ensuring this policy is underpinned by effective operational guidance and processes which encompass:
 - 12.6.1 Clear lines of accountability within the NMC for safeguarding, including designation of a safeguarding lead.
 - 12.6.2 Training for all staff, appropriate to their role and continuing professional development, so that staff are competent in identifying and addressing concerns.
 - 12.6.3 Safe working practices including appropriate recruitment, vetting and barring procedures.
 - 12.6.4 Robust referral, reporting and escalation processes, working with relevant organisations across the UK as appropriate.
 - 12.6.5 Effective inter-agency working, including effective information sharing.

Everyone who works for, or with us, is expected to:

- 12.7 Understand and be familiar with this policy and know how to recognise, respond to, report and record a safeguarding concern or any concern regarding harm to others.

What is safeguarding?

- 13 Safeguarding means protecting people from harm including physical, emotional, sexual and financial harm and neglect.
- 14 Safeguarding children means to:
 - 14.1 protect children from abuse and maltreatment.
 - 14.2 prevent harm to children's health or development.
 - 14.3 ensure children grow up with the provision of safe and effective care.
 - 14.4 take action to enable all children and young people to have the best outcomes.
- 15 **Safeguarding adults at risk** is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action¹

¹ Care Act Statutory Guidance England

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- 16 Adults at risk means anyone aged 18 or over in England, Wales and Northern Ireland, or, age 16 or over in Scotland who:
 - 16.1 has needs for care and support (whether or not the local authority is meeting any of those needs);
 - 16.2 is experiencing, or is at risk of, abuse or neglect; and
 - 16.3 as a result of those care and support needs, is unable to protect themselves from either the risk of, or the experience of abuse or neglect.
- 17 An adult at risk of abuse may:
 - 17.1 have an illness affecting their mental or physical health.
 - 17.2 have a learning disability.
 - 17.3 suffer from drug or alcohol problems.
 - 17.4 be frail.

Statutory framework

- 18 The NMC operates across all four countries of the UK. There are some differences in adult safeguarding legislation, policy and practice in England, Northern Ireland, Scotland and Wales.
- 19 We will ensure that we maintain an up-to-date understanding of the legislative and public policy requirements in each country and that our operational guidance and processes meet the specific requirements in each of the four countries.

Safeguarding and the NMC

- 20 Safeguarding concerns may arise as a result of:
 - 20.1 a direct disclosure.
 - 20.2 an allegation, concern or complaint reported by another person.
 - 20.3 an observation.
 - 20.4 an incident.
- 21 The NMC may also be targeted by those who want to gain access to children and adults at risk and we are committed to ensuring that we mitigate this through robust HR policies and recruitment processes.
- 22 We have a duty to make sure that:
 - 22.1 alleged safeguarding concerns are dealt with promptly, appropriately and reported in a secure and responsible way to all relevant agencies.

22.2 steps are taken to escalate or alert those able to protect children and adults at risk from harm and minimise risk of abuse.

22.3 appropriate and proportionate measures are in place to protect from harm all those who work for, or with us, or come into contact with us.

Support and training

23 It is important that we all understand safeguarding, and know what to do should safeguarding concerns arise.

24 Support includes:

24.1 Safeguarding induction and training for all staff appropriate to their role, including information on types of abuse and neglect; how to spot abuse; how to respond to concerns; and who to report concerns to.

24.2 Embedding safeguarding in the NMC's culture so that it is safe for anyone affected to come forward and report incidents and concerns with the assurance that they will be handled sensitively and properly.

24.3 Guidance for dealing with safeguarding concerns, including:

24.3.1 identification and management of risk.

24.3.2 management of reports of incidents, allegations and risk and recording and retention requirements.

24.3.3 reporting requirements to the relevant authorities such as the police, social services and the CC and OSCR.

24.3.4 making changes to reduce the risk of any further incidents.

24.4 Advice if a member of staff is accused of abuse.

24.5 Guidance when dealing with wider welfare concerns and when to liaise with the Public Support Service (PSS) within the Fitness to Practise directorate.

25 We also have systems in place for:

25.1 Ensuring Council, partner members and key staff are not subject to any CC disqualifications.

25.2 The safe recruitment and selection of staff, including basic Disclosure and Barring Services (DBS) checks or a criminal record check from Disclosure Scotland for particular roles.

25.3 Dealing with allegations or concerns relating to staff, including clear lines of accountability, systems of reporting and actions to be taken. The following policies are already in place:

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- 25.3.1 Codes of Conduct for Council and partner members and Fitness to Practise panel members.
 - 25.3.2 Dignity at work policy.
 - 25.3.3 Grievance policy.
 - 25.3.4 Health and safety policy.
 - 25.3.5 Digital policy.
 - 25.3.6 Data protection policy (including confidentiality policy).
 - 25.3.7 Corporate complaints policy.
 - 25.3.8 Equality, diversity and inclusion framework.
 - 25.3.9 Disciplinary policy.
 - 25.3.10 Anti-fraud, bribery and corruption policy.
 - 25.4 Investigating and learning from any safeguarding incidents or ‘near miss’ events through our serious incident reporting process, and if necessary making changes to the operational guidance for staff.
 - 25.5 Whistleblowing:
 - 25.5.1 Our whistleblowing policy for those who wish to raise any concerns about the NMC is available on the [iNet](#) and the [NMC website](#).
 - 25.5.2 Our policy for those who wish to raise concerns to the NMC in its capacity as a prescribed person (whistleblowing to us about others) is set out on the [NMC website](#).

Raising concerns and reporting requirements

- 26 We are committed to ensuring we manage safeguarding risks and serious incidents that have resulted in or risk significant harm to people who come into contact with us adequately and report any failures to do so promptly.
- 27 Any serious safeguarding incidents, complaints, allegations or events involving a child or an adult at risk or that are likely to have a significant impact on the NMC will be reported as appropriate to:
 - 27.1 The police, or local safeguarding body if appropriate.
 - 27.2 The CC and the OSCR.
 - 27.3 The Privy Council.
- 28 We will include information on the number and nature of serious incidents, including safeguarding, in our statutory annual report and accounts.

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Sharing information, confidentiality and mental capacity

- 29 Safeguarding children, young people and adults at risk is a shared responsibility, with the need for effective joint working between agencies and professionals that have different roles and expertise.
- 30 Liaison and working with other agencies is also important, to prevent individuals who actively target organisations in order to abuse children and adults at risk from doing so. This may include sharing information or making referrals to social services or other relevant agencies.
- 31 In sharing information, we will ensure that we do so in compliance with our Data Protection Policy, General Data Protection Regulations (GDPR) and any relevant legislation.

Publication and review

- 32 This policy will be published on our website, reviewed by the Council annually, and the impact monitored regularly. We will also review it following any serious incident, to ensure it remains fit for purpose.

Council

Audit Committee Report

Action: For information.

Issue: Reports on the work of the Audit Committee.

Core regulatory function: Supporting functions.

Strategic priority: Strategic aim 6: Fit for the future organisation.

Decision required: None.

Annexes: None.

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

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Chair: Marta Phillips

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- Context:**
- 1 Reports on the last meeting of the Audit Committee held on 28 April 2021. Key issues considered by the Committee included:
 - 1.1 Progress on the Internal Audit work plan and the draft internal audit opinion for 2020-2021.
 - 1.2 Annual review of risk management effectiveness.
 - 1.3 Draft Annual Governance Statement for the statutory annual report and accounts.
 - 1.4 Standing reports on serious event reviews and single tender actions.
 - 1.5 Annual report on whistleblowing.
 - 1.6 Arrangements for procurement External Auditors.

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

Discussion: Membership

- 1 The Committee expressed its thanks to Rob Parry, in his absence, for his dedication and invaluable contributions to the Committee’s work over the past six years.

Internal Audit Work Plan

- 2 The Committee considered progress against the internal audit work plan for 2020-2021.
- 3 The Committee discussed the internal audit review of People – Retention, which had an opinion of reasonable assurance. The Committee noted that the Executive accepted the assessment and welcomed the assurance that work was underway to make improvements across the People and Organisational Development team functions.
- 4 There were two outstanding internal audit assignments for 2020-2021: Communications and Engagement, and Strategy. These had been issued in draft with an opinion of “reasonable assurance” and were unlikely to affect the final annual internal audit opinion.

Draft Internal Audit Opinion 2020-2021

- 5 The Committee considered the draft Internal Audit Opinion for 2020-2021 and welcomed the Head of Internal Audit’s positive assessment, noting that the Opinion was similar to that for 2019-2020.

- 6 The Committee thanked the Internal Auditor and NMC colleagues for their collaborative approach to the audits which had produced productive outcomes for the NMC.

Annual review of risk management effectiveness

- 7 The Committee considered the report on the annual assessment of risk management effectiveness for 2020-2021. This included an overview of each directorate's assessment of their risk management and internal controls.
- 8 The Committee was content with the assurance provided by the annual review of risk management and noted that it aligned with the draft Internal Audit opinion.

Anti-fraud, bribery and corruption 2020-2021

- 9 The Committee was pleased to note that no instances of fraud, bribery or corruption had been detected in 2020-2021 and that there had been no reported incidents of offences under the Modern Slavery Act 2015 in the NMC's supply chain.
- 10 The Committee considered and approved the Modern Slavery Statement for 2020-2021.

Draft Annual Governance Statement for Annual Report and Accounts 2020-2021

- 11 The Committee considered and suggested amends to the draft Annual Governance Statement. The Committee welcomed the clear and comprehensive draft and thanked the teams responsible for developing it.
- 12 Council will consider the draft Annual Report and Accounts on 7 July 2021.

Serious event reviews and data breaches report

- 13 The Committee considered the report on serious event reviews (SERs) and data breaches for the period 1 October 2020 to 31 December 2020 and the learning and actions that arose from them.
- 14 The Committee made a number of suggestions for improving the report and was pleased to learn that the functionality issues with the SER database would be resolved by June 2021.

Schedule of Insurance Arrangements

- 15 The Committee considered and noted the schedule of insurance arrangements.

Single tender actions

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16 The Committee considered and noted a report on single tender actions (STAs) and the STAs actions log for the period September 2020 to February 2021.

Whistleblowing

17 The Committee reviewed the annual report on the use of the NMC's internal whistleblowing policy and noted that no issues had been raised during 2020-2021. Although the Committee was pleased that no issues had been raised during 2020-2021, it reflected on the importance of colleagues feeling able, and being aware of, the option of whistleblowing.

18 The Committee was advised that one whistleblowing concern had been raised so far in 2021-2022 and was being handled in line with the policy.

19 Eileen McEneaney agreed to act as a nominated lead for whistleblowing, along with the Chair, as Rob Parry had now stood down from the Committee.

Audit Committee effectiveness review

20 The Committee agreed the approach to the annual review of its own effectiveness.

External Audit specification and proposed tender

21 The Committee considered and agreed an updated tender and proposed specification for the procurement of new external auditors.

Midwifery implications:

22 No midwifery implications arising directly from this report.

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.

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Legal implications:

28 None identified.

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Council

Investment Committee Report

Action: For information.

Issue: Reports on the work of the Investment Committee.

Core regulatory function: Supporting functions.

Strategic priority: Strategic aim 6: Fit for the future organisation.

Decision required: None.

Annexes: None.

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

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Chair: Derek Pretty

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- Context:**
- 1 Reports on the last meeting of the Investment Committee held on 26 April 2021. Key Issues considered by the Committee included:
 - 1.1 Performance of the Investment Portfolio
 - 1.2 Review of Sarasin's ESG matrix
 - 1.3 Review of the Investment Policy
 - 1.4 The scope to increase the investment portfolio
 - 1.5 Investment Committee annual effectiveness review

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

Discussion: Performance of the Investment Portfolio

- 3 The Committee reviewed and discussed the performance of the Investment Portfolio with our Investment Managers, Sarasin.
- 4 Since the portfolio was established in July 2021, overall performance has been positive. For the first 6 months the portfolio achieved a return of 7.5 percent against a benchmark index of 7 percent. However, in the last quarter performance has been down, with a return of 0.9 percent against a benchmark index of 2.3 percent. The objective for the fund is a return of UK Consumer Price Index (CPI) plus 3 percent per annum.
- 5 The Investment Mangers noted that it had been a challenging quarter and the Committee discussed drivers for underperformance in the last quarter. The Committee recognises that as this is a long term investment fund, it is important to understand that there will be performance variations and it is inappropriate to read too much into a single quarter results.
- 6 The Investment Managers confirmed that they did not consider there was a need to substantially alter their investment strategy, rather as the economy continues to re-open and recover post-pandemic, the long-term trends embodied in the investment themes should drive sustainable returns to meet the investment fund target. Risk also continued to be managed by having an appropriately diverse portfolio.
- 7 The Committee explored the following areas with the Investment Managers:
 - 7.1 The rationale for increasing holdings in gold;
 - 7.2 The reasons for poor performance in property holdings;
 - 7.3 Our approach to bonds;

- 7.4 Our approach to energy and utility assets;
- 7.5 The findings of their Bitcoin working group which concluded that they should not invest in Bitcoin due to concerns around governance, value manipulation and environmental concerns due to the amount of energy required to mine Bitcoin.
- 8 The Committee is comfortable with the investment approach taken by the Investment Managers, and agree with their assessment that there is no need to alter the approach at this stage.

Review of Sarasin’s approach to EDI and their ESG matrix

- 9 The Committee considered a presentation from Sarasin on their equality, diversity and inclusion (EDI) work and their environmental, social and governance (ESG) issues matrix. The presentation reflected the importance of EDI and ESG to Sarasin.
- 10 Sarasin are committed to being a diverse organisation in which all staff have equal opportunity. They recognise the need for, and are undertaking, work to achieve this.
- 11 Externally, Sarasin influences its partners through three key pillars:
 - 11.1 Active Ownership – through actions such as voting on diversity issues at annual general meetings.
 - 11.2 ESG integration – embedding EDI in all its analysis and investment decisions.
 - 11.3 Policy Outreach – working with partners to influence their policies.
- 12 Sarasin provided an overview of their ESG matrix which described how ESG considerations are embedded at every stage of their investment decision making process.
- 13 The Investment Managers confirmed that it can be challenging to measure what impact their work is having on organisations. However, they take a strong stance and if companies do not engage with them on ESG concerns, Sarasin will not invest in them.
- 14 The Committee will continue to have regular updates from Sarasin on their ESG work.

Review of the Investment Policy.

- 15 The Committee considered the proposed amendments to the Investment Policy. These amendments reflected the Committee’s discussion in January 2021.

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- 16 The Committee confirmed that the policy reflected its position that although direct investment in any company in the energy sector (excluding renewables) was excluded, this position would be kept under review, and if Sarasin identified an energy company that was moving towards zero or net zero the Committee would consider the position.
- 17 The Committee noted that external Counsel had confirmed that the proposed approach aligns with the Council’s obligations as trustees of the NMC as a registered charity.
- 18 The Committee requested minor revisions to clarify what was meant by “active ownership” and to ensure that the terms “net zero”, “Paris agreement” and “zero carbon” are used appropriately and accurately.
- 19 The Committee agreed, that subject to the changes requested, the Investment Policy should be presented to the Council for approval.

Charity Commission Consultation on Responsible Investment Guidance

- 20 The Committee noted that the Charity Commission had opened a consultation on their Responsible Investment Guidance. The Committee reflected that there were areas where the guidance could be clearer and asked the Executive to provide feedback to the Commission to that effect as part of the consultation.

Scope to increase the investment portfolio

- 21 The Committee considered the possibility of increasing the amount held in long term investments.
- 22 The Committee agreed with the Executive’s view that given current financial uncertainty around costs of the Fitness to Practise recovery programme, and that the Council will review an amended budget in September 2021, any decision should be deferred until that point.

Risk register

- 23 The Committee discussed the portion of the corporate risk register relating to the investment risk.
- 24 The Committee requested that the mitigation section of the risk register be updated to include a reference to Sarasin’s controls for safeguarding client assets.

Investment Committee annual effectiveness review

- 25 The Committee considered the results of the annual effectiveness survey, which had been completed by Committee members, Secretary and members of the Executive.

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- 26 Overall the results of the survey were positive with no major areas of concern. A number of actions were identified to support the further development of the Committee, in particular in relation to:
- 26.1 Strengthening the relationship between the Committee and the Executive.
 - 26.2 Timeliness and frequency of meetings.
 - 26.3 Continuing to increasing the focus on diversity.
- 27 These actions will be progressed and monitored by the Committee.

Midwifery implications:

28 No midwifery implications arising directly from this report.

Public protection implications:

29 No public protection issues arising directly from this report.

Resource implications:

30 No resource implications arising directly from this report. Our long term Investment Policy has a target overall rate of return on invested funds of CPI plus 3 percent per annum, net of investment management fees.

Equality and diversity implications:

31 EDI issues were considered as part of the discussion on Sarasin’s approach to EDI and ESG (paragraph 9-14), as well as in the review of the Committee’s effectiveness (paragraph 26).

Stakeholder engagement:

32 None.

Risk implications:

33 The Committee will continue to discuss and monitor the associated risks.

Legal implications:

34 None identified.